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Factors associated with malaria test preference among households in Rubavu district, Rwanda: A cross sectional study

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Background & Aim: If people are not diagnosed and treated promptly for malaria, they may develop severe complications and even death. Globally, an estimated 3.3 billion people are at risk of being infected with malaria and 1.2 billion are at high risk. The World Health Organization recommends using malaria rapid diagnostic tests (RDTs) or microscopy followed by prescribing antimalarials only to patients who have a positive test result. In Rwanda, malaria RDT was introduced in 2008 to be used by community health workers before offering treatment. This study assessed malaria test preference and associated factors among community members in Rubavu district, Rwanda.

Methods: This was a quantitative cross-sectional study. A structured self-administered questionnaire was given to 384 community members in households that were randomly pre-selected from community of Rubavu district of Rwanda. Chi square test ($p < 0.05$) was computed to establish factors associated with preference of malaria diagnostic test.

Results: The result shows that majority (77.6%) of the respondents prefer RDT over microscopy test (22.4%). The RDT was more preferable among household heads with low level of education (never attended, primary school, and secondary school) ($p = 0.001$), with low monthly income ($p = 0.002$) and those with community based health insurance ($p = 0.001$). Descriptive analysis was also done for perceived benefits of using RDTs, reasons for not accepting RDTs and suggestions to improve RDTs in the community, the results show that majority 96.9% perceived that RDTs is used as fast diagnosis, 84.9% not accept using RDTs because on non trusted results and 90.6% suggested provision of pictorial job aid to the community health workers (CHWs).

Conclusion: RDTs are the preferred method for the diagnosis of malaria by communities in Rubavu district. The test is more acceptable in households with low level of education, low monthly income, with community based health insurance.