Communication in participatory approaches to health care

Involving district-level health workers in participatory approaches at community level improves their communication skills and validates community knowledge. This is critical as differences in culture and power relationships between health workers and their clients can act as barriers to effective and sustainable health development.

The Malaria Knowledge Programme recommendations emerging from a study in the Volta Region of Ghana are presented below, with the key findings overleaf.

District-level health workers and managers were trained to carry out qualitative and participatory research on gender equity aspects of access to health care for malaria. The interaction and communication that took place between health workers and community members provided opportunities for dialogue and building new relationships, in what can be described as a first step in 'moving along the participatory continuum' (see box 1). District-level workers and communities were able to jointly plan activities to improve equity in access to existing malaria services, in 'representative participation'.

This approach also lays the ground for 'transformative participation' as it aims to increase the skills of district-level workers to facilitate community participation and to increase the skills of community members to analyse their problems and plan solutions with government workers.

Box 1. The participatory continuum

The continuum of participation ranges from co-option to compliance, consultation, cooperation, co-learning and collective action.

In the context of MKP's work, participation was described as:

Instrumental participation
Aims to improve efficiency and effectiveness of service provision by drawing on community contributions.

Representative participation
Aims to increase sustainability of programmes by giving people a voice in shaping programmes.

Transformative participation
Aims to empower people to take control of resources by strengthening their capacities.

Recommendations for participatory processes in health care

- The implementation of participatory processes in health interventions is vital to validating community knowledge. This enables ordinary people to influence the shape of health programmes and empowers them to take control over their own health.
- Participatory processes in health care services and health communication should involve government workers at all levels in the district, including departmental managers and frontline workers in communities. There needs to be communication and dialogue between all levels of staff about problems, priorities and solutions, building on the knowledge, capabilities and experiences of all.
- The capacity for participatory development among district-level workers should be developed through long-term processes. This requires attitudinal change and skills development through training and practical application.
- Changes in institutional culture and processes need to take place. This recommendation is drawn from the observation that possibilities to respond to community priorities outside conventional preventative, curative and public health services are limited and district-level workers did not feel confident about their ability to influence departmental decisions. They often did not communicate the insights they gained in the community to departmental level.
- Responding to the priorities expressed by the community requires inter-sectoral collaboration. For example, health, agriculture and cooperatives departments could link improvements in livelihood opportunities with improvements in health. Too much emphasis on vertical accountability may hinder this process.
- Higher level organisational and policy personnel need to commit to providing resources for continued facilitation of participatory processes.

District-level workers give feedback on research findings through drama, in Mafi Zongo village, North Tongu District, Ghana

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> "I have realised that everybody has an idea, and then you have to involve the community in whatever you are doing, and then you tap the ideas that they have and then you help them solve their problem … you can't solve anything for them."
>
> Interview with female public health nurse

Benefits of participation between district-level workers and the community

- Through the research process, district-level workers became more open to listening to community members. There was more respect shown for the knowledge and perceptions of community members rather than assumptions being made that these people had little knowledge.
- District-level workers improved their communication skills, which included having a non-judgemental attitude, showing patience, establishing rapport, demonstrating equality and respect, actively listening and probing to ensure a deep understanding.
- Community members commented that the health workers had time and patience for them. "Surprisingly, they were very tolerant. They listened to us and were very empathetic" – Women's Group in Blemazado Community.
- District-level workers had improved skills including team working, participatory decision-making and understanding local ideas for solving health problems. They found these useful in their everyday work such as case-finding activities, and counselling clients.
- The research process created awareness and initiated public discussion of gender inequalities among both district-level workers and community members.

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Constraints during the process of participatory research

- Attitudinal change among district-level workers was slow. Some found it hard to relinquish the power that comes from the status and respect accorded to health workers and other government workers.
- Power relations constrained the discussion of gender issues and the identification of gender-sensitive solutions. District-level workers felt that some community members were reluctant to discuss certain areas. Women were uneasy talking about conflict and problems in their relationships with men, and men showed reluctance to discuss their actual behaviour if it contrasted with the norms of male roles.
- There were linguistic barriers. District-level workers and community members often used different languages and opportunities for fluent and easy communication were reduced.
- There were structural constraints of limited time and resources, a lack of decision-making power and barriers to inter-sectoral collaboration among district-level government workers.
- Existing perceptions of the community as passive recipients of government services can lead to a mismatch between government and community expectations of participatory projects. At the beginning of a project, many community members expected the main outcome to be the government providing better services, rather than seeing their role as instrumental in developing strategies to improve their health.
- Community members often perceived district-level workers as educators. Some people interpreted feedback on research findings about community beliefs as facts. One man said: "Previously when we had malaria we did not know what it was, but in the role play we have seen that … if you feel feverish, you will definitely know it is malaria."
- Further work is needed to assess the impact of the process on community skills and capacities. This would be useful to understanding the benefit of participatory projects in health.

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