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HEALTH EDUCATION - GOALS FOR THE FUTURE

by

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Ten years have passed since the World Health Organization came into being - ten years crowded with cooperative activities designed to bring better health to millions of people everywhere. Diseases which decimated populations in the past have been put under constant attack and today tuberculosis, yaws, malaria, smallpox, leprosy, and trachoma, to name only a few, are marked for total eradication. Health facilities - clinics, hospitals and child care centres - have been provided in areas where none existed before. Health services - nursing, sanitation, nutrition, maternal and child health, dental health, mental, social and occupational health and health education - have been put into operation in many countries and strengthened in other areas where needed. Personnel have been trained, drugs standardized, vital statistics collected and analyzed and health research promoted around the world.

While accomplishments in the realm of health over the past decade are legion, in reality they have been only first steps toward the achievement of world health. And it may be well to remember that these accomplishments were not achieved without cooperation, education, money and sacrifice on the part

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of the participating countries. One of the greatest achievements, perhaps, during the past ten years was the formulation of the total health concept by WHO in defining health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Such a concept immediately offered a challenge to the nations of the world and a goal for the future to those responsible for developing health and education programmes.

During these ten years innumerable conferences, technical sessions, seminars and committee meetings have been held on the role of health education in the total health programme. The objectives and/or goals of health education in specific areas, school health, evaluation and training for health education have been subjects for countless hours of discussion. Reports have been written and papers published on these and many other aspects of health education. Here in Teheran in September 1956, the Regional Committee for the Eastern Mediterranean area held stimulating "technical discussions" for two days on Health Education of the Public. One of the recommendations to come from this meeting was that a Seminar on Health Education of the Public be held as soon as possible in this Region.

This Seminar, accordingly, is the fulfilment of that recommendation - another first step toward total health. It seems particularly appropriate that the theme selected for this Seminar should be "Basic Planning For Health Education". For basic planning always involves long-range goals as well as the immediate goals which must be undertaken - the immediate goals providing the stepping stones along the route to the ultimate objectives.

In any planning, preparatory or basic, formulation of objectives if the initial step toward "Where do we go from here - and how do we go?"

The first report of the Expert Committee on Health Education of the Public,* issued in 1954, set forth certain objectives toward which future health education programmes should be focused. This report states that the

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* Document WHO Techn.Rep.Ser.1954, 89

aim of health education is "To help people achieve health by their own actions and efforts". And it points out that "Health education begins, therefore, with the interest of people in improving their conditions of living, and aims at developing a sense of responsibility for their own health betterment as individuals, and as members of families, communities or governments". The Committee notes, however, that "While the need for education exists in all countries... there can be no standard pattern for a health education programme that will work everywhere".

It adds further, "Education in any subject must be scientifically sound and built on the current attitudes and understandings of the people to be educated. It must focus on goals which seem to them important and which can be realized within their capacities and resources. All these factors vary with the educational, social, economic and cultural conditions of the different countries and the health education must vary accordingly. It is only after a thorough study of the people, their attitudes, interests, beliefs, cultural values, wants, needs and resources, that the most effective health education can evolve, and ultimately effect a working partnership between the people and the health programmes".

A review of the current status of health education clearly reveals that goals for the future must be multi-faceted, with flexibility one of the most important facets. And it is noteworthy that recognition was given to the existence of multi-faceted goals when the wide range of topics was selected for review and discussion at this Seminar. In the space remaining in this paper, consideration will be given to seven of these topics in terms of future goals in health education. These include: Organization and Administration of Health and Education Activities; Coordination of Governmental, Voluntary and International Agencies; Community Organization for Health Education; Health Education in Schools; Training of Public Health, Educational and other Personnel; Methods and Materials in Health Education; Evaluation and Follow-Up.

Organization and Administration of Health and Education Activities

It is essential in charting future goals for health education that they be realistic as to achievement in terms of time, personnel available and budget.

A first step or goal in any country would be to set up an administrative framework - if one doesn't exist already - at every level, national, provincial or state, and local, which would allow for dynamic growth. Specifically, this means that there would be organized in every country (within the Ministry of Health and the Ministry of Education) technical units, called by any name acceptable to the country, i.e. "Division", "Bureau", "Department", "Section", etc., which would have the recognized responsibility for developing, planning and guiding educational programmes toward fulfilment of the total health concept.

Preliminary to the development of an educational programme, and after a skeletal administrative structure had been set up, the staff of the technical units in collaboration with colleagues in other units in the Ministry of Health and Education would assess the health and education needs and resources at all levels. This means that essential data would be obtained on health, education, social and economic conditions and at the same time provision would be made for obtaining additional data at specified times. Included in this initial assessment would be such items as: population, by age, sex, occupation, etc.; vital statistics - births and deaths, morbidity and mortality rates for leading causes of death and disability. Social statistics data to be obtained would cover institutional facilities - health, education and others, with facts on number, size, availability, adequacy, etc. These would include additionally in the realm of education, understanding of the beliefs and interests held by people, patterns of social stratification and power, lines of and barriers to communication between people and services and between professional workers responsible for services and the ecological patterns in rural and urban areas.

Other important factors which would need to be determined during the early stages of development by the skeletal technical units of health education would be budgetary, personnel and training requirements. Sound programmes can be developed only to the degree that they can be financed adequately and manned by well-trained and competent personnel.

These steps cannot be taken or goals achieved overnight. They must be planned and developed over a specific period of time.

Coordination of Governmental, Voluntary and International Agencies

With multiple governmental, voluntary and international agencies providing programmes and services in the health and educational fields, it has become especially important that ways and means for joint planning between agencies be established. Without some kind of coordinating committees, councils or planning groups, duplication and overlapping of programmes is inevitable, the people who are to benefit by the work of the agencies become confused, programme efficiency is reduced, money is wasted and competition for funds and the time of the citizenry is increased. But coordination of agencies and collaborative attitudes and practices are not achieved easily. People have to learn how to work together cooperatively and special skills in communication and leadership are necessary for professional personnel at all levels of programme development if significant progress is to be made.

Certainly, one of the important health education goals lies in this area of programme planning. Until it is achieved, the general goal of a total health concept will be in the very distant future.

Community Organization for Health Education

For the past decade increasing interest has been shown in Community Organization as one of the important goals in Health. But there has been confusion compounded regarding the meaning of the term and the role that Health should play in its development. Community Organization, Community

Development, Community Planning, Village Development, Rural Development, Community Action and Community Education, to name only a few, are terms which have been used synonymously to describe a complexity of social processes where people and governments have attempted to work together cooperatively to solve single or total community problems.

Perhaps a review of some of the definitions used will help to show the current thinking in this area and help to clarify the role of health and education. Two definitions which the United Nations uses to describe community development are as follows:

"The term 'community development' designates the utilization under one single programme of approaches and techniques which rely upon local communities as units of action and which attempt to combine outside assistance with organized local self-determination and effort, and which correspondingly seek to stimulate local initiative and leadership as the primary instrument of change. ... In agricultural countries in the economically under-developed areas, major emphasis is placed upon these activities which aim at promoting the improvement of the basic living conditions of the community, including the satisfaction of some of its non-material needs".*

Again we find the United Nations saying, "The term community development is defined as the processes by which the efforts of the people themselves are united with those of governmental authorities to improve the economic, social and cultural conditions of communities, to integrate these communities into the life of the nation, and to enable them to contribute fully to national progress." **

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* U.N. Document E/CN 5/291. Programme of Concerted Action in the Social Field of the U.N. and Specialized Agencies.

** U.N. Economic and Social Council Document E/2931, 18 October 1956. Twentieth Report of Administrative Committee on Coordination of the Economic and Social Council, Annex III, as quoted in Community Development Review, ICA, Washington, D.C. December 1956, p.7.

The definition of the International Cooperation Administration gives a slightly different meaning to the term Community Development which it describes as "A process of social action in which the people of a community organize themselves for planning and action; define their common and individual needs and problems; make group and individual plans to meet the needs and solve the problems; execute these plans with a maximum reliance upon community resources and supplement these resources when necessary with services and materials from governmental and non-governmental agencies outside the community."*

A fourth definition appears in the December, 1955, ICA Report on Community Development Programmes. It reads: "Community development is a programme that provides for participation by people at the grass roots level in the solution of their own individual and community problems, often with government assistance but with the requirement that the people themselves contribute increasingly to their own self-improvement".**

A noted authority in the field of Social Work, Dr. Murray Ross, also has defined Community Organization as "A term used to mean a process by which a community identifies its felt needs or objectives, develops the confidence and will to work at these needs or objectives, finds the resources (internal and/or external) to deal with these needs and objectives, takes action in respect to them and in so doing extends and develops cooperative and collaborative attitudes and practices in the community".***

The five definitions given are only a fraction of the hundreds of such to be found in current literature on this extremely important subject. If the total health concept ever is to be achieved, certainly any future goals in health education must include provision for leadership and participation in this dynamic and vital area.

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* As quoted in the Community Development Review, ICA, Washington, D.C., December 1956, p.1.

** Report on Community Development Programmes in India, Iran, Egypt and Gold Coast, Team III, ICA, Washington, D.C. December 1955, p.1.

*** Ross, Murray E. Community Organization - Theory and Principles. Harper & Bros., New York, 1955, p.39.

Health Education in the Schools

With formulation of the total health concept as the goal for the future there has come an increased recognition of the role that schools should play in contributing to the health of the child.

To think of health education in schools in many areas of the world, however, one must think initially of building or setting up a school unit as the first step, and this has meant beginning at the beginning - i.e. obtaining the facility, securing the personnel and planning the curriculum. In some instances where such initial steps have been taken there has been genuine concern for the health of the children and development of a school health programme. In others this attitude has been lacking entirely. In thinking of a school health programme, therefore, whether it is a begin-from-the-beginning effort or is a part of a going programme it is probably desirable to determine first what the components of a good school health programme are.

In 1957, "A Study Guide on Teacher Preparation for Health Education" prepared jointly by WHO and UNESCO, points out that "School health education takes place in connection with three broad activities - A. healthful living at school; B. school and community health services; C. health instruction".*

The Guide further states that "These aspects are closely related, and all three need to be considered in studying how teachers may be prepared for health education responsibilities. One cannot 'teach health' as an abstract subject, without reference to health habits which are practised both inside and outside the school; nor can one devise what goes on inside the school from the general activities, interests and needs of the home and community at large. Modern educational thought stresses the social role of the school and at the same time insists that each pupil be treated as an individual. These principles certainly apply to the promotion of child health".

In any planning for health education, future goals certainly should include the provision for an adequate and dynamic school health programme. In such

* Document WHO/AS/207.57. p.2.

a programme there would be a concern for providing the kind of education for every child which would help him to develop a personality, mentally and socially competent to cope with the ever changing problems in the new world in which he lives.

Training of Public Health, Educational and Other Personnel

Another of the multi-faceted future goals in basic planning for health education is provision for adequate professional training for health education and other personnel who have responsibilities for the health of people.

The second report of the Expert Committee on Health Education of the Public* (now in press) is concerned with the training of health personnel in health education of the public. The Committee preparing the report accepted the total health concept and the definition of health education as set out in earlier reports and suggested that these be considered in relation to the training of all health workers as well as health education specialists.

The scope of health educational opportunities and the role of various workers in health education was spelled out in some detail. Members of this committee recognized that the development of training programmes in health education could not be left to chance but must be an integral part of any basic planning for health. The chief considerations of the committee, therefore, were given to detailed planning, organization and conduct of health education training for all workers.

Dr. Brock Chisholm has pointed out in a recent publication, "Can People Learn to Learn?" that "Much of the most important work being done in the world requires people who can function in terms of future generations, doing constructive work which they realize will not benefit the present generation but is calculated to begin or encourage progress which will bear fruit in the future... The world needs a great number of such people".**

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* Document WHO/HEP/36 (provisional number)

** Chisholm, Brock, Can People Learn to Learn? Harper & Bros., 1957, p.105

Surely, future goals in training health and educational workers should be designed to help produce such professional personnel.

Methods and Materials in Health Education

Many persons engaged in health and educational work have believed that the production and use of health education materials was health education. Programme development in many areas, therefore, has been limited to this one aspect. However, if the future goal - the total health concept - is to be achieved, it is obvious that such a narrow view of health education never can be really productive. First of all, materials to be effective must be designed for a specific audience and by individuals familiar with that audience. Even then, the way in which they are presented may be more important for learning than the content provided in the materials being used.

During the past decade there has been increasing interest in the study and evaluation of the various methods - didactic and Socratic - used in health education. Basic planning for health education goals of the future, then, would of necessity be concerned not only with materials but with discovering the most effective methods for use of these materials as well as others which could be employed to raise the level of understanding by the people.

Evaluation and Follow-Up

One of the very important steps to be taken toward achieving goals for the future is the evaluation of the programme at each and every stage to ascertain whether it is developing to meet the real needs of the people and the resources of the country in which the programme is being carried out. It is necessary to assess each step taken to be sure that it is time to take the next step. One phase of health education, often neglected, should be a study and evaluation of the organization and administrative structure of the technical units designed to improve the health of the people. And the question should be raised frequently - are the most efficient and effective methods of administration being used to perform the functions of these units?

School health in its many aspects, training of personnel, and community organization are each and all possible of measurement.

Methods and materials which are used to change people's attitudes toward health problems and to bring about a better understanding of these problems, also lend themselves to measurement.

Because few organizations provide time for evaluation of programme it will be necessary in the early stages of development of health education to involve those groups that are best qualified to design quantitative or qualitative studies for participating in this phase of the programme.

Constant re-examination and identification of goals, problems and programme diagnosis are essential, for without adequate research and follow-up it never will be possible to determine to what extent "total health" is being achieved by the population under study.

Summary

An attempt has been made in this paper to show how "Health Education - Goals For the Future" were, in a large measure dependent upon basic planning in health education; providing the necessary organization and administrative structures for adequate programming; cooperation and coordination of government, voluntary and international agencies; community development which allows for participation of people in solving their own problems; health education in schools which recognized the need for the kind of education which would provide the child with a personality that was mentally alert and socially competent to meet the challenges of a new world; realistic training in health education of all personnel responsible for health activities; understanding the relationship between methods and materials and the value of each in furthering health education; constant and critical evaluation of every step and phase of the health education programme as it develops.

Whether these multi-faceted goals ever will be achieved, and ultimately that final goal of "a state of complete physical, mental and social well-being for all people", will depend on those who provide leadership in the health

and educational fields. Of such leadership, the late Dr. Milton J. Rosenau has said:

> "Many a scientific adventurer sails the uncharted sea and sets his course for a certain objective only to find unknown and unsuspected ports in strange parts. To reach such harbors, he must ship and sail; do and dare; he must quest and question. Laggards drift by a haven that may be a heaven... they pass by ports of opportunity. Only the determined searcher who is not afraid to seek, work, try; who is inquisitive and alert to find, will come back to port with discovery in his cargo".*

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* Rosenau, Milton J., "Serendipity", presidential address delivered before the Society of American Bacteriologists at its 36th annual meeting, Chicago, December 28, 1934. p.1.