

Literacy for health and equality

Amina Jatau, a native of Katerigi village, Nigeria, wanted to know why her husband "is always happy when he is reading". Hajia Hassan wanted to be able to read books in her native Nupe language; Doo Tine wanted "to read hard and enter college". These women and one hundred and seventy-five others like them are the enthusiastic participants in the "Promoting Health through Women's Functional Literacy and Intersectoral Action" project in Agagbe and Katerigi villages in Nigeria sponsored jointly by the Nigerian Federal Ministry of Health and the World Health Organization.

To most of the people in rural Nigeria, the world begins and ends in the village, with the clock of life ticking much the same way, day in, day out. The village men farm or trade in the mornings and relax in the evenings. Women are expected to "stay on your farm, work and harvest, but never know how much of your yield is sold", according to Asaba Mohammed. Mrs Mohammed is not the only village woman to bemoan the fact that women do most of the work while the men reap the rewards; another project participant asked, "Why do we have to do all the work and at the same time take care of the chil-

ren while the men cross their legs, waiting for the money to roll in?"

Seventy per cent of Nigeria's population of 110 million live in rural areas and produce 90 per cent of the country's food supply. The illiteracy rate reaches enormous proportions in rural communities—in Katerigi and Agagbe villages, the female illiteracy rate is above 80 per cent. Infant and maternal mortality rates are also high—100 and 105 per 1000 live births respectively.

According to health statistics, of the 4.5 million infants born in Nigeria each year, more than half a million die before they reach their first birthday; an additional 350,000 died before the age of five. Data from a 1984 fertility survey show that one out of every four children is likely to pass away before the mother reaches the end of her reproductive life.

Women in Nigeria are not encouraged to go to school. Their resulting illiteracy and lack of knowledge have grave effects on their health and that of their children and family members. Most women deliver their children out-

side hospitals in unsanitary conditions. Treatment of fevers and convulsions, rampant among the infant village population, is based on age-old traditional "remedies". Some of these remedies contribute to the high rate of convulsion-related deaths in rural areas in Nigeria.

Local attitudes towards schooling for women can be summed up by the statements of two village men. Adaa Luter, a native of Agagbe village feels sending his daughters to school is "out of the question because no one else can educate a man's daughter for him". Adamu Ibrahim, a Katerigi farmer, has a low opinion of female education because it will only teach his daughter "how to be a prostitute."

It was to address these health problems and attitudes that the Nigerian Ministry of Health and the World Health Organization initiated a programme of functional literacy and intersectoral activities for the most vulnerable women in the communities. The primary aim of the programme was to improve the health status of these most vulnerable groups. Initially the coor-

dinator of the programme were sceptical about the turn out for selection of participants due to the prevailing illiteracy, ignorance and general backwardness of the people.

Surprisingly, women turned out in large numbers. The encouraging result was because the women felt that the federal government was responding to their needs. Another reason for the positive response was the fact that community leaders embraced the programme's activities. In fact, in Katerigi, the learners in the community are fondly called "daughters of the Emir" after the senior traditional ruler of the area, the Emir of Bida, who officially launched the project in July 1990.

Given the extent of illiteracy and ignorance in the two villages chosen as project sites, it was necessary to identify the most vulnerable women among the target populations. The criteria set by WHO in conjunction with local officials were that the women chosen would be illiterate, between the ages of 15 and 49, either deprived widows or very poor, or those who had lost

at least one child due to a preventable disease.

Learning materials for the functional literacy programme were drafted in the local languages with the primers for students tailored to focus on the key health problems and risk behaviours of the learners. In addition to providing essential information on knowledge and skills needed to improve their economic status and better their standard of living and overall quality of life. For example, the health message aims at teaching women the risks of drinking untreated water from streams and the causes and treatment of diseases such as diarrhoea, anaemia, kwashiorkor, marasmus and scabies. Other aspects of the literacy classes are geared towards improving nutritional practices, agriculture and food preservation, personal hygiene, environmental sanitation and economic activities.

At the end of May 1991, the first set of 175 graduates from Agagbe and Katerigi received certificates for successfully completing their courses. It was a joyous day for the graduates, most of whom had not in their wildest

dreams thought the occasion possible. According to the parish priest in Agagbe, the project has made the women "more confident, competent and capable. Their newly acquired knowledge about food and hygiene is of great value to their families". The district head, who couldn't agree more, added that "the project is bringing good effect on the community because they now keep their environment clean daily. Women have been chosen to supervise this cleanliness." The village head of Katerigi was so full of praise for the project that he opined that it should be expanded to "include men also."

Most important, though, are the reactions of the women themselves. A majority to learners claimed that they have been more confident in managing health problems such as malnutrition, malaria and diarrhoea as a result of the classes. Says a Katerigi woman who had lost a child, "I now understand all about immunization. Before, I lost a child, but if I had the knowledge I have now, it would not have happened". Another enthused, "The project has really improved my family's health and there is a lot of changes in my family's diet. I give much more fruit and vegetables now."