

Widespread and participatory learning about health

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The Commonwealth of Learning (COL) is an intergovernmental organisation created by Commonwealth Heads of Government to help governments and organisations expand the scale, quality and efficiency of learning through the use of technology. COL's Healthy Communities initiative has made a difference to the lives of tens of thousands of women and their families living in remote and rural communities through increased access to quality learning opportunities about local health priorities.

Non-formal learning at large scale

Affordable, appropriate communication channels – including digital audio, radio and mobile devices – enable access to learning by large numbers of citizens at low cost. Participatory approaches and quality content ensure relevance and results. Open and distance learning (ODL) methods offer three major advantages in health education and training: large scale, high quality and low cost.

A compelling example of participatory ODL can be found in the Mchinji district of Malawi. Each week, as many as 3,000 pregnant women and new mothers sit together in small groups listening to *Phukusi la Moyo* ('Bag of Life'), a 30-minute radio programme about maternal and child health, discussing key messages and

actions. Broadcast coverage extends to the 15,000 women who become pregnant in the district each year and to the mothers of 125,000 children under the age of 5, among a total potential listenership of 360,000 (MaiMwana, 2009).

In India, tens of thousands of women and their families in 20 communities in 10 states now have access to health ODL programmes, all in local languages, all tailored to the specific needs of local learners and stakeholders, all designed to improve women's health awareness. As many as 180 hours of specialised content are delivered per community in daily 15 to 30-minute radio programmes, publicly supported through the national Science for Women's Health and Nutrition initiative¹.

In both cases, reach extends to under-represented and marginalised groups, for whom learning opportunities about local health and development issues are limited or non-existent.

Quality assurance

Quality is essential for all involved – from learners and local stakeholders to policy-makers and sponsors. ODL programmes are based on local needs, with formative research to understand the socio-economic, demographic, media and health profile of learners

Maternal health

"It's 3 o'clock; you're listening to *Mudzi Wathu* Community Radio Station."

Meet Hilda. Hilda and 12 other women are sitting around the radio under a baobab tree. They are listening together to a radio programme on maternal health.

Two years ago, Hilda's sister died while giving birth because she had no professional support and did not make it to the hospital in time. Hilda got a group of women together who wanted to do something about the high level of maternal mortality in the area. They go door to door to inform women on issues related to pregnancy and delivery. The radio programme provides them with information on these issues. Today's programme is about healthy foods for pregnant women and the need for rest during pregnancy.

Hilda smiles when in the middle of the programme, songs on pregnancy and childbirth are aired. Hilda's group wrote and performed these songs – they are listening to their own voices, their own stories and their own ideas (van Kampen, 2012).

Sharmila's day

Sharmila, 30, baker; regular listener to *Science for Women's Health and Nutrition* on Sivanthi Community Radio, India

Sharmila's day begins at 3 am, when she and her husband prepare and bake the breads, buns and cakes that they supply to local bakeries. By the time she gets her children ready for school and cooks for the day, it is nearly noon. Invariably, she would end up skipping breakfast. But that was before *Thayum Seyum* ('Mother and Child') began airing on the local community radio. After listening to the programme series by Dr Rajini, Sharmila is now particular about taking three meals a day. She understands the need for a balanced diet both for herself and her children. She participated in the camp on anaemia and is able to identify its symptoms. Sharmila is now better informed with regard to child-care issues: she understands the need to spend time with children for emotional bonding and the importance of sending children to school regularly – something that her parents and in-laws do not understand and which she came to understand through the radio drama on school drop-outs.



Photo: Commonwealth Secretariat/Rebecca Nduku

Shaping radio content and delivery: women's conversations and oral tradition

and participatory principles guiding design, implementation and evaluation. Programmes are guided by a common vision, employing appropriate local strategies and involving local stakeholders as partners.

Planning for the Science for Women's Health and Nutrition initiative series is based on detailed baseline studies conducted among 1,000 households. It not only captures local health issues and ensures relevant and meaningful content, but also engages 1,000 women as listeners, learners and participants.

In the case of *Phukusi la Moyo*, programmes share stories of women's experiences of pregnancy, childbirth and caring for babies – both positive and negative, in their own voices. "By knowing the problems it is easy to find their solutions or alternatives ... Because what was being aired in those programmes is exactly what happens."²

Impact

Research shows that participatory ODL programmes result in individual and collective learning, which in turn contributes to behavioural and social change. Research by Farm Radio International about participatory radio campaigns clearly shows an increase in knowledge and resulting behaviour change. A randomly selected group of 4,800 farmers in 90 different communities across 5 participating countries were surveyed about campaigns designed to promote uptake of farming improvements. Over 80 per cent of respondents that listened to 100 per cent of the campaign demonstrated detailed knowledge of the improvement, another 17 per cent had good knowledge, and none had little or no

knowledge. Fifty per cent of respondents who had listened to 100 per cent of the participatory radio campaign episodes started practising the featured improvement after the campaign began. By comparison, only 9 per cent of those who had not listened to any of the campaign adopted the practice (Perkins and Leclair, 2012).

An evaluation of *Phukusi la Moyo* suggests that 66 per cent of women have learned the importance of key messages – such as going to the health clinic early in order to deliver their babies – with a strong sense of identification and ownership. In a powerful illustration of local ownership, 66 per cent of women's groups surveyed were prepared to contribute a median value of US\$1.20 per month to the ongoing sustenance of the programme (Wood, 2011). Although this amount would only represent 25 per cent of the total cost of the programme, it represents a powerful demand for the programmes and an equally strong leverage for buy-in from other stakeholders.

Question: How do you engage large numbers of citizens in active learning about health?

Answer: Start a compelling district-wide conversation with local media.

Of 2,500 women surveyed, each earning less than US\$2 a day, 84 per cent wanted better health-care information; however, only 39 per cent wanted it through a mobile phone (GSMA mWomen, 2012, p.13), suggesting that blended approaches, including broadcasting, better suit these women's circumstances.

Value for money

Non-formal ODL can keep costs low in several ways, particularly in comparison to conventional approaches to education and extension. Audio content on FM radio, online and mobile devices is inexpensive to produce and distribute. Digital technologies allow programmes to be archived and rebroadcast and replayed, increasing the reach of each episode and lowering cost. Collaborative approaches highlight in-kind and voluntary contributions from stakeholders with mandates to improve health and well-being, from district health offices whose staff contribute expertise, to NGOs that provide transportation, to community representatives who volunteer their time and knowledge of local contexts.

In the case of *Phukusi la Moyo*, the cost per active listener³ in the first year was approximately US\$5, including the design and delivery of 26 hours of learning content covering key issues in maternal and child health. The series has been rebroadcast twice, further reducing costs per learner.

In the case of participatory radio campaigns researched by Farm Radio, the average per-adopter cost ranged from \$0.30 to \$3.00, with an average cost of about \$1 per adopter (Perkins and Leclair, 2012).

Success factors...

... in ODL for health

1. **Appropriate technologies** that maximise reach and minimise costs per learner.
2. **Focus on local priorities** to ensure relevance and buy-in.
3. **Participation** of target audience, from programme design to evaluation.
4. **Collaboration** among target audience, health experts and officials, policy representatives and media workers.
5. **Engaging formats**, including story-telling and experience-sharing, folk culture, drama, music and quizzes.
6. **Blended approaches** that combine media content with face-to-face interaction, e.g. discussion groups, as well as mobile telephones and other new media.
7. **Low-cost approaches** that maximise voluntary inputs and local ownership.
8. **Local resources**, financial and otherwise, as the best guarantor of sustainability.

Conclusion: what's needed from health ministries?

1. Recognising local communication and platforms, e.g. media and mobile phones, as effective means to engage large numbers of citizens in health promotion.
2. Directing public health machinery at the local level to innovate, collaborate and partner with community learning initiatives, e.g. in monitoring health outcomes, publicising campaigns.
3. Making financial and non-financial inputs to community learning programmes, e.g. experts' time, operational funding.

Endnotes

- 1 Science for Women's Health and Nutrition is run by the Commonwealth Educational Media Centre for Asia with funding from the National Council for Science and Technology Communication (NCSTC), Department of Science and Technology, Government of India.
- 2 Comments written by the Kavina Women's Group (ID: 3306, Nodal Office Kapiri) in response to what they liked about *Phukusi La Moyo* (Wood, 2011).
- 3 An active listener is understood to be a regular participant in weekly listening and discussion groups.

References

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