

Selecting target groups for hygiene education

Target groups in cholera prevention programmes

Cholera prevention programmes involve two kinds of target groups :

Primary target groups are the members of the household - children, parents, grandparents, child carers.

Secondary target groups are people who should be involved in the programme because of the influence they have in the community, for example local leaders, field staff from other agencies, politicians and traditional healers.

A single hygiene education message will not be enough. It is important to consider the separate needs of each target group in the community, taking into account their educational level, culture, experiences and concerns.

Few people make decisions or perform actions without considering the opinions and views of those around them in their social network. Exactly who has the most influence will depend both on the particular individual and the culture of the community. For example, in some societies the mother-in-law is particularly influential ; in others it may be the elders, including uncles.

The influential people in a community are called opinion leaders. How people respond to issues will depend on whose opinions have the most influence on them. For example, a woman may believe that her friends and the health worker wish her to build a latrine, but her father and husband do not. She is likely to conform to wishes of those most important to her.

Questions to ask to find out about social pressures :

- Who are the most influential people in the community ?
- Are there informal leaders who are looked to for decisions, although they remain in the background ?
- What qualities tend to make people's opinion carry weight in the community (money, children, age, education, cattle, wives) ?
- In what areas of life, for example economic, child care, or food production, do the various leaders have influence ?

Fact Sheet 4.5

- Which leaders within the community are most likely to make decisions that influence community health, the delivery of health care in the area, or various aspects of the health programme ?
- What do they think about the practices which are being promoted ?
- Are there differences of views amongst the different leaders ?
- Could local leaders be involved in the health education programme ?
- What is the best way to communicate with them ?
- How important is family membership in community life ?
- How are families and kinship groups typically organized within the culture ?
- What roles do the father, mother, son, daughter, grandparents (or other persons typically part of the family within a certain culture) commonly play within the family ?
- Where and how does each member typically spend his or her time ?
- How and by whom are family decisions typically made ?
- Who is consulted ?
- What is the typical timing for various types of decisions ?
- Where does the power within the family appear to lie ?
- How do they feel about outsiders ?
- Who generally makes various health-related decisions within the family - what do the family do when a member is sick, who decides whether to take certain preventive measures, what the family will eat, what money can be allotted for health-related expenses, whether a sick member may follow certain medical advice ?
- Do children ever make health-related decisions ? Are they taken seriously if their views differ from their parents ?

Target groups for diarrhoea education programmes

Health services

Doctors and nurses in primary health care
Midwives
Health visitors
Public health nurses
Medical assistants
Nutrition workers
Home economists
Village health workers

Informal processes in the community

Elders
Parents and child-rearing adults
Traditional birth attendants
Traditional healers
Village leaders
Religious leaders

Public health services

Public health inspectors
Water supply technicians
Sanitation engineers
Hygiene inspection field staff
Refuse collection officers

Education services

Teachers in primary and secondary schools
Adult educators
Literacy teachers
Pre-school organisers
Vocational trainers

Agriculture and socioeconomic development

Agricultural extension workers
Community development officers
Nutrition workers
Cooperative organizers
Women's programme workers