

Background paper* prepared for the
Education for All Global Monitoring Report 2006
Literacy for Life

The social benefits of literacy

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2005

This paper was commissioned by the *Education for All Global Monitoring Report* as background information to assist in drafting the 2006 report. It has not been edited by the team. The views and opinions expressed in this paper are those of the author(s) and should not be attributed to the *EFA Global Monitoring Report* or to UNESCO. The papers can be cited with the following reference: "Paper commissioned for the *EFA Global Monitoring Report 2006, Literacy for Life*". For further information, please contact efareport@unesco.org

* Commissioned through the University of East Anglia (UEA), Norwich

The Social Benefits of Literacy

By Anna Robinson-Pant

1. Introduction

‘A better educated mother has fewer and better educated children. She is more productive at home and in the workplace. And she raises a healthier family since she can better apply improved hygiene and nutritional practices’

King and Hill 1993: 12

This often-quoted statement from King and Hill’s book, ‘Women’s Education in Developing Countries’, encapsulates the various social benefits which researchers have investigated in relation to women’s literacy. The quotation can however also serve to problematise the relationship between literacy and social benefits. Aside from the problem of taking literacy rates as indicative of ‘education’, this dominant research discourse has focused attention almost exclusively on women’s reproductive role and family welfare (Leach 2000), promoting an instrumental rather than rights-based approach to literacy (Robinson-Pant 2004). The sole focus on women’s literacy has also raised questions about leaving men out of the analysis of the relationship between literacy and health outcomes (see Basu 1999)¹.

It is therefore important to foreground my review of the social benefits of literacy with a brief account of the assumptions and the limitations of this body of research evidence.

- The tendency to conflate schooling, education, literacy and knowledge: as Bown (1990) pointed out, many research studies correlating literacy and development indicators, such as fertility rates or child mortality, are based on women’s literacy rates. These are a composite measure of women who have been to school, as well as those who became literate as adults. Though youth literacy rates are now available in many countries, large-scale studies analysing the links between literacy and development have not disaggregated

¹ Farah’s paper on the cultural benefits of literacy has also noted the absence of studies reporting on benefits for men as much research has focused exclusively on women’s literacy.

youth from adult literacy. It has however been argued that the findings about social benefits from schooling can be transferred to adult literacy: ‘with regard to knowledge and skills...there is reason to expect more immediate effects of ABE [adult basic education] than in the case of primary school’ (Lauglo, 2001: 19). Recently, there has been more attention within the formal sector to educational processes: research on the impact of girls’ schooling on fertility (Jeffery and Basu 1996) has revealed that schools often teach girls to be ‘subservient’ rather than assertive and that ‘schooling can be the opposite of education’ (Longwe 1994). Evaluation studies of individual adult education programmes have similarly attempted to relate the social benefits of literacy to an analysis of the educational process, including the curriculum and social structures (see for instance, Burchfield 2002a, Stromquist 1997). The increasing diversity in research approaches over the past decade has also contributed to understanding about the differences between literacy and knowledge: for instance, individual life histories of non-literate women who are active in community life and know about health issues (see Betts (2003) in El Salvador, Kell (1996) in South Africa, Egbo (2000) in Nigeria).

- The literacy/illiteracy divide and the isolation of ‘literacy’ as an educational input: the social practice approach to literacy (see Street 2004) challenges the assumption that ‘literate’ people think and act in different ways from ‘illiterate’ people and that literacy has universal benefits, regardless of context. This ‘divide’ has been the starting point for much research looking at the linkages between literacy and social/health outcomes, and has focused on the impact of literacy on knowledge² (for instance, LeVine’s (1991) research discussing how literate women were better able to understand decontextualised health messages). Recent research within the New Literacy Studies has taken a wider perspective on literacy programmes than simply evaluating knowledge or literacy skills, focusing particularly on the uses, practices and meanings of literacy in differing cultures (Street 1993). This also involves looking at the indirect factors that affect health practice, such as the

² See Patel’s paper on the human benefits (section 2.1.3) for a review of evidence on the effects of literacy on cognitive skills.

new social space provided for discussion and sharing of information (Moulton 1997).

- Focus on women as a homogeneous group: as well as the failure to disaggregate the impact of education on adult women, as compared to schooling, researchers have often overlooked economic, social and cultural differences within groups of women. Though researchers now try to identify the benefits of literacy for women attending literacy programmes (as compared to those who went to school), they note the problem of ‘self-selection’: ‘how far these associations could be due to selection or self-selection of persons with initial personal characteristics which also affect outcomes in a positive manner’ (Lauglo 2001: 22). Burchfield et al (2002b) however noted from findings in Bolivia that literacy had greater social benefits for women of lower socio-economic status.

In contrast to the extensive literature on education and health/social change, any analysis of the social benefits of literacy programmes is limited by the relative lack of research evidence. As LeVine noted in 1999, there are still few large-scale surveys of literacy programmes at national level, so I have based this analysis largely on small-scale studies and evaluations of specific programmes. These research studies give insight into social benefits at an individual level but raise issues about how such evidence can be used in a national or international context. Even generalising beyond the immediate programme context is methodologically problematic, since findings around the individual benefits of ‘health knowledge’, for instance, are often derived from questions assessing learning in a specific literacy course (usually recalling information given in the textbook). The detailed ethnographic studies of literacy programmes discussed here also present issues about generalisation across cultural contexts when used for policy purposes and convey the complexities involved in determining ‘social benefits’ as compared with ‘political’ or ‘economic’ benefits. I have therefore indicated the overlaps between this paper and the four other benefits, where relevant.

2. Literacy and Health

The statistical correlation between women's literacy and health indicators, particularly decreased fertility, child mortality and increased life expectancy, was the focus of much research in the '70s and '80s. Cochrane (1979) demonstrated that there was an inverse relationship between women's literacy and fertility. Caldwell (1979) analysed the impact of women's education on child health, concluding that each extra year of maternal education was associated with a 9% decrease in under-five mortality.

Though such evidence now needs to be seen as the effect of schooling, rather than adult literacy programmes (see above), the methodological critique by later researchers is directly relevant to an understanding of the social benefits of literacy. Jeffery and Jeffery (2000) question the 'black box' of education, referred to by Carter (1999:74) as 'our notions of the universal cognitive consequences of education': what is it within education (whether schooling or literacy classes) that impacts on health outcomes? Are health behaviour changes due to literacy or to schooling? Eloundou-Enyegue (1999) observed that the relationship between female education and health often varied greatly from one context to another: under what circumstances can a relationship between education and fertility exist? (Bledsoe et al, 1999: 2). Basu (1999) argued that men should also be brought into the picture: that female education could be seen as a 'proxy' for the husband's characteristics as well. In the '90s, research has thus looked particularly at the 'why' surrounding the relationship between women's education (using literacy as a proxy indicator) and health, in terms of the educational process and other (non-school) factors.

There is now a growing body of research evaluating the health benefits of literacy programmes, as opposed to schooling. Comings et al (1994) developed a model in the context of schooling and health linkages to analyse the impact of a women's literacy programme in Nepal. Defining 'four main mechanisms that mediate between education and health and family planning', they analysed the case study in terms of 'time, dispositions, literacy and knowledge', revealing that the programme had a particular impact on 'dispositions' through women meeting regularly as a group. Since then, several major longitudinal studies of literacy programmes have been conducted. Sandiford et al (1995 reported in Lauglo 2001) analysed the effects of adult basic education in Nicaragua over a period of ten years, and found a statistically

significant drop in infant mortality amongst mothers who had participated in the literacy campaign as compared with those who had not. They also found that the reduced-child mortality rate of adult basic education was greater than for those who had been made literate in primary school. In Nepal and Bolivia, surveys of around 1000 women (700 adult literacy participants and a control group of 300 non-participants) were conducted over a three year period (Burchfield et al 2002a, 2002b). The Bolivia study revealed that ‘improvements in health-related knowledge and behavior were greater for women who attended literacy and basic education programs’ (p xi). Positive changes included: seeking medical health for themselves and a sick child, adopting preventive health measures, such as immunisation, and greater knowledge of family planning methods. In Nepal, findings suggested that literacy class participation contributed towards health knowledge, but that it was difficult ‘to isolate the exact contribution of the HEAL and BPEP³ [the literacy programmes being evaluated] toward these improvements’ (ibid, 2002b: 64). This was because radio broadcasts and other interventions helped to improve knowledge of women in the control group too. Burchfield et al (2002b) warn about the limitation of their surveys conducted over only three years with regard to assessing the longer term retention of health skills and knowledge.

Small scale qualitative studies have provided evidence about how literacy affects cultural beliefs which impact on health⁴: for instance, in interviews with 36 women in two districts of Nigeria, Egbo found that literate women who had circumcised their daughters ‘would not do so in future since further reading on the subject had sensitised them to the potential health hazards involved in the practice’ (Egbo, 2000: 113). Recent research has looked at the impact of literacy programmes on knowledge and attitudes towards HIV/Aids in particular. Burchfield’s Nepal study (2002b: 57) showed ‘a clear pattern of increasing knowledge of both STIs and HIV/AIDs among literacy participants during the three years’ (covered by the survey). Reports on PACT’s Women’s Empowerment Program (WEP) in Nepal demonstrate the importance of integrating literacy with economic and community action approaches to tackle health problems. Women in this program mobilised groups to organise awareness discussion about HIV/AIDs, arrange treatment for people (80% of

³ Health Education and Adult Literacy and Basic and Primary Education Programme

⁴ See Farah’s paper on cultural benefits (section on ‘attitudes’) for further discussion on this aspect.

participants) suffering from STD-related illnesses and create emergency health funds through saving initiatives. The benefits reported from this program included increased individual self-confidence in talking about AIDs, as well as greater awareness of social action as a way to tackle the spread of the disease and provide economic support.

The relationship between Knowledge, Attitudes and Practice has been identified as key in the analysis of how literacy affects development practices, including the uptake of family planning, immunisation and preventive health care. Although literacy programmes often focus on providing knowledge about family health care, research has brought into question whether literacy classes are the best way to convey such information (for instance, a Nepal study found women preferred not to discuss family planning with the class facilitator (Cedpa 1995)). An evaluation of the impact of literacy on family planning uptake in Nepal found that non-class participants had similar knowledge to class participants, due to information from other sources such as the media, friends and relations (Robinson-Pant 2001b). Carr Hill et al's (2001: 76) evaluation of two literacy programmes in Uganda found that people were less sure about health-related questions than current affairs, such as who the president was, but that non-literates 'scored substantially lower on nearly all these questions'. They also found that there was less difference between literates and non-literates in relation to questions about modern versus traditional attitudes. As discussed in my introduction to this paper, evidence on increased health knowledge is limited: the majority of studies are based on assessments of participants' recall of health messages and information conveyed in the course textbook (see for example, Carr Hill et al's (2002) findings from Uganda). Ethnographic research has however given insight into how women who have 'learnt' these messages may also dispute the new health knowledge in their everyday lives and during interaction with the facilitator in literacy classes (Fiedrich, 2004, Robinson-Pant 2001a).

Research into participants' views of literacy programmes has also revealed that they value learning reading and writing (for symbolic as well as functional reasons⁵), in preference to receiving health and other development knowledge (Yates, 1994

⁵ See Farah's section on 'values' for a discussion of the symbolic value of literacy to differing cultural groups.

(Ghana), Robinson-Pant 2001a (Nepal)). Oxenham (2003) questions whether the problem is around what kind of health knowledge is being provided in literacy programmes – it may not be useful or relevant to participants. Looking at the importance of indigenous knowledge, Madhusudan (1998) reports how Yakshi, a small NGO in Andhra Pradesh India, used participatory approaches to analyse health problems with a REFLECT literacy group – this led to greater promotion of indigenous medicine through workshops on preparation of herbal medicines.

Research on the relationship between women's education and health outcomes has suggested that behaviour change is more dependent on changing attitudes and values, than on learning new knowledge. For instance, Le Vine et al (1991: 492) found in Mexico that schooling had an effect on mother-infant relationships through introducing women to a new 'model of social interaction between an adult and children'. A study of a functional literacy programme in Turkey noted that 'reading even at a very basic level increased the mobility of women in the public domain' (Kagitcibasi 2005: 486) which in turn had an impact on accessing health facilities, as one participant described: "Once I went to the hospital. Doctors asked me to go to another ward. I managed to find my way. I managed to read all the signs on the doors and was able to find the ultrasound lab. I did not have to ask anyone. Suddenly I realised I can do things by myself" (ibid: 487)⁶.

Jeejeebhoy's (1995) five levels of autonomy which are affected by women's participation in education can also be used to analyse how literacy programmes (this also includes the 'non-literacy' skills associated with learning in a group) affect health behaviour: knowledge autonomy, decision-making autonomy, physical autonomy, emotional autonomy, economic and social autonomy. In the adult literacy context, Smith (1997) found that women participating in literacy programmes began to take a more active part in decision making around health needs ('decision making autonomy'). Research showing that literacy class participants are better able to assert themselves within the household has suggested that it is the social space of the class (the non-literacy 'education') rather than the reading and writing skills that contribute to this aspect of health improvement (Moulton 1997).

⁶ See Patel's paper for a more detailed account of this research study.

Programme evaluations of women's empowerment (see for instance, Save US 1997) have also pointed to the importance of 'learning to talk', increased self-esteem and confidence, in the context of women taking a greater part in decision making around health. This evidence has to be set against the many emerging case studies of non-literate women being able to assert themselves within the community. Egbo (2000: 142) documents the 'coping strategies' of non-literate women in relation to health care (Nwabuno, for instance, explains how she became conversant with the dosages of common medicines: 'the doctor will write "two times daily"... I understand all those ones through common sense"). As Betts' research in El-Salvador (2003) revealed: 'lack of literacy does not equate to lack of social capital: of 21 community leaders in the area, only four can read and write yet are able to work with government power holders in ways younger more educated community members cannot'. Kell (1996) also discusses non-literate women who play a strong role in the South African community where she conducted research. Egbo discusses non-literate women's feeling of disadvantage (2000: 127), observing that Ekwuda, a non-literate woman, 'was rather articulate although she frequently referred to her lack of education as synonymous with blindness'.

Though literacy programmes may affect knowledge and attitudes, health practice is also influenced by other development inputs, not least, access to health facilities. In an evaluation of family planning uptake in Nepal, both participants and non-class participants had knowledge of family planning but had no access to contraceptives, other than permanent methods, in the local area (Robinson-Pant 2001b). This relates to Burchfield's findings in Bolivia (2002b:xi) that although women's knowledge and practices in health care had improved through participation in literacy programmes, there was a need to improve medical services and facilities to support these changes.

3. Adult literacy and children's education

As well as taking better care of their children's health, educated mothers have been shown to be more likely to send their children to school (see Schultz 1991, Comings, Shrestha and Smith 1992). Cawthera's (1997) study in Bangladesh noted increased school attendance when children's parents attended literacy classes. Burchfield (1997)

reported similar findings regarding school attendance and enrolment in Nepal. Within the adult literacy context, research evidence suggests that though both literate and non-literate parents believe strongly in education for their children, literate parents were more likely to be able to support children in practical ways, such as meeting teachers and discussing progress with children (Save US, 1997; Burchfield 2002a; 115). Carr Hill et al's (2001: 90) evaluation in Uganda reported that literacy class graduates 'were nearly twice as likely to discuss schoolwork and check homework as were the nonliterate'. Such findings need to be interpreted in the cultural context as Fiedrich and Jellema (2003: 141) point out in relation to their research in Uganda: husbands' comments that 'their wives are now educating their children with more diligence' are likely to refer to them being more strict, including physical punishment, rather than teaching them how to read and write⁷. There has been particular interest in evaluating the impact of family literacy programmes in relation to parents supporting children's education: when literacy courses introduce parents to ways of helping children in school and the school curriculum, the social benefits have been shown to be greater (see Save US 1997 in Nepal, Bekman 1998 in Turkey and Desmond 2004 in South Africa – reported in Oxenham 2004).

4. Literacy and gender equality

Many attempts have been made to develop a measure of 'women's empowerment' within literacy programmes (see Leve et al 1997, Burchfield 1996). The policy move away from an instrumental approach to women's literacy and the growing emphasis on a 'rights perspective' (see UNESCO 2002), has led to a wider definition of 'empowerment' and increasing recognition of the limitations of quantitative measures. The links between literacy and empowerment will be explored in other papers in this series in relation to economic, political, cultural and human benefits⁸. In this paper on social benefits, I will consider the effect of literacy programme participation on gender relations.

⁷ As Farah points out in her paper on cultural benefits, there is a tension between the two meanings of 'cultural benefits', depending on whether literacy is assumed to promote traditional or 'modern' values.

⁸ See, for instance, Patel on the links between literacy and community empowerment, and Stromquist's summary (pp 5-7 of paper on political benefits) of Burchfield's research regarding literacy and participation in community groups.

From many parts of the world, there is evidence of women gaining access to and challenging 'male' domains through participation in adult literacy programmes. Examples include: entering male areas of work (for instance, in India - maintaining handpumps through publishing a manual to support other women (Nirantar 1997)) and learning languages of 'power', previously associated only with men as they had access to formal education. Fiedrich and Jellema (2003:139) report on women learning English in Uganda and 'posh Bangla' in Bangladesh, Norwood (2003) describes Karen women learning Burmese in refugee camps in Thailand. Many women report that learning literacy and attending a class is in itself a threat to existing gender relations (Horsman 1990, Rockhill 1987). Literacy participants can gain more voice in household discussions through having experience of speaking in the 'public' space of the class: Diagne and Oxenham (2001:11) report from Burkina Faso that 'the majority of participants [in a literacy programme evaluation] felt that they had indeed learned how to persuade their husbands to listen to them more and had gained confidence in steering family affairs'. Detailed case studies (see Attwood et al 2004 on a REFLECT programme in Lesotho, Robinson-Pant 2001b on a health and literacy programme in Nepal) have however suggested that this varies according to context and the kind of decisions involved – whereas a woman may now be able to decide about whether to send her daughter to school, she may not feel able to assert herself regarding family planning. As Abadzi (2003: 70) discusses, such evidence is usually based on self-reporting by participants, rather than observed changes.

Literacy can provide a bridge to formal education and vocational training for women who have been excluded from school as children – offering practical skills, confidence in the classroom and occasionally, accredited qualifications. Of particular benefit to adolescent girls are literacy programmes that offer an equivalence to a certain level of school education. However, in practice, many literacy class graduates wanting to pursue formal education encounter the same barriers that prevented them from attending school in the first place: there is social opposition and they cannot afford the costs in terms of time and fees for secondary education (see Akhter's analysis (2004) of why literacy participants had dropped out of school in Bangladesh: poverty, 38%, early marriage, 18.7%, working 10%, religion 9%). Basic education courses are also the first step for women to acquire the literacy skills necessary to enter higher status 'male' areas of vocational training (such as computer maintenance

and graphic design) and can form part of workplace training programmes. As Lind (2004:10) pointed out in the context of Mozambique, workplace literacy programmes have however tended to benefit men more than women, since they are already active in formal education and familiar with the language of instruction (in this case, Portuguese). Literacy can also provide access to health training: in the Shakti project in Bangladesh, commercial sex workers requested courses in literacy, ‘initially to overcome social barriers for participating in HIV/AIDS prevention’ (DfID 2002).

As with health benefits, such as family planning or AIDS prevention, evidence suggests that though women may have gained awareness about domestic violence or access to further education, it is more difficult for them to actually make changes at the household level. There are many instances of social mobilisation due to literacy programmes tackling gender issues at a community level (see Dighe’s (1995b) account of the campaign against alcohol in Nellore, India and Khandekar’s (2004) research with Dalit women who took collective action against alcohol abuse by men – in Farah’s paper, p. 8)⁹. Similarly, with the development of ‘legal literacy’ programmes, there is increasing evidence of literacy participants learning about and tackling gender inequality through legal means (D’Souza 2003, Monga 2000).

Analysing **how** gender relations can be affected by literacy participation, research has identified the ‘empowerment effect’ (Lauglo 2001) of attending a class, in terms of increased confidence, self-esteem and assertiveness (Lind 1997) which results in enhanced autonomy in the family and community (Burchfield 2002b: 100), as well as the opportunity for women to interact (Dighe 1995a) and mobilise as a group (Archer and Cottingham 1996) to gain greater social and physical mobility¹⁰. There have been several in-depth studies of programmes which specifically aim to improve gender equality, analysing the effect of the curriculum on participants. In Lesotho, REFLECT circles provided a space for women and men to ‘think about gender in their own lives’ (Attwood et al, 2004: 153), though women stressed the difficulty of actually making changes at home: ‘if she ... asked her husband to take on work in the home he would see it as insubordination and beat her’ (ibid: 155). The authors conclude that ‘literacy

⁹ In relation to political behaviour, Stromquist also discusses (pp 5 - 6) Burchfield’s evidence of greater community participation and awareness of issues such as domestic violence and trafficking.

¹⁰ See Patel’s section on ‘Literacy for individual and collective empowerment’ for a more detailed review of research on literacy and women’s ‘psychological empowerment’.

has certainly come into play but as a by-product of the learning process, rather than as a central learning focus' (ibid: 156). Individual case studies from research on REFLECT in Uganda and Bangladesh (Fiedrich 2004, Fiedrich and Jellema 2003: 98) give insight into how women participants dispute many of the 'Western' ideas on gender relations and health practices in private, though they appear to have adopted new ideas in public. In Mali, Puchner (2003) describes how community resistance to changes in gender power relations resulted in literacy classes focusing instead on improving women's traditional skills as wives and mothers.

The research evidence reviewed in relation to gender equality and health suggests that this kind of social change does not come about through curricula that focuses directly on giving information about alternative beliefs and practices. However, the social space and certain skills introduced by the class (including reading and writing, and also work-oriented skills and speaking in a new language) can enable people to reflect on and improve their situations in small ways. The fact that most literacy programmes have targeted women, rather than including men, has limited the ways in which gender inequality has been tackled through education – the emphasis being on raising awareness of legal rights and mobilising women to take action against abuse (see Monga (2000) on the MARG legal literacy programme in India), or 'catching up' on both technical skills (including literacy and languages of power) and soft skills, such as enhanced self-esteem and confidence. This focus on women's inequality, rather than gender equality, is also reflected in the research evidence available which inevitably analyses the impact of literacy interventions on women's attitudes and practices, rather than men's. Though research on literacy and health change has occasionally taken account of changes in men's behaviour too – this is usually considered as a secondary effect of women's literacy (see Leve et al 1997), rather than analysing directly the impact of men's participation in literacy programmes on gender equality.

5. Conclusion: literacy plus?

The social benefits of literacy have been shown to be enhanced when literacy programmes are accompanied by supportive interventions, such as credit facilities, skills training, and in the health context, access to family planning facilities or

maternal child health centres (Oxenham et al 2002, Lauglo 2001). This relates also to the kind of approach promoted in literacy programmes: Smith (1997) found in Nepal that integrated health and literacy programmes had a greater effect on women's health, than literacy alone or health alone. In this case, the literacy/health curriculum encouraged women to seek advice from local health professionals. Similarly, in family literacy programmes, parents are offered practical ways of supporting their children's education, alongside their own literacy learning (discussed in the Nepal context by Manandhar and Leslie, 1994 and Reinhold 1993). The PACT Women's Empowerment Program combined economic support with educational and community action initiatives to tackle HIV/AIDs in Nepal. In relation to literacy and political involvement, Stromquist points out that 'mobilisation of previously marginalized citizens' through literacy campaigns in Cuba and Nicaragua was successful because these literacy programmes 'were embedded in other social and economic reforms' (p 9).

Literacy plus men: a major limitation on the possibility of adult education programmes initiating social change (particularly in the area of HIV/AIDs prevention, family planning and gender equality) is the common focus on women as participants. This rationale is based on the lower literacy rates of women (as compared to men) in most poor countries and does not take account of the need to include male participants in the wider educational processes linked to literacy learning, such as awareness raising about gender inequality. The feminisation of literacy programmes - in terms of facilitators, participants and curriculum (which tends to focus on subjects seen as 'women's domain', see Dighe's (1995c) analysis of Indian primers) - has meant that even non-literate men often feel reluctant to join a class (Robinson-Pant 2001a).

The difficulties faced by women who try to adopt the new social practices they have learnt about, particularly around sexual health and family planning, suggest the need for a holistic approach to adult education which takes into account that other family members – particularly men – should be included in educational programmes, even if they are already literate. For instance, Robinson-Pant and Mulukutla's (1998) evaluation of a literacy programme in Nepal revealed that though women participants decided that they wanted smaller families and began to value daughters as well as sons, they were unable to convince their husbands and mother-in-laws so did not

adopt family planning. The differing aims and approaches of adult education, as compared to schools, could facilitate greater social change if men were encouraged as participants in such cases. Research on vocational skills training (Leach et al, 2000) suggests however that mixed gender classes – though beneficial in some respects such as enabling men and women to discuss gender equality issues together – may not provide the ‘safe’ environment where women can gain greater confidence in speaking and writing, as in women-only classes. Community literacy approaches have been developed in some countries to address the needs of both men and women, literate and non-literate, for literacy support. Such programmes may consist of more diverse provision than conventional literacy classes – for instance, training for traditional scribes or extending community enterprises, such as newspapers, to reach a wider and more diverse audience. The Community Literacy Project in Nepal has worked with forest user groups to translate and simplify key texts in order to widen access to official documents by marginalised groups (see Maddox 2001).

The quality and relevance of education offered by trainers and literacy facilitators is key to how far participants engage with new ideas and practices. Curricula developed from an understanding of the local social context and existing gender relations (see Parajuli and Enslin (1990) as an example) have been more successful in challenging traditional beliefs than ‘packages’ of knowledge distributed on a large scale nationwide. However, ‘bottom-up’ approaches are dependent on experienced teachers: research shows that many literacy programmes are under-resourced, with poorly qualified instructors who lack confidence in facilitating discussion (Carr Hill et al (2001), Oxenham (2003)). The evidence presented in this paper reveals above all that interaction between social, economic, cultural, political and human benefits needs to be recognised by literacy planners in the design of adult education programmes, in order for participants to sustain the changes taking place.

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