Conscripts for health
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In Bolivia a nationwide project has been inaugurated whereby basic education in health care and disease prevention is given to all conscripts for the eventual benefit of their families and communities.

During a rehabilitation programme for malnourished Bolivian children in 1982 it was observed that those cared for by their fathers were of particularly clean appearance and had some good habits not commonly seen in the ethnic groups to which they belonged. The fathers often explained that their success as parents was attributable to their compulsory military training, during which conscripts aged between 18 and 21 with various linguistic, racial and cultural backgrounds received a grounding in health matters of practical value, including cleanliness and first aid, thanks to the communication skills of their instructors.

Many conscripts came from very remote areas, some of which were inaccessible by road, and after the period of military service there was unlikely to be any opportunity to assemble them again for purposes of health education. Most of them soon started families and had a large measure of authority on such matters as whether their children should be vaccinated and whether their wives should attend antenatal clinics.

Given the above circumstances, in 1989 the Ministry of National Defence, the armed services, and the Ministry of Public Health and Social Welfare agreed to collaborate in a nationwide health education project for conscripts based on studies of learning needs, with a view to enabling future fathers to recognize risks and take preventive measures. Levels of operational coordination were established and in 1992 a start was made on implementing the project with the support of international agencies including UNICEF and the Pan American Health Organization, together with the country’s financial cooperation agency. An order of priorities was observed for the topics covered, starting with the simplest and ending with the most complicated, so as to achieve the best possible results.

The subject matter is standardized, the teaching techniques are adapted to those traditionally employed in military instruction, and the instructors, instead of using medical terminology, employ military terms learnt by the conscripts during their first three months in the army. The conscripts are taught that animals exist which are so small as to be invisible to the naked eye and that special equipment is needed to observe them, just as soldiers need binoculars to observe distant objects. Pathogenic microorganisms are described as enemy invaders, the human body as a country, the white cells as soldiers defending the country,

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Soldiers preparing a solution of oral rehydration salts for treatment of diarrhoea

An instructor demonstrating how to deliver a baby
the red cells as oxygen equipment, vaccines as weakened enemies whose task is to train the defenders, and drugs as weapons used by the defenders to fight the invaders. Practical work and role-playing are used in the teaching process. The conscripts’ progress is reviewed from time to time and, if necessary, extra teaching sessions are held to bolster their knowledge.

This methodology is used to impart information on sanitation, hygiene, diarrhoeal diseases, dehydration, respiratory diseases, tuberculosis, sexual hygiene, sexually transmitted diseases, pregnancy, hygienic childbirth, responsible parenthood, and alcoholism.

Every conscript receives a copy of an illustrated manual (1) to help him to protect the health of his children, wife and community. It covers the subjects in the health sphere dealt with during military training and is intended to serve as a guide in tackling the health problems of everyday life.

The project has been evaluated by testing the conscripts before and after their attendance at the educational sessions. The following subjects were among those about which they were questioned:

- the purpose of vaccines;
- the transmission of Chagas disease;
- the menstrual cycle;

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- childbirth;
- puerperal infection;
- gonorrhoea.

It is already apparent that the military instructors have become skilful communicators of the additional health information and that the conscripts have been transformed into agents of change for the benefit of the health of their families and communities.

Reference