Community Participation

Community protection for the health of mothers and children
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The technique of participatory rural appraisal is reported from India as a means of encouraging village women to become active in a safe motherhood and child survival programme.

Participatory rural appraisal is an approach to development which involves learning directly from lay people. The role of the outsider is to:

- establish a rapport with the people;
- convene, catalyse, facilitate and enquire;
- watch, listen and learn.

Community members, on the other hand, are responsible for such tasks as mapping, making diagrams, quantifying, informing, explaining and analysing. The active participation of lay people is encouraged, their confidence is boosted, and they are enabled both to possess and use the information required for the planning and execution of programmes. In the field of health development an important aim in adopting participatory rural appraisal has been to obtain information on health problems rapidly and at low cost.

In India the centrally funded maternal and child health programme has largely failed to recognize that needs vary between different groups of people, and has consequently not secured the desired level of community participation. Clearly, against this background, it was logical to expect that participatory rural appraisal would have something valuable to offer, and Gandhigram Rural Institute, already experienced in working with and through the people, therefore decided to adopt the technique in a nearby village.

About 50 women of reproductive age, married or unmarried, participated in the project. The village health nurse and a team from the university acted as facilitators, catalysts and observers. The objectives were explained to the women, who then formed themselves into two groups, one of which was asked to identify and analyse women’s health problems while the other discussed those of the children in the community. This involved:

- focus group discussions aimed at understanding the women’s perceptions of maternal health problems;
- mapping so that clients could be identified;
- identification of couples in the reproductive age group who require contraceptive service;
- verbal autopsies, intended to link health problems and resources.

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Each group had a facilitator, an observer and a presenter. The facilitators had to ensure that the discussions proceeded smoothly and that the chosen themes were adhered to. The observers were expected to keep minutes and to see to it that the proceedings accorded with the techniques and principles of participatory rural appraisal.

The first group produced a map showing the locations of women of reproductive age, mothers with infants, mothers with children aged between one and five years, pregnant women, users and non-users of contraception, and women with anaemia. The numerical information that emerged is summarized in the table. A discussion of problems and resources was then initiated by the facilitator.

In the second group of women, information was given on common diseases of children, a case of polio, and infant mortality. The following measures had been adopted by women in the village to prevent child morbidity:

- immunization;
- taking three nutritive meals a day during pregnancy;
- giving rice water and sugar and salt solution to combat diarrhoea;
- giving good weaning food as from the age of eight months;
- breast-feeding;
- taking a bath regularly;
- referring cases of illness to hospital;
- using traditional medicine against worm infestations.

The health subcentre in the village had evidently not been used for the previous five years because it was in a poor state of repair and there was no village health nurse in residence. Critical cases were generally referred to government and private hospitals in Dindigul, to the primary care centre at Narasapingapuram and to hospitals in Gandhigram, which were ten, two and five kilometres from the village respectively.

Both groups suggested that the village health nurse should live in the health subcentre so that she would be available at all hours of the day and night, and that the two cases of anaemia (see table) should be sent to referral centres. The nurse explained that the subcentre was in an unsuitable state for her to live in it. She agreed to refer the cases of anaemia to hospital and described measures that could be taken to prevent the condition. The participants agreed to repair the subcentre and said that they would arrange for blood donations from men in the community to be used in transfusions for the cases of severe anaemia.

The women subsequently pursued the matter of the subcentre with the public authorities.
and when the building had been repaired and electrified the village health nurse moved in with her family. The anaemic women were cared for as promised.

Thus participatory rural appraisal was successfully used to obtain information about maternal and child health problems, and the village women were ready to play an active part in tackling them and were able to develop an appreciation of their needs in this field. The involvement of health workers helped the community to plan, identify resources and find solutions to the problems.

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Talking with mothers about home treatment

Effective home treatment of diarrhoea can be given only by the child's mother (or other caregiver). It is she who must prepare the oral fluid and give it correctly, provide nutritious, well-prepared foods, and decide when the child needs to return to the treatment centre. The mother can do these tasks correctly only if she understands clearly what needs to be done and how to do it. The best opportunity for a mother to learn about home treatment of diarrhoea is when she brings her child to the treatment centre because the child has diarrhoea. Unfortunately, this opportunity is often lost because doctors or health workers do not communicate well with mothers; as a result, mothers frequently return home not understanding how to continue treating their children effectively.