The Power of Participatory Education

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> *"Woman's place is in the Home, but Home is not contained within the four walls of an individual home. Home is the community."*
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> -Rhetta Childe Dorr, 1910

Zimbabwe is a country in crisis. This is what the international news agencies tell you, and for the most part they are correct. As one moves around the country the signs that things are not well are everywhere: shops with little to nothing on their shelves or that have simply closed; long queues outside of supermarkets as shoppers hope to purchase half a loaf of bread; power fluctuations in Harare; no fuel available at the gas stations; and an inflation rate that has at last estimate surpassed 7,000%. However, not all is as it appears at first glance.

In fact, despite this apparent economic collapse, there are portions of Zimbabwean society that have thrived and increased their capital over the years. In the urban centers like Harare and Makoni, the amazing number of brand new luxury cars and SUVs show that the middle and upper class are thriving off of the black market that has supplanted the regular economy and now supports all life and commerce. In this Zimbabwe, people have clearly increased their access to financial, and in turn physical, capital. On the other hand, in some of the rural areas, even those considered to be the poorest and most vulnerable in all of Zimbabwe, communities are increasing their capital of another sort; social capital. Generally, social capital refers to the connections among individuals, including the social networks and the norms of reciprocity and trustworthiness that arise from them[2].

Each of these different types of capital are important, especially in the face of such hardships, but the rural areas that are building social capital will find themselves much

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[2] Putnam, R.D. (2000). Bowling alone: The collapse and revival of American community. New York, New York: Simon and Schuster.

better placed for whatever future Zimbabwe has in store for all of its citizens because increasing ones social capital also leads to increases in both financial and physical capital. As described by one early social reformer in the United States, L.J. Hanifan, the strength of social capital is that, "the community as a whole will benefit by the cooperation of all its parts, while the individual will find in his associations the advantages of the help, the sympathy, and the fellowship of his neighbor."[3] It is this cooperation and fellowship that has allowed these rural communities to become self-sustaining forces of their health and development.

Over the past 7 years, a quiet 'revolution' has been taking place in the rural areas of Makoni District. This is not a political revolution, at least not yet. It is a social revolution; a revolution in health and development that has its roots in the social capital that has been built with the support of a small, dedicated, and passionate organization; Zimbabwe AHEAD. At the moment, it is an organization that is well known in the Makoni area, but soon its name will be on the tips of everyone's tongue in Chipinge District where they are currently implementing a new livelihoods project with Mercy Corps. Like most of Zimbabwe's population over the past 7 years, ZimAHEAD, as it is affectionately called by staff and community members, has been coasting on fumes with a scaled-down staff, limited budget and two beat-up, gas guzzling trucks purchased in the early 1990's. Despite these sometimes severe resource limitations, ZimAHEAD has been slowly building upon the success and power of a simple ideology: participatory health education as a stimulus for social change and development. It is this ideology that has led to dramatic increases in social capital and as a result improvements in the overall health and development of community members in Makoni District. Interestingly, this process of change begins with a simple, green membership card.

This membership card is the gateway to the Community Health Clubs. The concept is simple: community members (mostly women, but there are a good number of men as well) are invited to join a club that allows them to engage in a process of learning, self-

[3] Hanifan, L.J. (1916). The rural school community center. *Annals of the American Academy of Political and Social Science, 67,* 130-138.

reflection, and social capital building over the course of the 20 week long health education component and beyond. Each week club members are presented with a new health issue, ranging from general issues related to water, sanitation and hygiene to more specific illnesses like malaria and bilharzias. Through simple participatory methodologies club members are provided with the one thing that has eluded them for so long: knowledge. All of the health information is standardized, but the way that the club members internalize and conceptualize the information changes from community to community. From this knowledge springs forth changes in health via transformations in household and social norms and ultimately the confidence to challenge the status quo and seek solutions to the challenges that they, the community members, have identified in their lives.

Membership card and health education

I witnessed the ‘life cycle’ of these clubs, from their infancy when women arrive early and cleanly dressed to sit for hours to talk, learn and encourage each other to adulthood when members create community nutrition gardens and market centers built with their own sweat and expertise. In the early stages, the skeptics sit to the side and chastise the women for wasting time by sitting around gossiping all day. What these skeptics don’t know is that these so called gossips are the innovators of their community and are at the head of a wave that will soon engulf up to 85% of the community. Early on, the women have to ask permission from their husbands to attend club meetings, but over time husbands begin rushing their wives out of the house to ensure that they are not late for the next installment. As the weeks progress, the women do not tire of the 2 hour meetings and the husbands stop complaining of their wives ‘laziness’. In fact, as their numbers continue to increase, their excitement also increases and in some cases husbands begin to join the meetings.

With each lesson, it is possible to observe each club's collective knowledge grow as the members internalize the information learned in previous lessons. In one club, the topic of discussion on the day our team arrived was general hygiene. One picture, originally meant to represent a 'good' hygienic practice of covering drinking water, stimulated a lengthy discussion about how it appeared the boy was preparing to put his hand in the water. This was interesting because these women decided as a group that this practice represented bad hygiene, which was clearly influenced by their previous lesson on water storage. As was explained to me by one ZimAHEAD staff member, this supposed 'wrong' answer did not matter. What mattered was the fact that the members discussed the issue as a group and came to an agreement about what it represented, allowing them to incorporate their past and current lessons with what made sense in their area.

As the weeks go by, back at each member's home changes can also be observed. Toilets are constructed with little to no assistance from outside 'experts', while Baraza stands are built as a place to hang leaky tins (informal hand-washing stations) and to rest a hoe used for cat sanitation, a practice never seen in any of these communities before. In addition, compounds become cleaner, kitchens begin to transform and diets change. All of these changes are a result of a simple process of health education that includes, encourages and is driven by the participants as opposed to the traditional belief that participants in health education are empty vessels simply to be filled with knowledge. As the club members learn more, their households continue to undergo dramatic changes and their family members become healthier so that even an untrained observer can easily identify a club member's house from that of a non-club member. In response, many of the skeptics begin to copy those things that on the surface are easy to

Baraza Stand

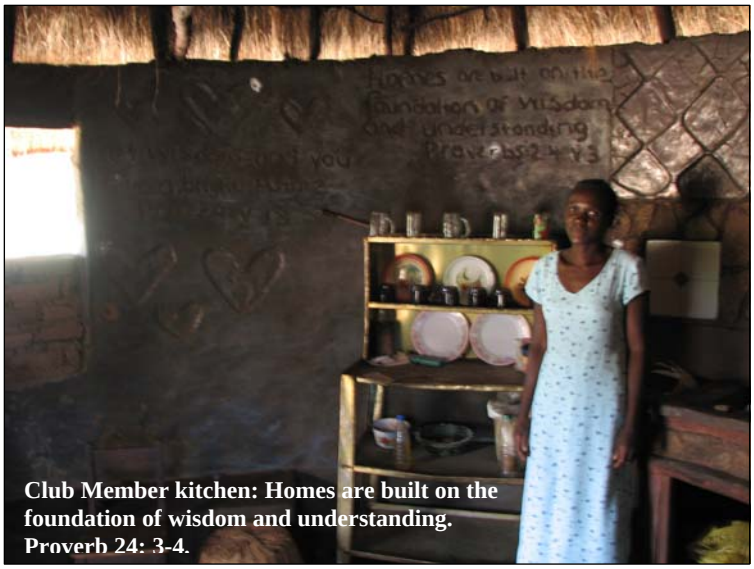
replicate. However, the benefits that the club members have realized are not accrued to these laggards because they do not understand why they are doing these things, at least not until they too decide to join the club.

Graduation is a joyous occasion where members celebrate the completion of 20 weeks of education and the realization that they now have the means to improve the health of their family and friends. Throughout the sometimes two hour long ceremony, voices are raised in song, bodies gyrate in rhythmic dancing, and dramas are offered to portray the new behaviors they have learned as well as the attitudes of those unenlightened few. To satiate the hunger that this exertion creates, plenty of sadza and relish is prepared. Interestingly, in these hard times in Zimbabwe, where residents of the cities cannot find milk or meat on the shelves of their supermarkets, the club members are cooking enormous pots of sadza with chicken or guinea fowl and offering their guests bottles of milk as a sign of respect and admiration. This is because many of these members have already begun to build nutrition gardens, the next phase of 'development' for the club members. Besides the typical onion, cabbage and tomato, these nutrition gardens also include a variety of 30 herbs, including dandelion, thyme, rosemary and lemon grass, which have both nutritional and medicinal attributes. After a short training, these club members turned gardeners are then able to self-diagnose (based upon their health training) and treat (herbal training) the most common symptoms and illnesses. Furthermore, many will take on live stock, keeping some of the cleanest pig-sty's you will ever find. Others will begin bee keeping, which requires the planting of both woody and citrus trees to protect the bees and allow them to thrive. The seed has been planted and the field will continue to grow as their fellow community members also join in so as to harvest the

Health Club Member Pig Sty

simple, but powerful benefits that club membership offers; community solidarity, a sense of ownership, and movement towards self-identified goals.

It is when we visited those club members who graduated over 7 years ago that we were able to clearly see how this simple concept builds social capital. The changes were amazing and for the most part took place with little to no outside assistance. Kitchens were transformed into polished works of art. The women, who for years were required to sit on a mat on the floor while their husbands perched above on a stool, bench or chair, have redesigned their kitchens so that they now sit eye to eye with their husbands. Beautiful designs and psalms from the bible are inscribed into the kitchen walls as subtle reminders of the importance and power of women, good health, and hygiene. The floors are meticulously kept, sinks are built, and the household's entire collection of plates, bowls and mugs are proudly displayed on shelves unseen prior to the introduction of the health clubs.



Club Member kitchen: Homes are built on the foundation of wisdom and understanding. Proverb 24: 3-4.

In the most amazing example of the power and motivation of club members, two wards with a strong history of club activity identified the need for a community market and meeting center. In response, during one of the hardest economic and political periods in recent history, when people were fleeing and fretting about the future of the country, these club members were quietly building an enormous community kitchen, a 15 stall marketplace, and a beautiful communal hall for meetings and trainings. With the guidance of ZimAHEAD staff, a Participatory Rural Appraisal was conducted, whereby the club members identified what they could and could not do. As a result, everything but

the cement was provided for by the club members who constructed each building entirely by themselves.


Community center built by health club members

The story does not end there. In one ward, an unresponsive and difficult counselor who created roadblocks to the progress desired by the club members was voted out of office and replaced with a club member who was obviously more sensitive to and supportive of community initiatives. Another counselor in a different ward was under threat of losing his seat because of a similar situation. Now he is one of their biggest supporters. It appears that this counselor has realized that he must recognize the club members as a social and political force within his ward.

Apart from this political activity, there have also been substantial changes in the overall health of these communities. I heard from a number of different sources that clinical visits in the areas where clubs are active have been reduced. I would be willing to bet that this decline in cases is somehow related to the community health clubs and the simple health education that they receive. In fact, another counselor who is openly living with HIV/AIDS told of how his club members, in a sign of respect and support for an ill community member, weed both his garden and farm, while also treating him with the medicinal herbs grown in their own nutrition gardens. Amazing! This is the ultimate power of social capital. HIV still remains taboo in many parts of Zimbabwe, but club members seem to not only understand the health issue, but also its social consequences and choose to support those in need instead of shunning them and leaving them to die alone. This type of behavior highlights another aspect of community life that is stimulated by social capital; norms of reciprocity and social support. This belief that I will do this for you now without expecting anything specific back from you, in the

confident expectation that someone else will do something for me down the road appears to have been applied to the sticky issue of HIV/AIDS. This seems to show that the club members, who do not receive specific lessons on HIV/AIDS, are able to actively integrate new health information and build it into their new paradigm of thought. I wonder how many interventions, specifically designed to overcome the stigma of HIV, have failed where ZimAHEAD's health and hygiene promotion project has succeeded…

The sky is the limit for people with that little green card and a graduation certificate that proves they are a member of a Community Health Club. As time goes by, I'm sure that the same changes that have taken place in Makoni District will also occur in Chipinge. However, in Chipinge, the changes will be different in one very important aspect; they will be specific to the needs of those members and their communities. That's the beauty of using participatory methodologies such as the Community Health Club; communities themselves get to decide where they are going and which path they will follow to get there. I have seen it with my own eyes. It has and still is working for an organization with almost no budget, 4 dedicated and competent staff members, 2 barely running vehicles, and a belief in the power of people and participation. ZimAHEAD's approach has shown that social change, improved health, and development are feasible and can be stimulated by such a simple thing as education; education to make informed health decisions; education to change not only one life, but the lives of an entire community; education to increase the capacity of entire communities and to lift them out of the endless cycle of exploitation and poverty.