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A SUMMARY OF THE ORGANIZATION AND ADMINISTRATION
OF HEALTH EDUCATION IN THE EASTERN MEDITERRANEAN REGION

Submitted by

the

WORLD HEALTH ORGANIZATION
Regional Office for the Eastern Mediterranean

GENERAL

The aim of health education is to help people achieve health through their own efforts. Therefore, for public health programmes to be successful, health education must be an integral part of all public health programmes which affect the life of the community. The efforts of the World Health Organization are concentrated on encouraging the recognition of the importance of health education as a means in the promotion of various public health services. However, steps towards more concentrated efforts in health education have now begun in the Eastern Mediterranean Region with increasing interest on the part of Member Governments. This effort was reinforced when the Fifth Session of the Regional Committee (Sub-Committee A) adopted a resolution that Technical Discussions for the Sixth Session of the Regional Committee should be on Health Education of the Public (RC5A/EM/R.22 - 30 September 1955).

Following the Technical Discussions of the Sixth Session of the Regional Committee, a resolution was adopted that emphasized the importance of providing training in principles and methods of health education. It recommended that Governments of Member States consider seriously the provision of qualified educational leadership in health education at the

national and provincial level; requested the Regional Director to continue to encourage the expansion of health education as an important and essential component of developing health services of the Member States and it recommended that a Seminar on Health Education of the Public be held in the Region (EM/RC6A/R.25 - 25 September 1956).

The World Health Organization, realizing the importance that the Member States attached to health education, has further made an effort to determine the status of the organization and administration of health education in the Region. It is noteworthy to point out that seven of the countries in the Region now have sections, divisions or directorates of health education in their Ministries and most of these sections are headed by personnel who have had professional preparation in health education. Two other countries in the Region are anticipating establishing health education sections in the very near future.

From 1949 through 1957 twenty-one fellowships in health education have been awarded by WHO to member States for specific professional training in health education. Other fellowships have been awarded by the United States International Cooperation Administration. Of the WHO fellows, some now have supervisory positions in the Ministries of their countries. These fellowships awarded by the World Health Organization have ranged from three-month study tours to graduate studies for professional public health degrees. The World Health Organization has also given assistance to various educational institutions in the Region, has employed a consultant to study health education in the Region, and has provided advisory services for some of the Member States, as well as for the United Nations Relief and Works Agency for Palestine Refugees. To further support the Governments in the Region in planning and developing health education as a part of their health services, a full-time adviser in health education has been appointed to the Regional Office.

ORGANIZATION AND ADMINISTRATION CASE STUDIES:

Governments of the Region were asked to submit to the Regional Office information on the status of health education in their countries. These studies of health education should enable the Member States to plan more effectively after further assessing their own situations. Replies were received from Aden, Cyprus, Ethiopia, French Somaliland, Iran, Iraq, Jordan, Lebanon, Sudan, Tunisia and the United Arab Republic (Province of Egypt). Following are summaries extracted from these reports.

A D E N:

From a report in a letter form submitted by the Director of Medical Services of Aden, the following information has been extracted.

There is no formal system of health education undertaken in Aden, although there is information made available through the normal public health channels. One reason for this, it is pointed out, is because there is the lack of adequately trained local staff who are familiar with the language and customs of the people. This is being rectified by the joint training scheme of the Government and WHO with assistance from UNICEF. Health information is disseminated through central and local Government departments by the Offices of the Medical Officers of Health for the Municipality and the various townships with regard to environmental sanitation and control of epidemic diseases. Instruction is also given in the child welfare services in which five centres are involved. Although actual figures are not given, it is pointed out that there has been a considerable degree of success, indicated by the decrease in the infant mortality rate, the still birth rate and the maternal mortality rate.

Non-Governmental bodies which take interest in health education are the Women's Voluntary Service, the Red Cross Society, which contributes a trained health visitor for domiciliary work in connection with maternity and child welfare, the Aden Society for the Prevention of Tuberculosis, which works in close conjunction with the Government Tuberculosis Services,

the Aden Society for the Blind, and the Aden Children's Society, which has done work in reducing motor accidents involving children by their informational services and the provision of play centres.

It is pointed that a lot is being done although it is not centrally organized but it will be impossible actually to centralize until such time as there are adequately trained local staff who are familiar with language and customs.

C Y P R U S:

Health education forms an integral part of the activities of health authorities in Cyprus. Although no special health education unit or section exists in the Medical Department, every officer in the department whose duties bring him in contact with rural population is entrusted with the task of enlightening the public of all aspects of preventive medicine.

A case report of planning that was done to secure understanding and participation of the local people in a health programme in a local area, is demonstrated by the Anopheles Eradication Scheme some ten years ago. Leaflets of instructions and explanations of the reasons for carrying out the necessary measures were distributed to the people who agreed to the prescribed measures without hesitation or complaint. Periodic spraying of all houses and outbuildings, as well as regular spraying of all vehicles crossing the frontier between a controlled area and one not yet under control were carried out uneventfully. Improvement of the irrigation channels to avoid seepage and new breeding places was carried out at the owners' expenses. Obviously the scheme was planned to give the minimum inconvenience to the people and was thus successfully concluded.

Another example of the understanding and participation of the people was the marked improvement in environmental sanitation, mainly water supplies and housing. Health education played a considerable part in

enlightening the public on the value of safe water supplies, with the results that within the last decade more than 75 per cent of the villages have been supplied with piped and safe water. The local population were not only willing to participate but they also defrayed half the cost.

The latest example of considerable importance is the rural health centre scheme. Villages were selected in various areas and the concept of a health team consisting of a Doctor, Health Inspector, Pharmacist, Midwife and/or Health Visitor working at a health centre and visiting various surrounding sub-centres was explained to the people. It was stated that as a beginning the Government would supply the staff and part of the costs of the building but that the villagers concerned should also make a contribution. The result was the purchase of a building site by the villagers and its donation to the Central Government which then erected five health centres. In time it is hoped that the various Village Authorities will be responsible for the erection and running of their own health centres with a grant from the central government.

In the experiences in evaluating the effectiveness of health education, the report points out that from the trends of vital statistics during the last ten years, the infant mortality rate has shown a dramatic fall. It was 159 per 1000 live births in 1937, fell to 66 in 1947 and to 31 in 1957. The incidence of infectious diseases has been steadily declining, with the exception of hydatidosis which continues to be widespread. In this respect it must be made clear that efforts are being made to combat this disease; already thousands of posters on the epidemiology of hydatidosis, with descriptive captions in the local languages have been distributed to schools, clubs and public buildings and extensive efforts at enlightening butchers on the danger of throwing animal offals to dogs are being made. The control, however, is seriously handicapped by two factors: one, the lack of proper slaughter houses in the small villages and second, the abundance of stray and ownerless dogs which are usually heavily infested.

Under the most urgent needs the report states that there is no special health education unit in the Medical Department. There should be established as a beginning a health education team. Their first task would be to form liaison with the education authorities and local authorities in drawing up a future policy of mutual cooperation. It is pointed out that the main task is to get people interested in health through education. The report points out that the first to be educated should be the medical men themselves.

However, without this particular unit, in the medical department the present resources have been mobilized and medical officers, health inspectors, health visitors and midwives have been taught the value of health education methods. Audio-visual equipment has also been ordered to be used by the present staff.

The daily, weekly and monthly press published health articles regularly and the Cyprus Broadcasting Service has been cooperative.

Hygiene forms an integral part of the Teachers Training syllabus of the Educational Department, but the subject is taught by an ordinary lay lecturer. It is noted in the report that even with these measures which are a step in the right direction, the authorities feel that skilled workers in the health education field are of urgent necessity. It is pointed out that the most critical training needs in health education are:

1. The sending of a medical man of good calibre to undergo a recognized course in health education.
2. The attendance of sanitarians and community health visitors at health education summer schools such as the one held in Great Britain by the Central Council for Health Education.
3. The formation of the health education team which must be mobile and its enlightening of all health workers in the concepts of health education methods. It should endeavour to lessen the accent on curative medicine and hospitals.
4. Once the trained team is functioning it should plan for a local training school in health education methods at which local authority personnel, welfare department officers and school teachers as well as health department officers could be given courses of instruction. Short courses, practical demonstrations, discussion groups, etc., should be provided for the general public as well. x

x "Summary of Health Education in Cyprus", under cover letter No.241/51/4 Government of Cyprus, Medical Department, Nicosia, 13 September 1958.

ETHIOPIA:

A report submitted by the Minister of Health of Ethiopia states that a meeting was held by a committee consisting of the Health Educator, Ministry of Health, the WHO Public Health Adviser, the Director of the Public Health Training College, Gondar, the Health Education Adviser of the International Cooperation Administration, and a Health Education Trainee from Ethiopia.

It is pointed out that the value of health education has been demonstrated by an educational programme which was planned jointly with the Malaria Team for the purpose of securing the cooperation and understanding of the people. Letters of introduction were secured from the Ministry of Public Health and the Ministry of Interior. The letters requested that the governor cooperate with the malaria team. The local governor in turn wrote a letter to the District and Awaraja governors requesting their cooperation with the team. These credentials were presented to local officials, explaining the purpose of the malaria programme, what malaria is and how it is eradicated. People were then gathered for the purpose of presenting an educational programme concerning malaria, how it can be controlled and how the people could participate in helping to make the programme a success; five thousand people were reached in five night meetings in an area with an estimated population of 40,000. The programme drew such intense interest that neighbouring villages made protests because they had not been included in the programme. The report however did not point out examples of the active participation on the part of the people in the Malaria Programme.

Another example is the training centre in Kolladuba which was also initiated by a letter from the Government requesting the cooperation from the local officials and population. As a result, a health council was formed. When the council first started meeting, health centre workers had a tendency to push their own ideas on the people of Kolladuba as to what was needed to improve their health, but as the meetings progressed the local leaders began to participate by expressing their own ideas. With an increase in their participation came an increase in their understanding,

interest and support for the health centre programme. Now the council is an active group participating in community contact work, making decisions about and supporting the health centre programme. Both of the above programmes were initiated with letters from the Government officials. This points out the importance of securing cooperation from high governmental officials as well as the local population.

It is noted that there has been no planned evaluation of the effectiveness of health education to-date.

The most urgent needs as pointed out by the report are:

The establishment of a Health Education Section in the Ministry of Public Health to provide direction, coordination and supervision of health education aspects, of the functions of the Ministry and to plan for health education of the public on a national basis.

It also pointed out that there is a need for the preparation of educational materials and aids for use by health personnel in their education work.

Some of the most critical needs pointed out by the committee are:

1. Need for specialists trained in health education of the public to give overall direction to a national programme for health education of the public.
2. Need for training all health workers in the country in health education with particular emphasis on including health education in the training of all health centre personnel at the Public Health College at Gondar.
3. Need for including health education in teacher training schools throughout the Empire.
4. Need for including health education in the training of community development workers, fundamental education workers, etc.

The most important progressive step as pointed out by the report is that the Imperial Ethiopian Government Ministry of Public Health is in the process of preparing a ten year plan. The plan calls for four departments, one of which is a Department of Health Education. Within the Department of Health Education, the plan provides for a Division of Health Education Services which will have sections for Community Health Education, School Health, Library, etc. and a Division for Materials Production work.

Members of the committee recommended that initial emphasis be given to the functions of the Service Division of the Department. *

FRENCH SOMALILAND:

According to the report submitted by the French Somaliland, a special aspect has to be given to health education in this area, which will not unnecessarily apply to the neighbouring countries. This due to the fact that nearly half of the population are nomads, and 90% of the population is illiterate and living in poverty.

At the present time the only aspect of health education is that of the urban population. It is felt that it is impossible to consider the organization of a special administration for health education. However, the emphasis is on considering all health workers as educators for health. It is stated that some effort has been used in classical media such as posters, pamphlets and broadcasts all of which have given little or no result. It is felt that educational films have given some results but the films probably were not adapted to the mentality and the comprehension of the spectators. The reports submitted by the French Somaliland state that health education should be intended for the children of this area. * *

I R A N:

It was about 80 years ago when modern medicine was actually started as a practice in the capital of Iran. As a result, the State Council of Hygiene was organized in Teheran about fifty years ago. The establishment of this Council was in fact the initial step taken in the way of giving publicity to modern medicine and thereafter to public health. This situation prevailed until 1930 when a Propaganda Department was set up in the Ministry

* Meeting notes: Health Education Committee, 17 July 1958, Imperial Ethiopian Government, Ministry of Health, prepared by Don Johnson, Recorder.

* * "Summary Report on Health Education of the Public in French Somaliland", under cover letter No.880/SPAS, Ministry of Public Health and Social Affairs, 8 August 1958.

of Health. A more modern education programme, based upon the needs and the demands of the people was organized in the General Department of Public Health of the Ministry of Health in 1951.

In 1952 a Health Education Programme was started in the Health Division of the United States Operations Mission in Iran which included:

1. Assistance in the training of auxiliary public health personnel such as home visitor aides, sanitarian-aides, rural teachers, etc.
2. Preparation or assistance in preparation of health education materials such as radio-scripts, posters, pamphlets, etc.
3. Assistance to the regional public health personnel in their educational activities.
4. Planning and operation of a country-wide programme in public health education. As the need for extensive health education services grew, there was a need for professional public health educators.

In 1956 the United States Operations Mission Programme was integrated with the Ministry of Health and the American staff continued their work as advisers. The Health Education Division has distinction of operating since the inception without the service of an adviser. This was due to the fact that emphasis was placed on qualified trained professional personnel prior to the establishment of this particular Division.

The present Health Education Division is organized into a Technical Service Section, a Field Services Section, a Creating Services Section, an Administrative Services Section and a Health Education Materials Section. The responsibilities of the Technical Service Section are: (a) preparation of Health Education Manuals for training different groups and employees, (b) arranging and planning semi-annual conferences for health educators, (c) evaluation of health education activities, materials and related services.

The Field Services Section which has as its responsibilities supervision of the field activities, assisting regional public health educators and coordinating various health programmes. An example of the overall activities carried on through this service, is the establishment of classes for school teachers, food handlers, policemen, soldiers, bath-keepers,

barbers, city cleaners and mothers. Establishment of training courses for public health staff, participating in the execution of summer training programmes in cooperation with the Ministry of Education, Ministry of Agriculture, Community Development Bongah and other governmental institutions, giving assistance to the School Health Programme which is carried out by the Ministries of Health and Education, are all a part of this Section's responsibilities. All of these activities are carried out with the use of adequate audio-visual aid materials.

The Creative Services Section is responsible for production of Health Education publications and materials, such as exhibits, displays, creative literary services and to provide audio-visual services and equipment.

The Administrative Services Section is responsible for the preparation of the budget and schedule of the Health Education classes and their execution and management and supervision of the library.

The Health Education Materials Section is responsible for the production of publications and magazines. It issues once every other month two magazines - one, which is intended for villagers and laymen, and the other, which is intended for professional and field staff members. It is also responsible for the preparation of audio-visual materials and the preparation of news releases. In relation to organization and administration of health education, one major problem is the Division is supported by special funds and the employees do not have official status in the Iranian Government. They are hired on a temporary daily wage basis. In addition, the rate has not been increased with the rising cost of living and, therefore, these conditions have made it necessary for many trained health educators to seek other employment. However, the report points out that to correct this situation the Ministry of Health has recruited some new health educators under the Government payroll, but it is necessary that these benefits be extended to all.

The report also points out that it is necessary to establish a School of Public Health in the University and this school should offer a full range of subjects including Health Education. It also points out that there is need for training professional health educators on the graduate level in the school as well as establishing courses in health education in Teachers' Colleges, Religious Schools, Medical Colleges and Nursing and Midwifery Schools.

Another aspect of a need in Health Education is the necessity to conduct research studies and make public reports of these studies. To supplement this, it is stated that a need exists to offer basic health education in primary and elementary schools and to make available health publications at a nominal cost.

The report lists two examples in which the value of Health Education has been demonstrated:

Example I: One of the major problems in the Caspian area was the contamination of drinking water and vegetables because of improper disposal of excreta and the use of excreta as fertilizer. To correct this situation, it was decided to place a number of privy slabs, free of charge, to the disposal of the farmers. In addition to this, the sanitary privies were constructed by the Sanitation Division. However, due to the lack of knowledge of the people, they did not use the facilities established. This shows the problem that can arise when a public health programme is started without seeking the participation of the people and enlightening them as to the value of such a programme. This was rectified following extensive health education activities showing the villagers the reasons for these conveniences, how to use them and the effect on the community's health. Following this, other farmers continued to purchase their own slabs and to dig new pits themselves with the technical supervision of the Sanitation Division.

Example II: In the early period of the Public Health Programme it was decided to construct a village bathhouse in the suburbs of Isfahan. This new bathhouse consisted of showers instead of the community type tub. However, when the bathhouse was completed, the people did not know what it was for or how to use it. They thought that it was against their religion to use a shower. This again exhibits a case of doing things for people and not with the people. Again it was necessary to proceed with health education following the programme instead of as an integral part of the programme. The sanitary benefits of the new style of bath was pointed out to the people through the use of audio-visual aids and personal contact. This was not sufficient and it was necessary to enlist the support of the religious leaders in teaching the public that the new showers were not against their religion. Following extensive efforts the people accepted the idea of the bath and offered no further objections, but the problem of individual bath towels arose. This problem was also solved in the same manner but in a shorter period of time.

As a continued effort the Division of Health Education has established the following objectives which should be a guide line for the future work in Health Education in the country:

1. Helping to create a better life for the people through the promotion and improvement of health.
2. Changing of wrong health habits and ideas of the public and replacing them by correct practical and scientific health rules.
3. Creating sense of responsibility and cooperation in people, as concerns the health problems of the area where they live, and encouraging and helping them to perceive and solve those as far as possible.
4. Informing the responsible authorities of the health requirements and health deficiencies of the people and providing facilities for such services which are deemed necessary for the health of the community.
5. Providing knowledge of government resources for aid in solving health problem.
6. Creating faith and a sense of confidence towards team activities in any kind of health reform programme. ^x

^x "A Health Education Program for Iran" and "Public Health Education in Iran", under cover letter No. 29280, 6246, Ministry of Health, Iran, dated 27 September 1958.

I R A Q:

Within the Ministry of Health of Iraq there is a Health Education Section. There has also been established a National Committee on Health Education for the purpose of analyzing data, studying various available health education opportunities and for developing additional opportunities essential to plans for education of the public. The Iraqi Health officials realizing the importance of health education have established a Health Education Section in the Directorate of Preventive and Social Medicine of the Ministry of Health and outlined the following functions of this Section.

- (a) Providing consultation service in health education to various health programmes and projects, public and private, throughout the country.
- (b) Planning, coordinating, expanding and supervising health education activities.
- (c) Assisting in the recruiting, training and supervision of health education personnel.
- (d) Assisting in the organization and supervision of health conferences or meetings to spread health knowledge.
- (e) Planning and developing more adequate health information service, more audio and visual aids used in methods and procedures of health education.
- (f) Sponsoring studies and demonstrations to evaluate the effect of health education activities.
- (g) Providing leadership in aiding citizens in various communities to organize themselves to study their health problems and needs and participate in "self help" programmes, thereby providing the group education process.
- (h) Establishing, coordinating and maintaining a library of health films and printed health materials.

Recently a study was done on the available opportunities and facilities used or not used for health education. This information is being analyzed at the present time. The Ministry of Health has set up various goals which are both long-range and short-range with priority being given to the short-range goals which are:

1. to get teachers, professional and auxiliary health and social workers more involved in health education activities as a part of their regular duties.

2. to get the public more involved in matters of health, whereby they will learn more about personal hygiene, home and environmental sanitation.
3. to develop materials adequate in quantity and quality, directed to solving specific major health problems in the country.

In the report there are some 14 areas listed as barriers to health education, such as,

- Sections of the population where adequate food and clothing, shelter and water must be provided.
- Illiteracy is a problem.
- High incidence of disease which makes it unrealistic to teach how to feed a child, how to eliminate mosquitoes, and how to keep the home clean to people who are already sick.
- Two main language differences.
- A habit of waiting for the Government to do most of the things.
- Local citizen participation in Government Agency Programmes is new and the need for developing a feeling of community pride.

The apparent and potential resources listed for health education are the National Health Education Committee, which has representatives from the Ministries of Education, Agriculture, Social Affairs and the Army. Various Organizations such as the Child Welfare Society, the Red Crescent Society, the Balediah, the Mutassarifia, the medical clinics in towns and villages and newly-organized community health centres. In addition to these, there are the schools and public health programmes offered by various agencies. Religious leaders, teachers, health staff, commercial leaders, unlicensed midwives and municipality workers are all listed as human resources available. It is important to note that newspapers are circulated to practically all sections of the country, and radios are found in all parts of the country, and Television covers a radius of about 35 miles in Central Iraq.

To-date, four Iraqis have had some specialized training in health education. One of these persons so trained is assigned to the Port Medical Services in Basrah and one to Basrah Liwa Directorate of Preventive Medicine; one, as the Supervisor in Health Education in the Ministry of Health, and one is at present on a fellowship study.

The major need in health education listed in the report is the training of personnel. *

J O R D A N:

Organized activities of health education in Jordan started in 1955 when the International Cooperation Administration assigned a Health Education Adviser to the Ministry and the Senior Health Educator who had been away on a WHO fellowship returned to the country. At this stage a health education section was organized - its function being to work closely with the professional employees of the Ministry of Health in the interpretation of health education principles and methods, public relations, the process of community organization and to aid in the production and use of educational materials. During this period of time the Health Education Section has been involved in the education of the public for donating blood to the Blood Bank, and also in the establishment of a National Blood Bank Committee, which is composed of the citizens of the community. Work in health education activities as related to environmental sanitation in the cities and villages has also been done. Assistance in the health education aspects of the public health nursing programme has been given and also work with various summer training courses for teachers and home demonstration workers, village level workers and community development workers. This section has also assisted in the Women's Training College, the Agricultural College and the College for Training Teachers. It has also been responsible for the production of various materials and other media. Over 330,000 pieces of various educational materials have been distributed since the organization of the unit in the Ministry.

The health education section which started out as an agreement between ICA and the Government, has now become a Division of Health Education

* "HEALTH EDUCATION OF THE PUBLIC" Ministry of Health, Health Education Section, Iraq, August 1958, under cover letter No. 30476, Republic of Iraq, Ministry of Health, 9 September 1958.

within the Health Ministry with the continuing responsibility for supporting the Ministry's health programmes and advising other Government Ministries and Agencies on the most effective use of health education methods and media.

ICA continues to support this programme. * *

LEBANON:

A Department of Public Health Education was established in the Ministry of Public Health a few years ago and this department undertakes cooperation with other departments of the Ministry. The department has a mobile team, which consists of a Health Educator, a Technician and a Driver. The work of this team consists of visiting villages, schools and other groups and carrying out health propaganda in the form of showing films, giving lectures and the like. It also distributes educational materials.

The report points out that the activities of the department of health education is not limited to the mobile unit alone, but it is also responsible for preparing educational material for distribution to the general public, for preparing articles to be published in daily newspapers and also for preparing radio programmes and items to be shown to the general public in cinemas. The report also emphasizes that each health worker in the field is considered as a health educator and that efforts are made to encourage the transmission of health information to the public through the maternity hospitals, pre-natal and post-natal centres as well as through maternal and child health activities. * *

* "HEALTH EDUCATION ACTIVITIES IN JORDAN", by Mu'awiya El-Khalidi, under cover letter 45/10/8573, the Hashemite Kingdom of Jordan, Ministry of Health, Amman, 12 August 1958.

* * "HEALTH EDUCATION IN LEBANON", under cover letter No. 2080, République Libanaise, Ministère de la Santé Publique, 26 August 1958.

S U D A N:

The report submitted by Sudan indicates that since 1928, when the first Sudanese Doctors were graduated, and in 1935, when the first Sudanese Sanitarians were graduated, emphasis has been placed on health education although not in an organized manner. Talks in clubs were often given on vital subjects such as venereal diseases, and on general public health programmes by these physicians. The local press published articles on medical and health programmes under the signatures of Sudanese doctors and sanitarians. During World War II, when the broadcasting station was established in Sudan, Sudanese doctors began to give regular broadcasts on health topics.

There is no department or division of health education at the present time in the Ministry of Health, however, health education is a part of the day-to-day work of the sanitarian, the midwife, the health visitor, the school medical officer and other health personnel.

The Graphic Museum in Khartoum also serves as a Training Centre and provides models, posters, leaflets and other form of materials for display in annual shows and tribal gatherings. It is interesting to note that, with the present effort made, the following examples indicate the importance and value of health education.

Example I : The history of attendance for Hospitals indicates an incident when the people of a certain district burned the dispensary and fired the medical assistant. A few years later, after understanding the value of medical services the people were crying to have more dispensaries and health centres. In many cases people contributed by providing the building. Nowadays, the majority of the questions in Parliament from representatives of the most remote areas and of people who never welcomed the establishment of any health centre before are in the nature of demanding more health centres or upgrading the existing ones to full hospitals. The demands for hospitals are far more ambitious than could be effected.

There is no law to force people to go to hospitals. It is just the public enlightenment received through the bits people read and the bits they hear about their health and their diseases.

Example II: Strong objections were made by people to having their houses sprayed with residual insecticide some 6-7 years ago. Now, complaints are being received from individuals that their houses were missed during the spraying campaign. Members of Parliament often ask the Minister of Health why their villages were not sprayed.

The WHO team working in the Malaria Pilot Project in areas which were not sprayed before has met with success after launching a health education campaign before they started. The following few lines are extracted from a report made by the WHO Team Leader:

" The Health Education Activity carried out by the Team was in this form.

Posters about Malaria were distributed to Schools, Councils and Medical Centres.

Broadcasts were arranged before the spraying.

Talks in Sennar and Singa clubs were given by the Team Leader. Group talks were always given by P.H.O.'s and S.O.'s in villages.

Participation in Singa exhibition in 1957 pamphlets were also left in Clubs.

Talks were given in the Cinema during the interval on two occasions.

We have now talking films and we have asked the National Guidance to supply us with a projector for showing those films.

On the whole the evaluation of the activity was high. The public was very interested and this lead to give cooperation from all people. "

Example III: B.C.G. Campaign. The idea was met with some opposition in Khartoum when the "initiative" was taken by the local press in a way which horrified the citizens. The schoolboys walked out when visited by the team. However, the campaign met with great success in the Southern Provinces as a result of direct contact with the influential

tribal leaders. Now the people of cities are eagerly waiting for their turn in the Campaign. The example illustrates the amount of damage which can be done when technical matters are handled by an ignorant press - false ideas preceding the facts and creating a bias feeling against the campaign.

Example IV: The opposition which faced the Maternity and Child Welfare Centres in Sudan was most incredible. A few years ago, people (even in large towns) could not imagine sending their pregnant women for examination or their babies for the after-birth care. Their motives were a mixture of ignorance and superstitions. They would say: "A healthy child should not be sent for fear of the evil-eye and the diseased one can be left for the care of the grand-mother who knows better!!! " or " What can a doctor do to a pregnant girl? She is pregnant and she will deliver at the end of the term!! If she is continually sick that is expected!! Is she not pregnant? Well! She must be sick!! " This was the logic and the attitude of the people towards maternal and child welfare a few years ago.

Now there is a waiting list for maternity beds in large towns and there is also a waiting list for building maternity hospitals in many towns of the country. There is a cry manifested in the local press and in Parliament to build more maternity hospitals, more health centres, to provide more health visitors and trained midwives to replace the old untrained ones.

A plan as suggested by the Ministry of Health for Health Education includes some of the following:

- (a) In the five year plan (1957-62), there is a proposal for creating a Division of Health Education within the Ministry of Health. The Head of the Division will be under the Assistant Director (Public Health).
- (b) As soon as the Division is formed, the Ministry of Health can invite the Ministries of Education, Social Welfare and Local Government to form a standing advisory council.
- (c) An expert Departmental Committee (may be an ad-hoc committee of the Boards of Study) is to be set up to examine the syllabus of training in the schools which are under the Ministry of Health with a view of introducing health education to all those schools (School of Hygiene, Midwifery School, Medical Assistants School, Health Visitors, Nurses, etc.)

- (d) The expert committee referred to above or the individual boards of study can be entrusted with suggesting the suitable content of health education for each school.
- (e) In the School of Hygiene a step has already been taken to train public health students in making film strips, posters and simple leaflets.
- (f) Two public health officers are now on their way to the United Kingdom to have a Diploma course of health education in London University. On their return they will be absorbed in the proposed Division of Health Education. A proposal is also in hand for sending a School Mistress for the same purpose.
- (g) Introducing health education at schools. This may be worked in consultation with the Ministry of Education.

Certain handicaps pointed out in the report are the language barrier between the north and the south of the country. The difference in culture, the different modes of living, for example, the nomads in both West and South Sudan require a certain type of approach. However, the report states that one fact is well realized "that all classes of the community from the University graduate at Khartoum to the naked Dinka or Shulluk in the South need health education of some sort or other. Services must be of such a magnitude as to cater for all these classes."

To overcome the barriers, some steps are already being taken such as teaching Arabic to non-Arabic speaking groups; technical and professional training is attracting boys and girls from all parts of the country - i.e., medical assistants, public health officers, sanitary overseers, and they are now practising among their own villages. Midwives, nurses and health visitors are coming from all parts of the country to have their training. The nomadic Kababish have their medical assistants from among their own boys who spend most of their lives on camel's back.

The report points out that all the above efforts are not sufficient alone, as efforts must also be made to raise the social and economic status of the community. The most urgent administrative and organization needs pointed out in the report are the creation of a Division of Health Education in the Ministry, and the formation of a Central Advisory Council and the

most critical training needs are more general education for girls, more technical and professional training of nurses and health visitors and attracting a better standard for girls as well as training of boys and girls in the proper use of audio-visual aids.

In conclusion, the report states that in the suggested plan for health education, the aim is to group all existing activities and to facilitate the work by introducing up-to-date techniques which are adaptable to the country. The aim is to enable the people to have a better idea of a way of living, to be more cooperative and to appreciate life and participate in all the efforts exerted to make life worthy of living. *

T U N I S I A :

In the report submitted from Tunisia it was emphasized that in order to make health education effective, information on the number of inhabitants, the socio-economic problems, the intellectual level, the geographical and climatic factors, the nutritional habits, the customs and health level are very important.

It is noted that collaboration has been made with various Civic Action Groups in improving drinking water supplies, cesspool boring and making available facilities for waste water disposal. Where specific health campaigns are carried out at the Regional level, a regional committee is usually organized, consisting of doctors, representatives from Civic Action Groups and from public authorities. Reports of all campaigns are required. It was also pointed out that the Civic Action Groups are very effective because they consist of men who fortunately enjoy the people's confidence.

The report states that there is no particular Section for Health Education in the Ministry, but plans are being made to organize such a section. The present work in Health Education involves health education instructors who have mobile cinebus with motion pictures apparatus.

* "Summary Report of the Health Education Activities and Future Plans in the Republic of Sudan", under cover letter No. MM/2.Z.20, Ministry of Health, Republic of the Sudan, 23 August 1956.

The Tunisian Ministry of Health recognizes that the publicity efforts usually have only a momentary obedience and enthusiasm in developing a health programme and that it is much more important to secure active collaboration of the people in order to speed up the achievement of welfare and create habits which conform with health principles. The report states that there is interest in matters others than health, such as those activities which form a part of the cultural and social life of the people. As an example, it is pointed out that a survey of the nutrition habits of the population of a locality near Tunis has enabled the initiation of the idea of animal breeding, and this idea has been so well received that it is envisaged to hold competition in this respect.

Problems noted in particular are the lack of sufficient schools, roads, drinking water supply, the prophylaxis and treatment of agricultural pests. Illiteracy, remoteness of communities, the low standard of living in some regions, lack of adequate distribution of economical resources, malnutrition and sanitation and fly control, are also listed as problems.

Emphasis is placed on the consideration given to collaboration with the departments of National Education, Agriculture, Commerce and Industry, all aimed at improving the nutritional status of the population. One need emphasized is more audio-visual aid and other publicity equipment.

It is worth noting that increasing interest in health education is attested by a budget allocation of five million francs for the current fiscal year, which is a considerable increase compared to the 1,800,000 francs for the previous year. It is felt that the forthcoming budget for health education will be substantially increased.

A five-year plan for the development of 14 regional centres has been inaugurated, of which Health Education will be a part of the programme. The main objectives and needs at the present time are the training of personnel to carry out the work of health education. Once this is

completed, the task in the Regional Centres will be:

- (a) training of regional para-medical personnel in health education,
- (b) the organization of health education meetings to be held for in-patients and out-patients,
- (c) the organization of Health Education Committees including representatives from national organizations and other personnel who might be interested.

Health education training media is still inadequate and poor in Tunisia. However, the health education central office is in its organizational stage and the quality will be improved. Responsibilities delegated to doctors, nurses and midwives and to regional health education instructors are all-important and will further improve the services.

At present no real Health Education technician exist in Tunisia, either among the medical or the teaching personnel. Therefore, the urgent need is to encourage young doctors, teachers and other personnel to specialize in this field. It is felt that upon their return after their training, these young specialists will be able to take charge of the training of other personnel in health education methods and principles.

In the meantime, consideration is given to developing training in health education in the National School of Public Health, where male nurses, midwives, health workers, and nurses' aids are being trained. Also, a study is under way to develop health education for social workers. Emphasis is also being given to prompt training in nutrition education.

The report points out that it is impossible to give priority to the list of other urgent needs of health and social problems which require immediate and intensified action in health education because it is felt that all problems are urgent and all are worth being given immediate consideration.

A research study committee is being organized to help in collecting reliable information upon which programme planning for health education can be made on a sound basis. *

* "OUTLINE OF HEALTH AND SOCIAL EDUCATION OF THE REPUBLIC OF TUNISIA" under cover letter No.SESP.AS 3323/ES, Republique Tunisienne, Secretariat d'Etat a la Sante Publique et Aux Affaires Sociales, 6 September 1958.

UNITED ARAB REPUBLIC (PROVINCE OF EGYPT):

In the report submitted by the **Province of Egypt** (United Arab Republic), it is noted that interest in health education and social services dates back to 1914, when instruction on the care of babies was printed on the back of birth certificates.

In 1928, a special Health Education Branch was set up in the Epidemic Section of the Ministry of Health and was provided with four mobile health education units. A number of pamphlets on endemic and infectious diseases were prepared by this branch and distributed. In 1938, this branch became an independent section under the name of Propaganda and Rural Health Section with the following objectives:

1. Promoting of health education.
2. Extending simple treatments to inhabitants of villages far from hospitals.
3. Promoting the standard of health in the Egyptian village by offering health advice and instructions regarding sanitation, the provision of latrines, the disposal of refuse, manure and other health problems.

The Rural Health Department, which was established in 1942, left the above-mentioned Section with the sole function of pure health education, and health education units were placed under sanitary technicians who had some training in health education. The present health education and social services Section has the following aims:

1. To diffuse health education among the different classes of the population and to help them to raise their standard of health.
2. Provide regular health studies to the educated classes of population and members of health, social and sporting institutions so that they may in turn spread health education among their people with whom they come in contact.
3. Contribute towards the control of infectious diseases by launching health educational campaigns during seasonal epidemics.

Some of the functions carried out are, working very closely with the health education and social services units which are posted in the chief towns and provinces, preparing radio programmes which are adapted to the

standard of the education of the listeners, producing films which deal with the current problems, preparing models for health museums on various diseases, emphasizing prophylactic and preventive measures to be taken, preparing literature and other material for distribution to the public, preparing publications and materials to be used by religious leaders, utilizing the services of the press by summarizing the functions of the Ministry of Public Health, cooperation with other sections of the Ministry of Health, cooperation with other Ministries which are concerned with aspects of health, that is, cooperating in raising the standard of health among army, police forces, students and workmen.

The report points out that since the social services required by patients and their families and their instruction in methods of protecting against diseases are closely connected with the health education activities undertaken by the Section, these have been added to its duties and are now undertaken by trained social workers.

A special Social Service Centre has been established at Assiut to extend to patients such social services as they may require. The centre comprises medical officers, social experts and sanitary technicians. At the request of the attending physicians, the poor patients are provided with the necessary medical supplies and money, food and clothing are made available to destitute patients.

The centre also undertakes the medical examination of persons intending matrimony and urges the inhabitants to benefit by this service as well as assist in the fight against narcotics and intoxicants by preparing pamphlets and posters which suit the particular conditions of the locality. It further undertakes the compilation of statistical data which are of interest to its activities, and the coordination of the activities of national societies having medical or health activities.

The Health Education and Social Services Section has participated fully in all occasions particularly during infectious diseases epidemics. As a result of its overall activities during the gambia epidemic in 1943, the typhus epidemic in 1944, the smallpox epidemic in 1945, the relapsing fever in 1946 and the cholera epidemic in 1947, the public heartily cooperated with the health authorities. The efforts of the Ministry were successful and it was possible to stop these epidemics in a short time. No doubt health education contributed greatly.

There has been very close cooperation with other private and international agencies which are interested in the furthering of health through educational methods for many years. *

CONCLUSION:

Health education for the individual "is the sum of experiences which favourably influence habits, attitudes, and knowledge relating to individual, community and racial health." It has also been defined as "the translation of what is known about health into desirable individual and community behaviour patterns by means of the educational process." ** To achieve this there must be more and better organized efforts to promote health education as part of overall public health programme.

To do this effectively, the Governments of the Region recognize the need to provide from their resources, expert leadership in health education. It is

* "SUMMARY REPORT, HEALTH EDUCATION AND SOCIAL SERVICES"
under cover letter No. 7/299 (2892), Ministry of Public Health,
Division International Health, Cairo, - 29 September 1958.

** Clair E. Turner,
COMMUNITY HEALTH EDUCATOR'S COMPENDIUM OF KNOWLEDGE
The C.V. Mosby Company, St. Louis, 1951
page 11.

thus necessary that there be professionally trained personnel on the national and provincial levels to work cooperatively with other staff in health education. It is also of urgency that training be provided for other health personnel such as doctors, nurses, sanitarians, sanitary engineers, midwives and health visitors in principles, methods and techniques of health education. This can be done through in-service training by arranging seminars on the national or provincial levels. In addition to this, short courses in techniques and methods in health education can be arranged on the local levels.

It is of importance for school teachers to be given some training in the principles, methods and techniques of health education.

As has been pointed out in some reports, the most urgent need in the Region is training of personnel. Some countries have drawn attention also to the need for technical establishment of Health Education Sections, Divisions or Departments in the Ministries of Health, staffed by qualified personnel having specialized training in health education. The World Health Organization is available to assist Governments in their planning for the extension of health education as an integral part of all programmes planned for the promotion of health and welfare of the community.