Selecting target groups for hygiene education

Target groups in cholera prevention programmes

Cholera prevention programmes involve two kinds of target groups:

**Primary target groups** are the members of the household - children, parents, grandparents, child carers.

**Secondary target groups** are people who should be involved in the programme because of the influence they have in the community, for example local leaders, field staff from other agencies, politicians and traditional healers.

A single hygiene education message will not be enough. It is important to consider the separate needs of each target group in the community, taking into account their educational level, culture, experiences and concerns.

Few people make decisions or perform actions without considering the opinions and views of those around them in their social network. Exactly who has the most influence will depend both on the particular individual and the culture of the community. For example, in some societies the mother-in-law is particularly influential; in others it may be the elders, including uncles.

The influential people in a community are called opinion leaders. How people respond to issues will depend on whose opinions have the most influence on them. For example, a woman may believe that her friends and the health worker wish her to build a latrine, but her father and husband do not. She is likely to conform to wishes of those most important to her.

Questions to ask to find out about social pressures:

- Who are the most influential people in the community?
- Are there informal leaders who are looked to for decisions, although they remain in the background?
- What qualities tend to make people's opinion carry weight in the community (money, children, age, education, cattle, wives)?
- In what areas of life, for example economic, child care, or food production, do the various leaders have influence?
- Which leaders within the community are most likely to make decisions that influence community health, the delivery of health care in the area, or various aspects of the health programme?
- What do they think about the practices which are being promoted?
- Are there differences of views amongst the different leaders?
- Could local leaders be involved in the health education programme?
- What is the best way to communicate with them?
- How important is family membership in community life?
- How are families and kinship groups typically organized within the culture?
- What roles do the father, mother, son, daughter, grandparents (or other persons typically part of the family within a certain culture) commonly play within the family?
- Where and how does each member typically spend his or her time?
- How and by whom are family decisions typically made?
- Who is consulted?
- What is the typical timing for various types of decisions?
- Where does the power within the family appear to lie?
- How do they feel about outsiders?
- Who generally makes various health-related decisions within the family - what do the family do when a member is sick, who decides whether to take certain preventive measures, what the family will eat, what money can be allotted for health-related expenses, whether a sick member may follow certain medical advice?
- Do children ever make health-related decisions? Are they taken seriously if their views differ from their parents?
Target groups for diarrhoea education programmes

**Health services**
- Doctors and nurses in primary health care
- Midwives
- Health visitors
- Public health nurses
- Medical assistants
- Nutrition workers
- Home economists
- Village health workers

**Informal processes in the community**
- Elders
- Parents and child-rearing adults
- Traditional birth attendants
- Traditional healers
- Village leaders
- Religious leaders

**Public health services**
- Public health inspectors
- Water supply technicians
- Sanitation engineers
- Hygiene inspection field staff
- Refuse collection officers

**Education services**
- Teachers in primary and secondary schools
- Adult educators
- Literacy teachers
- Pre-school organisers
- Vocational trainers

**Agriculture and socioeconomic development**
- Agricultural extension workers
- Community development officers
- Nutrition workers
- Cooperative organizers
- Women’s programme workers