Leeds Health Education

Participatory learning exercises for water and sanitation training

Dr John Hubley
Leeds Polytechnic
January 1990

Communication and health education are essential in water supply and sanitation programmes in order to ensure adoption, use, maintenance of water /sanitation systems and accompanying hygiene practices (1). It is increasingly recognised that the approach used should move beyond persuasion to include developing community participation and helping people make informed choices about technologies. However, most programmes find themselves having to mobilise an infra-structure of field workers either within their own services or from other voluntary or statutory agencies. A key ingredient of this mobilization is training. A criticism of many of the training programmes carried out is that they tend to concentrate on giving facts and technical information on construction skills. Insufficient attention is given to the development of skills in communication and community participation and strategies for dealing with the many problems faced in promoting health behaviours (2,3). Furthermore, the teaching methods used often involve formal didactic sessions of one-way teaching rather than alternative approaches encouraging active participation with discussion, dialogue and a sharing of experiences. In this paper I will describe a series of participatory learning exercises that I have developed for training in water and sanitation and used in communication courses for developing country field workers held in Leeds, Holland and India.

exposing victim blaming

By victim blaming I mean health education directed at individuals changing their own behaviour which takes no account of the outside forces such as money, time, pressure from others that can prevent a person from acting even if he or she is convinced. A common example of victim blaming is the singling out of women as the targets for health education without providing some means to help them. The cartoon shown below from David Werner's remarkable book "Helping Health Workers Learn" (4) can be used to bring out this victim blaming. I show it to a group either on a slide or

overhead transparency. Participants are asked to say what they think the audience in the picture are thinking when they receive the message from the nurse. I have even developed from this situation a simple role play where participants take up the exact positions of the audience and voice aloud their thoughts.

(insert figure 1 about here)

understanding community participation

The theme of community participation is explored in the next exercise which I have used with success on many occasions. It is particularly useful for showing the problems of community participation especially when a programme imposes a particular solution on a community.

One of the participants is asked to wait in a separate room while the remaining members of the group (which can be any number from eight to twenty) are taken to a separate room for their briefing. They are asked to imagine that they are villagers. They have to assign themselves typical roles of elder, mother, shopkeeper, farmer, chief, health worker etc.. By encouraging them to decide what the community looks and feels like - including the problems, needs and history of conflicts and tensions - the group builds up a real community which they identify with. They are told that a person from the government is coming to speak to them and they should make preparations to receive him or her. But they do not know why the person is coming.

The individual person is given the following briefing: " You are a health educator attached to Chikoka District. Your project manager has set a target that at least 30% of the villagers should have pit latrines built and in use by the end of the year. A health worker from the health centre has reported that none of the households in Choma village have built any pit latrines and

you are going there to persuade them to begin to build some. You are in a hurry as you have to go on to another health centre 50 kilometers away for a meeting and the roads are very poor. You conduct your meetings in a formal distant manner and do not have time to listen to the villagers problems that do not involve sanitation. You know that if you do not meet your target you may lose your job.

The role play starts with the arrival of the 'field worker' in his/her vehicle. The community greet him and the meeting is allowed to run for at least twenty minutes or longer. The responses of the community to the field worker can be very strong, everyone has fun and it is explained that the fieldworker was acting to a brief which is the reason for the direct approach taken. If there are sufficient participants, there can be two groups with the person selected to be the 'fieldworker' in the second group briefed to take a different approach for example to spend more time listening first before raising sanitation. If a video camera is available it is useful, but not essential, to record the session and let everyone watch afterwards. In the discussion of the role play many relevant points about community participation are usually brought out by participants, especially the need to take a systematic planned approach involving: showing respect for the community and establishing rapport; having a proper dialogue, not one way conversation; explaining honestly to the community one's role and limitations; finding out in advance what the issues of concern to the community are; understanding divisions and conflicts which might affect the success of the community. In this discussion the point can be made that community participation is a process which takes time to establish and that targets set should allow for the inital phase of establishing rapport and understanding the community.

developing communication skills and empathy

When looking at the technical aspects of hygiene practices, water and sanitation it is easy to forget that change ultimately comes from ordinary people making decisions about the things that will affect their own lives. The more education and training we have, the more difficult it can be for us to understand how the community think and feel and this can lead to us giving irrelevant and unhelpful advice. This role play exercise helps the participants understand the reality of what is involved in influencing change as well as develop an understanding or 'empathy' for the community. The problems and possible solutions become much more real when they are acted out rather than simply intellectualised through abstract discussion. It is particularly good to make men take the role of women so that they realise the constraints upon which women have to work!

I have prepared a series of cards which each represent a person making a particular statement. These statements are shown in the table below and are based on personal experience as well as reading the literature on typical problems and obstacles to adoption of water and sanitation practices. While I have a set of cards prepared with the comments below, I always keep some blank cards on hand in case the participants raise any special problems that they have encountered in their health education.

table 1: Statements on the cards used in the role play

householder:	"I would like to have a latrine but it costs too much. I am afraid to borrow money to build one"
grandmother:	"Children get diarrhoea due to the hot weather. We have to expect that., It can't be helped."
man:	"I agree that a latrine is convenient and private. But what if it gets smelly and full of flies. People will laugh at me for building one."
man:	"You advise me to build a latrine for the whole family to use. That will not work. How can I be expected to use the same defaecation place as the women?"
man:	"Somebody is practicing witchcraft in the village, That is the real reason why so many of our people are sick."
man:	"Why should I contribute labour to this water scheme? Isn't it the responsibility of the government to build it?"
elder:	"Why do we need latrines? There is enough room in the bush for everybody. We are used to it. There is no need to change our ways."
woman:	"All children under five get diarrhoea, It is natural for them. I would not worry."
woman:	"You want us to build a latrine. If we do that it will mean more work cleaning and fetching water and I do not have enough time even now for my duties"
woman:	I have to handle children's faeces all the time. They are harmless. Why do we need to bother forcing our children to use the latrine and picking them up form the ground and disposing them in the latrine?"

Participants are asked to form groups of four. One person selects at random one of the cards and has to represent the person making the statement. Another person is assigned the role of the fieldworker and has to respond to the situation on the card and give appropriate advice. The other two act as observers and will later be asked to comment on the interaction. After five to ten minutes I usually stop the role play and another participant selects a different card, takes on that role and receives advice from another member of the group.

Discussion and feedback from this exercise can take place in a number of ways. Participants can summarise on a large sheet the characteristics of helpful advice that they saw being given, and on another sheet, that of bad advice(!) In this way simple principles of advice giving and counselling can be derived by the participants themselves from observations e.g. the importance of finding out what people believe, making advice simple and relevant, and avoiding imposing one's own values on the other person. Discussion is encouraged about the reasons for the beliefs contained within the statements and the factors which underlie traditions and customs. The importance of enabling facts and victim blaming can be raised. Participants can be invited to suggest how they might respond to the issues raised by the community and introduce new ideas yet at the same time show respect for their beliefs. The discussion can be broadened to cover general barriers - cultural, social and economic - to behaviour change.

Introducing communication stages

I use this final exercise for developing general concepts of communication planning. It is based on an analysis I have described elsewhere (2) which separates the of the communication process into a series of distinct stages starting with reaching the audience, gaining attention, being understood, changing beliefs, changing behaviour and finally influencing health. Communication failure can occur at each of these stages and careful planning based on understanding of the community is needed to ensure effective communication.

Each of six communication stages in the first column in table 2 and the statements containing examples of communication failures shown in the second column are written on cards 12cm square making 12 cards in total. I ask the course participants to first place the communication stages in the correct order. Then I ask them to place the cards describing failures next to the stage at which the failures occurred. This exercise is followed up with a discussion of how failures at each stage can be avoided by careful planning. I have listed someof the points that can be brought out in discussion in the third column of table 2. These include: the need to ensure that the message actually reaches the intended audience, the importance of making it interesting so it attracts attention, the need to test the wordings and pictures to make sure that they are understood, the importance of working within the belief system wherever possible and using respected members of the community as sources and the importance of making advice affordable, practical, relevant and based on a sound understanding of the community.

table 2: Content of cards used in communication stages exercise

COMMUNICATION STAGE (first set of cards)	EXAMPLE OF FAILURE (second set of cards)	POINTS TO BRING OUT IN THE DISCUSSION
reaching intended audience	"Only men were at the public meeting. The women did not hear about the water programme and did not participate"	Ensure that your intended audience will be present, see the posters, listen to the radio broadcasts
gaining the attention of the community	"The sanitation exhibition at the agricultural show was boring with only a few posters. People walked by without stopping and went on to the other stalls."	Make your communication sufficiently interesting to draw people's attention away from other competing attractions
being correctly understood	"The sanitation field worker used complicated terms such as faecal-born diseases, stools and bacteria. The community nodded politely but did not know what he was talking about."	Use simple language and try out communication ('pre-test') with a sample of the intended audience to make sure it is understood
convincing the community	"The field work explained that latrines were needed because people passed on bacteria and disease through their faeces. The community were polite and thanked the field worker for coming. Afterwards they laughed at how anyone could be so foolish as to believe that something so small could make a person ill"	Find out what the community already believe about the topic and whether cultural beliefs are involved. Try and build in demonstrations where people will directly see the benefits of taking action. Find out who are the trusted people in the community and use them as communicators.
changing behaviour	"The community were convinced of the importance of pit latrines and wanted to build them. But they did not have any cement to build the slabs for the base."	Ensure that 'enabling' factors such as materials, money and time are available and that necessary skills are demonstrated.
improvement in health	"Everyone in the community followed the field worker's advice and built VIP latrines. But the children were afraid to use them so the levels of diarrhoea did not decrease."	Check that the actions you are recommending in your communication messages will actually lead to improvement in health.

References

(1) Hubley JH (1987) Communication and health education planning for sanitation programmes. Waterlines 5 2-5.

(2) Hubley JH (1986) Barriers to health education in developing countries. Health Education Research 1, 233-245.

(3) Hubley JH (1988) Understanding Behaviour - the key to successful health education. Tropical Doctor July, 134-138.

(4) Werner, D. & Bower, B. (1982) Helping health workers learn. Hesperion Foundation, Palo Alto, California

figure 1: Cartoon from Helping Health Workers Learn (4) used for role play

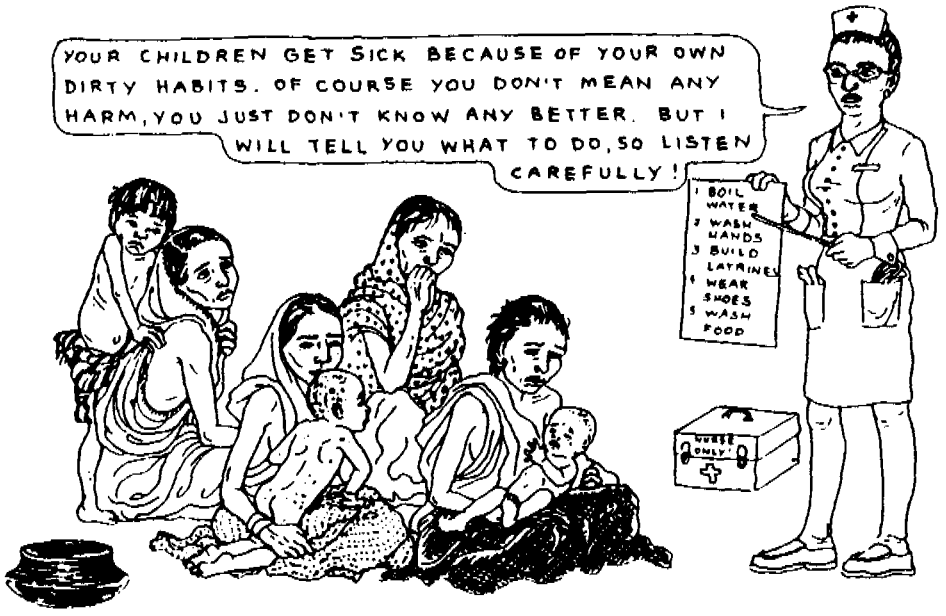
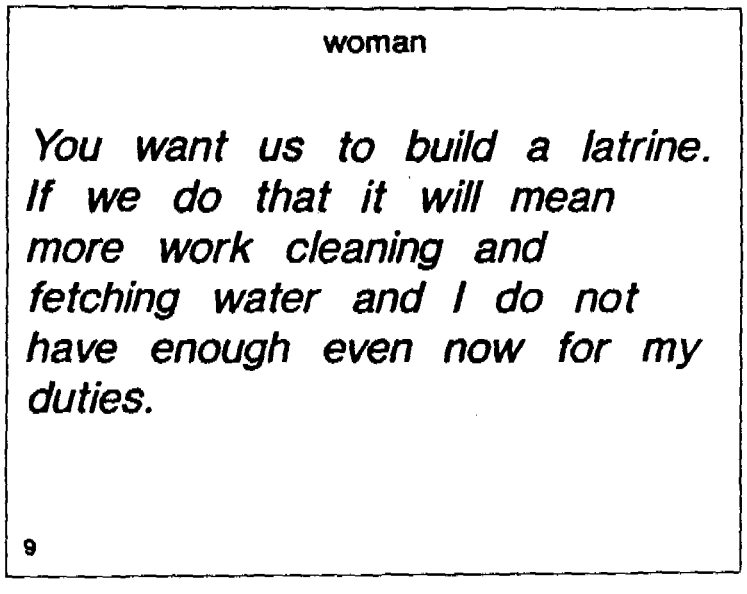


figure 2: Example of problem card used in role play exercise



Health Education Unit, Leeds Polytechnic
Calverley Street, Leeds LS1 3HE, U.K.
Tel.(0532) 832600; Telex 265871; Fax 0532 425733