



We have just finished a six-day Participatory IEC Materials Development Training Workshop hosted by the Vector Borne Disease Control Department, Myanmar from 27 October to 2 November 2003. The workshop brought all IEC member country teams together to:

- Identify main messages for their IEC materials development,
- Identify appropriate IEC channels based on situation analysis and field research,
- Identify appropriate IEC materials for community based intervention
- Increase IEC country teams' knowledge of participatory IEC materials development with target populations
- Strengthen the capacity of IEC country teams to develop and conduct IEC materials pre-testing
- Develop a plan of action for IEC materials development

The JICA-supported malaria control programme in MMR also brought in 10 malaria staff from various states and divisions to participate in the training workshop.



*Dr. Wann Mung, Director General Department of Health and Dr. Soe Aung, Deputy Director General DOH (front role, centre) with representatives from WHO and JICA, and participants from Mekong RBM IEC member countries and VBDC staff from different States and Divisions.*

The participants gained a better understanding of behaviour analysis. The country teams identified the stages of their target populations' behaviour development, identified strategies to assist people in progressing toward the desired behaviours, identified communication channels to support the strategies, and developed communication plans for their target populations.

Through the process of analyzing the behaviour of the target populations, all member country teams have identified inter-personal communication as the main approach through existing channels such



as village health workers, village headmen, commune health staff and, in some countries, school teachers. In addition to these channels, local radio stations, village public address system and private video parlours were also identified as appropriate channels to support this inter-personal communication approach. The IEC country teams have learned how to set communication objectives and indicators so that progress can be monitored and evaluated properly.

By the end of the training workshop, each team had developed a malaria IEC communication implementation plan. These country implementation plans have provided a clearer plan for project implementation and evaluation in the follow-on project in the next phase. Each country team is planning for field IEC materials production with target populations during November 2003– January 2004.

This month, Bunphoeun, the IEC specialist from Cambodia, has provided us with some information on their field research with the Kreung ethnic group in Ratanakiri. Supachai, the IEC specialist from Lao PDR, has given us some background information on the Lave ethnic group in Attapeu.

### ***Kreung Ethnic Minority in Rattanakiri***

*Prepared by Un Bunphoeun*

*" We would like to see real photos that show the full human body. If only one arm or leg is shown, it has no meaning for us and we do not understand drawings. We want to see photos to educate us on malaria, that present the reality of a sick person and the treatment s/he received ". Villagers in Kalai 2 of Kalai Commune, Ochum district, Ratanakiri province expressed these preferences for IEC materials during a Focus Group Discussion.*

A research study was conducted in three villages of Ochum district in Ratanakiri province with the Kreung ethnic minority in September 2003. The objectives of the research were to ascertain the Kreung language terminology for malaria, to assess the coverage and use of ITN, and to assess the Kreung people's understanding of symbols and pictures.

The study found that, villagers in the selected Kreung villages do not like to see the black and white pictures. They like colour pictures. When asked why they do not like black and white photos, they said that black and white pictures do not look real.



*A Kreung is preparing to go into forest.*



*Dr Sor Sokunthea is explaining the purpose of the FGD with Kreung women.*

*" We cannot even recognize people in our own village with a black and white photo...but a color photo we can remember well... for example, if you show us a real photo of you... we will remember you "* one of the women in the group said .

The study also showed that the most common diseases in the villages are cough, malaria, and diarrhoea. Malaria occurs from May to September. When villagers are sick, they often go directly to buy modern medicines from drug sellers or vendors.

Villagers generally consult with their neighbours who have had similar symptoms and were cured, and they buy the same medicine. Most of them prefer to use modern medicine first. If the treatment is not effective, they go back to using traditional medicine.

The study shows that majority of people interviewed like to or want to use bednets, but half of them have no bednets because they cannot afford them. The data also showed that the main transmission areas are forests and plantations.

In the Kreung ethnic minority, the head of the family makes the decisions, sometimes after consulting with neighbours. Cassette players, radios and TVs are not really available in the villages. If villagers want to watch TV they often visit a neighbour's house or go to a video parlour in a nearby village and pay 200-300 Riels (0.07 USD).



*FGD activity with men group*

### ***Lave Ethnic Minority in Southern Lao PDR***

*Prepared by Dr Supachai Douangchak*

Information taken from "Ethnic Groups of Laos, Vol2. Profile of Austro-Asiatic Speaking Peoples" by Joachim Schliesinger

The Lao team selected the Lave ethnic group as the target group. The team has done the field research but needs to go back to do further research in November to gain more information from remote villages. Here is some background information of the Lave ethnic group.

- Language group: Mon-Khmer



- Alternative names: Brao, Braou, Brou, Proue, Proon, Lawae, Lavae, Laveh, Tamuen
- Population; 17,544 in 1995 (census)
- Area of habitation: Attapeu province, LAO PDR (Phouvong, Sanamxai and Saysettha districts)

The Lave lived in Attapeu, the southern province of Lao PDR and northern Cambodia with one village in Kon Tum province of Vietnam. Though they call themselves Brau, in the official listing of ethnic groups in Lao PDR, the Brau are named Lave. The term Lave stems from colonial times, when the French gave them this designation.

### **Costume and crafts**

Elderly Lave women are distinguished from members of other ethnic groups by their large, extended earlobes, which are ornamented with round white discs. In former times these discs were of ivory, but since elephants are rarely seen today in the region, plastic is used instead.

Besides the extraordinary ear pendants, Lave women like to decorate themselves with necklaces of glass pearls and beads of multicolored strings around the neck and thin brass bracelets. French explorers, who visited Lave villages in the nineteenth century, report that Lave men wore brass bracelets and had cylindrical pieces of wood stuck through their earlobes.



*An elderly Lave lady in Phouvong District*

Lave women are very fond of smoking self-made pipes and cigarettes. The pipe-bowl is not carved in a 90-degree angle to the pipe-stem, but extends horizontally from it, an unusual and inconvenient practice of smoking tobacco, since it appears that the tobacco can easily fall out of the pipe-bowl.



*A typical Lave house in Phouvong District*

### **Houses and villages**

Most Lave villages have spirit gates built on sacred places at the boundary of their villages, often close to the ground where the buffaloes are stabbed during special annual rituals. The gates are constructed with bamboo, reaching up to five meters in height, with an open



entrance at the base and several bamboo poles artificially above with decorations of rice straw attached to the poles. These gates are to prevent against attacks by malevolent spirits and human enemies.

**Society**

The Lave live in nuclear patrilineal family units. Today, polygamy in Lave society is rare, but still happens occasionally among the richer Lave men. After marriage, however, it is a tradition that the husband lives with his wife's family for four or five years before taking her to his parent's family or their own newly built house.

**Ceremonies, myths and beliefs**

Religious ceremonies and sacrifices in honor of the spirits are the most important elements in the Lave's life. The Lave believe that everything is the work of the creator, called pa-xay. Moreover, spirits are omnipresent in the trees, water, forest and sky. There is a guardian spirit associated with every individual. The head of each family and the village shaman has the right to honor these spirits. Agriculture rites are celebrated in accordance with the annual cycles.

When a Lave falls sick, the shaman is called to advise on the correct ritual to please the spirit, what has caused the sickness. To appease the spirit, first a chicken is sacrificed, then a pig and finally, if the sick person has still not recovered, a buffalo in front of the patient's house. Ceremonies are performed during an epidemic. If the epidemic continues, the complete village is abandoned.

The Lave bury their death in a coffin made of a hollow tree trunk. Friends, relatives and villagers come to the house of the deceased to show their respect. They gather around the coffin, dancing, singing and beating gongs. The family of the deceased entertains the visitors with food and alcohol. The burial takes place two to five days after death. A small funeral house is built on top of the tomb and the deceased is provided with items that he or she may need in the other world.

