



Using Open and Distance Learning to Promote Social Justice in Limited Resourced Communities

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Abstract

The effects of communicable diseases such as malaria, cholera, yaws, schistosomiasis, and poliomyelitis had been realized for a long time among the populations along the coastal and forest regions in Ghana, where adequate supply of portable water is poor. Where the health central locus of control dwells much on fate and luck, the health seeking behavior pushes the odds of eliminating these diseases in the shortest possible time very far beyond the reach of the poor and the socially disadvantaged.

Two hundred community members with limited education background and general knowledge in health issues, but with the zeal and will to facilitate health advocacy were selected by their colleagues to participate in educational programs to empower them to become agents of behavioral change to fight endemic communicable diseases in their localities in 2008. The teaching process took place in designated places where clustered communities had it very easy to access. There was no age limit for participating in the program. Transport and feeding cost was paid by the health ministry and a local NGO for two weeks. By the end of the program, they had qualified as community disease surveillance volunteers (CDSV) with the capacity to help communities eliminate diseases, investigate and control outbreaks.

By the end of year, the graduates went back into their communities, prepared to move the engine of healthy lifestyle and behavioral change in the region. They reported 430 suspected malaria cases, 305 cases of yaws, 512 cases of schistosomiasis, and 17 suspected cases of acute flaccid paralysis to the district health directorates for the desired action.

ODL properly arranged to give access to education; health and employment for the disadvantaged few can make an impact on social justice anywhere.