

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/9

27 September 1958

Teheran, Iran

28 October - 9 November 1958

ORIGINAL: FRENCH

WHAT THE PSYCHOLOGY OF A HEALTH EDUCATOR SHOULD BE

by

Dr. Etienne Berthet¹

The essential role of health education is to introduce new ideas and techniques in a community which are aimed at improving its everyday life. This is not achieved without disturbing some well-established traditions and customs. The wealth, the prestige and power that some feudal people stand to lose is naturally endangered by the introduction of new techniques, - hence their opposition, which sometimes assumes a violent form. The greater the degree that people are miserable, ignorant and unwilling to risk losing the few things they possess for uncertain improvements, the stronger such resistance is expected to be. Thus, disagreement on objectives and methods may arise between health educators and local authorities, as the latter often consider the action to be undertaken from the prestige standpoint.

To quote an example, some health techniques, particularly preventive medicine, are long-term undertakings, which do not yield results until a certain time has elapsed, whilst governments and people expect immediate results. In a country with a high tuberculosis mortality rate, it is not always easy to induce the authorities to accept giving priority to a preventive programme based on a vaccination campaign and on the establishment of case-finding centres, instead of setting up curative establishments. Likewise, it is not always easy to convince some health administrators of the uselessness of opening a premature care service in an area where infant mortality rates exceed one hundred out of one thousand live-births.

¹ Director General International Children's Centre, Paris

The solution of these problems will mostly depend on the health educator's qualifications of which the following seem essential:

I TECHNICAL ABILITY

Only an adequate professional standard will enable a health educator to gain the consideration of the local authorities and population. Experience shows that the educator's previous background has as much importance as university degrees. Here also, as well as in all fields of human activity, it appears that titles do not make men, but men give a value to titles.

However, technical ability is not the only factor involved, since a technical failure, however severe, may always be corrected. On the other hand, a psychological failure has more important consequences; in such a case, it is the principle itself, of the action undertaken, which is involved. Therefore, further cooperation would be more difficult with a suspicious administration and a hostile population.

II THE SENSE OF TEACHING AND ORGANIZATION

A health educator should have the sense of teaching and the spirit of organization as both are indispensable to the success of his mission. When a health educator expresses his disappointment and bitterly asserts that "there is nothing to be done with these primitive people" this means that, in most instances, he was unable to make a clear statement of the objectives and the scope of his mission and to convince his audience. These teaching abilities are all the more important since the real effectiveness of the action undertaken is not measured by the work directly achieved by the educator during his mission, but by the continuation of the project after his departure and by the faith and enthusiasm he inspired in his local collaborators.

III POSSIBILITY OF ADAPTATION

In many cases the health educators' basic culture is different from that of the region in which they work. The way of life they meet is quite different from that to which they are accustomed, therefore, they will have to overcome daily difficulties arising from various causes of irritation, such as broken promises, defective administrative methods or lack of loyalty on the part of some collaborators. To this should be added the usual difficulties

due to climatic conditions, accommodations, food, lack of leisure time and intellectual contacts. It happens too often that the health educator arrives in an area with no other briefing than some indications on the work he has to do, without any other prior information. We should insist on the necessity of careful planning with due emphasis on the means and facilities of the area to which the health educator is assigned.

IV HUMAN QUALITIES

The health educator's personality is as important as his technical knowledge, and the same goes for his attitudes and his aptness to human relations, which will enable him to gain people's confidence - otherwise no effective results are possible.

A health educator would be able to discharge his duties and to feel personally satisfied with his work, if he has a gift for gaining people's friendship, if he deeply believes in his mission and has a strong desire to improve the health conditions of the people he is dealing with, by raising their standard of living and complying with all that is required for this purpose. He has to get in touch with the community tactfully and kindly. He must understand that what he may be tempted to call "passivity" in certain people, and which will so much irritate him, that is, their carelessness and their reluctance to any effort, is but the consequence of age-long poverty, diseases, malnutrition and ignorance. A health education mission cannot succeed unless those who are responsible for it integrate themselves into the community they are dealing with, unless they have a better understanding of its mentality and are able to detect what is good as well as what is bad in it and unless they believe in their mission and are determined to obtain positive results.

Devotion to duty, an international spirit and a kind understanding of all human beings, form part of the essentials of the successful mission of a health educator.

V PRACTICAL PLANNING OF A HEALTH EDUCATION PROGRAMME

When the health educator arrives in an area which he does not know, or knows very little about, he must start with a triple assessment:

1. Assessment of means

Any technical work in a given area should be undertaken in accordance with the area's own means as shown by statistics, if any, by pilot surveys and by discussions with the local personalities. Furthermore, the difference between the "felt needs" and the "real needs" should always be borne in mind. For instance, water supply in several parts of the world is an urgent and important "felt need" of the population, while safe water, free from dangerous germs or parasites, is a "real need" which is not felt by primitive populations.

The health educator should also be aware of the cultural level of the populations to be dealt with. Health activities are not a privilege reserved to well-developed countries; on the contrary, they become all the more necessary if the community's cultural level is lower. Techniques must be adapted to the capacity of the population so that they can understand and adopt them. The ultimate objective is not only to teach, but also to give communities a sense of responsibility and to make them aware of the personal efforts required from them for the improvement of their well-being.

2. Assessment of facilities

Usually, the facilities afforded by the countries to which health educators are assigned are limited in personnel, equipment and funds. Far from being a cause of discouragement, these limitations should seem normal and should be an incentive. Otherwise, if everything were perfect, for what would the health educator be needed?

The recommended techniques should always be integrated in the overall plan of economic and social progress designed by the government. The health educator should avoid falling in the mistake of some specialists who are only concerned in their own techniques, excluding any other needs. What counts is not the achievement of a particular objective, but the general improvement of the conditions of living, of the communities' well-being in all fields of human activity.

3. Assessment of techniques

A mistake which is likely to be found in many plans is lack of due consideration for the existing facts. It would be easy to set up an entirely new organization in accordance with one's concepts; but adapting plans to a situation already loaded with a burden inherited from the past is a more complex task. This proves particularly true when working with countries of an old civilization. A nation always represents an inheritance of historical, economic and psychological factors. Ignoring this would lead to failure.

The health educator must adapt his techniques to the psychology and to the qualities and failings of the population for which he works. If the basic principles of any technical action are the same in all countries, its practical application will differ according to the part of the world where it is to be utilized.

In programme planning, it is the technical and professional training of personnel which, as a rule, should be given priority, as no lasting results can be possible without local collaborators.

The technical demonstrations should always be the simplest, the most economical and the most easily understandable; in short, they should be those which, in the various areas of the country, are likely to give the most effective results.

* * *

Finally, a health educator should remember primarily that his mission is to educate the international spirit of the population. This international spirit is our awareness that we belong to mankind; it is our awareness of our responsibility to and our solidarity with all men. A health educator must try to eliminate racial, national and social prejudices, which divide peoples. He must make them aware of the reality of human brotherhood by showing them that, in all parts of the world, men have the same grandeur, the same weaknesses, the same problems, and that the essential point is to find a link ("a common denominator") to unite them.