

From Thomas Cronin et al. Health-seeking behaviour for schistosomiasis: a systematic review of qualitative and quantitative literature. Pan Afr Med J. 2013;16:130. doi:10.11604/pamj.2013.16.130.3078.

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**Annex 1:** Characteristics and assessments of the quality for the included studies

Reference	Country and type of schistosomiasis	Aim	Study design	Mode of data collection	Participants	Quality Score
Kloos <i>et al.</i> 1987 [39]	Kenya, intestinal	'Examination of prevailing causes of schistosomiasis related illness, utilization of modern and traditional health resources, perceived treatment effects and forms of preventive behaviour in a rural Kamba population in Kangundo Division of Machakos District in central Kenya.'	Quantitative	Interview questionnaire.	n = 115. Primarily wives of household heads, since half of the study members were below 14, and wives were identified as having more knowledge on the health of their children than fathers. The study members were said to be representative of the study area's population with regard to sex, age, socio-economic level and location. In addition, three traditional healers were interviewed.	26

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el Katsha & Watts 1997 [26]	Egypt, intestinal	'To understand the full context of schistosomiasis, looking at the processes and interactions involved through a study of human behaviour, and relating these to epidemiological and environmental data.'	Qualitative and quantitative	Participant observations, structured discussions, focus group discussions (FGDs), in-depth interviews (IDIs) with key informants, and a baseline census of all households.	Water contact observations involved 348 people. Focus group discussions on water contact practices were held with homogeneous groups of primary school children, young farmers (<20 years), adults males (>35 years), adult females, and local primary school teachers within the study communities. IDIs with key informants concerning perceptions of schistosomiasis and disease control activities were held with male and female village leaders, teachers, and health workers at the village, district and regional level.	28
Hewlett & Cline 1997 [35]	Cameroon, urinary	'To describe how anthropological contributions and extensive cooperation between tropical medicine and medical anthropology researchers contributed to a successful community-based cost recovery schistosomiasis control project in northern Cameroon.'	Qualitative	Ethnographic methods (no further detail).	Unclear	24

Gazzinelli <i>et al.</i> 1998 [37]	Brazil, intestinal	'To identify knowledge, attitudes, and practices of teachers and students surrounding schistosomiasis transmission, prevention, and treatment, in order to provide baseline information for household-based knowledge, attitudes, and practices, and water contact studies as well as a subsequent community health education program.'	Qualitative	Semi-structured FGDs and IDIs with key people in the community.	A total of 7 FGDs were held with 56 volunteer children and adolescents selected from different classes in the local school. Three FGDs were also performed with a total of 15 local primary teachers. Also, IDIs were carried out with key people in community, such as healers, community leaders, and the local pharmacist.	36
Aryeetey <i>et al.</i> 1999 [27]	Ghana, urinary	'To study the role of health education and community participation for the provision of facilities necessary for the control of urinary schistosomiasis in southern Ghana.'	Qualitative	FGDs.	FGDs with people of the study community. Discussion groups were selected by age, sex, ethnic group. In all, 15-16 FGDs were formed.	26
Uchoa <i>et al.</i> 2000 [41]	Brazil, intestinal	'To assess the effectiveness of community mobilisation for health education adopted for schistosomiasis control in Patis, Minas Gerais.'	Qualitative	Interviews with key informants, and participant observation.	Those identified as key informants from the study communities, following observations within the communities.	34

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Ahlberg <i>et al.</i> 2003 [33]	Tanzania, urinary	'To understand the social context of female genital schistosomiasis.'	Qualitative	FGDs, individual interviews and participant observation.	n = 58. Five FGDs with participants in the study community. Included teachers in a school in the area, health centre staff, men and women of the study community, traditional birth attendants, and traditional healers. Individual interviews were conducted with women, traditional healers, and traditional birth attendants,	29
Akinwale <i>et al.</i> 2004 [40]	Nigeria, urinary	'To provide relevant information on the behaviour of people living with schistosomiasis with regard to their knowledge and perception of the causes and symptoms of the infection, their practices in preventing the infection and seeking appropriate treatment.'	Qualitative and quantitative	Structured questionnaire, FGDs and IDIs.	n = 240. Two hundred and thirty-six individuals within the study communities aged 10 years and above were included in the questionnaire, and a number of FGDs with these respondents. IDIs involved two orthodox health providers, and two local healers.	26
Danso-Appiah <i>et al.</i> 2004 [36]	Ghana, urinary and intestinal	'To investigate health care-seeking behaviour of patients with signs and symptoms suggestive of schistosomiasis in an endemic population in Ghana and to describe the decision-making process for obtaining health care.'	Quantitative	Structured questionnaire.	n = 317. All registered individuals in the study community were interviewed. Parents or guardians answered for small children under six years.	34

Mwanga <i>et al.</i> 2004 [30]	Tanzania, urinary and intestinal	'To report on local perceptions, attitudes and treatment-seeking practices related to urinary and intestinal schistosomiasis and implications for the District Health Management Team planning of community-based intervention programmes.'	Qualitative and quantitative	FGDs, IDIs, semi-structured interviews (SSIs), client exit interviews, and questionnaire survey.	n = 608. FGDs involved 140 people: nine FGDs with school children and nine FGDs with adults. IDIs took place with 37 school-children. SSIs included 17 health care providers that consisted of clinical officers and nurses and public and private shopkeepers. Client exit interviews involved 33 patients who were approached immediately after consultation with the service provider. The questionnaire survey involved 381 respondents.	32
Takougang <i>et al.</i> 2004 [43]	Cameroon, urinary	'To determine the perceptions of haematuria in a wider geographic area of the sudao-sahelian zone of Cameroon, so as to include such information in schistosomiasis control interventions.'	Quantitative	Structured questionnaire.	n = 1107. Nine hundred and sixty-four school children from 15 schools in the study community, and 143 adults living nearby to the study schools.	22

Mwanga, 2005 [31]	Tanzania, intestinal	'To determine local perceptions and practices related to urinary and intestinal schistosomiasis among the communities of Lake Victoria, and try to point out implications for the local authority planning of a community-based health education intervention programme.'	Qualitative	SSIs, FGDs, and unstructured observations.	n=215. Adult men and women in the study communities.	24
Adeneye <i>et al.</i> 2007 [38]	Nigeria, urinary	'To describe sociocultural factors that influence the distribution process of praziquantel for the mass treatment of schistosomiasis infection.'	Qualitative	FGDs and IDIs.	FGDs were held separately with adult males and females, male and female adolescents (13-19 years), and male and female children (5-12 years) within the study community. IDIs were held with the drug distributors of praziquantel for mass treatment and with community/opinion leaders in the study communities.	32
Anguzu <i>et al.</i> 2007 [28]	Uganda, intestinal	'To elicit and understand peoples' perceptions of intestinal schistosomiasis that is prerequisite for designing appropriate control strategies.'	Qualitative and quantitative	FGDs and SSIs.	n = 496. Members of the study community. Six FGDs with 64 participants were carried out. SSIs involved 432 heads of households, their spouses or any responsible person found at home during the survey.	35

Acka <i>et al.</i> 2010 [29]	Cote d'Ivoire, intestinal	'To describe knowledge, attitudes, practices and behaviour related to helminth infections in two rural communities of western Cote d'Ivoire that were subjected to either school-based or community-based research and control activities.'	Qualitative and quantitative	Observation, FGDs, SSIs, and interview questionnaire.	Thirty FGDs with elderly women, adult women, adult men and school children of the study communities were conducted. Five SSIs were conducted with traditional healers. Two-hundred and seven interview questionnaires were carried out with household heads.	37
Danso-Appiah <i>et al.</i> 2010 [42]	Ghana, urinary and intestinal	'To learn whether patterns of health seeking behaviour are consistent across the country, get a better insight into regional characteristics, and to enable formal analysis of determinants of action.'	Quantitative	Structured questionnaire.	n=2002. Household members of study communities. Parents or guardians answered for children aged under six years.	37
Onyeneho <i>et al.</i> 2010 [34]	Nigeria, urinary	'To explore and describe the knowledge, attitude and practices of community members with regards to schistosomiasis in Delta State, Nigeria.'	Qualitative and quantitative	Structured questionnaire, FGDs, and IDIs.	Four hundred individuals from study communities involved in structured questionnaire. In addition, community and traditional leaders, health facility personnel and head teachers of the community schools were selected for FGDs and IDIs.	35
Reis <i>et al.</i> 2010 [44]	Brazil, intestinal	'To compare access to and utilisation of schistosomiasis diagnostic and treatment services in a small village and the surrounding rural area in northern Minas Gerais.'	Quantitative	Structured questionnaire.	n = 1228. Interviews were carried out in all houses in the study area, with household members over the age of 18 years.	37

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Yirenya-Tawiah <i>et al.</i> 2011 [32]	Ghana, urinary	'To describe the current epidemiological status of schistosomiasis in endemic communities in the Volta Basin of Ghana.'	Quantitative	Structured questionnaire.	n = 3301. Participants from the study communities.	34
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