Mekong RBM IEC Project News

September 2004






Diversity is what makes our world interesting. People will travel thousands of miles to see and enjoy customs and cultures very different from their own. Central feature of every culture is its unique language. Each language has its own charm and beauty.

For example the word *malaria* is Italian, and means "bad air". The Brau-Lave call malaria มือกับ (*mua kab*), which means mosquito bite. The Lao call malaria ไข้ยุง (*khai ngung*), which means mosquito fever. The Chinese call it 疟疾 (*nue ji*), which means bad air. The Wa in Yunan has no written language but call malaria *sai hui*, which means illness that attack suddenly. The Shan call malaria ၼၢဝ်ၶူၼ်း (*nao noke*), which means bird fever, and the Myanmar call it ငှက်ဖျား (*nget phyar*), which means bird fever or banana fever (fever from eating banana). The Khmer call malaria ក្រុន ចាញ់ (*kron thenh*), which means fever that make you loose, and the Kreung in Rattankiri call it ក្រុន ពិ (*kron ngor*).

Updates from Viet Nam

Xumia, a young Raglai in charge of the commune loudspeaker system in Khanh Phu commune and his pals were happy. Last week, these Raglai youths were asked by the IEC team to act as forest goers and take photographs for the making of a flipchart and poster on malaria. That was fun for these young people as they had an opportunity to be engaged in something "artistic and creative" The storylines for these flipcharts had been created by the locals at a participatory workshop in the district in March. One story goes that a group of Raglai young men including Xumia went into the forest to collect rattan and honey. They had a drink by the side of a beautiful stream and fell asleep soon afterwards. The young men were attacked by y*amu* (the Raglai word for mosquito) as they did not sleep in the bednets, which had been brought along. Soon after his return, Xumia had intermittent fevers and chills and his illness was diagnosed as a severe form of malaria. He was treated at the commune health station. where he also got a good lesson about the prevention of *saki* (Raglai word for malaria).

Xumia (4th from right) and the IEC team
Photo: Duc Can (NIMPE)

In the second flipchart, the photo story described how two Raglai families with the same starting point but different attitudes towards prevention of malaria would fare. The first family cleared the bushes around their house, used smoke to chase away the *yamu* and slept in bednets. The second family did not take any preventive measures and were afterwards struck by malaria. The first brought in a bumper harvest and had a new house built, whilst the second family fell sick and finally had to live in a humble hut. The photos for all these materials were taken by Duc Can, an experienced painter-cum-photographer from NIMPE, whose works appeared in many posters, flipcharts and documents published not only for the national malaria control programme but other health fields as well.

In a relation to malaria IEC materials development for ethnic groups, during a recent workshop in Ninh Thuan Province in the South Central coast region, Professor Le Khanh Thuan, Director of NIMPE and chairman of the NMCP announced that he would like the RBM IEC project that is working with Raglai in Khanh Hoa Province to extend its coverage to the Raglai in Ninh Thuan province and the Khmer ethnic group in Tra Vinh province.

Update from Yunnan, China

The IEC team in Yunnan, China, has finished the draft version of malaria IEC Educational materials. "The Guidelines on communication skills and how to use IEC Educational materials" and "Manual for Activities of 'Buddy System" have been sent with a questionnaire to health workers and teachers at township level to prepare for pre-testing.

During the last week of August 2004, the Yunnan IEC team pre-tested the inter-active video. Firstly, a quick indoor pretest was carried out among health staff to collect their suggestions on how to promote the video. Secondly, the field pretesting was carried out in two Wa ethnic villages (Bangqing village 4 in Zhongke Township and old Gaguo village in Lisuo Township): In each village, ten participants were invited from the target population. The video is composed of six sections (6 stories), and it was pre-tested section by section. For each section, the story was played two times (but questions and answers were not played), and then an individual questionnaire was completed

for each participant. Because most of participants cannot read and write, the team members had to administer the questionnaires by interviews. Finally, the whole section of the video (including questions and answers) was played again, and then a focus group discussion was organized and facilitated, using the guidelines. As a result, 55 individual questionnaires and 6 focus group discussions were finished.

Based on estimation of individual questionnaire survey, both the acceptance and involvement are 100%, both attractiveness and inducement to action are more than 90%, the comprehension of sections 3, 4, 5 and 6 is more than 90%; however, the comprehension of sections 1 and 2 is only about 70%.

This must be because most of the dialogues are in Chinese, so the target population could not understand the stories completely. Based on analysis of the pretest, we will re-shoot and add some scenes and add some narrations for sections 1 and 2, then re-edit and re-dub them. The video is expected to be finalized in September.

Update from Lao PDR

Dr. Soudsady, Deputy head of IEC Unit, CMPE, Lao PDR would like to share with us the Lao malaria IEC Educational materials that were developed to suit ethnic groups, especially the Brau-Lave and Taliang Mon-Khmer ethnic groups in the south of Lao PDR. The materials that were developed are as follows:

Story telling pictures: to educate people on the transmission, prevention and impact of malaria and on seeking treatment, and to encourage people to purchase bednets.

Interactive pictorial card sets: to increase awareness of the impact of malaria and encourage people in prevention and the appropriate use of bednets.

Interactive flipchart (revision of the existing one): to educate people on malaria transmission, symptoms, seeking treatment, and prevention.

Calendar-posters: to reinforce malaria messages on transmission, prevention by bednet use, the importance of bednet impregnation, and seeking appropriate treatment.

Comic book (revision of the existing in collaboration with school health promotion): to educate schoolchildren on malaria transmission, symptoms and prevention, and to encourage dissemination of malaria information to family and friends in the community.

Audio material: consists of songs, drama, story and spots to educate people to avoid getting malaria by using ITN and to seek early diagnosis and appropriate treatment from village volunteers and health workers; to encourage people in regular bednet impregnation and to purchase bednets from the market if needed.

A one day workshop to disseminate these IEC educational materials and summarize the Lao RBM IEC project will be organized on 7 October 2004 at the Ministry of Health in Vientiane. Dr. Soudsady will keep us updated.

In disease control programmes, we always talk about villagers as the target population. We put emphasis on how to educate people (villagers) and change their behaviour, while assuming that health services are well in place ready to deliver quality services. In fact, that may not apply with all cases. We can educate and try to encourage people to behave properly, for example seeking early diagnosis for malaria from health workers, but people will not come if health workers cannot provide a good service, and especially if they cannot communicate effectively with their patients, or if they do not succeed in making the patients feel welcome and valued. A good disease control programme should take this into account in the planning stage. Demand can be created but without good supply, the goals will not be met.

Interpersonal communication skills are one of the most important components in strengthening the capacity of health workers to deliver a good service and encourage people to come for consultation. Good interpersonal communication skills consists of:

Empathy – the ability to see the situation for patient's point of view.

Respect – for the patient's feeling and attitude, which may be different from health worker's.
Honesty – in addressing the patient's concerns.
Active listening – listening to what patients say and mean through verbal and nonverbal behaviour.
Attending behaviour – greeting patients politely and making them feel comfortable with verbal and nonverbal behaviour.
Questioning – asking questions to encourage patients to talk about themselves.
Summarizing and paraphrasing – restating what the client has said to demonstrate active listening and understanding.
Reflecting feelings – by observing and listening in order to communicate how providers think patients feel.
Giving information – instruct explain and describe, simple, clearly and accurately.

(from Involving People Evolving Behaviour: McKee, N; Manoncourt, E; Yoon, C S; Carnegie R; UNICEF and Southbound, Penang, 2000)