



**XIV Pan American
Sanitary
Conference**

Santiago, Chile
October, 1954

**VI Meeting
Regional
Committee**



CSP14/28 (Eng.)
11 October 1954
ORIGINAL: SPANISH

Topic 11: TECHNICAL DISCUSSIONS

- B. (iii) Application of Health Education
Methods in Rural Areas in Latin
America, by Miss María Zalduondo.

Application of Health Education Methods
in Rural Areas in Latin America

By Miss María Zalduondo

Although nearly all Latin American countries are similar with respect to economy, education, health, etc., it is impossible to lay down specific outlines or fixed standards for the application of health education methods that would serve as a pattern for rural areas in all the countries. Nevertheless, the basic principles of modern health education are alike, the only difference being the form in which they are applied.

Health education programs in rural areas are directed largely toward the adult population, a high percentage of which is illiterate. We know that every human being is capable of learning and, as a matter of fact, continues to learn throughout his life. Learning depends upon the experiences provided by the environment in which an individual develops and upon his intellectual capacity. We have before us the challenge of helping in this process of learning. There is an urgent need to apply the basic principles of education to the programs for the rural areas of our countries.

A number of factors must be taken into consideration when deciding upon the methods to be used in a health education program; these include:

1. The cultural characteristics of the country, region, or community, customs, habits, beliefs, etc.;
2. The general and specific objectives of the program;
3. The qualifications of the persons responsible for the educational activities, including not only their academic training but also their attitude toward and inclination for this type of work;
4. The available resources.

The purpose of health education is to develop attitudes, habits, and knowledge that will lead to better individual and collective health. Thus, the educator must necessarily ascertain the attitudes, feelings, and habits of each individual in order to discover which of them are considered undesirable and need to be improved or changed. In this respect, we should

keep in mind the importance of not passing quick judgment in condemning attitudes or habits as undesirable, by using our own habits and attitudes as a criterion, as what we may consider desirable in our cultural milieu might not be in some other.

For desirable changes to be brought about, it is of the utmost importance that the health educator be fully aware of the level of development of the people for whom the program is conducted. Educational activities cannot begin at a level higher than that of the people for whom it is intended. We must remember that the pace of development--varies from community to community, depending on the individuals making up the community, and that not all individuals learn at the same rate. If we want the benefits to be derived from health education activities to be permanent in terms of improvement of the individual in the democratic way of life, we must consider the process to be even more important than the results.

This individual and collective improvement can be achieved and is accomplished, individually, in persons with whom we come into contact in our daily work. But it is difficult to reach the rural population as a whole in this manner. Individual educational work requires time and the available personnel is limited. Although under certain circumstances the individual method is justified, I do not feel that it is the most appropriate for application in rural areas.

In order to reach the greatest number of persons, there is no better method than teaching through groups already organized or groups that are formed for this purpose. The knowledge that, when imparted, is integrated with the practical experience of the community in solving those health problems that concern the people, makes it possible to achieve greater and better results in adult education in rural areas.

We recognize that the group procedure is difficult to carry out and requires a knowledge of special techniques if it is to be applied successfully. In rural areas where, as a general thing, the inhabitants are not accustomed to this method, the task is arduous. However, experience has shown that it is feasible to use this method and that the results obtained are usually more lasting. The group-work method is a school where the rural inhabitant acquires independence, confidence in his potentialities, and faith that, by joining his efforts with those of others, he can obtain a possible

well-being for himself. The rural inhabitant learns while he is acquiring a sense of responsibility for the improvement of his own health and that of his community.

How can interest be aroused and such groups formed? We cannot lay down specific methods to be followed, because conditions vary greatly. However, we can cite some of the methods used in rural sectors whereby satisfactory results have been achieved.

Interest in health problems can be aroused by having informal interviews with local people. Among such people, with those one comes into contact with and from whom a service is requested; with the owner of the little store we go into to buy something; with the housewife who offers us a chair to rest; or with some outstanding leader of the region we are visiting in order to study the situation. It should not be forgotten that rural inhabitants are usually shy and reticent when meeting unknown persons. We should approach them simply, and speak of seemingly unrelated matters so as to gain their confidence. A carefully planned interview made up of questions will lead the individual to recognize his problems. With such informal contact, the person who at first felt ill at ease will open out as the interview progresses. Misgivings and shyness gradually disappear, and later he will talk freely about his problems.

It is possible to attain the objective in one interview, but at times it is necessary to hold more than one, depending on the individual and on his personality. Slowly the people are convinced that a "friendly" meeting would be helpful, so that matters affecting every one can be discussed. It is important not to insist on a meeting until the idea has been thought over sufficiently to make one sure that the group is genuinely interested in holding it.

In certain rural regions there are people who, one way or another, are deeply rooted in the community. They have a wide circle of acquaintances and are on friendly terms with the other inhabitants. If such persons can become interested, it will be easy for them to interest others. Where there is a school, the teacher might be the contact person to bring parents together and rouse their interest. Usually, the teacher has a great influence in rural areas.

Sometimes it is discovered that there is a specific problem that is troubling the inhabitants of a rural region, something that concerns all or most of them. If advantage is taken of the situation, personal contacts can be made, emphasizing the fact that the problem could perhaps be solved if the people got together and acted as a group.

In one rural region where a school lunchroom had been in operation, the possibility that it would be closed the next year because the premises were inadequate caused the group to take action. Together, they all discussed the problem and how to solve it. Through their own efforts new premises were constructed by devoting their holidays and free time after their daily work to the task. The effort expended and the satisfaction of accomplishment was an incentive to continue working together for the improvement of the community. "If we have solved this problem satisfactorily, why not work together to solve others that also affect us?" was the question they asked. This was not a problem directly concerned with health. However, advantage was taken of their immediate and general interest to teach them the value of action and served as a basis for a study of the most important health problems in the community.

The Division of Community Education of the Department of Public Education of Puerto Rico, established to develop a joint-action program in rural areas of the Island, related to health, education, social work and cooperation, employs the following method: the Group Organizer (the name by which persons working on this program are known) travels about the sector explaining to the public that a film will be shown at a certain place and, at the same time, putting up posters concerning the performance. These films, the majority of which are produced by the aforesaid Division, deal with the rural environment and carry a message, either dealing with felt problems in the community or encouraging the community to solve its own problems. After the picture is shown it is discussed, and pamphlets on the subject are distributed. This procedure is repeated with different films until interest is aroused in a number of persons, who, as an organized group, make a study of their problems.

Motivating the group to hold meetings is not enough. It is necessary, once it is organized, to hold its interest in continuing to operate as a group. For this purpose, it is well to remember:

- A. The greatest participation of the group should be sought in the selection and analysis of the problem, and in the preparation and development of a plan of action.
- B. We should be sure that the problem selected is of general interest. First, it is advisable to proceed on the basis of existing interests. At the same time other interests can be aroused until the group recognizes the problems that affect it most.
- C. In the group discussions, an effort should be made to consider the ideas and opinions of each participant. A large number of illiterates in rural areas might, at the beginning, refrain from giving their opinions. By encouraging free expression and showing that their contribution is appreciated, we can help them feel that they are a part of the group and continue to participate freely.
- D. Each group meeting should have a definite purpose.
- E. The plan of action and its development should be a product of the group itself.

The process involved in solving the problem provides an opportunity to help the individual to improve himself and to develop the necessary and desirable attitudes, habits, and knowledge to promote health. The following will serve as an illustration:

A rural sector chooses the problem of soil sanitation through improvement and construction of sanitary privies. In order to become convinced of the importance of the problem, the group must be informed about the most common diseases in the community that are caused by soil conditions, how such diseases are transmitted, and the measures to be taken to prevent their spread. This can be accomplished through group discussions, supplemented by short talks, films, study of printed material, etc. The group discusses and prepares the plan of action, which includes constructing a sanitary privy and seeing that every one in the community has one. To do this, it is necessary to instruct the public as to what a sanitary privy is, where it should be placed, and how it should be constructed. As a basis, we depend upon the

knowledge that the discussion shows the group to have, adding further information as deemed necessary. Undoubtedly, demonstrations, posters, and slides are very effective in this work. But the mere construction of a privy is not all: the people must know how to keep it in good condition and how to use it. This is another opportunity for the educator to stress what was taught at the beginning of the project and to clarify any erroneous concepts. It is not enough for some individuals to have their own privies; all homes in the rural sector should have them. The group already motivated assumes the responsibility for interesting others and seeing that this work is done.

Thus we see how the solution of one problem achieves the objectives of health education. The necessary knowledge and means have been provided to make for a change in attitude and habit possible. The group learns to work, seeking common benefits, and, at the same time, to solve their health problems through their own efforts.

In countries with large rural populations and with a limited staff in the agency carrying out educational activities, it is essential to develop community leaders to help in this task.

In our rural communities, a great number of persons are potential leaders but have never had the opportunity to develop their talents. It is up to us, as educators, to give them the necessary experience that will train them to become leaders. Group work facilitates this task.

The trained rural leader can become the most effective volunteer worker in the educational activities of the community. The training should be adapted to the level of understanding and ability of the individual. In his own way, each has something to contribute to the educational movement, as long as we have faith in his ability and are able to develop his self-confidence. Since these potential leaders belong to the same community, speak the same language, and share the same ideas and beliefs as the other inhabitants they are in a position to command a greater influence than we in the life and conduct of the group.

Previous mention has been made in this paper of visual aids used to further the work. Visual aids do not in themselves constitute a health education program. Nevertheless, if they are carefully chosen and used, they serve to supplement the health education methods used. The choice depends on the end pursued and on the group that is to use them.

In our rural areas the percentage of illiteracy is relatively high and very few persons have had any academic training. Hence, the visual aids used should be simple and adapted to the level of understanding of such groups.

The media generally utilized are simple pamphlets, posters, films and slides. Special care should be taken in preparing publications for rural areas. If they are to serve their purpose, they should be short, written in simple language, in short sentences, and contain illustrations to clarify the central ideas. Likewise, the posters should illustrate the idea as clearly as possible, so that the message can be conveyed in as few words as possible.

One may ask: "Who is to carry out this work?" There are some who still believe that the health educator is the only person responsible for educational work. Education is an integral part of all aspects of public health and of all health services. Consequently, all members of a public health team should be educators. Public health activities lead us all, in one way or another, into the community, each working in his own specialized field; but all of us, in some way, carry out educational work.

It is believed necessary to train the personnel in basic aspects and principles of health education. The health educator, because of his specialized training, is able to help greatly in this respect.

The work of the health educator includes giving advice and guidance to the personnel on working as a team, assisting them to join and coordinate efforts. In this way, the educational program to be carried out in a rural area will proceed, with all participating in the organization, development, and evaluation of the program. Since he is on the spot and in constant contact with the other members of the team, the educator can assist in determining the methods and means to be utilized in given sectors and under given conditions.

As a member of the team, the health educator participates directly in the program when necessary; but he is mainly the person on whom the team members can depend to advise them in this work.

Frequently, it is possible to persuade other agencies or organized groups working in rural areas to participate in the health education program. The health educator endeavors

to become acquainted with them and to establish a cooperative relationship, so that they may give assistance in facilitating the work. At the same time, he should encourage other members of the team to become familiar with them. Coordination with such agencies and groups will result in benefit to the rural communities.

Conclusions

1. Just as any other adult, the rural inhabitant is able to learn, if the proper methods are used. In education, the work of the educator is to help accelerate the process through the use of these methods. The methods to be applied depend on the cultural milieu, the objectives of the programs, the ability of those responsible for the educational work, and the resources available for carrying out the task. Audio-visual media supplement the methods used.
2. Group work, especially when it is undertaken for the solution of problems, makes for more and better results. The use of leaders facilitates the work and permits educational activities to reach a greater number of persons in the community.
3. Education is an integral part of all aspects of public health. All public health personnel should participate actively in educational programs in rural areas. The health educator advises the work team, and at the same time participates in these programs as a member of the team.
4. Health education is even more effective when public health personnel join with other agencies engaged in health education activities, and work with them for the well-being of the community.
5. Health education produces greater results if, before a study of the environment is made, a careful plan is drawn up with the active participation of the groups concerned, who should be convinced of the importance of working out solutions to their problem in successive stages.