

CHAPTER I

Introduction

Malaria is one of the most serious diseases affecting people in developing countries. In Laos, about 1.2 million people (out of a total population of 5.035 million) are considered to be at varying degrees of malaria risk. Out of the 17 provinces, only Vientiane Municipality has been observed to be completely free of malaria. There are outbreaks of malaria in some areas in the northern and southern parts of Laos. An average of 65% out of all hospital patients suffered from malaria (Health Statistic, MoPH, 1996). The malaria situation in Laos has not yet improved because the total of reported cases throughout the country still increased during the years 1992 to 1996. Only once in 1993 there was a decrease in the number of reported cases because during this period, the malaria control program used a lot of the DDT residual spraying strategy though out the entire country and had support from international agencies after the Ministerial Malaria Conference in Amsterdam 1992 (Department of National for Hygiene and Prevention, 1995)

Malaria in Laos is now limited to focal problem areas. At the present time, high malaria risk areas include forest, forest fringe and foot hill areas. In these areas (north and south of the country) the incidence of malaria is increasing every year. This increase is related to health services; Information, Education and Communication

(IEC), socio-cultural and human behavioral factors (The Third National Malaria Meeting Report, 1996). The problem of Malaria has been seen in those areas where there are frequent population movements, where there is the movement of non-immune people from high mountains to receptive areas or where there are rapid socio-economic changes. Despite the Government efforts to control malaria transmission, every year periodic outbreaks and persistent transmission have been seen in these areas (IMPE, Assessment Team, 1996). A study, therefore, is proposed in the following chapters to determine the level of understanding of people about the IEC, socio-cultural and economic and human behavioral aspects of malaria transmission in the high prevalence malaria areas, for example, Nathong Village, Hinheub District, Vientiane Province with an aim to develop appropriate IEC strategies and planning for malaria prevention.

The objective of this study is to develop appropriate information, education and communication strategies to promote the use of Insecticide Treated Bed Nets (ITNs) for malaria prevention and to change the behavior of the people with respect to malaria transmission. Therefore, suitable control measures could be recommended in order to interrupt the transmission of malaria. An effort is to determine the level of understanding of existing IEC, socio-cultural and economic and human behavioral aspects of malaria. This has been proposed for the study since there is no appropriate information at present on health education and behavioral aspects for malaria transmission at the Center of Information and Education for Health, Ministry of Public Health, Laos. It is obvious that one important aspect of any health program is the availability of updated information through which health educators and malaria staff

may plan effective educational strategies for the people in the villages. In the control of malaria, selection of an appropriate intervention calls for adequate and relevant information on all aspects of malaria epidemiology. A malaria control measure can not be successful if health educators and malaria staff do not have sufficient and appropriate information about what was previously done with the people in malaria areas. Similarly, if people have no idea and do not understand about malaria, these are possible contributing factors to malaria transmission. This type of information is essential because, the distribution and intensity of malaria is determined by several factors and vary from one place to another. For malaria control, no single measure could be prescribed nor have any fixed type of control measures been recommended. There are many activities for malaria prevention such as those to prevent mosquitos from biting people, to control mosquitos breeding and to kill adult mosquito (WHO, 1996). Decisions to launch interventions would depend on local knowledge, socio-cultural and economic factors, the people's behavior, the environment, responsible vectors and availability of health services.

It is well recognized that the giving of health education alone and/or the distribution of IEC materials which are not based upon people's educational, socio-cultural and economic levels will be inappropriate and, therefore, have little influence on malaria transmission and control. Therefore, these factors should be taken into consideration while selecting interventions. This study was prepared in accordance to above mentioned problems and necessities. The study focuses on the needs of the

community, and its knowledge, attitude and practice in relation to malaria transmission so that IEC for malaria control program in Laos can be improved.

Chapter II is the essay section which discusses the lack of appropriate information on the above aspects. It also discusses related issues, concepts of prevention and control of malaria and interventions. It gives an overview of required information for the selection of control measures. It also contains a brief review of environmental, epidemiological, socio-economic and behavioral factors of malaria transmission. Finally, it describes the global malaria problem, the malaria situation in Asia and Laos, the problem, constraints, and the conclusion from the study.

Chapter III is a proposal. The purpose of this chapter is to develop information, education and communication strategies to promote the use of insecticide treated bed nets for malaria prevention. This is expected to enhance the use of insecticide treated bed nets and to change human behavior for prevention and interruption of malaria transmission among people in Nathong Village, Vientiane Province, Laos, which is a pilot village of this study. People will use the insecticide treated bed nets if they understand the importance of ITNs and the dangers of the disease. This perception can be increased through appropriate information, education and communication or health education campaign. To increase the perception and change behavior, there are three important elements of human behavior; knowledge, attitude and practice. These components are affected by the people's perceptions: perceived susceptibility to disease, perceived threat of disease, perceived benefit of action and perceived barriers to action

(Kaplan et al, 1993). The study design will be a cross-sectional survey with qualitative and quantitative approaches. The required and relevant information will be collected through: (1) household surveys with representatives in families (household member), (2) focus group discussions with 3 groups separately: one group of males, one group of females and one group of volunteer health workers and community leaders, (3) observation checklist of house conditions and village area, and (4) the review of secondary data at the different levels where they are available. The questionnaire guidelines for household survey, focus group discussion, observation checklist and review of secondary data have been prepared which are given in the appendices. Information will be collected based upon those questionnaire guidelines. Finally, this chapter gives a plan of activities and time schedule. Manpower, budget requirements and expected outcomes are included in this chapter of the study.

The data exercise is described in the Chapter IV of this thesis. All data collection techniques used were developed in the proposal chapter, i.e. household surveys, focus group discussions, observation checklists and the review of secondary data, were done in Pholkham Village, Pholhong District, Vientiane Province, Laos. The objectives of this chapter are to test the appropriateness of the data collection techniques and the tools. Questionnaire guidelines for all techniques were tested through interviews with family members, representatives of the groups in focus group discussions and through observation of house condition in the village. During the data exercise, the questionnaires were found to be sufficient to collect information though some changes have been made in the questionnaire in order to make it more

understandable to the interviewees and easier to gather data. The triangulation techniques for data collection during the exercises such as household surveys, focus group discussion with group of representatives, observation checklists, and review of secondary data were appropriate, accurate and could gain more information.

Chapter V is the presentation. It was prepared for examination. This chapter includes those transparencies which it will be used during the presentation before examination committee. The annotated bibliography, appendices and other information are given in the pages following Chapter V.

Finally, it is expected that this study will yield clear pictures of human behavior and perception of the people towards the existing IEC and socio-cultural and economic factors of malaria transmission in Nathong Village of Laos, and based upon which malaria information of this village could be developed. It is also hoped that the Laos Malaria Control Program and Center of Information and Education for Health will benefit from the research results. In addition, it is hoped that the health educators and malaria staff at the central, regional, provincial and district levels will use this information. The outcomes of the research results will be presented to the Health Education for Malaria Control Committee who are responsible for malaria control and health education campaign to the people in the whole country. It is hoped that they will apply the research results in the selection of suitable anti-malaria intervention and appropriate IEC or health education strategies to improve the malaria control activities in Laos.