

# Health education in the community

## Radio and mobiles for interactive learning

### Ian Pringle

The rationale that underpins the arguments for open and distance learning (ODL) – that the appropriate use of educational technology allows for greater scale and quality of learning while keeping provision costs low – also applies to learning in non-formal and development contexts.

There is great advantage to be found, for example, in applying ODL principles and practices to education about livelihoods and health. Learning needs about health issues, such as maternal and child health, HIV/AIDS and non-communicable illnesses like diabetes and hypertension, are big and growing bigger all the time. These needs are particularly acute in remote and resource-poor areas, and among women. ODL models help us to rethink processes – not only can they change how education is delivered but also how it is designed, ideally facilitating a greater focus on learning and the learner.

The sheer scale of learning needs concerning the sort of basic life skills that underlie livelihoods and health challenges will be most effectively met by leveraging the power of those models and approaches that include not only an increase of scale through the use of technology, but also that reconsider the basic tenets underlying educational provision. We need to focus less on one-way, or information-transfer, models that emphasise experts, and more on two-way, or participatory, models that privilege learners and real life contexts.

### Designing community learning programmes

For the last three years, the Commonwealth of Learning (COL)<sup>1</sup> has been working to develop a collaborative and participatory model of community ODL that uses a blended approach, combining low-cost broadcast media with face-to-face networking at district level.

In tandem with developing and demonstrating the model, COL is simultaneously working to develop capacities among groups in the media, education and health/development sectors across the Commonwealth to elaborate and apply the model.

Working with national and regional partners, community learning programmes have already been developed in Belize and Jamaica; Cameroon, Kenya, Malawi, South Africa and Tanzania; Bangladesh; and Papua New Guinea and Solomon Islands.

What follows is an examination of four key success factors we've observed while working with development and communication groups in building capacities to design and deliver non-formal learning programming using media at the community level. The final segment is reserved for a new direction, namely the integration of mobile phones as part of a multichannel approach.

### 1. Collaboration

Not unlike the innovation of the course team in formal distance education (which saw the introduction of instructional designers), community learning programmes require the active involvement of various groups, each bringing different assets to and playing different roles in the design and delivery processes:

- **Media groups** provide creative and communication expertise as well as broadcast facilities and networks that help realise larger scales of learning.
- **Experts** (both individuals and groups) – for example, doctors and nurses from a district hospital – contribute technical knowledge and confer legitimacy.
- **Community networks** – for example, a women's group federation – are essential in engaging with the real stakeholders, such as pregnant women and new mothers in the case of a maternal and child health programme.
- **Policy groups** – for example, district health authorities – are essential in terms of either linking to official priorities or advocating for community priorities, as well as for providing access to public funds and other resources.

At the community or district level, it is rare that any one group will have the knowledge, skills or resources to realise quality health or development-oriented educational programming on their own. Collaborative approaches that bring groups together into win-win partnerships, however challenging, are a proven strategy.

In Bougainville (Papua New Guinea), the community learning programme *Bugenvil Mere Tede* (Bougainville Women Today) is led by a private, public-oriented radio station, New Dawn FM. It is run in collaboration with doctors from the local hospital and the health office as well as the women's network of the Bougainville Interchurch Council, and is supported by the Ministry of Community Affairs. Each group brings unique and complementary assets to the process; for example, New Dawn reaches a large geographic area using FM radio, and the Interchurch Council engages a broad network of women using face-to-face interaction.

In Belize, *Life Updates*, a healthy lifestyle programme that deals with diabetes, hypertension and substance abuse, is a collaborative effort among the Toledo Mayan Women's Council and Youth Arm that works with local health clinics, the Ministry of Health and local radio stations. During the first phase of the programme, in 2010, the lion's share of the work fell to the media partner, the Ak' Kutan radio service of the Tumul K'in Center of Learning. To address this issue, in the second phase, initiated in July 2011, all partners agreed to sign a memorandum outlining clearly each group's roles and responsibilities. The partners also had to commit to being



involved in the programme management team, which met bi-weekly to plan and approve programme content and delivery.

## 2. Participation

A participatory approach to educational programming starts with decision-making by the target community about the priority subjects for learning programmes and continues through the design, implementation and evaluation phases. In contrast to a one-way transfer of expert messages to ignorant learner, a participatory approach demands an open-ended process in which dialogue between and among citizens and learners, and experts and authorities, informs both the form and content of the programming.

A practical area in which COL and its partners have seen success is in the development process for community learning programmes. Week-long programme design workshops bring together representatives of key groups and constituencies into a collaborative process in which they decide collectively on programme topics, formats and strategies for off-air learner support. Participants identify key messages and learning objectives, working them into a 3 to 12-month programme schedule.

In the design workshop for *Me an Mi Baby Too*, a learning programme about maternal and child health, held in the parish of St Mary, Jamaica, in July 2011, nurses and health educators from local clinics and the district health services worked alongside pregnant women and community representatives, ensuring that the programme's key messages were both accurate and, more importantly, contextually relevant and appropriate.

## 3. Stories and experience as learning content

Community learning programmes about health issues like HIV/AIDS and maternal health place a high priority on educational content

that reflects lived experience of the issues at hand and reinforces key learning messages through real stories. The involvement of experts is also critical – both for accuracy of information and for the credibility of the programmes overall; however, expert information alone is not enough. Ideally, programming should integrate both expert information and lived experiences that illustrate the benefits and consequences of particular practices and behaviours.

Simone Simpson, a producer participating in a skills workshop on developing community learning programmes in Kingston, Jamaica, put it very succinctly: 'My grandmother used to say: "Smart people learn from experience. Smarter people learn from other people's experience".'

Drawing on the power of identification and emotional response, the real experiences of a diabetic or the family member of a diabetic are likely to have a greater impact on learning and behaviour than a doctor or nurse instructing people on the dangers of diabetes.

The third episode of the *Phukusi la Moyo* programme, which airs in the Mchinji District of Malawi, provides a good example. In a 30-minute programme on danger signs for pregnant women, the programme leads with sound bites and then longer excerpts of interviews of three women who share their experiences of dizziness and swelling, losing water and excessive bleeding prior to delivery. This is followed up by interviews with a clinical officer and a midwife from the district hospital.

## 4. Blended and multichannel learning

Educational media programmes are most successful when they interface dynamically with community networks and educational and development initiatives. Face-to-face interactions – for example, in listening and discussion groups – are important for various reasons. They permit learning content to be interpreted and

contextualised, and allow for questions and discussion, particularly in terms of what actions to take and what challenges lie ahead. Face-to-face interactions also enable feedback on the programme content and approach.

In Malawi, *Phukusi la Moyo* (Bag of Life), a community learning programme about maternal and child health, combined a weekly 30-minute radio programme with listening and discussion sessions among 120 health groups, involving as many as 3,000 women in deliberating on the key messages associated with each episode and mobilising the community around them.

In the Kibwezi District of Kenya, the key messages of the weekly *Imanye Wivange* (Know Your Status, Take Control) radio programme are reinforced by a network of 50 community health workers who each meet regularly with a catchment of 20 households. In Upington, South Africa, the key messages in *Summer for All*, a programme about HIV/AIDS broadcast on Radio Riverside, are discussed in group meetings organised by clients of the Northern Cape AIDS Forum.

## Mobile phones and media

Although conventional mass media, particularly radio, remain the most accessible learning technologies on offer in many developing areas of the Commonwealth, mobile telephony has great promise. Mobile phones can make important contributions to each of the three key pillars of open and distance learning (ODL) – learning materials, learner support and logistics.

In the context of community learning programmes, the strengths and weakness of mobile phones and broadcast media are proving highly complementary. Broadcast media, like radio, have a number of shortcomings when it comes to delivering participatory learning programmes. Radio is a one-way technology: you cannot know who is actually listening, how listeners are using the programme or whether or not they are learning anything at all. There is no feedback, no interaction. Broadcasting is also a 'push' technology: listeners have to tune in at a certain time to hear it. Mobiles also face limitations as a learning technology: they remain costly to use, and they are generally conducive only to individual use and for accessing content in very small bits and pieces.

And yet, together, mobile phones and media are proving to be a winning combination. Learning programmes can use phones to interact with learners – register them, provide learner support and assess learning achievements – overcoming barriers faced by radio and other traditional media. Learners can access educational content as and when they need to. Radio, on the other hand, provides for an engaging and collective learning environment that can reach large numbers with a single broadcast at low cost.

Mobile phones are proving useful in developing and delivering participatory content. They can be used to conduct interviews, at a distance, with both experts and citizens. With software applications like Freedom Fone, GRINS and LIVES, learning content in audio format can also be made available. Developed in Zimbabwe, Freedom Fone stores audio content on a server that people can access on their phone through an interactive voice response system. Callers can choose the content they wish to hear – it could be key messages from the programme, related experiences as shared by their peers, micro-serials or entire programmes.

Mobiles are also proving useful in supporting learners in other ways, though discussion fora, either using social networking services like Mxit and Facebook, or through direct text and voice exchanges among listeners in small groups.

Mobile phones are also proving invaluable in supporting logistics and assessment. Reminders can be sent as SMS messages, listeners can register and signal their attendance; likewise, SMS facilities can be used for simple quizzes that help producers know who is listening and whether people are learning the basic messages.

The *Summer for All* programme in Upington, South Africa, uses *please call me* messages to interact with listener-learners. A *please call me* (PCM) is a free service in South Africa that allows mobile phone users to send five free text messages a day requesting the recipient to call them back. The first time the Media and Training Centre for Health (MTC) tried it following a broadcast, they received 20 PCMs within 5 minutes. The initial success of the strategy prompted them to take it further. The programme presenters at Radio Riverside started asking all listeners to send a PCM message, which they followed up with phone calls. MTC compares responses from those learners on the database with other listeners to see how many other people are listening regularly. It encourages non-group listeners to join a learners' group. Using both text messages and voice calls, MTC asks listeners questions that help them to get feedback and input about the programme.

## Concluding thoughts

The knowledge needed to prevent or solve health problems is often simple; however, the processes required to make learning relevant and accessible, to realise knowledge acquisition and to enable individual and collective action about health and community development rarely are.

COL is therefore concerned with educational and developmental processes, as well as with models and flexible methodologies that make possible health and developmental learning and that bring about positive behavioural and social change.

COL's Healthy Communities initiative applies the principles and practices of ODL to non-formal education and training – helping citizens to learn about their own health and well-being and helping communities to dialogue and work towards solving community health and other development issues.

### Endnote

- 1 The Commonwealth of Learning (COL) is an intergovernmental agency established in 1987 with a mandate to build capacities of groups to use media and technology to expand the scale, scope and quality of learning.

**Ian Pringle** is Education Specialist in Media at the Commonwealth of Learning (COL). He has worked with community and public media for the past 20 years in Canada, where he was born and raised, and later in South Asia (including Nepal and India), at UNESCO Paris and elsewhere. He lived in Vancouver from 1991 to 1997 working with a variety of media, including radio, video and the emerging internet. Then, as now, the focus of Ian's work has been on using local media as tools for empowerment and community development.