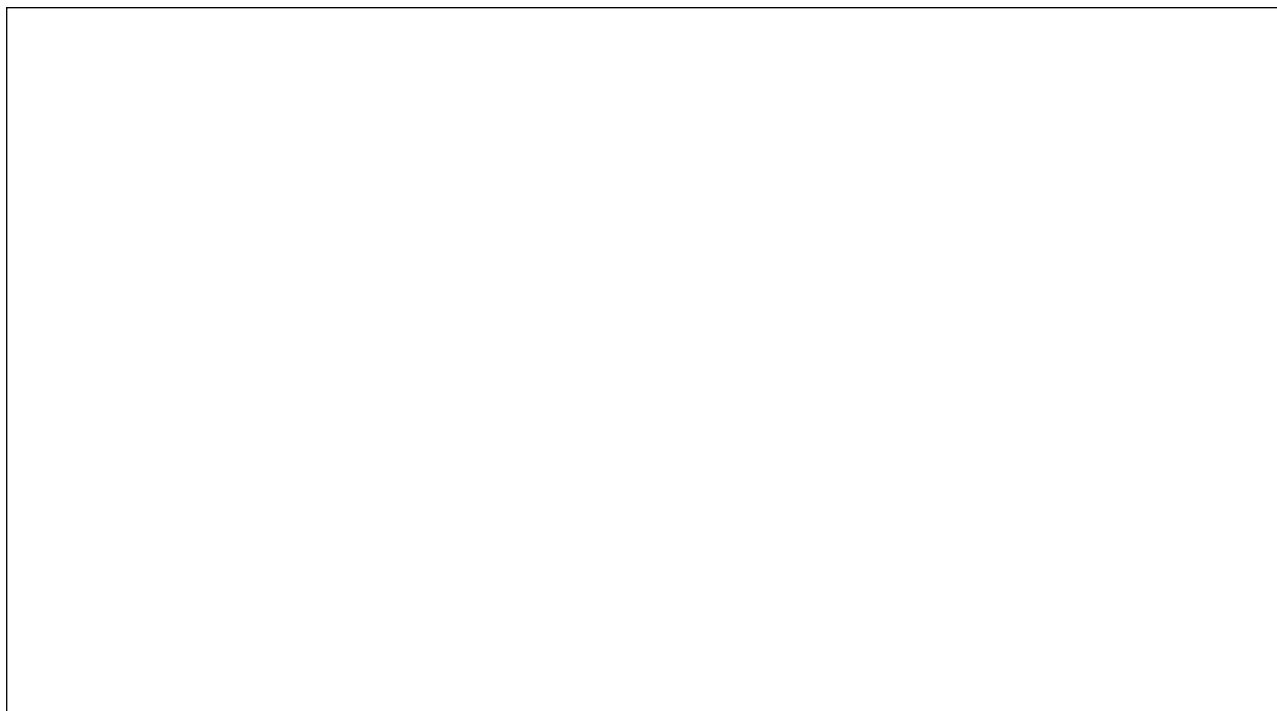


of health workers regarding negative test results.



Keywords: Rapid Diagnostic Test (RDT); Community based Health Planning Services (CHPS); Health center; Malaria and adherence

Introduction

In spite of the various interventions, a million deaths and more than 400 million cases yearly are as a result of malaria. Out of these deaths, 90% happen in Sub Saharan Africa [1]. Ghana has a high incidence of malaria and everyone in the country is at risk of being infected with malaria [2].

The main approaches to preventing and controlling malaria are early detection and early treatment [3]. To reduce malaria mortality, several interventions have been introduced. They include the introduction of Artemisinin based Combination Therapy (ACT), the use of insecticide treated bed nets and Rapid Diagnostic Test. These interventions have in a way contributed to a reduction in the number of malaria cases [4].

Policymakers including the WHO for many years promoted the idea of presumptively diagnosing for malaria and use of chloroquine for treatment of suspected malaria cases. The main reason being chloroquine is cheap and accepted by many [5].

Presumptively diagnosing malaria though not always accurate is still the basis for therapeutic care in areas without laboratory facilities or where malaria tests are not needed. This can result in wastage of drugs, and an increase in resistance and missed cases of malaria [6].

*Corresponding author: Selina Ansa-Koi, Department of Public Health, University of Ghana, Ghana, E-mail: maakobe@gmail.com

Received: 02-May-2022, Manuscript No. jcmhe-22-52505; Editor assigned: 04-May-2022, PreQC No. jcmhe-22-52505 (PQ); Reviewed: 18-May-2022, QC No. jcmhe-22-52505; Revised: 23-May-2022, Manuscript No. jcmhe-22-52505 (R); Published: 30-May-2022, DOI: 10.4172/2168-9717.1000755

Citation: Anash SK (2022) Adherence to Malaria Rapid Diagnostic Test Results and a Qualitative Study on Health Workers' Perception about the Test in Agona East District of Ghana. J Comm Med Health Educ 12: 755.

Copyright: © 2022 Anash SK. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

folder to find out if anti-malarials were prescribed, symptoms of the patient and temperature.

A total of 246 were obtained from the three health centers. This represents the total malaria diagnoses.

Data was collected and entered into Microsoft Excel. Data was then imported into STATA 13.1 for analysis.

Sampling procedure for CHPS compounds

There are eleven CHPS compounds out of which three were randomly sampled, one for each sub-district. The consulting room register was assessed for the total number of patients provisionally diagnosed with malaria within July-September, 2015. Since CHPS compounds have fewer cases compared to health centers, the total number of provisional malaria cases for the period was what was recorded. After obtaining this figure, checks were done to determine those that were tested before treatment and those that were presumptively diagnosed and treated for malaria.

Qualitative results

(Table 4)

--	--

11. Kyabayinze DJ, Asimwe C, Nakanjako D, Nabakooza J, Bajabaite M, et al. (2012) Programme level implementation of malaria rapid diagnostic tests (RDTs) use: Outcomes and cost of training health workers at lower level health care facilities in Uganda. *BMC Public Health* 12(1): 291.
12. Zongo S, Farquet V, Ridde V (2016) A qualitative study of health professionals ' uptake and perceptions of malaria rapid diagnostic tests in Burkina Faso. *Malar J* 15: 1–11.
13. Asimwe C, Kyabayinze DJ, Kyalisiima Z, Nabakooza J, Bajabaite M,