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AN ASSESSMENT OF HEALTH EDUCATION MATERIALS
IN THE EGYPTIAN REGION OF THE UNITED ARAB REPUBLIC

by

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The Major Objectives of Health Education Programmes in the Egyptian Region

The health authorities of the Egyptian Region of the United Arab Republic consider health education as one of the most effective weapons for controlling diseases and serving the health projects undertaken by the Ministry of Health and Specialized Agencies. Therefore, one of the very important aims of a health education programme is to extend health education among the different classes of the population and to help the groups to raise their standard of health by solving the community's health problems.

The major problems towards which our present activities are primarily directed are the following: endemic diseases and parasites, nutrition, maternal and child care, tuberculosis control, disease-carrying insects, quacks in medicine, sanitation problems, personal and industrial hygiene, eye diseases, alcoholics, drug addiction, infectious diseases and dental hygiene.

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Organization of Health Education Units

To attack the above-mentioned problems, twenty well-equipped units are scattered throughout the Region, each in a province. These units are organized to reach all sections of the population, such as school pupils, university students, teachers, factory workers, farmers and peasants, groups of people in mosques, churches, clubs, markets and other public places as well as police and army centres.

Each unit is directed by a qualified health educator. All health educators are supervised by the Director of the Health Education Section and his assistants.

The Section undertakes health education activities in cooperation with the other sections of the Ministry of Health and other governmental, national and international organizations. It brings the services rendered by these sections and organizations to the notice of the public and urges the people to profit from them.

The Role of Audio-Visual Aids

The production and utilization of audio-visual aids take first place in our health education programme. Egyptian films dealing with local health problems, posters, health models, radio programmes, photographs, pamphlets, and booklets, are produced by the Section to serve the various aims of health education.

The budget of the Health Education Section is about LE.20,000, out of which LE.6,000 are allotted for the production of health education materials and for the supplying of various types of apparatus and machines such as projectors, cameras, microphones, gramophones, etc. The Section produces yearly about 50,000 posters, 500,000 pamphlets and booklets, 200,000 post-cards and an average of two films yearly. Five hundred different health models are produced annually by our local workshop to be distributed to our health education units.

In order that there may be a permanent record of the health projects and activities, the Section usually sends its experts to take photographs of all the steps of every project or activity. We are now planning to

establish a modern dark-room and a studio for this purpose. In addition, our main panel discussions and public meetings on health education are also registered on tape-recorders and kept in a special tape library.

Methods of Production

As a general rule the Section prepares the technical information for each medium. The specialists of the Section then revise and finalize it, and the necessary artistic work is carried out by professional artists. Each kind of material is pre-tested by a specialized committee according to its subject before its production. Certain materials, such as health models, are entirely produced by the Section's own workshop, run by experts and well equipped with supplies. These models are distributed to health museums organized in our units in each province.

Owing to budgetary limitations, our production is limited in quantity as well as quality in meeting the needs of the different community groups. To make the most effective use of the budget we select foreign health films which cover other health subjects and problems similar to our local conditions and then make a commentary in Arabic. Most of the materials, and in particular the pamphlets and booklets, are intended for the literate groups of the community. They aim at providing leaders with simple technical health information to help them in their health education work.

Films produced by the Section aim to meet the needs on three educational levels:

- (a) villagers, workers and illiterate people;
- (b) students, school teachers and literate local leaders;
- (c) public health workers.

Radio programmes are usually introduced in a simple and easy language, in the form of panel discussion, which could be understood by the majority of audiences. They are introduced weekly to inform the people about existing problems. Radio health plays are broadcast

occasionally to cover specific problems. They are prepared in dramatic form by the technical staff of the Section. Speeches, news releases, slogans and other activities are prepared and broadcast according to plans of health campaigns.

The Assessment of Health Education Material

It is not easy to assess health education material on a scientific basis. In order to get specific results on each medium, many facilities such as money, time and research staff, are needed. These facilities are not available in our Section.

Nevertheless, we follow the methods mentioned below in assessing our materials and improving our production:

1. Before preparing any material, we do our best to take notice of the prevalent traditions, customs, habits, religious and local conditions of the people, on the basis of educational, psychological and social criteria in the light of previous studies, surveys and researches made by specialized organizations or individuals.
2. Each material, before its production, is pre-tested by the health education staff and a specialized committee according to its subject.
3. When distributing these materials to agencies, schools and individuals, the Section asks for comments and suggestions on how to improve the said materials. The Section then studies these comments and suggestions and does its best to improve the production accordingly.

The steadily increasing requests from individuals, private agencies, schools, organizations and governments for our health education materials, prove to us to what extent the medium is successful.

The following table shows how far our production was in demand during the year 1957:

Material	Intended	Number Produced	Number Distributed	Number Asked For
Posters	For the General Public	50,000	50,000	161,145
Pamphlets	For Literate Groups	500,000	500,000	831,461
Post-cards	For School Children	200,000	200,000	304,512

The reaction of the people to the radio programmes is shown from the audiences' comments on these programmes. Most of the audiences usually send in questions, wanting to know the answers through coming programmes, and show interest in certain problems to be discussed in the programmes. During the year 1956, 1,423 letters were received. During the year 1957, 4,512 letters were received. This shows that the people are responding to this sort of medium.

In the year 1956, a central blood bank was established by the Ministry of Health. The number of voluntary donors was 207 in a period of seven months. After carrying out an intensive campaign using various materials such as films, posters, radio programmes and pamphlets, the number of donors rose to 1,436 in the two months that followed.

The number of visitors to the health museum in Cairo during the last five years was as follows:

Year	Number of Visitors
1952	37,806
1953	39,730
1954	40,151
1955	40,397
1956	51,949
1957	52,523

The observed increase of visitors to the museum was due to:

- (a) The re-organization of the museum according to the new methods of display and administration;
- (b) the explanation of the models displayed to the visitors by trained public health workers;

- (c) supplying the museum in Cairo with up-to-date models, some of which were lately presented to the Egyptian Government of the United Arab Republic by the East German Government.

Films produced by the Section are frequently requested by different organizations and institutes to be used in their health projects. Some Arab State Governments showed their interest in obtaining copies of these films to be used in their countries.

Some trials for evaluating our materials on scientific basis has been made by different agencies to know their effect on different groups.

In Sandabis project in 1947, Dr. I.M. Wassef, Director of the Qalyub Training Centre, made an effort to evaluate the effect of the films, pamphlets and posters in the practice area. The following conclusions were made:

- (a) Posters are very useful visual aids in rural Egypt provided they are given to the people and explained while they are in their hands and then left with them.
- (b) Giving the lecture after the film is better than showing the film after the lecture, especially in schools.
- (c) A film with spoken parts or a commentary, imparting health knowledge, can be made entertaining at the same time, especially if given in the form of a story; it has been found that films of this sort are more effective in rural Egypt than purely instructive films accompanied by purely entertaining films.
- (d) In the present stage of culture of rural Egyptians, it is better, except in elementary and rural schools beginning from the third year onwards, not to use written material. Written material should be supplied only to school headmasters and teachers of rural and elementary schools, to preachers in mosques and churches; it may also be given in booklets of follow-up material on health subjects for illiterates. These are also given in literacy courses, after passing the preliminary stage.

Some trainees from the Arab States Fundamental Education Centre in Sirs-el-Layyan, Egyptian Region, tried to evaluate some of our materials under the supervision of both research and production divisions in the

practice villages. In the research conducted by Mr. E. Mehanna, he suggests the following to make use of audio-visual aids on a large scale:

- (a) establishing a small museum in every social centre in the rural areas;
- (b) encouraging school teachers to produce simple educational materials to be used in the classroom, such as photographs, maps, posters and models;
- (c) establishing local broadcasting stations in the villages;
- (d) organizing a training course in the production and use of audio-visual aids for all health educators in the health education units.

In a research conducted by Mr. M.A. Majid, a staff member of our Section, certain educational, psychological and social criteria were put forward for producing audio-visual aids to be used in health education programmes. He then demonstrated these criteria by producing a film strip about the fly, a pamphlet on using the latrine and a radio play on bilharziasis. His intention was to determine whether or not his criteria could be applied as a general rule in producing health education material for rural areas.

The Research Division of the Arab States Fundamental Education Centre carried out a study to test the level of understanding of the illustrations in the centre's health calendar. The calendar, which is intended for distribution in villages, has twelve illustrations, one for each month. It aims at combining utility with instruction and each one of the pictures is supposed to convey a message to the farmer. The study of the research division aimed at finding out how much of what was intended was really conveyed by some of the pictures. It is important to note that the pictures were not accompanied by written texts.

It was found that the illustrations did not convey very much to the great proportion of villagers. It can be said that while it may not be always possible to make a picture convey an idea without an accompanying text, an attempt has to be made to make the picture as graphic as possible

when dealing mainly with illiterate and semi-literate audiences. The Health Education Section takes the results of all these studies and researches into consideration when producing new material.

In conclusion, I should like to mention one point which should not escape our studies in this field and that is the value of establishing a good and understanding relationship with members of the public in promoting health education. I believe that this approach should have first place in the effective carrying out of health education programmes, although it is impossible to dispense with audio-visual aids and other materials needed by every health worker in conveying his message to the people.