

Health workers

as communicators

“The basic determinants of a child’s health are in the hands of parents, not doctors. Only if medical professionals see their task as demystifying their medical knowledge and empowering others to use it, will they make their potential contribution to the advance in child health which is now possible.”

(James P. Grant, Executive Director, UNICEF)

Every health worker should also be a health educator, skilled in transforming health knowledge into advice.

The number of health professionals in the developing world has almost doubled in the past decade. There are now approximately 2 million doctors and over 6 million nurses, auxiliary nurses and midwives in the world’s developing countries. Since the Alma-Ata Conference on Primary Health Care in 1978, several million community health workers and volunteers have also been trained. There are also several million practitioners of indigenous and ‘alternative’ systems of medicine.

Many people also seek health advice and treatment from folk healers. If approached with tact and respect, these traditional health practitioners can also help to disseminate today’s child health knowledge to every family and community.

A health worker on a Sri Lankan tea estate teaches a mother how to prepare an oral rehydration solution. Every health professional working in the community should also be an effective communicator. Photo: UNICEF/Carolyn Watson.

Communicating child health knowledge

Professional support

Leading organizations of health professionals are now using their own communication networks to promote today's child health knowledge:

○ **The International Council of Nurses**, representing over one million nurses worldwide, is running workshops, training sessions and distance learning programmes for nurses to promote the low-cost methods now available to promote child survival and development.

○ **The International Paediatric Association** has called upon its 750,000 members worldwide *"to work at all levels with UNICEF, WHO and other partners, using the combination of technology, communication and social organization . . . which could reduce the toll of diseases and death of children by half within the next decade."*

○ **The International Confederation of Midwives** has urged its 80,000 members in 42 countries to become actively involved in promoting growth monitoring, ORT, breastfeeding and immunization, and to collaborate with national governments and UNICEF *"in order to make the work of saving infant lives more effective."*

○ **The Federation Internationale Pharmaceutique (FIP)**, representing 700,000 pharmacists in 65 countries, is urging all its members to promote the use of Oral Rehydration Salts (ORS) rather than less effective and potentially harmful anti-diarrhoeal drugs.

Hospitals teach breastfeeding

Health workers sometimes need re-orienting in methods of protecting and promoting the health of babies and young children.

○ In **Honduras**, the staff of the maternity wards of the country's three largest hospitals were retrained to encourage and teach mothers of new-born babies to breastfeed.



In all three hospitals staff began to encourage mothers to breastfeed immediately after birth rather than offering them bottles of infant formula. To encourage frequent breastfeeding, mothers were allowed to keep their babies with them rather than being separated automatically soon after birth. The routine use of infant formula, feeding bottles and glucose solutions was stopped. Mothers who had problems in starting to breastfeed were given special counselling.

The impact of these changes soon made itself felt. One of the hospitals reported a 50% fall in deaths – and a 70% decline in illness – among newborn babies two years after the start of the project. Costs were also cut dramatically. In the first year of the project the three hospitals saved over \$55,000 in purchases of infant formula, feeding bottles and teats. With the help of USAID, the project is now expanding to cover all maternity wards in Honduras.

Training doctors as communicators

“Every time a mother and child come to a clinic or health centre,” says Dr Ralph Henderson, Director of the WHO Expanded Programme on Immunization, “a doctor or health worker should go through a basic health and growth check, a questioning and a strengthening of the mother’s knowledge about the basic things which a parent can do to promote a child’s normal healthy growth.”

Far too often, that opportunity is being missed. And the main reason is because medical education generally trains doctors to treat diseases in a hospital setting rather than to promote health within the community. A number of leading medical schools, however, are now teaching students how to communicate health knowledge and to give parents the self-confidence to take greater responsibility for their children’s health:

○ In **Nigeria**, fourth-year medical students at the University College Hospital in Ibadan spend eight weeks at a primary health care training site in a rural area. After doing community surveys, the students work in the Oral Rehydration Therapy Unit, where they treat children and hold discussions with mothers in order to understand community perceptions of diarrhoea. Step by step, the students guide mothers through recognition of the disease, its causes, prevention and treatment. Finally they help mothers to prepare a sugar and salt

solution on the spot. The students also help primary school teachers with their school health lessons.

○ At the Medical Faculty of the Aga Khan University in Karachi, **Pakistan**, students of medicine and nursing are trained to communicate and work closely with community leaders and families. First-year students spend one day a week studying health problems in poor communities. In their second and subsequent years they help the community to identify health problems and start primary health care activities.

Community health workers and volunteers

Living within the community and being familiar with local customs and perceptions of health and disease, community health workers and volunteers can be extremely effective health communicators:

○ In 25 slum communities of Dhaka, **Bangladesh**, diarrhoea among 1-3 year-old children was cut by 26% after women community health volunteers taught families the importance of three basic hygiene measures:

- washing hands with soap before eating or preparing food
- safe disposal of garbage and faeces
- defecating away from the family compound.

Using teaching aids which they themselves had helped to produce, the volunteers explained the importance of these measures to families and community leaders through group discussions and individual meetings. Drama, role playing, stories and games were also used to improve the process of communication and learning.

Marked changes soon began to take place. In all 25 communities, hand-washing before preparing or eating food became widespread and families placed a pitcher of water next to the kitchen for this purpose. Every community also took action to dispose of garbage: 14 landlords converted garbage heaps into play areas for children or vegetables gardens. To encourage the use of latrines, 16 communities set up a rota of volunteers to clean them regularly.



Traditional birth attendants

The most common type of traditional health practitioner is the traditional birth attendant (TBA). In most developing countries TBAs attend 60-80% of all births, and also have a powerful influence on mothers' attitudes towards health, pregnancy, and the feeding and care of babies. They are generally middle-aged or older women, often illiterate, and many of their beliefs and practices are potentially harmful to the health of mothers and children. Yet with proper training and supervision, TBAs can become the allies of the health services in helping to protect the health of mothers and new-born babies.

During the past ten years over 600,000 TBAs have been trained world-wide. In some countries TBAs are being integrated into the health system:

○ In **Zaire**, TBAs, nurses and midwives in the Karawa health zone run an outreach programme for the benefit of mothers and children in a population of about 200,000. So far 170 women, selected by village health committees, have been trained in safe delivery practices, identification of high risk pregnancies, family planning, nutrition, and the feeding and care of infants. They pass on their knowledge in an informal way to their neighbours and clients. As a result, growing numbers of pregnant women are now making at least one visit to ante natal clinics, where they receive nutritional supplements, antimalarial drugs and tetanus vaccinations.

○ In **India**, TBAs (*dais*) are the front-line workers of the Comprehensive Health and Development Project at Pachod, in the State of Maharashtra. Although mostly illiterate, the dais developed their own reporting system using simple drawings, which helps the project to maintain excellent health records in 42 villages with a population of over 50,000. Since the project began in 1978, infant mortality has fallen by 45% and maternal mortality by 80%.

○ In **Zimbabwe**, TBAs are trained one afternoon a week for six months. During the first 12 months of the baby's life the TBA provides regular advice on breast-feeding, nutrition, hygiene, immunization and other actions to protect the child's health and development.

Folk healers

Folk healers of various kinds have a powerful influence on the beliefs, attitudes and health behaviour of many millions of people. They are more numerous and more accessible than the formal health services. In some countries they play the role of both doctor and priest.

A number of countries are enlisting the communication skills and position of respect enjoyed by folk healers to teach parents basic child health knowledge:

○ In **Swaziland**, the Ministry of Health has organized training workshops for folk healers on the prevention and treatment of common childhood diseases. As a result, healers have increased their knowledge of nutrition, the use of latrines, hygiene and the importance of safe water in preventing disease. Many now display health educational materials on their walls and have placed wash basins in their clinics. Their understanding of how to prevent and treat diarrhoea has also improved: many now use oral rehydration salts rather than traditional remedies such as strong purges and enemas, and refer severe cases of diarrhoea to health centres.

○ In **Nepal**, faith healers – known as *dhamis* or *jhankris* – are being enlisted in diarrhoea control efforts. An information card devised by UNICEF is being introduced into the ritual ceremonies which accompany the treatment of patients with diarrhoea. One side of the card shows how to mix an oral rehydration solution using sugar and salt, while the other has a picture of Durga, the faith healer's favourite Goddess. At the same time, faith healers are also being taught about the prevention and treatment of diarrhoea, using an illustrated flip chart.



Communicating Facts for Life

Most countries face the problem of different types of health workers giving parents advice which is not only inconsistent but often incorrect. Using national versions of **FACTS FOR LIFE**, health workers of all kinds can be trained to teach parents the same appropriate health knowledge and skills.

- **Medical and nursing colleges** can use **FACTS FOR LIFE** as a handbook of basic child health knowledge for students being trained in community health.
- **Ministries of Health** can use **FACTS FOR LIFE** to compile training manuals, handbooks and teaching aids for training health professionals, community health workers, volunteers and folk healers.
- **Doctors, nurses, midwives and community health workers** can use **FACTS FOR LIFE** as a memory and teaching aid. It reminds the health worker of the most important messages for promoting child health within the family and the community.
- **Health educators** can use **FACTS FOR LIFE** as a source book when preparing courses and teaching materials for health workers, and when designing health education materials for a wider audience.
- **Colleges of indigenous and 'alternative' medical systems** can incorporate the relevant sections of **FACTS FOR LIFE** into training materials and reference books on disease prevention and health promotion.
- **Associations of indigenous and 'alternative' medical practitioners** can distribute **FACTS FOR LIFE** to their members.