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WHO/HE/66.3
WHO/Mal/66.586

ENGLISH ONLY

HEALTH EDUCATION IN MALARIA ERADICATION¹

by

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INTRODUCTION

This project was done in the Province of Bataan, Philippines, from the month of November, 1963 to November, 1964.

The Province has a total land area of 1349 km² and a population of 145 323 per 1960 census. The total land area under the attack of the phase is 1087 km², while the consolidation area covers 262 km².

The literacy rate of persons 10 years and over is 83%, while with regard to languages spoken, 87% can speak Filipino, 36.5% English and 0.8% Spanish.

THE PROBLEM

The main problems regarding the implementation of the Malaria Eradication Programme (M.E.P.) in Bataan are as follows: (1) refusal to the application of residual house spraying; (2) refusal to the giving of blood samples; and (3) incomplete treatment of confirmed cases. An educational diagnosis of those problems was made with the use of questionnaires, interviews and observations. These were done among the people for whom the programme is intended as well as among the persons who are carrying out the programme. The result of this diagnosis shows among other things that:

¹ With acknowledgements to Philippine Health Journal (1966) 13, 7 and to the Health Education Association of the Philippines from whom permission to reproduce has been obtained. The Editorial comments to this paper have been made by WHO headquarters.

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1. Majority of the people believe that malaria is acquired by drinking polluted water from a stream, over-fatigue and prolonged hunger.
2. Majority of the people believe that DDT is highly toxic to domestic animals, poultry and swine. This belief is based upon their experience in 1957 when dieldrin was substituted for DDT.
3. Few people believe that the lethal property of the DDT sprayed on wall surfaces seeps through the wall so that they rub off the insecticide soon after it is sprayed.
4. Many people do not like the appearance of the white powder left on the wall and so they rub it off.
5. Many Rural Health unit personnel regard the malaria eradication programme as the sole responsibility of the Malaria Eradication unit workers. To be involved in the programme is considered by them as an additional work.
6. Some mothers do not allow the canvassers to take blood samples from their young children because of the pain.
7. Some of the patients given radical treatment believe that when they are relieved of the symptoms of malaria, they are already cured and so they stop taking the drug.

OBJECTIVES OF THE PROJECT

1. To have a total, complete, sufficient and regular spraying of buildings and dwelling structures in areas in the attack phase.
2. To collect blood samples for laboratory examination from every malaria suspect.
3. To give radical treatment to all confirmed positive cases.

EDUCATIONAL OBJECTIVES

1. To give adequate information to the health personnel, teachers, and the general public regarding the goal of the malaria eradication programme and the various activities needed to attain this goal.
2. To help the people realize that the M.E.P. is designed to benefit them.
3. To encourage the people to report fever cases and give blood samples if feverish either during or a week before the visit of a malaria canvasser.
4. To secure the understanding and support of the people in preparing their house and allowing it to be sprayed.
5. To develop among the people a feeling of confidence and trust in the malaria eradication personnel.

METHODS USED

Based on the problems gathered with the use of questionnaires, interviews and observations the following activities were employed:

1. Conferences with Rural Health unit personnel and teachers

In these conferences, some facts about the malaria eradication programme were presented. Their role in the programme and ways to overcome the problems related to spraying, case-finding and treatment were discussed.

2. Community meetings and individual contacts

With the assistance of municipal and barrio officials as well as the Rural Health unit personnel, group and individual contacts were made with the barrio people. In these contacts, efforts were made to secure the people's understanding, co-operation and support for the programme, taking into account their present knowledge, attitude and practices related to malaria.

3. Training of malaria eradication personnel

A semi-annual in-service training of malaria technicians, canvassers and sprayman lasting for one week was done. The educational objectives of this training were:

- (a) to create an awareness and understanding of the educational aspects of the various M.E.P. activities and of the principles and methods to be considered in achieving these purposes;
- (b) to enable the malaria eradication workers to incorporate the educational aspects of the programme in their daily work;
- (c) to increase the ability of the malaria eradication workers to communicate with the people either individually or in groups.

These objectives were arrived at based on the result of a questionnaire given to the trainees as well as through observations made regarding their performance in the field, and also through observations on the reaction of the people to the programme and to the persons carrying out the programme.

4. Use of a leaflet

A leaflet as a comic paper was prepared and distributed to the barrio people during the group and individual contacts. The leaflet shows a housewife welcoming a malaria sprayman to her house and responding favourably to the pieces of advice given by the sprayman.

EVALUATION

Presuming that any change in the knowledge, habits and attitudes of the people would be reflected in the percentage of the houses sprayed, number of slides collected, and reduction in the incidence of the disease, a comparison of these reports with those of the previous year was done. A study of these reports revealed a marked decrease in the percentage of refusal to spraying, an increase in

the slides collected, and a slight decrease in the incidence of the disease. These results could also reflect to a certain extent the degree of co-operation and support extended by the Rural Health unit personnel, teachers, and municipal and barrio officials. The effectiveness of the malaria personnel in carrying out their educational functions and responsibilities may not only be gleaned from the statistical reports but also from the frequent and regular observations made on their performance in the field.

Since it is not enough that a householder allows his house to be sprayed but must also leave the sprayed insecticide on the wall until the return of the sprayer, a random sampling was done to find out the percentage of houses where the sprayed insecticide was wiped off. The result of the survey showed a decrease in the percentage of "rubbed off" from 35 to 10.

ROLE OF THE HEALTH EDUCATOR

1. He planned and prepared with the malaria staff the questionnaires administered to the Rural Health unit personnel, sprayers and people in certain barrios, and together they analysed the result.
2. He planned with the malaria staff the health education content of the training programme for malaria personnel.
3. He initiated and helped plan and carry out with the malaria and Provincial Health Office staff a series of conferences with the Rural Health unit personnel.
4. He planned and prepared with the assistance of the malaria personnel and staff of the Department of Health, a leaflet on malaria, especially on spraying.
5. With the assistance of certain malaria personnel, he conferred with teachers and municipal and barrio officials, individually and in groups, on how to overcome the problems of refusal to spraying in their respective jurisdiction.
6. He participated in the evaluation of the project with the malaria and Provincial Health Office staff.

Editorial comments

"Much is talked about the importance of health education in malaria eradication, but all too frequently little is done to implement it, or alternatively it is introduced too late to be of real value.

Unlike the mass campaigns against many other diseases, malaria eradication for its acceptance demands a community consciousness of its value. The eradication of smallpox involves a single vaccination of each individual, and in addition the disease itself with all its frightful consequences is well known to every inhabitant in the country. A mass campaign against trachoma involves the treatment of the individual and the results are obvious to each treated person. In malaria eradication, however, a number of unpopular events are repeated at frequent intervals. House-spraying causes considerable disturbance to household and property and may be repeated several times a year for several years. The taking of blood films, especially from young children, is carried out at frequent intervals and, even worse, is continued long after the disease has been forgotten by the community (if indeed it were ever really appreciated as a disease entity!). It is evident, therefore, that a great deal more preparation is needed to pave the way for malaria eradication and the community must have considerable confidence in the channels of communication used if they are to accept these many assaults upon their privacy and their persons.

This article by Orlando de la Cueva describes a well conducted project. The objectives were well defined and the investigation, diagnosis, remedial action and evaluation therefore followed in logical sequence. The problems of the malaria eradication programme in Bataan are all too common in programmes elsewhere in the world and it is interesting to see how the investigation revealed a number of mental blocks among the local population and complete ignorance of the aims of the eradication programme. There is no doubt that the remedial action taken will have materially assisted the project staff in improving the efficiency of malaria eradication.

There is, however, a lesson to be learned from this paper. All too often we expect the health educator to wave a magic wand and produce a rabbit from a hat. It should be remembered that health education is, by definition, a gradual process. This is not surprising when one realizes that it is attempting to alter the views, and perhaps even the profound beliefs of a community. Such change takes time and demands a complete confidence by the community in the health education and other health personnel. In this case described in Bataan the health educators were called in at far too late a stage. The problem was already there and well established, and the health educator was being asked not only to suggest ways and means of improving relationship with the population but was also faced with established prejudices due to ignorance and lack of understanding of the aims of the malaria eradication programme.

Many malaria eradication programmes are already in advanced stages so that these lessons cannot be applied. However, there are many programmes yet to develop, especially on the African continent, and it is to be hoped that here advantage will be taken of their early stage of development to establish firm lines of communication between the health services and the community in a very early stage of pre-eradication. When, therefore, the eradication programme is due to begin, these lines of communication will provide the means of information to the community of the aims and requirements of eradication. In this way we can hope to avoid the refusals and other difficulties which have been such a serious handicap to the efficiency of currently running malaria eradication programmes."