



Child-to-child — special schooling in KwaZulu-Natal

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When it comes to spreading messages about health and hygiene, what have children got that adults haven't? One programme in South Africa is capitalizing on these special skills.

Hygien e and health promotion are not only vital to maximizing the impact of W&S interventions — they are also recognized as the most difficult programmes to plan and implement. In practice, health and hygiene promotion is merely an uninspired and underfunded 'add-on'. Most health/hygiene programmes are targeted at adults or healthworkers, and emphasize one-way communication. Mothers, fathers, carers, doctors, and community healthworkers are then responsible for transferring the acquired health-hygiene knowledge, and modifying inappropriate practices at the household and community level.

The growing child-to-child movement has begun to challenge the notion that adults and healthworkers are the only, or even the best, promoters of behaviour change and better health within the household and broader community (see box, left).

In addition (perhaps because of preconceptions about difference in how adults and children learn), child-to-child programmes tend to be much more interactive. Children are not simply lectured on appropriate behaviour but are encouraged to act upon these messages at school and within the home. Broad experience shows that practices that are familiarized and repeated over a long period (and, in many respects, monitored) within school have a better chance of being applied at home than promotional campaigns. Children take on the initiative as a project, which breaks the monotony of ordinary lessons and gives them a greater sense of self-respect and control.

Finally, it seems likely — and logical — that health/hygiene practices learned at an early age will have a strong impact on

future generations' health, as these children become parents.

Learning from children

Operation Hunger, a South African NGO providing sanitation support to the villagers in Maputoland, KwaZulu-Natal, initiated a child-to-child programme at the Mabadleni High School. The students wanted to explore handwashing issues, but the initiative expanded to address the problems of disposing of infant and toddler faeces safely.

A modified version of the game 'snakes and ladders', and other participatory methods were used to establish the framework for the programme. Why weren't the pupils' families and neighbours washing their hands or disposing of faeces safely? Could *they* develop a sensible plan of action?

Despite being well aware of why handwashing is important, the children argued that people do not really wash their hands after using the toilet. As the programme developed, it became clear that the people of Mabadleni do not wash their hands for both 'structural' and social reasons. According to the schoolchildren, these included:

- limited knowledge of why handwashing is important;
- water shortages, leaving inadequate water for handwashing;
- 'people are uncivilized';
- people do not connect washing their hands with good health;
- people think hands are already clean (germs are not visible); and
- although people have been told of the linkage between handwashing and disease, many simply do not believe there is a direct link.

Potential benefits of child-to-child approach

- Children are candid about hygiene! They can identify critical gaps in the transmission and enforcement of health/hygiene messages from the 'educator' to the adult, and into the household.
- Children are usually 'at home', and have relatively plentiful supplies of free time and energy — adults with 'training' are often not at home.
- Children's behaviour often remains wholly unaffected by promotional campaigns targeted at adults. They are often excluded from hygiene facilities or discussions. These problems are compounded by confusion over *who* is responsible for teaching children about health and hygiene. For example, who should teach a child to use a toilet: mother? grandparent? teacher?
- Peer groups and peer pressure for acceptance often have a far greater influence on child behaviour and attitudes than adult-child interactions.

The children debated many of these points, in particular, 'being uncivilized', and the lack of water. As one child said, 'do you think I am uncivilized because I do not wash my hands? If so, then we are all uncivilized because none of us washes our hands after going to the toilet.' This discussion highlights a gap between widely held knowledge (handwashing is recommended) and prevailing attitudes (handwashing is not truly valued) which will have to be overcome if this project is to be successful.

The pupils also discussed the disposal of infant and toddler faeces. At first, they concentrated on a structural issue — the toilet holes are too large and frightening for small children. This is a common claim and often leads to strategies to make child-friendly toilets with small holes. But, after some more discussion, it was found that this problem masked an additional obstacle to changing local practices: people *do not believe* infant and toddler faeces are harmful, so why bother covering or disposing of them safely? User-friendly child toilets, therefore, will not have a dramatic impact on child use unless this belief is countered.

Children in charge

The children developed a series of strategies designed to combat these problems. To begin, they committed themselves to promoting proper handwashing within the school. As a first step, they designed signs in all the toilets reminding students to wash their hands. Operation Hunger's role was to purchase a basin, towel and introductory supply of soap for each toilet within the school compound. Children would have to ensure that the basins had water in them and would resupply soap or ash. Children would also monitor whether the basins were being used by all children and teachers.

As a result, a number of additional interventions are either being considered or will be implemented shortly. First, Operation Hunger has committed itself to building additional toilets at the school. Children will be involved in the construction so that they can better promote VIP systems at home and at other schools. Secondly, Operation Hunger will conduct a hydrological survey at the school to determine whether a

handpump can be installed to reduce the burden of collecting water for handwashing. The children will have to manage, maintain and repair the water system as part of a school project.

Thirdly, students agreed to conduct a similar exercise at other village schools so that the message and programme can spread out across the area. In a support capacity, Operation Hunger will monitor the messages conveyed. The organization has also committed itself to providing handwashing materials (basin, towel and introductory supply of soap), assisting the children to construct additional toilets and, if feasible, water systems at the schools where students carry out this outreach education.

Finally, the Mabadleni children are committed to bringing home messages about handwashing, the importance of proper sanitation facilities, and the need to dispose of infant and toddler faeces.

Budding potential

Although still in its infancy, the child-to-child programme emanating out of Mabadleni High School offers practitioners an alternative approach to conventional health/hygiene promotion strategies. The potential capacity of children to actively promote health/hygiene campaigns is both significant and underexploited; they can complement health/hygiene efforts originating in the formal health-care sector, and may often have a greater influence on other children's behaviour than adult-directed programmes.

There may also be indirect benefits for the school. In addition to infrastructural developments such as new toilets, handwashing facilities and water systems, students who have proved their capacity to manage and promote a project which they developed may take a greater interest in school itself.

Operation Hunger must also continue to develop its capacity to support children's educational efforts. Messages communicated through children are unlikely to be universally accepted by adults unless they are reinforced through other channels. In addition, support for children's programmes must be offered in such a way that children see it as constructive and supportive, rather than stifling and controlling.

'Do you think I am uncivilized because I do not wash my hands? Then we are all uncivilized because none of us washes our hands after going to the toilet.'

Next steps for Operation Hunger

Operation Hunger must begin measuring the impact of the children's efforts by determining (through observation, qualitative and quantitative surveys) whether:

- households have handwashing materials (basin, towel, soap/ash and water) readily available (perhaps exclusively available);
- children from other schools become part of the initiative;
- children and toddlers can demonstrate proper handwashing;
- infant and toddler faeces are covered or disposed of properly;
- there is an increase in applications for toilets in the village; and
- whether household members can verify whether the points listed above were the direct result of the child's influence.

about the authors

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