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77 pp. Written by Glen Williams in collaboration with UNICEF staff throughout the world. The knowledge needed to save a great majority of children is not technical, and could be put into practice by most parents and communities. A lot of it has been gathered in UNICEF's 80 page handbook, Facts for Life. The challenge now is to make this information part of basic child care all over the world. 'All for Health' addresses that challenge.

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# All FOR Health

A resource book for  
Facts for Life

*This book was written by Glen Williams in collaboration with UNICEF staff throughout the world,  
and produced by P & LA.*

*Cover photograph: Claude Sauvageot*

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*An invitation to participate in FACTS FOR LIFE – see inside back cover.*

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# 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 advertizing 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.



follow. For if any nation really wants to distribute health knowledge and skills more widely, there are ways and means of doing so. In virtually all countries, the channels of communication and social organization for reaching all families and communities with vital child health knowledge are already available. Even in those countries where access to the mass media still remains limited, there are many individuals, organizations, and institutions with the potential to act as communicators of health knowledge and skills.

### Continuous education

To mobilize every available channel of communication and social organization in the cause of child survival and development requires political commitment at the highest level. During the 1980s that commitment has begun to make an impact in dozens of developing countries of great political, economic, and geographical diversity.

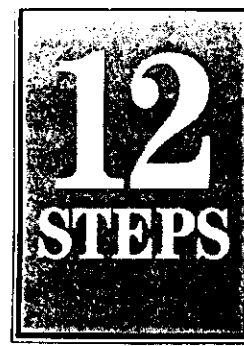
In many countries, national efforts have focussed on achieving the United Nations goal of universal childhood immunization by the year 1990 as a symbol of political commitment to reducing infant and child mortality. The results have been remarkable. Ten years ago, fewer than 5% of infants in the developing world were fully immunized against the six main vaccine-preventable diseases. Today, that figure has risen to over 50%, and immunization is saving the lives of 1.4 million children a year.

In countries such as Algeria, Brazil and Turkey (see Panel 1), the initial focus on immunization has widened to encompass other aspects of child survival and development. In each case, what began as a campaign against vaccine-preventable diseases has developed into an educational process involving a wide range of communication channels, government agencies and social organizations. It is this process of continuous education which is the key to the long-term sustainability, not only of immunization, but of all efforts to promote child survival and development. For it is only through education that parents and communities will become aware of what they themselves can do to protect their children's health. And it is only through education that informed community demand for, and participation in, health services can be created and sustained over the longer term.

FACTS FOR LIFE provides the essential knowledge base for such a process of continuous health education. This knowledge can be disseminated to parents and communities through a broad alliance of communicators. In ALL FOR HEALTH we shall look at the members of that alliance in greater detail. We shall consider what they are already doing to communicate basic child health

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.



# Twelve steps in health communication

*“Always remember, communication is a two-way process. Ask people about their problems. Elicit their opinions and views. Listen carefully to the answers. These answers are most important for helping you to decide what you want to communicate. Listening helps build trust. Listening helps you identify priorities.”*

*(Voluntary Health Association of India, Health for the Millions, 1986)*

People from many walks of life can help to communicate FACTS FOR LIFE messages to parents. But communication is not simply a matter of transmitting information and assuming it will be understood and acted upon. Effective health communication involves the transformation of health knowledge into messages which can be readily understood, accepted and put into action by the intended audience. This requires a two-way flow of information between the sender of health messages and the audience.

To communicate FACTS FOR LIFE messages, what is required is not a series of short-term promotional events, but a process of carefully programmed activities. Such a process will not only ensure more effective communication, but will also save the programme a great deal of time and money.

In many countries the following steps have been found to be useful in communicating new health knowledge and skills:

# Communication Breakdowns

Communication involves the sharing of ideas, knowledge, attitudes and feelings. But efforts to communicate health messages do not always achieve the results intended:

- *The message may reach only some of the target audience because only one or two communication channels are used.*

For example, some health programmes rely on printed materials such as posters and leaflets to reach illiterate people, or on radio and television to reach people who have no access to these media.

- *The people may receive the message but not understand it.*

For example, the message may be expressed in the wrong language or dialect, or using highly technical terminology.

- *The people may receive the message but misinterpret it and apply it incorrectly.*

For example, mothers who are taught to use oral rehydration therapy (ORT) may use too much water, which makes the solution ineffective, or too little, making the solution potentially dangerous.

- *The people may receive and understand the information, and learn a new health action correctly. But the new knowledge may conflict with existing attitudes and beliefs, and is discontinued or not put into practice at all.*

For example, mothers who are taught to continue feeding a child with diarrhoea may not act on this information because it conflicts with a traditional belief that the stomach needs to be 'rested' during diarrhoea.

- *The people may receive and understand the new information but be unable to act upon it because of their poverty or because basic services are not available.*

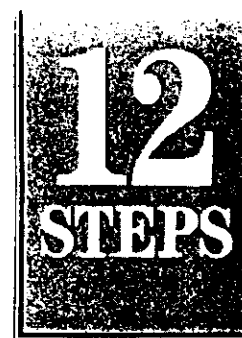
For example, mass media campaigns can increase community demand for packets of oral rehydration salts (ORS). But if the packets are too expensive or unavailable from the health services or private pharmacies, the money spent on such campaigns is wasted.

- *The people may receive the information but change their behaviour only temporarily because of disappointment with the results.*

For example, mothers may learn to prepare and administer ORT correctly but lose faith in the therapy because what they want is a treatment to stop diarrhoea quickly rather than prevent dehydration.

Communication breakdowns of this kind are not inevitable. They can usually be avoided if communicators first try to understand the attitudes, beliefs and social factors that determine people's health behaviour.





# 1

## **Define clearly what health behaviour you are trying to promote**

*For example:*

- Every pregnant woman should have at least two health check-ups during pregnancy.
- Mothers should breastfeed exclusively for the first 4-6 months of the child's life.
- A child with diarrhoea should be given food.
- A child with a cough or cold should be kept warm.
- Everyone should wash hands with soap after contact with faeces and before handling food.

# 2

## **Decide exactly who in the population you are trying to influence**

A great deal of time, effort and money may be wasted if health messages are disseminated to the general public rather than to particular target audiences. The main target audience for child health and development messages consists of mothers of young children. But there are also other groups whose knowledge, beliefs and attitudes may have a strong influence on the mother's beliefs and actions. These groups – including fathers, grandparents, religious and community leaders, school teachers, traditional birth attendants, and local government officials – are important secondary target audiences for health messages.

# 3

## **Ask whether the new health behaviour requires new skills**

*For example the following actions may need to be learned:*

- Preparation of a safe and effective drink for a child with diarrhoea.
- Administering adequate amounts of food and fluids to a child with diarrhoea.
- Recognizing the signs of diarrhoeal dehydration which mean that a child needs medical care urgently.

## Finding common ground

*"It pays to take the trouble to find areas of agreement between the various knowledge systems. Adopting new ideas is easier and more dignified if they relate to existing knowledge systems."  
(Miriam Were, UNICEF, Ethiopia)*

It cannot be assumed that when people are given 'the facts' about a health problem they will automatically change their behaviour. Health workers need to have the skill of finding 'common ground' on which they can communicate effectively with people. Often this means using health messages expressed in terms of people's traditional beliefs and value systems rather than in technical terms. An incident in a hospital in the Yemen Arab Republic aptly illustrates this point:

A young nurse on the maternity ward was trying to convince a mother who had just given birth to a son of the benefits of breastfeeding. Breastmilk, she explained, contained antibodies against diarrhoea, did not cost any money, was cleaner and easier than bottle-feeding, and was a gift from God. She showed the mother a picture of a healthy, plump baby being breastfed, and one of a malnourished baby lying next to a feeding bottle. The mother, who was already bottle-feeding her baby, was clearly unimpressed: *"But I do not have enough milk,"* was her response. At this point another nurse came over. *"You know,"* she said to the mother, *"nowadays men are growing up without close bonds with their mothers, because they were not breastfed."* Instantly the mother's attitude changed and she began to take a lively interest in what the first nurse had been trying to explain.



- Preparation of nutritious food at low cost.
- Breastfeeding (especially first-time mothers).

## 4

### **Learn about the present health knowledge, beliefs and behaviour of the target audience**

It is essential to know your audience (see panels 3 and 4). You must be familiar with the audience's present health behaviour, and with the attitudes, beliefs and social factors which determine this behaviour. This information will help you to design health messages which build upon the existing knowledge and beliefs of the target audience. It will also serve as a useful baseline for the evaluation of the programme at a later stage.

## 5

### **Enquire whether the health behaviour you are trying to promote has already been introduced to the community**

If so, who introduced it and how did people respond at the time? What attitudes do people have towards it now? Why is it not practised more widely?

## 6

### **Investigate the target audience's present sources of information about health**

This information will help you to identify the target audience's most credible sources of information about health and their access to various mass media and interpersonal communication channels. It will also alert you to potential communication conflicts – such as misleading advertizing (e.g. baby foods, patent medicines), and incorrect health advice by influential people such as community leaders, traditional healers and even trained health workers. With this information, you may be able to design health messages for these groups and possibly head off conflicts even before they occur.

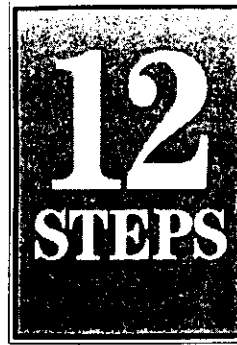
## Know your Audience

By studying the target audience's present health knowledge, attitudes, beliefs and behaviour, health educators can design appropriate messages and select the most suitable communication channels and media. Such studies are also useful for identifying existing and potential barriers to communicating particular health concepts and actions.

○ In Bangladesh, a study found that 60% of mothers were positive about immunization, but of those who were highly negative, all associated vaccination with family planning measures. Some thought that family planning medicine was mixed in the vaccine, others believed that the foetus would die in the womb. Of those with negative attitudes towards immunization, 70% feared side effects, such as serious disease or even death. About 60% of the women reported that their husbands made the decisions about whether or not to vaccinate their children.

○ In Ghana, researchers reported that most mothers believed diarrhoea to be caused by food that was insufficiently heated or to which the person was unsuited. Few mothers associated diarrhoea with inadequate personal hygiene such as lack of hand-washing. The commonest form of first-line treatment was traditional medicine (46%), followed by hospital treatment (35%) and self-medication (19%). There was widespread confusion about how to prepare a sugar and salt solution correctly. In about half of all cases a child with diarrhoea was given fluids such as rice water or corn porridge (without salt or sugar) but solid foods were withheld. In about one third of all cases, enema was used as a routine method of treatment.

○ In India, a national survey found that only 26% of mothers interviewed had ever heard of oral rehydration salts (ORS) and only 2.5% had ever used ORS; another 1% had used a sugar and salt solution to treat a child with diarrhoea. There was considerable confusion about how to prepare an oral rehydration solution: most mothers added too much water. A total of 85% of mothers sought treatment from a private medical practitioner when their children had diarrhoea. The remainder relied on homeopaths, ayurvedic practitioners, faith healers, herbalists and chemists. About 40% of mothers reduced the child's food intake during diarrhoea, usually by cutting staples (rice, rotis, pulses) and vegetables from the diet.



## 7

**Select the communication channels and media which are most capable of reaching and influencing the target audience.**

*These will include a mix of:*

- INTERPERSONAL CHANNELS: health professionals, community health workers, religious and community leaders, traditional health practitioners, women's and youth organizations, school teachers, trade union leaders, development workers, government officials.
- MASS MEDIA: radio, television, newspapers, magazines, comic books.
- SMALL MEDIA: posters, cassettes, leaflets, brochures, slide sets, video, flip charts, flash cards, T-shirts, badges, loudspeakers etc.

*Do not rely on a single means of communication. Always use a mix of various channels and media so that the target audience receives the message from all sides and in many variations.*

## 8

**Design health messages which are:**

- EASILY UNDERSTANDABLE –using local languages or dialects and colloquial expressions
- CULTURALLY AND SOCIALLY APPROPRIATE
- PRACTICAL
- BRIEF
- RELEVANT
- TECHNICALLY CORRECT
- POSITIVE

# 9

## **Develop and test your educational materials**

Testing your materials before producing and disseminating them widely is essential. It will result in more effective communication and save you considerable time and money.

Present your materials (posters, videos, leaflets, flash cards, songs, dramas etc) to a sample of your target audience and ask them for their opinions. Do they understand the health messages you are trying to communicate? Do they like the materials and format you have used? Are the symbols/language/stories/music socially and culturally acceptable? Revise your materials accordingly before mass production and distribution.

# 10

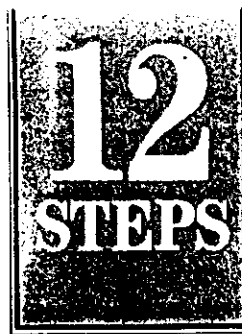
## **Synchronize your educational programme with other health and development services**

For example, a health education programme encouraging the use of packets of oral rehydration salts in the home should not start unless there is already an adequate supply of ORS packets available through the health services and commercial networks.

# 11

## **Evaluate whether the intended new behaviour is being carried out**

Using the baseline data (Step 4) for comparison, check the extent to which the target audience is carrying out the new health behaviour. Investigate why some members of the audience are not carrying it out. For example, a message to give solid foods to babies from the age of 4-6 months may conflict with a traditional custom of breastfeeding exclusively for up to 12 months. Investigate who in the community are the opinion leaders in child care and target this group with the appropriate messages.



# 12

## **Repeat and adjust the messages at intervals over several years**

Experience in many countries has shown that it is only through frequent, varied repetition of carefully designed health messages, through many channels and over a number of years, that new health knowledge is fully accepted and acted upon by the majority. People can easily revert to their previous behaviour if the new health actions are not reinforced over a period of several years. The messages may also need to be adjusted as people's health knowledge and behaviour change over time.

82 月 21 日



# 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.

*School children in Lusaka. The education system is the developing world's broadest channel for promoting healthy attitudes and behaviour. Photo Henning Christoph.*

# 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



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.

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# Mass media

## as health communicators

*“The information media have great power, so they must also assume great responsibility, especially for the health of the nation’s children.”*

*(Adeeb Ghanam, Deputy Information Minister, Syrian Arab Republic)*

During the past two decades most developing countries have revolutionized their capacity to communicate with their own citizens through the modern mass media.

Radio now reaches a majority of homes, and television a majority of communities, in most of the developing world.

With 60% of the developing world’s adult population now literate and 80% of children enrolling in primary school, the print media also have a rapidly expanding readership. Almost half the world’s newspaper titles are now published in developing countries.

The mass media have a special authority. They can raise public and official awareness of child survival and development issues. They can bring new information to isolated regions where health and development workers are few. They can communicate new facts and skills and help to involve people in major new programmes such as expanded immunization and the promotion of oral rehydration therapy. They can also support fieldworkers with up-to-date information and the knowledge that their work is part of a wider national effort.

*Newspaper seller, Rio de Janeiro. During the past decade the mass media have brought vital child health knowledge to hundreds of millions of families. Photo: Henning Christoph.*

# Communicating child health knowledge

During the 1980s the mass media of radio and television, newspapers and magazines have brought information about low-cost methods of promoting child health to hundreds of millions of families. Each of these media has its own distinctive characteristics:

## Radio – the broadcast word

Radio has a larger audience than any other form of mass communication. In the last 20 years the number of radios in the developing world has increased six-fold to over 600 million. Radio is cheap and easily accessible to illiterate audiences. Messages broadcast by radio can reach millions of listeners simultaneously and can be repeated many times at low cost. Radio is also linguistically more flexible than television or the print media. All India Radio, for example, broadcasts in 21 major languages and 246 dialects.

Like television and the print media, radio has the disadvantage of being a one-way medium of communication. This can be partly overcome, however, by organizing groups of people who meet regularly to listen to radio programmes, with the help of a trained animator to stimulate and guide the discussion.

○ **India listens:** Once every week, over 10,000 groups of 10 to 35 Indian women gather around transistor radios to listen to a half-hour broadcast about pregnancy and the first year of a child's life. Since few women in India have access to radios (usually reserved for the male family members), the Integrated Child Development Services project provides each listening group with a radio set. This is usually kept in the *anganwadi*, or child care centre, where the group meets.

The *anganwadi* workers (all women) are given basic training in how to lead group discussions. They also receive a flip chart with a picture of the programme topic on one side and on the other a summary of the programme



topic and a few questions to start the discussion. At the end of the session the *anganwadi* worker fills in a report form and sends it in a pre-paid envelope to the radio station. Whenever groups raise questions which the *anganwadi* workers cannot answer, these are included in their reports and answered at the start of the next broadcast.

In the state of Tamil Nadu, surveys have found that nearly half of the women in the radio listening groups have improved their family diets by adding more green vegetables and milk. In other areas, 75% of women reported learning something new about vaccine-preventable diseases from the radio, while others increased their knowledge of Vitamin A deficiency (70%), anaemia (60%), environmental hygiene (60%) and diarrhoea (40%).

○ **Colombia's 'school of the air':** Throughout Latin America, many voluntary organizations operate radio stations for educational purposes. In Colombia, ACPO (*Accion Cultural Popular*), a private organization set up and supported by the Catholic Church, runs a radio school for adults in rural areas. ACPO's station, Radio Sutatenza, broadcasts daily to several million listeners.

Over 150,000 people are enrolled for ACPO's 'distance learning' courses, which include instruction about simple, low-cost means of promoting maternal and child health. Learners listen in groups to a daily radio broadcast and work through the accompanying text books under the supervision of a specially trained local person, or 'monitor'.

Participation in ACPO's 'school of the air' courses has had a noticeable impact on people's health knowledge and behaviour. Surveys have found that pregnant women enrolled in ACPO's 'school of the air' visit maternity clinics more frequently than the average. Families of ACPO radio listeners also eat more fruit and vegetables, and their children drink more milk, than those of non-listeners.

## Television – the talking picture

The number of television sets in developing countries is now approaching 200 million – a ten-fold increase in two decades. Television is the most powerful of all mass media. By combining pictures with sound, television can communicate messages which it is impossible to convey as effectively by radio or in print.

But television receivers are 20–30 times more expensive than

radios and programming costs even higher still. Television's high cost limits its usefulness as a means of mass communication in many countries. In most of sub-Saharan Africa, for example, fewer than 5% of families own a television set. In most Arab countries, by contrast, television reaches into over 80% of all homes and is an increasingly effective means of promoting child health knowledge and skills.

○ In **Egypt**, carefully designed television advertisements featuring a popular actress have led to a remarkable surge in demand for oral rehydration salts at health centres and pharmacies. Tens of thousands of Egyptian children's lives are now being saved each year through the use of oral rehydration therapy and continuing to give food and fluids when a child has diarrhoea.

○ In **Pakistan**, prime-time television showed pictures of children suffering from vaccine-preventable diseases. The morning after, a health centre in Karachi which normally administered ten vaccinations a day was besieged by 3,000 mothers wanting their children immunized. Six teams were formed and every child was vaccinated by evening.

○ In **Mexico**, the privately owned TV network Televisa has won widespread acclaim for its 'social value' soap operas (*telenovelas*). A series called *Acompañame* (Join with me) is credited with increasing the numbers of family planning acceptors by 25% in a single year.

○ Television dramas and news bulletins in **Nigeria** regularly include messages about child health issues such as breastfeeding, oral rehydration therapy, birth spacing and immunization. This follows the setting up, in 1986, of 'child survival secretariats' at national level and in each of the 19 states by the Nigerian Television Authority. The Federal Radio Corporation of Nigeria is committed to establishing similar units in all national and state radio stations.

○ In countries such as **Algeria, Jordan, Morocco, Syria and Turkey**, television and radio have brought information about two of the most vital child health technologies – immunization and oral rehydration therapy – into the great majority of homes.

○ In **Brazil**, TV Globo, the largest television network, produces a telethon *Child and Hope* during the annual Children's Week. News programmes, shows, soap operas and musical programmes present child survival and development issues to an audience estimated at 83 million.

*Child and Hope* also raises funds for actions aimed at reducing child deaths –



for example the production of educational and training materials and spoons for the national ORT programme.

## The printed word

There are now approximately 4,000 newspaper titles published in developing countries – nearly half the world total. Newspapers and magazines reach a key audience of community and religious leaders, health and development workers, civil servants, school teachers, students and political leaders. They have played a key role in mobilising the support of government decision-makers and community leaders for major new initiatives such as accelerated immunization and disseminating information about AIDS in many countries.

- In **Colombia**, national and regional newspapers such as *La Patria*, *El Universal*, *El Tiempo* and *El País* are giving strong support to the SUPERVIVIR national programme of child survival and development.
- In **Senegal**, the leading national newspaper *Le Soleil* ran features, news stories, editorials, advertisements and cartoons in support of the accelerated national immunization campaign in 1986-87.
- In **Algeria**, the national newspapers *El Moujahahid* and *Révolution Africaine* run regular features, news stories, cartoons and editorials covering the government's drive to reduce infant mortality through immunization, ORT, improved water supplies, sanitation and hygiene.

## Books

Books are a more permanent source of information than the broadcast media of radio and television. They can therefore be used more easily for training and reference purposes. Comic books can serve as an extremely effective means of communicating health messages to people with limited literacy skills.

- Since 1980, the Ministry of Health in **Nicaragua**, has printed and distributed over 3 million copies of comic books on health topics such as nutrition,

diarrhoea, hygiene, breastfeeding, immunization, water supplies, sanitation and malaria. The first issues were produced quickly and distributed widely. Many were used as reading materials for adult literacy classes. It was found, however, that the style of drawing was too abstract and the handwritten words were often illegible for people who had only recently learned to read. Comic books produced more recently have simpler figures and type-written words.

## **The small media**

The mass media are essentially one-way channels of communication, with little or no opportunity for the audience and the sender of the message to interact. Their effectiveness can be greatly enhanced by direct, person-to-person communication in small groups, supported by small media such as video, films, slide shows, sound cassettes, posters, photographs, flannelgraphs, flipcharts, flashcards, and folk media such as drama, role play, puppet theatre, music and story-telling.

○ **Mozambique's** Social Communications Programme, for example, uses a well-balanced mix of small media (slide shows, videos, loudspeakers, posters, sound cassettes) and mass media (radio, newspapers, magazines, films) to disseminate child health and development information in rural areas. A network of part-time 'people's correspondents' provides a regular flow of information and stories for distribution via the press and radio.

## **Total communication: Syria**

Three months before the launch of Syria's national immunization campaign, television presenter Elias Habib was asking parents in a remote northern village what they knew about measles and polio. It was the start of a tour which took Habib to each of the country's 14 provinces to report on preparations for the immunization campaign and its implementation. At each stop he interviewed parents, community leaders, government officials, school teachers and health workers.

Some of Habib's most effective programmes were filmed in hospitals, where he interviewed the parents of children who had just been admitted for polio, measles or whooping cough. The public response was immediate and dramatic.

## Mass media



Three months before the official launch of the campaign, the demand for measles and polio vaccinations had already increased by over 50%.

But Habib's television programmes were only part of a carefully planned communication strategy which helped Syria to boost its immunization rate from 25-30% to around 70% within less than a year.

Almost a year in advance, an Information Committee was set up, chaired by the Deputy Minister of Information. Its members included the Ministries of Health, Education, Religious Affairs and the Interior, as well as National TV and Radio, the press, the government advertising agency 'Joulan', WHO, UNICEF and people's organizations such as the Women's, Peasants' and Youth Unions.

Surveys showed why most mothers had not had their children immunized. Many were simply unaware of the potential benefits. Some feared the side-effects. Others regarded illnesses such as measles as 'rites of passage' which every child had to undergo.

Using this information, 48 messages were designed for use on radio, TV, posters, stickers, T-shirts and in the press. Popular entertainers sang campaign songs on radio and TV, which became national hits. Booklets, leaflets and even bread wrappers were also used to carry immunization messages.

At the same time, thousands of school teachers, students, religious leaders, health workers, trade union leaders and campaign volunteers spoke directly with parents in their homes, offices, factories, health centres and places of worship to reassure them of the benefits and safety of vaccination.

As the launch day approached, the television and radio campaign increased in intensity. On the day of the launch, television – which reaches 90% of the population – turned the coverage of official ceremonies into a festival for children. Formal speeches were interspersed with pre-recorded music, singing and dancing by popular entertainers, all on the theme of the child.

The day after the launch national television showed the Syrian President vaccinating a baby against polio. This encouraged many parents to bring their children to vaccination posts (including some who expected the President himself to vaccinate their children).

Television, radio and newspapers continued to highlight the theme of immunization during the following three months. Syrian TV screened a total of 68 motivational spots, four songs, six short stories, three cartoons and 60 special reports related to immunization in the second half of 1986.

Within six months, immunization coverage rose from 25-30% to around 70%.

All the organizers of the campaign felt they had learned a great deal. Haitham Bashir, Head of the government advertizing agency 'Joulan' – which was responsible for all TV and radio spots as well as booklets, posters and other printed materials – admits:

*“At first I didn't know what the Ministry of Health wanted from us, or even what the names of all the diseases were. But after the Ministry of Health explained all the technical details, we understood how we could help and what we could do for the campaign.*

*“But it was the combination of all the media and the people's organizations that gave us our success. If we had used only one and ignored the others I don't think we'd have been so successful.”*

## **Questions for journalists**

There is wide scope for journalism in FACTS FOR LIFE topics. In any nation the following questions can be asked:

- How many children die from vaccine-preventable diseases? What percentage are fully immunized? How much would full immunization of all children cost? What is being done to achieve it? What are the bottlenecks?
- How many children die each year from diarrhoeal dehydration? Are oral rehydration salts available from all pharmacies? What do doctors usually prescribe for children with diarrhoea? Do mothers withhold breastmilk and food from children with diarrhoea?
- Is breastfeeding on the decline? If so, why? Is the International Code on the marketing of infant formula being observed? Do trade unions and employers recognize the need to provide time and facilities for mothers to breastfeed at the work-place?
- What percentage of children are not growing properly and what effect might this have on the nation's future? What are the causes of malnutrition? How many parents know the essentials of FACTS FOR LIFE on promoting child growth? What percentage of children are having their growth checked each month?





○ What percentage of women have at least two checks from a trained health worker during pregnancy? How many children die of tetanus in the first month of life and why? Do employers recognize the right of working women to maternity leave?

### **Journalists and broadcasters for children**

Media professionals can join or form their own organizations in support of children's rights, health and development. Such organizations already exist in many developing countries. International organizations can be contacted at the following addresses:

International Club of Journalists for Children's Rights, Piazza Marconi 25, 00144 Rome, Italy.

Association de la Presse Africaine pour l'Enfance, B.P. 1857, Lome, Togo.

Eastern and Southern Africa Journalists for the Child, P.O. Box 12871, Nairobi, Kenya.

Asociacion Latinoamericana de Periodistas en Favor de la Infancia, IPS – Philips 40, Of. 68 – 4to. Piso, Santiago de Chile, Chile.

## Communicating Facts for Life

Every media professional can help to promote FACTS FOR LIFE to a wider audience. But more than a one-off advertisement, story or occasional coverage of particular events is needed. What is required, above all, is a long-term commitment to ensure that every listener, viewer and reader becomes aware of what they can do to protect the rights of the child to survival and healthy development. There are many ways in which media professionals can contribute to this objective:

- **Broadcasters, producers, film makers and scriptwriters** can incorporate FACTS FOR LIFE messages into radio and television programmes, films, video and sound cassettes. Messages can be repeated in a variety of programme formats – including dramas, comedies, interviews, news stories, advertising spots or documentaries.
- Newspaper and magazine **editors, journalists, cartoonists and photographers** can use FACTS FOR LIFE as a source of ideas and background information for feature articles, news stories, editorials, photo reportages, cartoons, 'agony aunt' pages and quizzes.
- **Graphic artists and illustrators** can work FACTS FOR LIFE messages into comic books and 'photo novels'.
- **Ministries of Information** can use FACTS FOR LIFE to prepare briefing papers, videos and other audiovisual materials on the most important issues in maternal and child health for other government ministries, as well as for editors, journalists, publishers, broadcasters and producers.

# Religious leaders as health communicators

*“Children are the greatest asset of mankind.”*

*(Saying of Lord Buddha, used in health campaigns in Sri Lanka)*

Religion plays a central, integrating role in social and cultural life in most developing countries. Through the spoken, broadcast or printed word, and through religious symbols, images, ceremonies, festivals and traditions, the world's religions reach out to virtually every community in the most remote corners of the earth.

There are many more religious leaders than health workers. They are in close and regular contact with all age groups in society, and their voice is highly respected. In traditional communities, religious leaders are often more influential than local government officials or secular community leaders. Many also enjoy added respect through their powers of spiritual healing and knowledge of herbal and other traditional cures.

Organized religion can also exert a powerful influence on the priorities of society and the policies of its leadership. There could be no greater cause to which to lend that influence than that of protecting the rights of the child to survive and to develop to his or her potential.

*In the Himalayan foothills of Nepal, Buddhist monks learn how to treat children with diarrhoea. Religious leaders throughout the world have a special responsibility for promoting child health. Photo: UNICEF/George McBean.*

# Communicating child health knowledge

*“The dearest to God of all His creatures is the one who gives most benefit to his dependents.”*

*(Islamic text, published in Child Care in Islam by Al Azhar University, Egypt, and since used in many countries to promote child survival and development)*

The value placed upon the life of the child by all religious faiths gives religious leaders a special responsibility for promoting child health. Many have responded by working to make today's child health knowledge available to parents and children in their communities:

- In **Egypt**, the University of Al Azhar has researched messages from the Kor'an in support of immunization, breastfeeding and other actions to protect child health, and the Grand Sheik has asked that the texts be distributed to all Egyptian families via mosques and Islamic schools throughout the country.
- In **Thailand**, Buddhist monks trained in primary health care by the local health services help rural communities with advice on hygiene and sanitation, nutrition, water supplies and family planning.
- In **Indonesia**, twelve Moslem, Christian and Hindhu organizations have launched a joint programme, using study groups, prayer meetings and home visits, to enhance the child survival knowledge of 10 million mothers. The Department of Religion has also integrated basic information about child survival and development into training for marriage counsellors, kindergarten teachers and heads of Islamic schools in all 27 provinces.

## **Colombia: the transformation of health knowledge**

Young people who come to a priest in Colombia for pre-marital counselling are now likely to discuss the importance of breastfeeding and nutrition as well as their marriage vows. All of the country's 2,500 parish priests are now equipped to advise parents about basic child health care.

The information is contained in a special handbook, *The Path to Children's Health*, which has been distributed to priests as well as thousands of nuns, deacons, catechists and lay workers.

## Religious leaders



The handbook was developed jointly by UNICEF and the Catholic Church's Social Pastorate. The local UNICEF office produced a first draft of basic information about child survival and development. Church leaders then transformed this text into a communication tool for the Catholic Church by adding chapters on the Christian view of health and childhood, Biblical quotes, selections from Papal encyclicals and appropriate illustrations. The handbook also contains specific religious and health messages for occasions such as pre-marital counselling and special events such as Christmas. It also suggests ways of organizing meetings to teach parents basic child health knowledge as part of the Church's pastoral work in the community.

## A boost for immunization

- Since 1985 the Catholic Church in **El Salvador** has played a courageous role in organizing three 'days of tranquility' each year, when the fighting between government and rebel forces stops and the nation's children are immunized.
- In **Turkey, Syria, Morocco, Egypt, Tunisia and Senegal**, tens of thousands of imams and other Moslem leaders have made announcements and preached sermons about the importance of immunization. In many cases the mosque itself has been used as a temporary vaccination post.
- In one province of **Indonesia**, a programme was launched to immunize women of child-bearing age against tetanus. In the first round, when no attempt was made to involve the local Moslem leaders, coverage was a disappointing 48%. In the run-up to the second round the help of the local Moslem leaders was sought, with the stunning result that coverage rose to 98%.

## Brazil: the Church and the child

The Catholic Church is a powerful presence in Brazil, the world's most populous Catholic country. With its 7,000 priests and tens of thousands of other full-time workers, its 120 radio stations and thousands of local newspapers and magazines, the Church has an enormous institutional and communication network. It is also a major provider of health care, with 14,000 nuns and brothers working in hospitals, clinics and rural health programmes.

The Church's communication resources are now being used by the 'Pastorate of the Child' programme to help protect the lives and healthy growth of 1 million

young children in the poorest parts of the country. The programme was launched after a successful trial in the town of Florestopolis, where infant mortality was halved within twelve months. So far, 30,000 community leaders have been trained in simple, inexpensive ways of protecting children's health and growth.

In August 1987 the National Conference of Brazilian Bishops launched a national programme to promote the use of oral rehydration therapy within the home. Co-sponsored by the Brazilian Paediatric Society and the National Council of Christian Churches, and supported by UNICEF and the National Advertising Council, the programme aims to teach parents in approximately 100,000 communities how to use oral rehydration and to keep feeding children during diarrhoea. These two simple measures have the potential to save the lives of 60,000 Brazilian children a year.



## Communicating Facts For Life

Religious leaders throughout the world could now be asked to use and promote FACTS FOR LIFE, suitably adapted for their own religious, social and cultural situations. Those who could help to do this include:

- **Leaders** of national and international religious organizations and movements, who could promote FACTS FOR LIFE at conferences, meetings and interviews with the mass media.
- **Training colleges** for religious leaders and lay workers, who could use FACTS FOR LIFE in training courses, seminars and workshops.
- **Publishers** of religious books, magazines and newspapers, and producers of films, videos, posters, flipcharts and other audiovisual aids for religious organizations, who could present FACTS FOR LIFE messages through a wide variety of printed and electronic media.
- **Radio stations** belonging to religious organizations, which could broadcast plays, stories, interviews, advertising spots, songs and animated dialogues featuring FACTS FOR LIFE messages.
- Individual **religious leaders** and **lay workers**, who could use FACTS FOR LIFE as a handbook of essential health knowledge for prayer and study groups, when counselling young people and parents, and when preparing talks or sermons.
- **Study groups** and **adult education classes**, who could use FACTS FOR LIFE as a textbook to be studied chapter by chapter.
- **Ministries of Religion**, who could place FACTS FOR LIFE in the hands of every religious leader and every teacher at religious schools.

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# Trade unions

## as health communicators

*“Trade unions could considerably assist in the participation of parents, especially mothers, in child health care programmes. Work-place meetings to explain immunization, oral rehydration therapy and other primary health care techniques could assist in encouraging awareness and participation. ORT sachets could be distributed at the work-place or through union offices.”*

*(John Vanderveken, General Secretary, International Confederation of Free Trade Unions)*

Trade unions have played a leading role in improving health and safety conditions at the workplace. They are also long-standing campaigners for better economic and social conditions. Through their widespread and regular contacts with their own members (over 300 million worldwide), and also with employers, governments and political parties, they can play a leading role in improving the health of women and children.

Many governments have passed legislation requiring employers to provide maternity leave, child care facilities and the right to breastfeed at work. Increasingly, trade union leaders are being asked by their own members for more information about these rights. This is also an ideal context for unions to inform and support their members in other crucial areas of child health action.

*Trade unions work to achieve better health and safety conditions at the workplace. A growing number are also helping to make today's child health knowledge available to their members. Photo: Jean-Pierre Laffont/SYGMA.*

# Communicating child health knowledge

Trade unions in many developing countries are starting to use their communication networks to make vital information about the health of women and children available to their members:

○ In **Botswana, Burkina Faso, Hong Kong, India, Jordan, the Philippines, the Republic of Korea, Sri Lanka and Thailand**, unions have organized workshops and short courses to inform their members about laws relating to maternity benefits as well as health care during pregnancy, breastfeeding, family planning, immunization and home hygiene.

○ *Health Is Ours* is the theme of a campaign of the Chemical Workers Union in Sao Paulo State in **Brazil**. Says a campaign leaflet: *You are not just a patient, the object of health care of dubious quality, but the responsible subject of your own health care.* The union itself organizes health clinics for its members and their families in its own office building. Union representatives also play an active part in the management of state-funded health centres in the city.

○ In **Mexico**, a group of women workers, assisted by medical students from the University of Mexico, have produced a booklet explaining the medical and maternity benefits to which workers are entitled, but of which few are aware.

○ In countries such as **Nicaragua and Bolivia**, union leaders are also active members of local health committees. They educate their own members in health matters, help to organize facilities such as child care centres, and enlist the community's help in organizing health activities such as malaria control, hygiene, diarrhoea control and immunization.

○ In **Burkina Faso**, the National Free Trade Union runs a health centre providing vital health education and services to women and children in a poor neighbourhood of the national capital, Ouagadougou.

## The global perspective

○ The **International Confederation of Free Trade Unions** urges its 119 affiliates in 96 countries to negotiate with employers for maternity leave, time-off to attend health clinics and vaccination centres, creche facilities, breastfeeding breaks and health education at the work-place.



○ The **World Confederation of Labour** has urged its 84 affiliates in 78 countries to monitor the application of the International Code on the Marketing of Breast Milk Substitutes passed by the World Health Assembly in 1981, and to support women workers in trying to ensure the implementation of the Code in their own countries.

○ The **World Federation of Trade Unions**, with its 84 affiliates in 75 countries, stresses the importance of educating its members about human reproduction and child care, and of protecting the health of mother and child before and after childbirth. In negotiations with employers and governments, the WFTU is also concerned with improving education, hygiene and housing, and providing drinking water and health facilities.

## **Communicating Facts for Life**

Trade unions could use their communication and education networks to help promote today's child health knowledge to their members and the general public through:

○ **Posters and calendars, newsletters and magazines, videos, talks and public address announcements** in work-places, and membership mail systems.

○ **Conferences, workshops and meetings** on maternal and child health topics for union organizers and members.

○ Presenting **FACTS FOR LIFE** messages through **radio, television and newspaper advertisements.**

○ **Displaying health educational materials** at union offices and in union-run health facilities.

○ **Courses** on industrial relations, maternity rights, and health and safety at work organized by trade union colleges, training centres and worker education schemes.



# Employers and business leaders

## as health communicators

*“Employers and trade unions, advertising agencies and marketing companies, know how to communicate with their employees, their customers, and their members. Will they too join an alliance for children?”*

*(James P. Grant, Executive Director of UNICEF)*

Employers are in regular contact, through the work-place, with their employees, many of whom are mothers or fathers. They have a unique capacity to reach hundreds of thousands of parents.

Business people, through their contacts with their customers, are also an important channel for the promotion of child health.

Experts in market research and advertising have developed effective methods of reaching the public with messages. These techniques can be adapted to promote social objectives.

*In Bangladesh a match manufacturer has printed the symbol of the country's immunization programme on millions of matchboxes. Photo: UNICEF/Anwar Hussain.*

# Communicating child health knowledge

## An employer's responsibility

Good employers recognize that promoting the health and welfare of their employees and their families is part of their social responsibilities. It is also a form of enlightened self-interest, since it results in less absenteeism, improved management-workforce relations and higher productivity. A growing number of employers recognize the importance of promoting health and family welfare. For example:

- Many of the largest employers in countries such as **Botswana, Indonesia, India, Kenya, Mexico, Nigeria, Thailand** and **Turkey** have introduced health and family planning information and services for their work-forces.
- The Tata Corporation in **India** provides health education and services to its employees and their communities. In the 'steel city' of Jamshedpur and 120 surrounding villages, for example, Tata Steel helps to promote knowledge about the health of mothers and children by supporting pre- and post-natal care, well-baby clinics, family planning services and the training of traditional birth attendants and village health workers.

## Business and commerce

Banks and business houses, manufacturing firms and retailers of all kinds (grocery shops, department stores, bakeries, market traders etc) are all in regular contact with the public. Through these contacts they can also influence the attitudes and health behaviour of millions of parents. Some are already helping to promote child survival and development:

- In **Colombia**, the State Bank helped to advertise the national immunization campaigns in 1984 and 1985 through a promotional calendar. The National Coffee Growers Federation now sponsors the production of family health



educational materials as part of SUPERVIVIR, the national child survival and development programme.

○ In **Cameroon**, where the Ministry of Health has no funds for the production of audio-visual materials, matchboxes are now being used to promote child health. Produced by the UNALOR company, the matchbox tops carry short immunization messages. Since matches are an indispensable household item, the messages are reaching a much wider audience than posters on the walls of health centres and hospitals. They are backed up by radio messages on the same theme and by discussions and talks in women's groups organized by the Ministry of Women's Affairs.

○ In **India**, business houses regularly sponsor advertisements and feature articles in national newspapers on topics such as immunization, nutrition and the prevention and treatment of diarrhoea.

○ In **Indonesia**, local firms sponsor roadside billboards and posters which promote immunization and family planning alongside their own products such as toothpaste and processed foods.

○ In **Nepal**, the Agriculture Development Bank publishes a wall newspaper for display at 20,000 village sites. As well as agriculture, the paper covers topics such as nutrition, water supply, hygiene, breastfeeding, immunization and oral rehydration therapy.

○ In **Brazil** and **Colombia**, information about the need for a full course of vaccines has reached millions of parents by being printed on bank statements and electricity bills, lottery tickets and carrier bags, commercial calendars and sponsored newspaper advertisements.

○ In **Bangladesh**, *Moni*, the healthy child symbol of the country's immunization programme, is being printed on 29 million matchboxes by Dhaka Match Industries to remind parents of the importance of having their children fully immunized.

○ In countries such as **Syria**, **Brazil** and **Bangladesh**, child health messages have appeared on soap and bread wrappers, till receipts and ration coupons.

## **Point of sale promotion**

Advertising and personal advice at the point of sale can also help inform parents of how to use new health products such as oral rehydration salts (ORS) safely and effectively.

- In **Egypt**, 5,000 commercial pharmacies successfully promote sachets of ORS along with free gifts of special plastic cups and spoons.
- In **Nepal**, over 5,000 storekeepers and 1,000 pharmacies market *Jeevan Jal* (water of life) ORS packets and advise parents on how to use them correctly.
- In **Sri Lanka**, *Jeevaneer* brand ORS packets are marketed by a matchbox company with more than 10,000 retail outlets.
- In **Brazil**, boxes and packets of sugar and salt carry the recipe for making an oral rehydration solution. A private enterprise also donated 500,000 special two-ended spoons to support the national Oral Rehydration Campaign of the Catholic Church's Child Pastorate programme. The Poultry Raiser Association has contributed to the campaign by printing the recipe for the oral rehydration solution on the inside of egg boxes.

## The marketing of good health

The marketing and advertising industries have succeeded in creating a massive demand for soft drinks and cigarettes, medicines and infant foods throughout the world. By contrast, some market researchers and advertising firms have also used their specialist skills to educate people in healthy behaviour. During the 1980s the *social marketing* approach to health education has made an important contribution to the promotion of child survival and development:

- In **Brazil**, a leading advertising agency, CBBA Publicidade, won the Brazilian Advertising Association's 'Agency of the Year' award for its work on the National Breastfeeding Programme in 1983. Working on an expenses only basis, the agency contributed its specialist skills in audience analysis and message design to the programme, and came up with the slogans:

*"Breastfeeding – every mother can! Stay with it!"*  
*"Breastfeeding – the six months worth a lifetime!"*

After testing, these twin messages were broadcast nationwide through radio, television and newspaper advertisements, and were also printed on lottery tickets, bank statements, and telephone, electricity and water bills.





○ Also in **Brazil**, the National Advertising Council, an association of the country's major advertising agencies and mass media organizations, has obtained free broadcasting in television, radio and the press to support campaigns for child survival and development.

○ The advertising campaign to promote **Sri Lanka's** Accelerated Programme of Immunization received the prestigious Max Lewis Memorial Challenge Award certificate of merit for 1986. Created by the firm of Grant, Bozell, Jacobs, Kenyon & Eckhardt (Lanka) Ltd, in conjunction with UNICEF, the campaign was divided into two phases. Phase one used press advertisements and radio and television spots on the general theme of immunization. Phase two focussed on a single disease – polio – which researchers had found to be the most widely feared vaccine-preventable disease among parents.

## **Polio Plus – Rotary's greatest challenge**

Over a million business and professional people are active in service organizations such as the Rotary, Junior Chamber of Commerce and Lions Clubs. Rotary International, for example, is helping to combat polio and other vaccine-preventable diseases through its remarkable "Polio Plus" programme, which has raised \$240 million in contributions from Rotarians worldwide.

Since 1985 Rotary International has provided vaccines and equipment to protect 100 million children in 67 developing countries against polio.

But Polio Plus, described as 'the greatest challenge ever undertaken by Rotary International,' goes even further than providing polio vaccines, equipment and supplies. In scores of developing countries, Rotarians are also helping to generate community *demand* for immunization against all six diseases targeted by WHO's Expanded Programme on Immunization – measles, tuberculosis, diphtheria, whooping cough and tetanus, as well as polio.

○ In **Mexico**, a prominent Rotarian arranged for the distribution of 20,000 immunization posters and reporting forms through his firm's 93 retail stores.

○ In **Peru**, Rotarians persuaded a major daily newspaper to print free front-page adverts promoting national immunization days. Within a week, two other major newspapers followed suit. Also in **Peru**, Rotary's 92 clubs recruited 10,910 volunteers to make house-to-house visits in order to inform parents of the importance of immunization and where they should take their children for immunization.

○ In countries such as **Turkey**, the **Philippines**, **India** and **Zimbabwe**, Rotarians have raised money or donated materials to help publicize and organize accelerated vaccination drives.

○ In **Panama**, Rotarians helped to produce a manual for community leaders on how they could help to accelerate immunization coverage.

Many Rotarians and their families also help to organize temporary vaccination posts, transport health personnel and equipment, and provide health workers with food and drink on special vaccination days.

○ In Angeles City in the **Philippines**, five Rotary Clubs helped to put together a coalition of immunization volunteers. School teachers carried out a house-to-house census of infants and young children. The mass media, local government and the churches disseminated information. Rotarians provided transport and meals on three vaccination days. Health workers, medical and nursing students carried out vaccinations. As a result, 89% of young children were fully immunized.

To support these activities Rotary International runs workshops and training sessions using a specially produced manual on social mobilization and communication.

The idea of civic-minded business and professional leaders acting as health volunteers is still new in many countries. But it is an idea that is catching on fast, as government leaders recognize in Rotary a strong, community-based organization that can 'make things happen'.



## **Communicating Facts for Life**

In most nations, what is being done through the work-place, business and commerce to promote child health is still only a shadow of what is possible.

○ **All employers** could help to disseminate FACTS FOR LIFE messages to their employees and members through:

– posters and newsletters, films and videos, public address announcements in work-places and canteens, pay slips, time sheets and company mail systems.

– conferences, workshops, meetings and short courses on child health for managers and employees.

○ **Business management schools** could include FACTS FOR LIFE topics in courses on industrial relations, maternity rights, and health and safety at work.

○ **Business and commercial leaders** can be asked to present FACTS FOR LIFE messages to the general public by:

– sponsoring advertisements in cinemas, video parlours, newspapers and magazines, radio and television.

– sponsoring conferences, meetings and seminars courses on FACTS FOR LIFE topics such as breastfeeding, safe motherhood and birth-spacing.

– sponsoring the production of FACTS FOR LIFE training and educational materials for health workers, volunteers and the public.

– displaying posters, calendars and other publicity material promoting FACTS FOR LIFE messages in offices, factories, banks and retail outlets.

○ **Advertising and market research firms** can assist governments and NGOs promoting FACTS FOR LIFE knowledge by:

– studying the knowledge, attitudes and behaviour of target audiences.

– helping to develop professional communication plans.

– developing and testing specific messages and materials.

– evaluating the impact of health educational programmes and campaigns.

– training lay people in communication planning and management.

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# Government & community leaders

## as health communicators

*“Enlightened leadership is service, not selfishness. The leader grows more and lasts longer by placing the well-being of all above the well-being of self alone.”*

*(from: The Tao of Leadership by Lao Tzu)*

Every government ministry, department and institution also has the potential to raise public awareness of health issues and to help communicate child health knowledge.

Local government leaders can also be a key link in the communication process. Village heads and traditional leaders, because of their official position or personal prestige, are often respected sources of information about health. In many countries, members of political parties also play a leading role in health and development programmes, and have considerable influence on people's health attitudes and behaviour.

Particularly in countries where the mass media and other forms of social organization have only limited outreach, local government leaders can be key allies in promoting new health knowledge.

*The goal of 'Universal Childhood Immunization' can be achieved through the involvement of all sections of government and society in informing parents and providing services. Photo UNICEF/Margaret Murray-Lee.*

# Communicating child health knowledge

More and more countries are seizing the chance to involve *all* sectors of government in promoting health as an objective of national development. Increasingly, the health of mothers and children is the focus of this multi-sectoral approach.

## Ministries of the Interior

In most countries, the Ministry of the Interior (or Home Affairs) is the key to mobilizing the administrative infrastructure for any national effort.

○ In Senegal's accelerated immunization programme, for example, the country's well-developed administrative system facilitated the flow of information from the President himself down to village heads, and in the reverse direction. From the President, the information went out to Governors, who informed their *prefets* and *sous prefets*, who in turn organized meetings to pass the word on to village and neighbourhood chiefs. These local leaders then made house-to-house visits or called meetings in community centres, market places or under baobab trees, where health workers explained the importance of vaccination. Within a six-month period, immunization coverage rose from very low levels to approximately 70% of the under two year-old population.

## Agricultural extension

○ In Mexico a programme established by the Ministry of Agriculture produces video cassettes on health topics such as immunization, nutrition, hygiene and water supplies. The Programme for Integrated Rural Development in Mexico's tropical wetlands makes use of a variety of media, primarily video, in development planning and training local community leaders. Since 1975 several hundred video programmes of about 20 minutes duration have been made and used with over 150,000 farmers. The programmes on health topics have proven just as popular as those on agriculture, livestock, forestry and the environment.



## **Armed forces**

○ In **Nepal**, Gurkha soldiers about to retire from the Army and return to their villages are taught about the prevention and treatment of diarrhoea, and issued with an illustrated teaching manual. As leading members of their communities, the former soldiers are able to disseminate their knowledge to neighbours, relatives and friends.

## **Police**

○ In **Colombia**, 3,700 police officers and cadets, trained as Health Monitors as part of the national SUPERVIVIR child survival programme, are now working with families and communities to help promote the health of mothers and young children. The National Police have also produced a special manual on child health and safety to assist all police officers in their routine work in the community.

## **Post office**

In scores of developing countries, the Post Office has issued attractive stamps on child survival themes such as breastfeeding, immunization and oral rehydration.

## **Speaking with one voice**

○ Health educators often face the problem of different government agencies, fieldworkers, health workers and non-governmental organizations putting out inconsistent health messages.

○ In **Oman**, where the government wanted to develop training materials on pre-natal care, this problem was overcome by setting up a multi-sectoral task force involving every institution or organization concerned: the Ministries of Health, Social Affairs, Labour, Education, Islamic Affairs, Information and the Interior, as well as the National Women's Organization and UNICEF.

The outcome was a set of teaching aids and informational materials – two booklets, a slide set, a flip chart and a picture folder – which present simple, accurate, consistent and easily understandable messages about health care during pregnancy. These materials are ideal for use not only by health workers

but by school teachers, adult literacy teachers and non-governmental organizations.

## **Local government and community leaders**

Some governments are seizing the opportunity of working with traditional leaders and political cadres to inform people about today's child health knowledge:

○ In **Sierra Leone**, traditional chiefs and village heads now act as a permanent communication link between the health services and the community. The health services at district level call regular meetings of chiefs and village heads, who pass on the information to parents through local religious leaders, town criers, policemen, traditional birth attendants, youth and women's leaders, and their own wives and relatives.

○ In war-torn **Lebanon**, village heads (*mukhtars*) and other community and religious leaders, helped to inform, motivate and organize their communities to participate in three rounds of vaccination in late 1987. Political and military leaders agreed to lay down their arms temporarily to allow health workers to vaccinate the nation's children. As a result, immunization levels were raised from around 40% to at least 80% during a period of three months.

○ In **Uganda**, cadres of the National Resistance Movement learn about immunization as part of their training at the National School of Political Education. To assist them in their work, the government provides them with a special booklet containing basic information about vaccine-preventable diseases, with the following advice:

- *Learn all you can about immunization*
- *Talk about immunization during your regular meetings with the public*
- *Find out where the nearest immunization clinics are to your people*
- *Tell the people the places to take their children to*
- *Invite health workers to your meetings and rallies to address the people on immunization*
- *Visit your people's homes and find out where they go for health care*
- *Work with your District Medical Officer or Health Worker to make sure that immunization is provided at all health care places according to the announced*





*schedule. Put it to Health Workers that if they fail to keep appointments it can reduce the morale of even the most serious parents.*

Plans are now underway to introduce AIDS prevention and diarrhoeal disease control into the cadres' training course.

○ **Tanzania's** ruling political party, Chama cha Mapinduzi, has a membership of 2 million, making it the largest political party in Africa. The Party's infrastructure extends from the national level through regions, districts and villages, right down to Party cadres at neighbourhood level. This political infrastructure is now being used to educate and involve parents in community-based health activities.

Party officials such as Divisional and Ward Secretaries double up as government administrators and are entrusted with promoting health, education and other development programmes. One notable example is the Nutrition Programme in the Iringa Region, which covers 220,000 children in 620 villages. Village Chairmen are responsible for the programme within their own communities, and the people meet regularly to air their views about the programme. In these meetings villagers themselves have put forward some of the most radical ideas and proposals, based on their knowledge of their own environment and capacity. It was at such a meeting that the idea first emerged to train neighbourhood cadres to weigh under-five children regularly at community-based child-care posts. This system has worked extremely well. The posts also serve as a focus for immunization, malaria control, health education and the treatment of common diseases.

## Communicating Facts for Life

- **Ministries of Public Works** can use FACTS FOR LIFE to train water and sanitation technicians in the prevention and treatment of water-related diseases, particularly diarrhoea.
- **Ministries of Agriculture** can use FACTS FOR LIFE to train agricultural extension workers in the essentials of malaria control and nutrition.
- **State-owned services such as electricity, water supply and telephone companies** can print FACTS FOR LIFE messages on bills.
- **All government ministries, departments and institutions** can print FACTS FOR LIFE messages on pay slips and correspondence.
- **Ministries of Defence** can disseminate FACTS FOR LIFE messages to members of the Armed Forces and their families.
- **Ministries of Health and the Interior (Home Affairs)** can organize orientation sessions and seminars for traditional leaders and village heads on FACTS FOR LIFE topics.
- **Political parties** can use FACTS FOR LIFE to prepare training materials for party officials, cadres and volunteers, and to educate community leaders in what they can do to promote the health of mothers and children.
- **Village heads, traditional leaders and political cadres** can use FACTS FOR LIFE as an authoritative source of essential information.

# Artists and entertainers

## as health communicators

*“Today’s children make tomorrow’s world  
They need protection to develop  
Defend the child and let him live  
Immunization by nineteen ninety.*

*Pregnant women should be immunized  
Child-bearing age fourteen to forty-four  
Children under one year also  
Must all be immunized.”*

*(Immunization 1990 – song from Sierra Leone)*

Artists and entertainers reach a broader cross-section of the population than any other communicators. Even in areas outside the reach of modern mass media, drama troupes and puppeteers, magicians and comedians, story tellers and dancers, musicians and singers reach millions of people who have little or no contact with modern means of communication. They have the advantage of being familiar, credible and accessible to the great majority of ordinary people. With their unique ability to educate and amuse their audiences at the same time, artists and entertainers are a vitally important channel for communicating today’s child health knowledge.

*Artists and entertainers have the unique ability to both amuse and inform their audiences. Two of Nepal’s most popular comedians perform to large village audiences, skilfully weaving health messages into their comic routines.  
Photo: UNICEF/George McBean.*

# Communicating child health knowledge

Many artists and entertainers are now 'transforming' child health messages into songs, plays, comic routines and other forms of popular entertainment. For example:

## Soap opera messages

○ Traditional **Somali** theatre experienced a revival in 1986 through a musical soap opera presenting messages about malnutrition, breastfeeding, immunization and oral rehydration therapy. A three-hour stage production, *Cilmi Iyo Caado* (The Old and the New), tells the story of love-struck Dr Mohammed who relentlessly woos Dr Sainas. The main theme is interwoven with other humorous and tragic stories, enlivened by witchcraft and superstition, and characters who include good and bad parents, drunks, social misfits and caring neighbours. The show was created and performed by 40 artists, script writers and nationally famous television soap opera stars. Following the success of the live show, UNICEF produced a video version which has been widely used in cinemas and state-owned television, and shown to meetings of the national women's organization. Songs from the show have been broadcast on the radio and have become national hits.

## Shanty town theatre

○ In a shanty town suburb of **Port Sudan**, a street theatre group helped to increase childhood immunization coverage from 4% to 50% between 1985 and 1986. The group, called Tagadam Street Theatre, devised a lively play on 'The Six Deadly Diseases', drawing audiences of up to 600 for evening performances. The play, which combined drama with comic effects, was also performed on street corners and public places without the benefit of a stage or special lighting.



## Comedians

○ Madan Krishna Shrestha and Hari Bansa Acharya are two of **Nepal's** top comedians, popular with both villagers and urban dwellers alike for their outrageous comic routines with subtle political undertones. In 1986 they spent a week travelling on foot through the Hungi Hills, giving performances on oral rehydration therapy. Using puppets and comic routines, they exploited the humorous side of diarrhoea to the limit but also explained the grave consequences of diarrhoeal dehydration and how parents can prevent dehydration by giving the child a sugar-and-salt solution. The pair have also produced a cassette of humorous routines on child survival topics, which is sold in market places.

## Magic

○ **Bangladesh's** internationally acclaimed magician, Mr Jewell Aich, is an exponent of what he calls 'progressive magic', or using his conjuring skills and well-known face and name to inform and educate his audiences. One of his most popular acts features *Moni*, the symbol of his country's national immunization programme. A founder-member of a group of Bangladeshi artists in support of child survival and development, Jewell also works with campaigners against smoking, narcotics and harmful beliefs and superstitions.

## Festivals

○ In **Kenya**, folk media festivals are now being held to bring family planning out from behind clinic walls and into the open. In Nairobi's Uhuru Park, weekend crowds are attracted by choirs, traditional dances, dramas, poetry recitations and story tellers – all with messages about health, nutrition, family planning and other family health topics. More than 20 groups are also staging public performances in other towns and cities throughout the country.

## Television drama

○ In **Egypt**, the internationally famous actress Karima Mokhtar starred in two series of dramatised dialogues on national television to educate mothers about the use of oral rehydration therapy and the importance of continuing to feed a child with diarrhoea.

## Puppet theatre

○ In **Indonesia**, the *dalangs* who stage all-night-long shadow puppet performances are adept at including messages about birth spacing in their stories based on the Ramayana and the Mahabarata legends.

## The sound of music

Music has tremendous emotive power, its unique appeal allowing a message to be repeated many times over without the audience becoming bored. It is also a highly participatory medium. People with little or no formal training in music can compose songs and jingles, play a guitar or beat a drum, or join in a popular song or dance. For example:

○ In **Senegal** thousands of *griots* – traditional story tellers and musicians – sang and beat their drums to publicize the arrival of vaccination teams during the accelerated immunization programme of 1986-87. In the capital, Dakar, the country's leading pop groups and international artists performed at an open-air concert attended by an audience of over 30,000 to celebrate the country's successful immunization drive.

○ In **Sierra Leone**, UNICEF organized a four-day workshop for 32 playwrights, performers and composers from local theatre groups in Freetown, who developed jingles, stories, dramas and songs with immunization messages aimed at the rural population who are largely beyond the reach of the mass media.

○ In **Syria**, national television featured a popular comedian singing jingles with a group of children to promote the nationwide immunization campaign.

○ In **Guinea-Bissau's** first National AIDS song contest, Francisco 'Fat Boy' Costa sang sadly in the local Portugese dialect:

*"I was happy, strong and healthy  
But because of an adventure  
Because of a game  
Because of a senseless diversion  
I have become the object of a study."*

Costa's song was broadcast live along with others by state-owned radio, and the World Health Organization has distributed 5,000 cassettes of the songs



which took the winning prizes at the contest. Warnings about AIDS are now being played over and over on the battery-powered cassette players found in every village throughout the country.

## Graphic artists and designers

Graphic artists and designers have an important role to play in presenting health knowledge through logos and symbols, posters and wall charts, billboards and flashcards, flipcharts and illustrated pamphlets and brochures. For example:

- UNICEF **Nepal** has published an *Instant Illustration* workbook with over 600 line drawings contributed by several of the country's best artists. The topics covered include hygiene, water supply, oral rehydration therapy, child growth and nutrition. The book can be used as a source of pictures for use as teaching aids by health communicators.
- In Bangkok, **Thailand**, UNICEF brought together seventeen Asian cartoonists and graphic designers for a week-long workshop on illustrating child survival and development messages. The result was an impressive collection of drawings, an illustrated newsletter and a plea to health educators to make better use of graphic artists.

## African artists pledge their talents

- In March 1987, over 50 African artists, writers and intellectuals meeting in Dakar, **Senegal**, pledged their creative talents to inform and mobilize populations in the cause of child survival and development.
- One year later, in Harare, **Zimbabwe**, a gathering of 140 artists, writers, playwrights, musicians, film-makers, publishers, journalists and politicians from 28 African countries called on all African artists and communicators to include child health messages in songs, drama, dances and other forms of popular art and entertainment.

## Spectator Sports

Sporting events which attract large crowds as well as radio and television coverage can be used to encourage public involvement in health campaigns. Sports celebrities can also give credibility to health messages by their endorsement through the mass media of television, radio and newspapers. For example:

○ The final of the African Soccer League Championship between **Egypt** and **Sudan** in December 1987 was used to promote immunization. Spectators at the ground and millions of television viewers who watched the match live also saw billboards with immunization messages and heard commentators talking about the importance of immunization.

○ At World Cup cricket matches in **Pakistan** in 1987, players from the world's leading cricketing nations went to bat for children. Pakistani captain Imran Khan told millions of television viewers and spectators: *"You too can be an all-rounder. Give your children all-round protection. Immunize and protect your child."*

○ In **Brazil** the national football star Socrates, who is also a qualified doctor, featured in television advertisements promoting the practice of breastfeeding. Zico, another famous football player, participated in promoting the 1986 National Vaccination Campaign.

○ **Turkey's** immunization campaign of 1985 was publicized by two first division football teams running onto the field in Ankara carrying babies, who were vaccinated on the field before the start of the match.

○ In the **Sudan**, immunization is promoted through announcements and leaflets distributed at horse and camel races, and long-distance road races.

○ In **Brazil** and **Colombia**, information about the need for a full course of vaccines has reached parents by being broadcast in football stadiums.





## **Communicating Facts for Life**

Every artist, entertainer and sporting personality can help to transform **FACTS FOR LIFE** messages into words, symbols, music, images, stories and plays which not only entertain but educate their audiences.

○ **Actors, comedians, composers, painters, poets, musicians, writers, singers, story tellers and puppeters** can use **FACTS FOR LIFE** as a source of health information which can be woven into their particular forms of artistic expression.

○ **Graphic artists** can produce books of 'instant illustrations' on child health themes to be adapted or copied by health educators who lack visual materials. For example:

- Parental responsibility (especially fathers)
- Growth of a baby in the womb
- How to fill in a child's growth chart
- How to recognize dehydration
- How to mix an oral rehydration solution
- Breastfeeding
- Treatment of fever
- Hand-washing

○ **Government ministries, international agencies and non-governmental organizations** can organize creative workshops for artists and entertainers, and commission materials incorporating child health messages.

○ **Sporting teams and personalities** can help to promote child survival and development by publicly endorsing **FACTS FOR LIFE** messages at sports events and through the mass media of television, radio and newspapers.



# NGOs

## Non-Governmental Organizations as health communicators

*“Only when people become actively responsible for their own and the community’s health can important changes take place.”*

*(David Werner, author of Where there is no Doctor)*

Non-governmental organizations of all kinds – women’s groups and youth movements, neighbourhood associations and people’s health committees, voluntary organizations and cooperative movements – can make a vital contribution to protecting the lives and growth of children. Such organizations can inform and support parents in using today’s low-cost child health actions. They can also help to organize communities to build demand for, and participation in, basic health and development services.

*Tens of thousands of non-governmental organizations are already involved in promoting the health of mothers and children. In Nepal, Guides assist the national immunization programme by carrying out door-to-door surveys.  
Photo: UNICEF/Sharad Ranjit.*

# Communicating child health knowledge

## Mothers of change

Women's organizations are the most effective context for informing and assisting mothers in the use of new health knowledge and skills. They provide a mutually supportive environment in which new ideas are accepted and practised more readily:

○ In two-thirds of **Indonesia's** 67,000 villages, over one million women volunteers are now helping to educate other mothers in ways of protecting their own health and that of their children. Mobilized by the Family Welfare Movement, the volunteers are regularly weighing over 7 million children at 200,000 *posyandus* (integrated health posts), organized each month in private homes or village halls. The *posyandus* also provide oral rehydration salts, iron folate and vitamin A tablets, and serve children a nutritious meal or snack. Government health and family planning workers visit the *posyandus* to carry out vaccinations, assist with health and nutrition education, and provide family planning services and care during and after pregnancy.

Mrs Supardjo Roestam, Head of the Family Welfare Movement, explains how the *posyandu* volunteers motivate and educate mothers:

*"To encourage mothers to bring their children, we enlist the support of the village head and also the local religious leaders and dukun bayi (traditional birth attendants). The health messages we try to get across are fitted into the local culture. Traditional forms of communication, like puppet theatre, songs or legends, are often more meaningful to village people than purely technical explanations. Visual explanation is also more effective than just talking."*

The *posyandus* grew out of a well-developed system of weighing posts, also organized by women volunteers from the Family Welfare Movement. These community-based health activities have had a clear and measurable impact on child health. In 1979, for example, 7% of under-five children in Indonesia were severely malnourished; by 1986, the figure had fallen to less than 2%.

○ **Kenya** has over 16,000 women's groups with a combined membership of 630,000. In most cases their original purpose was to undertake income-generating activities such as producing handicrafts, food production, animal



husbandry and savings schemes. In response to popular demand, they also now promote the health of mothers and children. The Chonyi Women's Group, for example, which began a dairy project in 1977, now runs a training programme for newly married women and young mothers, providing them with skills in nutrition, home economics, family planning and environmental hygiene.

○ In Sichuan Province, **China**, the All-China Women's Federation trains 800 family education extension workers each year. In the field they promote knowledge about child care, nutrition, hygiene and sanitation, working closely with family education societies which assess local problems and needs through community surveys and interviews.

○ In the Jankhed Project, Maharashtra, **India**, village women's organizations (*mahila mandals*) have helped to inform and support tens of thousands of mothers in using new health knowledge. Since 1971, infant mortality has declined by 75% in the 70 villages covered by the Project.

○ Many women's organizations work on a small scale, providing health education and services within their own community. In the city of Cuernavacas, **Mexico**, for example, a group of 16 women run a centre for domestic workers, which organizes courses on child development, nutrition, family planning, labour rights and literacy. The centre also runs a nursery for 60 children of domestic workers.

○ In **Angola, Iraq, Senegal** and **Syria**, tens of thousands of volunteers from national women's movements have organized neighbourhood meetings and made house-to-house visits to inform parents of the need for their children to receive a full course of vaccinations.

## The people organized

Health committees and neighbourhood groups can be an effective vehicle for involving different sections of the community in promoting new health knowledge and undertaking collective action:

○ In Addis Ababa, **Ethiopia**, each of the city's 284 neighbourhood associations (*kebeles*) has recruited teams of six volunteers to make house-to-house visits promoting pre-natal care, immunization, growth monitoring, oral rehydration and environmental sanitation. The overall objective is to reduce the city's infant death rate by two thirds during the 1980s.

○ In **Nicaragua**, 'people's health councils' act as a link and information channel between the community and the Ministry of Health. The councils coordinate

the work of 20,000 health volunteers (*brigadistas*), who promote knowledge about the prevention and treatment of common diseases at meetings and by home visits. On three 'people's health days' each year, health workers and *brigadistas* vaccinate young children and babies against polio and measles. No cases of polio have been reported in Nicaragua since 1981.

## **The political process**

○ In **Brazil**, a two-year campaign involving over 600 local groups, national organizations of paediatricians and lawyers, the Church, child defence groups, journalists and broadcasters, artist and entertainers, public relations and advertising firms, governmental organizations and parliamentarians has resulted in a new set of rights for children and adolescents.

On 26 May 1988, the National Constituent Assembly approved, by an overwhelming majority, a section of Brazil's new Constitution spelling out the rights of the child and the adolescent to life, health, food, education, leisure, respect, culture and freedom, and urges society and the state to accord them absolute priority.

The commitment of the many groups which helped to achieve this constitutional advance still continues. Their next step is to work for inclusion of the newly approved set of children's rights in the constitutions of each state, in related legislation and in government programmes.

## **The voluntary sector**

Through voluntary organizations, members of the public in both the industrialized and the developing world can play a part in protecting the rights of the child to survive and to develop to his or her full potential. There are now literally tens of thousands of indigenous voluntary agencies working in developing countries – an estimated 12,000 in India alone – and a further 3,000 or more international voluntary agencies.

Many voluntary agencies have pioneered new ways of empowering the poor with the knowledge, skills and self-confidence needed to take greater responsibility for their own health. For example:



○ In **Sri Lanka**, over 4,000 workers from the Sarvodaya village development movement are teaching child health knowledge to groups of mothers in over 3,000 villages, estates and plantations. Sarvodaya workers teach mothers how, for example, to use rice *congee* (gruel) to treat a child with diarrhoea.

Saukyadana – Sri Lanka’s leading volunteer medical movement – uses its national network of staff and volunteers to promote awareness of child survival and development, and to train health volunteers. The movement has already trained over 1,000 Buddhist priests in primary health care and child survival actions.

○ In **Bangladesh**, 2,500 fieldworkers from the Bangladesh Rural Advancement Committee (BRAC) have visited 9 million homes to teach mothers how to prepare an oral rehydration solution using raw sugar and salt. BRAC also uses radio and television to broadcast messages about continued feeding during diarrhoea and basic hygiene to prevent diarrhoea. Says BRAC Director Fazle Hasan Abed:

*“I believe everyone should know about things like ORT and immunization, birth spacing and proper weaning. But communities must also demand, and governments must provide, basic health services. An informed community is more likely to do this. And an informed government bureaucracy is more likely to respond.”*

○ In **Ethiopia**, at the height of the 1985 famine, the Save the Children Federation (USA) taught over 60,000 mothers how to make an effective ORT solution using wheat flour and salt. The teaching was done through intensive interpersonal communication: high school students visiting families in their homes to show mothers how to prepare the solution. Each mother was shown at least twice how to prepare the solution, and was asked to demonstrate her ability to do so herself. Health workers also used every contact with mothers at clinics to teach the method. Most mothers succeeded in learning the new skill and used it effectively within the home. Eight months after the start of the programme, diarrhoea deaths had fallen from 44% to only 9% of the total.

○ The **Child in Need Institute**, on the southern outskirts of Calcutta, **India**, trains local women as community health workers to teach child-rearing skills to mothers attending the Institute’s clinics and child development centres. Says the Institute’s Director, Dr Samir Chaudhuri:

*“We want to demystify medicine, and to get away from the idea that health means hospitals with doctors and nurses running around in uniforms. We have to teach the mother child-rearing skills and to depend on herself as far as possible.”*

Local women help to develop their own health and nutrition messages and

materials through special workshops. A professional advertising agency also carries out audience research and helps to produce posters, flip charts, puppets, T-shirts and slide-cassette shows.

Surveys have found that mothers attending the Institute's clinics and centres have a remarkably high level of knowledge of child feeding, immunization, oral rehydration therapy, child growth and hygiene.

○ Since 1984 trained volunteers from the **Red Cross and Red Crescent Societies** (total membership: 230 million) have been working under the slogan of 'Child Alive' to put today's knowledge of diarrhoeal disease control and immunization at the disposal of millions of parents throughout the developing world.

○ The **International Planned Parenthood Federation** and its 123 national affiliates have taken the lead in promoting public demand for, and access to, safe and effective means of family planning in many countries. In 1987 the IPPF set up an AIDS Prevention Unit in response to requests from its member organizations for up-to-date information, education and communication materials, training and other support in dealing with the global challenge posed by the spread of the AIDS virus.

## **Youth: Scouts and Guides help children grow**

Some 25 million Scouts and Guides in 150 countries are now being challenged to learn basic child health knowledge and to share it with others. 'Help Children Grow' is the name of a global programme of the World Organization of the Scout Movement and the World Association of Girl Guides and Girl Scouts to involve young people in promoting the health of the world's children:

○ In **Uganda** the Scout and Guide Associations now offer a proficiency badge for immunization. The badge can be earned by making signs announcing vaccination sessions, telling parents the times and places for vaccination, minding older children during vaccination sessions, and helping parents to take babies and young children to vaccination posts.

○ In **Egypt, Sri Lanka, Senegal, Burkina Faso, El Salvador** and many other countries, Scouts and Guides go from door-to-door informing parents of vaccination places and times, and helping health workers to organize vaccination posts.





- In **Colombia** 6,000 Scouts have been trained as Health Monitors to help 45,000 families protect and promote their children's health.
- A resource kit based on the experiences of pilot projects in eight countries has been produced as a source of ideas and guidelines for child health activities in other countries.

## **Bolivia: communicating self-reliance**

In the slums of La Paz, capital of Bolivia, people of the community broadcast radio messages encouraging their neighbours to bring their children to vaccination posts on the three national immunization days each year. In the absence of privately-owned radios, loudspeakers set up throughout the city relay announcements to passers-by, alternately in Spanish and the local language, Aymara.

In neighbourhoods without electricity the community thinks up other ways of conveying health messages. In one shanty town, where immunization rates were particularly low, women and children organized a street procession. Hundreds of children, hobbling on home-made crutches and with charcoal-spotted faces, paraded through the streets, warning of the threat of polio and measles. *'What do we want? Vaccines!'* they chanted as their ranks swelled with curious young followers, who were led to the house where vaccinations would be given in a few days time. Posters, designed by the people themselves, were displayed on walls, in market places and outside churches and government buildings.

This is what the Centre for Self-Reliant Development, a Bolivian women's organization, calls 'poor people's communication'. What they have discovered is that poor people themselves can communicate health messages more cheaply – and far more effectively – than commercial advertisers. The Centre trains women as health volunteers and encourages the community to design their own health education schemes.

As popular and respected members of the community, the volunteers have both the credibility and the cultural sensitivity to be effective health communicators. They also help to organize mothers' clubs which meet regularly to learn about maternal and child health, nutrition, hygiene, and the prevention and treatment of common childhood diseases. But their role in promoting health in the community goes a step further. They also help to organize temporary vaccination posts by encouraging the people of the community to select volunteer vaccinators for training, choose the vaccination site (a school,

community house, church hall or market place), fetch chairs and tables, keep records and provide the vaccination team with food and drinks.

The impact of this brand of communication on child health is remarkable. In many of the most deprived areas of La Paz, over 80% of young children are now fully immunized. Also important, in the longer term, is the impact on the community's image of itself. According to the Centre for Self-Reliant Development, which now works with over 12,000 women volunteers in 76 urban and rural communities, the experience of organizing a series of successful vaccination days and other health activities gives people greater self-confidence and a sense of control over their lives.



## Communicating Facts For Life

Tens of thousands of non-governmental organizations are already involved in promoting child health in a wide variety of ways. FACTS FOR LIFE, suitably adapted for local needs, can help these organizations to empower parents with the basic knowledge they need to protect their own health and that of their children. For example:

- **Voluntary agencies** can use FACTS FOR LIFE to develop courses and training materials for community health workers and volunteers, religious and community leaders, school teachers, and members of women's, youth and other community groups.
- **Youth organizations** can use FACTS FOR LIFE as a handbook of basic child health knowledge which should be made available to the next generation of parents.
- **Women's organizations** can use FACTS FOR LIFE to help educate young mothers and newly married women in ways of protecting their own health and that of their children.
- **Ministries of Women's Affairs, Family Welfare and Social Affairs** can use FACTS FOR LIFE to develop training and educational materials for mothers' clubs, women's organizations, youth movements and other community organizations.
- **Neighbourhood associations and health committees** can make FACTS FOR LIFE available to their members as a learning tool and memory aid.

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# 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.

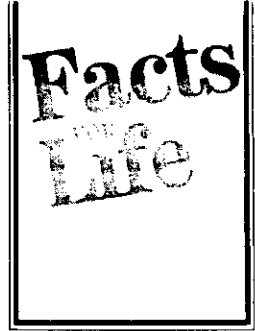
○ **Associations of indigenous and 'alternative' medical practitioners** can distribute **FACTS FOR LIFE** to their members.



# Facts for Life — the top ten messages

*The following ten messages summarize the child health knowledge brought together in FACTS FOR LIFE:*

- 1** The health of both women and children can be significantly improved by spacing births at least two years apart, by avoiding pregnancies before the age of 18, and by limiting the total number of pregnancies to four.
- 2** To reduce the dangers of childbearing, all pregnant women should go to a health worker for pre-natal care and all births should be assisted by a trained person.
- 3** For the first few months of a baby's life, breastmilk *alone* is the best possible food and drink. Infants need other foods, in addition to breastmilk, when they are four-to-six months old.
- 4** Children under three have special feeding needs. They need to eat five or six times a day and their food should be specially enriched by adding mashed vegetables and small amounts of fats or oils.
- 5** Diarrhoea can kill by draining too much liquid from a child's body. So the liquid lost each time the child passes a watery stool must be replaced by giving the child plenty of the right liquids to drink – breastmilk, diluted



gruel, soup, or a special drink called ORS. If the illness is more serious than usual, the child needs help from a health worker – and the special ORS drink. A child with diarrhoea also needs food to make a good recovery.

- 6** Immunization protects against several diseases which can cause poor growth, disability, and death. All immunizations should be completed in the first year of the child's life. Every woman of child-bearing age should be immunized against tetanus.
- 7** Most coughs and colds will get better on their own. But if a child with a cough is breathing much more rapidly than normal, then the child is seriously ill and it is essential to go to a health centre quickly. A child with a cough or cold should be helped to eat and to drink plenty of liquids.
- 8** Many illnesses are caused because germs enter the mouth. This can be prevented by using latrines; by washing hands with soap and water after using the latrine and before handling food; by keeping food and water clean; and by boiling drinking water if it is not from a safe piped supply.
- 9** Illnesses hold back a child's growth. After an illness, a child needs an extra meal every day for a week to make up the growth lost.
- 10** From birth to age three, children should be weighed every month. If there is no gain in weight for two months, something is wrong.

# National versions of Facts for Life

There are many national adaptations or translations of Facts for Life being developed.

In some countries the text of Facts for Life has been translated as it stands into one or more local languages. In other countries the text has been adapted and/or expanded to include information on topics which are of particular relevance in that country.

The following national versions are in progress or already available from the local offices as listed below. Please check availability and cost with the office concerned.

Country/Translation/Adaptation	Available from:
<p><b>Bangladesh</b> Bangla version of FFL includes a chapter on iodine deficiency disorders.</p>	UNICEF, PO Box 58, Dhaka, Bangladesh
<p><b>Bolivia</b> Bolivian version of FFL will include additional topics on goiter, and chaigas control. Quechua and Aymara versions also planned.</p>	UNICEF, Fondo de las Naciones Unidas para la infancia, Casilla de Correo No. 20527, La Paz, Bolivia
<p><b>Burundi</b> Kirundi translation of FFL.</p>	UNICEF, c/o UNDP, BP 1650, Bujumbura, Burundi
<p><b>Chile</b> National adaptation to be developed soon.</p>	UNICEF, Casilla, 196, Correo 10, Santiago, Chile
<p><b>China</b> Chinese version of FFL. Also eleven minority language versions: Uygur, Kazak, Mongolian, Korean, Tibetan, Bai, Lisu, Nasi, Dai, Jingpo and Wa. These address Chinese health problems such as smoking, child respiratory infections and preventing child disability. A Chinese version of AFH is also in progress.</p>	UNICEF, 12 Sanlitun Lu, Beijing, China
<p><b>Egypt</b> Egyptian version of FFL includes three new topics: early childhood development, bilharzia and accidents.</p>	UNICEF, 8 Adnan Omar Sidky Street, Dokki, Cairo, Egypt
<p><b>Ethiopia</b> Amharic translation of FFL.</p>	UNICEF, PO Box 1169, Africa Hall, Addis Ababa, Ethiopia
<p><b>Ghana</b> National version of FFL.</p>	UNICEF, PO Box 5051, Accra North, Ghana
<p><b>India</b> English version revised for Indian context includes chapters on TB and leprosy. Hindi edition available May 1990. Several local language versions in progress.</p>	UNICEF House, 73 Lodi Estate, New Delhi 110003, India
<p><b>Indonesia</b> Indonesian adaptation of FFL – <i>Pedoman Hidup Sehat</i> (Guidelines for a Healthy Life).</p>	UNICEF, PO Box 202, Jakarta, 10002, Indonesia

<b>Iran</b> FFL Farsi, with Iranian photos. FFL calendar also available.	UNICEF, PO Box 15875-4557, Tehran, Iran
<b>Jamaica</b> Learning resource package <i>Let's Talk Health</i> , based on FFL, developed by the Bureau of Health.	UNICEF, PO Box 305, Kingston, Jamaica
<b>Kampuchea</b> Khmer FFL translation/adaptation.	UNICEF, Kampuchea, c/o UNICEF Bangkok, PO Box 2-154, Bangkok 10200, Thailand
<b>Lao People's Dem Rep</b> Lao translation of FFL.	UNICEF, PO Box 1080, Vientiane, Lao People's Dem Rep
<b>Madagascar</b> Malagasy translation/adaptation of FFL entitled <i>Ny fanabeazana no antoky ny fahasalamana</i> . (To be well instructed is a basic principle for good health.)	UNICEF, PO Box 732, Antananarivo, Madagascar
<b>Malawi</b> Chichewa translation of FFL.	UNICEF, PO Box 30375, Lilongwe 3, Malawi
<b>Maldives</b> Dhivehi & Thana translations of nine FFL topics as separate leaflets.	UNICEF, Nirohlu, Fadiyaaru Magu, Male, 20-02, Maldives
<b>Mali</b> Sonrai and Tamacheq FFL translations.	UNICEF, BP 96, Bamako, Mali
<b>Mexico</b> National adaptation of FFL in progress – in co-operation with Ministry of Health – will include a chapter on accidents.	UNICEF, Paseo de la Reforma 645, Lomas de Chapultepec, C.P. 11000 Mexico City, Mexico
<b>Morocco</b> Moroccan national version to be developed soon.	Fonds des Nations Unies pour l'Enfance, 8, Charia Marrakech, Rabat, Maroc
<b>Mozambique</b> Mozambican Portuguese version of FFL with national photos. Also three or four local language versions and Siswati FFL calendar.	UNICEF, Caixa Postal 4713, Maputo, Mozambique
<b>Myanmar</b> Translated version of FFL.	UNICEF, PO Box 1435, Yangon, Myanmar
<b>Nepal</b> Nepali translation of FFL with local photos.	UNICEF, PO Box 1187, UN Building, Pulchok, Kathmandu, Nepal
<b>Nigeria</b> FFL adapted and translated into Ibo, Hausa, Yoruba and Pidgin English with a chapter on guinea worm disease.	UNICEF, PO Box 1282, Lagos, Nigeria
<b>Pakistan</b> Urdu version of FFL and Dari translation.	UNICEF, PO Box 1063, Islamabad, Pakistan UNESCO, PO Box 2034A, Islamabad, Pakistan



<b>Papua New Guinea</b> National version in Pidgin available Sept. 1990.	UNICEF, PO Box 472, Musgrave Street, Port Moresby, Papua New Guinea
<b>Philippines</b> Philippine version of FFL includes chapters on TB and iodine deficiency disorders. Also Tagalog and three other local language versions.	UNICEF, PO Box 7429 ADC 1300 Pasay city, Manila, Philippines
<b>Rwanda</b> FFL Kinyarwanda translation – <i>Turwane ku Buzima</i> .	UNICEF, BP 381, Kigali, Rwanda
<b>Senegal</b> Senegalese version of FFL which includes summarized version of AFH.	UNICEF, PO Box 429 43, avenue Albert Sarraut, Dakar, Senegal
<b>Sierra Leone</b> National version of FFL called <i>Health and Nutrition Handbook</i> .	UNICEF, c/o UNDP, PO Box 1011, Freetown, Sierre Leone
<b>Sri Lanka</b> Sinhala and Tamil versions of FFL.	UNICEF, PO Box 143, Colombo, Sri Lanka
<b>Sudan</b> Ministry of Health will issue national version of FFL.	UNICEF, PO BOX 1358, Khartoum, Sudan
<b>Swaziland</b> FFL national adaptation/translation in progress.	UNICEF, PO Box 1859, Mbabane, Swaziland
<b>Tanzania</b> Swahili translation of FFL.	UNICEF, PO Box 4076, Dar-es-Salaam, Tanzania
<b>Thailand</b> Thai version of FFL. Thai version of AFH.	UNICEF, PO Box 2-154, Bangkok 10200, Thailand
<b>Togo</b> Togolese version of FFL plus four local language versions planned.	UNICEF, c/o UNDP, PO Box 911, Lome, Togo
<b>Turkey</b> Turkish translation of FFL to be available Sept. 1990.	UNICEF, PK 17 Cankaya (06550), Ankara, Turkey
<b>Viet Nam</b> Vietnamese version of FFL – <i>Nhung dieu can cho Cuoc song</i> .	UNICEF Viet Nam, c/o UNICEF Bangkok, PO Box 2-154, Bangkok 10200, Thailand
<b>Zambia</b> Plans to translate FFL into seven major Zambian languages.	UNICEF, PO box 33610, Lusaka, Zambia
<b>Zimbabwe</b> Shona and Ndebele versions of FFL.	UNICEF, PO Box 1250, Harare, Zimbabwe

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