

Communicating Life-Saving Health Information to Ethno-Linguistic Minority Communities.

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SUMMARY:

Ethno-linguistic minorities in Southeast Asia quite often fail to get adequate health care because health education material is often written in a language that they do not understand.

Therefore, creative approaches are needed to communicate life-saving health messages to ethnic minority people who are illiterate and have limited, or no knowledge of the national language.

Community theatre, songs and radio drama using local languages have been effective in bridging the communication gap in various projects in Cambodia and Laos.

Picture stories have also been designed specific to the locality in order to educate other community members in a “villager to villager” approach in their own communities.

Community members of all ages can understand and remember the health information presented in the local languages in the form of dramas, songs and picture stories.

Illiterate community volunteers can also be trained to use some of the methods and materials.

Health materials have addressed the prevention and treatment of communicable diseases such as HIV/AIDs, cholera and malaria.

Examples include the successful HIV/AIDS radio dramas in ethnic minority languages in Cambodia and Laos, developed in partnership with UNESCO.

A Cholera epidemic in Ratanakiri Province in Cambodia in 1984 claimed 38 lives. Although every household was struck by the disease, if infected patients were brought to a health facility promptly, there was a 100 per cent chance of survival.

The initial challenge in addressing this outbreak was communication. Many key decision-makers were on leave and the problem was compounded by government health officials who were not able to communicate with ethnic people because neither side understood each other’s language.

To address this problem, an idea originated to enlist bilingual ethnic minority staff to use dramas to educate the people about disease prevention and care.

A further component of the programme was to train student volunteers to help spread awareness.

The dramas featured story lines that taught villagers to take preventative measures, such as boiling water. To ensure that the essential health care messages were conveyed and understood by the villagers, interactive quizzes were held with prizes, such as bars of soap for the winners. This was an effective and low-cost way of communicating a key health care message to those at risk.

It was also necessary to involve input from the ethnic groups so that the dramas were culturally sensitive and did not break any taboos. This was an important issue because many of the people believed that sickness is caused by the spirit world, and is pay-back for an ancestor’s wrong doing.

Another idea was to write songs and chants, such as: “Hurry, hurry to the health centre, don’t delay” so that repetitive chants would stick in the mindset of the villagers and reinforce preventive health care behaviour.

The communication challenge was critical because the health risk was enormous. The sources of infection included animals under houses, no water or sanitation facilities, contaminated rivers, streams and wells. The rice wine drinking ceremonies were also a risk as the beverage uses water that has not been boiled.

The use of local NGOs enabled these people to mobilize bilingual/bicultural youth volunteers. For example, 50 ethnic minority secondary students helped with projects and as most NGOs have ethnic minority bilingual trained staff, they were able to use dramas to educate local people about disease prevention.

Recommendations:

Recruit and Train ethnic minority staff, students, volunteers, community members.

Use local languages to communicate: drama teams, radio, videos.

Develop strong partnerships between government and NGOs.

Involve the education sector.

Discussion:

Comment: I can see cultural similarities with my home country of Cameroon where some people view the origin of HIV as a punishment of god. I think there are cultural similarities in the way the people cited in this programme and people in my country believe that some misfortune is related to something bad someone has done, or their relative has done and they believe the misfortune is a payback. In Cameroon we deal with beliefs in witchcraft.