

# Participatory learning for water and sanitation

by John Hubley

**Appropriate training is essential if fieldworkers are to become effective catalysts in helping communities to make informed decisions about their water supply and sanitation systems.**

COMMUNICATION AND health education are essential in water supply and sanitation programmes in order to ensure the adoption, use, and maintenance of water and sanitation systems and accompanying hygiene practices.<sup>1</sup> It is recognized increasingly that the approach used should move beyond persuasion to include developing community participation and helping people make informed choices about technologies. Most programmes find themselves having to mobilize an infrastructure of fieldworkers, either within their own services or from other voluntary or statutory agencies. A key ingredient of this mobilization is training. A criticism of many of the training programmes carried out is that they tend to concentrate on giving facts and technical information on construction skills only. Insufficient attention is given to developing both communication and community participation skills, and strategies for dealing with

the many problems faced in promoting health behaviour.<sup>2,3</sup> Furthermore, the teaching methods used often involve formal didactic sessions of one-way teaching rather than alternative approaches encouraging active participation with discussion, dialogue, and a sharing of experiences. This article describes a series of participatory learning exercises that have been developed by the author for training in water and sanitation, and used in communication courses for Southern fieldworkers held in Leeds, in the Netherlands, and in India.

## 'Victim blaming'

'Victim blaming' is health education which tries to make individuals change their own behaviour, but which takes no account of the outside forces, such as money, time, and pressures from others, that can prevent a person from acting even if he or she is convinced.

A common example of victim blaming is the singling out of women as the targets for health education without providing some means to help them. The cartoon from David Werner's remarkable book *Helping health workers learn* (below) can be used to bring out this victim blaming.<sup>4</sup> It can be shown to a group either on a slide or overhead transparency. Participants are asked to say what they think the audience in the picture are thinking when they receive the message from the nurse. A simple role play can be developed from this situation, where participants take up the exact positions of the audience and voice aloud their thoughts.

## Understanding participation

The theme of community participation is explored in the next exercise. It is particularly useful for showing the problems of community participation, especially when a programme imposes a particular solution on a community.

One of the fieldworkers being trained is asked to wait in a separate room while the remaining members of the group (which can be any number from eight to twenty) are briefed. They are asked to imagine that they are

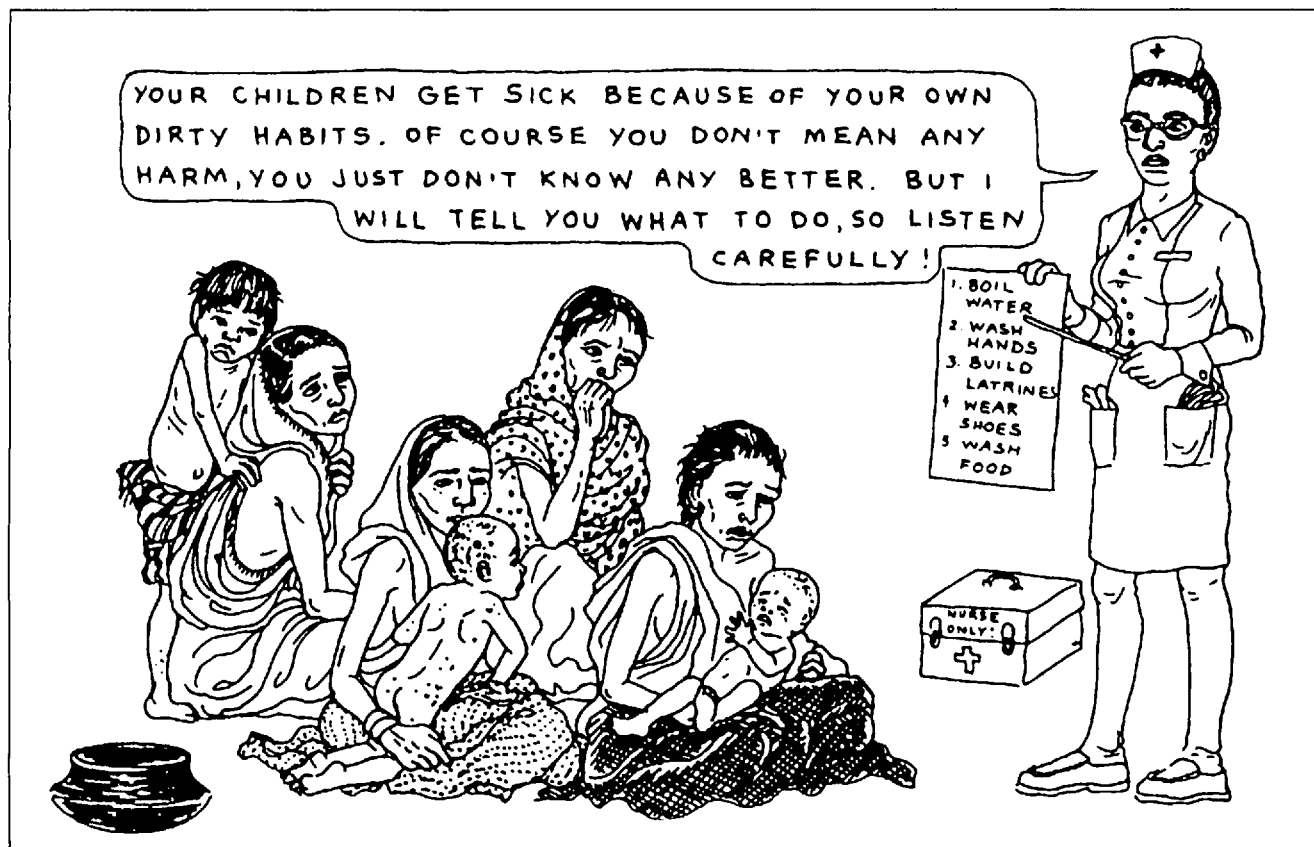


Figure: Cartoon from *Helping Health Workers Learn* used for role play.



Teaching methods should encourage active participation with discussion, dialogue, and a sharing of experiences.

villagers. They have to assign themselves typical roles of elder, mother, shopkeeper, farmer, chief, health-worker, and so on. By encouraging them to decide what the community looks and feels like — including the problems, needs, and history of conflicts and tensions — the group builds up a real community which they identify with. They are told that a person from the government is coming to speak to them and they should prepare to receive him or her. But they do not know why the person is coming.

The individual person is given a briefing along these lines: 'You are a health educator attached to Chikoka District. Your project manager has set a target that at least 30 per cent of the

villagers should have pit latrines built and in use by the end of the year. A health worker from the health centre has reported that none of the households in Choma village have built pit latrines, and you are going to persuade them to begin to build some. You are in a hurry as you have to go on to another health centre 50 kilometres away for a meeting and the roads are very poor. You conduct your meetings in a formal, distant manner and do not have time to listen to the villagers problems that do not involve sanitation. You know that if you do not meet your target you may lose your job.'

The role play starts with the arrival of the 'fieldworker' in his vehicle. The

community greets him or her and the meeting is allowed to run for at least twenty minutes or longer. The responses of the community to the fieldworker can be very strong, everyone has fun, and it is explained that the fieldworker was acting to a brief. If there are sufficient participants there can be two groups, with the person selected to be the 'fieldworker' in the second group briefed to take a different approach, for example to spend more time listening before raising sanitation. If a video camera is available it can be useful to record the session and let everyone watch afterwards. In the discussion of the role play many relevant points about community participation are usually brought out by the participants, especially the need for a systematic, planned approach involving:

- showing respect for the community and establishing rapport;
- having a proper dialogue, not a one-way conversation;
- explaining honestly to the community one's role and limitations;
- finding out in advance what the issues of concern to the community are; and
- understanding divisions and conflicts which might affect the community.

In this discussion the point can be made that community participation is a process which takes time to establish, and that targets should allow for the initial phase of establishing rapport and understanding the community.

**Table 1. Statements on cards used in the role play.**

<b>Householder</b>	I would like to have a latrine but it costs too much. I am afraid to borrow money to build one.
<b>Grandmother</b>	Children get diarrhoea because of the hot weather. We have to expect that. It can't be helped.
<b>Man</b>	I agree that a latrine is convenient and private. But what if it gets smelly and full of flies. People will laugh at me for building one.
<b>Man</b>	You advise me to build a latrine for the whole family to use. That will not work. How can I be expected to use the same defecation place as the women?
<b>Man</b>	Somebody is practising witchcraft in the village. That is the real reason why so many of our people are sick.
<b>Man</b>	Why should I contribute labour to this water scheme? Is it not the responsibility of the government to build it?
<b>Elder</b>	Why do we need latrines? There is enough room in the bush for everybody. We are used to it. There is no need to change our ways.
<b>Woman</b>	All children under five get diarrhoea. It is natural for them. I would not worry.
<b>Woman</b>	You want us to build a latrine. If we do that it will mean more work cleaning and fetching water and I do not have enough time even now for my duties.
<b>Woman</b>	I have to handle children's faeces all the time. They are harmless. Why do we need to force our children to use the latrine and dispose of their faeces in the latrine?

### Developing skills

When looking at the technical aspects of hygiene practices and water and sanitation it is easy to forget that change ultimately comes from ordinary people making decisions about the things that will affect their own lives. The more education and training we have, the more difficult it can be for us to understand how the community thinks and feels, and this can lead to us giving irrelevant and unhelpful advice. This role play exercise helps the participants understand the reality of what is involved in influencing change, as well as developing an understanding or empathy for the community. The problems and possible solutions become much more real when they are acted out rather than simply intellectualized through abstract discussion. It is particularly good to make men take the role of women so that they realize the constraints under which women have to work!

A series of cards have been prepared each of which makes a particular

**Table 2. Content of cards used in communication stages exercise.**

<i>Communication stage (first set of cards)</i>	<i>Examples of failure (second set of cards)</i>	<i>Points to bring out in discussion</i>
Reaching intended audience	Only men were at the public meeting. The women did not hear about the water programme and did not participate.	Ensure that your intended audience will be present, see the posters, listen to the radio broadcasts.
Gaining the attention of the community	The sanitation exhibition at the agricultural show was boring, with only a few posters. People walked by without stopping and went on to look at the other stuff.	Make your communication sufficiently interesting to draw people's attention away from other competing attractions.
Being correctly understood	The sanitation fieldworker used complicated terms such as faecal-borne diseases, stools, and bacteria. The community nodded politely but did not know what he was talking about.	Use simple language and try out communication (pre-test) with a sample of the intended audience to make sure it is understood.
Convincing the community	The fieldworkers explained that latrines were needed because people passed on bacteria and disease through their faeces. The community were polite and thanked the fieldworker for coming. Afterwards they laughed at how anyone could be so foolish as to believe that something so small could make a person ill.	Find out what the community already believe about the topic and whether cultural beliefs are involved. Try and build in demonstrations where people will directly see the benefits of taking action. Find out who are the trusted people in the community and use them as communicators.
Changing behaviour	The community was convinced of the importance of pit latrines and wanted to build them, but it did not have any cement to build the slabs for the base.	Ensure that 'enabling' factors such as materials, money, and time are available and that necessary skills are demonstrated.
Improvement in health	Everyone in the community followed the fieldworker's advice and built VIP latrines. But the children were afraid to use them, so the levels of diarrhoea did not decrease.	Check that the actions you are recommending in your communication messages will actually lead to improvements in health.

statement. These statements are shown in Table 1 and are based on both personal experience and literature on typical problems and obstacles to the adoption of new practices. It is always useful to keep some blank cards on hand in addition to the prepared cards, in case the participants raise any special problems that they have encountered in their health education.

Participants are asked to form groups of four. One person selects at random one of the cards and then has to represent the person making the statement. Another person is assigned the role of the fieldworker and has to respond to the situation on the card and give appropriate advice. The other two act as observers and will later be asked to comment on the interaction. After five to ten minutes the role play is stopped and another participant selects a different card, takes on that role, and receives advice from another member of the group.

Discussion and feedback from this exercise can take place in a number of ways. Participants can summarize on a large sheet the characteristics of helpful advice that they saw being given, and on another sheet, that of bad advice(!) In this way simple principles of advice-giving and counselling can be derived by the participants themselves from observations, for example the importance of finding out what people believe, making advice simple and relevant, and avoiding imposing

one's own values on the other person. Discussion is encouraged about the reasons for the beliefs contained within

the statements and the factors which underlie traditions and customs. The importance of 'enabling factors' and

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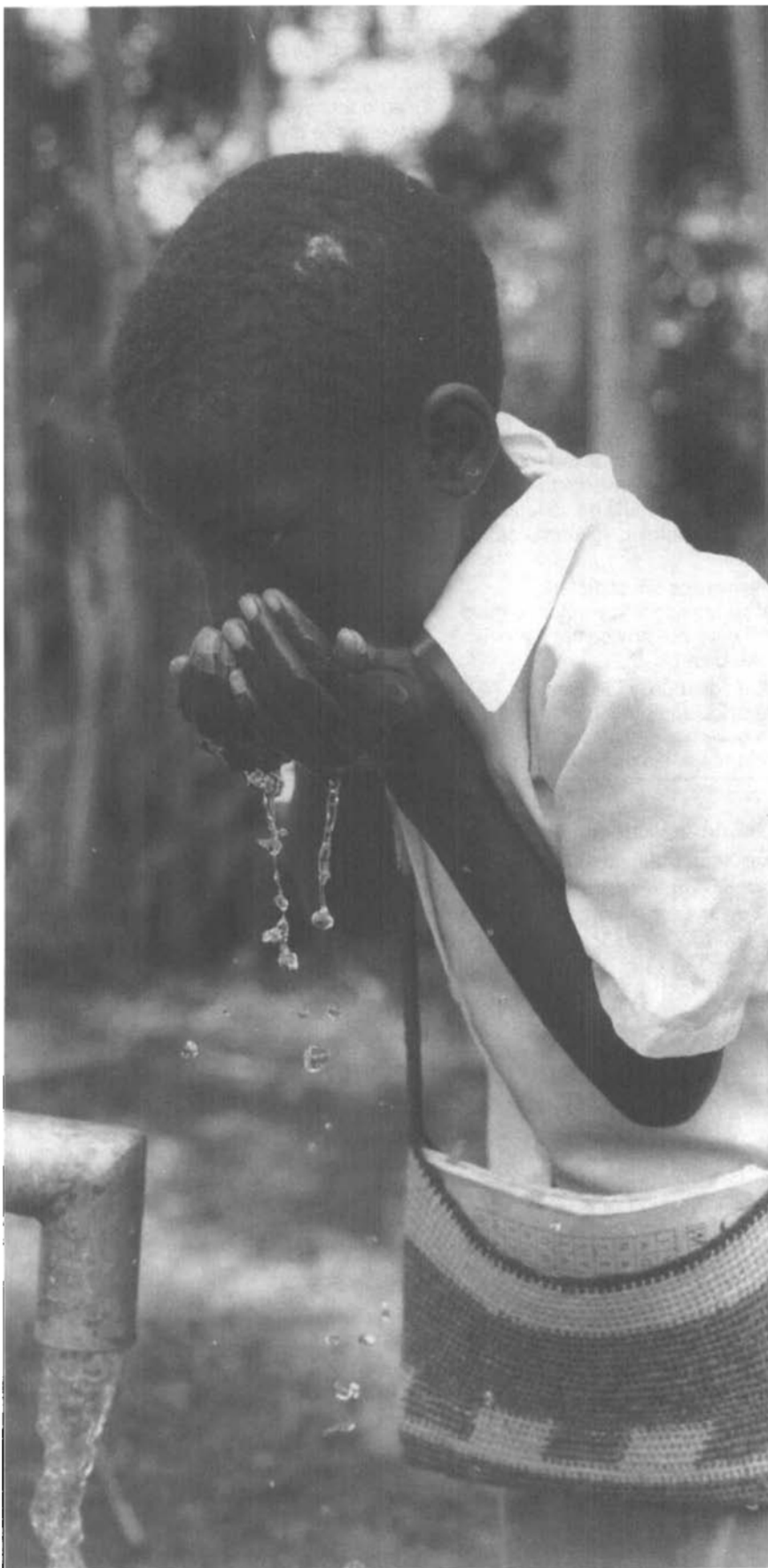
Is your organisation based in Sub-Saharan Africa? Does it have an interest in one or more of the following:

- rural water supply
- small-scale irrigation
- ram pump manufacture?

The May and September courses are designed for technical staff from water-supply organisations in Africa. They will last four weeks and cover the appraisal, design and installation of water supply and small-scale irrigation systems using hydraulic ram pumps. The course held in June will cover the manufacture of suitable ram pumps in a small workshop and may appeal to people from other kinds of organisation.

If you would like to send staff for training, please contact us immediately, telling us as much as you can about your organisation and the kind of areas in which you work.

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*Good communication results in learning that lasts for a long time after fieldworkers are gone.*

'victim blaming' can be raised. Participants can be invited to suggest how they might respond to the issues raised by the community and introduce new ideas, while showing respect for the community's beliefs. The discussion can be broadened to cover general

barriers — cultural, social, and economic — to behaviour change.

### Communication stages

This final exercise is used to develop general concepts of communication

planning. It is based on an analysis described elsewhere by the author<sup>2</sup> which separates the elements of the communication process into a series of distinct stages starting with reaching the audience, gaining attention, being understood, changing beliefs, changing behaviour, and finally influencing health. Communication failure can occur at each of these stages and careful planning based on an understanding of the community is needed to ensure effective communication.

Each of the six communication stages in the first column in Table 2 and the statements containing examples of communication failures shown in the second column are written on cards 12cm<sup>2</sup>, making 12 cards in total. The course participants are first asked to place the communication stages in the correct order. Then they are asked to place the cards describing failures next to the stage at which the failures occurred. This exercise is followed up with a discussion of how failures at each stage can be avoided by careful planning. Some of the points that can be brought out in discussion are listed in the third column of Table 2. These include:

- the need to ensure that the message actually reaches the intended audience;
- the importance of making the message interesting so it attracts attention;
- the need to test the wordings and pictures to make sure that they are understood;
- the importance of working within the local belief system wherever possible and using respected members of the community as sources; and
- the importance of making advice affordable, practical, relevant, and based on a sound understanding of the community. ●

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