

REPORT OF A UNESCO/WHO INTERREGIONAL CONSULTATION
ON TRAINING IN COMMUNICATION/EDUCATION IN SUPPORT
OF FAMILY HEALTH/PLANNING PROGRAMMES

held on

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in

Alexandria, Arab Republic of Egypt

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1. INTRODUCTION

A UNESCO/WHO interregional consultation on training in communication/education in support of family health/planning programmes was held at the WHO Regional Office for Eastern Mediterranean, Alexandria, during 24 to 28 November 1975. This was the second joint UNESCO/WHO consultation dealing with health education/communication in family planning. The first was convened in 1972 in the WHO Regional Office for South-East Asia, New Delhi, for the purpose of discussing their lines of approach for the two agencies' operations in the field with particular reference to the countries of the South-East Asia Region. This second consultation invited participants from African, Eastern Mediterranean and European Regions with the most specific objective of recommending the approach that the two organizations might take in training of personnel dealing with health education/communication in family health/planning.

The Consultation was attended by 23 temporary advisers from 13 countries selected on an interregional basis and mainly from the countries that already had established population policies. They were from Algeria, Arab Republic of Egypt, Gambia, Ghana, Iraq, Kenya, Lebanon, Morocco, Nigeria, Togo, Tunisia, Turkey and Zaire. They represented a variety of professions dealing with public administration, health education, communication, education and were engaged in ministries of education or in health or teaching professions in universities. In addition, the UN agencies, UNFPA, UNICEF and FAO were represented at this Consultation.

2. OBJECTIVES OF THE CONSULTATION

The Specific objectives of the consultation were

- (a) to identify priority needs for education, communication and information with respect of family health training programmes in the participating countries; and,
- (b) to consider specific ways and means for making more effective use of the existing education, communication resources and facilities and make recommendations for future development of these activities in the countries represented.

It was hoped that in the future, professionals from the health sector and those in the communication sector of each country would attempt to solve in a joint effort some of the interdependent and interrelated aspects of the information/educational component of the family health/planning training programmes.

3. ROLE OF COMMUNICATION AND EDUCATION FOR FAMILY PLANNING/POPULATION PROGRAMMES WITHIN THE CONTEXT OF SOCIOECONOMIC DEVELOPMENT: BASIC CONCEPTS

Already a number of problems emerge in relation to family health/planning within the framework of socioeconomic development. As a point of departure two main premises were agreed upon.

Premise 1: That family health refers "to a goal, not a programme. It is the expected outcome of actions taken by many agencies, facilities, programmes and professions. Some of the actions address problems that are neither health- sex- nor age-related. Others deal with conditions or diseases

that are so related".¹

Premise 2 That the scope of family health/planning activities varies from one country to another according to such factors as national objectives and policies, socio-cultural and economic factors, the pattern of health service and organization and the stage of technological development.

3.1 The Development Dimension

3.1.1 "Development means improving living conditions through a continuous and irreversible growth in production and a more equitable satisfaction of the needs of the various social groups. This presupposes not only increasing resources but also utilizing them more effectively in giving priority in the health allocations to those necessities which are considered most important and more urgent. Health is both an end and a means in the process of development. It is an end because it is a component of well-being and a very important one. On the other hand, health is a means, because it conditions production factors. Man participates in the production process both in accordance with his capacity for work as well as with the technological knowledge which he is capable of accumulating and using. But these capacities, conditioned in their quantity and quality by his state of health, will largely depend on the degree of well-being obtained."²

3.1.2 It is important to "correct the narrow concepts of family planning as restricted to limiting the birth rate for personal - economical or health - reasons. Family planning is vital to national and world development and should therefore be of concern to governments, educators, economists, medical personnel and voluntary agencies".³

Similarly, individuals should see that limiting the size of the family is part of a wider concept of family planning which aims at improving the physical and social well-being of every individual.

3.1.3 There is a need for cooperation and coordination among all agencies concerning family planning. It is important that "the agencies responsible for family planning exercise this responsibility in close collaboration with other governmental departments, the mass media and public institutions, voluntary agencies, professional and other groups of interested people. The best chance of success lies in the coordination of all these interests and efforts."⁴

3 2 The Health Dimension

3.2.1 In the context of health, family planning constitutes a vital preventive measure. It seeks to regulate fertility in a manner that promotes positive health - i.e. physical, mental, and social well-being - reduces the risk of mortality and morbidity for both mothers and children, and reduces health-related pressures and burdens on the family and community.

3.2.2 Family health/planning requires knowledge of the factors influencing family size, and of the effect of family size on maternal and infant morbidity and mortality. Large family size and the frequent pregnancies play the primary role in abrupt weaning of infants and in the occurrence of diarrhoea and malnutrition. Infant and childhood health is influenced, therefore, by family

¹ Garcia de Yazigi, Perspective of education and communication in family health/planning, background paper, UNESCO/WHO Interregional Consultation, Alexandria, 1975.

² Report on a Seminar on Health Education and Planning, WHO/PAHO, Caracas, Venezuela, 20-26 April 1969

³ UNESCO Seminar on Mass Media and National Family Planning Programmes, Paris, 23-29 June 1969

size and inter-pregnancy interval, not only directly through such factors as adequacy of breast feeding, but also through the amount of attention and resources that can be spared for each child.¹

3.2.3 The activities of family planning range from birth control, guidance on the timing, spacing and number of children born, problems of infertility and sterility, education about sexuality, screening for pathological conditions (i.e. genital tract malignancies), referral for treatment and follow-up, marriage counselling, genetic counselling, health education, nutrition education, and providing adoption services.²

3.3 The Service Dimension

3.3.1 Information and education activities about health needs are not effective when no services to meet these needs are available.²

3.3.2 The integration of family planning into health services, particularly in relation to maternal and child primary health care, not only has important educational implications but also brings many administrative and technical advantages. Various types of personnel may be available and their services may be used to extend coverage and to provide broader services to reach more individuals, families and community groups.²

3.3.3 Family planning field workers must be able to supply the services, the use of which the mass media are helping to promote. Such services are not limited to provision of contraceptive devices only, but include personal advice and follow-up, facilities provided at family planning clinics, hospitals, etc. All these services must be available and accessible if the communication efforts are to succeed. The effect of mass media in the absence of services may be a negative rather than a constructive one.

This calls for joint planning between health services and education/communication services.

3.4 The Health Education Dimension

3.4.1 From the standpoint of health education, family planning is regarded as "... a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes, and responsible decisions by individuals and couples, in order to promote health and welfare of the family group and thus contribute effectively to the social development of a country".² Family planning implies knowledge and actions that will help people to achieve their family goals for the betterment of their living conditions. It also implies the provision of relevant information, education and health services so that individuals and couples, irrespective of their socioeconomic status, may make informed decisions and take appropriate action about how to live and how to plan and raise their family.

3.4.2 Education is important in breaking down the barriers and promoting acceptance of the family planning idea. Education relating to population and family planning issues should be included at all levels of education. It is important to introduce the subject at the school level, in addition to communication addressed to people at other levels. There is a need also to correct the impression that family planning education is directed only to women. This is a matter in which both men and women have distinct and complementary roles to play, and suitable methods of approach should be devised specifically for

¹ Health Aspects of Family Planning, Wld Hlth Org. techn. Rep. Ser., 1970, No. 442

² Wld Hlth Org. techn. Rep. Ser., 1971, No. 483

informing and motivating the male members of the population.¹

3.4.3 All health workers have an important educational role to play in carrying out their respective duties and responsibilities. However, if health education is to be successful in priority areas of family health/family planning, there is a need for well-prepared professional personnel able to plan the education component of health programmes incorporating family health services and to organize community-wide activities in support of the health education work of all community workers.¹

3.4.4 Health education manpower can be expected to be experts in knowledge, skills and abilities required to service an efficient and effective educational programme operating within the context of health services and interlinked with educational aspects of agriculture, school and teacher education, social welfare, social security, labour and related community development activities

3.4.5 Types of competence that personnel in health education require in order to develop and operate educational activities of any health programme include the ability to

- (a) analyse people's interests and needs as perceived by themselves relating to health;
- (b) determine the present practices;
- (c) define specific behavioural objectives in health matters,
- (d) identify factors which have impact on health practices such as culture, attitudes, etc.,
- (e) determine existing and needed personnel and resources in health education;
- (f) provide educational experience based on the above, and
- (g) evaluate the impact

In order to do these the personnel in health education are required to be able to make educational diagnoses and, based on that, prepare and evaluate material and the methods to deal with the educational problem, to understand the communication process and the relative value and limitations of each type of educational and communicational method and media, they should be able to participate and to use resources of the country in a multidisciplinary fashion to foster teamwork with other technical units at various administrative levels. Obviously these elements are both service- and research-oriented; therefore, the health education personnel should be competent in service, operation, planning curricula and participating in teaching for various categories of health and other related personnel, and planning and evaluation of the programmes.

3.5 The Communication Dimension

3.5.1 It should be stressed that there is a need for a clearly defined programme for coordinated use of media and extension education and for preparation, production and utilization of material at local and national level. This indicates that the contents of media must in all cases be concordant with national policies. Otherwise, the gap between national policy and people's desires will create a situation which will not be conducive to proper education.

¹ Wld Hlth Org. techn. Rep. Ser., 1971. No. 483

3.5.2 In order to perform his functions properly, the communication expert would need competencies in three main areas related to his own field.

(a) action; (b) training; and (c) research.

In action programme:

- (a) he should be able to prepare, pre-test and utilize various communication media good for public information and for educational channels;
- (b) he should be able to provide specialized services for media dissemination and to work with people, including field workers of the the organizations and agencies engaged, for formal and non-formal education;
- (c) he should be responsible for maintaining frequent and regular contacts with community level communication workers and the people in order to be able to learn the needs of the people, and,
- (d) he should be able to integrate education and communication within the programmes of existing services and activities.

In the field of training he should have:

- (a) competence in provision of training at various levels including teachers training institutions, communication workers, village workers and various mass media personnel;
- (b) ability to supervise and provide in-service and on-the-job training of existing communication workers;
- (c) ability to evaluate the training programmes and to utilize the findings in subsequent training activities.

In the field of research.

- (a) he should be able to conduct studies related to dissemination of messages and its effect on the population;
- (b) he should be able to conduct research in areas of fact finding, pre-testing and evaluation of the communication.

3.6 General considerations in education/communication

3.6.1 Since family planning is usually a national goal, it is relevant to think in terms of nation-wide mass communication in addition to individual personal communications.

3.6.2 It is highly desirable that personnel competent in health communication take responsible part whenever their work is related to health aspects of family planning. It is essential - family planning being basically a matter of choice for the families and couples - that the educational component be taken into consideration from the beginning of the planning stage. That being the case, it becomes very desirable that a coordinating committee exist at a national level for integration of information/communication education aspect of the family health/planning programmes for setting of a sound policy or strategies and coordination with the specialized agencies and media organizations.¹

¹ Basic document, UNESCO/WHO Interregional Consultation, Alexandria, 1975

3.7 The Research Dimension

3.7.1 Research undertaken in developing countries shows that the diffusion of family planning innovations is largely by means of interpersonal communication channels. The most frequently-reported interpersonal sources are neighbours, friends and relatives. Contact with family planning staff is also important.

Among the members of the audience for family planning, there may be certain individuals who might be especially influential in informing their peers and in forming their opinions. Such local influential people are priority targets for family planning communication efforts, and should receive the special efforts of family planning staff.

3.7.2 Noting the over-enthusiasm of some researchers in developing countries to conduct research based on models of developed societies, it was considered that while such research may yield meaningful results for the researchers, it may have no direct relevance to the countries themselves. It was accordingly suggested that when conceptualizing a family planning research project for a particular country, knowledge of its socio-cultural background should be taken into consideration.

3.7.3 There is a need to promote a dialogue between programme planners, administrators and the research personnel to ensure that research findings are considered in policy formulation, planning and implementation. This would help the researchers to understand the objectives, plans and realities of the programme and thus respond to its needs. On the other hand, to ensure utilization of research findings in programme planning and implementation, there is a pressing need to present research findings in terms understandable to policy makers, administrators and programme personnel. There is, accordingly, a need to provide resources for publication of research findings and to disseminate such findings for application.

3.7.4 There is a need for continuing research and evaluation of family planning activities. A great deal of information is still not clearly known concerning people's attitudes, and the proper role of the mass media and other methods of spreading knowledge on family planning. Hand in hand with the training of family planning personnel and communicators should go the systematic provision of feedback to determine the success of family planning campaigns, and effect necessary changes in methods and practice. The services of social scientists will be very relevant and effective in this regard.¹

Although these points have been covered in various documents prepared by national and international agencies, occasionally it has been seen that it has not drastically influenced practices, and still in a number of cases research is conducted outside the needs of national programmes or if the findings seem useful are not fed back into health delivery systems.

4. TRAINING OF MANPOWER IN COMMUNICATION/EDUCATION IN FAMILY HEALTH/ POPULATION PLANNING PROGRAMMES

4.1 General remarks.

Training "sets the pace of a programme and an action programme can only be as effective as the organization of the training component, the quality of

¹ Wld Hlth Org. techn. Rep. Ser., 1971, No. 483

the trainers, the relationship of training methods and content to the objectives and needs of the programme, and a continuous process of evaluation and improvement of training activities."¹

4.1.1 Every highly effective family health/population planning programme combines four essential elements. (a) services, (b) personal contact, (c) a broad supporting programme of information and education, and (d) effective feed back and follow-up systems. Deficiency in any of these four elements weakens the programme as a whole. Training priorities will vary from country to country depending upon the stage of the programme, national policy and resources available. Therefore it is essential that in each country the programme of communication/education be so planned as to meet the country's needs and conditions.

4.1.2 Information/communication is an integral part of the total programme requiring the same kind of clearly stated policies and objectives, meticulous and continuous planning and assessment as the setting up of any service.

4.1.3 It is crucial to remember that education/communication does not exist in a vacuum and that fertility behaviour like any other behaviour is part of the social system. In the attempt to change the pattern of an individual or group, consideration ought to be taken of different socioeconomic, culture and political factors.

4.1.4 Mass media and face-to-face communication have to be considered as mutually supportive, each with its specific objective to achieve and the participants in each needing to know the strength and limitations of their own activity and speciality as those of the other.

4.1.5 A coordinated approach by different communication/education services and professionals is absolutely essential and the diffusion and the face-to-face education components are to be integrated in one homogeneous total programme in accordance with a national policy.

4.1.6 Communication/information/education planned and conducted to meet specific programme needs, is a complex process. It involves: knowledge of programme objectives, programme services and audience requirements; adequately trained human resources; equipment; budget; inter-agency co-operation; and proper management. It further involves message testing, materials production, distribution and utilization; research and evaluation.

4.1.7 Health objectives and demographic-oriented objectives of governmental or national country policies in family health/population planning, are not in conflict with each other. Discussions about development and the quality of life mean little without better health of the population, and family planning is an important means to obtain it; reduced fertility in countries with population pressures should ultimately result in the improved general health status of nations and of individual couples accepting family planning. In the context of health services, family planning should be looked upon as an important preventive health measure linked with education, nutrition, and environmental health and aimed at reducing maternal and infant mortality and morbidity rates; thus contributing ultimately to modification of the demographic age structure of the population and dependency rates.

¹ Basic document UNESCO/WHO Interregional Consultation, Alexandria, 1975, p.41

4.1.8 Besides the socio-economic and health objectives, family planning has been linked with human rights. While the sovereign right of Governments in formulating their own policies is unequivocally accepted, the human rights objective allows individuals and couples freedom of choice in respect of number and spacing of children to assure that each child born is a wanted child.

It also implies that every couple has the right to conceive and bear children and should be helped to be physically, mentally and socially able to do so.

4.1.9 Many developing countries will not be able, in the near future, to extend conventional health services including family planning services, to cover the majority of the population, especially those living in poor conditions in rural areas and the marginal slums of large cities.

Because of their priority needs and the urgent necessity of incorporating those populations in the general development plans of a country, less sophisticated integrated primary health care systems need to be developed; those that better suit the local conditions are those which include the use of indigenous health workers. Such workers should be trained in basic procedures to ensure family health and basic skills in communication/education.

These services should make adequate provision for the referral of complicated cases or risk cases to the higher level services where better equipment and more qualified personnel are available.

4.1.10 Next to creating and sustaining favourable public opinion for family planning, the most important function in programme operations is to prepare personnel at different levels of responsibility for their respective roles in the education/communication programme dealing with human reproduction and family health

4.1.11 To be able to achieve all these, a comprehensive training programme tailored to meet the needs of different categories of personnel with different levels of responsibility and those of different specialities, is needed.

4.1.12 Health education personnel and communication personnel have the task to see that the objectives of family health/population planning, and the objectives of education/communication for this purpose, are clearly defined, understood and integrated in the different activities within health and development services and training centres, and integrated with whatever human rights and other programme objectives have been specified by the national policies of a country.

4.2 Some of the barriers to accomplishing these aims

4.2.1 Education/communication specialists and personnel operate most of the time in a sphere of socio-cultural reality that has not been systematically investigated. In many cases, their activities have become routine and have shown a clear disassociation with the reality.

4.2.2 Most of the time a lack of clear definition has been observed in the education/communication objectives in relation to the aims of the family health/population planning programme, and a lack of specificity in regard to the nature and/or priorities of changes in fertility behaviour that it is hoped to bring about in individuals and couples.

4.2.3 Work teams in action show certain deficiencies in the coordination of their components, a lack of channels of effective communication, pronounced difference of status among their members, presence of competitive professional sub-cultures, limited manpower and inadequate utilization of their components, lack of skills in programming and in dealing with group dynamics and education techniques.

4.2.4 Scarcity and mal-distribution of education/communication personnel, heterogeneity in levels of professional preparation and capacities, lack of orientation courses prior to the field work, lack of supervision and of a systematic continued education. Excessive professional rate of drop-outs, etc.

4.2.5 Lack of well-defined policy in the services that allows administrators to.

- (a) consider education/communication as an integral part of their programmes;
- (b) encourage the training of their personnel in aspects of health education, related social sciences and communication through meetings, discussions, lectures, short courses and the like;
- (c) facilitate channels of communication with the personnel they supervise in order to have a realistic awareness of the problems they undergo;
- (d) promote good human relations within the limits of their service and with the community representatives;
- (e) help in the developing of a working relationship between family planning health personnel, family planning/population educators and communicators and mass media personnel;
- (f) encourage cooperation and coordination with other sectors (agriculture, education, community development, etc.); and
- (g) encourage operational research.

4.2.6 Even though manpower officers who operate at national level recognize the importance of incorporating education/information in national programmes, they do not act accordingly while programming the needs of personnel in order to keep the services in action with an adequate and stable number of trained health educators and communicators in relation to the needs of the services.

4.2.7 Different degrees of accomplishment in plans for manpower development and training; training centres; sometimes scarce or under-staffed; make difficult the multidisciplinary teaching approach, standardized curricula, lack of variety in teaching methods; under-utilization of skilled resources, etc.

Considering that most of the above constraints are the product of attitudes and behaviour sustained by professionals in services at decision-making levels, due probably to inadequate training, the Consultation wished to concentrate on the responsibilities of the trainers of personnel at different levels of service operation, and on some of the aims that the training programmes ought to consider at international, national and regional level.

5. TRAINING PROGRAMMES

5.1 Needs

5.1.1 The failure to adapt courses to local needs and conditions is one of the more important constraints hindering the development of better service programmes

Teaching models borrowed out of social context cannot grow into effective training programmes.

5.1.2 The failure to supplement the theory learned at the training centres with adequately oriented field training accounts for the failure of many professionals and non-professionals to recognize, understand and confront in a positive manner, the problems arising from the interaction of the physical, biological and socio-cultural environment in which they work.

5.1.3 Some of the major constraints related to training are

- (a) Excessive training load in relation to existing resources.
- (b) Lack of
 - appropriate number of cadres of multidisciplinary teaching staffs
 - adequate bibliographic and teaching materials
 - coordination between mass media/health education services or agencies dealing with family health/population planning and development programmes
 - coordination among various training facilities at national or local level
 - adequate research to guide the training

5.2 General recommendations concerning training programmes

5.2.1 There is need to make an inventory of the existing categories of training institutions or centres at country and regional levels and the specific courses they offer in the area of human reproduction and in the communication/health education for family health/population planning purposes.

5.2.2 As far as possible, and in order to improve the quality of training programmes, strengthening of the existing national and regional institutions should be undertaken in preference to starting new ones.

5.2.3 It is absolutely essential that training at national level be encouraged and careful consideration be given to programmes' priority needs and training objectives of every type of personnel.

5.2.4 Need to specifically define the categories of trainers and trainees in terms of required academic, professional and experience backgrounds as far as recruitment and employment are concerned.

5.2.5 To maximise the effect of training programmes and to deal with the huge training load, special consideration should be given to select trained multidisciplinary teaching staffs and to foster the use of modern educational technology.

5.2.6 Audio-visual aids must be suitable for the cultural background of the areas represented by the trainees, fostering the use of local language and folk media.

5.2.7 Curricula for various categories of personnel, including teaching staffs and training of specialists in communication, health education and related social sciences, should be reviewed in order to introduce required changes to serve programme objectives and national policies.

5.2.8 Communication and health education courses should be offered in the training programmes for all categories of health personnel and for teachers in teacher's training colleges or institutions.

5.2.9 There is a need to include courses in communication for development in the curricula offered by training institutions.

5.3 General orientation of teaching contents

5.3.1 Teaching should be a continual educational process. Knowledge should be based on research conducted according to the established plans to meet educational requirements.

5.3.2 Health education, mass media and communication personnel should have adequate background in theory and understanding in public health and demographic problems and programmes, on the philosophy, policies and communication/education aspects of family health/population planning programmes.

5.3.3 Teaching should provide.

(a) Understanding of the value of team approach and use of team work in the planning and carrying out of programmes, and skills in group dynamics.

(b) Understanding of how cultural, social, psychological, economic and political factors influence knowledge, beliefs and behaviour in relation to family health/population planning.

(c) Knowledge of the structure and organization of the community; nature of the relationship existing among different organizations; structure and dynamics of power, rôle of women, formal and informal groups and other aspects essential to understand attitudes and practices.

(d) Knowledge and skills in using educational methods and techniques to induce behavioural change.

5.3.4 The contents should be conceived as a whole functionally integrated by different subjects during the academic teaching, operational research and in-the-field experience.

5.4 Training the "trainers"

5.4.1 There is a priority need for teachers in human reproduction, family health/population planning and its education/communication component.

Their number and qualifications should be carefully studied so that plans for their preparation and continued education can be settled and carried out.

5.4.2 It is essential that there should be a full-time core faculty who will carry collective responsibility for the planning, conducting and evaluation of their training programme.

5.4.3 Where adequately trained persons are not available, professionals with qualifications and experience as close as possible to what is desirable should be recruited and helped to develop as teaching staffs by initial training within the country, participating in regional training courses and study tours, and when indicated, by advanced training in the speciality either within the country or in some other suitable country.

5.4.4 A professional charged with the responsibility of teaching trainers, should have not only adequate knowledge and skills, but also a clear understanding of public health problems and the socio-economic, cultural and political context in which training programmes are to be developed. Additional learning opportunities should be offered so that they can develop skills in management, programming and training.

5.4.5 There is a need for teaching staff and trainers to become familiar with the available relevant research and existing institutions, for documentation use and dissemination, as a basis for implementation, for further research and in order to avoid duplication.

5.4.6 Teaching staffs and trainers should appreciate the importance of evaluation in communication/education for family health/planning training programmes, and the need to develop skills in evaluation. They also should be helped to recognize that research serves as a special evaluative strategy.

5.4.7 Trainers should be trained to prepare, use and evaluate materials, putting emphasis on those relevant to local context to facilitate learning and comprehension.

5.4.8 Specialists in health education/communication require considerable educational expertise to plan, direct, deliver and evaluate training programmes for other health professionals or field workers.

5.4.9 There is no simple formula to evaluate health education/communication training programmes.

5.4.10 Apart from evaluation during the course, other useful parameters include criteria for selection of students for admission to the programme, post-course assessment of work performance, and self-evaluation measures.

These indicate the need for

- monitoring quality of training it is necessary that feed-back circuits be built into programmes;
- reviewing the job opportunities in family health/population planning activities for trainers in the context of national supply and demand situation, with special focus on type, nature and attractiveness of the task in order to retain the trainers in their positions;
- studies for uncovering the underlying factors of professional "drop outs" of health education specialists in a number of countries, and steps to be taken to encourage trained health educators to continue to practice in their field of professional competence;
- looking into the possibility of organizing a "mobile task force" for training national trainers, with particular concern for interdisciplinary teaching;

- developing criteria for student's assessment related to their learning in the field of human reproduction, family health/ planning, population development and family life education.

5.5 Training materials

5.5.1 Materials will be needed not only for training working personnel, but also in the training of trainers. Expanded training programmes will give rise to a much increased cadre of professionals in both the mass media and in health education fields, who will themselves create a demand for materials.

5.5.2 The most frequently expressed need is for simple information, education and training materials that can be used as a source of ideas and formats for local adaptation.

5.6 Recommendations - Training Materials

5.6.1 There is a need to document and collect the existing available material at the national, regional and international level for review and possible adaptation for local use.

In order to facilitate the best use of such materials, they should be accompanied by descriptive statements giving as far as possible, their proposed audience, use and evaluation.

To be widely useful as prototypes, materials may need to be translated into major languages.

5.6.2 Nationally-produced family health/population planning teaching materials should be prepared for use in communities, training centres and school systems.

5.6.3 Teaching staffs in communication/education should be trained to teach how to prepare, use and evaluate audio-visual materials, putting emphasis on simple materials relevant to local context and using local languages to facilitate motivation and learning

5.6.4 It is advisable to centralize at national level the production and testing of training materials and to decentralize the materials designed for extension work.

5.7 Research

5.7.1 Research is of greater urgency and importance in the field of training in communication/education since its professionals must make a scientific examination of the scope of the educational procedures and techniques, evaluate their activities in the programmes, identify the social and cultural barriers opposed to behavioural changes, examine the organization of services and the socio-cultural structures of communities.

5.7.2 Research is needed for:

- policy-making purposes and planning
- development of a systematic approach to population communication/ education based upon determinants of fertility behaviour

- detection of consumers' problems
- detection of interfering environmental/ecological factors
- selection of methods and techniques
- development of adequate materials in appropriate languages for training and motivational purposes
- evaluation

5.8 Recommendations - Research

5.8.1 Good quality research and studies depend on a sound concept of priorities and problems, needs, adequate design and unbiased implementation

5.8.2 A general research policy is needed to guide studies, indicate priorities establish research methods and techniques for comparative purposes, define the requirements of personnel financial resources and technical assistance, diffusion of the results and appropriate use of findings in programming or in teaching. A national research coordination committee in the various aspects of family health/family planning in each country should be set up to formulate such a policy.

5.8.3 Communicators/planners, professional communicators and health educators should be involved in the process of research planning and implementation, so that research findings may reasonably be utilized and integrated into programme planning and evaluation process.

5.8.4 Comparative research is urgently needed, and calls for coordination in the planning and conduct of studies, teamwork, clear agreement on terminology and nomenclatures and measurements of procedures

5.8.5 Research should be based in its diverse stages on scientific methods and conceived to strengthen the theoretical viewpoint without losing sight of the operational objective.

5.8.6 Research planning should consider the dissemination of information on the result of scientific studies among health institutions and dependencies, training and research institutes and interested agencies. There is need to set up a research documentation centre in communication/education in support of family health/planning programmes.

5.8.7 Teaching staffs must be familiar with available relevant researches and institutions for documentation, teaching purposes and avoid duplication in further research. Research specialists should make available to in-the-field health professionals, especially to health educators/communicators, a wide variety of criteria and operative forms for the development of local research

5.8.8 Experimental and testing types of research, designed specifically for guidance of education/communication activities are urgently needed. This operational research is mostly simple and inexpensive, but most useful.

6. SPECIAL RECOMMENDATIONS

6.1 To national workers

6.1.1 Where there is no special committee to coordinate family health/

planning research activities, governments should nominate a national body made up of experts to orient research and training activities.

6.1.2 Governments should encourage and provide support to training institutions for the best use of their facilities and human resources in strengthening the communication/education component of family health planning activities with special regard to planning and evaluation.

6.1.3 Governments, with the assistance of WHO/UNESCO and other specialized international agencies, should encourage the existing national and/or regional training centres for specialized training in communication/health education and related social sciences.

6.2 To universities and training centres

6.2.1 According to national needs, and as far as practicable, universities and other training institutions should be requested to cooperate in providing relevant short and intensive courses, seminars and workshops for teaching staffs in order to upgrade their knowledge and skills in their particular professional fields.

6.2.2 Cooperation and coordination of efforts, especially in the area of curricula development for communication/education in family health/population planning, should be recommended to all training institutions, at national or regional level.

6.3 To international agencies

6.3.1 WHO, UNESCO and other international agencies should be requested to collaborate in the training efforts of governments in order to accelerate the development of required manpower for actual and future programmes in family health/family planning.

6.3.2 This support could consist of programmed fellowships, consultant assistance in specific fields, technical assistance in conducting national seminars for senior administrators and research specialists, curricula development, special research, etc.

GENERAL CONCLUSIONS

The process of development, especially in developing countries, is considered to have over-riding importance in the interest of improving the welfare and quality of life of the people. All other activities are, therefore, expected to logically follow in support of a global developmental effort.

The task is so vast and arduous that in addition to fully mobilized national efforts, the increasingly growing role of international collaboration, especially of United Nations agencies with countries as well as among the agencies themselves, is seen to be essential and supportive towards strengthening the activities in the various sectorial and inter-sectorial programmes and areas such as:

- literacy - out-of-school programmes
- involvement of women for active participation in development

- overall development of manpower resources and training
- primary health care and other social services, and
- supportive information, communication and health education services.

Communities comprise populations, and the population dynamics including such factors as age structure, dependency ratio, etc., is well known to be an important variable in the economic development of the countries, since population is both the producer and consumer of goods and services. Human fertility is a biological as well as a social behaviour and the subject of family health and family planning should be viewed in the broad context of social, economic, cultural and political milieu of respective populations.

The potential and present deprivation of vast rural areas which generally constitute a high proportion of the total area and population of most developing countries, were especially recapitulated for focusing attention on their priority needs. For this purpose, vast cadres of personnel have to be mobilized with corresponding support of training programmes, communication and education strategies and extensive development of roads, railways, telegraph linkages and electrifications, and schools for at least minimal primary and secondary education have to be established, agricultural output has to be improved and for all this and other activities, a great deal of funding from national and international resources has to be made available.

FINAL RECOMMENDATIONS

The following recommendations were made in addition to those contained in the text of this report.

1. There is a pressing need to increase the cadres of multidisciplinary teaching staff for training professionals in family health/population planning programmes and to hold regular courses, periodic reorientation activities and follow-up seminars for trainers at all levels. National and international agencies are kindly requested to provide technical and financial assistance for training activities.
2. For these purposes, international agencies should encourage the exchange of experts in communication/education between institutions and between countries of the regions
3. In order to set criteria for curricula development in the area of human reproduction/family planning for training various levels of education/communication personnel working in services, training centres and research, WHO/UNESCO should sponsor meetings of experts in communication, health education and related social services and programme administrators.
4. Research sponsored by external assistance ought to consider national researchers in the whole process of planning, implementation and tabulation of the data.

For ethical reasons research ought to be relevant and useful to the needs of the countries and all research data and findings made available to national governments and concerned agencies.

UNESCO/WHO INTERREGIONAL CONSULTATION ON TRAINING IN COMMUNICATION/
EDUCATION IN SUPPORT OF FAMILY HEALTH/PLANNING PROGRAMMES ALEXANDRIA, 24-28 NOVEMBER 1975

I SELECTED COUNTRIES DEMOGRAPHIC DATA*

Country	Population	Rural %	Population under 15 years %	Life expectation (years) 1971	Annual growth %	Literacy %	Crude birth rate per 1000	Crude death rate per 1000	Infant mortality per 1000	Pre-maturity %	Govt sponsored policy	Govt sponsored	Nat FP Ass	Collaborating agencies
Algeria	14 867 725	59 00	50 00	53	3 4	20	48 0	16 6	122 0	28 8	No	(*)	No	WHO, UNICEF, UNFPA, UNDP
Egypt	34 176 000	57 90	42 90	52	1 98-2 00	26	34 8	15 0	119 0	***	Yes 1965	++	Yes 1965	IPPF, WHO, UNFPA, Ford, Canad Aid, UNESCO
Gambia	525 000	90 00	40 00	43	2 3	10	48 0	30 0	130 0	***	No	++	Yes 1969	IPPF, UNEFA, UNESCO, Pop Council
Ghana	9 500 000	70 00	47 00	48	3 0	25	49 0	21 9	130 0	***	Yes 1969	+++	Yes	AID, IPPF, UNFPA
Iraq	10 470 000	52 00	47 00	53	3 36	14	43 6	11 1	99 0	***	No	+	Yes 1970	IPPF, UNEFA
Kenya	12 329 000	90 00	48 30	47 3	3 3	25	48 7	16 0	110 0	***	Yes 1967	++	Yes 1961	AID, UNEFA, IPPF, Pop Council, Pop Ctte Youth
Lebanon	2 250 000	56 00	42 60	67	2 5-2 8	86	Est 34 4	Est 9 0	65 0	***	No	+	Yes 1969	IPPF, UNESCO
Morocco	17 151 000	65 00	47 00	53	2 9-3 0	14**	46 0	17 0	100 urban 170 rural	***	Yes 1971	++	Yes 1966	IPPF, AID, UNICEF, WHO, UNEFA
Nigeria	Estimated 70 000 000	77 00	45 00	40	3 1	24	46 3	25-30	150-175	***	Yes 1975	++	Yes 1964	Path, Pop Council, Ford, UNEFA, WHO, UNESCO
Syria	7 346 104	57 00	49 40	54	3 1	31	47 7	14 77	112 5	***	No	+	No	UNFPA
Togo	2 089 000	86 00	45 00	40	2 6	5-10	51 0	25 0	121 0	***	No	(*)	No	Pathfinder
Tunisia	5 578 345	50 90	46 00	51	2 32	30	40 0	13 8	110 0	***	Yes 1972	++	Yes 1968	AID, WHO, Pop Council, IPPF, UNEFA
Turkey	40 000 000	65 00	42 00	57	2 4	46	34 0	11 0	110 0	***	Yes 1965	++	Yes 1963	IPPF, AID, Path, Ford, UNEFA
Zaire	23 507 914	80 00	44 48	43	2 8-3 0	15-20	42 86	20 15	104 0	***	No	(*)	No	Path, AID, Pop Council

* Summary of data from country reports provided by UNESCO/WHO Temporary Advisers, supplemented by UNESCO/WHO Consultant from various printed documents - 1975

** Literacy rate urban - 41% men, 17% women, rural - 22% men, 2% women

*** No data available

II HEALTH EDUCATION/COMMUNICATION DATA
 AS AVAILABLE IN SEPTEMBER 1975

Country	PP/ MCH prog	Health education unit	No of health educators and communicators		Family Planning Education/ Communication Programmes				Training facilities in health educ /communi- cation fam plan		Research		Future plans - manpower		
			Total national prog	Total private assoc	Ministry of Health	Private associations	Health professions		School system		National	Abroad	Research	Health educa- tion	Communi- cation
							Under- grad	Post- grad	Pri- mary	Sec- ondary					
Algeria	Yes	Yes	2	-	Yes	No	Yes +	Yes	-	++	-	++	+++	+++	
Egypt	Yes	Yes	9	15	Yes	Training, Yes inf ,com , research	Yes ++	Yes +++	+	+++	+	+++	+++	++++	
Gambia	Yes	Yes 1967	2	***	Yes	Training, Yes inf ,com	Yes	Yes	+	+	+	+	+++	+++	
Ghana	Yes	Yes 1957	6	2	Yes	Training, Yes inf ,com	Yes ++	Yes ++	+	++	++	+	++	+	
Iraq	No	Yes 1958	3	***	No	Inf ,educ services	Yes	Yes	No	++	-	++	+++	+++	
Kenya	Yes	Yes 1953	9	9	Yes	Research, Yes training, inf ,com	Yes ++	Yes ++	+	+++	+	+++	+++	+++	
Lebanon	Yes	Yes	9	***	Yes	Training, Yes research	Yes ++	Yes ++	+	+++	+	++	+++	++	
Morocco	Yes	Yes	25	1	Yes	TV, radio, Yes movies, Yes theatre, research	Yes ++	Yes ++	(-)	+++	+	+++	++	++++	
Nigeria	Yes	Yes 1962	13	***	Yes	Inf , Yes training	Yes ++	Yes ++	+++	+++	+	++	++++	++++	
Syria	Yes	Yes	2-14	5	No	Yes Inf	Yes +	Yes +	+	+	-	+	++	++	
Togo	No	Yes	2	***	No	No	No	Yes	No	No	+	+	+++	+++	
Tunisia	Yes	Yes	6	3	Yes	Training, Yes inf ,com	Yes	Yes	+	+	-	+	++	++	
Turkey	Yes	Yes	35/ 10(?)	***	Yes	Training, Yes research	Yes ++	Yes ++	+	++	+	+++	+++	+++	
Zaire	Yes	Yes	10(?)	***	Yes/ Yes	Yes Inf	No	Yes	No	No	+	+	+++	+++	

*** No data available

ANNEX III

FINAL LIST OF PARTICIPATING
TEMPORARY ADVISERS

<u>Country</u>	<u>Name and Address</u>	<u>Organization</u>
EGYPT	Dr Aziz Bindary (Chairman) Supreme Council for Family Planning The Population and Family Planning Board 7 Hussein Hegazy Str. <u>Cairo</u>	UNESCO
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	Mr J.M. Abbeyquaye Senior Health Educator Head, Health Education Division Ministry of Health P.O.B. 753 <u>Accra</u>	WHO
IRAQ	Mr Saad Labib Director Iraqi Radio and Television Training Institute Salhia <u>Baghdad</u>	UNESCO
KENYA	Dr K. Ndeti Director International Planned Parenthood Federation Centre for African Family Studies, African Regional Office P.O.B. 30232 <u>Nairobi</u>	UNESCO

KENYA	Mr J.R. Kangwana Director of Broadcasting Voice of Kenya Ministry of Information and Broadcasting P.O.B. 30456 <u>Nairobi</u>	UNESCO
LEBANON	Dr Nabil Dajani Director of Mass Communication Programme American University of Beirut <u>Beirut</u>	UNESCO
	Mrs A.C. Shamma Assistant Professor of Health Education, Director Health Education Programme School of Public Health American University of Beirut <u>Beirut</u>	WHO
MOROCCO	Mr Abidallah Chakroun Sous-directeur à la Radiodiffusion Television marocaine 18 Rue Meydycunah, Quartier de l'Aviation <u>Rabat</u>	UNESCO
	Mme Zhor Laaziri Chef du Service Central d'Education sanitaire Ministère de la Santé publique <u>Rabat</u>	WHO
NIGERIA	Mr Onuora Nweneli Lecturer Department of Mass Communication University of Lagos <u>Lagos</u>	UNESCO
	Dr Z.A. Ademuwagun (Rapporteur) Senior Lecturer in Health Education Department of Preventive and Social Medicine Faculty of Medicine University of Ibadan <u>Ibadan</u>	WHO
TOGO	Mr K.D.D. Ehlan (Vice-Chairman) Chef du Service national de l'Education sanitaire P.O.B. 2021 <u>Lomé</u>	WHO

TUNISIA	Mr Ahmed Beltaief (Rapporteur) Chef de la Formation des Cadres Office national du Planning familial et de la Population Rab Saadoun <u>Tunis</u>	UNESCO
TURKEY	Mr Ugur Tuncer Director General of Population Planning Population Planning General Directorate Ministry of Health <u>Ankara</u>	UNESCO
	Dr Burhan Bengisu Professeur d'Education pour la Santé Ecole nationale de la Santé publique Ministère de la Santé et de l'Assistance sociale Hifzissihha Okulu Cebeci Cadessi No 18 <u>Ankara</u>	WHO
ZAIRE	Dr Mpekese Bongoy Directeur Centre de Coordination des Recherches et de Documentation en Sciences sociales desservant l'Afrique sub-saharienne B.P. 836 <u>Kinshasa XI</u>	UNESCO
	Melle Chirhamolekwa Chirwisa Chef, Education sanitaire B.O. 11099 <u>Kinshasa I</u>	WHO

REPRESENTATIVES FROM OTHER UN BODIES

FAO	Mr M. Gaieb Regional Information Officer Food and Agriculture Organization Regional Office for the Near East P.O.B. 2223 <u>Cairo</u> EGYPT	
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JOINT UNESCO/WHO SECRETARIAT

<u>Name</u>	<u>Title</u>	<u>From</u>
Dr M.O. Shoib	Director of Health Services	WHO Regional Office for the Eastern Mediterranean, Alexandria
Mr K.B. Mathur	UNESCO Co-Secretary	Division of Development and Application of Communication UNESCO, Paris
Dr S.A. Zafir	WHO Co-Secretary	WHO Regional Office for the Eastern Mediterranean, Alexandria
Dr V.G. de Yazigi	UNESCO/WHO Consultant	Santiago, Chile
Dr G. Rifka	Public Health Administrator (Health Organization)	WHO Regional Office for the Eastern Mediterranean, Alexandria
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