JUMA TO THE RESCUE
HEALTH EDUCATION FOR EAST AFRICAN CHILDREN

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Juma awoke one morning and looked for his baby sister to see how she was feeling. Kadogo, who was only one and a half years old, had been very sick with diarrhea for the past day. Juma’s mother knew all about the special drink and had stayed awake to give it to Kadogo many times during the night.

This is the opening paragraph from a Kenyan children’s health learning package called The Mazingira Magazine which tries to teach Kenyan and Ugandan children that “good health is everyone’s right”. The annual publication is an innovative approach to health education. It contains stories and comic strips about oral rehydration therapy (a treatment against dehydration caused by diarrhea), water treatment, safe latrines, and rainwater catchment. Educational board games that can be played with stones or pebbles, and contests that enable researchers to find out how much children have actually learned from the magazine are also included.

In this fictitious story, Juma’s aunt arrives at the house and tells him that they must not feed Kadogo anything until the diarrhea stops. Juma replies, “Oh no! I learned in school that we must give those with diarrhea something to eat so that they can become well and stay strong.” Aunty is skeptical but she “could feel how much Juma believed in what he was saying and she was very proud that Juma had the chance to go to school and learn new things.”

Juma then prepares an uji (finely ground maize) porridge for Kadogo. He tells his aunt that “Giving Kadogo food will not stop the diarrhea but if she eats a little bit many times during the day, then some of the nutrients will remain in her and make her feel better.” He also continues to give her the “special drink” — Oral Rehydration Solution. That evening Kadogo is much better and by the next week she is healthy again. “She had not lost any weight so she was active and ready to play with Juma again.”

In Kenya, health education is not part of the school curriculum. And yet Kenyan children are “living these issues” — diarrheal diseases, unsafe drinking water — according to Shaheen Kassim-Lakha, a member of the editorial team of Mazingira Institute, the Nairobi-based nongovernmental organization that publishes the magazine.

The mortality rate for young Kenyan children is high: for every 1000 live births, 121 children die before age 5. Waterborne diarrheal diseases are responsible for many of these deaths. Only 28 percent of Kenya’s population has access to safe drinking water, and 55 percent of Kenya’s rural population lives below the absolute poverty level. In such an environment, basic health education — for example, learning the importance of clean drinking water — is crucial if children are to survive.

When the Mazingira learning package was launched in 1979, it concentrated on environmental issues. In 1985, however, its focus was switched to health issues. Each of the 12,700 primary schools in Kenya (and some in the Kampala district of Uganda) receives 10 copies of the 16-page colour magazine once a year. This of course isn’t enough for students to have their own personal copy, but Mazingira can’t afford to print more.

“We recommend that teachers pin it up, and put it in the library — and, more importantly, use it as class material,” says Ms Kassim-Lakha.

Rather than simply writing what they think is suitable for a young readership, the editorial team asks the children to answer certain questions printed in the contest section of the magazine. For example: “Where do you fetch your family’s water from? What was a common cure for diarrhea in the old days?” The children mail their answers to the editors and the top 40 receive prizes such as gift tokens that can be exchanged for books. The children’s answers “give us insights into what the children are thinking,” says Ms Kassim-Lakha. From these responses the editors plan the next issue.

Before the magazine is distributed, it is pretested in both an urban and a rural school for comprehension. The contest is also pretested “to make sure it’s doable and not too time-consuming,” says Ms Kassim-Lakha.

In 1986, IDRC funded an evaluation of the impact of the magazine on children’s health-related behaviour and attitudes, using the contest as a survey mechanism. Over 2500 schoolchildren in upper primary school (standards 5, 6 and 7) sent replies. Students and head teachers in both rural and urban schools were also interviewed.

The researchers found there was a definite difference in knowledge between the control group (which had received copies of an earlier issue on environment) and the experimental group (which received the issue on water and sanitation). However, the survey did not provide a clear indication as to whether exposure to the magazine also elicited improved health behaviour in the experimental group.

“It’s very difficult for children to make behavioural changes in the home,” says Ms Kassim-Lakha. “We’re not disappointed. These are tomorrow’s parents and hopefully the behavioural changes will be introduced then.” The students in standards 5 to 7 are between 12 and 15 years old. According to Ms Kassim-Lakha: “It will only be two to four years before these girls become parents.”

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