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Letters to the Editor

RADIO AS A MEANS TO ENHANCE EARLY CASE FINDING IN LEPROSY

Editor,

Improving community awareness about leprosy in largely rural, poor communities in order to improve early case finding is a major challenge. Use of the mass media is limited by access but does not require literacy and possibly increases authenticity of the message received. In 1998, the Health Education Committee of the Danish Bangladesh Leprosy Mission developed and recorded a series of six distinct radio jingles and short radio plays using the local dialect with the aim of increasing community awareness of the early signs of leprosy. In the first 2 weeks of May 1998, all six were played extensively over a local radio network, each at least once a day. Our clinic assistants and supervisors were asked to record the cause of presentation prospectively in all newly registered cases presenting voluntarily to our clinics, usually around 40% of all of our new cases. This began in the month before and continued until 3 months after the radio campaign. A small database was created to store this data. Since virtually all new cases of leprosy within the broadcasting area of the radio programme (potential population coverage around 4 million) are identified by our control program, we were able to identify the number and percentage of new cases presenting due to radio.

In April 1998, before the campaign, out of a total of 49 cases presenting voluntarily, none identified radio as a factor in their presenting to the leprosy facility. In May, out of a total of 82 cases, five (6·1%) mentioned radio as the cause of their presentation. In June and July of 1998, none of a total of 117 cases identified radio as a cause of their presentation. In summary, in the 3 months following a radio campaign, five out of 199 (2·5%) new voluntary cases presented as a result of radio information, presumably via this campaign, since no other broadcasts on leprosy were in operation at the time in our area. All five cases presented within the first month and showed no disability and no evidence of reaction at diagnosis. One was MB, and four PB, including one single lesion. All cases were male.

The fact that no cases had any evidence of disability, in a project where cases presenting voluntarily generally have a grade I or II disability rate of more than 20% at diagnosis is interesting, but not statistically significant. The small number of cases, all men, underlines the problem of access to this medium of health education. In 1999 also, despite extensive radio broadcasting as part of the national leprosy elimination campaign, we have not recorded any cases presenting to our clinics as a result of radio messages among over 850 new voluntary cases, though the television campaign was clearly more effective in this regard. The more general potential effects of mass communication in raising community awareness and helping to destigmatize the disease have not been examined in this study, but are very important. The total cost of development and broadcasting in this case was Bangladesh Taka 26,000 (approximately US$500), a considerable sum given the meagre recorded response, but which could be reduced considerably by willingness of radio stations to air such messages without charge. We are also continuing to use these messages as part of our village information programme.

In summary, we were not able to demonstrate a significant response to a 2-week radio campaign about early signs of leprosy in our project area. The search for ways to increase the effectiveness of such

programmes is becoming more important with the approach of the elimination deadline for leprosy, and the increasing importance of the mass media.

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