

Socio-Cultural Dimensions in Communicable Disease Control

Venugopalan B *

Ministry of Health, Malaysia

In most evaluation of the effectiveness of communicable disease control programmes, priority is given to target sets, e.g., reduction in cases, treatment compliance and cure rate, but minimal information is collected on the role and impact of socio-cultural background of the target population.

In Maslow's hierarchy of needs, the fundamental needs of an individual such as food, clothing, shelter and security, has to be secured first before that individual will consider higher ideals such as education and health [1]. To emphasize the impact of socio-cultural factors on the control of communicable diseases, we will look into the control of two important communicable diseases in developing countries, i.e., Tuberculosis (TB) and Dengue Fever.

The success of the National TB Control (NTBC) Programme hinges on two critical components, i.e., early disease detection and good treatment compliance [2]. In countries where the NTBC programme was provided at no cost to the TB patients, early disease detection and treatment compliance were still important issues if the socio-cultural issues were not addressed adequately.

Even if the TB health clinics were easily accessible, the TB patients might not seek treatment at these clinics if they were not open after normal office hours as these patients were only free to seek medical consultation after their work shift. Economic issues become important when daily transport expenses and time consumed for Directly Observed Treatment (DOT) cannot be borne by the patient although treatment at point of care is free. These issues were more critical for daily wage earners where daily wages were low and no wages paid if they did not turn up for work due to poor health [3].

In the Dengue Control Programme, one of the prime drivers of dengue outbreaks was the abundant outdoor mosquito breeding sites due to indiscriminate littering and illegal rubbish dumping by the residents of the affected localities [4]. Despite the best efforts of the Local Authorities to improve environmental sanitation, these problems keep recurring although various community health awareness and mobilization programmes were implemented. Community interviews done in these localities surprisingly reveal that the main concern of the local communities in these localities were not only the high dengue transmission risk but also for more 'mundane' issues such as the need for functioning lifts, personal safety and even sufficient parking spaces and security for their vehicles.

This perceived lack of commitment by the patients/ community is often erroneously labeled as 'uncooperative patients' or a 'resistant community' by the local health providers. The usual remedial action to these situations is intensification of the already existing measures such as health education talks, community awareness talks and even admonishment of the patients/ communities for their lack of commitment and support for programmes designed for the betterment of their own health.

It was evident that the core issue in these situations was the miscommunication between both parties involved [5]. The patient/ community perceives that the health authorities were insensitive to their pressing social issues, such as poverty and lack of social security, while the health departments labels these patients/ communities as

ungrateful to the services provided for their own benefit.

As communication is a key issue, it is recommended that the health care workers begin their intervention by first 'listening' to the patient/ local community on their perception of the key issues affecting them before 'jumping' into health interventions [5]. Frequently, some of the key concerns brought up, such as poverty and personal security, do not come under the purview of the Health Department but the health providers can be facilitators to address these issues through their networking with other government agencies/private sector and non-governmental organizations. It is often a paradox that communities that need the most social assistance are frequently unable to 'plug-in' to the already existing government support programmes designed to help them due to bureaucracy, poor educational status or lack of information.

It is our experience that once the patient/ community feels that the health care providers were genuinely concerned for their overall well-being, rather than just achieving the programme targets, their participation in the various public health initiatives will be more effective. Finally, all health care providers must keep reminding themselves that the patients/ communities were not 'jig-saw pieces' that need to be fitted together for a health programme but should be approached more holistically as individuals intertwined in a rich but complex social milieu where health is just one of the many equally important competing priorities in their daily lives.

References

1. <http://www.simplypsychology.org/maslow.html>
2. World Health Organization (2015) Tuberculosis fact: 104.
3. TR Frieden, JA Sbarbaro (2007) Promoting adherence to treatment for tuberculosis: The importance of direct observation. *Bulletin of the World Health Organization* 85: 325-420.
4. World Health Organization (2012) Global strategy for dengue prevention and control 2010-2012: 14-15.
5. <http://www.who.int/features/2015/ebola-diaries-niang/en>

*Corresponding author: Venugopalan B, Senior Public Health Consultant, Ministry of Health, Malaysia, Tel: +6012-6950 402; E-mail: drbvenu@moh.gov.my

Received July 24, 2015; Accepted August 11, 2015; Published August 18, 2015

Citation: Venugopalan B (2015) Socio-Cultural Dimensions in Communicable Disease Control. *Adv Tech Biol Med* 3: 129. doi: [10.4172/2379-1764.1000129](https://doi.org/10.4172/2379-1764.1000129)

Copyright: © 2015 Venugopalan B. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.