Popular participation in community health programmes

Community health programmes can be one of the most important and most available forms of education for the total community. This article outlines health programmes and health education initiatives, as well as approaches to participatory training, in several South Pacific countries.

Growing urbanization, migration, tourism, international fishing agreements, pollution and a market economy in the South Pacific countries have affected eating habits and cropping practices. Serious health problems have developed as a result of what could broadly be called "food dependency". The official health infrastructure is one avenue for providing health education, which is increasingly integrated with other sectors such as agriculture, nutrition and family planning. Health issues are also the concern of organizations involved in community development and non-formal education.

South Pacific health

In pre-colonial times, health in some Pacific countries was good compared with that of Europe. Illnesses such as scrofula, rheumatism and filariasis often received herbal treatment. More recently, however, traditional diets throughout the region have been replaced by canned fish, biscuits, white flour products and sugar-laden food. New illnesses and diseases have replaced or simply added to those that previously affected these people. Zimmet (1) has described a new profile of diseases that emerged in Pacific countries since European intrusion. Though malaria is still the number one cause of death in Vanuatu for instance, diabetes, hypertension, obesity and coronary heart disease are prime health concerns in most Pacific countries.

Changes in diet have also given rise to chronic mineral and vitamin deficiencies (2, 3). Research carried out through Fiji's national food and nutrition committees has shown that many local plants such as bele and rourou contain much more iron than leaf vegetables in the Australian market. Likewise, fruits such as pawpaw and mango are high in vitamins A and C, yet it has become necessary to promote vitamin sources through public health campaigns in the Pacific. Certain foodstuffs bring status, so that canned, packaged and imported goods are highly prized in societies that were previously in a situation of subsistence affluence.
Associated with nutrition are the issues of family size, frequency of child-bearing, and maternal and child health. Smaller families have been promoted in the name of “development” throughout these societies. While this can be criticized as a quick-fix solution to problems that originate outside local communities, it does seem true to say that large families and urban unemployment aggravate new social problems in towns and cities. Some would argue that migration rather than family size is the issue.

By no means the least of health issues for the Pacific countries is the problem of sexually transmitted diseases and the so far relatively small (and possibly hidden) incidence of AIDS. In these islands the health, economic and social problems are interconnected. For small populations it is no truism to say that healthy communities make for healthy development.

Community education

Health education initiatives in Pacific countries are either fully fledged programmes operating within the Ministries of Health or individual projects conducted at grassroots level by government departments and nongovernmental organizations. For example, Kiribati’s health education unit is located in the new hospital complex in Tarawa, the capital. The unit, which is part of the Ministry of Health, Social Welfare and Family Planning, has been established for more than 10 years, though facilities and equipment are recent. This unit produces posters, brochures and teaching kits on a variety of health-related topics. All are published in-house and printed on equipment purchased with foreign aid. Designers of materials include several who have completed the health education course in Papua New Guinea. The unit is headed by a medical doctor and has additional support from a UNICEF-funded worker from Bangladesh.

Most publications produced by the unit are in I-Kiribati, though some are also printed in English. Themes dealing with sensitive issues can be dealt with humorously while others are graphically dramatic, such as the effect of AIDS. Posters are literally “posted” along the roadside and on general stores as well as in more usual settings such as health centres and clinics. Health educators use materials in discussion groups and schoolteachers use special materials on AIDS in their teaching. Each year calendars that highlight health issues are produced jointly with allied bodies such as national nutrition and family planning groups and agencies. The calendars feature a different aspect of health each month and the 1992 calendar presents topics such as AIDS and vitamin-A deficiency.

One member of the health education unit is involved in producing audio tapes and cassettes for the weekly radio slot. Health advertisements are also produced for radio and include the prizewinning “AIDS ad” of 1991. The media studio has facilities for producing video tapes for use by health and community workers. While television programmes are not available in Kiribati, videos certainly are.

Vanuatu has a flourishing health education unit in the capital, Vila. The publications
section produces striking and colourful posters, mostly in Bislama (a variety of Melanesian pidgin) with some in English and French. Photographs are frequently used, so the people and situations depicted are familiar. Large cloth banners have been produced for the February Health Awareness Week on Efate Island by workers trained in short courses at the South Pacific Commission’s media centre in Fiji, and in the health education course in Papua New Guinea. Material produced by the Vanuatu unit features nutrition, the environment, family planning, and AIDS and other sexually transmitted diseases. The government’s Women’s Affairs Department, the International Labour Organisation and other agencies are involved in family planning and family life education. Department of Health programmes are also concerned with family planning issues.

The Ministry of Health in Vanuatu has impressive community education programmes. Each section of the Department of Health works independently, although all are involved in training. Aims are similar, but health personnel acknowledge that a more coordinated approach is necessary and future developments point to streamlining of training and education programmes.

Under the influence of the World Health Organization, primary health care has become a major focus of nurse training in Vanuatu. It is a focus that “helps people to be self-reliant, to take care and to take responsibility for their own health”, according to health workers in Vila. The need for community preventative health rather than institutional treatment has become a major focus of the Vanuatu health scene. Nurse health workers go out to communities where they adopt the participatory training approach, so that community members and health workers engage in open discussion about health needs and related issues. During the three-day visit members of the community decide which issues are important to them. A health worker described this approach: “We sit under the banyan tree. We need time to absorb and do something with the people while living with them. Listening skills are important for health workers. We work and move with the community where they are.”

In keeping with local tradition, health workers approach the chiefs first. Having their support goes a long way towards the success of health programmes at village level. Other key figures such as pastors, local councillors and representatives of women’s groups are involved in initial discussions whatever the target group or topic.

There is a special programme of maternal and child health workshops in Vila. These differ from the primary health care workshops only in that a separate unit runs them and they deal with concerns that affect more cosmopolitan centres. While facilitators are from the Department of Health, nongovernmental organizations and community workers are often involved.

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Health workers use songs, games, concerts and drama in the workshops.

A powerful technique also employed in Vanuatu is community theatre. Wan Smol Bag, a now well-known group of ni-Vanuatu
(indigenous people of Vanuatu) players under the direction of a British worker with African community theatre experience, is frequently invited to perform and to conduct participatory sessions on environmental and health topics in training workshops. While the Wan Smol Bag troupe has a core of full-time players, it has also been

Workers in the garden projects conduct workshops where groups can discuss and experiment with food production and cultivation techniques.

instrumental in facilitating the establishment of grass-roots theatre groups on outer islands of Vanuatu. The Department of Health recognizes the players’ skills as essential to its work, and the divisions between formal and non-formal health education have been broken down.

An integrated approach

In discussing techniques used in the grass-roots programme, ni-Vanuatu health workers described the outcome of the village workshops. Plans of action are decided upon by community members in order to meet local health problems head-on.

Needs are prioritized by the community with guidelines from the health team. Local materials and resources are identified, again using participatory techniques. Village development committees are usually set up to work with the registered health coordinator in the area. Leadership training workshops are conducted where needed. Agreed projects have to be accessible and affordable. The emphasis is on awareness first and planned action later.

In Fiji and the Solomon Islands, nutrition has been highlighted in health education campaigns. In both countries surveys indicated alarming levels of diet-related disease (4, 5). Healthy affordable food has become the aim of promotion campaigns. In Fiji, the National Food and Nutrition Committee produces varied materials for general distribution, training and the media. In the Solomon Islands projects such as the Sup Sup Gaden, a kitchen garden with a variety of vegetables, and in Kiribati the model garden of the Foundation for the People of the South Pacific in Tarawa, show the public how small plots of land can be utilized to produced nutritious vegetables for the extended family. Variety as well as nutrition is an important component of these food projects. On a coral atoll such as Kiribati, it is important to show methods of composting and building up soil nutrients, because the soil is relatively shallow and not suitable for many varieties of vegetable that grow more easily in the volcanic soils of other Pacific countries. Workers at the Sup Sup Gaden and the Tarawa garden as well as other organizations involved in grass-roots work conduct workshops where groups and communities can discuss and experiment with food production and cultivation techniques.

Another important nutrition project in the Solomon Islands is the village education programme, which is supported by DanChurchAid. A training centre, which includes a village kitchen and kitchen gardens, has been set up in Honiara. Here trainers conduct 15 practical courses for mobile workers, community workers and village resource persons. Under this programme 60 village-level workshops are held each year, again with a focus on nutrition, cooking and gardening methods. Training materials on nutrition and food processing, a handbook for village nutrition trainers and other teaching aids on nutrition
have also been developed. The programme aims to educate community workers, who in turn identify nutrition problems as they work with people at grassroots level.

Nutrition is now a major focus of health in the Pacific. As newly adopted, unhealthy habits and ways of life are hard to change, success can be achieved only at the community’s instigation, through community participation and through an integrated approach where the health, nutrition, education, fisheries and agricultural sectors, and other agencies work together consistently.

It is important that a total community approach to health education takes place. It is too easy to blame Pacific people for unhealthy eating habits when foreign companies are offloading dated or damaged products to these small island countries. When people are brought into the market economy and become reliant on goods which have to be bought, they can end up in a cycle of dependency. It is, however, a cycle that can be reversed as the health units and community workers are regenerating interest in locally produced foods in the knowledge that they have much to teach their people and the wider community.

References


