



Developing participatory hygiene education materials

Mrs Jemima Dennis-Antwi, Ministry of Health, Ghana.



HYGIENE EDUCATION has increasingly become an important and inseparable component of any water and sanitation programme especially in developing countries.

Hygiene education seeks to encourage a target audience to utilise the resources available to them to achieve optimum health. It also serves to empower people to initiate programmes or activities that will ultimately improve their health. The use of visual aids promotes the impact of this process. Visual aids are very effective tools in enhancing effectiveness of hygiene education. They assist educators in carrying out their tasks and also give them confidence and credibility to perform those tasks.

Developing visual aids involves a series of steps necessary to ensure that the products meet the needs of the target audience in relation to:

- Pictorial accuracy
- Personal relevance
- Comprehension of messages
- Appropriateness and understanding methodologies

The Kumasi Health Education Project (KHEP) has over a project period of three years proved that affordable community hygiene education materials could effectively be produced and used for education in the community and schools using health education agents who have been trained in the appropriate use of the materials for effective education. The experience of the Project in material development has broad implications for water and sanitation projects in Ghana and elsewhere.

Water and sanitation related diseases such as various types of diarrhoea, worm infestations, skin and eye infections and vector borne diseases account for most of the morbidity and mortality in developing countries.

Water supply and sanitation programmes generally aim to improve public health through the reduction of diseases that are water and sanitation related.

Until recently the main emphasis was on the provision of new and improved facilities with little emphasis on hygiene education, the absence of which leads to poor 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 waste water, human and other solid waste. Hygiene education is most often directed at specific target groups. The use of visual aids enhances their attraction to hygiene education activities and to remember the messages communicated to them. An evaluation of visual aids showed that a combination of words and visuals was remembered some

six times better than words alone and 3 times better than pictures alone (MacDonald et al, 1984).

Hygiene education programmes everywhere have made extensive use of posters and flipcharts. As well, a wide range of audio-visuals are used including models, printed illustrations and photographs, flyers, newspaper articles, radio talks etc. Other means such as drama, songs and games are also being used, as well as real objects such as demonstration latrines and water filters (Burgers et al, 1988).

Sometimes both types of media can be integrated successfully, but this requires careful assessment of the available media and their compatibility (Ling, 1986).

Often, people acquire knowledge and understanding more easily by showing and handling real objects. Therefore, hygiene education programmes may benefit from using the real thing or if not, then models.

The experience of KHEP in developing participatory hygiene education materials

Developing hygiene education materials was a very vital component of the project's activities and it involved going through a series of stages in ensuring that the end products meet the need of the target audience.

The stages include:

- 1a) Identification of methodologies
- 1b) Ideas generation
- 2) Material design
- 3) Review of prototypes
- 4) Pretesting
- 5) Production

Preparatory phase - identification of methodologies

To ensure that appropriate methods are selected in developing hygiene education materials, a focus group discussion is held prior to generating ideas for the material in question. The discussion usually involves facilitators, graphic designers and selected health education agents identified within the metropolis. These mostly include: teachers, public/community health nurses and environmental health officers.

Issues discussed include:

- a) Logistical problems anticipated in implementing a health education activity.

- b) Material requirements eg. size, colour durability and methodology preferred.
- c) The target audience that the material can be appropriately used for.

The information derived is used by the facilitators to pre-select appropriate methodologies for developing the material, when an agreement has been reached on the above.

Ideas generation

The objective of this stage is to provide ideas and information for the development of an hygiene education material eg. a flipchart on diarrhoea.

To achieve this objective, a one day workshop is held comprising a maximum of twelve participants including two facilitators and two graphic designers. These participants will be asked to divide themselves into two equal groups with a facilitator and a graphic designer in each group. Their role is to guide the participants in providing adequate clear and detailed information to facilitate the designing of the materials. After the exercise, a plenary session is held whereby the two groups present their contributions for a consensus to be reached.

Design of materials

At the end of the ideas generation workshop, the facilitators and graphic designers collaborate with each other to refine and provide a pictorial representation of the ideas and information provided by the participants. This is spread over a period of two weeks. It may be necessary here to employ an additional artist if the work is too much for one artist.

Review of materials

To allow for further development of the prototype material developed in stage two, a second workshop is held comprising the same people who attended the first workshop. They are divided into the same groupings as in the first workshop with a task to firstly examine the prototypes presented and based on the information they gave in workshop one, and to make the necessary changes with the help of the designer. In a plenary, the group will again present their recommendations and justify them.

A member of each group will then be asked to carry out a mock health education workshop to determine the suitability of the material. There is a final period of material modification and finishing of pictorial content following the second workshop by the designers prior to pre-testing.

Pretesting

The purpose of pretesting is to ascertain the pictorial accuracy, personal relevance, comprehension of mes-

sages, appropriateness and understanding of the methodology. For established methodologies, the pretesting is mainly concerned with the visual accuracy and message content (Laverack, 1993).

Pretesting is carried out in three steps.

The first step involves showing the final prototype of the material in pencil to a group of the target audience in the community for their recommendations. Based on their recommendations, the prototype is further reviewed by the facilitator and designers.

The second step involves presenting the reviewed prototype in a black outline which will include more detail and clarity to another group of the target audience for their reactions. These are considered for further review of the prototypes.

The final step is when colour is added to the prototypes and taken through the same procedure as in step one or two.

Production

This is carried out when there is the satisfaction by all interested parties that the contents and messages are being accurately presented by the materials. It involves separating out the colours that will be used for printing the materials before a press is contracted to do the printing work. The whole process of material development takes not less than three full months. Through the procedures outlined, the Project has developed a range of participatory hygiene education materials that are used for education activities within the metropolis and other non-governmental organisations. Presently efforts are being made to provide these materials to be used on a national scale in all health facilities.

Some experiences worth sharing

a) Organising the workshop

Participants could conveniently be selected from governmental organisations present in the locality, for example Health Ministry, Education Ministry, Department of Community Development, depending on the target audience and the subject matter.

b) Pretesting

- Organising the community is the most time consuming part of the pretesting exercise.
- Difficulty in controlling large numbers of people who congregate during the exercise.
- Dominance by particular participants.

c) Reporting

Reports should include enough details to allow a focus group to evaluate the effectiveness of the materials for the target group.

d) Material production

The following experiences were found to reduce cost and improve durability and quality of the graphic materials.

- Using colour tones at the colour separation stages.
- Using metal or plastic spines to bind materials.
- Providing gloss finish to the front cover of materials.
- The use of colour permanent and washable cloth for colour posters.
- Collect printing plates and store correctly for future production. (Laverack, 1993)

Some participatory hygiene education materials produced by the project

Flash cards

Mosquito Control; Prevention of Diarrhoea; Prevention of Roundworms; Waste Management; Food hygiene; Personal Hygiene and Dental Hygiene

Flip charts

Prevention of Diarrhoea and the Worm Calendar

3-Pile sorting cards

Water Supply and Diarrhoea

References

1. 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 International Water and Sanitation Centre.
2. Laverack, G. R. (1983). The Kumasi Health Education Project: Health Experiences in the Kumasi District, Ghana, ODA.
3. Ling, J.C.S. (1986) Health and the Media. World Health March 1986, 18-19.
4. MacDonald, I and Hearle, D. (1984) Communication Skills for Rural Development. London, UK, Evans Brothers Limited.