

# ***Health education in farming communities***

*Gebre Ab Barnabas*

*The author outlines the ways in which health messages have been given to agrarian communities in Tigray, Ethiopia. Special attention has been given to assessing the people's knowledge base initially, to communicating with them at the most appropriate times and places and in the local language, and to the use of role-playing.*

During the recent war in Tigray, Ethiopia, under extremely difficult conditions, the work of health education continued. It became clear that even illiterate people had a considerable understanding of certain factors

***The first task of the health educator in rural areas is to discover what kind of information is needed by the people.***

determining health and illness. Thus the inhabitants of Wolqait in Western Tigré were well aware that there was a disease hazard in the valleys, and consequently constructed their dwellings at higher levels. They did not know that the disease was malaria, but readily grasped that it was transmitted by mosquitos and was both treatable and preventable.

The people of Tsimbla thought that "big spleens" could develop if pumpkin and cheese were eaten, and that fever should be treated by cupping and blood-letting. Little was understood about the role of mosquitos in the transmission of malaria. Against this background, health educators tried to discourage the bleeding of patients, who were quite

possibly already anaemic, and to convince patients that eating pumpkin, cheese and other "blood-forming" foods was necessary in order to overcome malarial sickness. Encouragement was given to the clearing of mosquito breeding sites and to the control of the vector.

## ***The right time and place***

Health units are not necessarily the best places for communicating health messages. The people of Tigray are regular churchgoers, and for this reason it was decided that health educators should go to church gatherings. The messages delivered were brief and to the point. Some examples are given below.

- The local market is filthy. We therefore have to conduct sanitation campaigns.
- Many children are suffering from diarrhoea because the well is contaminated; it should therefore be protected.
- There will soon be a malaria epidemic and the ditches will have to be filled. Tell us the best time for action.

Only one such campaign was run at a time. The health workers were asked to observe the following sequence when carrying out their educational function.

1. Decide what the problem is and how pressing it is in the community.

---

Dr Barnabas's address is: Box 80016, Addis Ababa, Ethiopia.

2. Examine why it should be explained at the time in question and how it affects the community.
3. Consider how it can be prevented or treated before the disease spreads.
4. Devise a strategy for helping to solve the problem.
5. Draw parallels between the existing problem and comparable occurrences in the past.
6. Assess the strong and weak points in the health education process and decide accordingly on future action.

### **Role-playing**

Health education usually involved a short role play in which young people from the communities participated. In order to give messages on malaria, for example, the roles were those of a health worker, a sick person, a mosquito, and parents. Scenes were enacted

representing, on the one hand, positive achievements such as the control of an epidemic and the saving of the life of a pregnant woman, and, on the other hand, tragedies

***It is important to choose the best possible times and places for delivering health messages.***

resulting from failure to take action, delayed treatment, or the bleeding of patients by cupping. At the end of these role plays a political exhortation was often read out, linking the fight against malaria with the military campaign that was going on.

### **Slogans and posters**

Wall posters were scarce in the rural areas. Slogans referring to preventive measures, self-

#### **What mosquitos like**

##### **Person**

Blood of sleeping person  
Exposed parts of the body at night  
Small children and pregnant women  
Very sick individuals

##### **Place**

Lowlands  
Marshes  
Grassland  
Open water containers  
Stagnant water

##### **Time**

September to December  
May to June  
Night

#### **What mosquitos don't like**

##### **Person**

Body completely covered  
In clean surroundings

##### **Place**

Hilltops and windy places  
Filled-up ditches, dried swamps  
Dry river beds  
Covered water pots  
Running water

##### **Time**

Dry season  
Day

reliance and other matters affecting health were sometimes written on sacks, using a red colouring material obtained from the bark of trees.

An example of a health education poster on malaria is given in the box.

### ***Use of the local language***

The process of health education was helped by the fact that the training of personnel at all levels from community health workers to field surgeons was done in the local language, Tigrinya, despite some difficulties with the translation of technical terms. Of the two newsletters that were issued, one was designed to communicate information on prevention to the general public while the other contributed to the continuing education of health workers.

It was found that the people had expressions corresponding to various medical terms, among them relapse, recrudescence, meningitis, measles, typhus and hepatitis. There were also Tigrinya words for most of the intestinal parasitic worms.

Based on this experience in Tigray, the first task of the health educator in rural areas is to discover what kind of information is needed by the people. Health education cannot be performed effectively if only an incomplete picture of the target communities is available. Furthermore, it is important to choose the best possible times and places for delivering health messages.

It is a mistake to try and eradicate, in their entirety, people's long-held views and beliefs concerning health and disease as a prelude to replacing them with those of the educator. Deeply rooted ideas and practices are likely to re-emerge. Efforts should be made, however, to diminish the frequency or intensity of harmful practices.

New ideas should be communicated in a manner that seems to have some bearing on the agrarian way of life. Otherwise the probability of the people accepting them may be small. Education should be followed repeatedly by related actions of a practical nature on the part of the people so as to ensure that the lessons are retained. ■

### ***Acknowledgements***

The author is grateful to the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) for financial support and to Tiruwork Tamene for secretarial assistance.