Population Preference of Net Texture prior to Bed Net Trial in Kala-Azar–Endemic Areas

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Abstract

Prior to a community-based efficacy trial of long-lasting insecticidal nets (LLINs) in the prevention of visceral leishmaniasis (VL; also called kala-azar), a pilot study on preference of tools was held in endemic areas of India and Nepal in September 2005. LLINs made of polyester and polyethylene were distributed to 60 participants, who used the nets sequentially for 7 d. Acceptability and preference were evaluated via indirect indicators through questionnaires at three defined time points before and after use of the LLINs and through focus group discussions (FGDs). In the latter, preferences for color and size were also assessed. Untreated bed nets were owned by 87% of the households prior to the study. All users liked textures of both LLIN types after 7 d of use, but had a slight preference for those made of polyester if they were to recommend a LLIN to relatives or friends (p<0.05), mainly because of their relatively greater softness in comparison to polyethylene LLINs. Users reported that both net types reduced mosquito bites and number of insects, including sand fly (bhusana; genus Phlebotomus), inside the house. Side effects were minor and disappeared quickly. The large-scale intervention trial considered the preferences of the study population to decide on the best tool of intervention—light-blue, rectangular, polyester LLINs of different sizes.


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Introduction

Annually 500,000 new cases of visceral leishmaniasis (VL, also called kala-azar), with 39,000 deaths, are reported in 62 countries. More than 90% of the cases occur in the Indian subcontinent and Sudan [1]. In India and Nepal, VL is caused by *Leishmania donovani*, and the sand fly, *Phlebotomus argentipes*, is the only proven vector [2]. Insecticide-treated nets (ITNs) have been effective in the prevention of malaria and cutaneous leishmaniasis [3–6]. ITNs have also been effective in reducing VL vectors in an endemic region of Brazil [7]. Two studies have suggested that VL incidence may be reduced when ITNs are used [8,9], but no randomized controlled trial has clearly demonstrated the impact of ITNs on VL. To evaluate the efficacy of these tools on VL transmission, a large-scale randomized controlled community intervention trial implementing long-lasting insecticidal nets (LLINs) was planned in VL-endemic areas of India and Nepal. LLINs are pretreated bed nets that do not need retreatment after washing and have insecticidal activity lasting for a number of years. Hence, this pilot study was undertaken with the objective of assessing community preferences for size, color, and brand (texture) of net, which information was used in launching the large-scale community efficacy trial.

Materials and Methods

The study was carried out in two rural VL-endemic villages, Phanda (Muzaffarpur district, India) and Sidraha (Morang district, Nepal), randomly chosen in the region where the bed net trial would be implemented. In total 60 houses were identified in the main streets of the villages in September 2005. All included households were approached individually, and procedures and objective of the study were explained to household members. One person per household (in total 60 persons), irrespective of age and sex, and capable of assessing advantages and disadvantages of nets, were selected based on their willingness to participate in the survey and to use a LLIN for 14 nights.

Light-blue polyethylene and polyester bed nets were distributed to users. The polyethylene nets are treated with 1,000 mg/m² permethrin, have wide mesh (4×4 mm), and have fiber thickness of 150 denier (Olyset, Sumitomo Chemical Company, Japan). The polyester nets have a resin coating containing 55 mg/m² Deltamethrin, small mesh (1.5×1.5 mm), and fiber thickness of 100 denier (PermaNet 2.0, Vestergaard-Frandsen, Denmark). The two brands of LLIN are currently approved by World Health Organization Pesticide Evaluation Scheme (WHO) and are widely commercially available [10].

Over the 15 d trial period, 60 rectangular nets (30 in Nepal and 30 in India) of each material were distributed, 50 double-sized (130×180×150 cm) and ten family-sized (160×180×150 cm). Family-sized nets were given to participants who slept in groups of more than three persons. In India all 30 households used the polyethylene nets during the first 7 d. On day 8 these nets were withdrawn and polyester nets were distributed to the same participants and used for 7 d. In Nepal a crossover design was implemented. Fifteen
Participants used polyethylene nets for the first 7 d, while another 15 or oral informed consent was obtained from all study participants. Written and/or verbal informed consent was obtained from the families of the children at the FGDs. The study received ethical approval from the Ethics Committee of the Research Institute of Health Sciences, Dharan, Nepal and the Institute of Medical Sciences, Banaras Hindu University, India. Study participants were asked which type they would recommend to their family members and friends, 100% of the study population indicated polyester nets, versus 82% for polyethylene (p=0.001). Various reasons were given for this preference for polyester nets: 50% of the users preferred the combination of reduced insect (including sandflies, or bhusana) bites together with the softness of the polyester net; 43% mentioned reduced insect bites as the only reason; and 7% mentioned the combination of reduced insect bites together with a feeling of pleasant sleep. The reason 82% recommended polyethylene nets were, in all cases, because of the reduced number of insect bites; 7% added that aeration was good when sleeping under this type of net. The 11 users that would not recommend the polyethylene nets gave as reasons the roughness of the net (nine users) and large mesh size of this type of net, which permits the entry of mosquitoes (two users).

During the FGD it was stated by the users that in comparison with polyester nets, the users disliked polyethylene nets primarily because of their rough texture, and secondarily for their side effects.

Preference for Color and Size

The qualitative and quantitative data showed that more than one-third of the users preferred the light blue color, followed by green and khaki. A difference between male and female responders was observed: females preferred blue, before green and khaki; male preferred green, before khaki and blue. The male responders disliked the color of currently used nets. Their
experience was that mosquitoes were attracted to the dark colors of the forest and therefore expressed a preference for lighter colors. All were satisfied with the size of the net provided except one respondent in Nepal living in a house with large sleeping groups (five persons sleeping under one net). Hence a family-size net was not large enough for that sleeping group.

**Discussion**

We can conclude from this pilot study that both brands of LLIN had high acceptability in the VL-endemic areas of Nepal and India. A high percentage of households in these areas possess bed nets, which has also been described in other studies [11,12]. In the study group, none of the existing nets were insecticide-impregnated, and participants were willing to trade their nets for any of the LLINs. Regardless of the study design used, the same trend in Indian and Nepalese data can be observed (as presented in Table 1), i.e., polyester LLINs (because of relative softness and pleasant sleep experience) were preferred to polyethylene. The discrepancies between the color of nets actually owned by the households and their preferences is due to the nonavailability of these colors on the local market. A high percentage of users reported side effects with the LLINs in the first few days of use of each type, but these were minor and disappeared quickly. More side effects were reported with polyethylene nets than with polyester, but this difference was not significant. Because of raised awareness of the respondents, the reporting of side effects was higher in the second round of the study compared to the first.

Because this study was conducted in preparation for a large-scale efficacy trial, it was small in scale and we recognize its limitations. First, the period of observation was short, and persons were included in the study based on their willingness to use a LLIN for 2 wk. The majority (87%) of participants belonged to households that already had untreated mosquito nets in their homes prior to this pilot study. Therefore, this study documented participants’ preference to change from untreated nets to one or another brand of LLIN. Another limitation is the nonrandom assignment of types of net to use, which can cause an information bias, as the second type of net used was intuitively compared to the first one. We addressed this problem by taking the questionnaire on day 7 before switching the nets and by the crossover design in the Nepalese part of the study. Third, this preliminary indication of acceptability might not necessarily translate into use, as was shown by Jima et al. [13] in Ethiopia, who found that although acceptance of and willingness to use ITNs for malaria prevention was very high, actual utilization of the mosquito nets was very low because of lack of knowledge, unavailability of nets, and low household purchase power. LLINs show promise as a tool for controlling VL, since the density of VL vectors peaks between 20:00 and 24:00 hours [7,14].

The preference of the population to use light-blue, rectangular polyester LLINs was used in choosing the tool to implement in the large-scale trial. The problems concerning the use of LLINs identified by the population guided the researchers during the development of the promotional and educational messages that accompanied the implementation.

**Author Contributions**

Conceived and designed the experiments: Singh S, Boelaert M, Vaulerbergh V, Das M, Rijal S, Karki P, Sundar S, Rai M. Performed the experiments: Das M, Singh S. Analyzed the data: Das M, Singh S. Wrote the paper: Boelaert M, Vaulerbergh V, Das ML, Singh S.

**Table 1. User Preferences for Two Types of LLIN in Endemic Areas of Visceral Leishmaniasis**

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
<th>India Polyester, n (%)</th>
<th>India Polyethylene, n (%)</th>
<th>Nepal Polyester, n (%)</th>
<th>Nepal Polyethylene, n (%)</th>
<th>Total Polyester, n (%)</th>
<th>Total Polyethylene, n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advantages of using LLINs</td>
<td>Reduction in mosquito bites</td>
<td>24 (80)</td>
<td>24 (80)</td>
<td>27 (90)</td>
<td>20 (67)</td>
<td>51 (85)</td>
<td>44 (73)</td>
</tr>
<tr>
<td></td>
<td>Reduction of insects inside</td>
<td>5 (17)</td>
<td>3 (10)</td>
<td>25 (83)</td>
<td>14 (47)</td>
<td>30 (50)</td>
<td>17 (28)*</td>
</tr>
<tr>
<td></td>
<td>the house</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Adverse effects</td>
<td>Itching</td>
<td>9 (30)</td>
<td>9 (30)</td>
<td>2 (7)</td>
<td>11 (37)</td>
<td>11 (18)</td>
<td>20 (33)</td>
</tr>
<tr>
<td></td>
<td>Sneezing</td>
<td>5 (16)</td>
<td>6 (20)</td>
<td>2 (7)</td>
<td>7 (23)</td>
<td>7 (12)</td>
<td>13 (22)</td>
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<tr>
<td>Willing to use the LLIN in the</td>
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<td>house (by users)</td>
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<tr>
<td>Recommend the use of</td>
<td></td>
<td>30 (100)</td>
<td>27 (90)</td>
<td>30 (100)</td>
<td>21 (70)</td>
<td>60 (100)</td>
<td>48 (80)*</td>
</tr>
<tr>
<td>LLIN to non-using persons</td>
<td></td>
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</tbody>
</table>

* Differences are significant at p<0.05.

(1) Due to multiple responses, the percentages exceed 100.

(2) Reports of itching and sneezing increased after the first interview.

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**References**


