Social marketing approach to leprosy

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Sri Lanka is a small island in the Indian Ocean situated near the Southern most end of India and has an area of 23.631 sq.mls. and a population of 17 million. It has 9 provinces. Each province is divided into 2-3 districts totalling up to 25. These 25 districts are divided into 288 Administrative divisions.

Despite 100 per cent coverage of all registered cases with multiple drug therapy since 1982 in Sri Lanka, the transmission of leprosy was not interrupted. Every year roughly 1000 new cases were detected and 15 – 20% of them were under the age of 15 years. Active case finding efforts to trace the hidden cases were expensive and hampered due to the high rate of rejection of the diagnosis. This is because people associate leprosy mainly with deformities.

We realised that a large number of the hidden cases were not aware that they were suffering from leprosy; so consequently they did not bother to seek treatment. Moreover most doctors and health workers did not recognise the many forms of leprosy and were missing cases, even when patients sought treatment. There were of course also patients who suspected leprosy but decided to ignore it for fear of the social consequences. Moreover as the prevalence of leprosy is relatively low in Sri Lanka, only the patients on treatment and their families knew that MDT had changed the face of leprosy.

Unless we make people aware of the early signs of leprosy, change their perception of the disease and encourage the hidden cases and new patients to seek treatment voluntarily, we will never be able to eliminate leprosy from our island let alone eradicate it.

So, we adopted a social marketing approach to leprosy. Social marketing is a strategy for changing behaviour. It involves the appliction of the philosophy, concepts, and techniques of commercial marketing to socially beneficial practices such as family planning or donating blood.

The rationale for social marketing lies in the fact that various consumer goods such as soft drinks, soap and other consumer products can be bought even in the most remote village in a developing country. This led people to consider the potential for using similar approaches to changing public attitudes and behaviour.

A social marketing approach to leprosy involves arranging the facilities to suit the convenience of patients by expanding the network of services. It also involved increasing the demand for treatment by creating an awareness of the early signs of leprosy and reducing the fear surrounding the disease.

To generate this spontaneous demand for treatment a national advertising campaign was developed by a professional advertising agency and launched in February 1990. The campaign comprised TV and radio spots which clearly showed or talked about the early signs of leprosy. Newspaper advertisements and posters displayed at public places where people gather clearly mention the early signs of leprosy and indicate where treatment is available. Even bill boards depict the signs of leprosy and bus shelters carry the message of the campaign that "leprosy can be cured without deformities. Seek treatment today", Soap operas for television and radio were also produced. These soap operas are extremely popular and effective as well.

To increase the credibility of the message at the grass roots level, opinion leaders such as clergy, village heads, school teachers, native doctors, village women leaders all participated in health education sessions on leprosy. The teachers received flip charts on leprosy to help them spread the message further to their

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colleagues and school children. Participants also received attractive booklets on leprosy to help them spread the message further. These leaflets lend them credibility and also help them to recall the main messages. As social marketing aims at creating demand for treatment and other services, these services must be readily available and easily accessible before the advertising campaign is launched. It therefore required the support of the health ministry and local authorities to overcome any structural constraints to providing the services.

As a first step various measures were taken to improve the interface with the general health services. We conducted extensive training seminars for over 6000 participants – namely the entire primary health care staff, the curative medical officers working in hospital out – patient departments, other hospital staff, and the medical and paramedical staff working on plantations. These seminars were very useful as the health care staff were just as prejudiced about leprosy as the common man. They are now in a position to suspect leprosy during their routine activities and refer cases to the specialised leprosy control workers for treatment.

Prior to intensification there were only 3 doctors and 15 leprosy workers in the compaign. Additional leprosy workers were appointed; now every district except for 3 in the north has a specialised leprosy worker. Some endemic districts even have two workers. The antileprosy campaign team comprises 8 medical doctors and 27 public health inspectors. There is a Microscopist per district for staining and reading of smears. Regular meetings are held for the specialised staff on a monthly basis to evaluate the progress of the work.

In most districts a medical officer was appointed to coordinate leprosy control activities. This however does not work in practice as these medical officers are already overburdened with other responsibilities and more pressing duties.

Due to the stigmatising nature of leprosy many patients preferred to seek treatment with private practitioners. To help ensure the correct treatment, scientific information was distributed to all the general practitioners. We also collaborate closely with the dermatologists who assist with the management of reactions. Recently we have conducted seminars for general practitioners on leprosy. Their response and interest in the subject has surprised us.

In order to improve access to treatment the number of clinics or treatment points was more than doubled from 75 to 200. Pocket sized clinic schedules which gave an overview of clinic days and timings were distributed to patients and health care workers. This helped improve clinic attendace and enabled primary health care workers refer cases to the clinic.

MDT in the form of calendar blister packs were introduced to simplify dispensing of treatment and improve patient compliance with treatment.

The packs are given free of charge from the Ciba-Geigy Leprosy Fund to the Ministry of Health.

Special one week programmes were conducted in the remote rural areas of each district as we were not sure if the advertising campaign had penetrated such areas. Each programme included health education sessions to key people in the area such as administrative officers, village heads, volunteers and teachers. The leprosy television dramas were shown on large screens in the villages. Skin camps were held during the week to detect new cases of leprosy. We were surprised that the message had penetrated to even the most remote village. Nevertheless the programmes helped reinforce the message and enlist support for future activities.

A deformity care component has been integrated in the programme in 1992 under the guidance of a plastic surgeon from Bombay, India. This element has made our programme truly comprehensive.

The impact of the social marketing programme has been dramatic. Every year around 2000 new cases are detected compared to 1000 in previous years. What is particularly striking is the change in the mode of detection of new cases. Now every second patient is self reporting compared to less than 10% in 1989. This is indicative of increased awareness of the early signs of leprosy and reduced fear of the disease.

The biggest success for us is the attitude of

new patients most of them accept the diagnosis of leprosy without any fear. To them it is just another disease. The most successful target group are the young who are completely unprejudiced and make a game of finding patches on themselves or on others.

We have now reached the difficult part of the campaign – the mopping up of cases and finding those pockets of patients who know that they have leprosy but cannot overcome their latent fear or those who know about leprosy but do not realise that they are suffering from it. We also realise that a number of doctors are still missing cases – this means that we have to conduct more seminars particularly for certain categories of medical officers. Fortunately the Consultant Dermatologists are now imparting a more detailed knowledge regarding leprosy to the present day medical students. This means that at least the newly graduating doctors will be better informed than many of their more experienced colleagues.

Our future efforts will build on the existing foundation. Special emphasis will be placed on maintaining and improving the quality of care, continuing with social advertising and providing comprehensive care to patients.

We have achieved a lot in a short period of time and many factors have contributed to the success of the campaign. The people involved in the programme who are highly dedicated and work as a team. The substantial support from all levels of the Ministry of Health down to the field medical and paramedical staff is commendable.

We collaborate closely with existing structures giving due respect to opinion leaders and grass roots organisations. Through social marketing the entire health care system has been mobilised to support the campaign.

The advertising campaign is also highly professional and attractive and this includes a creative made strategy as well. Regular interviews with various target groups provide feedback on the activities that have been initiated in order to take any corrective measures.

The Sri Lankan experience illustrated that by looking at a disease through a completely new perspective, novel options to controlling it are opened within the constraints of a public health care system. Moreover it reveals that the coalition between a Ministry of Health, a multinational company the Ciba-Geigy Leprosy Fund and a charity organisation Leprosy Relief Emmaus Switzerland, each with different skills and experience can be highly productive if there is an atmosphere of trust. It also indicates that social marketing can effectively combat a highly stigmatised disease.

If patients continue to seek treatment when they first suspect leprosy, Sri Lanka is well on the way to eliminating the disease.