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University of Zimbabwe

Production, distribution and problems experienced with health education materials in two districts of Mashonaland East Province, Zimbabwe

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Abstract

Objective: To identify the production, distribution and problems experienced with health education (HE) materials in two districts of Mashonaland East (Mash East) province of Zimbabwe.

Design: A descriptive survey conducted in the rural districts of Mutoko and Murewa within the Province.

Methods: The researcher interviewed four doctors, 30 nurses and 10 allied health workers who had been conveniently sampled.

Main Outcomes Measures: The types of health education materials available, whether field-testing and distribution of materials had been done locally, the problems experienced and unmet needs.

Results: It was found that most of the HE materials were printed on paper, and that 93.2% of the health workers indicated that the materials had not been field-tested in their local areas and did not address local problems. While all the respondents commented that the materials were always few, 77.3% noted that the materials were in English. Most of the health workers (90.9%) indicated that they needed print materials, radio and video cassettes. All of them desired to have materials in the local languages and addressing local problems. It was also noted that in almost 73% of the health facilities, the materials were being kept in the storerooms. The majority of the HE materials in the two districts were print materials that had not been field-tested in the local areas, were not in the local languages, did not address the local problems and were kept in storerooms. Material production protocols need to be followed and the management should ensure that HE materials reach the intended audience.

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Introduction

The aim of HE is to facilitate a process of learning to achieve behaviour change. HE materials should be designed to meet the needs, problems and level of education of the target groups. The severe shortage of relevant and appropriate health education materials is a barrier to the improvement in health care. HE materials produced outside local contexts are rarely useful for the local communities as they are often written in languages not easily understood by the target readership. Above all, the information they provide may not directly relate to the required tasks this particular target group will be called upon to perform.¹⁻³

Materials and Methods

This descriptive survey was conducted in rural districts of Mash East province in Zimbabwe (Mutoko and Murewa).

There were two district hospitals, three mission hospitals, two rural hospitals and 37 rural health centres visited for data collection. A convenient sample of four doctors, 30 nurses and 10 other allied health workers were interviewed. Distribution and display of the materials was also observed. Collected data was entered into the computer programme Epi Info version 6. Data analysis was done using the same package. High frequencies were taken to be providing answers to the inquiry. Data are presented in tables and narratively. Statistical computation was done subjecting data to measures of central tendency and dispersion. Authority to conduct the study was obtained from the Provincial Medical Director of the province and from the District Medical Officers of the two districts. The study objectives were explained to the subjects to obtain their consent and cooperation. They were also informed that they were free to terminate the interviews should they

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wish, as their participation was voluntary. The respondents were also assured that their responses would be kept confidential.

Results

The majority of the respondents were married female nurses with a mean age of 35 years.

Most of the materials available were printed materials as shown in Table I. While 93.2% of the health workers indicated that the materials available had not been field-tested in their local areas and did not address local problems, 77.3% highlighted that most of the materials distributed were in English. They all commented that the materials were always few. The majority (90.9%) of the respondents indicated that they needed more print materials, radio and video cassettes. All health workers mentioned that they needed materials designed in the local languages and addressing local problems. It was observed that in almost 73% of the health facilities, the HE materials were kept in storerooms as shown in Table II. Only Macheke Clinic in Murewa had most of their HE materials pinned on rails.

Table I: Type of health education materials available at the 44 health centres.

Type of Materials	Frequency	Percentage
Posters	41	93.2
Pamphlets	32	72.7
Booklets	19	43.7
Slides	1	2.3
Video cassettes	3	6.8
Radio cassettes	19	43.7

Table II: Distribution of the materials by the 44 health centres.

Distribution	Frequency	Percentage
Kept at clinic	32	72.7
Given to schools	10	22.7
Given to business centres	5	11.4
Given to community workers	9	20.5
Given to villagers	6	13.6

The World Health Organization indicated that the content of materials must relate to the knowledge needed and tasks to be performed by the users in solving local problems. Good quality educational materials help promote the relationship between the patient and the health care professional as well as enhance patient knowledge and self-care. This is met by conducting needs assessments and pre-testing of materials in the local areas during the production of the materials.^{1,4,5} Most of the health workers (93.2%) indicated that the materials available had not been field-tested in their local areas and were not related to local problems. Thus this made these materials inappropriate for local consumption.

Written patient information can be a valuable communication tool for reinforcing the verbal messages. However, the materials are only useful when users are able to read them, otherwise they become an expensive waste of resources.⁶ It was noted by 77.3% of health workers that most of the HE materials were in English. This finding, relates well to Dowling's report that even in health training school libraries, donated books written for an entirely different audience and unrelated to local problems usually rest unused on the shelves.¹

Poor distribution of materials has been a major shortcoming in the majority of health projects. A large number of materials produced do not find their way beyond the project offices.¹ It was observed that in almost 73% of the health facilities the HE materials were being kept in storerooms. More so, all health workers highlighted that most of the materials received were always few, thus the communities continue to lack adequate HE materials to help them become aware of local problems and ways to solve them. There is need for a follow up mechanism to ensure that materials reach their intended audience.

Discussion

Innovative ways of educating the community could include use of multi-media approaches that have a cumulative effect as one will help reinforce the other, thus greatly increasing the amount of information. Variety in presentations undoubtedly creates interest. Some individuals will understand one type of audio-visual material and some the other. The more varied the forms of presentation, the greater the likelihood that the needs of individuals will be met. Electronically presented messages have the flexibility of transferring meanings and expressions in a kindly and lively way thus aiding understanding of the content and context.^{2,7} Most of the materials available in the health centres were observed to be printed materials (Table I). To improve usability, 90.9% of the respondents indicated that they needed more printed materials, radio and video cassettes with messages in the local languages addressing local problems.

Materials available in health centres in Mutoko and Murewa districts had not been pre-tested in the local areas to ensure that they addressed local problems. Most of the materials were in English and were kept in store rooms. Material production protocols need to be followed and the management should ensure that HE materials reach the intended audience.

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