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The Use of Participatory Communication Model to Achieve Reproductive Health among Rural Women in Kenya

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Abstract
This paper sought to interrogate the possibility of rethinking development communication as far as reproductive health communication is concerned in developing countries. Health is among the eight Millennium Development Goals (MDGs). Advocacy campaigns on health matters in developing countries still lag behind in achieving the relevant goals of meeting health needs of the society. This paper used the case of women's reproductive health and how participatory communication strategies can be used to encourage more women, especially in rural communities, to attend clinics for screening and/or treatment. This paper also takes certain factors that pose health communication challenges in achieving the goals of reproductive health in women into consideration. These factors include; body politics, culture and stigma. By achieving the goal of reproductive health in women, a society will be assured of a healthy workforce for development. Women in developing countries are the main caregivers of the family and, in many rural settings, they play a major role in economic activities. Participatory communication involves the community through all the relevant steps in attaining social behavioural change. The people are part of the planning and thus own the project. Participatory communication takes into consideration the language and culture of the community involved. This leads to creating local content and, therefore, appropriate technologies of communication will be used. Once people in a community use processes of dialogue and collective action to address their needs, the impact should propel the project forward because there will be convergence and sharing of ideas. This model of participatory communication should, consequently, contribute to the achievement of reproductive health goals among women and consequently a health society.
Keywords: Development Communication; Participatory Communication; Reproductive Health; Women; Social Change.

1. Introduction
The Millennium Development Goals (MDGs) are a set of goals agreed upon in a United Nations' (UN) meeting in 2000, to reduce poverty, improve health and foster economic development (Gribble & Haffey, 2003). In this paper, reproductive health was focused with special attention to rural women. Rural Women in Kenya have often borne the burden of shouldering economic activities in the rural areas. The outcome of their activities supports their immediate families, like in educating children, and general family upkeep. Thus, these women contribute largely to nation building. One set-back, however, is that these rural women are often faced with a myriad reproductive health problems which become a drawback to their lives. Instead of leading fruitful lives after working hard for their families, many women spend most of their lives nursing reproductive ailments. One of the main problems faced by rural women in addressing reproductive health is communicating their condition or lack of awareness regarding the condition.

2. Materials and Methods
The study was carried out using idographic techniques where the human person was the main source of data. Open ended interview schedules were used to collect personal accounts. Individual interviews were conducted with the study participants who were rural women. The personal accounts were analysed qualitatively using thematic analysis and double hermeneutics as the process was generally dialogical.

3. Discussions
3.1. Reproductive Health and Communication Challenges
When reproductive health issues are discussed in various forums, the main issues of concern for women's health are often centred on family planning, contraceptives and safe motherhood. There are, however, other reproductive health issues which are left on the periphery and, sometimes, the rural woman may not be aware of the condition and the treatment for it. For instance, birth complications, such as long, obstructed and unrelieved labour, may lead to fistulae. Many rural women with such conditions live in shame and seclusion because of urine incontinence or total lack of control of bowel movement. Such a woman is embarrassed by the foul smell and, in some cases, is even abandoned by her husband.
Other reproductive health problems include HIV/AIDS, cervical cancer, uterine cancer, ovarian cysts, fibroids and lesions arising from previous caesarean sections. These health problems for the rural women often go

unattended and may lead to death. While the women live with the health condition, they are helpless, a burden to the family and will most likely lead to depression in the affected woman and the family members closest to her. This makes it a social problem as well.

This paper sought to interrogate a number of reasons that contribute to communication challenges that contribute to the impediment of reproductive health for rural women. These are: culture; body politics and, thirdly, stigma. Being rural women, these factors contribute largely to communication challenges as will be discussed.

Culture has a great influence on communication about health issues, especially in rural settings. Rural women, to a great extent, live lives that are guided by cultural norms and beliefs. Discussing personal matters, like a disease of the reproductive system, in public is a taboo among most communities. According to Katrak (2006), traditions most oppressive to women are located within the arena of female sexuality. Women in rural areas also fear disclosure of such ailments for fear of seclusion or being displaced from their family roles. Because of the salient role of a mother in African households, women often fear disclosing disease to their offspring or other close family for fear of burdening them. According to Dunleavy (2009), the difficulty of disclosure is often the cause of a number of diseases not being detected early for treatment. An example is a disease like cervical cancer. A woman will suffer in silence rather than disclose the condition yet, if detected early, it can be treated. Most African cultural societies treat reproductive diseases and conditions with a lot of suspicion. Myths are woven to explain these diseases and, in many cases, they are linked to witchcraft. The illnesses or complicated conditions have mythical perspectives, probably because they are not clearly understood. Thus, an afflicted woman will easily be made to believe it is witchcraft and will go about the matter rather silently as she seeks divine intervention and any other means of solving the problem. This ends up aggravating the woman's condition.

Related to culture is the issue of disclosure. According to Moore and Spiegel (2006), most cultural communities find the disclosure of terminal illnesses, such as cancer, a very sensitive issue. To many it is seen as cruel because it robs the patient of hope and is likely to provoke rapid decline and death. In most rural homes, the head of the household is often a man who is either a husband or a relative. Permission of disclosure rests squarely with the head of the household and this can sometimes work against the wellbeing of the woman as the man may not have a clear understanding of the condition.

Body politics is a great obstacle to communicating reproductive health issues, particularly among rural women. Health matters are often in the public domain but reproductive health matters for women lie more in the private domain. One of the reasons is that most reproductive ailments and conditions are intrusive and, therefore, difficult to discuss. In Kenya, most rural women are either bound by culture or religion and both factors tend to shun the discussion of a woman's body. According to Shapiro (1999), any discussion of the female body can be easily deemed as sinful or seen to allude to matters of sex. This constitutes a communication barrier, particularly, for ailments that benefit a lot from prevention and early detection. These include uterine and cervical cancer and conditions such as fistulae that can be treated once early detection is made. Communicating openly would also lead to more women attending the 'well-being' clinics.

The objectification of the female body, according to Shapiro (1999), has led society in general to regard disease as a failure of the body to function as it is supposed to. This makes it more complicated for women who have reproductive ailments to communicate their condition. The rejection of imperfect bodies is evident in all human cultures (Couser, 1997) and, consequently, many women with reproductive health conditions will avoid bringing them to the forefront until such a time that it is unbearable and often this is in advanced stages of an ailment. An example in case is cervical cancer.

Stigma also contributes to communication challenges in addressing reproductive health. In rural communities, the lack of awareness of certain reproductive system conditions, such as cancer and birth complications such as fistulae and vaginal prolapse, among others, lead to various mythical interpretations of the conditions. This, consequently, brings about stigma depending on the mythical perspective of the condition. For example, cervical cancer and its invasive nature in a woman's reproductive system, is often interpreted as a sexually transmitted disease. Most women will keep mum about it and others will even be abandoned by their spouses because they are seen as having been promiscuous (Gregg, 2003). In one case study on cervical cancer, Gregg (2003) noted that the patients always write themselves off and any treatment procedures are treated with suspicion of being ridiculed. One woman who refused to continue with treatment said "It is like someone putting a finger in an open wound and messing it up".

Mason *et al*. (2001), on stigma and social exclusion in healthcare, observes that, until recently, cancer was discussed in hushed terms. The word itself carried a powerful emotional message, promoting feelings of anxiety, fear and dread. According to Mason *et al*. (2001) cancer is mysterious to humanity in general: it is a silent killer, its origin is unknown and the facts available are both ominous and terrifying. Cancer challenges not only a person's resilience to withstand disabling and invasive disease and disruptive and disagreeable treatment but looking into the face of death against our reflective instinct to look away as well (Ibid). Cervical cancer faces more challenges than all other types of cancer because its nature and treatment is most invasive and the stigmatization is more profound. This applies to other reproductive health conditions especially for rural women.

Buzzanell, Sterk and Turner (2004) look into the lives of women cancer survivors and how they make meaning of chronic illness, and disability. Stigma stands out as a communication challenge because the rejection of imperfect bodies and a disease they hardly comprehend leaves them feeling isolated. Cancer survivors with persistent physical and/or emotional effects of the disease and treatment are stigmatized and dehumanized by society in the way they are handled. Female cancer survivors who have chronic impairments are often not easily categorized by self or others. Reproductive system ailments bring about stigma and these women occupy the boundary areas between: health and illness; ability and disability; wholeness and loss; femininity and "damaged goods" In society, there is always the assumption that people are either completely able or healthy or they are completely disabled and are an object of charity. The middle ground is still not enough. In this light reproductive health for rural women is in a more complex situation because their setting often leaves them much more disadvantaged as they are mostly illiterate and are often addressed on various issues about their lives by authorities who do not allow them to participate in their own development issues.

3.2. The Role of Development Communication

Development communication is where communication is applied to engage stakeholders assess the situation, devise effective strategies leading to better and more sustainable development initiatives (Mefalopulos, 2008). It is more than transmitting information: it is about using communication to generate new knowledge and consensus in order to facilitate change (Ibid). On reproductive health communication, application of development communication strategies in the rural setting applies. Development communication applies strategies of two way communication in which Mefalopulos (2008) explains as involving more than just passing information or creating awareness. Two way communication is used to understand, assess, explore and facilitate decision making related to change.

Development communication bears the potential to address health communication challenges because of its dialogical approach. Tufte and Dagron (2006) expound on communication for social change (CFSC) by foregrounding the potential role of involving the people directly affected by the problematic issue at hand. They note that people who are best able to push the need for change and identify the most effective solutions are those who are most directly affected by the problem that needs to be eradicated.

According to Tufte and Dagron (2006), it is probable that the African society has become so absorbed in Western-oriented mechanisms in addressing issues that indigenous mechanisms have been relegated. They note that the African tradition placed value in oral communication in moving communities and nations forward through griot traditions, storytelling, drama, dance and song. People in Africa use oral communication to make collective decisions. Thus, communication for social change is a way of developing and strengthening people's confidence and skills to tell their own stories, explain their needs and advocate for the kind of change they want (Ibid). This would go in line with the challenges faced in reproductive health communication. The women in rural communities would be actively involved in bringing out their opportunities and challenges in the management of their reproductive health.

The participatory communication model of development communication allows for dialogical processes in the quest for communication for social change (Tufte & Mefalopulos, 2009; Bassette, 2004). Communication for social change incorporates the participatory model because of its characteristics as expounded by Tufte and Dagron (2006) which include:

1. Community participation.
2. Language and cultural relevance.
3. Creating local content.
4. Using appropriate technology.
5. Network and convergence.

Participatory communication, according to Tufte and Mefalopulos (2009), is an approach based on dialogue which allows the sharing of information, perceptions and opinions among the various stakeholders and thereby facilitates their empowerment, especially those who are most vulnerable and marginalized. In this study, rural women are seen as a marginalized group and therefore need to be incorporated in the process of developing reproductive health programmes. As Tufte and Mefalopulos (2009) further explain, it is not just the exchange of information and experiences, rather, it is also the exploration and generation of new knowledge aimed at addressing situations that need to be improved. In the process of sharing information and experiences on the communication challenges faced by rural women and health facilitators, emergent issues that may have been obstacles are able to be handled. In this way, more women get empowered and the possibility of the benefits of the project will most probably spill overboard to reach wider social dimensions.

Entertainment-education is also another strategy for social change. This development communication model has the potential for education in various social aspects. Singhal and Rogers (1999) outline three reasons. One of the reasons for potential in education in entertainment is that development problems loom large all over the world and among them is disease. To address such problems, pragmatic media strategies are needed that appeal to the audience members, are commercially viable and are socially responsible. Using the entertainment media for

educational purposes provides an unusual opportunity to achieve these objectives (Ibid). Reproductive health is in the private domain and broaching the subject may pose a number of communication challenges and, therefore, entertainment may offer a channel through which educative information may be disseminated to rural women. Another reason is that leisure and entertainment represent one of the most important megatrends of recent decades. The hard-to-reach rural poor are increasingly accessible through the mass media and at a relatively low cost. In Kenya, the freeing of airwaves has seen many local FM radio stations flourish all over the country. A third reason is that entertainment media is not a 'mindless' genre as has often been accused. Audience research shows that consumers prefer socially responsible and wholesome entertainment when available.

Njogu (2005) notes that there is a potent relationship between culture, entertainment and health promotion in Africa. According to Njogu (2005), cultural products have the ability to simulate our emotions in a pleasurable manner. He also states that entertainment is an important way of engaging people at the emotional level in order to achieve certain goals. Popular culture can play a pivotal role in increasing levels of knowledge, changing attitudes and influencing behavior change by getting communities to participate in dialogue and to act together in order to change their condition. Reproductive health is often said to be plagued by lack of awareness (Turkington & Edelsen, 2005; WHO, 2008; Moorey & Greer, 2002; Dunleavey, 2009) and, therefore, entertainment may offer opportunity for attitude change through enjoyable and acceptable communication.

Development communication has potential in addressing communication challenges in the control of cervical cancer but this cannot happen successfully if certain foreseeable obstacles are not addressed. According to Tufte and Mefalopulos (2009), most development communication programmes fail to be participatory in the degree expected because of the agenda set by a few individuals. These include policy makers and technocrats, with little input from stakeholders, especially at the local level. Rigid management procedures and tight deadlines for planning and funding allow little flexibility needed for participatory processes.

In participatory communication, the people affected by the problem that requires a solution are integrated in all the processes of solving the problem at hand (Tufte & Mefalopulos, 2009; Tufte & Dagron, 2006). Participatory communication models involve the community in ways that make the people become creators of their own knowledge rather than ideas and practices being imposed on them (Mulwa, 2010). In the control of cervical cancer, rural women can draw from their indigenous knowledge to help them interpret and integrate modern-day information on cervical cancer in order to be in the forefront of their health matters. The focus is to establish whether rethinking communication for social change can achieve more positive results in communicating reproductive health matters in rural Africa by using communication techniques that are compatible with the rural African context. According to Barraclough (2007), good communication skills and participatory decision-making styles are highly valued in the management of cervical cancer. WHO's (2002) report on Policy and Advocacy suggests that good communication skills are vital among those advocating for health matters. These include being able to speak clearly and concisely and an ability to convey complex information in an organized and easy to understand manner.

4. Conclusion

This paper has looked at reproductive health among rural women and the communication challenges that abound. If participatory communication is used in forging the way forward, programs that will have meaning for rural women will be designed. The MDG on health and particularly reproductive health will be achieved. Rural women are often said to be the backbone of economic activities in Kenya and it is, therefore, befitting that their health matters are put into serious consideration. Rural women are also known for their ability to come together to make collective decisions that affect their lives on various aspects. This lays a strong foundation upon which participatory communication can be used to allow them to discuss various reproductive health issues that affect them. Through participatory communication, forums that create awareness will be forged and many issues that would not have otherwise been discussed will be brought out in the open. The rural women will consequently become active decision makers on matters of their own reproductive health.

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