

## **A-12: Recall method as a tool of data collection on malaria in a malarious population in Kataragama**

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The recall of past incidents of disease at a given period of time is a widely used method of data collection on prevalence, incidence and distribution of diseases in community settings. Recall of disease episodes may vary due to many factors, including, the length of the recall period, severity of the disease and significance attached to the disease by the informant. The present study on the recall of malaria incidents in a malarious population in Kataragama was carried out at the beginning of April, 1994 to ascertain the variations of recall in a random sample of 180 households over a 6 month period from October, 1993 to March 1994. The sample which was randomly obtained from a list of households maintained at the malaria treatment centre. Mailagama, Kataragama, comprised 150 households with at least one sick member who had undergone malaria treatment during the stipulated time period, and 30 households with members who did not report sick or were treated for malaria at any of the treatment centres including the hospital. The

total sample of 180 households were interviewed by a research assistant "uninformed" of the sick households or the sick members, during the first 2 weeks of April 1994. Findings indicate that (a) the recall error was positively correlated with time; (b) the best recall period with the minimum error for the total sample was the last one month; (c) females were better off than the males in recalling malaria incidents that occurred during the last one month; (d) the patient respondents were more accurate than non-patient respondents in recalling incidents of malaria in the family; (e) Of the patient respondents females showed the minimum error in recalling malaria. The recall method as a tool of data collection could be more accurately utilized if focused on young female patients as respondents for their families. This finding has implications for research methodology in malaria particularly for rapid assessment of malaria incidents in a community setting. Gender focus on malaria treatment and management at the household level is suggested.