

# Countries in the process of development

and

## health education in African rural areas

*The "Courrier" of the International Children's Centre<sup>1</sup>, has recently published a work on a very topical subject, which is of special concern to Red Cross workers in various countries: an effective health education involves a conscientious awareness of their fundamental problems by those whom one wishes to help. How can this be achieved?*

*The author of the following article, who is an expert attached to the Government of the Republic of Senegal, brings some practical answers to this question and our thanks are due to him and to the "Courrier" for authorizing us to reproduce a work whose topicality is evident. To attain full effectiveness, every action should be measured and, most important of all, it can no longer be undertaken without a thorough knowledge of the cultural environment in which it is going to be operated; more than any other this affects the humanitarian action which can only show results if the particular area consents to it or, more important still, if it understands and supports the action. As for the Red Cross, it places itself beyond cultural or sociological forces, but it cannot ignore them. It stands to reason that its practical action must take its bearings in one direction or another, according to the pace and intensity of the deep-rooted developments of various environments.*

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Health education is in fashion. Some people smile and say that doctors and their colleagues have always gone in for health educa-

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<sup>1</sup> Château de Longchamp, Paris, September 1961 (Vol. XI, No. 8).

tion and that it is just a question of being patient : with the development of instruction it progresses by itself. Others enthuse over this science with new and original techniques ; they train specialist personnel, acquire lorries stocked with a considerable amount of equipment and organize health education campaigns in rural areas with results which are sometimes disappointing.

In fact, its importance is not lost on anybody and efforts are being made everywhere to accord it a greater place than in the past. In countries which are in the process of development it is called upon to play a rôle of outstanding importance : having organized, in a preliminary stage, the fight against major endemic diseases and having built up a preliminary system of health training destined primarily for the assistance of the sick, those responsible for public health are now collecting nursing and preventive medicine in all its aspects together into one unit. They are turning towards the population and asking for its voluntary co-operation in improving the capital health of the country, capital which is necessary to its development. Preventive medicine, whether it is a question of research, systematic investigation, mass vaccinations, area drainage or a fight against malnutrition, requires effective and as wide-spread participation as possible from the population. A health legislation well adapted to local conditions is undoubtedly indispensable, but the participation by the population will be obtained more easily by health education than by authoritarian methods which are difficult to apply in rural areas.

**Lack of balance between towns and rural areas.**—In numerous countries the contrast which exists between the towns and rural areas, on the health level as on many other levels, is still considerable. This is particularly true of under-equipped countries, countries most often “ primary producers ”, where the rural areas contain 80 to 90% of the whole population.

Well-equipped hospitals and clinics exist in the capitals. Maternity and clinic welfare centres and social centres are doing an excellent job of health education with mothers. A system of social workers, visiting nurses or social auxiliaries makes it possible to give a high quality health education in the home. This effort fulfils the very legitimate desire to initiate a correct health pro-

gramme on an adequate basis. But things become difficult when one has to go beyond the preliminary stage and transpose to rural areas what already exists in the towns. The complete study of the problems which the development of health education raises throughout the country is postponed to a later date through lack of personnel and lack of funds.

In the small towns, the hospital and the clinic generally possess one or two visiting nurses or social auxiliaries. They do valuable work at the Maternity and Clinic Welfare Centre or in the school health service. Unfortunately, it often happens that the shortage of staff obliges their superiors to use them as secretaries or as ward nurses.

In rural areas, properly so-called, where a clinic or a maternity post exists, the staff more often than not, limits its activity to looking after the sick and women in confinement and to carrying out a few prophylactic measures. It would be unjust to say that there is no health education because, however rapid the consultation may be, it is always accompanied by some advice, and many of the midwives have a real influence on the mothers whom they look after. But in reality it is only those who are interested in the subject who give any health education. It is a question of individual actions allied to the personality of a particular doctor, midwife or nurse who has known how to adapt himself or herself to the population of the area, to make himself or herself liked and to obtain interesting results in the sphere of safeguarding health. Thus villages grow up with their voluntary health officers, or another system entirely, succeeding in getting the population to take part in the fight against the causes of disease. But when the person who has set this in motion is transferred, there is a grave risk of past work dwindling if not entirely disappearing. Through lack of transport and of communications capable of being used at all times, through lack of staff and time, the rounds of the staff in rural health formations in isolated villages are rare and limited to a series of rapid mobile consultations. More interesting is the educational action carried out in countries under English influence by rural visiting nurses and mobile health officers, whose job in a given sector is to apply certain preventive measures.

What of the work of mobile units in the sphere of health education? The staff, which is sometimes highly specialized, confines its

activities solely to one or two major endemic diseases, apart from a few consultations for urgent cases. Important equipment for health education is sometimes supplied to mobile groups: loud-speakers, tape-recorders, even educational films (rarely shot in the same country) shown between two small ordinary films. It is an interesting effort, but its range is limited. Experience has shown that a worthwhile action can only be achieved in rural areas by a prolonged programme of health education, taking into account the manifold local factors, and it must be carried out by persons living in contact with the population, who know it perfectly and have gained its confidence. The real psychological impact made by the mobile teams passing through can only be short-lived if it is not exploited by such persons. To this must be added the fact that adults do not like those concentrations of population which oblige them to move about with their whole family and to lose time without their always understanding the necessity. This state of mind scarcely makes them receptive.

Apart from the health personnel, some schoolmasters, rural counsellors (native officers, community development officers) and representatives of private societies, make their contribution to the health education of the population. Their action, too, is linked with their ability to get things done. It is not a concerted action and it sometimes happens that it is not co-ordinated with that of the health service personnel.

This rather bleak picture should not blind one to the remarkable results obtained in many areas or keep silent about the many efforts being made at the present time, but it must be admitted that in the rural areas in a number of under-equipped countries, health education is still on a very small scale. What can one do when one has few people and small funds at one's disposal?

**The Health Education central section.**—It is imperative to set up a central section and to give it a director who is responsible for co-ordination and developing everything which is being done and will be done in the country in the matter of health education.

To which service should it be attached? Sometimes it is considered as a branch of basic education, in which case it could come

under the responsibility of the Ministry of Education. More often it belongs to the Ministry of Health and it is then directly attached to the Ministry or the Office of Public Health or put at the disposal of the Directorate of the Preventive Medicine Division. Alongside it, a committee, incorporating the representatives of the Ministries and Services concerned, works out a programme of health education for the whole country and prepares the methods by which it will be applied.

Some specialized health educationalists are necessary. Together with their head, they can form the central team of the health education section. They can arrange courses and demonstrations in the staff training colleges. They can act as advisers in the pilot centres.

One cannot foresee, at least in the immediate future, staff solely specialized in health education being trained and sent out into rural areas. It is for all those with an educational rôle in rural areas to instruct the population from a health point of view. The central team should be called upon to train the following :

- first and foremost the health service personnel,
- then the teachers, because the school is a remarkable field of action,
- to a certain extent, rural counsellors, representatives of some services and certain private societies.

**The training of health service personnel.**—Before considering altering or completing the programmes in the schools, it is essential adequately to define the tasks delegated to each member of the team whose job is health training in rural areas : a doctor or nurse and a midwife who, it is to be hoped, would be joined by a visiting nurse or a social auxiliary, a health officer or a hygiene officer.

The health centre, the head of which is in charge of a given rural area, could then take over from the rural welfare centre limiting its activities to nursing, confinements and certain prophylactic measures. The activities of the health centre, insofar as is possible, would extend to the following services :

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- Compilation of elementary statistical information ;
- Maternity and child welfare with particular emphasis on the education of mothers (hygiene, dietetics) ;
- School hygiene, health education at school ;
- Draining of the area (drinking water, waste disposal, the fight against insects and rats, etc.);
- Fight against malnutrition ;
- Psychological preparation of the population before the passage of mobile units and participation, in case of need, in investigations, treatments or mass vaccinations ;
- Establishment of a card-index and organization of regular supervision for certain of those who are chronically ill (lepers, tubercular cases etc.).

These are spheres in which health education is everywhere necessary. It is that which can make the population realize that illness can be avoided. It leads to an awareness of its responsibilities in the protection of health. It teaches it a sense of solidarity and co-operation in the fight against the causes of disease. Its aim is to succeed in changing the population's way of thinking, in progressively altering living conditions and in the acquisition by each member of the population of a better resistance to illness.

Everyone who has worked in a rural area knows what the discouragement to a young doctor or young midwife recently arrived in a remote post can sometimes be : different language, particular way of thought of the population, its distrust, insufficient equipment for health training, shortage of medicaments, difficulties of evacuations. Isolation can lead the new-comer to withdraw into himself and he then awaits with mounting impatience the end of what he considers an exile or an obligatory penance at the beginning of his career. It is true to say that during his studies in a country other than his own or in the capital, he has not always been adequately informed as to what his conditions of work would be, nor sufficiently trained for the many varied tasks of the rural health centre.

To take charge of the public health of one's country, to direct a health centre, to carry out day after day, with one's colleagues,

the health education of the population, is a worth-while job for the young doctor. Surely it will be a source of comfort to him when, after a stay of three years in the country, he can appreciate the progress made: polluted water being consumed less frequently, clean villages, latrines correctly constructed and used, a lower infant mortality rate, year-old children better fed, less frequent intestinal parasitosis, satisfactory rate of attendance at mass vaccinations, etc.

Without a doubt reality is not always so alluring: the results of health education are difficult to determine and are often far off in the future. In order to succeed, the new-comer in a rural area must acquire the state of mind animating everyone who wishes to take part in health education. Above all this there must be the desire for a perfect understanding of the population amongst whom he is going to live, its customs, its tradition, its taboos, the needs which it feels and its real requirements. He must always attach the greatest importance to this. By his work he can gain the respect of the population and soon, its confidence. Slowly he will become one of them. Then he will be listened to and followed.

This shows only too well the care that must be taken in training those who are going to serve in a rural area. Side by side with the traditional training in nursing there must be practical instruction in preventive medicine properly adapted to the rôle of every category of staff, such as will have been decided upon by those responsible for public health. Training in health education can perfect this instruction as it goes along.

In order to teach pupils of different schools to enter into contact with the rural population, to accustom them to working in a team at village level, courses of instruction should be organized in the form of study courses in rural health demonstration centres. Placed in the centre of a group of villages, they can be the base for teams whose job it is to look after one of them in particular, in the working conditions which will later be theirs. At the centre itself the pupils can learn the techniques of health education in rural areas.

At the same time as the training of staff in study courses, revision courses should be organized for the staff already working, by the central team of the health education centre, either at a national or a regional level.

**The training of teachers.**—Health education forms part of the daily work of the teacher, whether it be during instruction on the elementary notions of anatomy, psychology, pathology or hygiene which form part of the programme of studies, or when there is an epidemic or an accident in the village or nearby. Through kindergartens and school canteens, he can draw the pupils' attention to the importance of a balanced diet. Above all, he must seek to establish rules for a healthy life for everybody : personal cleanliness regularly checked, keeping a look-out for danger signals justifying a consultation at the health centre, cleanliness of buildings, drinking water at everybody's disposal, proper latrines correctly used. It would not be necessary to have luxurious installations at one's disposal for this and the help of the population can be enlisted to perfect what already exists. On another track, during holidays the pupils can ensure the cleanliness of the village or take part in any other work of sanitation improvement.

As with the health personnel, the training of teachers, in their rôle of health educationalists, should be done in study courses for the student teachers and by means of special courses organized during the holidays on a regional level for those who are already teaching. In the training colleges, instruction in hygiene should be adapted to the conditions existing in rural areas, lessons should fit the country's state of health, the principal problems of public health and the organization of the health service. Health educationalists should explain in detail just what the teachers' contribution can be to the health education of pupils and the whole population.

The public health administrator and health educationalist must participate to a certain extent in the training of staff whose special concern is the development of the rural portion of the country. Whatever their title, rural counsellors, native officers, community development officers, etc., whatever rôle they have been assigned, they must be conversant with the country's state of health, with the organization of the health service, with the importance of health as a development factor and, more especially, with nutritional problems and methods of area drainage.

Surely it is dangerous or useless to place on too many people's shoulders the cares of health education of the population and does not one then run the risk of ending up with unco-ordinated action ?

At a time when there is a great deal of talk about "mobilization of the rural population" it is essential, if failure is to be avoided, for those who are with the population, to make it progress, to form a team and work together to draw up a local development plan. What would happen if, at the same moment, the doctor asked the village elders to excavate a pool for rearing fish, the teacher demanded the building of latrines at school and the rural counsellor wanted to build a co-operative store? Without a doubt, nothing would be done.

What matters is that the population should grow aware of what it can do by itself to improve its living conditions. That is the beginning of a common task. Then, it is for the originator of the action to make the real requirements coincide, bit by bit, with the needs which are felt.

Integrated in this way, with the larger struggle against under-development, the taking over by the rural doctor of the public health of one whole sector represents responsibilities for him which far exceed the stage of ordinary general practice. Very probably, he will have few medicaments at his disposal with which to treat his patients but he will have the health education at his disposal to fight against the causes of disease.

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