WORLD HEALTH ORGANIZATION

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REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN

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HEALTH EDUCATION OF THE PUBLIC SEMINAR

Teheran, Iran
28 October - 9 November 1958

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# COMMENTS ON PROF. KOEKEBAKKER'S PAPER "MENTAL HEALTH IMPLICATIONS OF HEALTH EDUCATION" *

by

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I wish to express my deep appreciation of Prof. Koekebakker's paper "Mental Health Implications of Health Education". Whereas I agree with the main theme of his paper, and believe that the four areas covered represent the most important links between mental health and health education, there are certain points, however, which need some emphasis or elucidation owing to some particular social and cultural factors in the Region.

1. The statement that "health education in its most usual form concentrates today on the transfer of patterns of behaviour, which it is supposed will bring about the best possible state of physical well-being" might convey the idea, now generally abandoned, that the concept of health is confined to a state of physical well-being. Health in its broadest sense is now considered to be a state of well-being, in which the physical, the mental and the social are closely integrated. Perhaps this unitary concept of health, first clearly defined in the constitution of the World Health Organization, is much more established in some countries than it is in some others where health is still looked upon as a state pertaining to the body, and disease is still linked exclusively, or almost so, with tissue pathology. It is not difficult to see why this is the case, for while physical well-being can, almost invariably be measured objectively with varying degrees of validity, mental and social well-being do not lend themselves to such accurate measurable standards.

* Document WHO/HEP/13 dated 30 November 1953

Moreover, medical teaching in many countries is still much more concerned with, if not totally confined to, the physical aspect of health and disease. The emotional and social aspects, with their manifold implications, hardly find a place in the training of professional personnel in the medical and health field. Psychiatry, as a medical speciality, is hardly given any recognition by the medical schools, and psychiatric concepts including psychosomatic concepts, are still looked upon with suspicion, if not with denial and rejection, by those responsible for medical teaching. It is from within the medical profession that correct concepts concerning health and disease should emanate and spread; and it is not until psychiatry has been accepted and provided for as an integral part of medicine, and psychiatric concepts are allowed to permeate medical teaching that this unitary concept of health can reasonably be expected to prevail in a community.

It may be argued that in communities where the preliminaries of physical health are lacking, e.g. where housing conditions are poor, where sanitation is more or less primitive, where malnutrition prevails and where infant mortality is high, etc., it would seem unwise and even irrelevant to talk about mental health. But in face of the fact that health is a unitary state of well-being in which the physical and the mental are inseparable, every effort that is made to foster the apparently needy state of physical health without giving due consideration to the less apparent but nevertheless equally important state of mental health will eventually be much more costly and much less fruitful. Health education, therefore, in order to achieve its aims in "making health a valued community asset", should approach its problems in terms of this unitary concept of body and mind in a particular social setting. It is the responsibility of the medical profession to take the initiative by incorporating the concepts of psychiatry and mental hygiene into the general body of medical teaching.

2. In this very important domain of health education, it is essential for all workers in the field to remember certain points, the proper understanding and wise application of which will mark the difference between success and failure.

a) An appraisal of the value "health" must first be very clearly made. As Prof. Koekebakker has pointed out, it is important to know whether, within a certain community, the value "health" is a primary one, or is it secondary to some more fundamental values. The approach to the problems of health education and the techniques employed will, of course, be different in both instances.

b) Every culture has its own concepts about health and disease, which range from the scientifically objective and verifiable to the magically interwoven with many gradations of depth and strength. In any case these concepts tend to alleviate the anxiety that is inevitably associated with the notion of ill-health, and help to provide the people with a feeling of security. In this respect and to this extent, these concepts, however scientifically invalid as they might seem to be, have a definite mental health value. What would be the role of the health educator who has to work in a community where superstition is dominant in the etiology and treatment of disease? How would he approach the problem? To make an open statement against the superstitious beliefs of a people concerning such a sensitive and emotionally coloured aspect of their lives can only have one result: to raise their resistance and to stamp his attempts with definite failure. A resourceful health educator can in many instances arrive at a working compromise as a solution to a number of his problems, e.g. he may temporarily allow the combination of both the scientific and the superstitious in the treatment of disease: i.e. if the disease is attributed to an evil eye he may allow the use of an amulet together with orthodox medical measures.

c) The health educator working in a particular community should make good use of all the facilities for prevention and treatment in that community. Guiding the people to the health facilities available in their community and helping them to make good use of them will in itself pave the way for the health educator. In this respect one might say "nothing succeeds like success". On the other hand, any attempt to enforce certain health regulations, even though this might be through the power of law, will likely stimulate suspicion and resistance, and is, therefore, most probably doomed to failure. It is

not until the people have become satisfied with the beneficial results of the health services offered to them through repeated experience that we should reasonably expect them to abandon their old notions about illness in favour of new ones. In other words, while it is highly desirable that no effort should be spared in elevating health standards among a people, this "dis-association" between the health educator and the people should be very carefully avoided. It thus becomes clear that anything that helps to promote the development and proper use of health services has its direct bearing on one of the very important aspects of mental health in health education.

d) Aside from the confidence of the people in the health educator and the attitude which he takes towards the people, much of his success depends upon his taking into due consideration the facilities and the limitations concerning the health services in his community. It would, of course, seem irrelevant if a worker in health education aimed at standards which are unattainable in the potentialities of the environment, e.g. if he aimed at a very high standard of cleanliness among a people who can hardly get soap and whose only water supply is from far away canals or from rain-fall.* The same may also be said about adopting rigid standards concerning other health problems in the environment, e.g. the campaign against the house fly, toilet training, etc. Here again, this "dis-association" between the health educator and his community should be avoided.

3. The foregoing comments touched upon the general theme "Mental Health and Health Education". It now seems appropriate to say a few words about "Health Education in Mental Health".

Perhaps in no other branch of medicine is superstition concerning both the etiology and treatment of illness as prevalent as it is in psychiatry. The retreat of superstition from the domain of psychiatric disorders is as yet

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* In this respect it may be mentioned that it is a common experience for people who come from rural areas on business to stay for a few days with relatives in big cities find it very difficult to adjust to the new conditions of urban living, and after a few days of unease and anxiety hurry back happily to their native village.

far from complete, even in many of the countries where psychiatry has an established status. Among quite a high proportion of the people in many countries of the Region, demons, evil eyes, evil "doings" and the like are commonly held responsible for psychiatric breakdowns. Amulets, undoing the evil "doing" etc., are the main lines of treatment adopted. In the application of health education in the mental health field, it is again a fatal mistake to make an open statement against such prevailing concepts and practices. The health educator who does so will only be defeating his own purpose. Preaching alone has little value in health education. Some guidance to the people towards a healthier mode of living has to be undertaken. In order to be effective it should be within the resources and the limitations of the environment. Any real health service given to the people will arouse their interest in health education much more than any amount of "preaching". The services rendered by a mental health centre, properly constructed and staffed, for example, will be much more effective in correcting the concepts and attitudes of people towards problems of mental health than any amount of effort spent in the so-called "combat of superstition and harmful customs" by mere preaching and open offensive statements - apparently the only means considered to be of value in not a few countries. Many times during our work at the Neuropsychiatric Clinic for School Children, in the centre at Cairo, we met with parents who brought their children to us before, during, or after they had consulted one or more of the "psycho-quacks".[*] We usually took no notice of the event and made the scientific approach to the case, which included establishing a good rapport with the child and his parents.

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[*] Psycho-quacks are a specific group of "professional" people, of both sexes, who set themselves up in private practice for the purpose of healing diseases which are mostly overt psychiatric breakdowns, but which may also include such complaints as sterility, impotence and marital disharmony, charging fees that are usually high. They should be very clearly differentiated from "spiritual healers", who are an integral part of the tribal system of some countries, and who make no trade of their practice.

Through this rapport we achieved our therapeutic results with their accompanying insights, which in many instances could be seen and appreciated by the parents. We refrained from talking against the superstitious approach, and left it to the people to form their own conclusions regarding the relative value of both approaches. I believe that the combination of good human relationships and a positive service will work better than anything else in establishing health education on sound mental health principles.

4. "Health education" is basically "education". Every educative process is influenced by two factors:

a) The validity of the material that is imported, and

b) The type of the relationship that is established, i.e. between the educator and the person to be educated.

Whereas the first factor is of secondary concern to us here, the second is of utmost importance. It is in this respect that the emotional maturity and the personality of the health educator come into prominence as integral factors in the success or failure of his work. Personal fitness in this respect can be measured in terms of the ability of the health educator to come to a quick and deep understanding of the significance of the different manifestations of the culture in which he is working, his capacity to make good use of the resources of the environment in the achievement of his aims, his success in working out his projects not only within the every-day practices of the people, but also within their financial means and, as far as possible, within their traditional system of beliefs to the extent that those beliefs are inconsistent with, or detrimental to, the basic health principles; and, last but not least, his ability to handle efficiently problems as soon as they arise, and in particular problems that involve emotional tensions between individuals or groups, especially so when these emotional tensions are associated with some rigid or fixed value in the community such as pride, prestige, revenge, etc. This is a real mental health problem in the rural areas in many of the countries in the Region, and on its proper handling depends much of what is to be achieved in all fields of activity there.

5. The value of team work in health education cannot be overemphasized. It has been mentioned in an earlier part of this paper that correct concepts concerning health and disease should emanate from and spread within the medical profession. This should not by any means be identified with the idea that problems of health are the concern of the medical profession exclusively. Health is the concern of every person. If the medical profession because of its responsibility in problems of health and disease, in both the physical and mental spheres, is to take the lead, it is with the full awareness that health education is the responsibility of all professional personnel who work with and for the people with the aim of influencing them for the better. Public health nurses, teachers, social workers, health visitors and preachers are examples of many other such professional personnel. The influence of these, if carefully selected and properly trained, on the people with whom they come in contact can be such as to make a definite improvement in health habits and a definite elevation of the health standards of a community. Cooperative team work is essential in this respect, not only between the different professional workers in the field, but between them and the people of the community. As a practical example may be mentioned the possibility of establishing in every village or town a health board, in which is combined both the professional group of health workers and some carefully selected members of the community who are known for their enthusiasm, initiative and activity. A board formed in this way will be recognized by the people as a part of their community and not imposed upon them. Health problems are discussed in this board, and solutions suggested. Although essentially independent and capable of a wide range of activity, according to the needs and resources of the environment, its activities should be integrated within the activities of the larger province board.

6. In conclusion, I need only mention the extreme importance of the proper training of new personnel in the health education field, and the in-service training of personnel already on duty. The training should give due consideration to the emotional as well as to the physical aspects of development, the psychology of inter-personal relationships, group dynamics and a good understanding of the cultural factors and influences that prevail in any given

7. I am fully aware that these brief comments on "Mental Health and Health Education" do not cover even the broad lines of this extensive and extremely important topic. If I may emphasize one point it is the following: the concepts of health within a particular culture are basically related to the traditional system of beliefs belonging to that culture, which are frequently dominated by trends that do not conform with scientifically objective and valid findings. Health education, being an activity conducted within a particular cultural pattern has to take into consideration all the manifold implications of that cultural pattern in its attempt to achieve the aim of helping the people towards a healthier mode of living. In so doing, it has to modify its methods and techniques in order to meet the people where they live. It is futile to insist forcibly that the people should give up their long-cherished and anxiety-alleviating beliefs to meet its standards, alien and unintelligible as they seem to them. This is by no means identical with a static concept, whether with regard to techniques or to aims. The methods and techniques used in health education should be geared to the particular culture in which they are applied, and should not, in any event, be copied from any other culture. Health education for any community is basically linked with the socio-economic conditions, the general level of education among the public, the health facilities present and the traditional system of customs and beliefs. Man is amenable to change, but different peoples vary in their rate of change. We may exchange ideas gained from experience and become richer in this way; but we cannot copy experiences of others. The same holds true for sub-cultures within a wider cultural pattern, e.g. the many sub-cultures within this Region.

## SPECIAL INTEREST GROUPS

## GROUPES DE DISCUSSIONS DE QUESTIONS OFFRANT UN INTERET SPECIAL

On Wednesday, 5 November 1958, opportunity will be afforded for you to participate in a discussion group of a special field of interest as it relates to health education. Kindly check three preferences indicating your first, second and third choice by 1 - 2 - 3.

L'occasion vous sera offerte, mercredi 5 novembre 1958, de faire partie d'un groupe de discussions s'occupant d'un domaine d'intérêt spécial, puisqu'il se rapporte à l'éducation sanitaire. Veuillez barrer trois sujets préférés, en indiquant votre ordre de préférence par les numéros 1 - 2 - 3.

### EXAMPLE TOPICS
### SUJETS CITES A TITRE D'EXEMPLE

1) Maternal and Child Health - in relation to nutrition, gastro-enteric diseases, communicable diseases and sanitation. (3)

   Hygiène maternelle et infantile - en relation avec la nutrition, les maladies gastro-entérites, les maladies transmissibles et l'assainissement.

2) Malaria Eradication - educational approach to eradication as compared with that to malaria control. _____

   Eradication du paludisme - méthode éducative en vue de l'éradication, comparée à celle visant à la lutte contre la maladie.

3) Communicable Diseases and Parasitic Infections. (2)

   Maladies transmissibles et infections parasitaires.

4) Environmental Sanitation and Bilharziasis. _____

   Assainissement et bilharziose.

5) Nutrition. _____

   Nutrition.

6) Mental Health. _____

   Santé mentale.

7) Public Health Nursing and Nursing Education. _____

   Soins infirmiers de santé publique et enseignement infirmier.

8) Hospital Administration. (1)
Administration hospitalière.

9) Other topics of your own suggestion. _____
Autres sujets suggérés par vous.

Dr. S. T. Motamgni
(PRINTED NAME)
(NOM VISIBLEMENT ECRIT)

SEMINAR ON HEALTH EDUCATION OF THE PUBLIC, TEHERAN, IRAN
28 OCTOBER - 9 NOVEMBER 1958

COLLOQUE SUR L'EDUCATION SANITAIRE DU PUBLIC, TEHERAN, IRAN

ASSESSMENT FORM No.1
FORMULAIRE D'EVALUATION No 1

| | YES / OUI | NO / NON |
|---|---|---|
| Did you receive the Information Bulletins ?<br>Avez-vous reçu les Bulletins d'Information ? | | |
| Was the information satisfactory ?<br>Est-ce que les informations fournies étaient satisfaisantes ? | | |

| For your job do you expect to find the following subjects:<br>(Please check only one)<br>Par rapport à votre genre d'activité, prévoyez-vous que les sujets suivants seront:<br>(Prière d'en barrer un seul) | VERY USEFUL / TRES UTILES | USEFUL / UTILES | USELESS / INUTILES |
|---|---|---|---|
| 1) "Basic Planning for Health Education through Co-ordination of Governmental, Voluntary and International Agencies"<br>"Planification de base de l'éducation sanitaire par une coordination entre les institutions gouvernementales, bénévoles et internationales" | ——— | ——— | ——— |
| 2) "Basic Planning for Health Education through Organization and Administrative Case Studies"<br>"Planification de base de l'éducation sanitaire par l'organisation et par l'étude administrative des cas d'espèce" | ——— | ——— | ——— |
| 3) "Basic Planning for Health Education through Training of Public Health and other Personnel"<br>"Planification de l'éducation sanitaire par la formation d'un personnel de santé publique et d'autres catégories de personnel" | ——— | ——— | ——— |
| 4) "Basic Planning through Health Education in Schools"<br>"Planification de base par l'éducation sanitaire à l'école" | ——— | ——— | ——— |

| | VERY USEFUL<br>TRES UTILES | USEFUL<br>UTILES | USELESS<br>INUTILES |
|---|---|---|---|
| 5) "Basic Planning through Extension of Educational Opportunities to all People"<br>"Planification de base par les possibilités d'éducation rendues accessibles à toute la population" | ——— | ——— | ——— |
| 6) "Basic Planning through the Proper Use of Health Education Methods and Media"<br>"Planification de base par l'utilisation judicieuse des méthodes et moyens d'éducation sanitaire" | ——— | ——— | ——— |
| 7) "Assessment and Follow-up in Health Education"<br>"Evaluation et contrôle en matière d'éducation sanitaire" | ——— | ——— | ——— |
| 8) Now that you have reviewed the Provisional Agenda,<br>Ayant pris connaissance de l'ordre du jour provisoire,<br><br>Do you expect to find:<br>Vous attendez-vous à trouver: | | | |
| Plenary Sessions<br>Les séances plénières | ——— | ——— | ——— |
| General Discussions<br>Les discussions générales | ——— | ——— | ——— |
| Small Group Discussions<br>Les discussions par petits groupes | ——— | ——— | ——— |
| Special Interest Groups<br>Les groupes discutant de questions d'intérêt spécial | ——— | ——— | ——— |
| Demonstrations<br>Les démonstrations | ——— | ——— | ——— |
| Field Visits<br>Les visites sur le terrain | ——— | ——— | ——— |
| Library Facilities<br>Les ressources offertes par la bibliothèque | ——— | ——— | ——— |
| Report of General Discussions<br>Le rapport sur les discussions générales | ——— | ——— | ——— |

## THE EVALUATION OF THE SEMINAR

An appraisal of the Seminar was made at its first meeting, and another at its final meeting. For a complete breakdown of the results, please see Annex III.

In particular, it was noted in the final evaluation that "Basic Planning for Health Education through the Training of Public Health and Other Personnel" and "Health Education in Schools" were considered the most useful topics discussed during the Seminar. It was also shown that none of the seven subjects discussed was considered useless. It may be concluded that the participants felt that the results of all these discussions would be of some use to them in their future work. It was, however, of interest to see that following the completion of the Seminar, all topics received a much higher vote for "very useful" than in the first evaluation.

As regards the structure of the Seminar, the most popular and useful feature, according to the evaluation, was the Small Discussion Groups, although the discussions in the Plenary Sessions also received favourable comments in the evaluation.

Another important feature of the evaluation was the rating placed on the field visit to the Rabat-Karim community and other field visits (see chapter 6). Field visits which had little health education implication received very low ratings, while the visit to Rabat-Karim in comparison was much higher.

With regard to future plans for the Seminar, some of the comments made by the participants are listed as follows:

1. More special interest sessions.
2. Reshuffling of small discussion groups every 2-3 days.
3. More emphasis on the behavourial sciences and personal relationships.
4. Review of Health Education syllabuses in elementary schools.
5. More visits to schools including medical undergraduate studies.
6. More time for panel sessions, because there was not enough time for questions.
7. Health Education in venereal diseases control programmes.

8. More special interest groups discussions.

9. Allow time for discussing with the author any paper submitted.

10. Research methods in health education.

11. Health Education and Mental Health.

12. Greater part of seminar to be spent on special interests from a list of possibilities.

13. Efforts to be made to stay on schedule.

14. Inclusion of other personnel of the health team in various topics so that they will understand the concept of "working together".

15. References to the training of health education specialists.

16. Inclusion of more short films, with only one subject.

17. More relevant films.

18. Health education as it relates to family planning, mental health and industrial hygiene.

19. More field visits. In some cases, home visits by small groups.

20. Discussion of the relationship between health and peace.

21. Environmental sanitation for rural areas of Middle East countries, in cooperation with other agencies working towards the development of rural life, such as agricultural extension and community development.

22. The duties of the health visitor in health education.

23. Activities of voluntary agencies in Health Education of the Public.

24. Social aspects of Health Education of the Public.

25. Means of encouraging the transfer of the burden of health education from the Ministry of Health to voluntary agencies.

26. Health education for both sexes to encourage pre-marital medical examination.

27. Follow-up plans in health education with regard to tuberculosis and nutrition.

28. The control of alcoholic drinks.

Items to be omitted:

1. Omit the discussion on general aspects of health education, such as training of teachers and similar activities, where the primary responsibility rests with Public Health Administration rather than with Health Education.
2. Omit as far as possible the "lecture" approach when presenting the subjects for discussion.

3. Omit irrelevant and lengthy films.

4. Omit visits not related to subjects of discussions.

Some experiences

As an illustration, we would quote the initiative of the health services of the City of Ispahan (Iran): The public baths with showers provided instead of the usual tubs in the vicinity of the town, has long been a disappointment for the authorities, the reason being that the public did not know how to use them and believed that using showers was incompatible with their religious convictions. It proved necessary, therefore, in order to induce them to use this new kind of bath, to enlighten them beforehand, in which process audio-visual aids played a prominent part. It was even necessary to call upon the religious authorities to persuade the population that these public showers did not contravene their religion. By persuasion, the use of these showers became gradually accepted and even introduced into private houses.

In Sudan, a WHO Malaria team, in order to gain the confidence and support of the population whose houses were to be treated with insecticides started the operation by a drastic health education campaign: distribution of posters on malaria, radio talks on the virtues of DDT, films, explanatory leaflets etc. This experiment was not unfruitful and resulted in the malaria team obtaining the active participation of their proteges.

Seven years earlier a team coming for the same purpose, insecticide spraying, encountered marked hostility on the part of the people, owing to the lack of such precautions.

In Cyprus, health education is carried out by general practitioners and for the past ten years it has resulted in a sharp drop in infant mortality which fell from 66 deaths to one thousand live-births in 1947 to 31 per thousand in 1957. This marked fall in infant mortality brings out clearly the recent regression of infectious diseases in this island and according to the WHO report, may to some extent be ascribed to health education.

In Cyprus, physicians and nurses are currently called upon to educate while performing their technical activities, thereby their action is twofold, their efficiency is considerably increased and their task assumes its full human and social significance.

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PRESS RELEASE
EMRO/37
27 October 1958

# FOURTEEN COUNTRIES IN THE EASTERN MEDITERRANEAN WILL BE REPRESENTED AT THE SEMINAR ON HEALTH EDUCATION TO BE HELD IN TEHERAN

(Teheran, 27 October 1958). Fourteen countries and territories will be represented at the Seminar on Health Education of the Public to open tomorrow at the Teheran University Club, under the sponsorship of the World Health Organization (WHO). This Seminar, is convened to meet until 9 November and will be attended by some forty sanitarians, physicians and professors who are to review general aspects of health education, its functions and methods; it is the first conference on this subject to be sponsored by WHO in the Eastern Mediterranean Region.

Some ten international, inter-governmental and private bodies, including UNESCO, FAO, UNICEF, UNRWA, the Arab League and the Rockefeller Foundation, will also be represented at this Seminar, which will review the achievements of the various countries in this Region in the field of health education, define the place of health education in health programmes and assess its contribution to their success.

The exceptionally large number of participants in this Seminar shows the importance attached to health education by the countries of the Eastern Mediterranean Region, anxious to secure the active support of their populations when embarking on extensive economic development plans and health programmes.

## The asset of health education

According to a report which will be submitted by WHO to the experts convened in Teheran, the contribution of health education in realising these programmes is recognized by an increasing number of countries in the Eastern Mediterranean Region. Seven of them, including Iran, Iraq, Sudan and UAR, have already integrated health education sections, divisions and even departments into their health services, whilst two further countries are about to do the same.

In these countries, health education is generally regarded as a major asset by the authorities and in medical circles its effectiveness is no longer in question; anyone provided with adequate knowledge of the personal efforts required for the preservation of health is doubly armed against disease.

The sixteen papers to be reviewed by the experts convened in Teheran lay stress on the value of this relatively new "therapy", namely health education. By increasing the number of well informed patients and inducing them to accept nothing but appropriate treatment, by changing the often unhealthy habits of a whole population and by introducing into various social groups the habits and reflexes of a healthy way of life, health education has acquired an effectiveness which has not been belied by the recent experience of some countries in the Eastern Mediterranean.

Government representatives at the Seminar on health education in Teheran:

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|---|---|
| CYPRUS | : Dr. J. H. C. Clarke, Director of Medical Services |
| ETHIOPIA | : Ato Johannes Tseghe, Adviser, Ministry of Health<br>Ato Hailu Sebsibie, Health Educator, Ministry of Health |
| FRENCH SOMALILAND | : Le Medecin-Commandant Constant, Ministere de la Sante publique et des Affaires sociales |
| IRAN | : Dr. M.N. Etemadian, Under-Secretary, Ministry of Health<br>Dr. Said Moatameni, Chief, Hospital Administration<br>Mr. Abolmadjd Hojjati, Health Education Division<br>Mr. Mehdi Soroya, Health Educator<br>Mr. Tofigh Ghafouri, Health Educator<br>Mrs. H. Shokouh, Health Educator<br>Mr. Johanguir Hedayat, Chief, Educational Plans Health Section, Seven-Year Plan Organization<br>Miss Fatemeh Salsali, Chief of Nursing Division, GDPH |
| IRAQ | : Dr. Nimat Al-Chokhachi, Assistant Director-General, Preventive Medicine, Ministry of Health<br>Dr. Shabender, Director of Neuro-Mental Hospital, Baghdad |
| JORDAN | : Mr. Muawiya El-Khalidi, Chief, Health Education Section, Ministry of Health |
| LEBANON | : Dr. F. Saade, Chef du Service de la Medecine Preventive<br>Mr. A. El-Khalil, Educateur Sanitaire |
| PAKISTAN | : Dr. Akhtar Hussein Awan, Principal Medical Tuberculosis Officer, Directorate of Health Services, West Pakistan<br>Dr. Akbaruddin Ahmed, Assistant Director, Public Health, East Pakistan |
| SAUDI ARABIA | : Dr. Mohamed Amin Messed, Ministry of Health |
| SUDAN | : Mr. Khalafalla B. El-Bedri, Chief Public Health Inspector<br>Mr. Metwalli Eid<br>Mr. Mustafa A. El Baroudi, Graphic (Health) Museum<br>Mr. Sayed Abdel Rahman Deab, Assistant Province Education Officer |
| TUNISIA | : Dr. Mustafa Ben Salem, Medecin Inspecteur, Charge de l'Education Sanitaire au Secretariat d'Etat a la Sante Publique<br>Mr. Habib Omar, Section Education Sanitaire |

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| UNITED ARAB REPUBLIC | : Dr. Mokhtar El Shereif, Deputy Director, Department of Social Hygiene<br>Dr. Kamal Abdel Razzak, Director of Public Health Education Section, Ministry of Health<br>Dr. Ibrahim Missak, Director of Training, Qalyub Demonstration and Training Centre<br>Dr. Hamed Ammar, Professor of Anthropology, Ain Chams University and Director of Training, ASFEC |
| AFGHANISTAN | : Dr. Amir Mohamed Mohibzadeh, Health Educator, Ministry of Public Health, Kabul |
| GREECE | : Dr. Paul D. Kapalas, Director, Public Health Education, Ministry of Social Welfare, Athens |
| TURKEY | : Dr. Yussef Tunca, Health Education Specialist, Directorate of Health and Medical Statistics, Ankara |

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PRESS RELEASE
EMRO/38
29 October 1958

# A PLEA FOR HEALTH EDUCATION AT THE WHO SEMINAR IN TEHERAN

## Health Minister's Inaugural Address

Opening yesterday the Health Education Seminar sponsored by the World Health Organization (WHO) at the Teheran University Club, Dr. A. Radji, Minister of Health of Iran, pointed out that "health education contributed effectively to the implementation of anti-malaria operations and other health projects undertaken in Iran with WHO support".

This Seminar, presided over by Dr. M. N. Etemadian, Under-Secretary of the Ministry of Health, attended by health education specialists from fourteen countries in the Eastern Mediterranean Region, will be in session until 9 November 1958.

As Dr. A. H. Taba, WHO Regional Director, recalled in his address, the present Seminar is the result of a recommendation made in Teheran in 1956 by the WHO Regional Committee. This recommendation referred to the increasing interest shown by the countries in the Eastern Mediterranean Region to health education and its integration in their health services, and called upon the countries in the Region to intensify their action to this effect.

Health education cannot, in fact, achieve all that is expected of it until its principles and methods become a conscious active element in the work of doctors and auxiliary personnel attached to health services.

The experts now meeting in Teheran will move towards this goal; they intend to study the conditions in which health education methods can be included in health programmes and to envisage the training of specialized health workers - a relatively new profession already existing in some countries of the Eastern Mediterranean.

In his opening address, the Minister of Health of Iran laid stress on the fact that Iran was among those countries which were already training health educators and were anxious to increase their number. He recalled in particular that a scheme included in the Seven-year Plan provided each year for the training of fifteen health educators recruited amongst graduates from the Teheran University.

"Their task is not an easy one" pointed out Dr. Radji; "they have to take into consideration sentiments, superstitions, opinions and customs which have profoundly affected the living habits and mentality of the population, too often hostile to any change. The initiatives taken by some health educators to overcome these obstacles have not on the whole failed expectations and they have paved the way to spectacular achievements in the health field in Iran", added the speaker.

Dr. A. H. Taba, WHO Regional Director, stressed that health education, the forming of an enlightened public opinion in health matters, was more than ever essential in the Eastern Mediterranean Region, at a time when an unprecedented economic and social development was in progress in all the countries of the Region.

Hence the imperative need for public health authorities to develop health education programmes and to integrate them into this overall development. This Seminar was thus being held at a most appropriate time, concluded Dr. Taba, who also pointed out that this first Seminar on Health Education taking place in the Eastern Mediterranean Region was good preparation for the technical discussions on the same theme being held during the next World Health Assembly.

The following countries have nominated participants in the present Seminar on Health Education in Teheran: Cyprus, Ethiopia, French Somaliland, Iran, Iraq, Jordan, Lebanon, Pakistan, Saudi Arabia, Sudan, Tunisia, United Arab Republic, Afghanistan, Greece, Turkey (for complete list see Press Release EMRO/37 dated 27 October 1958)