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Participatory methods in hygiene communication



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Abstract

In the past educating for health in Ghana has been through the mass media, posters and didactic teaching. These methods do not take into consideration, the knowledge, values and skills already possessed by the learner. In providing the relevant information, target audience are often not:

- allowed to explore their own attitudes and feelings in relation to the subject.
- given the opportunity to utilise the information they already possess.
- allowed to explore any misconceptions and misinformation that they might possess on the issue.

As a result of this approach, target groups are not encouraged to develop the ability to make decisions about their own lives that will ultimately promote their health.

Participatory methodologies have been applied in disseminating information to the public on hygiene by the Health Education Project (HEP) of Kumasi Metropolitan Assembly (KMA). These methods ensure the involvement of the target audiences throughout the learning process.

The Project has a variety of participatory tools relating to water and sanitation including Three pile Sorting Cards, Flash Cards Series on diarrhoea diseases, worms, personal hygiene and Story- With- a- Gap. These methodologies have been extensively used in community and school education by health workers and teachers in the Metropolis.

The educational materials developed by the project has broad implications for health education in Ghana and elsewhere.

Participatory methods in hygiene communication

Access to sufficient safe water and adequate sanitation facilities are essential for public health, but having these facilities do not ensure an automatic improvement in public health.

Health benefits of clean water supply and adequate sanitation come only through proper functioning and use of facilities and often requires improved hygiene behaviour which can mostly be achieved through hygiene communication.

Defining the term hygiene communication

Several definitions of the above have been given by several authors. Boot,(1991) for instance defines it as " All activities aimed at encouraging behaviour which will help to prevent water and sanitation-related diseases (such as the various types of diarrhoea, worm infestations, skin and eye infections and vector-borne diseases)".

The focus of hygiene communication is on establishing links between facilities and practices with regard to: the use, care and maintenance of facilities; use of safe water in sufficient quantities; and the safe disposal of wastewater, human and solid wastes (Burgers et al, 1988)

However the activities described above cannot be carried out unless one understands in clear terms the target audience's present behaviours, perceptions and priorities related to health problems. This is the first step in a participatory process between the facilitator and the target audience which goes a long way to ensure success of programmes.

Participatory approach to hygiene communication

The characteristic question that this approach focuses on is "How do I help people achieve what they want to achieve?" It therefore focuses on joint problem analysis and problem solving. This implies that the educator acts as a facilitator to create appropriate conditions to help solve the problems in a particular area. The objectives, content and methods are determined by the facilitator with the active involvement of the target audience through dialogues, discussions and meetings, among others. In providing the relevant information on a subject, the facilitator, takes into account the knowledge, values and skills already possessed by the target audience. By so doing the audience are:

- allowed to explore their own attitudes and feelings in relation to the subject.
- given the opportunity to utilise the information they already possess.
- Allowed to explore any misconception and misinformation that they might have on the subject without loss of face.

As a result, their self esteem is enhanced and this serves to empower them towards the adoption of appropriate hygiene behaviour.

The experience of the Kumasi Health Education Project (KHEP) in the use of participatory methods in hygiene communication

The Kumasi Health Education Project has since its inception in 1991 applied participatory methodologies in information dissemination to several target audiences including school children, mothers at antenatal and postnatal clinics and community members. These have been made feasible through a series of operational researches and training programmes for health education agents such as environmental health personnel, teachers and community health nurses in the use of the participatory methods in hygiene communication.

The project has also been able to produce its local participatory materials through a series of material development workshops in collaboration with the above health education agents and pretesting them using the target audiences. The finished products are then distributed to the agents to be used for hygiene education.

Some of the most popular methods employed by the project include:

Story with a gap

Its purpose is to demonstrate how a group can be engaged in identification of problems and planning water, sanitation and health activities. It is most appropriately used in the community. A typical example depicts two large posters one of which depicts a 'before' scene (a problem situation-water and sanitation) and an 'after' scene (a solution to the problem-sanitation at water source) as shown in Figure 1.

The target group is usually presented with the 'before' situation and comments are invited on what they see or to personalise the scene giving names. They are required to build the story up to a crisis point where something had to be done to improve conditions. Having established the 'before' situation as to how it happened, the 'after poster is shown and the group allowed time to discuss it. The question as to "What steps did the community take to change the condition from the 'before' situation to the 'after' situation" is then asked and discussed. This generates a lot of ideas which can be systematically put together to help the group initiate a plan of action to improve their communities.

Three pile sorting cards

The purpose of this method is to help people develop analytical and problem-solving skills and the ability to reflect on causes and effects of sanitation related diseases. It also helps the facilitator to know the extent to which participants are fully aware of the positive and negative implications of a variety of situations shown to them.

The project has applied Three - pile Sorting Cards on malaria, diarrhoea and water for hygiene communication. A set comprises of about 15 cards each with a picture which could be interpreted as good, bad or in-between from the viewpoint of health, sanitation or water supply. The group(s)

will be required to sort these cards into good, bad or in-between(those pictures which can be bad or good at the same time depending on one's judgement) and to justify their choice.

This method builds self confidence and has also helped in assessing the level of knowledge on some particular topics and to plan relevant programmes.

Flash card series

The purpose of this series is to increase knowledge levels of people in understanding systematically the process of disease causation. The flash card series developed by the Project for hygiene education include: Personal Hygiene, Diarrhoea Prevention, food hygiene and Prevention of Round worms. They have successfully been used in the schools, communities and clinics.

A series comprise of about 10 to 15 cards each with a picture relating to a particular disease. The facilitator stands in front of the group to lead a discussion on the topic by prompting or asking the target audience about what they see on a particular picture.

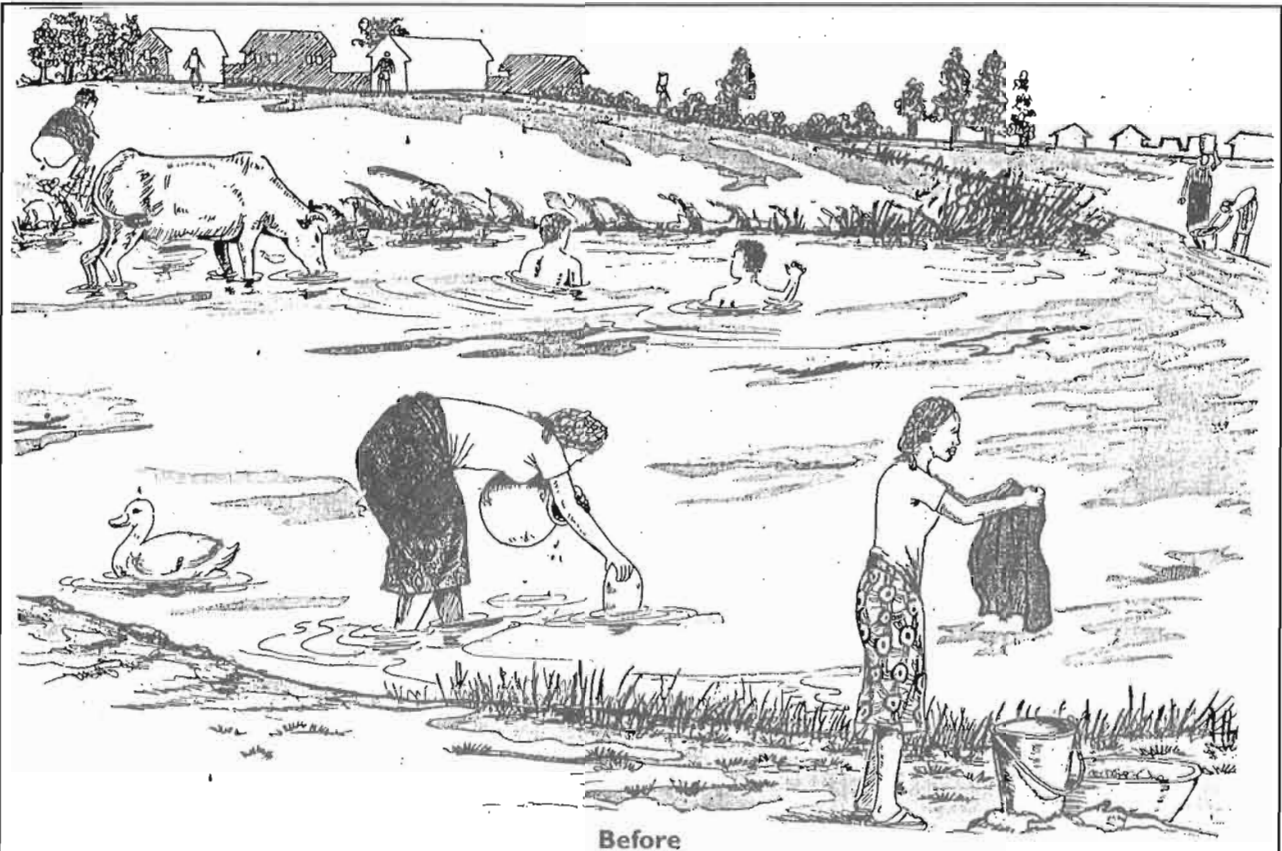
Based on their knowledge levels the facilitator provides the necessary information or facts to clarify any misconceptions or misinformation.

Evaluation of the participatory methods

An outcome evaluation research carried out by the Project on inservice training programmes for JSS/primary school teachers in the Kumasi Metropolitan Assembly on the applicability of participatory health education materials clearly showed their effectiveness in leading to behaviour changes among the school children. The materials were mostly used during sessions on life skills. A similar research was carried out on the public sector health workers in the Metropolis who had been trained in the use of the materials. Again findings showed widespread use and effectiveness as reported by the health workers. The most popular methods were the flash card series.

The use of these methods are however not without problems. It usually requires time on the part of the target audience. For instance, mothers who attend antenatal or postnatal clinics are in a hurry to go back to their work and are therefore unwilling to wait for long periods. This means that the nurses have to repeat the process quite a number of times to different sets of the target audience. Secondly, it requires a suitable environment with adequate lighting to be used in the communities if it is in the evenings.

Based on these findings of the evaluation exercise, one can say that the use of participatory approaches to hygiene communication have positive implications for health education and can therefore be adopted by health education agents in other places or institutions to help people make informed choices about their lives as they see themselves as part of the process. Currently, Regional Health Education Officers in some regions in Ghana have expressed interest in adopting the participatory methods in their regions. ¹



Before



After

Figure 1. Story with a gap on water and sanitation

References

1. Boot, Marieke T. (1991) . *Just Stir Gently: The way to mix hygiene education with water supply and sanitation.* (Technical paper series; No 29). The Hague, Netherlands, IRC International Water and sanitation centre.

2. Burgers, L; Boot, M; Van Wijk-Sijbesma C. (1988). *Hygiene Education in Water supply and Sanitation programme: Literature review with selected and annotated bibliography* (Technical paper series; No 27). The Hague, Netherlands, Irc International Water And Sanitation Centre.

3. Srinivasan, L. (1990). *Tools for Community Participation - A manual for training trainers in participatory techniques.* PROWESS/ UNDP Technical Series, New York.

¹ The above participatory tools were adapted from *Tools for community Participation*, by Lyra Srinivasan .