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Study on 'The Role of Adult Education in Community Involvement for Primary Health Care.'

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A Brief Note for Case Study Writers Meeting.

This note is intended to highlight some issues for discussion and analysis during the meeting of case study writers. These issues have been identified based on a preliminary analysis of several case studies (not all) available till this time. This is not an exhaustive note, but only a stimulating note. It is divided into three parts: the first part presents some key findings, the second raises unclarified, still to be analysed questions, and, the third focuses on methodological issues.

Preliminary Findings

Some of the following preliminary inferences can be made:

1. AE has made a positive contribution towards stimulating, enhancing and sustaining community involvement (CI) in PHC.
2. AE has done so by playing both informing and mobilising roles.
3. In some cases, the integrating empowering role of AE has been effectively played and it has led to expansion of the scope of CI beyond PHC.
4. The most powerful AE principles utilized were:
  - a) Adults as both learners and educators

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- b) Using existing knowledge of adults
  - c) Adults as active agents of their own learning
5. The training of community members in various functional skills constituted an important element of all AE efforts.
  6. A variety of AE methods were used in combination: small group discussions, seminars, mass campaigns, village meetings, reading materials, etc.
  7. The community's involvement in self analysis of its own health situation, both specific to diseases and general to its causes, appears to be a common and very crucial aspect of most cases.
  8. In some form, either directly or through representatives, the community maintained influence and control over the pace and direction of PHC efforts.

#### Salient Questions

The questions posed below require further elaboration and analysis:

1. What processes of AE facilitate and support community control and influence over PHC ?
2. It appears that CI in PHC moves from one stage to another - consultations to participation in decision-making. How does this movement occur? What AE processes and methods contribute to this movement ?
3. Are certain types of PHC activities amenable to certain forms of CI ?

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4. The question of cultural relevance of AE methods is raised time and again. Have we found any AE methods which are culturally more relevant than others ? On what basis do we specify relevance?
5. The issue of special emphasis on involvement of women needs further elaboration. Are there some special aspects of women's involvement in PHC ? And are there some different AE methods needed for the same ?
6. It will be worthwhile to analyse which factors seemed to have facilitated (or inhibited) effective utilization of AE for CI in PHC. These factors may need to be teased out from our experiences in order to move to the next objective of the study.
7. This is to identify which AE strategies and tactics could be utilized to promote CI in PHC. Some things may have been strategically and/or tactically critical for promoting and sustaining CI in PHC. This will be an important task for the meeting.
8. Finally, a theoretical question. What is the interrelationship between AE, CI and PHC, if any? When we began the study, we rejected the thesis that there was a linear relationship between AE CI PHC. We, however, felt that a better understanding of this interrelationship will emerge from the case studies. What is it ?

#### Methodological Issues

When the methodology of the preparation of case study was evolved, it was said that we will use parti-

icipatory research; In particular, community participation (project staff and people who are beneficiaries) in case study preparation was considered desirable. Now, we have an opportunity to look back and see what actually happened. The following questions may help:

1. How was the project selected in your country? What was the actual process you used in identifying and selecting the project for case study?
2. To what extent did project staff contribute to or get involved in the preparation of case study? In data-collection, in analysis, in writing up? Who from the project staff got involved?
3. Did the people in the community get involved in preparation of the case study? How?
4. Has the project (its staff and/or people) in any way benefitted from the case study preparation? In what way? Has any-one else benefitted so far?
5. What have you personally learnt about the methodology in the course of preparing the case study?

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