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**Non-Governmental Organisations (NGOs) Approaches to
Health Education in Uganda: An analysis of underlying
assumptions.**

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Abstract

Health education is one field whose evolution has been interplayed by broader philosophical theories of education. Some of these theories have been labelled behavioural, social cognitive and social critical/empowerment theories. While various NGOs' health education activities in Uganda are said to respond to the pressing needs of the targeted population, there seems to be vagueness in health education interventions that the theoretical constructs behind them are blurred. Further more, there seems to be provider unfamiliarity with theoretical underpinnings of particular approaches and a much mix of approaches.

This study sought to provide an analysis of health education interventions of 4 NGOs initially though results from only 2 (Family Planning Association and Bunyole HIV/AIDS project) were used here as the data collected from the 4 was found to be a lot more than expected. The goal was to explore the underlying assumptions in the methodology and approaches. Thus, the objectives included describing the health education interventions and methods of the selected NGOs, examining the nature of health educators, exploring the perception of the receivers of these health education interventions with regard to appropriateness of the methods to their needs and discussing the health education theories illustrated by these programmes.

This study was of qualitative type conducted over 3 weeks' period and adopted qualitative interviewing and focus group discussions (FGDs) as data collection techniques. 4 key informants/health educators were interviewed in each organisation, 2 FGDs were held with clients of Bunyole HIV/AIDS project and 1 FGD was possible with clients of Family Planning Association (FPAU). Data analysis was treated as an interactive model involving concurrent flow of three activities that is data display, data reduction, and conclusions drawing in which patterns and commonalities as well as differences in the data were examined.

The findings have showed that NGOs are more likely to mobilise various methods for health education and these methods reflect a broad mix of learning theory. Peer education, puppetry, drama and training were regarded highly in both case studies while information, education and communication materials seemed to assume a lesser role. The health educators were a combination of NGO employees and community volunteers most of who have very minimal training specific to philosophy, designing, planning, and management of health education, a situation that I have argued might leave the practice of health education at the mercy of less reflective self-designed pedagogy.

This study concludes that the respective NGOs pursue a mix of approaches to health education that could be reflection of the minimal training received by the health educators. However, there is need for professionalism in health education if we are to talk about long-term changes in behaviour. It recommends that NGOs need to assess the kind of training given to people who perform the role of health education and evaluate their health education activities. This training among others should emphasise understanding of the various theoretical underpinnings to health education

Key words: Health education, behaviour change, empowerment approaches, Peer Education, NGOs