

Design, Implementation and Evaluation of Health and Social Justice Trainings in Nigeria

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Abstract : Introduction: Characterized by lack of water and sanitation, food insecurity, and low access to hospitals and clinics, informal urban settlements in Lagos, Nigeria have very poor health outcomes. With little education and a general inability to demand basic rights, these communities are often disempowered and isolated from understanding, claiming, or owning their health needs. Utilizing community-based participatory research characterized by interdisciplinary, cross-cultural partnerships, evidence-based assessments, and both primary and secondary source research, a holistic health education and advocacy program was developed in Lagos to address health barriers for targeted communities. This includes a first of its kind guide formulated to teach community-based health educators how to transmit health information to low-literacy Nigerian audiences while supporting behavior change models and social support mechanisms. This paper discusses the interdisciplinary contributions to developing a health education program while also looking at the need for greater beneficiary ownership and implementation of health justice and access. Methods: In March 2016, an interdisciplinary group of medical, legal, and business graduate students and faculty from Northwestern University conducted a Health Needs Assessment (HNA) in Lagos with a partner and a local non-governmental organization. The HNA revealed that members of informal urban communities in Lagos were lacking basic health literacy, but desired to remedy this lacuna. Further, the HNA revealed that even where the government mandates specific services, many vulnerable populations are unable to access these services. The HNA concluded that a program focused on education, advocacy, and organizing around anatomy, maternal and sexual health, infectious disease and malaria, HIV/AIDS, emergency care, and water and sanitation would respond to stated needs while also building capacity in communities to address health barriers. Results: Based on the HNA, including both primary and secondary source research on integrated health education approaches and behavior change models and responsive, adaptive material development, a holistic program was developed for the Lagos partners and first implemented in November 2016. This program trained community-nominated health educators in adult, low-literacy, knowledge exchange approaches, utilizing information identified by communities as a priority. After a second training in March 2017, these educators will teach community-based groups and will support and facilitate behavior change models and peer-support methods around basic issues like hand washing and disease transmission. They will be supported by community paralegals who will help ensure that newly trained community groups can act on education around access, such as receiving free vaccinations, maternal health care, and HIV/AIDS medicines. Materials will continue to be updated as needs and issues arise, with a focus on identifying best practices around health improvements that can be shared across these partner communities. Conclusion: These materials are the first of their kind, and address a void of health information and understanding pervasive in informal-urban Lagos communities. Initial feedback indicates high levels of commitment and interest, as well as investment by communities in these materials, largely because they are responsive, targeted, and build community capacity. This methodology is an important step in dignity-based health justice solutions, albeit in the process of refinement.

Keywords : community health educators, interdisciplinary and cross cultural partnerships, health justice and access, Nigeria

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