



Best Practices in Egypt:

Reaching Women and Men through Literacy Classes



Literacy Materials regarding TAHSEEN's Messages

The CATALYST Consortium is a global reproductive health and family planning activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health of the United States Agency for International Development (USAID). The Consortium is a partnership of five organizations: Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia. CATALYST works in reproductive health and family planning through synergistic partnerships and state-of-the-art technical leadership. Its overall strategic objective is to increase the use of sustainable, quality reproductive health and family planning services and healthy practices through clinical and nonclinical programs.

Mission

CATALYST's mission is to improve the quality and availability of sustainable reproductive health and family planning services.

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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THE NEED

When it comes to accessing health care, illiterate and semi-literate women and men are at a special disadvantage, not only in Egypt, but worldwide. The families of less educated women are known to suffer more from health problems, and less educated women are less likely to use modern methods of family planning when they want to space childbirths or limit their family size.¹ As they cannot access information through the usual channels, such as newspapers, books, or print materials available from clinics or pharmacies, reaching these women and men involves special challenges. They often rely on information from neighbors or relatives, which in areas of low health knowledge may contain as much misperception as truth. These potential clients have difficulty checking the veracity of what they have heard, and accept much misinformation as fact. It is estimated that 63 percent of women in rural Upper Egypt are illiterate (Egypt DHS 2000).

THE TAHSEEN SOLUTION

The Government of Egypt recognizes that literacy is essential to development, and it is providing free literacy classes to hundreds of thousands of Egyptian men and women. One of TAHSEEN's many innovations in Egypt is to involve literacy facilitators—both from the public and the NGO sector—in spreading the word about reproductive health and family planning. These facilitators are respected teachers from the same community, who, therefore, have many additional opportunities to reach motivated women and men. They are students who, because they attend these classes, have already demonstrated their desire to improve their lives. Through these facilitators, TAHSEEN has the potential to provide thousands of underserved men and women throughout the country with: (1) critical information about reproductive health and family planning and healthier behaviors; (2) endorsement of these behaviors by trusted teachers, and (3) links to renovated clinics in project areas. Where possible, TAHSEEN intends to narrow the gap even more, by recruiting especially gifted literacy students to become role models themselves, demonstrating to their peers, by example, that change is possible. The intervention has the added benefit of allowing TAHSEEN to specifically reach large numbers of men with messages about men's responsibilities with regard to their wives, daughters and sisters' reproductive health and family planning.

In April 2004, TAHSEEN joined forces with the General Authority for Literacy and Adult Education (GALAE), Egypt's national literacy council, in order to involve literacy facilitators. GALAE manages free literacy classes with a current national enrollment of 517,000 women and nearly 300,000 men, and reports directly to the Minister of Education. At the local level, GALAE's literacy classes are taught either by teachers working directly for GALAE or by teachers managed by NGOs such as St. Mark's and

¹ Grown, C., Gupta, G. & Pande, R. (2005). Taking Action to Improve Women's Health through Gender Equality and Women's Empowerment. *The Lancet* 365, 541-543.

the Coptic Evangelical Organization for Social Services. Together, TAHSEEN and GALAE:

- a) **Used a collaborative approach to review the GALAE's national curriculum and identified several potential RH/FP topics that could be integrated into the existing curriculum.** TAHSEEN held a seven-day workshop with high-ranking MOHP and GALAE officials to develop teaching materials that integrate reproductive health and family planning content with literacy instruction. University medical school professors contributed by developing health messages and teachers' notes, which were then simplified by participating physicians and GALAE staff. Staff of the USAID-funded Communication for Healthy Living Project also offered technical expertise. Then GALAE staff and literacy teachers created lesson plans for incorporating those messages into their instruction. Revisions included five new modules with information about family planning and optimal birth spacing, antenatal care, prevention of sexually transmitted infections, gender relations and GBV, and appropriate age for marriage. The new student materials include catchphrases designed by an Egyptian folklore poet as well as illustrations depicting men's involvement in reproductive and family planning health decision making.

After the meeting, the materials were pre-tested with literacy students and then finalized. TAHSEEN then invited representatives of local and national NGOs, international cooperating agencies, the MOHP, GALAE, and donors to review these teaching materials in order to develop interest in replication.

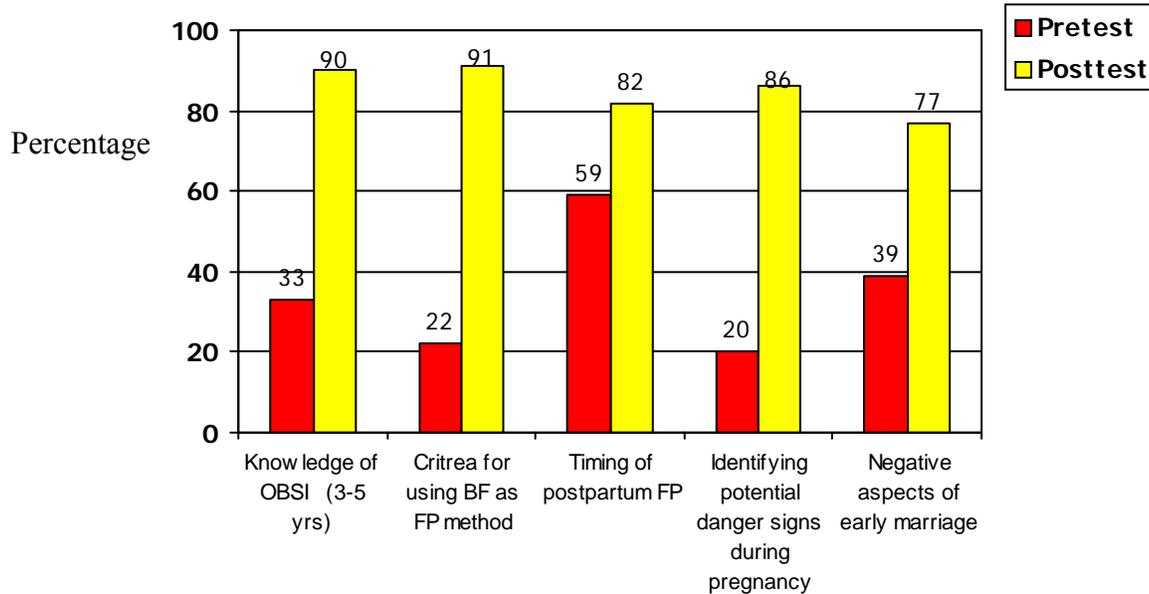
- b) **Trained GALAE literacy facilitators to use the new teaching materials.** TAHSEEN and GALAE first gathered 40 NGO literacy facilitators from four districts in Minia Governorate to participate in a five-day workshop. Through this workshop, facilitators improved their knowledge of reproductive health and family planning, developed better communication skills, and learned how to use the new literacy materials with their students. In September 2004, literacy facilitators started using the new materials with their 428 students. Each month, they devote one hour to a new reproductive health and family planning module (classes meet four times per week, for two hours at a time).

RESULTS

More than 100 literacy facilitators have been trained and are using the reproductive health and family planning materials in their teaching. As of July 2005, 107 literacy facilitators have been trained, including 40 from Minia NGOs, 20 from the National Council on Childhood and Motherhood in Cairo, 10 from the Rotary Club in Giza, 17 from GALAE in Beni Suef and 20 from Fayoum. Each facilitator is responsible for training an average of ten students.

Improved knowledge among facilitators. TAHSEEN tested the reproductive health and family planning knowledge of literacy facilitators before and after their five-day training and learned that the training increased their knowledge. (See Figure 1 below.)

Figure 1: Training of Trainers: Change in knowledge among literacy facilitators [n=92, results for each item in this graph were statistically significant at p<.001]²

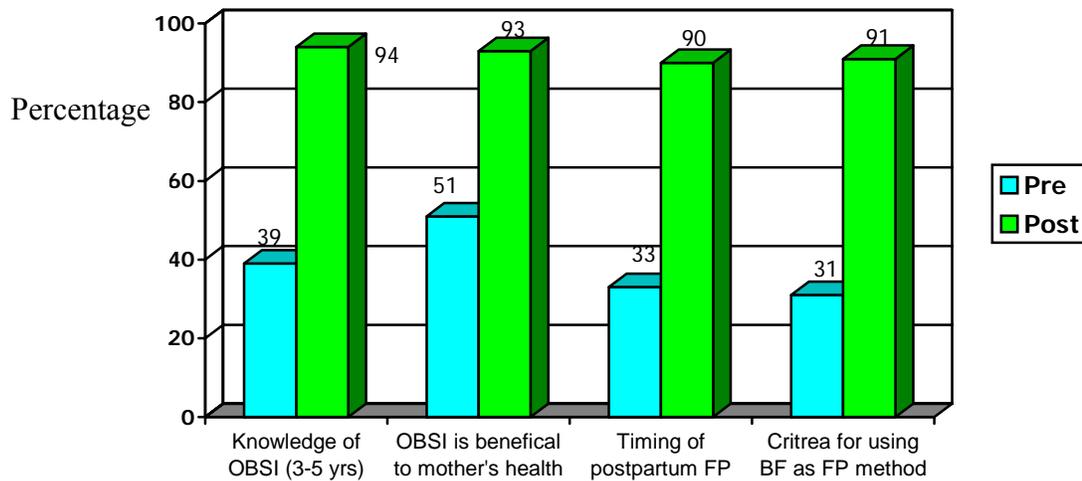


In addition to multiple choice questions on their knowledge (as per the graph above), facilitators answered several true/false questions about HIV/AIDS. For example, prior to training, 25% of literacy facilitators believed that HIV could be transmitted through contaminated food or water, and after the training all facilitators knew this was false.

Change in knowledge among all literacy students. Facilitators tested the knowledge of literacy students before and after each session. Results show an increase in students' and family planning health knowledge as illustrated in the following graph.

² Knowledge of OBSI 3 to 5 ($\chi^2 = 64.42$), Criteria for using BF as FP method ($\chi^2 = 90.58$), Timing of postpartum FP ($\chi^2 = 11.44$), Identifying danger signs during pregnancy ($\chi^2 = 81.13$), and Negative aspects of early marriage ($\chi^2 = 27.36$).

Figure 2: Change in reproductive health and family planning knowledge among male students in literacy classes
 [n=541, results for each item in this graph were statistically significant at p<.001]³



Interest in expanding the program. In February 2005, TAHSEEN met with GALAE's national director of planning to discuss adding new dimensions to this successful program. This director traveled to Minia to sign a Memorandum of Understanding with Minia Governorate to: (1) invite literacy students to visit local renovated clinics as a group in order to introduce them to TAHSEEN's various activities; and (2) begin using literacy students as community educators. In addition, TAHSEEN recently trained agriculture and irrigation extension workers to mobilize farmers into taking literacy classes. These extension workers are already working with TAHSEEN to share reproductive health and family planning information with farmers.

Because of the success and great potential of this approach, several organizations, including NGOs such as Caritas and the Coptic Church, have already expressed an interest in using the materials in other governorates. As noted above, the National Council for Childhood and Motherhood is now using materials in poor urban areas of Cairo, and the Rotary Club is using them in Giza. The MOHP has also requested 3,000 copies for its use in training security personnel. A network of national organizations—including the Communication for Healthy Living Project and the MOHP—is also adopting the teaching materials for use nationwide.

³ Knowledge of OBSI 3 to 5 ($\chi^2 = 368.65$), OBSI beneficial to mother's health ($\chi^2 = 236.21$), Timing of postpartum FP ($\chi^2 = 370.48$), Identifying danger signs during pregnancy ($\chi^2 = 81.13$), and Criteria for using BF as FP method ($\chi^2 = 407.81$).

