

a way that gains the attention of the audience. Once there is access, information can be transferred. Radio puts the communicator in direct touch with the listeners' daily lives. It is important to communicate positive images, rather than

simply to lecture. One of the most important messages he tries to communicate is to love oneself, since to do so is a way of communicating health to oneself. He stated that this message is also a type of cognitive restructuring.



From Puppet Shows to Teleconferencing: Communicating Health in the Americas

Widespread and accurate dissemination of health information is a practical necessity for reaching those persons who have limited access to health care. Health workers cannot do this job alone; every citizen must become a conduit for health information. Owing to this realization, health promotion and health communication are being given increasing emphasis, and a variety of imaginative and creative new approaches are being undertaken. The following is a summary of some of these new ways of communicating health that are being tried and tested in the countries of the Americas, with the advice and active cooperation of the Pan American Health Organization (PAHO).

Involving the Community

The Ministry of Health of Saint Lucia, in conjunction with PAHO, launched a mosquito control program to reduce the threat of dengue, a sometimes fatal illness, and of other diseases transmitted by insects. Community leaders were trained, taking into account what they themselves indicated that they wanted to learn. These leaders, in turn, imparted

information to their neighbors, speaking in native Creole, rather than English.

Community members began removing grass and other low brush, taking greater pains with garbage disposal, and eliminating standing water. The success they had in eliminating insect infestations spurred the people to continue their efforts. The experiment was so successful, and the rate of community participation so high, that the program is being extended to the nearby country of Dominica.

Multimedia Approaches

Over the past few decades, levels of breast-feeding had declined in many countries, including Chile. A 1972 survey showed that only about one-quarter of mothers in the capital city of Santiago were nursing their infants up to three months of age. In 1977, a breast-feeding promotion campaign was initiated through television, radio, and the press. However, aware that a mass media campaign alone would be insufficient, health educators made personal appeals to obstetricians and midwives to promote breast-feeding.

Pamphlets and illustrated books were distributed to pregnant women, and were sometimes accompanied by presentation of a filmstrip or by a personal explanation. By 1982, the rate of breast-feeding had risen to almost two-thirds, with most first-time mothers who had nursed successfully saying they planned to nurse a second child. When the campaign came to a close in 1983, it was hoped that its effects would be long lasting. A 1985 survey showed that rates of breast-feeding had dropped somewhat, but not to precampaign levels. This indicates the need to continue such critical information transfer, especially when the target audience is constantly changing.

Other countries are also taking a multimedia approach to health communication. Colombia initiated a community health education plan that includes education modules, video and audio cassettes, and texts for neighborhood participants. In October 1988, Bolivian health workers launched a nationwide vaccination campaign with support from radio, television, and the press. Similar efforts are being mounted in Bolivia for AIDS education, sex education, and maternal and child health.

The Honduran Health Ministry uses puppet theater in its rural health program, along with educational games, videos, slides, and articles in local newspapers. El Salvador's Ministry of Health also uses puppet theater, along with movies, illustrated booklets, and discussion groups to supplement a radio and television series on child health, family planning, AIDS, rabies vaccination, dengue, and beach sanitation.

Adapting to Local Conditions

In rural areas, especially those without access to television, educational approaches must be tailored to available

technology and to social realities. For example, in the rural towns of Caricán and Huitán in western Guatemala, 80% of the residents are illiterate and thus cannot benefit from written materials. The nearest hospital is 45 kilometers away and is accessible only by a dirt road that is closed much of the year because of mudslides. Prescription drugs are neither affordable nor readily available in the area.

However, most people do own or have access to a radio. A radio series, "Let's Guard Our Health," offers information on nutrition, sanitation, and the medicinal properties of local roots, fruits, and herbs, thereby drawing on the historic Mayan tradition of herbal medicine. The programs are supplemented by workshops organized by local leaders who are recruited through the radio. These leaders, as well as other citizens, are interviewed on the air. Local presentations of slide shows, discussions, and posters reinforce these efforts.

Also in Guatemala, PAHO conducted a pilot project at the María de Lourdes coffee plantation on the Pacific coast, distributing a series of audiotapes combining health information with music, soap operas, and spot announcements. The effort was called the "pila" project because the tapes were taken to the communal washbasins, or *pilas*, where housewives gather daily. A tape recorder was also loaned out to the women so that they could listen to the tapes at home.

Some of the recorded programs, which were narrated by nonprofessionals, promoted vaccination of children. At the targeted plantation, 92% of the children participated in a polio and diphtheria immunization campaign, compared to only 60% at a neighboring plantation. One recording promised a baby chick to anyone who could correctly repeat the procedure for preventing Newcastle disease, a viral disease of fowl. The first day

the prize was offered, over 100 persons got chicks.

Involving Existing Assistance Groups

Religious, private, and voluntary organizations also are making strides in promoting health. Maryknoll sisters in the Department of Huehuetenango, Guatemala, trained 375 local health promoters whose average education level was only through second grade. Using posters, slides, filmstrips, and skits, these local advocates gave week-long courses in six areas: first aid and treatment of common illnesses; disease prevention, including nutrition, hygiene, and immunization; anatomy and common medical terms; reproduction, family planning, pregnancy, and care of newborns; mental health and public health; and educational methods designed to assist students in becoming teachers themselves. A follow-up health profile of Jacaltenango, the main city in which the program was carried out, showed impressively low infant and child mortality rates compared to the rest of the country.

In Brazil, mothers' clubs and women's religious groups have become active health promoters, organizing health fairs and conducting health education programs among their members and the community. One such project—targeted at street children—produced the added benefit of reducing the subculture's sense of social ostracism, as well as improving health.

Unconventional Health Promoters

It is well known that faith healers, community elders, and spiritual healers, by virtue of the confidence they enjoy, can be effective health promoters. In Mexico, in a new twist on this idea, five medicine showmen, or *merolicos*, from both urban

and rural communities agreed to dispense information on nutrition for babies in the first year of life, stressing breastfeeding and other aspects of an infant's diet. Such showmen have operated in Mexico for more than a century. They act as ventriloquists, snake charmers, and clowns to attract audiences. Follow-up evaluations have shown this approach to be effective for delivering health messages to people of all education levels.

Also in Mexico, a popular music video by the singing team of Tatiana and Johnny spread a message of sexual responsibility to teenagers. An important element of the video's success was the provision of a local phone number and address to contact for more information. Live musical events are another way to bring health information to young people.

Students as Health Promoters

In a number of countries, the principle of "each one teach one" has been expanded into "each one teach many." Enlisting health learners as health educators has been found not only to be efficient in disseminating health information, but effective in more thoroughly educating the learners themselves. In Colombia, for example, 300,000 schoolchildren were organized and trained as "health scouts," requiring them to fully absorb health information which they then passed on to parents and friends.

The Health Ministry in Ecuador has acquired some valuable allies, namely university students, for work on its six-year plan for health education and community participation in the nation's two largest cities, Quito and Guayaquil. These young people do field studies in low-income neighborhoods and report the results. In one such project, students polled neighborhood residents on their

health needs, devised an education program, bought health supplies with their own money, and measured outcomes after a year of activity. Other student projects have centered on malaria control and first aid.

AIDS education for adolescents has been the subject of two television spots run in Trinidad and Tobago during the past year. Filmed at local schools, they show teenagers ages 14 and over talking with each other about AIDS. The raw TV footage was sent to Antigua and Dominica, which developed similar campaigns. The spots are also serving as models for the development of similar efforts by other countries.

Involving the Media

In Costa Rica, where most of the population is literate and avidly reads the newspapers, a bronze statue and cash prize are awarded each year to the top health reporter. In 1988, this honor went to María Isabel Solís, a reporter for *La Nación*, in a ceremony organized jointly by the Costa Rican government and PAHO.

Deciding how best to use the mass media for health communication requires input from both the communication and health sectors. These two groups were brought together at a PAHO-organized conference held in Barbados in 1987, co-sponsored with UNESCO and CARICOM (the Caribbean Community) (see report on pp. 347–349). A frank and open dialogue ensued, resulting in a number of recommendations, including the advisability of using local dialect and traditional forms of communication, such as story telling; establishment of a sub-regional resource center to facilitate exchange of health communication ideas and materials; and programs for local health and communication personnel.

High-tech Health Communication

PAHO has pioneered an exciting new development in health communications—the teleconference. The “First Pan American Teleconference on AIDS” was held in Quito, Ecuador, in 1987. It was beamed in four languages to 45,000 health workers at 1,000 sites all over the hemisphere. It was so successful that a “Second Pan American Teleconference on AIDS” was held in Rio de Janeiro last December. It reached a potential audience of millions, since portions were carried by public television networks in Brazil, Bolivia, and the Dominican Republic. Brazil also linked the teleconference to the launching of a massive AIDS information and education campaign. Currently, PAHO is coordinating a third teleconference, this time to address the health aspects of drug abuse. Scheduled for May 1990, it will link Europe and the Americas—demonstrating the potential of teleconferencing to bring together different populations and cultures that are tackling common problems.

Clearly, diverse sectors all over Latin America and the Caribbean are demonstrating a willingness to experiment with a variety of methods and messages in health communication. Some of these experiments rely on local resources, while others combine government efforts with those of private or charitable sources. Local citizens should be consulted, not only about their health needs, but also about what educational and communication approaches they think would work best in their communities. As they see positive changes taking place in their own lives, these citizens are likely to become even more open to new information and innovative ideas, making them more effective health advocates for their own communities.

