Interns as health educators

Rahul Bansal

Interns are being used in two experimental health education projects in a rural area of India. In one the interns talk to mothers waiting with their children at an immunization clinic; in the other they train volunteer schoolchildren to act as school health guides in a child-to-child programme.

In India most medical graduates prefer to do a clinical degree or diploma and to become private practitioners in the cities. Doctors who do not obtain a postgraduate qualification may be forced by their circumstances to work in the villages, even though they may have neither the strength of character nor the training necessary for the provision of primary care in rural communities.

In the cities an undesirable degree of competition may develop between doctors because of the large numbers present. Physicians are increasingly acting as middlemen between patients on the one hand and diagnostic laboratories and pharmaceutical companies on the other. Doctors are needed who can act as social workers, educators, friends, guides and philosophers, yet few training establishments are capable of producing such people, and few faculty members are intellectually and emotionally prepared for involvement in such work.

In the Department of Community Medicine of Kasturba Medical College an effort is being made to train young doctors as health educators. One aspect of this undertaking is the training of interns in the art of health education. Various experiments have been conducted whereby interns have been exposed to the experience of educating people in the community. Two innovative health education programmes, one for mothers and the other for schoolchildren, have emerged and have been readily accepted by the interns.

Education of mothers

The Moodabidri Primary Health Centre in Karnataka State, where interns from the college are posted for three months under the Reorientation of Medical Education Programme, is attended by 50–70 mothers and their children one day a week in connection with the Universal Immunization Programme. A decision was taken to involve the interns in educating the mothers as they waited in this establishment.

The interns were divided into four batches of two or three each and were asked to approach the mothers sitting in the immunization hall. Each batch of interns interviewed one mother at a time, a process lasting 15–20 minutes. A questionnaire on immunization, breastfeeding, weaning, diarrhoea, acute respiratory infections and family planning was used to assess the mothers’ knowledge of and attitude to these matters, and whatever education seemed necessary was offered. The interns liked the experiment from the outset and the mothers cooperated well. A coloured flip-book, developed to facilitate communication

Dr Bansal is Associate Professor in the Department of Community Medicine, Kasturba Medical College, Mangalore – 575001, India.
between interns and mothers, was considered by the interns to be quite useful.

During the year or so that the programme has been running smoothly, more than 100 interns have provided education for about 400 mothers. New elements are added to the programme from time to time in order to make it more interesting and useful. One of these is a meeting after each day's session at which the interns give accounts of their experiences during the training session. The department's staff are always available to take part in such group discussion.

The experiment gives interns an opportunity to appreciate the need to educate mothers and to learn the methodology for achieving this, and it enables mothers to discover the most important child survival techniques. Furthermore, it provides information about child care practices in the local community: thus an analysis of 200 responses indicated that only 9% of the mothers were aware of the exact benefits of vaccinations given to their children, 55% could name only one or two diseases prevented by the vaccines, only 15.5% began breast-feeding within six hours after delivery, 46.5% did so within 24 hours, and 38% did not begin until two, three or more days had elapsed. The findings are regularly communicated to the interns and primary care staff with a view to keeping them highly motivated to implement the programme.

Mothers are being followed up with the help of female primary care workers at Moodabidri. On field visits they carry a simple questionnaire in the local language, Kannada, aimed at demonstrating the extent to which the messages given by the interns have been retained and at discovering the action that has resulted. It appears, on the basis of the 25 forms completed so far, that the programme has made some impact on knowledge and attitudes among the mothers and that they have consequently initiated certain actions.

**Training school health guides**

An experiment on school health education, based on the child-to-child approach, has been in progress at Moodabidri for the past 18 months. Batches of 10–15 student volunteers from each of classes four to ten (age group: 9–16 years) are selected and trained as school health guides by the interns, contact being made once a week for four consecutive weeks. In coeducational schools, the batches consist of approximately equal numbers of boys and girls. Training takes place in a school room, usually between 10:00 and 12:00 on the same day each week.

- On the first occasion the purpose of the training is explained, a brief introductory session follows, allowing the students and interns to get to know each other, and various health topics are discussed, among them the holistic concept of health, the individual’s responsibility for health, the modes of disease transmission, and the role of food.

- At the second session, environmental subjects are covered, among them safe water, waterborne diseases, safe disposal of wastewater, human waste and house waste, vectors and disease, air pollution and global warming, and deforestation.

- The third session is dedicated to the demonstration of first-aid techniques.
At the final session the trainees are informed about lifestyle-related diseases, for instance cancer and heart diseases, and sexually transmitted diseases including AIDS. Smoking and alcoholism are discussed in detail. The importance of good mental health and the ways of attaining it are highlighted, and yoga is presented as a highly effective tool in the pursuit of both physical and mental health. Yoga postures are demonstrated by the interns under the supervision of the present author.

Throughout the training programme the interns are asked to emphasize prevention and to suggest simple measures that can be taken in daily life with a view to avoiding health problems.

During the final session the students are encouraged to present health concepts in role plays, dramas, stories or poems. Considerable enthusiasm is evinced by the trainees for such activities. A motif designed by the present author is reproduced on the certificates given to the volunteers at the end of the training programme and will be used on badges to be worn by the school health guides.

During the first year of the programme some 75 interns were actively involved in the training of 45 school health guides. Interns derive immense satisfaction from the experience of being trainers. The response from school-teachers has been very encouraging. A trainers’ manual and a school health guides’ daily diary is being designed in order to improve the teachers’ role and the follow-up of the guides respectively.

Since neither experiment requires large additional inputs and as both are being conducted within the established infrastructure of the intern training programme they will probably continue as essential components of it. Methodological improvements can be expected to occur as the experiments proceed.

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