

WORLD HEALTH
ORGANIZATION



ORGANISATION MONDIALE
DE LA SANTÉ

REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL

REGIONAL COMMITTEE

Sixteenth Session
Seoul, Korea
16-21 September 1965

TECHNICAL DISCUSSIONS

WP/RC16/TD4
1 June 1965

ORIGINAL: ENGLISH

EXAMPLES OF USES OF HEALTH EDUCATION SERVICES
IN COUNTRIES AND TERRITORIES OF THE
WESTERN PACIFIC REGION

by

Donald C. Johnson
Regional Adviser on Health Education
Western Pacific Regional Office
World Health Organization

The need for health education services in national health programmes is recognized in countries and territories in the Western Pacific Region. The kinds of health education services rendered to health programmes vary considerably. Only a few examples are included here to illustrate some of the major functions and uses of this type of service.¹

Health education services

Governments which have organized health education services in national or territorial health services include the following: British Solomon Islands Protectorate, Cambodia, China (Taiwan), Fiji, French Polynesia, Gilbert and Ellice Islands Colony, Hong Kong, Malaysia, New Hebrides, New Zealand, Philippines, Territory of Papua and New Guinea, Tonga and Western Samoa. Health education services are being developed at provincial or prefectural levels in Japan, Korea and Viet-Nam as a preliminary step to the organization of a service at the national level. Other countries and territories are planning to establish health education services.

Use of health education services

Some of the major uses of health education services in national health programmes include the following:

- (1) analysis, study and educational diagnosis of health problems;
- (2) planning educational aspects of health programmes;
- (3) participation with medical and health workers, community leaders and others in programme operation;
- (4) preparation of health personnel, schoolteachers and others for health education;
- (5) evaluation of health education aspects of health programmes in co-operation with others involved in programmes; and
- (6) conduct of studies and research for the purpose of developing improved health education methods and techniques.

¹

World Health Organization (1959), Health education of the public, Report of the Technical Discussions at the Twelfth World Health Assembly, Chron. Wld Hlth Org., 13, 320-332.

Studies

Studies are being carried out in some countries and territories of the Western Pacific, usually on a small scale, as a basis for planning the educational aspects of programmes. These studies often serve as effective educational methods to create awareness and understanding of health problems. Examples of this kind of activity can be found in China (Taiwan) where special studies were done as a basis for planning educational programmes for trachoma, endemic goitre,¹ maternal and child health and in connection with a health promotion project.

Similar studies have been carried out in the Philippines in various projects and programmes, such as the schistosomiasis control project, cholera El Tor programme, school health education, public health nutrition, environmental sanitation, tuberculosis control, and maternal and child health. In Fiji, a special study is being carried out on attitudes, practices and beliefs in connection with leprosy and a similar study has been carried out in Korea on causes and sources of prejudices against leprosy. In Tonga, a cultural anthropologist assisted in studying cultural practices and concepts surrounding the use of water as a basis for planning educational aspects of the water supply project. In Viet-Nam, a special study was carried out to determine social and environmental factors contributing to the venereal disease problem.² In Cambodia, studies were made of practices and beliefs prevalent in the countryside in connection with the nutrition of mothers, babies and children. Community health surveys have been conducted in Malaysia in pilot demonstration areas. In the Philippines, Territory of Papua and New Guinea, Malaysia and British Solomon Islands Protectorate,³ careful attention has been given to local cultural practices and beliefs in connection with the malaria problem. In

1

Tsai, Jong-Fwu (1962), Study on people's attitudes toward endemic goiter and iodized salt in Chu-pei and Chung-lin Hsiangs, Hsin-Chu County, reprinted from the Memoirs of the College of Medicine, National Taiwan University, 8, No. 1

2

Marcondes, R.S., Edmonds, S.W., and Tran Thi, Kim Tien (1965), A study of health attitudes and habits relating to venereal diseases, Saigon, Viet-Nam. (Unpublished report)

3

Zoloveke, G.P. (1963), Health education in the malaria eradication pilot project, review of activities. (Unpublished report)

New Zealand¹ and Australia², extensive studies have been made on smoking habits of the population in order to plan educational programmes to help prevent lung cancer. A health education study of the inhabitants in a project area of the Japan Housing Corporation provided guidelines for developing health education activities in that community.³

Planning

The results of the studies referred to above are used in planning the educational aspects of health programmes. National health councils and inter-ministerial or inter-departmental committees for planning and co-ordinating efforts in health education have been established in a number of countries and territories in the Region. A major role of the national health education service is participation in this planning so that sound and effective health education objectives and methods can be applied in health programmes focused on major health problems. Noteworthy are the inter-ministerial and inter-departmental committees on school health education which have been established in Korea, Philippines, China (Taiwan), Malaysia, New Hebrides and Hong Kong.

Education and training

An ever-increasing emphasis is being placed on health education training for all categories of medical, nursing and public health personnel and for schoolteachers. Health education is being incorporated in the regular curricula of training institutions and in special in-service training programmes. In Korea, the Korean National Tuberculosis Association has sponsored health education courses for school health nurses. In Japan, the National Institute of Public Health includes health education in the education and training of public health workers. Refresher courses

¹ Gardiner, C.E., Taylor, Derek C.N., Roberts, L.D. (1961), Smoking habits of school children, a survey of the smoking habits of New Zealand school children, Special Report No. 5, Medical Statistics Branch, Department of Health, Wellington, New Zealand.

Gardiner, C.E. and Taylor, Derek C.N. (1964), Smoking habits of New Zealand doctors, Special Report No. 16, Medical Statistics Branch, Department of Health, Wellington, New Zealand.

² Maclaine, A.G., Smoking and young people, an analysis of research and recommendations for remedial educative action (Unpublished report, University of Sydney).

³ Nakayama, K., Miyasaka, T. and Komada, E. (1963), A health educational study of the inhabitants in a project area of the Japan Housing Corporation, 1. The case of Sagami area, Bull. Inst. Publ. Hlth, 12, 65-77.

have been organized for public health administrators. The Japanese Medical Association has a health education specialist on its staff and provides health education seminars and consultation services for its members. In the Philippines, Malaysia and China (Taiwan), extensive efforts have been carried out to provide in-service training in school health education for school administrators, schoolteachers and health workers. In Viet-Nam, Malaysia, Fiji, New Zealand, French Polynesia and the Territory of Papua and New Guinea, extensive efforts have been made to develop health education in health worker training. A number of countries provide health education training for various categories of community development workers. These include Malaysia, China (Taiwan), Korea and Western Samoa. Cambodia has a very effective and unique health education training programme for Buddhist monks who routinely visit the homes of their constituents and conduct classes for children at the temples. They include health education in these activities.

Implementation

Health education service personnel are active with other medical, public health and community workers in implementing the educational aspects of national health programmes. In China (Taiwan), the Health Education Division is very active with a village health programme. The health educators take a major role in assisting with the educational activities of a large number of nurses who carry on community health education. In New Hebrides, the health education officer works with other medical and health personnel in community sanitation, school health, and tuberculosis control. In Fiji, the health education officer carries out extensive health education with village councils. In French Polynesia, the health education officer is responsible for co-ordinating the nutrition education activities, and in Viet-Nam, health educators are active along with other malaria personnel in malaria eradication operations. In the Territory of Papua and New Guinea, health education efforts are carried out in connection with infant welfare, school and village health programmes. In New Zealand, the success of the poliomyelitis immunization programme was largely due to the intensive health education campaign.¹

In most countries and territories of the Region, health education materials and audio-visual aids are planned, prepared, pre-tested, reproduced and distributed to health workers for use in connection with their health education activities. Japan, Cambodia, the Territory of Papua and New Guinea, British Solomon Islands Protectorate and American Samoa have organized routine health education activities through radio broadcasts. In New

¹

Taylor, Derek (1963), New Zealand reports on an oral polio campaign, International Journal of Health Education, 6, No. 3, 136-142.

Caledonia, the South Pacific Commission health educators have assisted the Government in developing the health education aspects of village demonstration projects.

Evaluation

Evaluation of health education activities is carried out in many countries and territories. Recently, a review of the past ten years of health education services in the Philippines was conducted in terms of plans and objectives originally set and the current situation. Plans were then projected for the next ten years.

Research

Some research projects have been undertaken in a few of the countries in the Region to study the effectiveness of health education methods. The National Institute of Public Health in Tokyo has carried out an "Evaluation of a Demonstration Project in Public Health in a Rural Area in Japan" in order to test the effectiveness of self-help activities among village people.¹ In the Philippines, a ten-year study has been carried out on the effectiveness of community health education methods in a rural community.² In China (Taiwan), a special study has been made on "Group Meeting as a Method of Community Health Education for the Family Planning Health Program".³

Leadership

Steps are being taken by governments to develop qualified health education leadership and establish adequate health education services in the national and territorial ministries and departments of health. Post-graduate courses in health education have been established in the Philippines, Japan, New Zealand and Korea for the purpose of preparing health education specialists and health education officers to take leadership in developing health education.⁴

¹Miyasaka, T., et al (1962), Evaluation of a demonstration project in public health in a rural area in Japan, Asian Med J., 5, No. 12

²Tiglao, T.V., Health practices in a rural community, University of the Philippines, Community Development Research Council.

³Lu, Laura P. (1965), Group meeting as a method of community health education for the family planning health program (Unpublished document, Provincial Department of Health, Taiwan, Republic of China).

⁴World Health Organization (1964), PAHO/WHO Inter-regional Conference on the Postgraduate Preparation of Health Workers for Health Education, Philadelphia, 8-17 July 1962, Wld Hlth Org. Techn. Rep. Ser., 278.

* * * * *

Many other examples of the use of health education services in national health programmes could be given. The above have been presented in order to provide the participants in the Technical Discussions with some examples of the uses made of health education services in various national health programmes in countries and territories of the Western Pacific Region. Each participant will be asked to give some brief examples of the uses of health education services in his country or territory and to raise problems and questions concerning the planning and use of health education services in national health programmes.