Health Promotion

Health information for the grass roots

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In its endeavours to achieve the health-for-all goals, Sierra Leone confronts many formidable obstacles, among the greatest of which are illiteracy and poverty. Nevertheless, determined efforts are being made to disseminate health messages, including advice on self-help in the prevention of diseases and accidents and in tackling illness and disability.

In Sierra Leone it is particularly difficult to meet the need for health information because of the low level of literacy. Among the sources of such information are:

- the medical services;
- voluntary organizations;
- books, posters and leaflets;
- friends and family members;
- workshops and seminars;
- radio and television;
- drama.

Unsatisfactory dissemination of information may arise because of the following factors.

- People may feel that their problems are trivial and that if they sought advice they would be wasting doctors’ time.
- Information given verbally by doctors may not be retained by patients.
- Information given at a wrong level or via an inappropriate medium may not be fully understood by patients, who may be too embarrassed to seek clarification.

Some doctors do not pay sufficient attention to what patients tell them and consequently fail to give proper advice and treatment.

Even literate patients are commonly confused when they leave doctors’ surgeries because of the way information has been given. It is hardly surprising, therefore, that illiterate patients often find themselves in difficulties. There is a profound need for clear information on a wide range of matters: diagnosis, treatment, surgery, X-rays, admission to hospital, support services, family planning, nutrition, immunization, and so on.

Working for community involvement

The health-for-all goals require the community to be a partner in the health care team. The bodies that provide primary care aim to integrate the community health information services into the process of public health education. Among the objectives of these organizations are the following:

- to encourage people to take care of their own health;

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- to help people to treat minor complaints at home if a doctor’s advice and treatment are unnecessary;
- to provide information on health and related matters;
- to enable people to make informed decisions concerning their health;
- to collect, disseminate and provide information suitable for people at various educational levels, including community health managers and planners;
- to produce educational material;
- to collaborate with other community health professionals in the dissemination of information.

The community-based health care development workshops of the Christian Health Association Sierra Leone focus on community health officers, state-enrolled community health nurses, welfare workers, and maternal and child health aides, all of whom are involved in primary care as well as curative work. After training, they return to their villages and explain their programmes to village elders, religious leaders, traditional healers and traditional birth attendants, with a view to gaining their cooperation and, consequently, the participation of the community as a whole. Suitable community members demonstrating an interest in the programmes are trained in basic health and environmental matters, and subsequently become trainers themselves.

The Marie Stopes Society Sierra Leone is concerned with preserving and protecting the mental and physical health of families and preventing hardship and distress caused by unwanted pregnancies and sexually transmitted diseases. In order to achieve these aims, special clinics provide information, guidance and counselling on health-related problems to men, women and children. Field nurses concentrate their efforts on market women and small traders who, because of their hours of work, cannot attend clinics or health talks. The nurses visit these people where they work, discuss health questions with them, and offer to take their blood pressure, or demonstrate pregnancy-testing kits, and the like.

With a view to encouraging clients to train as resource persons the Society, in collaboration with Action Aid, has introduced health-linked loan and insurance schemes for women who are small traders in two Freetown markets. Selected individuals who receive loans are trained to deliver information on family planning, environmental sanitation, nutrition, immunization, sexually transmitted diseases and other matters to other women traders. In this way more women are introduced to the Society and may become resource persons themselves.

Evening meetings with women are held in the marketplaces, where further practical help and advice are given. Warnings are issued against dealing with quack doctors who sell drugs indiscriminately, and the women are encouraged to visit the Society’s clinics, where costs are minimal. Male traders are now included in this initiative, and outreach teams visit bars and other places where men congregate. Many men now visit clinics specially run for them.

In the Port Loko District a family planning and health education programme covering
57 villages is being run by the Society in collaboration with the Farmers’ Association Support Programme. The Society organized refresher courses in health education and information delivery, thus enabling extension workers, who had already established a rapport with chiefs and elders, to convey information to villagers. A deworming campaign gave the villagers such a feeling of well-being that they were very ready to listen and cooperate. Outreach programmes were devised for churches, mosques, schools, theatres and other places where people gathered.

The Society is using music as a means of communicating health messages to more than 5000 Liberian refugees. It is considered that if refugees can be made aware of the need for health promotion, preventive medicine and the maintenance of a clean environment, they will make better citizens when they return to their homes. Because there is a strong oral tradition in many rural societies, health workers’ messages are frequently presented in the form of songs, which are highly entertaining and hold people’s attention. The clinics attended by women resound with the chanting of these songs.

Much is being done to correct misconceptions about diseases. Although guinea worm enters the body in infected drinking-water, there is a widespread belief that water is harmless and that there is no risk attached to using the same stream for bathing, laundering, cooking and drinking. Health workers underline the dangers and, using materials developed by the country’s Health Education Secretariat with support from UNICEF, explain the proper use of wells and latrines and the need to keep streams and nearby ground free from faecal contamination.

Women

Societal changes mean that women are increasingly having to make major decisions on family life and health, a role for which they are often ill equipped. The health and nutritional status of women, especially during pregnancy and breast-feeding, have a major influence on the well-being of their children. Maternal mortality, which remains high, could be reduced if unwanted pregnancies were avoided through family planning. In turn this would allow women to enhance their contribution to the development process. Most women have limited access to education and information, and also suffer because of their low incomes. Improved education for women could be expected to reduce the risk of their offspring’s mortality by a huge amount, because the dangers of malnutrition and other diseases in children would be diminished.

The need to provide useful information for women at the grass roots triggered the formation of the Sierra Leone Women’s Development Movement, which collaborates with the country’s Federation of Muslim Women and other women’s groups. These women have set up cooperatives and organized workshops, seminars, film shows and drama exhibitions with the objective of providing basic health education and information on family planning. Workshops and courses on food hygiene have also been arranged, one consequence of which is that there have been improvements in the packaging and presentation of food sold to the public.
The Sierra Leone Branch of the Society for Women and AIDS in Africa disseminates information on AIDS to women, paying special attention to those at the grass roots whose access to information is restricted by illiteracy. In urban areas, key members of the community are identified and tribal headmen are advised of the purposes of meetings. In rural areas the local chiefs are informed about meetings and their approval is obtained. Once women are convinced of the organization's sincerity they are usually keen to cooperate, although in some areas there is a reluctance to participate because of fear that people might interpret involvement as a sign that family members had contracted the disease.

Many traditional birth attendants linked to the government do not receive the support they need from primary care centres. Both the Christian Health Association and the Marie Stopes Society train village women as traditional birth attendants and issue them with kits. Village women cannot afford either the time or the money to attend modern hospitals or clinics, and in any case feel out of place in such facilities. They feel comfortable, however, with traditional birth attendants who run their clinics in their own huts. The traditional birth attendants refer difficult cases to health centres, where they continue to monitor the progress of their clients. Although the traditional birth attendants are illiterate, this does not prevent them from keeping records of stillbirths, safe deliveries, infant deaths, and miscarriages by means of coloured counters and a box with coloured compartments. The information thus stored is periodically noted by a visiting field worker. A similar method is used for immunization records. The collaboration between traditional birth attendants and health workers has enabled the government to obtain data from some areas for the first time.

On International Women's Day in 1994, women from all walks of life attended an exhibition on self-help, organized by the British Council. They took part in question-and-answer sessions about their activities and demonstrated that, although they had grown up in a very traditional society, they could openly discuss matters related to their wellbeing and would be able to make a greatly increased contribution to national development if given the freedom to do so.

The media

The Sierra Leone Broadcasting Service produces various health information programmes. One particularly successful and popular radio programme, which has a phone-in facility, is called "What the doctor says". Very simple messages in the Krio language are delivered on a wide range of subjects, among them diabetes, stroke, infertility, sickle-cell anaemia, oral hygiene, abortion and drug abuse. It is planned to produce the programme in other local languages and to introduce a televised version. During a recent cholera outbreak the Health Education Unit used loudspeakers in public places to carry the message of cleanliness and to play songs about oral rehydration therapy.

Theatre groups make a significant contribution to the dissemination of health messages. The Freetong Players, in collaboration with UNICEF, the Marie Stopes Society, the Department of Education and other bodies, have tackled a range of subjects including poor school enrolment and safe motherhood. The group aims to create 50 drama programmes for national radio and television. It
has also produced video and audio cassettes on immunization, family planning and abortion. The actors in the drama groups spreading health messages are all amateurs who believe in the social value of what they are doing. They are partly self-financing but also depend on the generosity of friends. They need and merit a permanent theatre and more substantial funding.

Health workers face the challenge of producing posters and leaflets that are readily understood by illiterate people. Many posters, dealing with family planning, immunization, AIDS, drug abuse and other matters, have been produced by UNICEF in collaboration with the country’s Department of Health. Some carry messages in local vernacular languages.

Libraries and resource centres

In order to facilitate the dissemination and promotion of the considerable quantity of basic information on development which exists in Sierra Leone, the British Council has opened a development information unit in its library. An important aim is to strengthen the flow of information for grass-roots development, relating to such matters as community health, subsistence farming, appropriate technology and small businesses. The unit, which houses documents that may not be widely available, core references and key journals on development and adult education, is heavily used by government departments, nongovernmental organizations and training institutions.

During 1995 the Sierra Leone Association for Archivists, Librarians and Information Scientists launched a development information group, serving to identify, assess, collect, store and make available essential information for improving the quality of life of people in rural communities. Three rural resource centres have been set up.

- The British Council has sponsored one in Newton, a village some 15 miles from Freetown.
- The Sierra Leone Library Board has established one in Bo, the administrative town of the Southern Province.
- The Association has sponsored one in Leicester, a mountain village adjacent to Fourah Bay College.

The third of these centres, opened in 1994, is in a former garage, which the villagers helped to refurbish. The volunteer who mans the centre is given an honorarium. At the inauguration a role play promoting and explaining oral rehydration therapy was performed in Krio. One of the villagers asked the Association to provide newspapers for the literate members of the community and a transistor radio so that it would be possible to listen to “What the doctor says”. A discussion meeting is now held after each programme.

The library of the College of Medicine and Allied Health Sciences donates publications of the Appropriate Health Resources and Technologies Action Group to the Newton and Leicester resource centres. Other libraries make similar donations.

The provision of information for the grass roots is a vital part of any programme intended to improve community health.
Those involved in this task play a major role in the promotion of:

- good health practices in the widest sense, relating to sanitation, drinking-water,
- hygiene, breast-feeding, weaning, oral rehydration therapy and other matters;
- preventive services, among them antenatal and child health clinics, immunization and screening;
- the correct use of medication and the adoption of rehabilitation regimens, for instance in respect of tuberculosis or leprosy;
- the early recognition of disease symptoms and early referral;
- the control and eradication of AIDS and other communicable diseases;
- family planning;
- community support for primary care and government control measures.

Much is clearly being done to inform the people about matters related to health. However, it is important to observe that the messages conveyed through songs, drama, radio programmes, videos and story-telling reach only a small percentage of the population. Getting information to the grass roots is a national responsibility.

The organizations undertaking much of the work of disseminating health information do not have adequate trained personnel, means of transport, audiovisual aids and other equipment. Their voluntary workers, on whom they largely depend, lack incentives and may face hostility and resistance to change in their own communities, and should therefore be encouraged and given reasonable allowances and material support. Unfortunately, some trainers do not keep in touch with the volunteers they have trained. Periodic visits would help to boost the volunteers' morale and perhaps lead to them receiving greater respect from the communities they serve, especially if the trainers openly praised the work being done.

The efforts of volunteers can be complemented by video and film shows, discussion meetings, question-and-answer sessions, and so on. If community members become convinced that they are part of a project, new volunteers are more likely to come forward than would otherwise be the case. Cinemas should show health information films before their main programmes or during intervals, and the same kind of information should be given on radio and television in the national languages at peak listening and viewing times. All schools should be provided with television sets and videos. The formation of health clubs should be encouraged.

The extent of unmet needs in what is a predominantly illiterate society still has to be widely assessed. Ways remain to be worked out for putting the available health information to the best possible use for those who require it most. Every member of society should have access to information about health, particularly in view of the frequent inaccessibility of medical care to the masses because of its high cost. It is therefore important to explore sources and methods of providing health information and to consider how to encourage people to seek it.