# WORLD HEALTH ORGANIZATION



# ORGANISATION MONDIALE DE LA SANTÉ

Regional Office for the Eastern Mediterranean

Bureau régional pour la Méditerranée orientale

SEMINAR ON IMMUNIZATION PROGRAMMES

Damascus, 30 August - 4 September 1975

EM/SEM.IMZ.PRG./18 8 July 1975

ENGLISH ONLY

HEALTH EDUCATION FOR THE PUBLIC

by

Dr A.H. Griffith\* WHO Consultant

The success of an immunization programme depends on the level of co-operation, participation and enthusiasm generated in the public, particularly senior members of families and community leaders. The interest of the public is however closely related to the extent they consider they will benefit themselves by participation - that is they must have a clear view of the profit, in terms of health, to be gained from vaccination. The aim of health education is to provide factual evidence on the benefits of vaccination and the hazards of non-vaccination.

Health education entails the presentation of facts concerning communicable diseases and their prevention in a manner that they can be assimilated by the target population. The presentation of facts has four aspects namely, material for presentation, the means of presentation, who presents the facts and at whom is the presentation directed.

MATERIAL FOR HEALTH EDUCATION

Education is a system for teaching facts and in a scheme for health education of the public with regard to vaccination these facts relate to the nature and extent of

<sup>\*</sup> Deputy Director of Clinical Research, Wellcome Research Laboratories, Beckenham, England

communicable diseases, their effects on health, factors concerned in their spread and means of preventing, controlling or protecting against these diseases. The role of immunization should always be presented objectively but nevertheless in a convincing realistic and comprehendable manner. Whenever possible reference should be made to local or national experiences with which the public are familiar and associate themselves.

Health education should be accompanied with information on where vaccination can be obtained since it is futile to generate a demand for vaccination without supplying the means of meeting that demand.

#### MEDIA FOR HEALTH EDUCATION

The means by which health facts can be presented to the public include television, radio, newspapers, magazines, public placards, pamphlets, leaflets and by lectures, talks and conversations. Documentary films or broadcast probably have the greatest impact particularly if they are released during an epidemic. Such documentaries are usually objective and logical, so they tend to be accepted and acted upon. Advertisements and pamphlets tend to have a coercive undertone and may, therefore, be resented or ignored unless the recording is carefully selected. Irrespective of how facts are presented for health education purposes they should be accompanied by an impression of gentle concern for the child who is facing the hazards of communicable disease at some unknown date. The protective effect of immunization as shown by statistical data forms the basis for the programme.

## THE HEALTH EDUCATORS

Although immunization education programmes may be directed by specialist educators, who may be full-time or also engaged in one of the many branches of immunization service they are unlikely to meet a large number of the public. Efforts will be directed at ensuring that lower echelon staff are aware of the main advantages and disadvantages of immunization and have been instructed on how to present these facts. The health educators will necessarily be medical practitioners and members of paramedical services, persons in authority especially in an educational sense such as teachers, leaders of voluntary and social services, religious leaders and local community leaders. It would

be prudent to ensure by training and consultation that these health educators have a knowledge of vaccination procedures and of communicable diseases that is commensurate with their responsibilities as health educators.

### THE TARGET POPULATION

Health education campaigns should be directed at those who have final control or influence on public attendance of immunization sessions. They consist of three groups in the population - parents of young unvaccinated children, community and welfare leaders who can influence parents and school teachers who as part of their general education programme should generate new informed attitudes to preventative health measures. The primary target of health education is to gain community acceptance of vaccination procedures.