

# Teachers and educators as health communicators

*“FACTS FOR LIFE can help teachers and educators communicate vital health knowledge through the classroom.”*

*(Federico Mayor, Director General, UNESCO)*

The education system is the developing world's broadest channel for disseminating health knowledge and helping communities to develop healthy attitudes and practices.

Eighty percent of children in developing countries now enroll in primary school, and 60% complete at least four years.

There are more than five times as many school teachers in the developing world as health workers. Teachers are in regular contact, over a period of years, with school children and their parents. They are also influential members of their communities.

With guidance from their teachers, school children can also become health messengers within their own families and communities.

Today's children are also tomorrow's parents. No child should leave school without today's knowledge of how to protect the lives and normal mental and physical growth of children.

# Communicating child health knowledge

*“If we had started in all schools in 1974 when the Programme began, we could have got the immunization message to most of those who are becoming parents today.”*

*(Ralph Henderson, Director of WHO's Expanded Programme on Immunization)*

Some nations are already seizing the opportunity of using the school system to teach today's child health knowledge to tomorrow's generation of parents:

○ In **Uganda**, all primary schools now teach basic child health knowledge and skills as part of Science lessons. The new syllabus, which was tested in 20 pilot schools, covers topics such as nutrition, safe water, sanitation, immunization, treatment of common diseases, prevention of accidents, and AIDS. The section on AIDS, for example, covers means of transmission, care of AIDS patients, and prevention of the disease, with special emphasis on one sex partner for life. In implementing the new syllabus, teachers are using a package of specially developed teaching materials and are encouraging children to be 'agents of change' by informing their friends and families about primary health care.

○ In **Swaziland**, an experimental project used radio to teach 2,000 children in 16 primary schools about immunization. The children listened once a week to one of eight 15-minute radio programmes introduced by an immunization song and featuring a story teller, Uncle Elijah, who quickly became a highly popular character. The children also used special workbooks illustrating 'the six killer diseases'. A 26-point quiz was used to measure what the children learned about immunization. At the start, they averaged only 4.5 correct answers; after two months the average score improved to 20.

○ In the **Middle East**, WHO and UNESCO are co-operating with governments on a joint Health Education Curriculum Development Programme for the region's 25 million primary school children.

○ In **China**, primary schools teach vital child health information using illustrated



story books, charts, slide shows, games, nursery rhymes and self-made teaching aids.

○ In **Turkey**, 200,000 primary school teachers take part each year in special courses on basic child health using Turkey's own adaptation of **FACTS FOR LIFE**.

○ In **Bolivia**, child health messages have been incorporated into the primary school curriculum and are popularized through story books.

## Schools for community health

In many countries schools have begun to work as partners and allies of the health services as temporary vaccination posts, oral rehydration teaching centres, child weighing posts, and meeting places for adult health education classes:

○ In **Senegal** and **Syria**, thousands of school children made house-to-house visits to inform parents of the date and time of vaccination sessions in the neighbourhood schools, and to compile lists of children in need of vaccination. Said Papa Ndiaye, principal of the Cheik Toure School in Saint Louis, Senegal: *"We had to do something. It was obvious our colleagues in health couldn't cope with such a massive programme on their own."*

○ In **Bolivia**, thousands of school teachers organize oral rehydration teaching and treatment centres within the school for parents and children.

○ In **Turkey**, over 70,000 school teachers helped to motivate parents to bring their children for vaccination during the national campaign in 1985.

With guidance from teachers, school children can also share much of what they learn about child health with their own parents, younger brothers and sisters, and children not attending school. For example:

○ In Moshi, **Tanzania**, school children were taught how to use oral rehydration therapy (ORT) using sugar, salt and water. As homework they were set the task of teaching ORT to their parents. A survey found that the proportion of mothers who could prepare an oral rehydration solution correctly rose from 13% to 65%.

- In the **Ivory Coast**, high school students and teachers have formed an itinerant theatre group performing sketches on oral rehydration therapy and immunization for audiences of parents and school children.
- In a low-income area of **Bombay, India**, polio immunization coverage increased from 20% to 90% after school children were given responsibility for bringing their younger brothers and sisters to vaccination posts.
- In **Ecuador**, 34,000 teachers and 150,000 secondary school students were given a week's training in methods of protecting child health and growth. A follow-up survey found that 50% of families interviewed had used oral rehydration therapy, and more than half said they had learned about it from high school students.
- The **Child-to-child Programme**, now active in 67 countries, uses 'child power' to spread positive health messages within the community. In **India**, the Municipal Corporation of Delhi has introduced Child-to-child teaching materials into primary schools. In **Mexico**, school children conducted a door-to-door survey which found that the incidence of diarrhoea was five times higher in babies who were bottle-fed than in those who were breastfed.

## Schools for parents

- In **China**, the All China Women's Federation runs 120,000 'parents' schools' where 5 million parents a year learn about pregnancy and childbirth, child health, hygiene and sanitation.
- In **Democratic Yemen**, mothers learn about maternal and child health through literacy classes. Meeting in the afternoon after the day's work in the fields, they acquire basic reading and writing skills using text books on subjects such as breastfeeding, nutrition, pre- and post-natal care, hygiene, sanitation and diarrhoea control. Many classes are held in the open air, the participants (some with babies) sitting on the ground under a shady tree.

## Colombia: graduating in health

In Colombia, the whole educational system is now being mobilized to promote the healthy development of the country's 4 million young children.

At schools in rural areas, teachers are organizing evening classes for parents

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to study 16 specific approaches to promoting their children's health and development. By 1989, a total of 300,000 parents will have participated in these classes at 10,000 rural schools.

At all levels of the educational system – from primary through to university – child survival and development topics are now being studied as part of the curriculum. In urban areas, 700,000 high school pupils are being trained as 'health monitors' to share their health knowledge with members of the community.

These recent developments are all part of a national programme – called SUPERVIVIR – which aims to lower child mortality by one third before 1990. Coordinated by the Ministry of Health, the programme originated in the wake of the successful immunization campaign of 1984. The aim is to develop a sustained movement to promote not just the survival but the normal mental and emotional development of the Colombian child. The programme is drawing support from a wide range of organized resources – from the mass media and the education system, from government services and voluntary agencies, and from community organizations.

Health monitors are drawn from the ranks of high school pupils (over 80% of the total), Red Cross volunteers, Scouts, the Police, kindergarten teachers, and volunteers recruited by the Colombian Institute of Family Welfare as well as by the Catholic Church. Their training is based on a special *Health Monitor Manual* concentrating on six priority areas: diarrhoeal disease and oral rehydration therapy; vaccine-preventable diseases; malnutrition; acute respiratory infections; complications of pregnancy and childbirth; and the child's emotional development.

These topics are now part of the curriculum of the 8th and 9th grades in all Colombian high schools. After studying the manual for a total of 80 hours, pupils spend 30 hours visiting families to advise parents on maternal and child health, and to refer mothers and children in need of care to the health services.

Myriam J. Santo Domingo, a 9th grade student in Barranquilla, Colombia, at first recoiled from the idea of becoming a health monitor. But gradually she found herself changing her mind:

*"When my classmates and I heard about the new Presidential Decree, many of us felt upset, unsure and even annoyed. 'Why us?' we asked. 'Why not people who are more interested and more qualified – like medicine, psychology or pre-school education?' In the end we resigned ourselves to our fate. Either we did it or we would have to repeat the 9th grade."*

*Finally we had to visit the barrio assigned to us, one of the poorest in the city. The*

*first thing that struck us was how terrifyingly desolate the place was. It was difficult to accept that it was the same Barranquilla that we knew, the same city in which we lived but without the mask of luxury to which we were accustomed.*

*Then, feeling very nervous, we started our work. After making a few visits, our nervousness gave way to a sense of confidence – in the people and in ourselves. It was amazing to see how, contrary to what we had feared, the people gave us their attention, their support and their affection; to see how they appreciated the small grain of assistance which my classmates and I could offer, and even more how they made us part of their own lives.*

*I want to say how grateful I am for this experience, which I shall never forget. It has helped me to throw off the invisible blindfold which all young people wear, and which stops us from seeing beyond our own noses, beyond the things we happen to like and which interest us.”*

By 1990, health monitors will have visited over one million Colombian families. Not the least of the benefits is that a new generation of Colombian youth is growing up with more social awareness of, and commitment to, the needs of Colombia's children.



## Communicating Facts for Life

No child should leave school without today's knowledge about protecting the lives and normal mental and physical growth of children. Those who could help achieve this aim include:

- **Ministries of Education** – who can use FACTS FOR LIFE as an authoritative point of reference when revising syllabuses and setting guidelines for teaching materials.
- **Teacher training colleges** – who can use FACTS FOR LIFE to educate trainee teachers in the essentials of today's child health knowledge.
- **Publishers of school textbooks** – who can commission authors to write textbooks incorporating FACTS FOR LIFE messages.
- **Makers of educational films, videos and slides** – who can produce educational materials embodying FACTS FOR LIFE messages.
- **Teachers' unions and professional associations** – who can promote FACTS FOR LIFE to their members.
- **School teachers and principals** – who can use FACTS FOR LIFE for guidance when preparing lessons and teaching materials, and in promoting health within the community.