



Mobilizing all for child health

“New alliances must be forged to provide the impetus for health action. We must build working alliances with the mass communication sector, with educators in schools, with professional and community organizations, with business, with labour groups and unions.”

(Hiroshi Nakajima, Director General, World Health Organization)

Every year, in the developing world, 14 million children die before the age of five. Many millions more live on with ill health, disablement or poor growth.

The wastage of these young lives is a tragedy condemning any pretence which human society may have to civilized values. For it is a tragedy which is largely preventable. The knowledge needed to save the great majority of these children – and to protect their healthy development – already exists. The essential part of that knowledge is not highly technical. It is knowledge which, to a large extent, most parents and most communities could put into practice. It is therefore knowledge to which all parents and all communities have a right.

That knowledge has now been brought together as **FACTS FOR LIFE**, an 80-page handbook published by UNICEF, the World Health Organization and UNESCO, in partnership with over 100 other leading international organizations concerned with the health and development of children.

But the publication of **FACTS FOR LIFE** is only a first step. The challenge now is to communicate this information so that it becomes part of the basic child care knowledge of every family and every community.

ALL FOR HEALTH is about that challenge, and how it can be met by an *alliance of communicators* from a broad cross-section of society: not only by health professionals but by community health workers, volunteers and traditional health practitioners; by journalists, broadcasters, editors and other media professionals; by teachers, educators and school pupils; by trade union leaders and employers; by religious and community leaders; by artists, entertainers and sporting personalities; by publishers and advertising experts;

by leaders of women's and youth organizations; by development and social workers; by officials of all branches of national and local government; and by heads of state, prime ministers and other political leaders.

During the 1980s, this alliance has begun to take shape on a global scale. It is an alliance which knows no boundaries – professional or political, religious or national. It is an alliance which seeks to mobilize 'all for health' in the cause of 'health for all'.

It is through this alliance that the vital child health knowledge brought together in FACTS FOR LIFE can be communicated to parents and communities throughout the developing world.

The communication challenge

Making today's child health knowledge available to all parents and communities is one of the greatest communication challenges of the late twentieth century. Yet it is a challenge which can be faced with some confidence. For in the past two decades the world's developing countries have transformed their capacity to communicate with their own citizens.

The invention of the battery-powered transistor has brought radio broadcasts into the great majority of homes in most developing countries. There are now over 600 million radio sets in the developing world, including 240 million in China alone. Television – the most powerful of all the mass media – now reaches the great majority of villages and urban neighbourhoods in Asia, Latin America and the Arab world. Video parlours and cinemas attract large audiences even in remote rural areas. And with 60% of the developing world's adults now literate, the audience for newspapers, books, magazines and other print media is already huge and growing rapidly. Nearly half the world's newspaper titles, for example, are published in developing countries.

The mass media – especially radio and television – are extremely powerful. They have the capacity to reach out and publicize new health programmes, to create mass awareness of health issues, and to promote new health knowledge and behaviour. They can support fieldworkers with practical information and the knowledge that their work is part of a wider national effort. They can also play an important advocacy role, helping to place child survival and development high on a nation's political agenda.

During the 1980s the mass media have played a key role in spreading information about low-cost, practical child survival actions. In scores of developing countries, radio and television have brought messages about two of



the most powerful child survival measures – immunization and oral rehydration therapy – into many millions of homes. Press, radio and television coverage of UNICEF's annual *The State of the World's Children* report has also helped to raise public and official awareness of child survival and development in both the industrialized and the developing countries.

The mass media carry great authority, but interpersonal communication is often necessary to change individual beliefs and behaviour. A mother may hear on the radio that she should give solid food to a child with diarrhoea, but if this message conflicts with the long-standing traditions of her community, she is unlikely to carry it out. She is likely to need the encouragement of someone whose advice on health issues she respects – a nurse from the nearest health centre, for example, or the village midwife, a school teacher, or a religious leader. And she will continue to need this support in order to sustain her break with traditional behaviour.

Unlike the mass media, interpersonal communication cannot reach mass audiences simultaneously. But it does have certain advantages: it allows for more interaction, more sharing of information and more learning by both the sender of the health message and the audience. It is especially effective when supported by small media such as leaflets, posters, flipcharts, video, role play, songs and drama – even more so when the people themselves are involved in producing these materials.

The health services and beyond

Health information carries special weight when it is communicated by the doctors, nurses, midwives and other health professionals who are responsible for actually providing health services. And with the spread of primary health care during the past decade, hundreds of millions of families previously outside the health system now have access to information, advice and care from a trained health worker. The number of doctors and nurses in developing countries has almost doubled in the past decade. At the same time, several million community health workers, traditional birth attendants and volunteers have been trained to make basic health knowledge and skills available to people within their own communities.

Every health professional and volunteer should also be a health educator. It is no coincidence that the International Conference on Primary Health Care at Alma-Ata in 1978 made health education the number one priority of primary health care. But in no nation can the health system, on its own, possibly handle the task of communicating today's child health knowledge to all parents and

communities. Many other institutions, organizations and individuals must share this responsibility:

○ The education system is the developing world's broadest channel for disseminating health knowledge and developing healthy attitudes and practices. Eighty percent of children in the developing world now enroll in primary school. ~~No child should leave school without acquiring basic child health knowledge and skills.~~

○ Government services such as Agriculture, Community Development and Social Services have the capacity to reach hundreds of millions of families with basic information about child health and development. The Post Office and Public Transport services can also bring child health messages to the attention of a **wider public.**

○ Through organizations such as village councils, people's health committees, development associations, consumer organizations, women's groups and youth movements, hundreds of millions of people – mainly from low-income groups – are now linked by information networks which can effectively communicate health knowledge and skills.

○ The growth of professional organizations, trade unions and co-operatives has also opened up new channels for reaching hundreds of millions of parents with health information.

○ Practitioners of traditional and 'alternative' medicine, if approached with tact and respect, can become the allies of the health services in promoting vital child health knowledge.

○ The voice of religion, reaching into the furthest corners of the earth, is a uniquely authoritative channel for communicating health messages.

○ Businesses, banks and employers are in regular contact with literally hundreds of millions of people, many of whom are parents. They are also a potentially important channel for child health messages.

○ Artists and entertainers reach a wider cross-section of the population than any other communicators. They are also a potentially powerful channel for communicating health messages and helping to raise public and official awareness of the issues of child survival and development.

○ Tens of thousands of voluntary organizations have already demonstrated their capacity to educate and mobilize communities to take greater responsibility for their own health and development.

○ New political institutions are joining forces with traditional leaders in many countries to inform communities about the prevailing health problems of



mothers and children, and to organize activities aimed at solving these.

The particular strength of these channels of communication is their capacity to reach out directly to ordinary people wherever they happen to be: not only in hospitals and health centres, but at places of worship and the workplace, in homes and schools, in community centres and village halls, in market places and shops, in banks and government offices, and at festivals, fairs and places of entertainment.

Bridging the knowledge gap

With this recent surge in mass media and interpersonal communication capacity, it is now possible to reach the great majority of parents in the developing world with FACTS FOR LIFE knowledge. But there is nothing automatic about the communication and application of health information. Whether it concerns the dangers of bottle-feeding infants, the importance of a full course of vaccinations, or the correct preparation of an oral rehydration solution, there is invariably a gap between the discovery of new health knowledge and its application by the majority – particularly by low-income groups. If FACTS FOR LIFE messages are to reach all parents and communities and become part of their basic health knowledge, a conscious effort must be made to bridge the knowledge gap between the information 'haves' and 'have-nots'.

This is not to argue that knowledge is the only factor in determining whether children survive and develop to their full potential. The limits to what new health knowledge, on its own, can achieve are defined by factors such as poverty and unemployment, illiteracy and poor housing, the lack of basic services such as sanitation and clean water, and social factors such as the social and economic status of women.

But there is no denying that educating people in how to prevent or deal with their health problems is the most cost-effective means of improving a nation's health. Far from being a drain on a nation's resources, it is a highly productive investment in a nation's human capital. It promotes greater self-reliance and a sense of self-confidence and responsibility. It stimulates community demand for, and participation in, preventive health services such as immunization, ante-natal care, and the control of diseases such as diarrhoea and malaria. In the prevention of AIDS, health education is society's only effective weapon. Above all, it is a basic human right for parents to know what they themselves can do to protect their children's survival and healthy development.

Whether we are able to bridge the knowledge gap between the 'information-poor' and the 'information-rich' depends on the efforts we make and the strategies we

Beyond health campaigns

○ President Chadli of **Algeria** has committed his government to halving the country's infant mortality rate between 1986 and 1990. The Ministries of Education, Information, Public Works and Social Welfare are backing the Ministry of Health in a national effort to bring basic child health knowledge into every Algerian home. State-owned newspapers, radio and television stations are disseminating information about immunization, maternal health, oral rehydration therapy, birth spacing, water, sanitation and nutrition. The Post Office has issued special stamps on child survival themes. The ruling party's youth and women's movements are also organizing meetings to educate and involve all their members in the national effort to save the lives of 40,000 children annually by the year 1990. To stimulate and coordinate these efforts, a special 'social communication' unit has been established by the Ministry of Information.

○ "*First the child, because Brazil begins with the child.*" With these words President Sarney of **Brazil** launched the CHILD FIRST Programme in August 1985. Five years earlier, Brazil had staged its first two national vaccination days against polio, when over 300,000 volunteers helped the health services to vaccinate 18 million children. The national vaccination days have been repeated each year since 1980, with massive support from the mass media, the churches, community organizations and the health services themselves. CHILD FIRST goes beyond immunization but builds on the public and official awareness created in part by the national vaccination days. Administered by the Brazilian Assistance Legion, the programme promotes primary health care, food supplementation for poor mothers and small children, and pre-school services in poor communities all over Brazil. The aim is to improve the lives of 9 million of the poorest Brazilian children.

○ In 1985 President Evren of **Turkey** personally led one of the world's most successful immunization campaigns; over 4 million children were vaccinated and over 20,000 child deaths avoided. Immediately after the campaign immunization coverage faltered but has since returned to high levels. Success with immunization has catalysed primary health care activities on a broader front. All hospitals now use oral rehydration therapy as a routine practice. All 22 medical faculties are strengthening child survival strategies in their teaching programmes. In addition, 200,000 primary school teachers now receive regular instruction in child health using Turkey's own adaptation of FACTS FOR LIFE.

knowledge and how they could help to communicate the vital child health knowledge assembled in FACTS FOR LIFE.

We shall also examine the process of health communication itself – how information about health is shared, and how attitudes, beliefs and behaviour are changed. For it is not enough simply to put FACTS FOR LIFE into the hands of individual communicators and then leave them to their own devices. The field of health education is littered with stories of how well-intentioned efforts to instruct people in what is 'good for them' have failed and even been counter-productive. Conscious strategies are needed to ensure that FACTS FOR LIFE is used to its full potential as the cutting edge of a long-term educational effort. It is to these strategies that we now turn our attention.