AN OUTLINE OF A NATIONAL HEALTH EDUCATION PROGRAMME*

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BASIC PRINCIPLES OF HEALTH EDUCATION

The general aim of health education is to propagate practical knowledge and understanding of health and disease in the community; by doing so, to ensure the cooperation of the community members in the optimum use of the available preventive and curative facilities and to raise the general level of hygiene and health. Or to put it briefly; to make the community 'health conscious'.

Health education in a community is conditioned by, broadly speaking, four factors:

1. General level of education—(illiterate, literate, school standard).
2. Existing beliefs and customs.
3. Environmental conditions (hygiene, housing, climate, etc.).
4. Available medical facilities (preventive and curative).

It is not of much use, for instance, to warn Bantu schoolchildren about the dangers of drinking water from streams and dams, when there is no source of pure water available within miles of the school.[3]

Prerequisites for effective health education are: (*i*) the information must be culturally acceptable to the community and adapted to local circumstances—health education should be put across in the cultural concepts and terms of the local inhabitants; (*ii*) existing beliefs and existing social processes should be added to little by little, without destroying the fundamental beliefs; (*iii*) it should be provided *with* the active cooperation of the people and not *for* them. 'Health cannot be imposed upon a people; it must be won in partnership with them'.[2]

Differentiation

In a culturally heterogeneous society, health education has to be differentiated according to the various separate communities, as well as to special groups inside a given community. Not only physical, but also cultural factors and social distance are of importance, e.g. rural and urban. It is not true that only ignorant and illiterate people are in need of health education. To highly intellectual groups health education is as important as to the illiterate: ignorant Bantu have to be educated about tuberculosis, but professional persons about preventing ischaemic heart diseases. Prevention of neuroses or lung carcinoma is more important to the White population than to the Bantu, etc.

A *health education programme for a community* has to be based upon a combination of data gathered by the following sciences: general education, language, anthropology, psychology, sociology, agriculture, hygiene and medicine. If this information is not already available, it has to be collected by the cooperation of many experts in these various fields.

Methods of Health Education

The basic methods are verbal instruction (personal, radio, discussion groups); printed material (posters, leaflets, cartoons, books); visual instruction (slides, films, television?). These can be applied on an individual basis, on a group basis or by use of mass media (newspapers, radio, films, lectures).

Stages in Health Education

Propaganda is a forerunner of real education. Propaganda works through suggestion and covers only certain aspects of a picture; it does not encourage criticism or objective scrutiny of its statements; its appeals are closely related to desire and emotion.

Education, as contrasted with propaganda, challenges inquiry into all variables or aspects of related situations. Its methods should encourage and invite independent thinking; it stimulates objective criticism and assessment of accepted facts.

It is quite obvious that for the less civilized population groups 'health propaganda' can bring a quick return, while on a long-term view, 'health education' is the more desirable.

A major obstacle encountered in health propaganda or education is prejudice. Prejudice is a conglomeration of beliefs, attitudes and values resulting in a biased (positive or negative) judgement of persons or things; it is highly charged emotionally and can be very resistant to changes. Causative factors in the acquisition of prejudice are: home and school; religion; economic factors; social factors; historical factors; and ethnocentric and cultural factors.

A health programme, as differentiated from health education, is the practical execution of certain health measures, for which the health education has laid the mental and psychological foundations. A health programme should always be preceded by a health education drive.

The objectives of a health programme can be the eradication of infectious diseases (TB, polio, malaria, bilharzia, etc.); immunization (prevention of infectious diseases); reducing child morbidity and mortality; the fight against various diseases (e.g. cardiovascular disease); campaigns against smoking, alcoholism, etc.; prevention of accidents, industrial hazards, etc.; improvement of nutrition, and the improvement of mental health.

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THE NEED FOR HEALTH EDUCATION IN SOUTH AFRICA

From the above it should be quite clear that health education is essential in any community (developed or undeveloped). In the Republic of South Africa and the Territory of South West Africa we have the interesting phenomenon that various cultures with different levels of development are coexisting. This requires a *differentiated* form of health education, which makes the task more interesting, but also more complicated. Overseas methods could (with some adaptation) easily be used for our White and even Coloured communities, although in the case of the latter, the material should be adapted to their general level of education.

Health Education for the Whites

Health education for the White population should be focused on the following subjects:

(*i*) the prevention of certain infectious diseases by immunization (polio, BCG, tetanus, diphtheria, smallpox, measles, etc.);
(*ii*) the early detection of cancer (annual check-ups, cervical smears, etc.);
(*iii*) the prevention and early detection of cardiovascular diseases;
(*iv*) campaigns against excessive smoking, alcoholism, air pollution, etc.;
(*v*) prevention of accidents (road and industrial);
(*vi*) introduction of a balanced diet and improvement of living conditions;
(*vii*) mental health; and
(*viii*) the understanding of the beliefs concerning disease causation in the Bantu. This is very important because of frequent contact between Whites and Bantu.

Health Education for the Coloureds and Asiatics

Aspects of health education for the White are thus centred on preventive medicine, while those for the Coloured and Asiatic have to be channelled more towards a direct fight against certain infectious diseases, nutrition and socio-economic medical problems; as is even more the case with the Bantu.

Health Education for the Bantu

In contrast to what has been said about methods for the White population, we have to use a different approach to our Bantu people and we shall have to learn and understand more about the Bantu ideas regarding disease causation.

Bantu beliefs concerning disease causation. For many Bantu, not only is life after death a reality, but the dead also take a continuous interest in the daily life of their living relatives—they want to be pleased and require sacrifices.[6]

The main causes of disease are ancestor displeasure; sorcery and witchcraft; and demons and spirits. The Bantu has his own philosophy of life—which is a complete cultural system in which he finds an anchor and which gives him the necessary psychological support in his daily living. His magical and ceremonial practices are intended to reconcile his ancestors and to neutralize all evil influences. Although the more educated Bantu easily becomes aware of the possibilities of White medicine to relieve his symptoms (especially pain), the average Bantu does not believe that the 'White doctor' can cure his disease—because the White man's medicine does not touch the cause of his disease. Not only the tribal Bantu adheres to this philosophy, but also the educated and 'sophisticated' Bantu, as research in Durban has shown.[7]

Vasamazulu Mutwa[3] gives an excellent insight into Bantu 'philosophy of life':

'With all other races of Man on earth, religion, politics, medicine, military and economic affairs, science, are all different entities, and religion is supposed to be something apart from all earthly or materialistic matters. Not so with the Black Man. Everything he does, thinks, says, dreams of, hopes for, is moulded into one structure—his Great Belief. Things like disbelief, doubt, agnosticism, atheism, disobedience, are entirely unknown, unfathomable, senseless, within the framework of the Great Belief.

'Another significant difference: All other religions seem to change from time to time to suit the purposes of various communities according to their way of life, standard of development, degree of civilization or changed outlook in terms of science or world affairs. These religions must continuously adapt and readapt themselves to suit the appetites of men. The Bantu can adapt themselves to all these circumstances without it having the slightest effect upon the nature of the Great Belief. They have long since taken these things into account. They look upon these things as insignificant characteristics of Man as much as Man is an insignificant characteristic of the Great Belief.

'For this reason our religious ceremonies—prayers, chants, sacrifices, summoning spirits from the Upper or Lower World, creating zombies, "sleep talk", hypnotism and mind-power—are exactly the same from the Transkei to Mali, Dahomey and Ghana.'

Basic principles of Bantu health education. We have to accept as a fact that the belief system of the Bantu provides him with the necessary psychological support to withstand illness and adversity.

We have to try to change the old and traditional Bantu approach to disease, without depriving him of the support which he normally receives from his own system of beliefs. Only a slow, gradual and only partial *Umwertung aller Werte* (change of values) has to be practised. We shall have to make it clear to the Bantu that the scientific causes of disease are not to be found in supernatural forces, magic or influences of persons outside himself, but that the cause of disease is to be found in his own body and in his natural environment. We shall have to teach the Bantu in the first place that by making use of his mind-powers ('thinking') he will be able to resist and eliminate the evil influences of ancestor spirits, demons and sorcerers, and that the White man's medicines are also providing his body with the necessary forces to restore health. At this stage it is useless to tell the Bantu that ancestor spirits, demons and sorcerers do not exist, because he would not believe us and immediately be convinced that *we* are 'ignorant' of the real influences in life.

What is required from us is a partial transfer of the concept of disease from a material plane to a more psychological approach when we treat Bantu patients; while the Bantu has to learn to think more materially and scientifically. This approach is in agreement with modern medical thinking, because nearly every disease also has some psychological background. Disease is a disturbance of an existing equilibrium—a disruption of a harmony—which

leads to a decrease of the natural resistance of the body, and which allows the bacteria or other organisms to overwhelm the various defence systems.

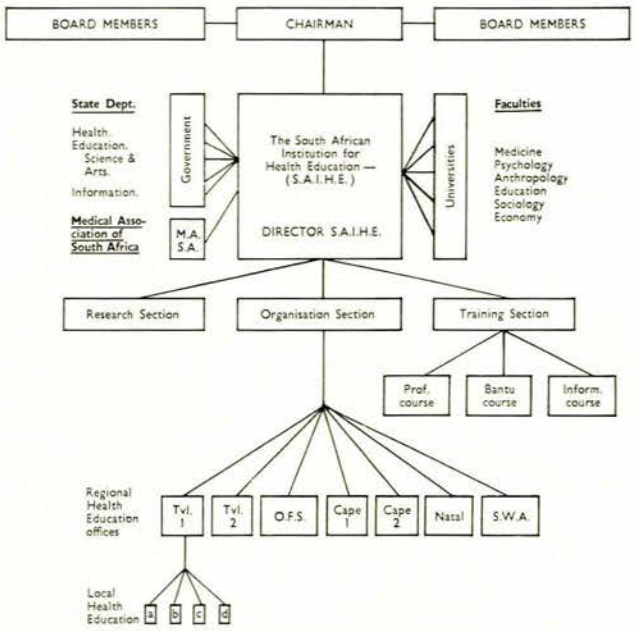
PROPOSED STRUCTURE OF A NATIONAL HEALTH EDUCATION ORGANIZATION

Health education has to be organized on a national, regional and a local level (Table I).

On a national level we need a central South African Institute for Health Education—(SAIHE) with 3 main tasks which would be undertaken by different sections: (*i*) research into all the aspects of health education; (*ii*) organization on a national scale of health education; and (*iii*) training of health educators.

The South African Institute for Health Education should be a semi-State body, governed by an autonomous board consisting of experts from the universities (medical, psychological, anthropological and sociological departments), the Medical Association, the Department of Education, Science and Art, the Department of Information and the State Health Department.

TABLE I. DIAGRAM OF STRUCTURE OF A PROPOSED NATIONAL HEALTH EDUCATION ORGANIZATION



a = hospitals, clinics, medical and nursing staff, patients.
b = local authorities, paramedical health staff.
c = educational institutions (schools, etc.), libraries.
d = general public (general group, families)—Whites, Coloureds and Asiatics, Bantu.

1. The research section of the SAIHE should deal with the following aspects: Research into the role and effectiveness of health education programmes; plan and develop scientific methods; prepare and publish literature; plan, test and produce audiovisual material (radio, films and slides); have specific emphasis on methods of mass health education propaganda; and prepare special education programmes for the Bantu.

2. The organization section has to organize to keep contact and to provide with material the *Regional Health Education Offices*, which could be part and parcel of the regional State Health Services, or Health Departments of the very large municipalities in very close cooperation with the Provincial authorities. The Regional Health Education Officer's tasks should be to organize and supervise the local health education programme and provide the necessary staff for a local programme. Further, to adapt the programme to local conditions, to report back to the SAIHE, to indicate where further research is required and to work in very close cooperation with the local health authorities.

Local health education has to be directed at:

(*a*) Hospitals, clinics; medical and nursing staff; and patients.
(*b*) Local authorities; and paramedical health staff.
(*c*) Educational institutions (schools, etc.), libraries; the general public (general groups, families)—Whites, Coloureds, Asiatics and Bantu.

3. The training section of the SAIHE has to provide training courses for health educators at the following levels:

(*a*) Instructors in health education. Duration of the course should be 3 years; a medical degree or a nursing qualification or equivalent a prerequisite; and the courses should be at university level with special emphasis on psychology (mass media methods, practical applied psychology), education methods, anthropology (Bantu beliefs and customs), sociology (urban, rural, structure of society) and economy (management, budget). There should be a course for White instructors and one for non-White instructors.
(*b*) Bantu health educators. Duration of the course should be 9 weeks, but every 6 months a compulsory refresher course of 1 week's duration should also be given. Requirements; a Standard VIII or a teacher's diploma or equivalent. Subjects; health, disease, hygiene, and propaganda methods on a simple and practical level.

What the Bantu need most at present, is neither teachers, educators nor preachers, but *explainers*; to explain all the new words, ideas and concepts that pour so torrentially round their heads. We have to *avoid* at all cost that the Bantu health educator is *too far educated above the level* of his own people. We have to avoid the outward acceptance and the inward disbelief; the precept without practice. It does not help very much to educate the Bantu to 'know' that the earth is round, when they believe with every conviction of their hearts and the whole strength of their bodies, that the earth is a flat plate.[9] It is easy to obtain an outward response from the Bantu, to let him quote hygienic rules and all about training, but often the knowledge is so poorly assimilated that it creates, not a wiser and more contented mind, but merely a confused one. It should be absorbed, assimilated and not learned 'parrot-fashion'. The powers of acquisition of knowledge do not necessarily correspond with the powers of assimilation!

A good illustration of the working of the Bantu mind is provided in the book of Sylvia Leith-Ross,[4] when she tells how a woman came out of a bush and stated: 'as you

white people know so much about hygiene, there can be no sick children in your country'.

(*c*) Information courses (for doctors, nurses, health inspectors, etc.)—a one-week course to emphasize techniques and important aspects of health education. The courses should be held several times a year.

GENERAL ASPECTS OF HEALTH EDUCATION ORGANIZATION

The professional staff of the SAIHE and of the Regional Health Offices should consist, *inter alia*, of: medical and educational experts, a psychologist, an anthropologist, a sociologist, a methodologist, photographers, film producers, etc.

Health education mobile vans should be available and daily radio and newspaper propaganda should be made. Very important is *concomitant* health education in hospitals and clinics, where immediate results can be recorded.

On the local level the support of the local and traditional authorities should always be obtained (headmen, church ministers, teachers, etc.).

Wherever possible, the help of voluntary bodies (Red Cross, St. Johns, SANTA, Cripple Care, church organizations, etc.) should be engaged and make sure that health education is not only something for the public, but part of the public and that it cannot be done without its active support.

CONCLUSION

Health education, just as education in its formal sense, is 'a culturally organized system of social relationships in which, as its central function, certain members of a society (educators) possessing specialized knowledge, provide systematized learning experience for other members of that society'.[1]

In the long run *education* at all levels is the main thing, which will improve the health of our country. It also will prove to be less expensive to *prevent* disease than to cure it. A National Health Education Programme is required to prevent and eradicate illness—and ultimately to relieve human suffering. We have got to begin somewhere and the question is now: When are we going to begin?

The choice is between education and ignorance, between health and sickness, and lastly, between an emphasis on preventive medicine or a curative medicine—it is a challenge we cannot afford to ignore. The light health education can generate could be one of the brightest hopes for the future health of our country. It could illuminate the way toward a better life for all.

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