CHAPTER VII

TOOLS AND MEANS OF HEALTH EDUCATION - AN EVALUATION

The foregoing Chapter describes in detail a result oriented health education strategy. The present chapter takes a closer look at the tools and measures adopted by VCRC as part of this strategy. A comprehensive evaluation of these tools and measures necessarily involves certain difficulties, as it was a multiplicity of tools employed at a given time, targeting people belonging a multiple strata. This multiplicity of strata concerned social, cultural, economical, religious sectarians and political aspects that have marked influence on the behavioural pattern of man. In such a situation, identifying valid objective parameters for evaluating each tool separately is quite impossible. So the study, in this area, has to be limited to the evaluation of the response to these tools and measures, in terms of their acceptance or otherwise of such tools and measures as they found employed in the community. Again, as the community in general was found to accept the entire package of tools and measures as successful, what was left was a study of the relative merits of the tools and measures among themselves. That is to stay, apart from evaluating the feasibility and efficiency of a particular tool in isolation: What is attempted is to see a tool add any relative merit over another.

Health education is not a one shot affair. It has to be continuous and lifelong. Health education, cannot be separated from general education which is
given at home, in schools and in society, during the process of socialisation, through non-formal, incidental or formal channels. The same agencies and techniques can be employed and adopted in health education also. Health education like all other education is a three fold process of 1) giving information 2) Teaching skill 3) inculcating values. It makes vital contribution to the health of an individual. In fact there can be no health without health education and health consciousness.

Participating and cultivating a social responsibility for health is aimed in health education. An individual must realise that health has a social aspect and an individual's attempt to be healthy, will succeed only and succeed better, if policies which strive to provide health for all were to be pursued. In short the health of an individual is to be sought in the health of the society as a whole. Therefore he should be aware of the social cause of illness and willing to play his role in remedying them. This is the essence and sum of the health education policy adopted by VCRC.

Since most of the people of the area are literate, propaganda through pamphlets, posters, hoarding etc. were used to create public awareness. Visual media was essential for creating public awareness. Hoardings bearing messages in attractive captions have been erected in various vantage points. "Remove weeds and protect yourself and your future generations from Filariasis" is the message. Posters explaining the acute symptoms and signs of Filariasis and preventive measures to be taken, have been exhibited in places of public
gathering like Hospitals, Markets, Bus stands, Local tea-shops, Libraries, Reading rooms etc. Pamphlets explaining the cause, mode of transmission and control of Filariasis and various services rendered by VCRC field stations were used during house-visits. Cine Slides with control messages were projected in all theatres of the area.

During public festivals, exhibitions were arranged, to facilitate a passive contact in a short period. Exhibits and illustrations explaining the cause of the disease, preventive measures, the technologies delivered for the control of Filariasis and the role of individual members and community were displayed.

Since it was not practical to meet each individual of the area with a population of more than four lakhs, in 80,000 households, identification of certain influential individuals in the community to initiate action through them, in mobilising the community was undertaken. Voluntary organisations thus identified were entrusted with the education of the community Health camps, arranged by these organisations became a regular feature of VCRC.

Various local folk arts incorporating disease-vector control as its major theme, formed one of the major component of health education programme. These were being staged during Filariasis detection camps at night hours, served to attract people towards these camps at odd hours.

A 16 mm documentary film "Yudham" (the war) has been produced in Malayalam with a captivating story on the sufferings of a Filariasis victim, what the community could do in the control of the disease in which social stigma is
attached, is also well depicted in it. It is being showed in various parts along with the Filariasis detection camps.

VII. 1 **Community perception on the effectiveness of health education**

The study reveals that the community considers the health education campaign of VCRC in general as an excellent one. 40.8% of the population remarks it as an excellent, the other 25.52% view it as a good programme, and for another 23.47% it is only 'fair' programme and the rest are passive without any comments. Among all the programmes of VCRC, the programmes specifically intended for educating the community appealed much to the community as shown in the figure-1.

During the course of the Filariasis control project of VCRC, a shifting of responsibility in the field of health education is evident. In the initial stages, the VCRC itself has been engaged in the task, later, gradually, community assumes its role in imparting knowledge to their people in the form of self-help. The phases can be distinguished into two 1) vertical and 2) horizontal level of health education.

VII. 2 **Vertical and Horizontal level of Health education**

The two means employed in for health education campaign are 1) Vertical ie, 'top down' strategy, of disseminating information. Experts themselves are employed in imparting knowledge in classes or camps where as in the horizontal method, learned participants of the first category are taking the responsibility of educating their fellow men. During the Filariasis control
programmes of VCRC, a shift from the vertical mode of education into a horizontal one is evident. In the initial stages, as there was no scope for a horizontal level of education, health education classes, seminars, discussions & house visits, were employed. In these programmes experts of VCRC, directly engaged in educating the public. Later, after the formation of FILCO movement, the dissemination of knowledge became the responsibility of FILCO. Core group of FILCO members from various organisations engaged in planning, implementing and evaluating of the health educating programme. This is carried out mainly through orientation camps, that is arranged in the rural area by the member organisations of the movement. Both the methods have its own merits and demerits.

Health education classes and camps are the major forms of vertical level of health education in which formal teaching through, person to person contact is involved. These are carried out in formal settings, mainly arranged with help of voluntary organisation. Experts from outside taught the participants on various aspects of the disease and its control. The merits accorded to these line of education by the community is that the information being authentic from the experts, found more acceptable to the members. Direct contact with experts from the authentic agency inspire the group. It has all its demerits of being a 'top-down' means of communication, restricted in interaction, we feeling and communication. It is found to be very effective up to the first stage of health
education in imparting information, the subsequent stages of motivation and action is rarely achieved in these formal form of education,

The community prefers the horizontal level of health Education for filariasis control programmes. 91.75% is firm on their opinion that only a horizontal level of education, supported and guided by an authentic agency, is good for disease control programmes. On enquiry 91.12% of the population opined that this level of education has wider coverage and the capacity to reach the grass root level, as members of the community themselves are engaged in education. For 87.74%, the involvement of a fellow man from their community enhances the ‘we feeling’ and felicitated in need identification. As the teacher is very familiar, the community has no strange feeling or no inhibition in expression of feelings and ideas. This sort of health education enhances the individual responsibility of members of a community (79.49%), as the one who preaches the ideas and doctrinens live with them. So follow up is feasible (78.65%) and aids in better communication (91.75%).

The community is well aware of the conditions conducive for this sort of horizontal level of education. They are, the theme and topic should be simple and practical, without much technical terminologies and scientific information, (86.05%) support this aspect. When it is related to the daily life it is easy for the learners to grasp the ideas and imbibe the information disseminated (80.76%). 70.82% of the population stressed the need of involvement of socially motivated
and socially obliged individuals. Better chance of interaction and communication is the most important aspect for 82.66% of the population.

VII. 3 Tools and Means of Health education employed in Filariasis Control

VII. 3.1 Health education classes

A vertical level of education was organised in association with voluntary organisations, like Sastra Sahithya Parishad, Mahila Samajams, Youth clubs, Arts and Sports clubs, Balajana Sakhayam etc. The government agencies like UBS, RELP, ICDS etc. have also joined hands with VCRC in this venture. In collaboration with educational department, classes were conducted in schools at both levels of students and teachers. Flip charts, Pictorial charts demonstrating the life cycle of mosquito and parasites, were used on visual aids in these classes. Since it was organised in formal settings and in confined areas like class rooms, demonstration of 'mf' with the help of a microscope has been made possible during these classes. Community has high appreciation about the programme as a means of authentic information, 70.4% of the respondents in this study shared their view. The approaches and demonstration materials made the information acceptable to 65.96% of the population. As it facilitates direct contact with experts in the field, it is stimulating and encouraging for 53.07%. when asked about the effectiveness of the programme, in educating the community in general 48.2% refer it as very effective and 29.81% as effective.

VII. 3.2 Health education camps
One day camps organised for voluntary organisations, engaged in Filariasis control, can be considered as a refresh course for them. Delegates are selected and sent by the respective organisations. After the first 2 camps, conducted directly by VCRC, it was in collaboration with FILCO that VCRC has been arranging the subsequent camps. Besides VCRC scientists, experts from the related fields, medical personal from medical colleges and hospital, local medical institutes, officials from agricultural departments, banks, etc. were included as resource persons and they used to deliver lectures specific topics. The presence of medical officers of reputation to the community, enriched the authenticity of information, especially regarding Chemotherapy, where people were suspicious of the drug. For the community this information and knowledge has more authenticity than health classes where cross checking is not possible. 76.95% consider camp as more authentic in nature. Direct contact and physical presence of experts from various fields together seem important for 53.07% of the respondents. Since the participants are representatives of FILCO member organisation who are already in the field of Filariasis control, they could interact effectively with the experts in a meaningful way to find practical solution for their problems (48.49%). 65.54% think that it helps in upholding the interest in control activities by sharing and another 66.17% consider this as a platform of interactions and inter stimulation for organisations by sharing their experience. Regarding the effectiveness of education, 42% consider it as very effective,
21.78% as effective and 6.5% as ineffective. Pamphlets circulated in this camps are also found to be effective.

VII. 3.3 Orientation camp

Orientation camps are arranged and managed by learned volunteers and in the classes were arranged in rural areas, flip charts and pictorial charts were used to teach about the life cycle of the parasite and vectors. Besides this, live specimen, like usually vector mosquito, eggs cluster and larva, usually collected from the area were used in these camps. Symptoms and signs of acute and chronic manifestations are demonstrated to the patients. These strategies adopted in the orientation camps were acceptable and encouraging to the people. They enjoy much freedom in clearing their doubts as the fellow men among them were handling classes. The support and involvement, the VCRC has given rendered more authenticity to the programme. Filco, through its core groups of volunteers is also engaged in educating the community. The community acceptance is also found to be more for the programme, (54.55%) consider it as, very effective health education means, with wide coverage (91.12%).

VII. 3.4 Exhibition

Though it is helpful in making a passive contact with a large number of people in a short period, community is not convinced about the educational role of exhibition. In the beginning, it served as a means of propaganda only (13.1%)
of the population consider the programme as very effective while 38.27% as effective.

VII. 3.5 **Visual aids used for Health education**

Hoardings, wall paintings, stickers etc. were made use of in disseminating disease control messages. Messages in attractive captions used in these aids, were found very useful. Among all the health education tools used, it can be seen from the table that hoardings are very much desirable for the people.

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Items</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Don't know</th>
<th>Bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hoardings</td>
<td>68.92</td>
<td>30.66</td>
<td>0.42</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Wall Paintings</td>
<td>11.29</td>
<td>37.42</td>
<td>27.0</td>
<td>624.23</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Posters</td>
<td>24.04</td>
<td>37.63</td>
<td>24.74</td>
<td>13.59</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Banners</td>
<td>12.56</td>
<td>39.32</td>
<td>32.41</td>
<td>15.71</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Pamphlets &amp; Bit notice</td>
<td>36.36</td>
<td>35.94</td>
<td>23.89</td>
<td>3.81</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Cini Slides</td>
<td>14.09</td>
<td>37.63</td>
<td>24.74</td>
<td>23.59</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: survey data

All Sections of the community registered their appreciation, and think these aids used for health education as very effective. The captions given and drawings were very attractive to them. Even illiterate could get the message easily. At the same time wall paintings have limited scope and only 11.29 of the respondents think it as excellent.
VII. 3.5 a. Pamphlets

Pamphlets, aiming at the literate section of the population are widely used by VCRC, considering the high level of literacy. Various types of pamphlets specific for the purpose have been made use of by VCRC. Life history of mosquito and parasite, and transmission cycles were explained with the aid of suitable drawings for school health education. Other types of pamphlets in simple languages were used for general public and distributed during health education classes, orientation camps & exhibition. But this tool is not considered very effective in educating public, as only 36.36% of the population consider it as very effective. Banners and cini slides are also not considered as effective tools.

VII. 4 Cultural Programme

Local folk arts are utilized for awareness campaign. Popular folk acts like thiruvathira, Ottamthullal, Kaikottikali & Street dramas were staged during night blood test. The vector disease control messages through these folk arts are found appealing to the public and 61.31% consider it as very effective programmes. When cross checked with another question regarding the comparative efficacy of tools in general, 48.2% rate it as an excellent tool in disseminating information among the general public. More than it helps in attracting people in the night blood examination camps, thereby enabling more people to undergo night blood test. FILCO has its own cultural troop for this specific purpose.

VII. 5. Film show

The 16mm film “Yudham”, has been screened during night blood camps, found very effective as a health education tool in attracting crowds towards blood detection camps.

Conclusion

In short the imaginative strategy adopted by VCRC and the tools and measures, adopted in its implementation were found to meet the acceptance by the community and achievement of the set goals. Much so that these tool and mean asserts their right to the emulated in future programmes of similar or greater magnitude and scope.