



UiO : **Institute of Health and Society**
University of Oslo

Digital health information in Iringa, Tanzania: Development, provision and testing the effect of digital cysticercosis/taeniosis messages on rural communities

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UiO : **Global Health**

The Digl-project and the team

- “Non-discriminating access for digital inclusion” (Digl)-project, funded by Norwegian Research Council and NORAD (1,5 mill USD)
- Jan 2017 – Sept 2020
- 11 partners from Tanzania, US, India, DR Congo, Rwanda, Serbia, Germany, France, Spain and Norway



Snapshots from website and TSCT animation developed by the DigI-team



The screenshot shows a website titled "Epuka Tegu" (Tegus are Good). The header includes navigation links: Mwanzo, Afya, Kuhusu, Wasiliana nasi, Repoti, and Videos. There are also flags for English and a Login button. The main content area is divided into two sections:

- Kisababishi ya Tegu** (Causes of Tegus): Accompanied by an illustration of a man eating. The text explains that many fathers eat Taenia solium, which can be passed to family members through food. It mentions that binadamu (humans) get tegus by eating undercooked meat or food contaminated with eggs. It also notes that tegus can be found in the intestines of humans and animals.
- Dodoso ya Tegu** (Symptoms of Tegus): Accompanied by a list of symptoms and a multiple-choice question. The text asks "Tafadhali jaza utafiti kuhusu Tegu" (Please fill in the survey about Tegus). The question is "Jinsia yako ni ipi?" (What is your gender?). The options are: A) Me, B) Ke, C) Sijui. Below this, another question asks "Je, umewahi kusikia kuhusu minyoo aina ya tegu?" (Have you ever heard about tegus of this kind?). The options are: A) Ndio (Yes), B) Hapana (No), C) Sijui (I don't know).



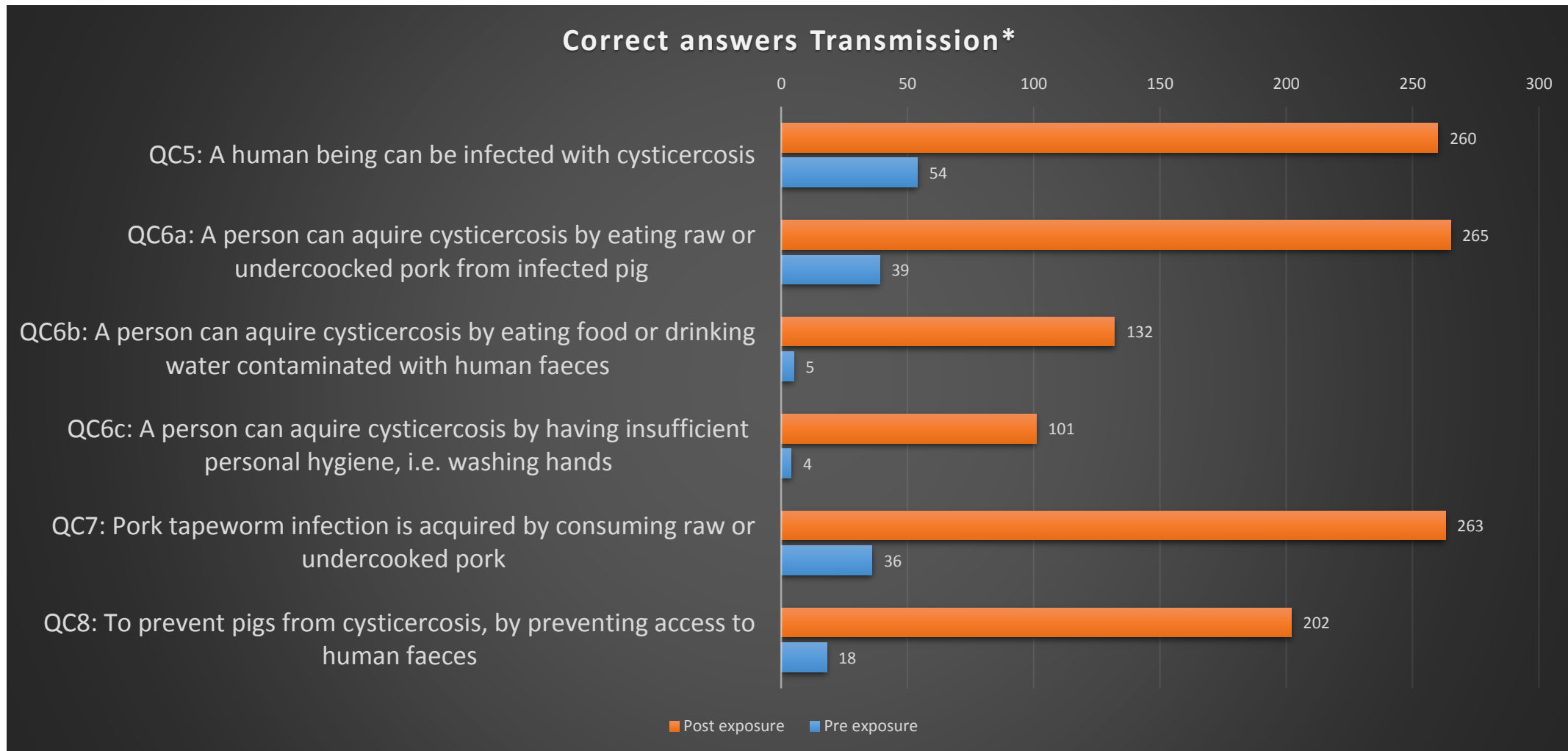
Ongoing non-randomised controlled study to test the effect of the digital health messages

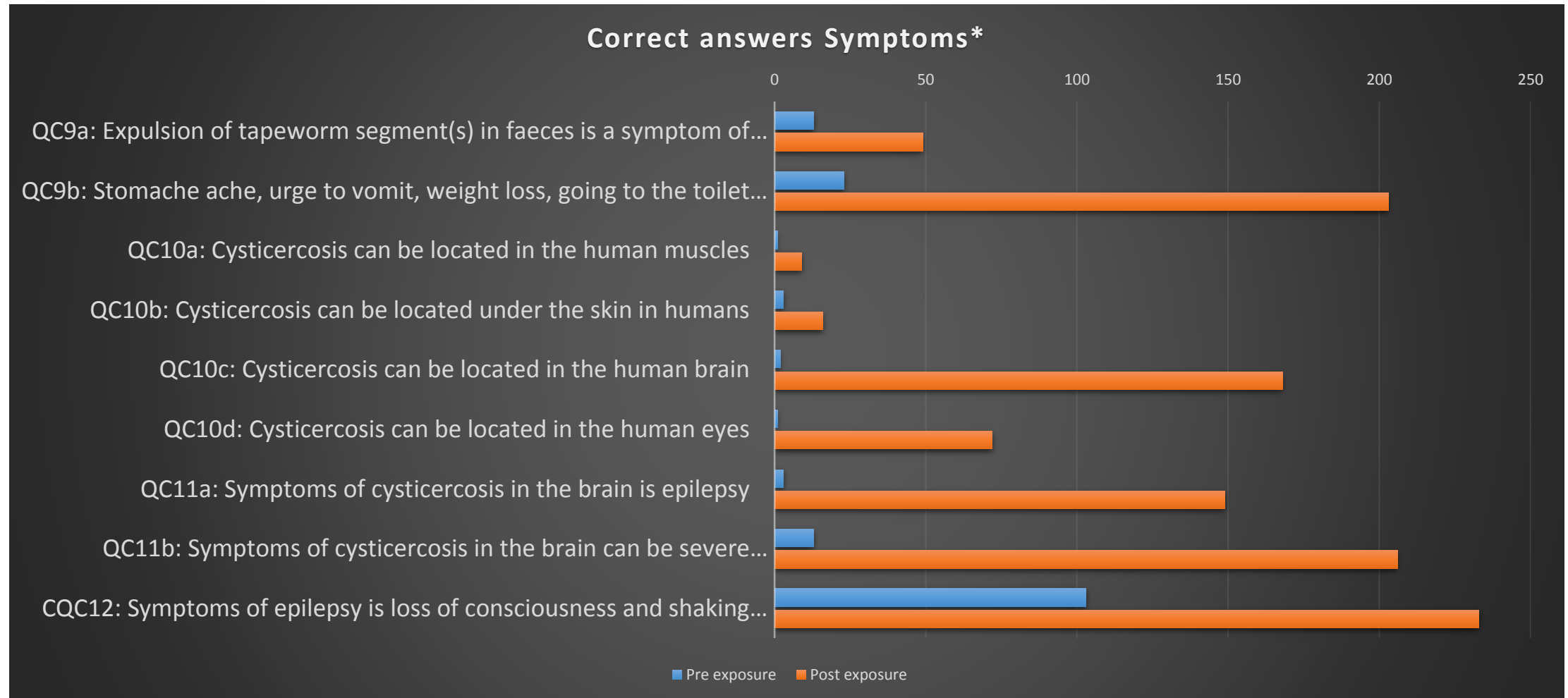
- Two intervention villages with 298 participants in total
- Two control villages with 300 participants in total
- Baseline (in both villages) and exposure to digital health messages and immediately after assessment (only in intervention villages) – April / May 2019
- First follow-up in August / September 2019
- Next follow-up in February 2020

Preliminary findings from the intervention villages

- Increase in all TSTC knowledge domains
 - (Prevalence)
 - Transmission
 - Symptoms
 - Treatment
 - Prevention



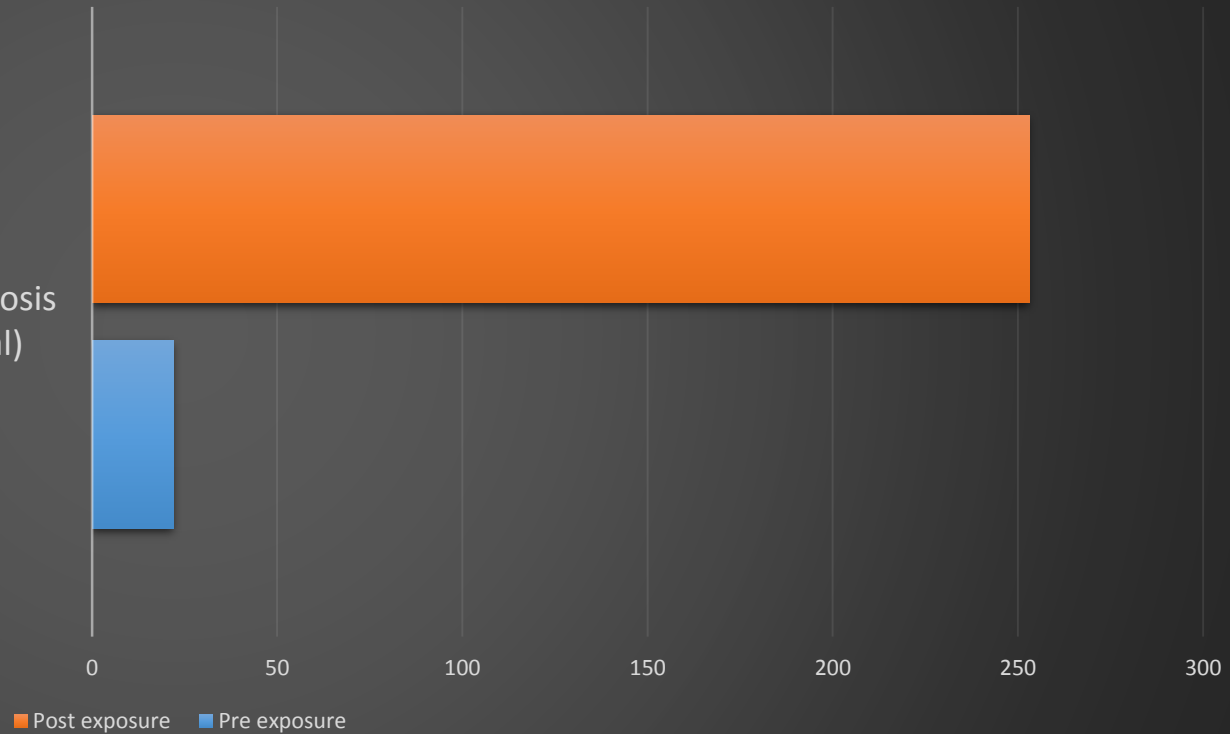




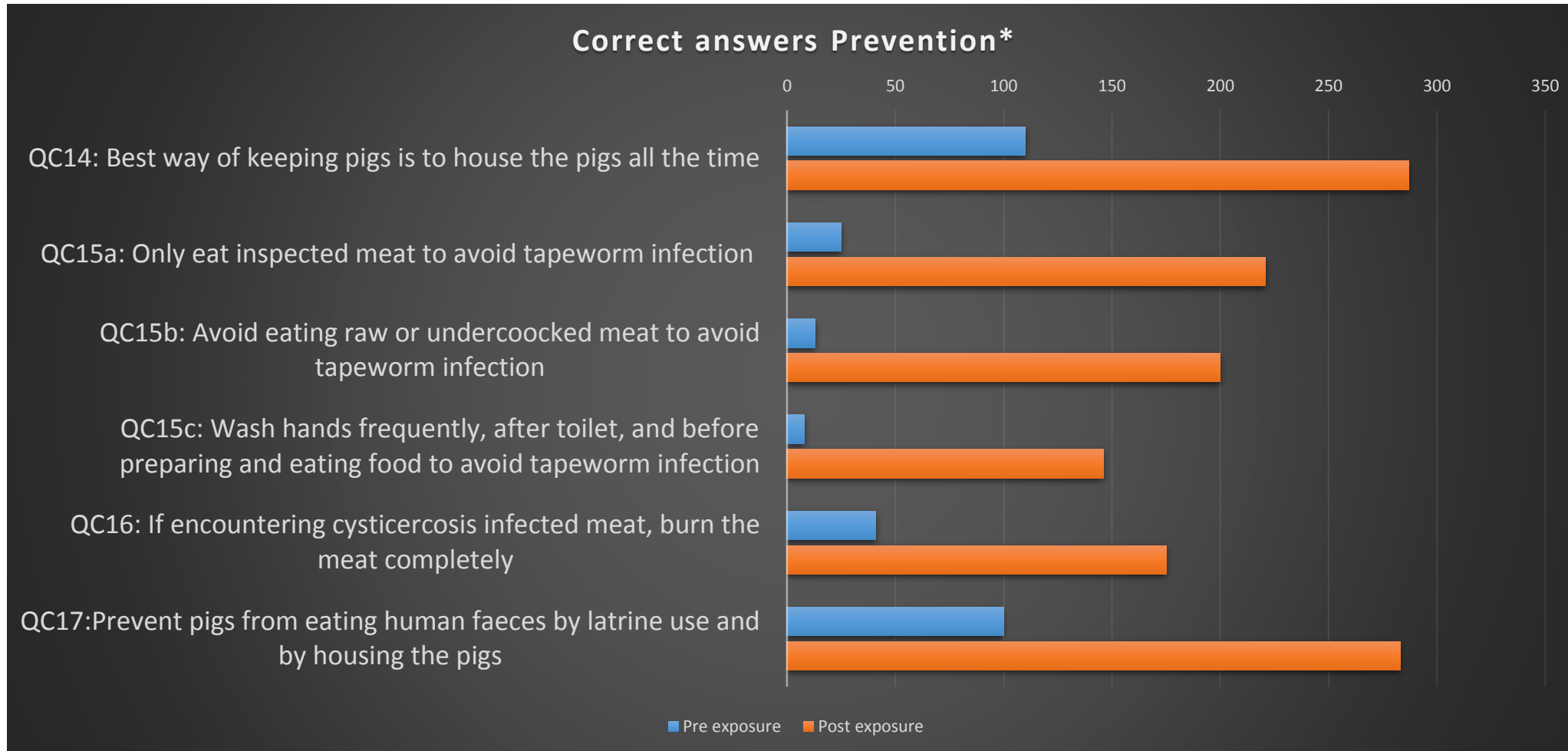


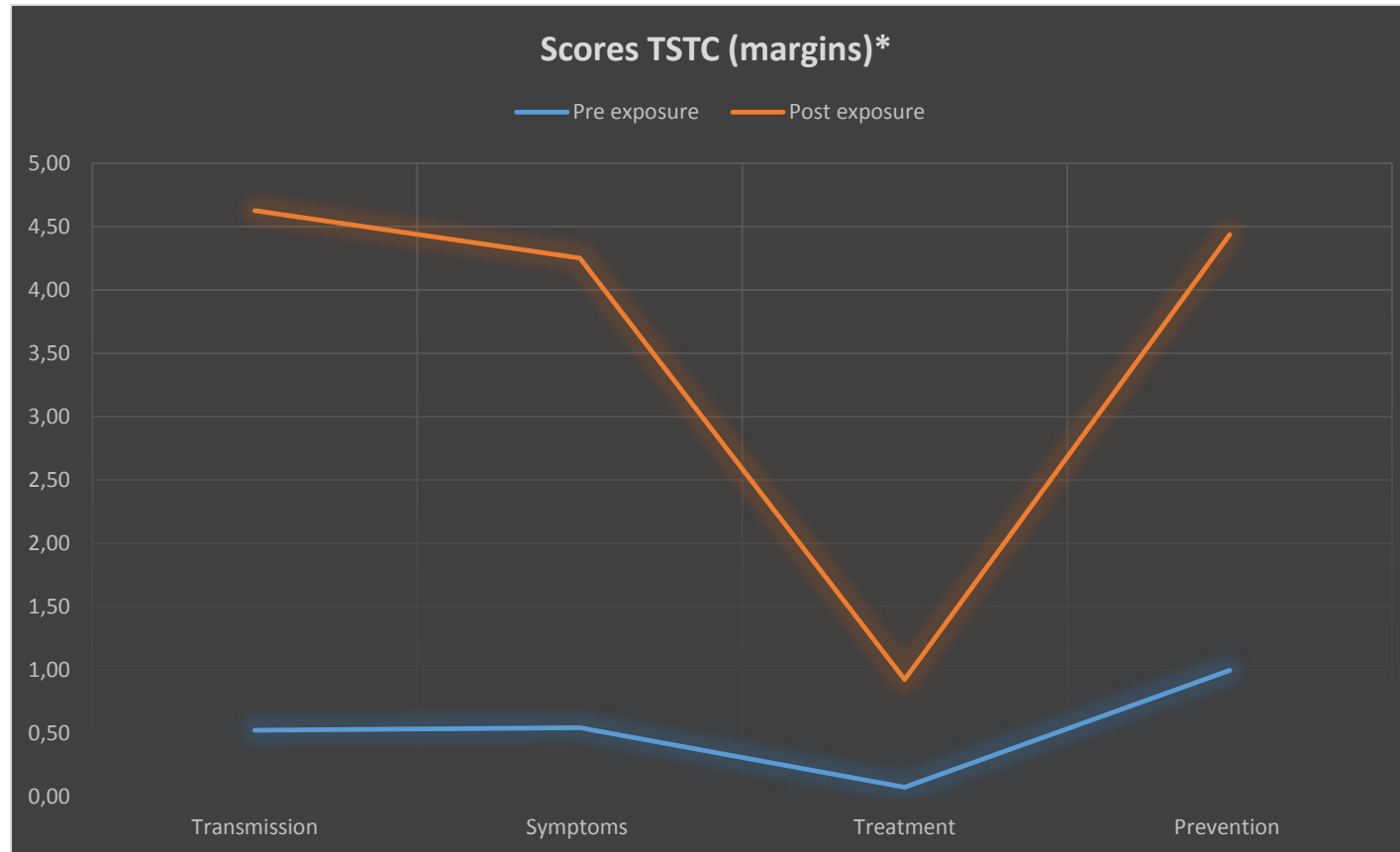
Correct answer Treatment*

QC13: A person with tapeworm infection and/ or cysticercosis should be treated using modern medicine (go to hospital)



*Preliminary results





	Pre-score	Post-score
Transmission score (max 6) margins	0,52	4,10
Symptoms score (max 9) margins	0,54	3,71
Treatment score (max 1) margins	0,07	0,85
Prevention score (max 6) margins	1,00	3,44
Accumulated score (max 22) margins	2,14	12,10

Analysis of the results

- McNemar test
- Scores adjusted for confounders
 - Education
 - Age
 - Gender

Summary: Main impressions from fieldwork and analysis

- Participants in the intervention village appreciate the digital health messages
 - In the first follow-up, only 1 out of 280 reported that they did not like the digital health messages, and 270 out of 280 reported that they learned something from them
- The importance of culturally sensitive content
- Unbiased health messages of high quality
- In local language
- Significant results related to knowledge uptake



Next phases

- Village platform rollout in November
- Follow-ups in February and May
- Semi-structured interviews
 - Planned with participants in each of the intervention villages (users and non-users of the village platform)



Special thanks



Dr. Bernard Ngowi



Prof. Josef Noll



Prof. Andrea Winkler



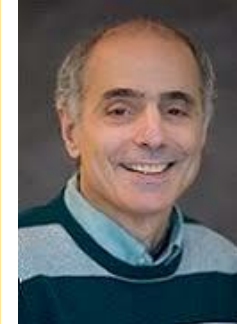
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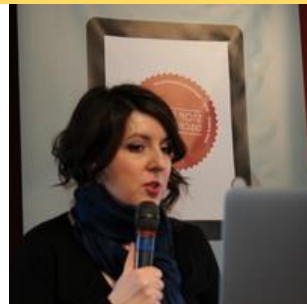
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