

## Zero Leprosy Best Practices

**Best Practice:** *A Contact Intervention using Participatory Video and Comics to Facilitate Contact between Affected Persons and Community Members*

### Subthemes

- Reduction of stigma, discrimination, and exclusion

### Target Audience(s)

- Trainers
- Health staff
- Persons affected by leprosy

### Contributors

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### Key Messages

A 'contact intervention' is one of the most used interventions to reduce health-related stigma worldwide. The principle is that contact between persons affected and community members (or members of another target group) has a positive influence on attitudes towards persons affected and helps to dispel negative stereotypes.

### Key Informant / Date Submitted

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## Description of the Best Practice

### Introduction

In many areas of Indonesia there is a high level of stigma against leprosy among members of the community, among religious leaders, and among health workers. Besides various forms of education, no other stigma reduction intervention had been tested for effectiveness.

Leprosy-related stigma has resulted in a range of negative impacts on persons affected, including poor mental health and restrictions in social participation such as loss of employment, education, relationships, etc. (1-4).

### Objectives and Methodology

The main aim of the contact intervention is to reduce public (community) stigma against leprosy by improving attitudes and breaking down negative stereotypes.

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Specific objectives were

- To reduce community stigma through direct and indirect ‘contact’ with persons affected
- To empower people affected by leprosy who participate in this intervention

The contact intervention involves facilitating contact between persons affected by a particular condition and members of the general public and/or healthcare workers. There is extensive evidence of the effectiveness of contact interventions in improving attitudes and in changing negative stereotypes in the fields of mental health and HIV (5-7), but there is also evidence of their effectiveness in leprosy from the SARI Project (8). Contact intervention has been used widely in different forms, either by facilitating direct, live contact (e.g., testimonies) or through electronic media (e.g., video).

### Implementation of Practice

The SARI Project successfully tested the use of ‘participatory videos,’ made by adults affected by leprosy, and the use of comics, made by adolescents affected by leprosy. These materials were used during community events and meetings and resulted in a significant decrease in the level of public stigma against leprosy, even more than a year after the event. Videos can also be shown on television or on YouTube. Opportunities for discussion are also an important element of a contact intervention. The comics were used in classroom settings to initiate and facilitate dialogue and discussions with students.

The SARI Project was carried out in Cirebon District, Indonesia, between 2011 and 2015. Details of the development of the participatory video and comics can be found in the papers by Peters et al (8-9).

The main actors involved were government health workers (district health services), persons affected by leprosy, and members of a local disabled peoples’ organization (DPO). PhD students and research assistants conducted training and guided the process.

The contact intervention used low cost methods and materials: volunteers gave testimonies and made videos and comics. The videos can be made using a modern smartphone, and editing can be done using freely available software. Comics were hand-drawn in black-and-white and were reproduced on an ordinary photocopier. Existing community meetings were used as contact events.

Costs are involved in 1) employing a facilitator to guide the process, 2) training of persons affected and health workers, 3) covering transport costs for health workers attending contact events, and 4) copying or printing the comics.

### Results—Outputs and Outcomes

The SARI Project documented that a series of ‘contact events’ that used participatory videos and hand-drawn comics led to a measurable reduction in leprosy-related stigma in communities in Cirebon District, Indonesia. During a 2-year period, 91 such events were organized.

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Mixed methods were used to assess knowledge about leprosy, attitudes, and desired social distance regarding persons affected. The latter used the EMIC Community Stigma Scale (EMIC-CSS) and Social Distance Scale (SDS). The interview data showed that knowledge about leprosy increased and that negative attitudes decreased. Among respondents who had attended a contact event (n=58;  $p < 0.001$ , effect size = .75), the adjusted mean total score of the EMIC-CSS decreased by 4.95 points compared to the score at baseline (n=213); for the SDS, this was 3.56 ( $p < 0.001$ , effect size = 0.81).

### Lessons Learned

The contact intervention using contact events organized during existing meetings along with video and comics made by persons affected is effective in reducing public stigma against leprosy. Evidence from other disciplines, e.g. mental health and HIV, indicate that contact interventions are effective across the world and can be done in different formats.

### Replicability and Scalability

This intervention is community-based, relatively low cost, and easy to replicate. Because it involves local groups of persons affected by leprosy it is automatically adapted to new cultural settings.

The videos and comics that were developed can be used widely in the same language area. People involved in producing these materials can be trained as champions and then can become trainers of other 'change agents' or champions.

### Conclusions

The contact intervention proven to be effective in increasing knowledge and improving public attitudes regarding leprosy. It is relatively easy to replicate elsewhere and does not require expensive technology.

The intervention promotes active involvement of persons affected and is very empowering for those involved.

It has been used successfully by many other programs working with stigmatized conditions.

### Further Readings - References

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