LB 2104

Local Perspectives on Barriers to Effective Malaria Treatment in Rural Tanzania: Qualitative Results from the INDEPTH Effectiveness and Safety Studies Platform (INESS)

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Background and Objectives:

We present qualitative data from the INDEPTH Effectiveness and Safety Studies platform (INESS) in Tanzania to examine the contextual factors affecting people's timely access to effectives malaria treatment. INESS which was conducted in the Rufiji and Kilombero/Ulanga health and demographic surveillance system (DSS) sites in 2010, is a longitudinal evidence base for the assessment of safe and efficacious drugs in real life settings. The main objective of the INESS qualitative data is to provide each HDSS site with qualitative information about the social, cultural, and behavioral factors affecting the uptake and adherence to ACTs.

Methods:

Site selection

Two DSS areas

- Rufiji DSS
- Ifakara DSS (Kilombero/Ulanga)

Community selection

Two communities per DSS area were purposively selected based on their proximity to the health center:

- 1 community located ≤ 5km from the health center
- 1 community located > 5 km from the health center

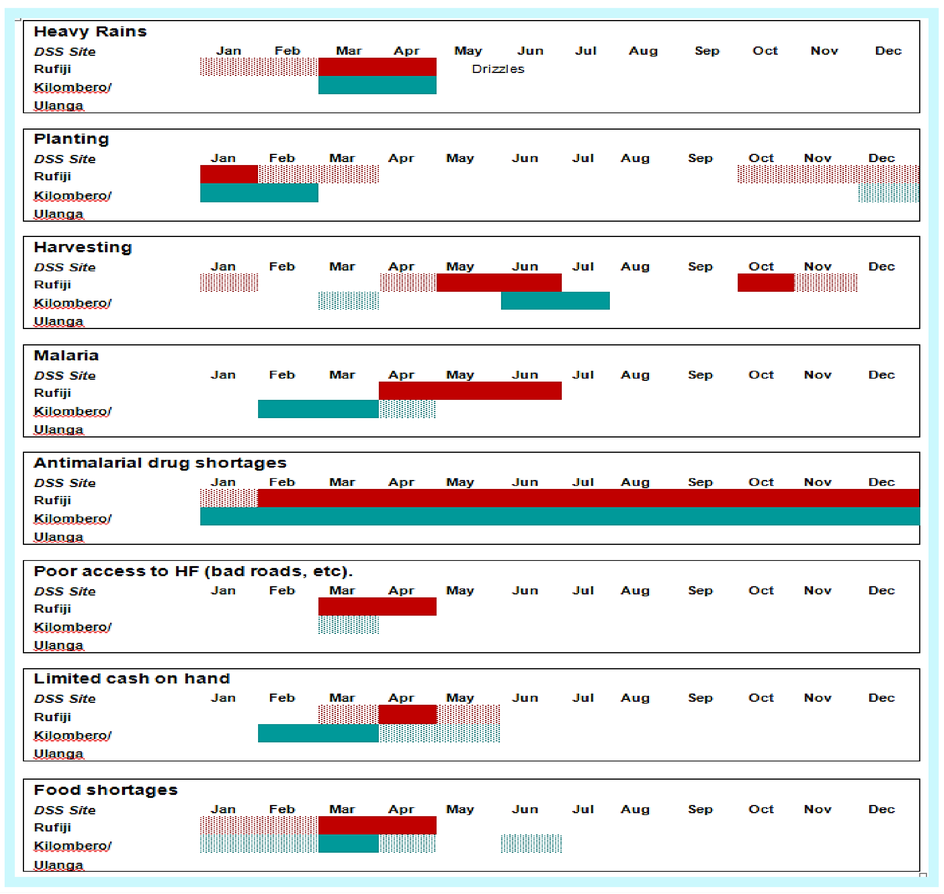
Data collection

Four qualitative data collection methods were used:

- **4 -Seasonal Calendars** to document seasonal factors that may shape malaria related perceptions and behaviors in the community.
- **8-Focus Group Discussion (FGD)** to explore community members' perceptions of malaria and its treatment
- **28 -Illness Narrative Interviews (INI)** to examine people's actual experience with a suspected malaria episode that they or a child <5 years of age experienced in the past two weeks.
- **15-In-Depth Interviews (IDI)** with providers to explore providers' malaria diagnosis and treatment behaviors (health workers and drug shop vendors).

Results:

- Community members perceived antimalarial drugs stock outs to occur throughout the year, usually during the second half of each month.
- Perceptions of when community members were most likely to experience other barriers to care (i.e. bad roads, limited cash on hand) coincided with the months they perceived malaria to be most common.



FGD with adult males

IDI with a health worker

INI with a female care taker

- High treatment costs at health facilities was cited as the main barrier to seeking care within twenty-four hours:

  "Sometimes you do not have money. When you get money you take the patient there to the hospital. Now, sometimes your condition is poor, you can stay with your child three or four days (yes) he just stays and he suffers. You do not get services and you do not have opportunities to get money.

  (Female FGD, Rufiji)

- Lack of malaria diagnostic tools in the health facilities was the problem in both communities. Community members complained about being diagnosed by clinical symptoms. However, none of the drug shops were selling or using malaria rapid diagnostic tests:

  "Eeh, he just examined me by using the eyes. He did not conduct any test. He just looked at me and followed the explanations I was giving. He prescribed these tablets for me to use, ALu."

  (Female INI, KU)

- It was noted that the decision making process for the treatment of their recent malaria episode was shaped by the strength of symptoms and cash on hand:

  "Well, there is nothing else, because based on my illness and the way I was suffering, I decided to go straight away to the health facility."

  (Male INI, Rufiji)

- Long distance to the health facility was also cited as a barrier to malaria treatment in communities located far from the health facilities

  "Because in our village we do not have what, we do not have a hospital nearby. This affects us a lot if the child gets sick or a pregnant woman we suffer a lot to go to Nyambunda from here."

  (Caretaker INI, Rufiji)

- As a result of a chronic shortage of ALu, adults were sometimes given ALu dosage packets for children:

  "I am trying to go through this order. We asked for all types of ALu, for adults, children, above five years (mmm). I mean a pack of six tablets, twelve, eighteen and twenty four (mmm). But the drugs that came is the six pack only, you will see that all these others have not come (have not come). Now, imagine an adult has come, you do not have a pack of twenty four tablets. You have to give him the six tablets pack, so you will see that he carries a big parcel."

  (Health worker, Rufiji)

- Wait time at health facilities was also mentioned as a barrier to care. Many INI and FGD respondents mentioned spending long periods of time (one to three hours) waiting for treatment during week days:

  "Yes, you wait for a long time especially on Mondays and Tuesdays there are long queues."

  (Female INI, KU)

Conclusions:

- Lack of diagnostic tools, drug shortages, limited cash supplies, and long wait times at health facilities continue to be obstacles to accessing timely malaria treatment in rural Tanzania.

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