

WORLD HEALTH
ORGANIZATION

ORGANISATION MONDIALE
DE LA SANTÉ

REGIONAL OFFICE FOR THE
EASTERN MEDITERRANEAN

BUREAU RÉGIONAL DE LA
MÉDITERRANÉE ORIENTALE

HEALTH EDUCATION OF THE PUBLIC SEMINAR

EM/HEP.Sem/5
22 August 1958

Teheran, Iran
25 October - 6 November 1958

ORIGINAL: ENGLISH

TRAINING OF PUBLIC HEALTH AND OTHER PERSONNEL
IN THE FIELD OF HEALTH EDUCATION OF THE PUBLIC

by

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1. Need for training public health and other personnel
in the field of health education of the public

Health education is that part of public health activities in which it is essential to have the individual's participation in solving his own problems. It follows, therefore, that the training of public health personnel for their task of educating the public in health matters is of vital importance.

In addition to the members of the health team, namely, physicians, nurses, sanitary engineers, sanitarians, health educators, nutritionists and the auxiliary health personnel, such as midwives, assistant midwives, health visitors, sanitarians, laboratory technicians, etc., there are other public service workers, such as social workers, agricultural extension workers, veterinary physicians, pharmacists and others, who contribute to public health programmes; hence, there is also a need for their training in health education of the public.

Although medical opinion in general now appears to support the thesis that doctors and nurses should be concerned with health education and that there is a place for the health education specialist, there still exists in some countries the attitude that health education is not of sufficient

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importance to warrant special training. This seems to be due to the previous lack of scientific interest in this aspect of professional work and the difficulty of sorting out the educational elements in the health services.

Several studies now in progress, however, seem to indicate that general education has an important non-specific effect on the health status of the population. Since education more or less replaces dependence on folk tales with dependence on knowledge, the educated individual is better able to view realistically the course and outcome of treatment. Perception results from the acquirement of a formal education. There is other evidence from specific health education programmes which underlines the importance of the introduction of health education into the undergraduate and post-graduate training of doctors and nurses and other health workers.

Every health worker who is in close working contact with the people has a potential influence on their knowledge, attitudes and health practices. To obtain the best results from these contacts, doctors, nurses, midwives, environmental sanitation workers and others with a specialized health knowledge must become more aware of their educational responsibilities and approach them with confidence, optimism and a variety of techniques.

2. Training of personnel

Medical practitioners, dentists, oculists, etc., in the course of their every-day diagnosis and treatment of patients should seize opportunities for education in health matters of these patients and their families.

Public health administrators, specialized medical personnel in various branches of preventive medicine and public health work, public health nurses, midwives, health inspectors, health visitors, sanitary engineers, health education specialists, medical social workers, nutritionists, all have a definite role to play in educating the public and stimulating them to action in matters relating to their personal health or to the health of the community.

The health education specialist, namely the health educator, should be trained to fulfil the following functions:

- (1) To assist in planning and organizing a programme of health education of suitable scope and activity to meet adequately the needs of the community, state, or area to be served.
- (2) To assist the area to organize for health education.
- (3) To assist in establishing and maintaining a close and cooperative working relationship between all agencies (official and unofficial) which may contribute to health education.
- (4) To aid in stimulating, organizing, and guiding in-service training programmes in the field of health, for employed personnel, in accordance with the policy of the agency or institution involved, including:
 - (a) Health agency personnel,
 - (b) School personnel,
 - (c) Personnel of other agencies.
- (5) To aid, in accordance with the policy of the institution concerned, in planning the health education aspects of pre-service training programmes for professional personnel, including:
 - (a) Public health personnel,
 - (b) School personnel, and
 - (c) Others.
- (6) To provide consultation and guidance to various individuals and groups such as health department personnel, school personnel, voluntary health agencies, parent teacher associations, service clubs and others in developing and improving the health education aspects of their programmes.
- (7) To assist in promoting, organizing, and guiding study groups in the field of health for adult and group work agencies, such as divisions of adult education or young people's clubs.

- (8) To contribute to the improvement of the quality of the health education of pupils or students in accordance with the standards and policies of the school system or institution:
 - (a) through aid in planning school health programmes and curricula of health instruction,
 - (b) through conferences with teachers, supervisors and school administrators,
 - (c) through such other educationally sound activities as the school may desire.
- (9) To assist in stimulating and establishing adequate public health and school health library facilities.
- (10) To assist in organizing and operating an information service to answer inquiries and to suggest source materials and references.
- (11) To be responsible for the preparation, selection, assembly and distribution of health education materials, using the services of technicians and health experts whenever possible.
- (12) To organize and assist in conducting a speaker's bureau, conferences and meetings.
- (13) To assist in planning and, in accordance with the policy of the agency, preparing the health education budget.

The Expert Committee on Health Education of the Public held in Paris in December 1953 summarized these functions under the statement "The principal functions of the professional health education specialist are to strengthen and extend the educational functions of all members of the health team, and to supplement their health education activities on a sustained and organized basis".

The services of the professional health educator are needed on the three levels, the national or ministerial level, the provincial level and the local level. The function of the health education agency on the national or ministerial level should be to assume leadership for the

promotion of a health education movement in the country, whether conducted on a governmental or a voluntary basis, and to lead the way in training health personnel and in encouraging and fostering research in health education.

On the provincial level, the agency should be a part of the provincial health department and its functions should be the following: supervision, provision of technical advice and assistance in pre-service and in-service training of health personnel in health education, supplying local health agencies with materials for health education, and the coordination of the health education activities of the provincial health department with those of the school health department.

On the local level, the health education programme should be an integral and inseparable part of the total public health programme of the local health agency and should enter into the duties of every member of the public health team.

In the United Arab Republic, there is growing interest in community development programmes on the local level where health, educational, social and economic services are combined and integrated. It is my feeling that centres for the conducting of community development programmes should employ as a member of their team a professional health educator.

Hospital physicians and surgeons, administrators, nurses, dieticians, pharmacists, specialists in various branches of clinical medicine, industrial physicians, engineers, nurses and personnel specialized in various aspects of industrial safety and accident prevention, and other health workers according to local conditions, should be included in training programmes to enable them to further health education of the public to the greatest possible extent.

Also, teachers, home economists and agricultural extension workers, social workers, fundamental education and community development workers, religious leaders and volunteers are important contributors to health education programmes and hence the importance of their being trained in health education methods must be emphasized.

It is essential that colleges and institutions for prospective teachers should include health education training in their curriculum, no matter what the students' professional interests are.

The curriculum for prospective teachers should be such as to give them an understanding of:

- (1) The objectives of education in terms of child health, growth and development.
- (2) The planning of a school programme to meet health needs.
- (3) The impact of the school environment on health and health education.
- (4) Common health problems of children and ways of solving them.
- (5) Effective instruction in healthful living.
- (6) Organic handicaps interfering with development, including handicaps of vision and hearing.
- (7) Variations in ability and development.
- (8) The need for cooperative efforts to control and compensate for disease and defects.
- (9) Health as a social problem.

3. Methodology in Health Education Training

In the First Report of the WHO Expert Committee on Health Education of the Public, Tech. Series 89, it is stated that "the aim of health education is to help people to achieve health by their own actions and efforts. Health education begins, therefore, with the interest of the 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 and governments.

The main general purposes of health education are:

- (a) to make health a valued asset,
- (b) to help individuals to become competent in and to carry on those activities they must undertake for themselves as individuals or in small groups, in order to realize fully the state of health defined in the constitution of the World Health Organization,

and,

- (c) to promote the development and proper use of health services."

The objectives in training personnel in their educational functions should be considered in relation to the above stated aims.

These objectives are to interest all health personnel in health education, to assist their understanding of the educational aspects of their health work, to increase their capacity to educate people in health matters during their daily work, to develop in them the ability to communicate their knowledge to individuals and communities, to improve their ability to evaluate the educational components of public health programmes, to identify their role in health education team work with other health workers and to prepare specialists with high technical competence and skill for responsible positions of leadership through which they can plan, organize training and research in health education.

Broadly speaking, the aim is to enable health workers to diagnose and treat the educational condition of the individual or group they serve. One of the essences of training is to foster or create in the health worker the willingness and the actual practice of working with people rather than for them.

The teacher of health workers must learn to consider the student as an individual personality, not just a receptacle for information. This is important for two reasons:

- (1) to ~~ensure~~ that the student does learn what he is supposed to learn,
- (2) to set an example of how he himself should behave as an educator in health work.

From his training, the health worker should acquire an understanding of group and community behaviour so that he may:

- (1) appreciate the complexity of relationship between a group and its leaders (or teacher),
- (2) be able to adapt himself to each particular case,
- (3) be confident of his ability to lead a group.

An important part of the training of the health worker is to learn where resources may be found and how to work with them.

In general, health education training should be developed at two levels - one for all the members of the health team and another for the health education specialist.

The most effective teaching methods are those that give the learner the chance of active participation, e.g.: interviews, demonstrations, group discussions, panels, socio-dramas and role-playing, study groups and workshops, opportunities of applying the methods he learns, and field studies.

It is essential to have a nucleus of well-qualified personnel with specialized knowledge of health education methodology to help with planning and conducting any training course.

Training public health personnel in health education at the post-graduate level should ensure that the personnel are thoroughly versed in the problems involved, understand people and their behaviour in communities, are aware of the possible effects of change on their way of life and understand the principles of health education and the media necessary for its dissemination.

The training of the health education specialist should include in addition to a good cultural background, biological and physical sciences, hygiene and public health, basic social sciences, education and educational psychology, special skills required in health education, public administration and carefully planned and supervised field training experience (taking about 30% of the total period of training).

For training health personnel already on a job for health education of the public, either the in-service training method or the refresher courses method can be used.

4. Training Activities in Health Education of the Public - Health and Other Personnel in the Southern Province of the United Arab Republic

A. In Qalyub Demonstration and Training Centre

The Qalyub Demonstration and Training Centre was established in 1952 through a mutual agreement between the Egyptian Government and the

World Health Organization.

It is a community development project whose objectives are the following:

- (a) Organization of the general services in Rural Egypt and their integration into one unified programme under a unified administration; a pilot project for eventual application all over the Egyptian Province.
- (b) Establishment of a permanent training institute for the workers in the different fields of public service, from the United Arab Republic or other countries on an international level.
- (c) Evaluation of the various programmes and studies and the assessment of their effect on the Qalyub Area.
- (d) Trial of decentralization systems in administration and local governments.

The training policy in the Qalyub Demonstration and Training Centre is to organize five combined centres on the local level each serving about 45 - 50,000 population and to staff them with personnel from all the fields of public services, health education, agriculture, veterinary and social workers. These personnel are given two months' pre-service training, followed by about eight months' in-service training in these centres and sub-centres which are situated in the villages. The personnel live in the villages.

As an example of the training activities in the centre, I will describe the way in which the workers in one combined centre, namely Tanan Centre, were organized. Two months prior to the opening of the centre, a pre-service training course for all its personnel was conducted for two months. There was a general course for all the workers together from the different fields. This general course included:

- (1) The team concept idea.
- (2) Public health principles and practices.

(3) Health education.

(4) Special technical course for the training of each specialty.

After the termination of this course these workers were assigned their jobs and their training was continued in the form of in-service training for about eight months.

The in-service training was given by the same specialists of Qalyub Centre as the pre-service training to ensure that what the trainees were taught was actually applied in the field while working with the people. This in-service training included all grades of staff together and practical problems in the field were discussed within a mutual relationship of understanding and appreciation. Every health worker in related fields arriving for training in the centre from outside the area receives practical training in health education in the field as a part of his total training.

The training programmes are continually evaluated to meet the changing needs and to deal successfully with previous shortcomings in future programmes.

One of the interesting programmes in health education training is for principals, teachers and superintendents of elementary schools in the area and in ten other educational zones in different provinces in Egypt. The programme was conducted in Qalyub Centre with the cooperation of the Health Education Section of the Ministry of Health, the School Health Department (now under the Ministry of Health - previously was under the Ministry of Education), and the Training Department of Ministry of Education.

Superintendents, principals and teachers and health visitors from the same ten educational zones were trained in successive groups on the common topics of:

- (a) public health principles and practices,
- (b) health education in the school and community,
- (c) leadership,
- (d) health and social problems of the school child,
- (e) community health problems.

The training periods were from two - three weeks.

Group discussions (buzz groups) and discussions after the showing of health films covering the topics discussed were the essential training methods, with the guidance of physicians, social workers and educators previously trained in health education. Evaluation of these training courses reveals very encouraging results. It is felt that there is a need for follow-up of the trainees after return to their zones and schools, an activity which is planned to be undertaken by the educational zones themselves and by the superintendents attending the courses.

B. Arab States Fundamental Education Centre at Sirs-el-Layyan

Trainees from Arab States are sent to the Arab States Fundamental Education Centre to gain necessary knowledge and experience in the various aspects of fundamental education. The Centre conducts several programmes of training which differ in duration and content according to the backgrounds of the trainees and the purposes for which they are selected.

The Centre organizes three main types of training programmes; first is the regular eighteen-month training course designed primarily for non-university graduates; the second is the regular twelve-month training course for university graduates; and the third is the three-months' short course which generally concentrates on technical training in one aspect of fundamental education, such as the production of audio-visual aids for the literacy teaching.

The training programme is intended to enable the students to:

- (a) acquire an intelligent awareness of the problems facing rural areas and a knowledge of the skills and attitudes required for work in villages,
- (b) tackle specific problems in their respective fields of specialization,
- (c) seek advice from the relevant authorities on any problem,
- (d) exercise leadership in programmes of local action.

Units of the Programme

The training programme for the regular courses is divided into the following units:

- 1 - Orientation Studies.
- 2 - General Studies.
- 3 - Major and Minor Studies.
- 4 - Audio-Visual Aids.
- 5 - Field Work.
- 6 - Training in Institutions.
- 7 - Study of Rural Areas outside Monoufia Province (the province at which the centre is located).
- 8 - Report Writing.
- 9 - Training Camp.
- 10 - Social and Recreational Activities.

Major and Minor Studies

- 1 - Public Health.
- 2 - Community Development.
- 3 - Cooperatives.
- 4 - Literacy Teaching.
- 5 - Agriculture & Agricultural Extension.
- 6 - Rural Industries.
- 7 - Rural Library Services (minor only).
- 8 - Home Economics (major only).
- 9 - Rural Recreation (major only).
- 10 - Audio-Visual Aids (major only).

Public Health is divided into two main fields:

- (a) Principles of Public Health.
- (b) Health Education.

Minor in Public Health

A. Principles of Public Health

Introduction to Public Health

Major Health Problems in the Middle East

Personal Hygiene

Infant Mortality

B. Health Education

Importance of Health Education

Sanitary Habits

Motivation in Health Education

Working with People and its importance in Health Education

Health Conditions in the Rural Areas of the Arab States in general

Health Education Activities in Arab Rural Communities

Health Education in Rural Primary Schools

Teacher Training Programmes in Health Education

Major

(a) Public Health Principles. (b) Health Education

A. Public Health Principles

First year: Introduction to the programme, - Epidemiology, control of major communicable diseases in the Middle East, environmental sanitation, Public Health and National Economy.

Second year: Public Health Administration, duties of a public health service, modern trends in public health, voluntary health agencies and international health agencies, planning for the field, planning of the final report.

B. Health Education

First year: study of environment, health education projects in rural communities, community organizations for health education, health education methods and techniques in rural areas, methods of teaching individuals and groups.

Second year: important public health problems in rural areas of the Arab world, planning health education programmes, training programmes in health education, health educator's activity in a fundamental education centre.

First year public health and public education

Periods : 25

Hours : 75

Second year public health and health education

Periods : 20

Hours : 60

The organization of field work is through the following stages:

1. the stage of orientation, 2. the stage of study and research, 3. the stage of action, 4. the stage of evaluation of field projects.

C. The High Institute of Public Health - Alexandria

The Institute at present is composed of the following departments:
Epidemiology, Microbiology; Nutrition; Occupational Health; Parasitology;

Public Health Administration (comprising Public Health Administration (Practice), Health Education, Maternal & Child Health; Medical Care, Social Health, Veterinary Public Health, and School Health); Public Health Engineering (comprising Sanitary Chemistry, Sanitary Engineering, Vector Control and Food Sanitation). Rural and Tropical Health and Biostatistics.

The Institute offers the following academic degrees:

A. Master of Public Health with specialization in one of the following fields: Epidemiology; Microbiology; Nutrition; Occupational Health; Parasitology; Public Health Administration (Practice), Sanitary Chemistry; Sanitary Engineering, Vector Control; Veterinary Public Health.

B. Doctor of Public Health with areas of specialization specified and approved by the Higher Council after being recommended by the Faculty Council.

Additional degrees may be authorized after the approval by the Higher Council on recommendation of the Faculty Council.

A course of General Principles of Public Health Education is given to all students preparing for the Master of Public Health Degree.

This course includes the following topics:

1 - Objectives and Planning of Health Education. 2 - Scope of Health Education Opportunities. 3 - The Hows & Whys of Learning. 4 - The Role of the Health Education Worker & How he deals with people. 5 - Community Organization for Health Education. 6 - School Health Education. 7 - Methods & Media of Health Education. 8 - Appraisal methods in Health Education.

Evaluation of this course revealed that it encouraged in students an interest in health education and gave them the conception of how to put it into effect. Its shortcoming was that it was a brief course and as it was given to the students collectively, there was not sufficient opportunity for their active participation.

This shortcoming is being dealt with by the Institute by providing advanced elective courses in Public Health Education which provide the students with the chance of active participation and increased opportunity for learning.

In addition, field work in the Qalyub Demonstration and Training Centre provides them with more practical experience in public health education methods.

D. Higher Institute of Nursing - University of Alexandria

This is an institute for which the University of Alexandria and the World Health Organization are jointly responsible.

The curriculum comprises four academic years. Health education is well integrated, in theory and practice, with the courses and given sufficient time in the curriculum. Experience in the field is provided by courses in sociology, psychology, communication skills and anthropology.

E. Institute of Technicians and Sanitarians - Cairo

This is a joint institute run jointly by the Ministries of Health and of Education of the Southern ~~Province~~ of the United Arab Republic, and is for the graduation of sanitary assistants and laboratory assistants. For both groups the period of study is two years. The courses in the first year are general for both groups; in the second year they are specifically for each group.

Health education in theory and practice is in the first year curriculum and is allotted a total of sixty-four periods.

Methods of health education applicable to Egypt are one aspect which is included in the course and also health education in urban and rural areas, in schools and among workmen.

The aforementioned are only examples of what is being carried out in the Southern ~~Province~~ of the United Arab Republic in the way of activities for the training of health and other personnel in health education of the public. The efforts are on a sound basis and there is increasing interest and a favourable trend towards more and more efficient accomplishments.

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