

Chapter 12: Lao People's Democratic Republic

Education Campaign for Changing Knowledge and Behavior for Prevention and Control of Emerging Infectious Diseases among People in Lao PDR

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1. Introduction

1.1 Health Education or Information Education and Communication

Health Education or Information Education and Communication (IEC) is the most important support to any intervention measures for health promotion and prevention of emerging infection diseases in the community. It is also one of the pillars in primary health care. There are many types of health education campaign to disseminate the messages on health promotion and prevention of diseases to the target population, which include interpersonal communication, mobile campaign, media campaign and through the use of health education materials. Providing timely and accurate information and messages to target population will help in prevention of emerging infectious diseases such as avian influenza, dengue fever, measles, etc. The message provided through health education should be appropriate and suitable to their needs. The intention to implement health education campaign is to increase knowledge and promote behavior change for disease prevention in Laos.

1.2 Emerging Infectious Diseases

Emerging Infectious Diseases (EID) have raised a lot of concern in the population. The prevention and containment of emerging infectious diseases could not be done without involvement of community. Hence, it is essential that awareness on EID is propagated effectively in the community with an explanation of the steps necessary to contain the disease. In recent years, some emerging infectious diseases have caused negative social and economic impacts in the ASEAN region. These are challenges not only to international public, but have also threatened regional and global prosperity, confident and stability (ASEAN Plus Three on EID's Program Phase II, 2007).

Lao PDR is one of the countries affected from EID since past few years until now, such as avian influenza, SARS, dengue fever, measles, etc. Regarding avian influenza, many poultry were died in February 2004. During January to March 2004, there were reports that avian influenza had infected 45 places,



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of which 42 were commercial enterprises. These outbreaks were occurred in three provinces: 38 in Vientiane Capital, 5 in Champasak province, and 2 in Savanakheth province. However, it is likely that more outbreaks might occur in rural areas, which were either not detected or reported. A total of approximately 155,000 poultry was affected during the outbreak, including those died of disease (one-third) and those were culled (two-thirds). Samples from the different backyards and farms were taken and tested by Center of Livestock and Fisheries.

However, the Lao Government has tried to prevent and control the outbreaks through an establishment the National Committee on Communication Diseases and Control, including avian influenza.

Meanwhile, the Lao Government has also developed the National Avian Influenza Control and Pandemic Preparedness Plan, which consists of 5 strategies. One of these strategies is health education and community action. Since then, this strategy established and started the health education campaign for changing knowledge and behavior of people, and is still implementing up to now.

2. The Good Practice

2.1 Objectives

The main purposes of health education campaign are:

- (1) To disseminate the right messages on health promotion and prevention of EID based upon the policy and strategic of the Lao Government especially the policy and strategy of the Ministry of Health.
- (2) To get involve and encourage the cooperation and implementation for the health education campaign from the concerned organization.
- (3) To increase the knowledge and understanding for changing behavior of target population in diseases prevention, especially who are at risk of EID in order to prevent outbreak of diseases.



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2.2 Concepts

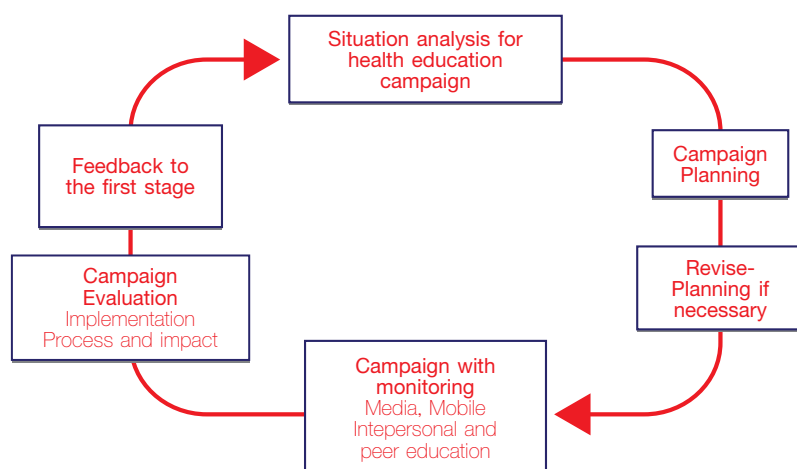
People will gain knowledge about prevention of emergency infectious disease if they are able to access to those information. They would also change behavior if they know and understand deeply about it. Therefore, HEALTH BELIEF model and NOVELLI were applied to conduct the campaign.

Firstly, find out the problem and analyze it. What is the problem that the people are facing? What do they need and how can health education campaign support them? And also find out whether it could be solved by health education campaign or not. If so, identify what messages should be provided to increase the knowledge and promote behavior change in the community.

Secondly, set up a plan based on the issues and problems found, and organize health education campaign according to level of knowledge, ability, affordability and facility in the community.

Thirdly, implement the campaign and monitor the progress. The implementation is done by the central and provincial teams, followed by districts and community themselves. During implementation, the central and provincial levels also monitor to find out the problems, and solve it if necessary.

Fourthly, evaluation is done by central level where the master plan was generated, which includes evaluation on implementation process and impact evaluation. The purposes of evaluation are to ensure that the implementation is done as planned and to identify impact of the campaign in the community.



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2.3 Methods

This health education campaign has been implemented with the comprehensive process of activities.

(1) Establishment of the Committee

The National Taskforce for Health Education Campaign Committees was established at central level through the local levels such as Communicable Disease Control, avian influenza, and measles. The committee has developed the strategic plan for health education campaign at national and also support to local levels.

(2) Capacity Building on Health Education Campaign

Training of trainers had been conducted at the national, provincial and district levels. The objective of the training is to promote the knowledge and practices of health educators who have involved in implementation of health education campaign.

At first, experts provided training of the staff from central level. Then, staff from higher levels in turn trained lower levels sequentially such as provincial levels, district levels and community levels. At last, community trainers conducted health education campaign in the community.

The training was also conducted for media people in order to disseminate the messages through the media channel such as radio, TV, newspapers.

(3) Health Education Campaign

To ensure that target population could gain the information on EID, the campaign has been established with different channels as followings:

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- Mobile Campaign

The campaign was conducted in the community by gathering people at appropriate places such as temples, schools and village offices. The trained health educators presented and explained the main issues regarding avian influenza, dengue and measles to the participants. For better understanding and participation by audiences, two ways communication was used during the campaign. The campaign was also conducted during the national festivals where there were a lot of people came to attend.

- Media Campaign

TV programs and radio programs were also used for health education campaign on EID. There has been broadcast at the national and provincial stations. The magazines and newspapers also published on EID for better knowledge on prevention and control of avian influenza, dengue and measles. Loudspeakers at the community were also used for campaign.

- Interpersonal and Peer Education at Communities

Interpersonal communication has been established by health educators and facilitators at the villages. There were individual communication, focus group discussion and village meetings. The messages were mainly disseminated through health personnel from existing community organizations such as the Lao Women Union and the Buddhist organization.

(4) The Tools

The IEC materials on avian influenza, dengue fever and measles were developed before the health education campaign conducted. The materials included posters, flipcharts, leaflets, manuals, guidelines, promotion materials, VCD, CD, songs, etc.



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3. Benefits and Outcomes

3.1 Benefits

As benefits of health education campaign, there are three health education teams at the central level, 17 teams at 17 provinces, 141 teams at 141 districts and 10,597 village health committees in 10,597 villages. These teams carry the responsibilities based on their roles and functions, especially for avian influenza. The peer education for primary health care showed that eight teams were established in eight districts and eight provinces, 653 teams of peer educators at 653 villages, and these teams are responsible to conduct peer education in their communities. In addition, there are teams responsible for health education campaign on dengue fever in five provinces at risk of dengue infection.

The health education campaign for changing behavior on control and prevention of emerging diseases also showed better collaboration, integration and more involvement among different agencies such as Ministry of Health, Ministry of Information and Culture, NAHICO, Lao Women Union, Lao Youth Union, Lao Front, Center for Malaria-Entomology and Parasitology, Center for Information and Education for Health, NGOs and international agencies, Health System Development Project, Provincial Health Department, District Health Offices and Communities, etc.

3.2 Impact

- (1) **Knowledge:** According to report of survey, impact of health education campaign on emerging infectious diseases among target population showed that the population who had the basic knowledge on infection such as causes, basic symptoms in suspected cases and how to prevent the infection was 79% for avian influenza, 72.6% for dengue fever and 89.4% for measles.



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- (2) **Practice and behavior change:** Compared to knowledge and understanding, 68.3% of them had good practice and changed their behaviors for avian influenza prevention such as boiling of eggs and cooking chicken well before eating, cleaning of all materials for cooking, washing hands after handling and cooking poultry. Among total population surveyed, 69.2% of them had good practice for dengue fever prevention such as using of mosquito nets during sleeping especially when their children were sleeping during day-time, cleaning water from any container to prevent mosquito breeding. Additionally, 90.5% of people changed behavior for measles prevention because they brought their children to get the measles vaccination at health centers and health facilities.

4. Insights and Lessons

The health education campaign for changing knowledge and behavior is a strategy can be used for reduction of emerging infectious diseases. It is very important and very useful for people, especially for those who are at risk of infections and who do not know how to prevent infections. If the people do not get the accurate information, they might not know how to prevent infections. The information should be provided regularly, and frequently updated for target population. However, health education campaign alone might not be successful without integration of projects and programs. Therefore, health education campaign for changing behavior should be combined as an intervention program, such as controlling and limiting the movement of poultry for avian influenza, controlling the breeding sites of dengue fever and providing the measles vaccination for prevention. Moreover, more integration with the relevant agencies is the best way for health education campaign.

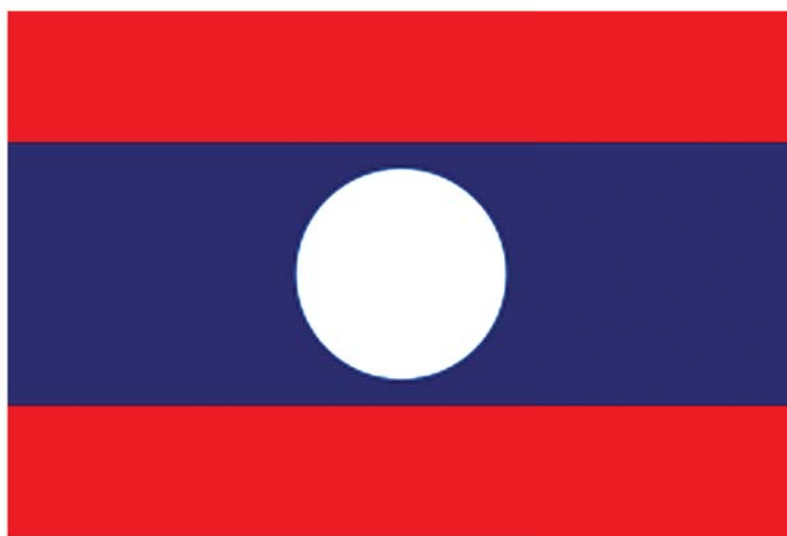
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5. Recommendation for Adaptation

The results and impacts of the health education campaign for changing knowledge and behavior of emerging infectious diseases should be published and distributed to related agencies and policy makers in order to make them understand better and more supportive. The financial support from the local government and international agencies is necessary for implementation of campaign. In addition, sharing the ideas among ASEAN counties is also very important to improve the quality of the campaign. Furthermore, health education campaign for changing behavior should extend to whole country rather than piloting of each project.

6. References

- (1) Annual report of health education campaign on avian influenza campaign, 2008
- (2) ASEAN Plus Three on EID's Program Phase II, 2007
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- (4) Knowledge, attitude and practice on communicable diseases control in four provinces of Laos, 2008
- (5) Peer education project evaluation in three provinces, 2008



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