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BASIC PLANNING FOR HEALTH EDUCATION THROUGH THE
EXTENSION OF EDUCATIONAL OPPORTUNITIES
TO ALL PEOPLE

by

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The title given for this working paper presents a rather curious anomaly. As stated, it is asking for a process to carry out a second process. The implied contradiction can be easily corrected, however, by changing the term "health education" to "health improvement". Then "the extension of educational opportunities to all people" becomes the process by which we hope to bring about needed health improvement. Accepting this fact, we can move on to consider some of the important factors to be faced and overcome in implementing this method for achieving health goals.

The need for education exists in all countries but there can be no standard pattern for "education for health" that will work everywhere. Education in any subject must be scientifically sound and built on the current attitudes and understanding of the people to be educated. It must focus on goals which seem to them to be 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 education for health 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

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education for health can evolve, and ultimately effect a working partnership between the people and the health programmes. 1/

But, unfortunately, this thorough study of the people is not found in many countries. The lack of this important study creates some weaknesses in the execution of our planning for health improvement through extension of educational opportunities to all people. A similar weakness is evident in all programmes of improvement in any area of living.

Studies which will provide an understanding of the attitudes, interests, beliefs, cultural values, wants, needs and resources of people will enable us to put basic planning for health improvement through extension of educational opportunities to all people on a sound, scientific basis that can reasonably be expected to reach all of the people rather than a small portion of the population.

These studies need professional workers to start and to complete them in order that the execution of the planning will follow and continue on a sound basis. They must also include proper organized leadership on both sides of the basic planning; that is, government leadership and national voluntary or lay leadership, so that all the people will share in this basic planning. The importance of government leadership in health education is equal to the importance of national leadership in health education. Two examples, one from Turkey, and one from Jordan, illustrate this.

Two years ago a National Health Education Committee was created in Turkey. Today, rapid developments have led to the planning of a National Institute of Health Education in collaboration with the Turkish Health Education Committee. This institute will be instrumental in the smooth cooperation between the various ministries and organizations concerned with health and social problems and in the rational coordination of health education activities at all levels. 2/

The other example is in Jordan where a Project Agreement between the International Cooperation Administration and the Jordan Development Board, an Agency of the Government of Jordan, was signed effective April 1958 to

establish a division for Health Education within the Ministry of Health with continuing responsibilities for supporting the Ministry's health programme and advising other Government Ministries and agencies on the most effective use of health education methods and media. 3/

Both examples show us the importance of Government leadership in health education, though the example from Turkey shows us also the importance of national leadership in health education. We hope a similar development will take place in Jordan because, as was mentioned before in this paper, both government and national voluntary leadership in health education are of equal importance and provide mutually reinforcing services. This can be only done if both march together with adequate studies to understand the attitudes of the people (their interests, beliefs, cultural values, wants, needs and resources), so that this mutual effort will be reinforced with all the basic facts needed for better planning for health improvement.

In education, during the past ten or twenty years, "the group" has been rediscovered as an educational instrument. By the group is meant an association of a small number of people, capable of developing personal relationships, having some continuity of meeting, and having some common concerns. 4/

Educators cannot possibly reach every individual and, therefore, must work through groups and their leaders in order to economize effort. The effort is an educational agent which helps the individual to adopt new ideas more readily and encourages the putting of new ideas into practice. It must be the responsibility of educators to create new situations which will help leaders of organizations and groups to appreciate the need for more information and training and thus create a state of receptiveness. It is important for educators themselves to set an example of cooperation and teamwork. 5/

If health education is to achieve any success, it must be planned around the needs and interests of the people as they themselves see them, and not as they appear to educators. 6/ In many cases we find that

educators put little importance on the needs and interests of the people because discovering them is a long process of working with them through the right approach of cooperative human relations or team-work.

The term "educator" is not only for those who are engaged in teaching or in education but for all the civil servants that are supposed to devote their time to helping the people realize the meaning of good citizenship in order to educate them to put it into practice.

Education at all levels must be a cooperative process between the educator or civil servant and the people or groups, leaders and individuals.

This cooperative process must be based on mutual understanding and human dignity. Dr. Magda Kelber wrote that the rise in health education indicates a failure in general education. Perhaps the one-sided training of the intellect and memory which has characterized higher education in Europe for generations has had something to do with the failure in educating people towards the goal of physical, mental and social well-being. One possible solution lies in making education for health a cooperative process between teachers and students. We are all, in our relations with one another, both teachers and students. With a cooperative concept of education, we can learn not only about health, but also how to work together and become intelligent and useful citizens of this world. 7/

In some countries this one-sided training of the intellect and memory is true not only in higher education but also in secondary and elementary education, though in other countries the cooperative process of education is developing and showing good educational results.

The field of education is a wide field and is composed, as we know, of school education (kindergarten, elementary, secondary and university) and education for those who never entered a school and for those who only completed one or some years of schooling.

School education must be based on this cooperative process of education and must include health as a subject matter to be taught at all school levels, so that health knowledge will gradually develop the physical, mental and social

well-being of most of the student population, to become useful citizens.

On the other hand, a mass education programme for those who never entered a school or who only completed a few years of schooling must be well planned to be ready for execution, and also must be based on the cooperative process of education not only in health but in other subjects related to the people's needs and resources.

School education and mass education are both long-term programmes that every country must carefully plan and execute. On this will depend the basic planning for health improvement through extension of educational opportunities to all people.

Planning and execution of total development programmes in any country is influenced by political, economic, educational and social factors. The political factor will influence the national stability of a country. The economic factor will influence the standard of living of a country, the educational factor will influence also the standard of living, the national economy and the way of living. The social factor will influence the society as a whole and the social structure of a country.

All the above factors are so closely related to each other that the planning and execution of a total development programme must consider and include all these elements so that the programme is based on what the whole country needs and can do within the limitations of its resources.

As far as the scope of health education opportunities is concerned, I cannot do better than to refer to the First Report of the WHO Expert Committee on Health Education, Technical Report Series No.89. As it is pointed out in this Report, learning about health is not limited to situations in which actual instruction is given. It results from a wide variety of experiences in the home, school, and community. A comprehensive breakdown of the situations and factors affecting health attitudes and practices in the home, educational institutions and in the community is given on pages 6, 7 and 8 of the Report. 8/

Basic planning for health improvement through the above mentioned educational opportunities must include scientific studies, the cooperative process of education, government and national lay leadership. It is of vital importance that the basic planning for health improvement through extension of educational opportunities to all people be focused on the total public health programme of the country. Without such a programme, health education activities are of little value. Governmental, national and international agencies concerned with health matters must put the planning and execution of a total public health programme with clearly defined goals based on the needs and resources of the people as a top priority programme. They should also consider that this programme is one part of the total development programme of the country, which should aim at a combined attack on disease, poverty and ignorance.

This can only be achieved with adequate basic planning. It is not enough to start development programmes in the fields of Health, Education, Industry, Agriculture, etc., without having a well-planned overall programme to ensure that not only health but also other standards of general living will be equally raised.

The extension of health education opportunities to all people is a wide field which, metaphorically, will need proper cultivation, proper ways of planting, proper ways of irrigation and fertilization - the problem is; how to meet the needs with the existing resources.

Every country must work within the framework of its needs and resources and within the framework of a total development programme so that all the needs and resources are known. Then the two major parts of planning and execution can proceed without duplication of effort. The whole programme will be well coordinated, well planned and well executed.

Perhaps we are advocating too many ideals that are impossible to attain, but we believe that basic planning for health improvement through extension of educational opportunities to all people must be an integral part of a

total plan for better health, better education, better industry, better agriculture, better anything that is related to the total development of any country as a perfect whole.

- 1/ WHO Technical Report Series No.89
Expert Committee on Health Education of
the Public First Report, Page 3
- 2/ International Journal of Health Education
Vol. 1 No.2, April 1958, Page 93
- 3/ Health Education Project Agreement Between
ICA and Jordan Development Board
- 4/5/6/7 European Conference on Health Education
of the Public, London, England, 10-18 April 1953,
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- 8/ WHO Technical Report Series No.89
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