



## Targeting women and children in hygiene education

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INFORMATION, EDUCATION AND communication (I.E.C.) materials, now integral part of health campaigns and interventions, are presented in the form of pamphlets, posters, jingles, messages on everyday objects, and convey important messages which promote healthy behaviour of the target recipients.

Though community participatory approach in health programmes is known to ensure acceptance and sustainability, it is more frequently adopted in the actual implementation of interventions than in development of tools and strategies for interventions. Specifically, it is observed that I.E.C. materials are often designed and produced solely by researchers and service providers without involvement of communities and target groups to which interventions are directed. This situation is obtained mainly where the groups are illiterate, poor, and “voiceless”. Unfortunately, a large percentage of women and children in developing countries fall into these categories. Women and children therefore are usually victims of the ‘banking system’ which, according to Paolo Feirre 1972, upholds that ‘knowledge is a gift bestowed by those who consider themselves knowledgeable on those whom they consider to know nothing’. An I.E.C. material produced with participation of the target group only at pretest stage is a product of such ‘banking system’. It is assumed that the researcher knows what is best for the recipients. Unfortunately, such impositions can end up being counter productive.

Rather, a cognitive or problem posing method should be adopted with any target group. The “students” are now, “critical co-investigators” in dialogue with the researcher. A participating target group is representative of their community, and is jointly responsible in the process of creation. This ensures that the I.E.C. materials produced by such collaborations are relevant to their realities, accepted by their community and therefore effective.

Women are known to be the custodians of the health related matters (nutrition, hygiene etc.) in the family. They are the most knowledgeable in these matters and bear to a large extent the burden of the problems associated with poor hygiene. The roles allocated to women by the traditional and sexual division of labour include: care and education of children, maintenance of the household, care of the elderly and infirm, care of the husband and his kin, (Marcela Ballara, 1991). Children are disproportionately affected by disease caused by poor hygiene. They help their mothers with sanitation related tasks such as water collection

and storage while they are also (through the child-to-child principle), excellent channels for passing intervention messages to their peers, siblings and even parents.

Unfortunately not many I.E.C. materials concerning hygiene education target these two groups of people despite the role they play in the community. According to Braide (1991) health care programmes, particularly community mobilisation and health education activities in rural and low income urban areas, who are almost always adult males.

In all cases, participatory research works to eliminate oppression. In the case of women and children, it can play a liberating role by promoting the critical understanding of social problems, their structural causes and possibilities for overcoming them, (Society for Participatory Research in Asia 1990). In this way, it challenges social inequality by which women and children are victims. Disproportionately, poor, illiterate, and traditionally voiceless women and children in the developing world have little power to influence factors in their lives. Though their participation in the production of I.E.C. materials may be seen only as small contribution to the improvement of their lot, the liberating concept inherent in the participatory method is a model and a catalyst of change for this group in many aspects of social experience aside from health. In health programmes, this approach will enhance effectiveness of I.E.C. materials and result in healthy behaviour. The approach will also empower women and children by introducing and practicalizing the concept of perceiving, analysing and taking action on health problems concerning them and their communities. This method was successfully used to produce the following I.E.C. materials.

### Objective

To test the possibility of involving women and children through participatory approach in the production of health related I.E.C. materials.

- Public Health Educator Sticker for the Nigerian Youth Aids Programme (NAYAP) 1993 (70 per cent of the public health educators were female).
- Cross River State Onchocerciasis posters on community participation in Mectizan distribution, the role of NGOs in control of onchocerciasis, and community compliance on prolonged mectizan use 1998. Students and women groups were involved in the workshop.
- Poster on good hygiene habits for students and teachers in Calabar, Nigeria 1997.

- Poster on good waste disposal by Edim Otop Youth Club in Calabar, Nigeria 1998.

In the course of various collaborations, the following steps in developing I.E.C.. materials through participatory approach emerged.

- Mobilisation of workgroup.
- Introduction of topic (e.g. Handwashing).
- Discussion of the topic (concerning how it affects them).
- Introduction of the concept of I.E.C.. materials and examination of examples.
- Critical consideration of relevant messages, and appropriate medium for topic.
- Development of materials based on consensus.
- Pretesting (to be carried out by work group) using predetermined questions designed to evaluate perception of intended message.
- Analysis of pretest results.
- Amendments / corrections.
- Final pretest.
- Production of materials for use in communities.

### Lessons learned

According to many authors, participatory research is composed of three interrelated processes, collective investigation, collective analysis, collective action. During this exercise the following lessons were learnt:

- Producing I.E.C. materials through participatory approach for women or children should involve all three components. Bearing in mind that these target groups may not be used to having their opinions sought and must be made to feel comfortable about participating.
- Production of I.E.C. materials is best done during workshops in workgroups. The size of these workgroups should be preferably between 5-20. Larger groups should be split accordingly.
- The workgroup must be representative of the larger target audience.
- The researcher must be careful not to adopt an attitude of imposition because the group may be reluctant to contribute so as not to 'challenge' the researcher.
- Careful consideration must be given to existing customs and traditions amongst the said workgroup.

### Observations

It is possible to produce useful I.E.C. materials through participatory approach.

### Summary

Participation of women and children in the production of I.E.C. materials may not only lead to effective I.E.C. materials but more importantly to initiating collective investigation, analysis and intervention strategies as the bedrock of sustainable development in communities.

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