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# A COMMUNITY HEALTH EDUCATION PROGRAM[1]

**Miriam P. Backheuser,[2] María M. Kampel,[2] and André Pereira da Costa[2]**

*For some time Brazil has been embarked on a major health education program designed to organize and stimulate community action. This article describes both the fundamental theories behind the program and its day-to-day methods of operation.*

*"If we analyze the causes of general mortality in Brazil by region, we shall see that in the north, northeast, and west-central regions infectious and parasitic diseases are the leading cause of death, while in the south and southeast regions degenerative diseases (diseases of the circulatory system and various types of cancers) are the most important, as is the case in the more developed countries. However, even in the south and southeast infectious diseases are important, since well-developed and poorly developed zones exist in all cities. In all the regional capitals, taken together, the category of infectious diseases causing the most deaths is that of gastroenteritis and other diarrheal diseases. . . .*

*"It should be noted that mortality statistics alone are insufficient to give an idea of the influence of certain infectious and parasitic diseases on the health picture of Brazil. In our country about 10 million people are infested by* Schistosoma mansoni, *several millions suffer from other worm diseases and Chagas' disease, nearly 800,000 have tuberculosis, and thousands are victims of malaria, leprosy, venereal diseases, and other ailments that reduce their capacity to work and enjoy life." (1)*

## Introduction

Brazil's Program of Community Health Education (PES) is part of a larger educational undertaking, the Brazilian Literacy Movement (MOBRAL), that sponsors a wide range of cultural, vocational, and leisure time projects. The purpose of these projects is to promote participation in the educational process by those who have had no opportunity to participate during the period provided by law.

The agency operates at three organizational levels: Centralized administration is provided by MOBRAL Headquarters, supervision and coordination is performed at the state level, and actions are executed at the *municipio* (county) level. Employing agents and officials responsible for each of its areas of activity, MOBRAL seeks to perform its tasks in an integrated manner corresponding to overall human development needs.

All of MOBRAL's programs—from actual teaching to vocational and cultural projects—touch on issues and events that involve health. Nevertheless, it is recognized that the process of education in health entails life-style changes and hygienic practices requiring special and continuing attention. In this area, therefore, it is the task of PES, acting together with communities that are underdeveloped and lack resources, to promote improvement of health and sanitary conditions through work of an educational nature.

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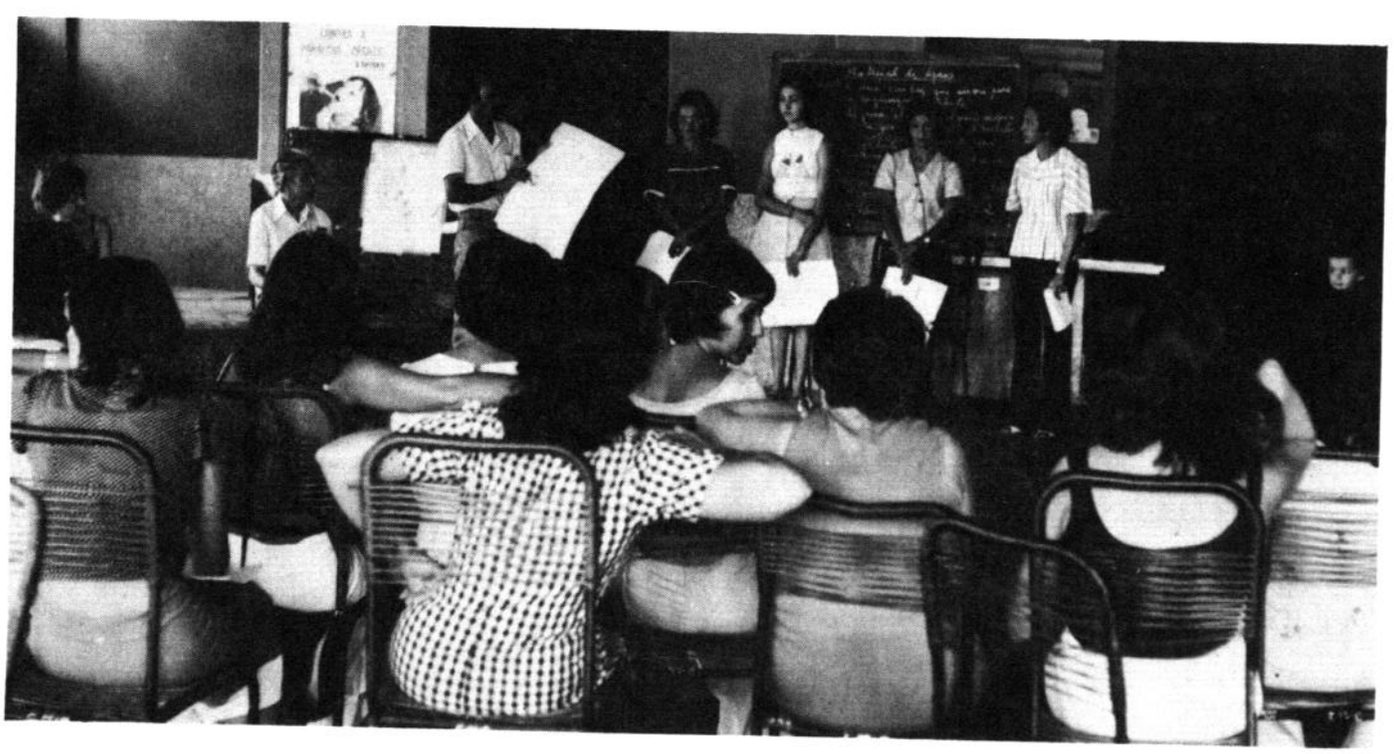
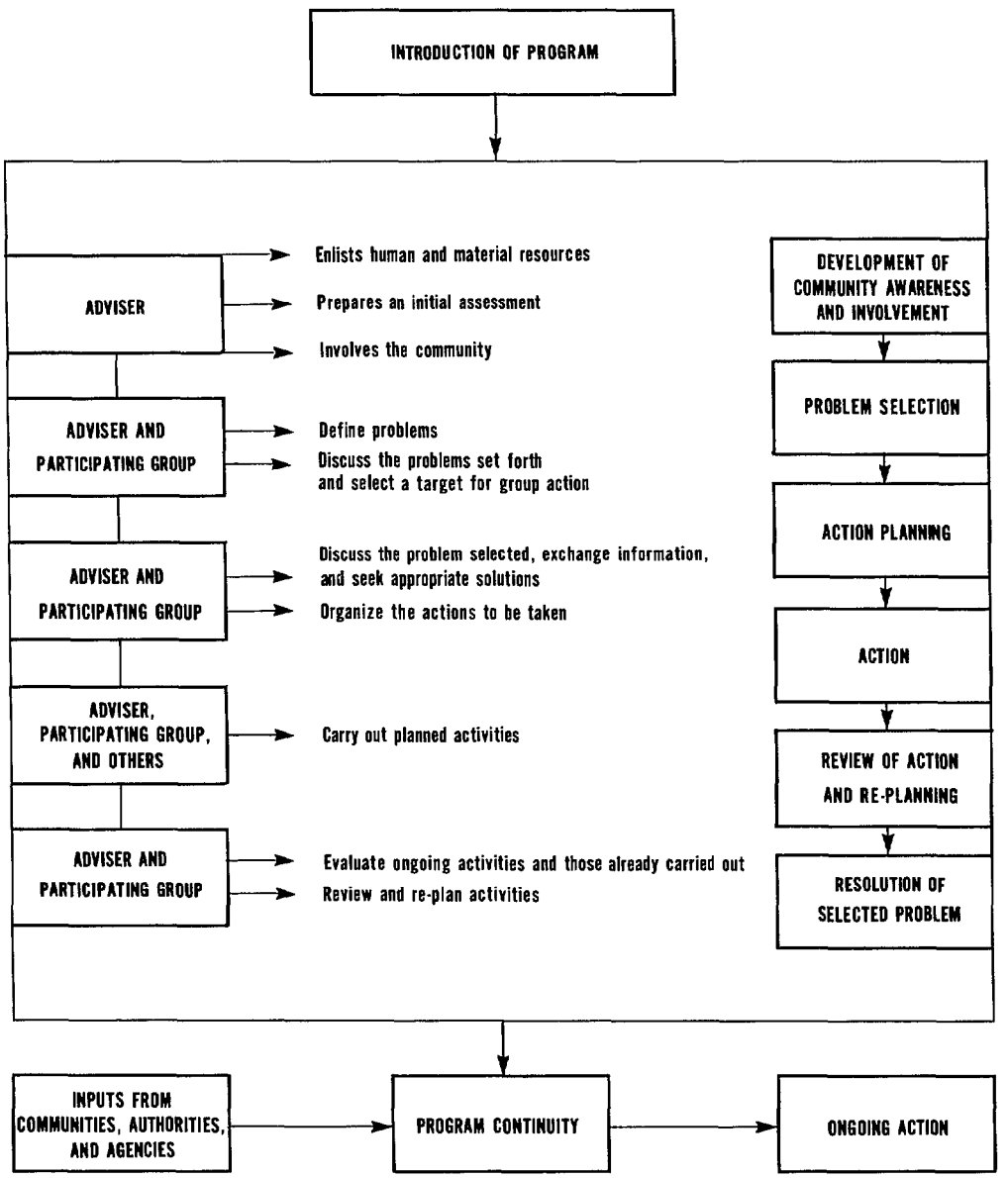
[2]Program of Community Health Education, Brazilian Literacy Movement (MOBRAL), Rio de Janeiro, Brazil.


**Canindé, Ceará State, May 1977. With work at the promotion and mobilization phase, PES seeks active community participation—the fundamental prerequisite for attainment of program goals.**



**Campo Maior, Piauí State, May 1976. The PES training program for advisers helps them to learn PES methods, to become familiar with PES supporting materials, and to prepare themselves for work with a participating group.**

Figure 1. A general outline showing step-by-step development of the Program of Community Health Education (PES) at the *municipio* (county) level.




Since its program is a grass-roots effort directed at predominantly rural communities, the PES has sought to promote activities consistent with its basic principle of action—the principle of community involvement. One of the main approaches used by PES to encourage community involvement is selection of an agent or "adviser" who is in charge of implementing the program at the community level and

who is also a member of the community. This adviser does not need to be highly qualified in the health field. It is expected, however, that the adviser will demonstrate leadership ability and will form his or her own working group, known as the "participating group." This group meets weekly to discuss important local health problems and to develop plans for solving them with its own resources in an organized way. Guided by the adviser, the group undertakes campaigns, sets up other volunteer groups, and by general agreement deals with priority problems in a manner calculated to provide maximum benefit for the community.

This participating group, formed in a spontaneous manner, is always open to new members. Initially the group operates for a four-month period, a period that may be extended in response to successful awakening of community interest and the continued existence of appropriate community needs.

Within this context, the PES adviser plays a key role. Generally possessing no special health-oriented technical or scientific knowledge, the adviser's basic function is to mobilize a maximum number of people and to provide constant guidance and stimulation for development of group activities. For this reason, before starting work each adviser receives special training in PES methods—methods designed to focus attention on group needs, to emphasize respect for existing cultural values, and to encourage maximum public involvement in discussion and solution of community problems.

Also, in order to lead discussion and planning sessions, the adviser clearly needs at least a minimal degree of familiarity with health issues. This is provided by PES support materials—a set of books, pamphlets, and posters containing information on a variety of subjects including sanitation, nutrition, communicable diseases, and maternal and child health that relate directly to the health picture in Brazil.

Figure 1 presents a general plan of PES activities. As this and the foregoing discussion indicate, the basic goal of the PES is to provide continuity and a frame of reference for community health action. The way in which an essentially educational program such as the PES can do this, of course, is to help communities to sense the need for change. Once successfully underway, the program also serves to demonstrate what can in fact be achieved. The expectation is that once community members realize the power they have to improve health, sanitary conditions, and the quality of community life through their own efforts, they will grasp the importance of their work and will opt for its continuation.

### Community Action in Carnaúba, Ceará State

A typical example of effective PES action is provided by the work of a participating group in the district of Carnaúba in the *município* of Canindé, Ceará State. This group was formed by an adviser, Ms. Geraldina Arruda, who helped mobilize the community by inviting local residents to an initial meeting where matters of interest to all would be discussed. At that meeting, attended by some 150 people, Ms. Arruda described the PES, emphasized the need for everyone to work together to improve local health conditions, and asked the participants what they felt to be the most serious local health problems. After a lengthy discussion that took up most of the meeting, the participants agreed that worm diseases (which affected nearly all residents, especially children) constituted a serious problem.

Meanwhile another problem—one not strictly health-related—came to the fore. That is, it was noted that the community had no appropriate place where children or adults could meet to attend classes, take part in sessions of the participating group, or otherwise discuss community affairs. During the weeks that followed the importance

of this problem grew increasingly evident, to a point where the participating group took steps to resolve it. A small landowner donated a building site in a cotton field, 10,000 bricks were made, wood was cut, and soon, through joint action, the community was constructing not merely a school but a community center available to all. Made aware in this way of its true capabilities, the Carnaúba participating group has remained united and has continued its efforts to solve local problems on its own by enlisting community support.

As this example demonstrates, community development (a concept sometimes confused with the more general concept of education) must start with discussion of highly sensitive structural problems directly related to daily life. Considering this, along with the strong appeal that concrete actions have for the economically deprived, it seems clear that community health action can play an extremely important educational role—by providing the motivating force needed to power an educational movement with far broader implications. For once a group decides to discuss and solve its most immediate problems, and so comes to understand that it can achieve solutions, the concept of community participation takes root; and at this point it may be said that the process of education for human betterment is truly underway.

**Results to Date**

The PES was launched in four northeast states in mid-1976. As Table 1 shows, by the end of the year it had enlisted the support of roughly 200,000 local residents in 290 *municipios.*

Up to that time adult women had tended to predominate in the participating groups. The average number of participants per group in any given week had been about 25; but since new members had been allowed to join at any time and no provisions had been made for checking attendance, the frequency with which participants had attended meetings was unknown.

**Table 1. Participants, participating groups, *municipios*, and states involved in the Program of Community Health Education (PES) in 1976.**

| States | No. of *municipios* served | No. of participating groups | No. of participants |
|---|---|---|---|
| Piauí | 71 | 1,729 | 56,415 |
| Ceará | 91 | 2,033 | 68,515 |
| Paraíba | 79 | 2,131 | 56,420 |
| Alagoas | 49 | 534 | 17,550 |
| Total | 290 | 6,427 | 198,900 |

About 65 per cent of the advisers had teaching-related jobs and 20 per cent had some prior health training. PES meetings had been held at a wide variety of places, some of the more common sites being schools, private homes, public squares, municipal buildings, churches, hospitals, private clubs, orphanages, and penitentiaries. Matters discussed at these meetings in 1976 were linked to "hygiene" 35.9 per cent of the time and to "disease" 24.4 per cent of the time.

During 1976 alone the activities undertaken by PES groups included construction of 12,962 cesspools; purchase of 9,596 filters;[3] preparation of 4,672 vegetable gardens; repair of 2,941 houses; establishment of 2,091 refuse dumps; cleaning of 2,716 streets, squares, plots, or other areas; vaccination of 65,872 people; and the referral of 22,025 people to health centers, physicians, or hospitals. Efforts were made at the central level and (especially) at the action-executing level to integrate these activities with the work of a wide array of

[3]The acquisition of filters—pottery deposits fitted with a candle for purifying the water to be consumed—is perhaps the most common initiative of the PES groups. The acquisition is generally made through the partnership system, whereby all participants contribute to the purchase of filters. In time, all the members of the group who contributed receive the filter.

health agencies and professional personnel.

Regarding overall expenditures, in 1976 a total of Cr$5,054,980 was spent—for an average cost of Cr$786.52 per group and Cr$25.41 per participant. These outlays covered advisers' gratuities (64 per cent of the total), as well as production and printing of supporting literature and the cost of technical personnel, training, and technical assistance.

By the end of the first half of 1977, PES had become fully operational and had activities underway in 402 of Brazil's 3,953 *municipios*—and in 8 of the nation's 25 states and federal subdivisions. It is expected that by 1980 the program will be operating in at least half the *municipios* in Brazil.

## Concluding Remarks

In closing, it would seem appropriate to note how the PES activities described relate to present concepts of health education. A close examination of some of the definitions of health education current today (2-4) shows that they have at least two common characteristics: "(a) to develop in individuals the capacity to think, compare, select, and use health information and methods geared to their particular biological and socioeconomic needs; and (b) to provide individuals with at least the minimum store of concepts and attitudes needed to make them effectively self-reliant in health matters."(*5*)

Clearly, then, the most important task of a community health education program is to introduce the concept of change into the community where it operates—by heightening community awareness that certain current habits and practices are generally an established part of the local culture, their immediate removal and replacement is not possible. Educational work of this kind must therefore be slow and careful, so as to cope with a number of social variables—including the normal tendency to uphold traditional community values and residents' lack of familiarity with new methods. Such work must of course take account of the most basic consideration underlying all health education activity—the fact that no change is likely to occur unless the community wants it and is willing to bring it about through its own efforts.

Because health is one of the most basic needs of every individual, it has a strong mobilizing appeal. But it is also true that once a community has mobilized itself to combat health problems, it can become an agent for change—a self-mobilizing entity capable of focusing attention on new or pre-existing needs. At this juncture one can see what theorists call the "functional role" of education—in this case the ability of education to prompt a community to seek its own development through systematic solution of its own problems. A community thus mobilized will be moving toward health as the term is broadly defined—i.e., toward a "state of complete physical, mental, and social well-being... [that] is one of the fundamental rights of every human being."(*6*)

## SUMMARY

Brazil's Community Health Education Program (PES) operates on the basis of active community participation—by organizing local groups and encouraging them to discuss and attack health-related community problems. Each group is organized and encouraged by an "adviser," a community member who has received some preliminary PES training.

PES first began operating in 1976. During that year the work performed by PES groups

included construction of 12,962 cesspools; purchase of 9,596 filters; preparation of 4,672 vegetable gardens; repair of 2,941 houses; establishment of 2,091 refuse dumps; cleaning of 2,716 streets, squares, plots, or other areas; vaccination of 65,872 people, and referral of 22,025 people to health centers, physicians, or hospitals. By mid-1977 PES had become fully operational and was active in 402 of Brazil's 3,953 *municipios* (counties). It is expected that by 1980 the program will be operating in at least half the *municipios* of Brazil.

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(*4*) SESC (Social Service of the Trades People), Departamento Nacional. *Normas gerais para aplicação das diretrizes gerais de ação do SESC.* Rio de Janeiro, 1974, 39 pp.

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(*6*) World Health Organization. *Constitution of the World Health Organization* (Preamble). Geneva, Switzerland, 1977.

### INTERNATIONAL MEETING ON LIVESTOCK DISEASES

The XII Inter-American Meeting, at the Ministerial Level, on Foot-and-Mouth Disease and Zoonoses Control will be held at Willemstad, Curaçao, 17-20 April 1979, to review progress being made in the control of livestock diseases that have implications for human health. Topics to be discussed include epidemiologic surveillance of rabies and equine encephalitis, the potential use of diagnostic laboratories for animal diseases to support human health programs in rural areas, the present situation of African swine fever in the Western Hemisphere, and the role of the Inter-American Development Bank in animal health programs. A future issue of the *Bulletin* will include a report of the meeting with a summary of its principal recommendations.