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Frauengesundheit

Care Groups - a women's movement for health and development

Community development and women's self-reliance in South Africa

Von Jennifer Jenkins, Erika Sutter und Selina Maphorogo

The Care Group movement in South Africa involves around 10 000 women in 300 villages, who have pledged themselves to promote health in their communities. Selina Maphorogo has worked with the groups since they began 25 years ago, and her ideas and leadership had a great influence on the way the movement developed. She has now described her experience in a book which will be published shortly. The title, "The community is my university" sums up one aspect of her experience. As an assistant nurse, with little formal education, she was originally assigned to the project as a translator. However, she soon realised that simply giving health education messages was not enough, and she started to talk to the people and learn from them and with them.

The first of the following passages from the book describes Selina Maphorogo's own experience of "learning by doing", and the second illustrates how the members of the groups themselves feel they have benefitted from the movement.

When we started with the Care Group Project I was not trained for the job. I had to learn everything by myself while working with the people. People from outside do not know the difficulties community workers can have. We are not protected, because we are on our own. We should be good listeners and good observers, in order to find out what people really want or need, because the people in the community usually do not say these things directly. We have to think and decide everything for ourselves and must discover our mistakes for ourselves. These problems remain are our own secrets, because we are shy of talking about them to our superiors. Yet I wish health care organisers and those directing us could know better how we feel and where we would like to get more help.

In the beginning it was my task to explain trachoma to the people and motivate them to act on its prevention. I was teaching as I was used to doing in the hospital. There we give health education to patients who happen to be there. We don't ask them whether they like it or not,

or what they want to hear. We tell them what we think they should know. But in the community it was different. The women were not interested, and I was frustrated. I just told them what to do. It was not very effective.

The eye doctor gave me books to read, but they didn't help me. Some things could have been helpful, but I didn't find a way of passing them on. Then I asked some nurses to help me, and they said they would write something for me which I could read to the people. So I did this, and I was surprised to see that they still did not listen to me.

I was always thinking, "Why are the women doing that? What must I do?" I was thinking all night what I should do and how I could talk to the people so that they would listen. I was so frustrated. I used to cry. It was too difficult for me to work in the community. At last I decided to change my method of doing things. I started to visit homes, to sit down and relax and talk with the people, introducing myself in order to make friends with them until they were used to me. In this way I got the stories from the old ladies.

The introduction of a more nutritious weaning food was an example. I asked what method the elderly people used to make weaning porridge. They told us that they used a special root which they added it to the porridge. It was better than plain porridge with water only. I praised the old ladies, that they were right, and they were very happy. We asked them if they still managed to find these roots, and they said: "No, not now... We asked what they could take instead of these roots, and they said: "There is nothing, and that is why the young ones are cooking as they do now."

This was my starting point for something new. I said: "There is something to replace that. Peanuts are from under the ground like roots. You can dry peanuts, stamp them and use them for the porridge." Then we made weaning porridge with 1 part of maize flour and 1 part of peanuts. They tasted it and found that it tasted nice. After that they accepted it. If the elderly people understand and accept things, the young ones will be free to change

I got a lot of information from the people when talking generally with them, about social issues. I was sharing my difficulties with them, and they gave me advice and were happy that I also had the same problems they had, and that we were the same. In this way they started trusting me.

All this took a long time. Now I began to realise that it is important to sit down with the women and to discuss instead of giving lessons. By discussing together the women find their own solutions to their problems. At the end they will be able to say: "This was our own idea!"

When I look back I can say that I gained a lot since starting with Care Groups. Most of the things I learnt from the people themselves. Care Groups are my university. I feel proud about the way I learnt, because I was trying to get things by myself. I have now confidence in myself. The women in the Care Groups and we, the motivators, are getting stronger every day and we have learnt how to solve our problems. I learnt to stand up when things are tough.

Twenty years later - Voices of Care Group members

The following are statements made by Care group members attending a refresher course.

Becoming partners in health care – "The Care Group motivators came to our community from the hospital, because there was a lot of trachoma in the area. They explained the causes of trachoma and what we can do for prevention. We learnt to do things like the doctors, to examine and to treat eyes. This made us become friends with the families. The old people came to us for eye ointment. We managed to overcome trachoma, not because people were richer, but because people knew how to prevent it by washing their faces using individual face cloths. From there we moved on. We are now grown up, we no longer do eyes only. We learnt a lot of things which are improving our life and homes. We grow our own vegetables in our communal garden. When a child has diarrhoea we can make the sugar-salt solution and don't need to go to the clinic. We also learned to preserve different types of food and to make spices. All this saves us a lot of money, even if we do not earn when doing work in the Care Group. Even our husbands were very impressed and wanted to know where we learnt it. Now they say, "Never stop going to the Care Group, because they are teaching you good things". Before, our husbands did not come home from town for six months. Now they come every month. This is very important for us.

Contributing to the community - "We also share what we learn with our neighbours and with neighbouring communities. We help a lot in the communities. We teach people how to construct toilets and how to prevent many diseases. We can take care of families where there is a need. When we see that there is a problem, maybe diarrhoea, we are looking very carefully to find out what the source of the problem is. We deal with it ourselves. Now people do not need to go for everything to the clinic or the hospital. The Care Group makes people come together and discuss problems of the community, and the community takes action. We see changes in the community because people have learnt how to handle many of their problems."

Health, community development and women's self-reliance - "When we started we were scared to join anything we were not used to. Now we attend literacy classes. We go to meetings and feel proud, because - we can speak wherever we go. We are no longer shy, even in big meetings on big issues. Care Groups are still alive because we have seen that when we are working in a group we get ideas from each other and find solutions towards solving our problems, because women have similar worries, such as problems caused by husbands or children. We can only be successful by working together, meeting together."

**The proposed title of the book will be: "The Community is my University. A voice from the grass roots on rural health and development" by Selina Maphorogo, edited by Erika Sutter and Jennifer Jenkins. It will probably published by the end of this year.*

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