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<td>Author(s)</td>
<td>Bukenya, Gilbert.</td>
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Posters, The Media And Diarrhoea Disease Control:
A Case Study

By

Gilbert Bukenya
POSTERS, THE MEDIA AND DIARRHOEA DISEASE CONTROL: A CASE STUDY

INTRODUCTION

Diarrhoeal diseases continue to be a major health problem in the developing world. It is feared that the problem may be worsening in some areas where knowledge and resources are most lacking. It is estimated that diarrhoeal diseases account for about 3 to 5 billion illnesses per year and that of these 5 to 10 million episodes result in death. Most if not all the illnesses and death occur among children under five years old. Factors that contribute to the aetiology of diarrhoea appear to be similar in most developing countries, although they may differ in importance from one area to the other. The factors include: the infrequent use of water for hand washing especially after defaecation; use of contaminated water for drinking; indiscriminate defaecation; cohabitation with animals; lack of awareness regarding food hygiene; poor nutritional status; and lack of awareness regarding proper care of the sick child. All the factors mentioned above are commonly observed in Uganda and Papua New Guinea, the two countries that form the basis for my case study.

Case study 1: Promotion of ORT through a poster in Kasangati defined area of Uganda.
Case management is still a priority strategy for control of diarrhoea disease in Uganda. This is because of the more immediate need to reduce diarrhoea-associated deaths, malnutrition and treatment costs.

Recognising that Oral Rehydration Therapy (ORT) is cheap, effective, simple, safe, acceptable to communities, and can be administered by mothers in their homes, the Uganda Government launched a country-wide campaign of promoting ORT in 1983.

Kasangati defined area was one of the areas selected for testing methodologies that would be most appropriate for the promotion of ORT. An evaluation of ORT use was carried out by the Institute of Public Health. Results showed an Oral Rehydration Salts (ORS) access rate at the health centre of 56.4% and an ORT use (that is, the giving of oral rehydration solutions during an episode) of 4.2%. There was therefore, a poor ORT use in the area.

An ORT promotion exercise was embarked upon. The aim was to disseminate information about ORT to as many mothers as possible in the study area. It was hoped that at the end of the campaign, most mothers would not only know the importance and use of ORT in the management of diarrhoea but also would have changed their practice towards ORT use.
Designing the message

It was decided to design a message that was simple, and whose events were dramatic, so that it would attract attention of the target group. We also wanted a message whose meaning would be very easily understood, which would change mother's practice towards management of diarrhoea, and which was culturally acceptable. Most mothers in this area know how to read and write in the local language.

The message to be conveyed was in two parts; firstly that diarrhoea can result in the death of a child, and secondly that death can be prevented if the child is given oral fluids early in an episode of diarrhoea.

Figure one shows a design that fulfilled the above criteria. In brief the poster shows one mother crying after losing her baby to diarrhoeal illness. The baby is wrapped in a traditional bark cloth ready for burial and in the back-ground is the grave. A message written in the local Luganda language reads "Diarrhoea Kills". Below this sad event is a picture of another mother who is giving oral fluids to a child. A message also written in the same local language reads that "Start oral rehydration as soon as your child gets diarrhoea". The government was promoting oral rehydration sachets which could be obtained from the clinics. A sample is shown at the bottom of the poster.
Delivery system

A poster was chosen as the delivery system for the message because it was the most appropriate in the circumstances prevailing then in Uganda. Radios or televisions were not available because most of them had been looted from people during the war. Newspapers were very sporadic and in any case their circulation was limited to the city. Home visiting was not possible because of the insecurity in the area. Health education talks were also inappropriate because of lack of manpower.

Results of Pilot study

The poster was pilot tested at Kasangati Health Centre using mothers that brought their children for immunization and for monthly weights and heights. The mothers were not told about the poster at all and the usual routine was kept. At the end of each session mothers were asked if they had seen the poster on the wall and what they learned from it.

Table one shows the responses of 193 mothers interviewed over a period of one month. Answers to their interpretation of the message conveyed in the poster have been classified into correct or incorrect.

Most mothers saw the poster (87%) and interpreted the message of the poster correctly (93.5%).
This simple case study clearly shows that health education materials can be designed locally to meet their objectives. Such designs need not be artistically good in order to convey the message. The most important criterion to remember when designing is that the message displayed must be culturally acceptable. Although the results shown are very encouraging, one should not conclude that this pilot test was a success and therefore go on to a wider campaign. There is no proof that the message changed the mothers' practice and they were therefore going to use ORT if their children got diarrhoea. We had planned to investigate the change in practice by monitoring ORT use, ORS demand, and incidence of severe dehydration at the health centre. Unfortunately this part of the study was abandoned because of an escalation in the civil war.

Case study two: Involving the media in a primary health care programme in Papua New Guinea.

In Papua New Guinea, it has been realised that almost all factors involved in the causation of diarrhoea can best be controlled through a primary health care system. A pilot programme (Figure two) has been started in Kilakila Horse Camp, an urban settlement in Port Moresby, the capital of Papua New Guinea. This is a people's programme that was initiated by the settlement's development committee. To assist in the
planning and implementation of the programme, a multisectorial committee was formed. This comprises representatives from various government departments (Health, Education, Police, Youth and Home Affairs, Primary Industries, Agriculture, and Communication) together with representatives from the Department of Community Medicine at the University of Papua New Guinea, WHO, UNICEF, and the local Media. The local media represented included the television network and two local newspapers.

Each represented institute/department has its role to play in the programme on an equal partnership basis. The media are responsible for reporting the activities taking place in the settlement, informing the community of any campaigns to be carried out eg immunization, and are involved also in the design and implementation of health education messages.

The programme is still in its infancy but has already shown its impact. The local television has shown a number of programmes on the activities that are taking place in the settlement, ie women groups involved in home gardening, an immunization session in progress, and a clean up campaign. The newspapers have printed activities in the settlement aimed at controlling diarrhoea. Soon we are embarking on health education messages.
Lessons learnt from these studies.

Health education is going to play a central role in the improvement of the health status of communities in developing countries.

Clear and acceptable health messages can be locally designed with the help of the local media.

The media is already very influential with our children. Health planners should immediately capitalise on this fact to use the media in the propagation of health messages through a Child-to-Child education programme.

The media can very easily mobilise people and should be involved on an equal basis with other organizations in health promotion campaigns such as an immunization programme.

In conclusion, I would like to thank the organizers for inviting me to attend this very important symposium. This is the second gathering I have attended involving the media. As a health worker, I have learned that media people are more than willing to participate in health promotion exercises and that they are not what we thought of as busybody headline hunters who nose around for scandals only. I hope our colleagues in the media now know that we are not that bunch of arrogant, secretive non-communicators, but humble
bunch of arrogant, secretive, non-communicators, but humble workers willing to participate with others for the improvement of health of our peoples.

Thank you.

Reference


Figure 1 The poster that was used to promote Oral Rehydration Therapy in
The Kampala Hospital of Uganda.
Table 1: Shows the responses to the poster of 193 mothers interviewed over a period of one month.

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<tr>
<th>Observations</th>
<th>Response</th>
<th>Number</th>
<th>% of total</th>
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<tr>
<td>Was the poster seen?</td>
<td>Yes</td>
<td>168</td>
<td>87</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>25</td>
<td>13</td>
</tr>
<tr>
<td>Interpretation of the poster</td>
<td>Correct</td>
<td>157</td>
<td>93.5</td>
</tr>
<tr>
<td></td>
<td>Incorrect</td>
<td>11</td>
<td>6.5</td>
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Figure 2 Shows the diagramatic representation of Kilakila Horse Camp settlement Primary Health Care Programme in Papua New Guinea.