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Project Trust Community Report
Sierra Leone, Senegal
Nov 2021 - July 2022

IF FOUND PLEASE RETURN
TO:
1 HUGHENDEN DRIVE
GLASGOW
G12 9XS

also a
visual exploration
of my time in Senegal





a study into health literacy in the village of Ndianda.

An account of events which demonstrate the link between literacy level and access to healthcare in rural Senegal between the dates of 4th November 2021 and 27th June 2022. Research originally conducted for the benefit of the Public Health department of Glasgow Caledonian University.



THE GAMBIA

2022

4. Quels sont les effets indésirables éventuels ?

Comme tout médicament, Clotri-Denk 1% Cream peut entraîner des effets secondaires, même s'ils ne concernent pas tous les patients.

La fréquence des effets indésirables est classée comme suit :

Très fréquent :	Plus de 1 patient traité sur 10
Fréquent :	1 à 10 patients traités sur 100
Peu fréquent :	1 à 10 patients traités sur 1.000
Rare :	1 à 10 patients traités sur 10.000

Qu'est-ce que Clotri-Denk 1% Cream et contenu de l'emballage extérieur

Crème blanche et homogène. Clotri-Denk 1% Cream est conditionné en tubes de 20 g.

Titulaire de l'autorisation de mise sur le marché

DEK PHARMA GmbH & Co. KG
Hirtenbergstr. 79,
80975 München, Allemagne

Fabricant

C.P.W. ContractPharma GmbH
Hildegardstraße 7,
83529 Feldkirchen-Westerham, Allemagne

Neste folheto:

1. O que é Clotri-Denk 1% Cream e para que é utilizado
2. Antes de utilizar Clotri-Denk 1% Cream
3. Como utilizar Clotri-Denk 1% Cream
4. Efeitos secundários possíveis
5. Como conservar Clotri-Denk 1% Cream
6. Outras informações

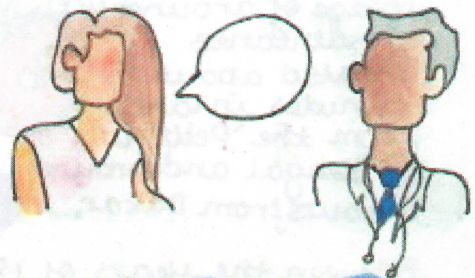
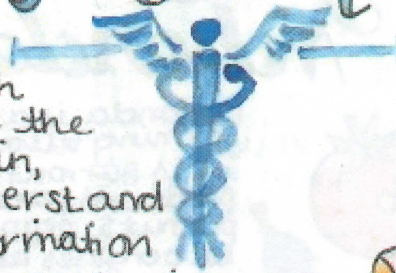
1. O que é Clotri-Denk 1% Cream e para que é utilizado

Clotri-Denk 1% Cream é um medicamento para o tratamento das infeções fúngicas (micoses) da pele e das mucosas causadas por dermatófitos, leveduras, bolores e outros.

Wergu ya xame

What is health literacy?

"The degree to which individuals have the capacity to obtain, process and understand basic health information needed to make appropriate health decisions." (www.hrsa.gov)



these can be:

- what to eat?
- when to see a doctor?
- should I vaccinate?
- do I need a mammogram?
- How much exercise should I do?

"SIMPLY PUT, HEALTH LITERACY IS HOW WE RECEIVE, INTERPRET AND ACT ON HEALTH INFORMATION" says Akeia Blue, health communications consultant.

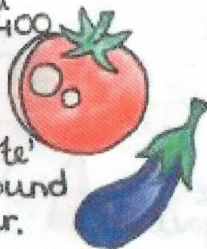
DOCTOR



CHILDREN FLOWER PICKING IN NDIAND

A brief history of Ndianda.

Ndianda is a small village of around 400 inhabitants located about 15 minutes inland from the 'Petit Cote' of Senegal and around 3 hours from Dakar.

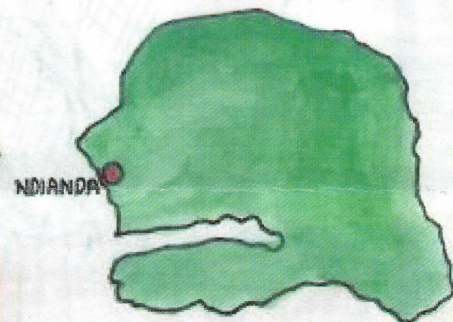


Ndianda is a majority farming village and it is surrounded by fields and forests. Grains, peanuts, peppers, Aubergines and tomatoes are the village's main crops.



Between the years of 1866 and 1870, the kings of the Sine and Saloum, two kingdoms that now make up the Sine Saloum delta region, fought each other. This created an influx of refugees northwards and many created a settlement in what is now the village of Ndianda. The village was officially founded by Yigo Ndiaye, and named after an indigenous tree species called Ndiandere. It was named for the first time in 1874 in the journal of the community of Ngazobil. In 1887 the village was reduced to tents of what it once was due to an influenza epidemic. In 1891, many refugees returned to their original villages and the population in 1891 was no larger than 150. The leader of the village started to build a church in 1892, and it was finished in 1902. Due to being 6km away from a major missionary settlement in the Christian village of Ngazobil and the fact that many villages were employed by the settlement through cotton farming, many villages became Christians, either converting from Islam or from Animism. In Ndianda, the major ethnic group is the Serere group, they are a minority group in Senegal (15%), and speak Serere.

In comparison with the rest of Senegal, Ndianda is fairly Christian (estimated 60% Muslim and 40% Christian, compared to 95% Muslim and 5% Christian/Animist overall in the country), this is due to the history of the village and its proximity to the missionary settlement of Ngazobil.



NDIANDA HAS **1** HEALTH CENTRE. BUT NO DOCTOR. ON AVERAGE, THERE ARE **7** DOCTORS PER **100,000** PEOPLE IN SENEGAL.

Ndianda is home to one nursery, two primary schools, one middle school, one arabic school, one private school and no lycée (high school). The nearest high school is a 15 minute car away.

mbam



donkey

Healthcare in Senegal.

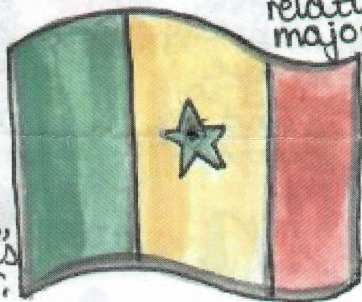
Senegal is the most western country in Africa with a population of 16 million people.

Senegal was colonised by France between 1893 and 1960 thus there is a significant french influence in the country and its official language is French.

Senegal has 7 doctors per 100,000 citizens, while 52% of rural residents have no access to healthcare at all. It is safe to say that the medical care here is basic, I have seen no specialised healthcare centres such as dentists, however the health post in my village is well established with modern ambulances and a maternity ward, and the nearest doctors surgery is around 20 minutes away.

According to PubMed central, private healthcare provides 70% of healthcare in Dakar, showing a lack of trust in public health services.

WERGU YARAME: wolof for healthcare



LITERACY



Senegal currently has a literacy rate of under 55. The current law in Senegal is that education is free and compulsory for children up to the age of 16, but it isn't a very enforced law, so I can safely say that now near 100% of children are in school. Furthermore, this is a relatively recent law, so the majority of adults and old people in Senegal did not experience this law. Also, each year schools charge an 'enrolment fee' of 8,000 CFA, the education system is not 100% perfect and the literacy level of the country is now near 100% either.

WERGU
YARAME

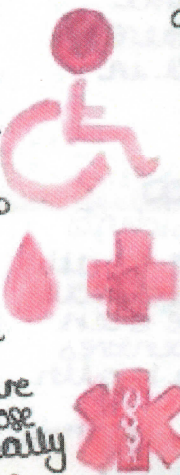
↳ instruction manual for medication purchased in Senegal

The price of medical care.



Firstly, through interviews with the public and through my own personal trips to health centres and hospitals here, I have discovered that healthcare in terms of seeing a doctor for the purpose of a consultation is not expensive, and can thus be afforded by those who have less well paying jobs, those linked to lower literacy levels, such as farmers.

However access to the medicine in which to treat ailments here is expensive and there are many fake medicines. Only those who are educated in grammatically correct French language and have the level of education needed to recognise fake packaging and



legal descriptions on medicine tins and boxes will be able to access medicine that is at least not harmful and in the best case effective.

The second issue concerns the 'poverty' that many people live in here, the low standard of living and ineffective water and hygiene facilities. Many people in Senegal take out medical insurance because of this. The problem with this is that due to the fact that in order to get insurance one needs to be able to have a bank account, only available usually to those in secondary, tertiary or a watery job. E.g. if a fisherman earning the equivalent of £100,000 a year is less likely to have a bank account than an educated teacher earning less.

beliefs in traditional medicine.

*International Journal of Non Communicative Diseases

There are many nomadic tribes in Senegal, as well as different communities, brotherhoods and tribes who each have their own traditions, cultures and thus medicines. I have seen homeopathic remedies being used in my own village for those who are sick, but most among those who are less educated on modern science and therefore less likely to trust modern medicine. This reliance on traditional medicine is also explored in 'Fisherman's Blues', a novel about the fishing community of Joal, Senegal, written by Amara Badkhen. Joal is a town around 15 minutes from Ndiandia. Badkhen suggests that traditional medicines are commonly used among illiterate or less educated communities, and also explores the importance and reliance upon 'gris gris', small bracelets or anklets tied around the waist of a child or adult in order to protect them from diseases. The dependency upon these good luck symbols to protect a person could likely affect peoples decisions surrounding healthcare and make people slower to seek help.

IT IS ESTIMATED THAT TRADITIONAL HEALERS ARE THE PRIMARY CAREGIVERS (1 PER 200 PEOPLE) IN SUB SAHARAN AFRICA.

In Senegal, non-communicable diseases such as diabetes are common due to the fat and sugar heavy diet and often sedentary lifestyle. Diabetes is not managed or treated effectively in Senegal due to the lack of detection services, insurance and medication, due to this lack of diagnosis and treatment, it often goes untreated professionally as people return to traditional medicine. E.g. moringa is a common treatment for diabetes in Dakar. It is partly due to financial reasons but also due to financial reasons but also due to a lack of understanding of the human body, world health and scientific developments that less educated people are more likely to choose traditional.

Medication instructions

Despite French being the official language of Senegal, and the one used in professional contexts, it is clear that the most proficient language nationally is Wolof (40% natively, and most other people speak it as a second lang.

Senegal has 39 spoken languages, but French is the countries official language due to the colonial history. These minority languages spoken by people from different ethnic backgrounds are:

- WOLOF
- PULAR
- MANDINKA
- BALANTA-GANJA
- MANDJAK
- NOON
- JOLA-FONYI
- SERER
- MANKANYA
- SONINKE
- SAFEN
- BASARI
- GUINEA-BISSAU CREOLE
- BEDIK
- ARABIC
- WAMEY
- YALUNKA
- PULAR
- PALOR
- NKO
- NDUT
- MLOMP
- MBOUTI SIGN LANGUAGE
- LALAA

Waa w

Salaam
Maledum

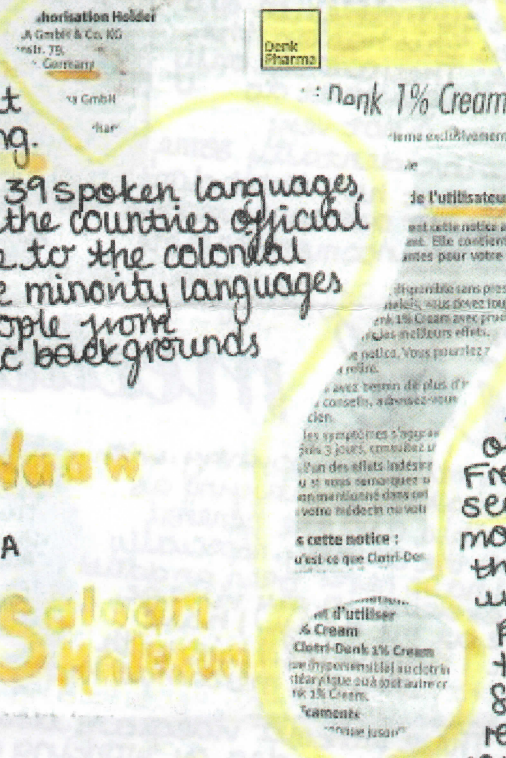
Manga
def

Hampio

Jaqraama



Apart from medication being expensive, it is also not accessible to those who aren't educated due to the lack of minority languages attached to the tube's & bottle/packets instructions.



For example, I have a tube of anti-fungal cream bought from a local Senegalese pharmacy, the instructions on the back are in English, French and Portuguese. Children in Senegal begin to learn French in school when they are 6 years old. All teaching is done in French. French is often a second or third language for many Senegalese children and they don't reach a fluent level until they leave school and progress onto university, thus for the population of Senegal that does not speak, read or understand French, roughly 53% of the population and inaccessible.

53%

of the population and inaccessible

Research indicates that Wolof is spoken by

80%

of Senegals

SO WHY IS EVERYTHING IN FRENCH?

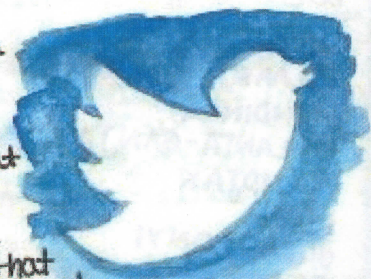
Keeping up to date on living healthily

According to my interviews with Senegalese residents, it is those who are capable of reading reports and news on recent developments in healthcare and science that live healthier lifestyles. For example, I live next door to a fairly wealthy family in my village, a well educated family of teachers. They buy bottled water for their children as they read a report written by a french scientist on the high fluoride quantities in our water supply and the dangers this has on the oral health of young people. They are the only family I have met in the village that do this, even though bottled water is not very expensive here, but they are coincidentally some of the only children I haven't met here that don't have brown stained teeth due to overconsumption of fluoride. These reports would be incomprehensible and inaccessible to people without an understanding of and literacy level of french, people who have gone to school.



ALSO, ITEMS LIKE CIGARETTES ONLY CARRY HEALTH WARNINGS IN FRENCH!

social media

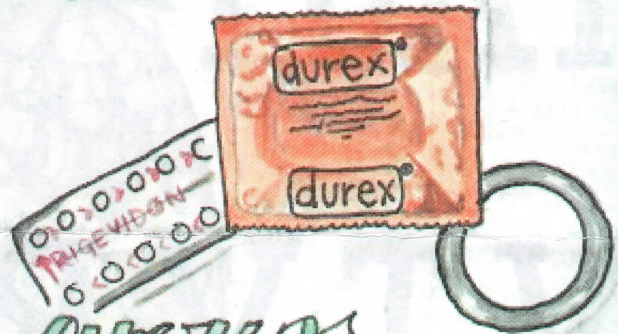


Senegal is a very religious country, with 95% of the population identifying as muslims. Due to this, and the general view of women in the country, especially in rural areas, I have never seen an adult female do any exercise in my village, and people stare at me as if I have three heads when I go on runs. I live with another 18 year old girl however, who has mentioned that her friend watches these workout videos on Youtube and exercises in her free time. These workout videos are usually filmed by European or American women, as the idea of 'working out' is more common in countries such as the U.S, U.K and France. The Senegalese women who are influenced by viewing 'Western women' working out are more likely to workout themselves. This type of access to international media is done through social media, which is only accessible to those who have a) a mobile phone and b) 4G/ internet access which means they have a decently high paying job and are more likely to be well educated. The quantity of social media posts that exist in Wolof are also very low, compared to the volume in french or English, thus those who are influenced to live a healthy lifestyle through social media posts are more often than not people who speak French or English, and thus educated, literate people.

family planning

In the Senegalese state school curriculum, students get one course of reproductive health education when they are around 15. Senegal is a country which places a lot of importance on religion, both Christianity and Islam, thus the idea of dating, sex before marriage and open discussions about sex are not common. The only place in which young people are taught about sex and safe sex is in school. This means that women and men who have not attended middle school, are less likely to understand what methods of family planning and STD prevention are available and

are therefore less likely to use those services. Also, women who follow the route of having a career beyond working in the fields or being a housewife in Senegal are more likely to use family planning methods to focus on their careers, and are more likely to be highly educated also.



minority groups

My village is a Serere village, where the language of the inhabitants is Serere, a language that is spoken by around 15% of Senegal. Thankfully due to the proximity of my village to Dakar, and other Wolof regions, most villagers speak Wolof also, which is the most spoken language



in Senegal, however there are a few people in the village who speak only Pulaar and Serer, which means that in the majority of Senegalese hospitals they are likely to be treated by a doctor who only speaks Wolof (and French). This would pose a communication

(NON WOLOF SPEAKERS)

problem if the patient has not been educated and cannot speak French. French is used as a bridge language, a lingua franca, in Senegal. It is a common language that most people can understand - if they went to school, which is not currently the case for much of the population. This means that there is a chance that healthcare would be impossible to access in certain areas of Senegal to those who are illiterate and thus do not understand French.

**IL
FAUT
VIVRE
UNE VIE
SAINTE.**



Note: information not available to nonfrench speakers.

however...

Upon beginning my investigation into Senegalese health literacy, I had a few hypotheses that did not end up to be true examples of the link between literacy and health in Senegal.

① I thought that the majority of advertisements for medication or healthy lifestyles in the media would be in French, instead of Wolof, but there exists an equal number of advertisements in both languages within both TV and radio stations. There was also a study on family planning among Senegalese women carried out by Theresa Y. Kim that showed there was little link between literacy and attitudes towards healthcare due to the fact that the majority of TV adverts are very visual commercials in Wolof, and thus, can be easily understood by those who are illiterate, but possibly not those who are both non-Wolof speaker and illiterate. It also showed that women are more receptive to visual and not textual adverts even if they are not illiterate. This large number of visual commercials however suggests that there was a possible problem with health literacy in the past and the Senegalese government has acted to reduce this inequality.

② I also thought that there would be a link between literacy levels and attitudes towards vaccinating children, however after speaking to families of all backgrounds I found that there is little difference between vaccination attitudes among educated parents and uneducated parents. Almost all parents vaccinate their children against anything recommended during pregnancy, but I have noticed that everybody here, educated or non-educated, will not get vaccinated against COVID-19.

③ In terms of masks, I have found little information linking literacy and the wearing of masks due to the fact that masks were a legal requirement outside during the height of the pandemic and everybody wore them.

④ I was also unsure of whether or not all doctors consultations would be able to be conducted in Wolof as Wolof lacks a lot of technical terms and words for complex modern theories such as those of healthcare, and I believed that for those who did not understand French these consultations would be difficult, but I have since been reassured that doctors consultations are rarely done in French and usually done in Wolof. Even if a patient is illiterate the doctor can write down the name of a medication for the patient to bring to the pharmacist. Without education, understanding of illness is unpaired but access to treatment is not.

The layout of this project was chosen so as to mimic the text heavy, difficult to read instructions on medicine packets, shown below. Included are bright drawings which provide a contrast between the close, dense text and easy to understand visuals - emphasising the importance of literacy levels to understand information, or conversely, the importance of providing information to people in a universally acceptable way.

zerejes

THANK YOU
(WOLOF)

merci

THANK YOU
(FRENCH)

jookandial

THANK YOU
(SERERE)

jaaradama

THANK YOU (PULAAR)

thank
you

medicent howat july 2022