

Onwujekwe et al. Increasing coverage of insecticide-treated nets in rural Nigeria

Reading Notes | Joe Brew

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Overview

An old article assessing how residents of a hyper-endemic malarial region valued and used malaria-preventive tools at the household level. The study used focus groups and the setting was Enugu state (Nigeria).

2005

Southeast region

Introduction

Background: At the time, many countries not achieving 60% ITNs coverage. ITN's are important because (1) malaria is the number one public health problem in Nigeria and (2) prevention decreases burden on health system.

What is ITN's coverage like now?

Distribution of ITN's is challenging. Previously, public health care system and private distribution networks resulted in low coverage. Now, trying with community-based distribution. No one way is necessarily better - it depends on local circumstances.

Authors imply that community-based and social networking go hand-in-hand

Paper's focus: perceptions, expenditures and preferences of consumers for prevention of malaria, ITN's ownership and distribution.

Methods

Study details: Conducted in 3 villages where *Anopheles gambiae* is the major malaria vector and *Plasmodium falciparum* causes >90% of cases. 3 FGD's in each village. Discussion on malaria, prevention, net ownership, distribution and payment. Accompanying questionnaire administered to household representatives.

9 total focus groups

300 from each village, 900 total

Results

Use: Low mosquito net ownership and use. Main constraint: lack of money. Other issues: discomfort, safety concerns.

Distribution: Community-based distribution preferred to other options. Concerns over commercial profit, and irregularity. Door-to-door suggested, but concerns that the appearance will be that the government is trying to give them away (ie, they're not good).

Payment: Consensus that single, full payment was best. Price should be subsidized and identical for all.

Survey results: One quarter of houses spent money on malaria prevention, and average expenditure was \$0.50 monthly. Only 32% knew where to buy a net. Only 11% had ever heard of an ITN.

Discussion

People were knowledgeable, but very few spent money. Results similar to another study where only 3% of people had heard about ITN's, and only 9% used nets at all. Lack of expenditure suggests getting people to pay market price (\$3.80) is unlikely.

Program managers need to be aware of local conditions, and make sure that payment plans used mixed modes (ie, one-off for those that can, and payment plans for those that can't). "Consumer preferred distribution strategies" important to malaria control success.

in Mozambique!

ensuring that anyone who wants a net gets one, regardless of ability to immediately pay

Terminology

What follows is a list of important terms from the article:

ITN: Insecticide-treated nets.

FGD: Focus group discussion.

References

Onwujekwe, Obinna, Benjamin Uzochukwu, Nkoli Ezumah, and Elvis Shu. 2005. *Malar J* 4 (1): 29. doi:10.1186/1475-2875-4-29. <http://dx.doi.org/10.1186/1475-2875-4-29>.