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SHORT REPORT

Disseminating messages on leprosy

*Khynn Than Win, *Than Tun Sein, **Kyaw Nyunt Sein, *San Hla Mu & ***Khin Maung Lay

*Department of Medical Research (Lower Myanmar)
**Department of Health
***Leprosy Project, Pyay

Leprosy continues to afflict a large number of people in the past years. However, it is now possible to eliminate it as a public health problem. The affected people not only face physical impairments but also suffer psychosocial repercussions due to the community's attitude. The prevalence of leprosy has been reduced globally by 85% since 1985. It is estimated that about 2.5 million people affected by leprosy need to be detected and treated during the period 2000-2005. In Myanmar, preventing the occurrence of disabilities by early diagnosis, treatment, improved management of cases, and changing the negative image of leprosy are the important strategies. These are implemented through capacity building of basic health staff, leprosy vertical staff, voluntary health workers and members of Myanmar Maternal and Child Welfare Association (MMCWA) by flushing out hidden, unreported cases. MMCWA is a strong association and reaches down to the grass roots level in 321 townships. MCWA members were trained to take part in an innovative approach of disseminating leprosy related key messages to the community [1,2,3].

They had to give the key information: the early sign of leprosy and the place where anti-leprosy drugs are got free. The communication methods to be used in the disseminating process are: (1) individual talk (2) small group discussion (3) mass talk [3].

The study was aimed to explore the disseminating messages on leprosy through MCWA communicators in Bago (West) Division. Specific objectives were to assess the leprosy knowledge of MCWA communicators, to find out the dissemination process of leprosy related knowledge by the MCWA communicators to the community, and to elicit the problems encountered in their dissemination process.

A cross-sectional study was conducted for the post-intervention assessment of leprosy related knowledge and performances of MCWA communicators in Pyay, Gyobingauk, and Tharyarwaddy townships. Multistage sampling method was used to choose the townships and villages. Altogether 56 subjects were interviewed by using the predesigned semi-structured questionnaires. We had mainly addressed to the MCWA communicators who had attended the training course on dissemina- tion of leprosy related knowledge at the district and township level, and MCWA communicators to whom the multiplier training had been provided at the village level. Purposive sampling was used to select the MCWA communicators in the chosen areas. The findings were analyzed using matrix analysis method.

Most of the subjects were 40 to 61 years of age (60.7%), married (62.5%), and had 6 to 11 years of schooling. Only 10.7 % had had second degree. All of them knew the

early sign of leprosy was a patch, which is painless, senseless to heat and touch. Only 82 % of them could tell that it was non itchy. We need to consider that they might impart wrong information to the community. Regarding the colour of the patch, 93% of them could give the correct answer that the patch was pale. Among them, 87 % knew that leprosy was caused by one of the infectious agent, and it could be transmitted from one person to another. They all definitely knew that leprosy was curable, and anti-leprosy drugs were available free from any health centre apart from leprosy campaign (86%). Cent per cent attained high scores in knowledge assessment. All of them correctly knew the characteristics of a patch, an early sign of leprosy, and the complete cure of leprosy with anti-leprosy drugs. So we could predict that they might give that relevant message to the public.

Nineteen respondents (34%) had shared their knowledge through mass talk by the arrangement of the township authorities. Among those, 13 members gave mass talk only once, and one member could provide 6 times during 6 months. Twenty-two (39%) communicators had imparted leprosy-related messages to the community as a group talk within the past 6 months. The number of talks ranged from 1 to 12 times. Of which, 12 MCWA members were found to give group talk two times. Only 3 had delivered their knowledge through group talk more than 5 times. It was found that, group talk (two way discussion) was the most preferable method they used to spread the message to the community. The reason was that it was relatively easier to gather the audience than mass talk. They performed focus group discussions integrated with other diseases, e.g. AIDS prevention, DHF prevention, family planning methods, nutrition programme etc. because FGD was less time consuming and more interesting. Individual talk was the most feasible way done by all interviewees as they could talk anywhere at any time.

About 70% encountered no problems while distributing leprosy-related messages. Operational problems, such as organizing the audience for group talks, were the common problems.

The expression made by the some respondents were:

It was hard to organize the people even with the reinforcement of the administrative authorities. And also, it was also difficult to persuade the person with a patch for consultation. Some patients didn't believe that it was curable. Some people were afraid of looking at the pamphlets. The patients taking MDT should be organized to give some talks to the community that they themselves were completely cured. It was necessary to continue repeated training of the MCWA communicators and supervise upon their performances. Frequent health talks were needed and should be led by the Doctors or Basic Health staff with the cooperation of MCWA members. MCWA communicators should be the educators as well as supervisors in regularity of treatment. A patient should be an organizer or educator in his/her respective community.

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