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# BASIC PLANNING IN THE USE OF HEALTH EDUCATION METHODS AND MATERIALS

by

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"Man has been searching for a more effective method of putting into practice the truths that have become known about how people learn.

It is vital that a way be found to establish an environment which enables children and adults to learn. This environment must bring about recognition of individual worth; and it must help us to learn how to live among our fellowmen with more understanding. A way must be found to enable groups of people to learn from each other." /1

## INTRODUCTION

The aim of health education is to improve the knowledge of the individual and to influence his attitude and behaviour towards his own and the community's health problems. If the thesis is accepted that learning results in modification of behaviour and that teaching is the guidance and direction of behaviour which results in learning, it is obvious that there must be a full understanding of teaching methods, particularly when applied to health education.

## SOME EFFECTIVE HEALTH EDUCATION METHODS IN RURAL AREAS

Some effective methods of communicating ideas and experiences to rural people are through the spoken word, personal contacts, group discussions, home visits, all with the help of audio-visual aids.

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1. The Spoken Word

In our area of work in the Fundamental Education Centre and in similar localities where illiteracy is high, the majority of the people are not accustomed to receiving information through the written word. It is important then for educators who work in similar areas to depend mainly on oral teaching with the help of audio-visual aids.

Workers who have had some experiences in villages have observed that:

(1) people are curious to learn about things which affect their daily routine of living,

(2) people trust and have confidence in their community leaders and believe in what they say,

(3) cooperation and participation of community leaders and the people in community programmes is required for success.

It has also been observed that when community leaders were asked to pass information to the people, it was passed incomplete; when religious leaders were asked to include some health facts in their speeches they repeated them but they added information which confused the people; when equal importance was not given to community leaders, rumours were spread against the group thus seriously affecting the programme.

Also in our work in ASFEC to be sure that the correct information is passed to the people through the spoken word, the programme is discussed in detail with the community leaders, their questions answered, the important points repeated in different ways, until it is sure they understand the subject of discussion clearly. Then they are asked to pass this information to others either in their informal meetings and groupings or formally in planned meetings with the people. They are also asked to explain these matters to masses of people on special occasions such as film showings, mass meetings and the like.

Preachers of mosques and churches are provided with written material, each topic discussed in detail and they are advised to limit their speech to one topic at a time.

The same orientation is used with teachers and school administrators and after being sure that pupils understand clearly what the teachers say, they are asked in advanced classes to carry this information home and explain it to their families.

The same apply to workers of local agencies with emphasis on explaining to janitors, servants and tamourgies. They, in turn, are asked to pass this information to others whom they meet in their daily work.

Pamphlets and posters are distributed to literates, and audio-visual aids are used to reach the majority of the population. Meetings, home visits, informal group discussions take place to clear matters with the people.

Investigations about real community leaders and persons of power and influence are made and their cooperation secured. This intensive campaign of public information with the sincerity and enthusiasm of the workers and cooperation of the leaders enlightens the whole community in a short time and gains their support. /3.4

2. Personal Contacts and Securing Support of Leaders

Since workers in rural communities are concerned with advising and guiding people in health matters, it is very important to gain the friendship and cooperation of the leaders through personal contacts. Therefore, it is essential before going to a community to learn about its leaders from different sources, such as government officials, persons who have worked in the area, and people in the same area. This helps the worker get an idea about the real leaders and the people of the community because he must be a friend of all irrespective of their social, religious or political differences.

Personal contacts can determine the future of community programmes. A mistake in the approach such as giving importance to some leaders or families and neglecting others, working with a few and neglecting the majority, misusing authority, not showing respect to the people, their habits and traditions, may lead to complete failure of community programmes.

The community worker must determine whom he shall see first when newly introduced in a community, whom he should go to if advice or help is needed to solve a problem, and what attitudes and behaviour patterns the people do not like.

Community workers must be flexible in their work and therefore must present ideas and at the same time accept ideas from the people concerned.

The impression of the first visit to any village leader is important. The feeling of the leader that the worker is sincere, that he respects his ideas as well as the habits and traditions of the people, is the first step toward the success of the programme. The next step will be to gain full support from the leader so that he will help in convincing the people to cooperate. /5

3. Group Discussions

Health education of the public is concerned primarily with the development of attitudes and actions. The community health educator is concerned with interesting individuals and groups to enquire, helping them to study, and stimulating them to action in some matter related to their personal health or to the health of the community. /2

Because it is impossible for a worker or a small group of workers to reach every individual in the area and also because it is impossible to carry out successful programmes without the cooperation of the people, working with or developing organized groups is necessary as the groups can help the educator carry out functional programmes in health education.

In addition to the educational value of group work, programme planning, which itself is educational, can be discussed with these groups. The group will have a chance to express, clarify and pool its knowledge, experiences, opinions and feelings which help public health or other community workers adapt the programme according to the needs, interests and local conditions of the people. At the same time members of the groups who will then be well informed will be a help to the worker.

4. Home Visits

The home visit is a valuable form of education. It is a method for educating members of the household, especially women and children. It should not be long and must treat only one subject at a time. The basis of this method is free questioning and discussion.

According to cultural patterns in rural villages, home visits should be a function of female workers such as nurses, midwives and female social workers. In teaching women and children at home, the workers can improve the learning experience in their talks and discussions by the use of teaching aids, such as models, posters, photographs and charts. These help to clarify points and bring the discussion to life.

People show greater interest in what the worker has to say if they are allowed to have the teaching aids in their own hands. The worker must not lose patience, must try to answer every question, no matter how simple it may seem, and must use simple language and simple explanations. He must be truthful and if he does not know the answer to a question admit it but seek the answer for the next visit. The more he makes the members of a family talk, the greater interest he awakens and better results will be obtained. The smiling face of the worker, simply dressed, with a friendly approach, is essential for success.

THE ROLE OF AUDIO-VISUAL AIDS IN HEALTH EDUCATION

1. In the ASFEC region, audio-visual aids help educators in teaching the people who cannot read or write. Accurate communication with the majority of the people is a problem. Audio-visual aids help educators train workers and local leaders and also to reach individuals and groups that cannot be reached in person. These media help the educator to explain and simplify the technical knowledge and to relate the subject of discussion to the existing problems and cultural patterns.

Audio-visual aids also help the educator to show people how and why new methods will improve their standard of living and how they can carry out recommended practices that result in a better way of life. Successful projects

which are too far away for people to visit can likewise be made known to people through audio-visual aids.

The high percentage of illiteracy in rural areas as well as poverty, fear, suspicion, complacency, smugness and indifference sometimes limit the general use of audio-visual aids and requires producing and using specific media for a given area or region.

The following steps are involved in the effective use of teaching aids:

1. Planning by the educator. The introduction of audio-visual aids into a programme or a course should be planned to fit in with the methods being used and with the subject matter development, thus forming a part of an integrated programme.
2. Selection of the aid. The available aids should be carefully reviewed by the educator until he is completely familiar with their content and quality. Only those aids that are clear, simple, interesting and to the point should be selected.
3. Preparation of equipment. It is extremely important in the use of most teaching aids that whatever equipment is needed be set up and tested before it is used. For example, if films are to be used the projector should be in place, the screen should be set up, the room should be darkened, and the chairs should be arranged in the proper order. Charts should be in proper sequence. Blackboards should be clean, and chalk and erasers should be handy.
4. Preparations of the audience. The audience should understand the purpose of the aid and should have an idea of what to look for in it.
5. Summary of the information. When an extensive amount of information is presented it will increase the aid's effectiveness if the points are summed up afterwards.
6. Discussion of the information. In order to be sure that the information presented by the aid is meaningful to the audience, it should be discussed and related to other aspects of their learning.

CONCLUSION

The trend today is to base health programmes on the assumption of extensive personal and public participation and responsibility on the part of the group affected. Therefore, it is essential that all members of the health team have a thorough understanding of the most appropriate educational methods and means which can serve to enlist public participation and thus enable the people to do as much as they can for themselves with the aid of technical health services. /6

Health education is not merely health propaganda or instruction. It aims at enabling the learner - "the consumer" - to make his own choices and decisions about health matters, and provides experiences which will develop insight and understanding and facilitate individual and group action. Research focused on specific problems of health education will increase the adequacy of programmes and sharpen the effectiveness of health education techniques and methods. The educator should always remember that he is teaching people, not just presenting subject matter and, therefore, his aim should be to help people help themselves. Health education activities should be planned in a way that the results quietly and gradually penetrate and become a part of normal community life.

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