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HUMAN RESISTANCE - PRACTICAL AND EFFECTIVE HEALTH EDUCATION TECHNIQUES TO BE APPLIED FOR PROMOTION OF A MALARIA ERADICATION PROGRAMME

By

Dr. S. Roy Choudhury

Senior WHO Adviser
Malaria Eradication Programme, Iraq

In the human mind, wrath of some supernatural power and diseases had become associated as causes and effect since ancient times. Scientific attitude towards ailments is only a comparatively recent development enjoyed by a few educated people; old beliefs and notions regarding the cause of disease will continue long to guide the attitude of the large, illiterate mass of human beings whose lot is to lead a secluded life in the many rural communities. Scepticism and incredulity towards modern Public Health measures during the initial stages of expansion to rural communities is only to be expected and may not be ridiculed and moaned by health workers.

Human resistance to health measures springs from ignorance and can only be met by sympathetic understanding and proper health education. Sustained understanding and full cooperation from beneficiaries of Malaria Eradication Programmes is as important as skilled operational techniques; Health Education to develop public cooperation should be an integral part of all Plans of Operations. Malaria Eradication Programmes cover the entire population generally of any country and unless the human aspects are given due consideration, human problems will crop up during the long course of operation covering several years.

It will be useful to list common types of non-cooperation experienced by malaria workers.

PREPARATORY PHASE

a. In malariometric survey, parasite rate and infant parasite rate have to be studied on a fairly large scale. Resistance in taking blood-film is a common experience. The purpose of frequent blood examination may not be appreciated, besides, there is general prejudice against being bled.

b. During geographical reconnaissance, acceptance of safe-custody of house-visit card may not be readily obtained. Information on population figure is not always obtained correctly. House identification number may be rubbed out.

c. Cooperation in entomological observations, especially in night collection may not be available. Suitable facility to make total collection with Pyrethrum spraying and ground sheet may not be provided.

ATTACK PHASE

Entry to houses for spraying may be objected to; in these countries where ladies are particular about rigid privacy, it may sometimes be almost impossible to enter some houses. The visit of spray teams may be considered as an intrusion in private life.

The earlier enthusiasm to house-spraying may dwindle soon when general insect sanitation does not result from spraying. Persistent problem of culicines, bugs, fleas, etc. may interfere with the interest in spraying to achieve interruption of transmission. The fine distinction between interruption of disease transmission through vectors and vector elimination may not be realized.

Refusal to remove wall-hangings or heavy furniture, boxes, etc., standing adjacent to wall surfaces may lead to incomplete coverage.

CONSOLIDATION PHASE

Cooperation in case detection may not be full. Repeated visit of surveillance agents, month after month, when malaria is no longer a problem, may cause vexation and indifference. In the crucial phase of the programme when information about every remaining case is important for success, maximum indifference due to ignorance is coming to light.

Treatment is not taken seriously sometimes; importance of continued treatment and follow-up in the absence of overt symptoms is not fully realized. A degree of faith in medication through injection over oral medication is quite commonly encountered.

Information given during epidemiological investigation on positive cases may be vague and not helpful in determining the origin of infection. History of temporary absences from sprayed residences is vague and indefinite.

In the final analysis, all these objections and non-cooperations are due to ignorance rather than any hostile and obstructive attitude. If Health Education of the proper type can be given, many of the problems may be solved. However, caution is necessary that approach is not made in the form of trite lectures but through sympathetic understanding of their degree of ignorance and patient and persistent preaching of needed cooperation. Rural people may be ignorant as per traditional estimate of educational standards; however, they possess sufficient common sense and can absorb and benefit from the right type of health education.

The health education programme related to Malaria Eradication will generally cover the following points:

1. Gathering of information on the state of awareness with regard to malaria--- local beliefs and attitudes.

2. Determination of the best way of letting the people know about malaria problem and proposed measures:

   Group meeting
   House-to-house visit
   Radio
   Newspaper
   Film
   Posters
   Health Exhibition

3. Arranging participation of the local public through local committee, etc.. Voluntary collaboration in surveillance operation is a great help.

4. Study about local leadership and their proper utilization School-teachers, local auxiliary medical personnel, village headman.

5. Working out the educational theme.

   a. What the people must know:

      Transmission of malaria
      Prevention by spraying and taking medicine
      What affects children badly

   b. What the people can do for the programme:

      Prepare houses for spraying
      Protection of sprayed surfaces
      Allowing blood examination
      Declaring fever cases
      Volunteer for odd jobs

6. Creating good public relation.

7. Arrangement about continued information to the public about progress of the programme, difficulties, etc. will create and sustain interest of beneficiaries.

8. Special reference that the Malaria Eradication Programme is a concentrated effort towards solving one problem only in a limited time is essential.

Malaria workers at all levels have also to realize that everyone in the team has an obligation in carrying out health education. As such, training in health education aspect of malaria eradication should be integrated with training in malaria eradication technique.

If during the contacts with the public in the course of their work malaria workers are able to arouse curiosity of the public in their technical task and explain at the same time how the public can help in the programme which is for their benefit, cooperation will be quickly gained.

Spraymen should consider permission to enter the house as a privilege and may not cause any damage to any property; furnitures etc. should be moved carefully; food and domestic animals should be protected with proper discretion.

Blood-film collectors should exercise much patience. They should know how to cajole and convince people.

In administration of treatment and in active case detection, a good deal of explanation may be necessary to satisfy many questions that may be put. Correct guidance about dosage and frequency of taking drugs need to be given.

Entomological teams may demonstrate mosquitoes collected and elaborate on the role of mosquitoes in malaria.

It is felt that if malaria workers consider themselves as servants of the people they are trying to protect, human resistance will melt away and full cooperation will be obtained. Good Public Relation is as important as sound Health Education.

Generally Public Health Educators, specialized professional experts, are not yet available in any large number to take part in Malaria Eradication Campaigns. Malaria workers themselves will have to feel the pulse of the community and decide on the correct way of diffusion of the fundamental points which will stimulate the community under care to accept and assist in this time-limited mass Health Programme.

Malaria Eradication Programmes generally have to deal with another type of Human Resistance from a totally different quarter. This relates to Financial Authorities who grudge the continued expenditure in the consolidation phase of the programmes when apparently malaria ceases to be any important health problem. There will be hardly any Eradication Programme where the financial problem does not crop up at the beginning of a new financial year; in spite of agreed commitments in the Plan of Operation, release of funds for any financial year needs considerable pleading and arguments with financial authorities. The type of Health Education that may meet this is difficult to be defined. Eradication of a disease has a very attractive appeal to financial authorities when economic gain resulting from rapidly decreasing morbidity can be well demonstrated as in the early years of an eradication programme; when cases become and continue to be negligible but a wide net-work for active detection of cases need to be still maintained for consolidation of gains, financial authorities and health officials seldom see eye to eye about the size of financial support.

Another type of human resistance may be from the large number of para-medical personnel in charge of rural dispensaries in underdeveloped countries. The prospect of eradication of a disease like malaria which has deep roots is not accepted by them with equanimity; they diffuse a degree of scepticism among the rural public against the eradication philisophy by drawing attention to the continued presence of mosquitoes after spraying.