

Community health education in rural Yei

Tabitha Buheitel - *Tabitha recently worked in Yei for two years*

“Prevention is better than cure” Erasmus said back in the 1400’s. Agreed... but practically prevention and cure should go hand in hand together. Martha Mobile Health Unit (linked with Martha Clinic PHCC Yei) does both. The goal and hope is that not only professional and affordable health care is given, but that through preventative health education, communities learn to prevent sicknesses. Together with Rev. Obadiah Batali and, later on Knight Rose, health education in the communities was our priority.

Martha Mobile Health Unit is funded by the Basic Services Fund and goes to five different communities around Yei and Morobo County four times a week. While our health professionals diagnosed and treated, we were teaching, talking and surveying as well as listening and learning in these communities (see Figures 1 and 2).

Safe water and hygiene, healthy nutrition, HIV/AIDS, STIs, malaria, pregnancy and birth are our main topics this year as well as translating health messages into Juba Arabic for interactive health DVDs.

In a change from usual methods, we focused our education on community leaders, especially towards a group of women from the Mothers’ Union. A lot of these women had never been to school and most of them are illiterate. However, they have a respectable standing and responsibility in their communities and function as community mobilizers. To close the health educational gap between the generations, it was important to focus on this influential group as they can encourage and support younger generations (especially young women) to make healthy decisions and learn how to prevent disease. Thus, we felt it was important to reach these women as they

play a major role in the decision making process of their children and daughters-in-law.

Many of these women were very grateful for the opportunity to learn and understand, and are eager to learn more. It was very encouraging to hear that several communities have conducted their own workshops for young women and have passed on their knowledge in this way.

From the results of two surveys we have concluded that severe malnutrition is not common around Yei but that diarrheal diseases and malaria still affect a lot of people, especially the children. Also, trained traditional birth attendants (TBAs) are not widespread. There is usually only one or two available for an entire village and many villages do not have any at all. Midwives are even scarcer in the communities. As villages are often very widespread and cover large areas, it is impossible for one or two TBAs to cover the need. The birth is usually performed at home by an experienced relative. Complications during labour are common. Birth kits are lacking and there are few facilities, tools and professional personnel to address complications and give guidance on newborn care and hygiene.

Although these problems still need to be addressed, I am grateful for the knowledge that already exists and is being put into practice. In conclusion, good relations, wise communication and motivation are vital to any successful, long lasting changes that we hope to achieve in the health of the communities. It is rewarding to partner together with motivated communities to improve health and to work towards a common goal.

Photos by Tabitha and friends



Figure 1. A lesson on clean water and diarrhoea to a group of women who work as community mobilizers.



Figure 2. Malnutrition survey with Knight Rose, and individual nutrition counselling for the mothers.