The right values lead to action

In the present world situation, when there are so many negative and destructive forces around, it is very important not to give up on health and healthy development. But, to continue our struggle for health, we must know what we stand for and where we are going.

In WHO, we are fortunate to have a common value system based on equity, solidarity and human justice. This is what 'FOR ALL' in our health-for-all policy stands for. The goal of the year 2000 is to underline the urgency to get more 'HEALTH' in a world with so much unnecessary suffering and tragic death, and to show the courage to set goals for our endeavours.

For this to happen we need people with creative ideas and the courage to put them into practice. We have information, knowledge and experience to serve education for health. But we need more concrete and effective action based on common values, and expressed in many different types of activities in different cultures and societies.

As we continue to implement programmes of health education, and to promote health in different ways, we must also be willing to review and assess what we are doing. In addition to methodologies for monitoring and evaluating educational and promotional activities, we need a high degree of openness and frankness to look realistically at the impact and results of what we do.

An attitude of curiosity is also needed for evaluation to become part of all our educational and promotional activities. Only then can we find out if what happens is really a result of what is being done.

H. Hellberg, M.D. Director,
Division of Public Information and Education for Health
Health promotion moves forward with a new charter for progress

INTERNATIONAL understanding on strategies for health promotion took firmer shape at a WHO-sponsored conference in Canada. A charter, endorsed by participants from 35 countries, said that progress towards a new approach to public health was now evident throughout the world.

Good health demanded well-developed social policies, and people needed equal opportunities to be healthy, as well as equal access to health care, conference participants declared.

Thus, governments should develop comprehensive public policies for health, taking account of developments in fields such as transport, industry, and agriculture, as well as employment and the environment.

An underlying principle of health promotion was to strengthen the ability of individuals and communities to control their own health, analyse their own problems, and decide their own solutions.

Professional health workers should be partners rather than dictators, and be sensitive to people's ideas, feelings, and needs.

A healthy environment, the conference believed, should not only be free of hazards, but should also be such that the impact of health on work was recognized, and provide an opportunity for everyone to take part in leisure and recreational activities.

People should be encouraged to define and express their own needs, and be able to understand and use health information. Confidence in their ability to control their lives and their health should be fostered.

Speaking out

It was recognized that health care systems should be rethought, so that they were concerned with maintaining and developing health, as well as curing disease. People who worked in the health sector should speak out in favour of healthy public policies, and support individuals and groups who wanted to change their way of life.

The second international conference on health promotion will take place in Australia in 1988, coinciding with WHO's 40th anniversary, and the tenth anniversary of the Alma-Ata declaration on primary health care.

Soup kitchens mean more than good food

SOUP kitchens in Peru are not just a matter of healthy eating. They are also a means of bringing women together, encouraging greater independence, and allowing them to learn about different health issues.

The soup kitchen scheme in Lima now has some 400 groups involved, with backing coming both from the government, and from charities. The movement has been recognized by the country's president, who invited 500 women to a special lunch.

The women who take advantage of the scheme live in shanty towns and in other unhealthy environments.

Many have large families, and health workers use the groups to promote vaccination, and to talk about family planning.
A programme helps women to fulfil their potential. (Photo: WHO/Eric Schwab)

Good health services mean little if no one wants to use them

THE belief that health cannot be separated from development is the focus of a comprehensive project in Tamil Nadu, India.

The Rural Health and Social Affairs unit of the Christian Medical College and Hospital deals with a population of 100,000 through a 50-bed health centre, four mobile health teams, and 18 service units, each with a male and female worker. There is a family care volunteer for every 1000 people. Adult education, vocational training, agricultural projects and income-generating activities supported by bank loans run side by side with health-related activities. Health care for the poor is provided free, and the 1000 poorest families receive special attention.

continued over
Classes for women help them to develop

RUHSA learned the hard way that, however good services are, they are pointless if no one uses them. So a series of educational programmes was devised, with the double aim of improving people’s knowledge about health, and of encouraging them to make full use of the available services.

The programmes involved training traditional birth attendants to use hygienic methods and refer difficult deliveries to more expert sources of help, and recruiting village leaders to become family planning advisers in their communities.

School teachers were trained to teach health education, which then became a school subject, and meant that children brought what they had learned home, passing their knowledge on to their parents and other members of the family.

Nutrition education for mothers took place in villages, with the women receiving money to make up for the pay they had lost by attending. They were taught what foods were healthy, and how to cook them.

Youth training

Adult education classes include health, as well as numeracy and literacy, and a special programme for women is designed to encourage them to fulfil their potential.

Vocational training for young people is felt to be a key part of the programme, since improving the economic position of a family can also improve its health.

RUHSA has consistently researched the effects of its activities, and now hopes to make its experience more widely available so that similar programmes can take place elsewhere.

Women smokers are the focus of a new health drive in Britain

A DRIVE to persuade women not to smoke, and to recruit women’s groups to the campaign against smoking, is being made in the United Kingdom. Women and Smoking: A Handbook for Action has been produced by the Health Education Authority, with the warning that women who smoke run the risk of an earlier menopause, smaller babies, and higher rates of lung cancer and heart disease.

“Smoking is a health issue for women, their experience of smoking is in some ways different from men’s, and their needs are different,” the handbook says.

Women who are widowed, divorced, separated and unemployed are particularly heavy smokers, the book suggests, arguing that the reasons for smoking are to hide feelings and to avoid putting on weight.

Gaining weight

Although women who smoke are generally lighter than non-smokers, the difference is generally only a few pounds, and those who have given up cigarettes said they had not found gaining weight a problem.

Using smoking to hide feelings and reduce stress is more difficult to argue against since, the book says, it is part of the price society demands from women, who are expected to be calm and not show their emotions.

Advice about ways of giving up cigarettes, and avoiding starting to smoke again, is followed by a section on how to fight smoking in public places, and how to counter cigarette promotion.

Women and Smoking is available from the Health Education Authority, 78 New Oxford Street, London WC1A 1AH. price £2 plus postage.
Fifteen years ago a scheme began in Java...

Community participation is not merely a temporary thing but a permanent educational process. It is the cornerstone of development.

Dr Arif Haliman of the Banjarnegara programme.
IN Volving groups of villages in mutual support is the underlying strategy of a programme which began in Indonesia 15 years ago. The Banjarnegara Health Development programme is based in central Java, and has evolved in response to community needs.

Indonesia has an established system of village organization, with associations of men and women, and a tradition of voluntary work. The programme aims to strengthen these institutions, and to increase participation.

It works by raising income levels through providing financial and practical help, and organizing training in relevant skills. It also encourages the development of community-based treatment and prevention services for health.

The priorities are to reduce infectious diseases, improve children’s health, and create better environmental conditions in the areas of housing, water supplies, and sanitation.

The programme co-ordinates the activities of government and voluntary agencies, and tries to ensure that its different elements support each other.

The scheme is introduced to a village through a community survey when the villagers, guided by programme staff, compile information on housing, nutrition, sanitation, agriculture, and attitudes towards health.

Following the survey, villages are clustered in groups of ten, and each puts forward volunteers to train as health workers (nominated by the male associations and generally men), and nutrition workers (nominated by the female associations and generally women).

Training sessions take place in each village in turn, and follow-up meetings take place four times a year, each in a different village. At these meetings, the host village reports on its activities over the past three months, and sets out objectives for the next three.

The training, which lasts for several years, covers the role of the community, the government, and voluntary agencies in rural development; farming techniques; administration and management; environmental health; the identification and treatment of common infectious diseases; nutrition; family planning; and maternal and child health.
Irrigation systems are important. (Photo: WHO/G. Nugrowo.)

re provides a development

Villages are encouraged to establish an insurance scheme, into which everyone pays, and which provides funds for health services, particularly village health posts. These are equipped to deal with the ten most common illnesses, and with minor accidents.

There are also family planning posts, with supplies of contraceptives.

The nutrition workers run clubs for mothers with children under five. Their main activity is to weigh the children so as to ensure that they are not under-nourished, and a communal meal is prepared at the meetings, with food grown in the village.

Other activities include water programmes, house renovation schemes, and livestock projects.

There is also a collective lottery, to which everyone gives a fixed weekly contribution of food, household articles, or cash. A percentage is used for development, and the rest goes to the winner of the month. Everyone in the village must win the lottery once before anyone is allowed to win for a second time.

A Javanese farmer picks fruit. (Photo: WHO/Paul Almasy.)

The programme director, Dr Arif Haliman, admits that the story has not been one of continuous success. The better-off villagers react more positively than poorer ones and, since they can afford more, they tend to benefit more.

The programme can also suffer from the semi-feudal structure of village life, which means that health workers often feel unable to bring about change, and villagers are discouraged from taking initiatives.

But, Dr Haliman says, the strong social organization of the villages has provided a structure in which the programme can work, and the support of village headmen has given it credibility and authority.
Teachers should provide a good example
Lessons are only one element in making schools a force for good health

THE importance of schools to health education is emphasized by Dr John Hubley of Leeds Polytechnic, England. Dr Hubley, who has worked extensively in developing countries, says that there should be three elements in a school health programme—health services, a healthy environment, and health education teaching.

Teachers hold the key to the success of all three elements, Dr Hubley says, since they are educated, and they hold an important place in the community. They can be trained in first aid, and to recognize diseases which they can either treat themselves, or refer to a health centre. By involving teachers in prevention and treatment, they will become more confident about teaching health education.

But teaching about health will have little impact on children unless the school itself is a healthy environment. A school should have good provision for sanitation, hygienic food preparation facilities, and clean water.

Teaching about health should begin in the first year of primary school, Dr Hubley suggests, and continue throughout a child’s education. It could take place not only in the classroom, but also involve practical activities outside. Pupils could be involved in community projects, such as making a survey of water supplies.

“Many of the children will have younger brothers and sisters, and help to look after them, so what they learn at school can immediately be put into practice at home,” he says.

This approach is the basis of the Child-to-Child programme, which has led to the production of a number of useful guides and resource material.

Older children can be involved in teaching younger pupils, a method with a great deal of potential, since younger children often look up to older ones, and can pay more attention to them than they do to their teachers.

Dr Hubley admits that it can be difficult to find space in the school programme for health education lessons but, he suggests, health issues can be included in other subjects such as home economics, biology, environmental studies, physical education, agriculture, and language lessons.

“Readers produced by the Child-to-Child programme contain interesting stories on water, nutrition, accidents, and general health”, he says. “Art can be used for painting on health issues, music for health songs, drama to show health topics, and religious education for discussions of values and relationships.

“Mathematics provides many ways of bringing in health, with survey exercises such as counting malaria breeding sites, counting the number of children in a community, the number of elderly people, and so on.”

It is important though, he says, for teachers to provide a good example to children, otherwise what they teach will not be taken seriously.

Dr Hubley suggests that the most effective way to develop a school health programme is for health workers, parents, and teachers to meet.

“In persuading education authorities, teachers, and parents to support the expansion of health-promoting activities, we can point out that health is not only valuable in its own right, but essential for achieving academic goals,” he says.

“A child who is sick will miss lessons, and not have the energy to get the most out of school.”
A school needs good provision for sanitation. (Photo: WHO/D. Henrioud.)

From the meetings, a policy can be developed for introducing a health programme, which should cover each of the three important areas. Selected teachers could then take part in a training programme, which would equip them to act as health education coordinators for their schools, instruct other teachers, and supervise the introduction of a health programme.

Training could cover local diseases and how to prevent them, approaches to health education based on projects which pupils undertake for themselves, and what resources were available.

After their training, teachers could meet regularly with health workers to evaluate their progress, and plan future developments.

"Traditional teaching methods are often formal, and emphasize facts and passing exams," Dr Hubley says. "Effective health education involves methods which develop children's understanding, and gives them the skills to solve problems and improve living conditions.

"But health education at school can only lead to improved health if there are health-promoting programmes in the community."

Thus, health workers should join with teachers in a combined approach to primary health care in the community, an approach which would involve everyone.

Leeds Polytechnic offers a specialist one-year diploma course in health education in developing countries. Details are available from Dr Hubley, Leeds Polytechnic, Calderley Street, Leeds LS1 3HE, England.
International conference for Houston, Texas

THE 13th world conference on health education will take place in Houston, Texas, from August 28 to September 2, 1988. The conference theme is 'Participation for all in Health', and four sub-themes will cover involving people and communities: supporting community access; involving all relevant practitioners; and gaining intersectoral support.

Full sessions of the conference will have simultaneous translation into English, French, and Spanish.

For more information contact Dr Judith Ottoson, Executive Director, United States Host Committee Inc, PO Box 20186, W-902 Reuel A. Stallones Building, Houston, Texas 77225, USA.

Emergency meeting

HEALTH officials from Central America and Panama have met to review their ability to cope with emergencies. The meeting was called as a result of the recent earthquake in Mexico and the volcanic eruption in Columbia, and because of the problem of refugees and displaced people in the region.

At the meeting, it was decided that more money should be allocated to emergency programmes, and that plans should be drawn up for dealing with the health consequences of disasters.

It was emphasized that the best time to plan was when no emergency threatened, rather than waiting for disaster to strike. It was also important to learn from experience, and to ensure that national organizations were aware of the importance of being prepared for emergencies.

Finland celebrates

THE Finnish Council for Health Education is celebrating its 25th anniversary, and has established a scientific committee to help it face the challenges of the future. Members have been recruited from universities, research institutes, and the government.

The council, which has 74 member organizations, operates through working groups on topics such as exercise, nutrition, developing health education materials, and fostering co-operation among different bodies.

Its first major co-operative venture took place last year, with a campaign aimed at men, 'Man 2000'. The council is marking its anniversary with a programme of special events for its members, and the general public.

Smoke-free for kids

EVERY province of Canada has adopted the anti-smoking programme, Smoke Free Spaces for Kids, run by the Canadian Heart Foundation.

The scheme, which mixes traditional health education with modern marketing techniques, is aimed at adults rather than directly at children. Its intention is to ensure that young people experience a smoke-free environment, and that the adults who influence them should not smoke in front of them.

The campaign symbol.

Schools which declare themselves entirely smoke-free receive a plaque and a flag, while those which create non-smoking areas receive a certificate.

Now the programme has moved out of schools into other areas of society, with Air Canada, hotel chains, and travel companies all creating smoke-free space.
Interest grows in movement for healthier cities around the world

A HEALTHY cities project, sponsored by WHO’s European region, is designed to involve people in caring for their own health and environment, and to promote a comprehensive approach to health by city authorities.

Representatives of 21 cities from 17 countries attended the first conference about the project in 1986. This year, 50 countries from around the world are expected to be represented at a second congress.

Inspiration for the plan grew from the public health movement of the 19th century, when health was seen to involve housing, employment, and the environment, as well as disease.

Since then, health has become dominated by medicine, but the trend towards a broader view, closer to 19th century ideas, has led to the development in a number of countries of a movement for a ‘new public health’.

The healthy cities project has three main elements, which are seen as related to each other. They are the promotion to individuals of healthier ways of life; the recognition that many policy decisions by city authorities have an impact on health; and the creation of a healthier environment.

The approach involves city councils, businesses, health services, voluntary agencies, and community groups in a joint approach to decision-making and action.

Dr Harry Vertio, of Finland’s National Board of Health, suggested at the 1986 conference that a healthy city could be defined as one which “reacts and responds to the health needs of its people, and where people know how to use and develop their city to promote health.”

Discussions have taken place on how strategy can be devised, and how progress can be measured. Future meetings are planned on how to choose the best way of introducing the project in a city, devising an information base, and fostering co-operation between different groups and interests.

Noise and pollution are two city problems. (Photo: WHO/T. Farkas.)

SCIPHE is backing dental health

THE Sparkman Center for International Public Health Education, based at Alabama University, USA, is backing several projects to improve dental health in developing countries.

In Thailand, SCIPHE is working with the World Health Organization, and the University and Inter-country Center for Dental Health in Chiang Mai on a programme with implications for South-East Asia and the Western Pacific.

In Jamaica, SCIPHE has helped the University of the West Indies to upgrade its diploma programme.

And in Peru, SCIPHE is collaborating with the university in Lima to develop its public health teaching.
The people join the fight against malaria

A HEALTH forum project to fight malaria in Senegal brought encouraging results, according to the medical director of Oussouye province, Dr Mame Cor Ndour.

“It might seem a small project in terms of finance, but in terms of preventing ill-health, it had a major impact,” Dr Ndour says.

The objective was to give the anti-malarial drug chloroquine to all children under five, and to all pregnant women in the province. A second aim was to improve personal hygiene, and sanitation in the villages.

The project began with an awareness-raising campaign in 25 villages with existing health facilities.

The message, put across to villagers by local health workers and health educators from the provincial health centre, was that the people themselves should fight malaria. Each village was encouraged to appoint a committee for the purpose, to set up a fund to buy drugs, and establish depots where chloroquine could be stored.

Health educators visited each village, and assessed how clean they were, giving advice on good hygiene. They recommended that wells should be covered and protected from animals, that animals should be kept away from houses, that houses should be aired, and that cooking pots should be washed regularly.

Rubbish should be cleared away and buried in pits, and latrines should be constructed, or waste buried away from houses.

Three months later, villagers came to a forum in Oussouye, where their knowledge was tested in a question and answer session, and prizes were given to the villages and individuals who had done most to support the project.

The leading village, Youyou, was given four latrines as its prize, while the most active individual was given free family health care for a year.

Education for Health

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