

WORLD HEALTH  
ORGANIZATION

ORGANISATION MONDIALE  
DE LA SANTÉ

REGIONAL OFFICE FOR THE  
EASTERN MEDITERRANEAN

BUREAU RÉGIONAL DE LA  
MÉDITERRANÉE ORIENTALE

REGIONAL COMMITTEE FOR THE  
EASTERN MEDITERRANEAN

EM/RC6/Tech.Disc./11  
7 September 1956

Sixth Session

ORIGINAL: ENGLISH

TECHNICAL DISCUSSIONS

TRAINING IN HEALTH EDUCATION

Submitted by Mr. William A. Darity - WHO Visiting  
Lecturer in Health Education, School of Public Health  
American University of Beirut

"The aim of health education is to help people to achieve health by their own actions and efforts. Health education begins therefore with the interest of people in improving their conditions of living and aims at developing a sense of responsibility for their own health betterment as individuals, and as members of families, communities or governments.<sup>1</sup>"

In order to meet the above-stated aim, there must be training of personnel to carry out an effective programme. This training of personnel must be coordinated with the various governmental agencies in order that such training will prepare personnel to deal with specific problems that are pertinent to the country and region.

Any such training of personnel in health education must take into consideration the individual himself and the development of his ability to work cooperatively with people as well as the idea of helping people to help themselves. Personnel trained in health education develop not only an understanding of people but also the technique of obtaining their active cooperation in order to get results.

"Every contact the public has with health workers is a learning situation, which may be positive or negative in effect. To help to make these contacts beneficial it is essential to make provision in the training of all health workers for the study of the principles of and practical experience in, health education and working with

1. WHO Technical Report Series, No. 89; Expert Committee on  
Health Education of the Public, First Report, October 1954, 4

people.. Health workers need to appreciate the importance of attitudes, beliefs, and value systems of people, and the reasons underlying their resistances to learning. They must also have the necessary educational skills to assist people in handling their health problems, according to the best scientific knowledge available.

The personality and emotional maturity of health education workers are of paramount importance, and should be deciding factors in their selection for training in this work."<sup>2</sup>

#### Training of Health Personnel in Health Education

"The need to include some instruction in health education in the training of doctors, nurses, sanitarians, midwives, social workers, nutritionists and workers in related health disciplines, is increasingly urgent. The addition of a training in health education of the public to that given in hygiene and preventive medicine to medical students would be of particular value."<sup>3</sup>

There should also be included in the curriculum specific training in group psychology and technique of working with people. There should further be included training in the techniques of health education as it will apply to the specific work for which the personnel concerned is being trained. As examples, the sanitarian should not only know the techniques of proper sewage disposal, proper construction of pit latrines, pure water supply and the like, but he should also be trained in educational methods of approaching the people and in carrying out the educational techniques of getting their acceptance, and use of such facilities. The public health nurse should not only know the proper methods in maternal and child health but she should also know the preventive measures and the educational approach to mothers and families in order to encourage and teach them how to carry out specific preventive practices. The malaria technician should not only know the methods of preventing mosquito breeding but also the educational techniques and skills required to get the participation of the local population concerned in order to insure continued success.

---

2. WHO Technical Report Series, No. 89; Expert Committee on Health Education of the Public, First Report, October 1954, 27, 28.

3. Ibid, 28

For all health personnel, it is essential that they understand that health does not end with their particular action where curative and preventive measures are taken, but for success, it depends on what the individual citizen himself recognizes and accepts as his own responsibility to preserve and protect his own health. This understanding and appreciation of health can only be achieved through continuous training relative to health education for all health personnel during their period of study and during their actual employment. They must be trained to recognize the long-term process of health education and the importance of patience. Training should not consist only of lectures but the particular personnel themselves must have an opportunity to work with groups to exchange ideas, and to realize the contribution that all individuals can make. It should be the responsibility of each training institution to develop this understanding in their students. Free expression of ideas is essential and the right to differ and exchange ideas on points with the various persons responsible for the training or direction of a programme is essential in the development of the ability of the individual so concerned to think and grow to accept the ideas of people with whom he may be working, who may not have had the same formal training as himself, but who through their experience can make a great contribution to a programme of community health education. Complete didactic teaching is obsolete and ineffective in developing an understanding and an appreciation of health education. The training must be flexible to meet the individual needs of the personnel being trained.

In view of the fact that many health workers have had no previous training in health education, one of the best methods of approach is through in-service training. In in-service training regular study groups for all staff offer an excellent opportunity for developing health education skills. Staff meetings with particular emphasis on health education and free discussions, and the exchange of ideas among the staff will help develop the feeling of "working as a team". Health ministries can emphasize in-service training of all health personnel in health education through "seminars, practical field experiences with competent technical guidance..... and specially planned study-groups....."<sup>4</sup>. The services of a professional trained

---

4. WHO Technical Report Series, No. 89; Expert Committee on Health Education of the Public, First Report, October 1954, 29

health educator will be of invaluable assistance in the organization of such training.

#### Training of Specialists in Health Education

The training of specialists in health education should be based on the problems and recognized needs in the region and adapted accordingly. This training should include such basic courses in public health as statistics, environmental sanitation, mental health, public health administration, microbiology and the like, and such specific courses as group development, community organization, problems in health education including visual aids, social problems, and school health. This level of training is more effective when carried out by a School of Public Health attached to a University or by some Higher Institute of Public Health where particular students undergoing training may be able to take a certain number of selective courses to qualify them better for the specific job to which they may be assigned. As already stated, maturity of thought, personality and previous experience should be determining factors in the selection of candidates. Candidates for this particular training should be university graduates, and preferably with some experience as teachers, social workers or sanitation workers. Initial specialization training is more effective if carried out in the region or area where the individual will work. Following training in the region and after experience and proven ability and interest in the work further training and observation tours overseas are valuable.

To meet local needs, it is sometimes preferable to give consideration to the establishment of a training programme for health education auxiliary workers. This type of training can be organized by local governments under the supervision of a professionally trained health educator. Candidates for this training should have as a minimum requirement graduation from high school and some experience. The academic courses offered should be similar to the graduate level but should be given in simple language with specifically selected small groups not exceeding eight to ten persons in a class. This is important so that close individual guidance can be given.

In both types of training the minimum training period should be one year. For those trained on the graduate level, that is for a graduate degree or diploma, the training should include a period of three months supervised field training with a health unit working in a village or small community. The training course for

for auxiliary health education workers which may be organized by governments should allow for a longer period of field training and a shorter period of academic training, preferably six month academic training and six months supervised field training with a health unit. The longer period of field training for this latter group is suggested because of the lack of experience which may be encountered and the need for a longer period of guidance in the field in order that the trainees will become mature in their thoughts relative to working with community groups.

During the period of field training emphasis should be placed on the development of the trainee and his ability to acquire the use of certain skills and techniques. Care should be taken not to place the trainee under pressure by setting up certain goals which he will be expected to achieve. Further emphasis should be placed on the acceptance of the people as they are, and the developing of a sense of humility. Through this method the individual will begin to recognize his responsibility and thereby apply what has become a philosophy.

#### Conclusion

Training in health education cannot be covered in a brief paper where various media and actual techniques of training which would be well to discuss are omitted. However, an attempt has been made briefly to cover two areas - (1) training of health personnel in health education, and (2) the training of professional health educators and auxiliary health education workers. There is still a great area which has not been covered, and that is the training of school personnel in health education, i.e. administrators (headmasters, headmistresses, principals) and teachers. It is an agreed fact that the teacher comes into contact with a large segment of the younger population and has a great opportunity to influence behaviour habits, but for him to carry out this total responsibility for health teaching and guidance he should receive training as a part of his basic preparation in teacher-training institutions. Apart from this, in-service and extra training for teachers can be given in summer refresher courses, conferences, seminars and the like, with the cooperation of the Ministry of Health.

Training in health education is a continuous process and for the development of a programme broad enough to reach each individual it is essential that all workers associated with community groups receive training employing the various methods which will be most suitable for the local government.