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<th><strong>Title</strong></th>
<th>Public health education in the Western Pacific.</th>
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<td><strong>Author(s)</strong></td>
<td>Soetjahja, I.</td>
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Public Health Education In The Western Pacific

By

I Soetjahja
Summary

Health programmes need the support of a means to change the communities' way of life in accordance to the programmes determined healthy lifestyle. Several theories, principles and techniques have been used to accomplish this. The first was health education. Later also certain techniques have been utilized independently. These developments have not much increased the support impact to health programmes in the Region.

To improve the situation some countries are trying to consolidate the support effort by determining and utilizing an operational framework where behavioural change related theories, principles and techniques are systematically used to supplement each other rather than work independently.

In this arrangement the social marketing research and techniques have been incorporated to increase the effectiveness of behavioural change support through improvement in the determination of information for the messages and the techniques of communication in an educational diffusion framework to provide moral support or motivation to tryout and continue the suggested solution steps in the health programmes as the new healthy way of life.

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Introduction

It has been realized since 1965 by the countries in the Western Pacific Region that health education and information are important for health development. (1) It was concluded that this should be done through the support of the health programmes.

To achieve Health for All by the Year 2000, the role of health education is even more needed to support the primary health care approach which operates through a community work base. To work in this context the communities are not only needed to know and participate; they are needed to initiate, develop and apply the healthy lifestyles that are being proposed by the health programmes.

The writer will attempt to describe the situation, problems and actions taken to make health education activities more effective for health development in the Region.

Situation

It is defined in the World Health Organization Public Information and Education Programme of the Western Pacific Regional Office July 1985 that, "health education is concerned with health behaviour and lifestyle of the people, and aims at strengthening health promoting behaviour and developing community self-reliance in health".

Health education has been utilized to support among others, environmental health, communicable diseases, and oral health programmes. It has been used intensively in maternal and child health and especially the family planning programmes. It has shown successes in nutrition programmes and very impressive impacts during diarrhoeal disease outbreaks where in some cases its early introduction had stopped the outbreaks quickly and reduced both deaths and expenses tremendously.
Although many countries in the Region already know many of the appropriate strategies for health education to achieve its objective, some problems are still preventing the health education activities from applying these strategies and achieve their objectives.

For example, it has been known by the countries that health education services are part of the overall health programmes and should be planned, developed along with and integrated into the health care services. Also is known that it is important that there should be a central health education unit at the national level to plan and coordinate the health education activities carried out by the various health services within the Ministry of Health and those efforts by other ministries and agencies.(2)

Although substantial improvements have been achieved in the development of health education material in the countries of the Region, these efforts have been fragmented and not well organized or designed to achieve the ultimate objectives. Health education units in the Ministries of Health would develop posters on nutrition without clearly knowing what the purpose of the poster is and in what way that poster would relate with and supplement the other posters or pamphlets on nutrition. It seemed that the production of health education materials has been more based on funds and the availability and liking of the staff. If a technician in the field of poster development is available in the unit, then mostly posters will be developed for almost all the health programmes. There may not be adequate pamphlets or interviews in the radios on those problems to go with them. In the same way if a communication expert is available, more communication concepts and principles will be stressed in the development of the programmes and less attention may be laid on the educational theories.
This disorganized condition in the application of health education activities is common in most of the developing countries. In fact, it is this disorganized condition that is the main cause of the weak condition of health education units in many countries and the cause of the low effectiveness of health education activities in general.

Through observations and a means-end analysis of the weak conditions of health education in these countries, the writer has come to the conclusion that the main problem is the lack of national policies on health education in those countries and the lack of a health education operations system. The other problems are all results of these two weaknesses.

Health education is concerned with strengthening health promoting behaviour and developing community self-reliance in health. It is dealing with continuous social change, a continuous behavioural change process to promote a healthy way of life in the communities as suggested by the health programmes.

It is difficult to change the behaviour of a society. It will not be adequate just to communicate with the targets and provide any information. A set of well planned and designed messages properly communicated to the targets in the communities to persuade them to change their behaviour is needed. To develop and apply this set of messages an operational system to work with is also needed. Only with this system can the usefulness of different theories, principles and techniques be determined. Also only with this system can the roles and the areas where the theories, principles and techniques are suitable be identified. Only with this system can the different useful principles and techniques be coordinated or integrated to supplement each other rather than to be utilized independently.

Because of the absence of this framework only a few health education communication activities have been properly organized. When well organized
even simple theories, principles and techniques related to the change process will be able to show substantial results. Let us take for example the case in Kiribati. After it was possible to organize the nationwide primary health care oriented health care services system supported by simple health education by the "community self-help bodies" to about 95% of the people, hospital and health centre data showed an impressive change in health care coverage in 1984 and an impressive decrease of health problems in 1985. (3)

To strengthen their health education activities and improve their functions, several countries in the Region such as Kiribati, Tonga and Fiji have planned and some are implementing their activities with a system. They are developing their behavioural change operational framework with an educational diffusion theory, health informational content, communication principles and techniques and social marketing research and techniques support.

The "diffusion process" provides the educational framework which indicates that in the behavioural change process four types of activities need to be conducted, (a) stimulation of the interest of the target groups by exposing them to the problem to create their awareness, (b) provision of information on the harm of the problem, the causes of the problem, the solutions to the problem and how to obtain the solutions to make the target groups adequately knowledgeable on the issue, (c) provision of moral support to motivate the target groups to try and (d) later to continue the suggested solutions. (Annex 1)

With this framework and in cooperation with the health programmes it is possible to determine systematically and professionally the information that is needed for stimulation, for providing information and for moral support to try as well as to continue the solution suggestions (Annex 1).
Also the communication techniques can be determined in this way. For example the messages are communicated with a media mix (Annex 2).

The communication experts use their principles and techniques to improve on the effectiveness of the communication of those information.

Also the "social marketing" field provides research techniques for developing the appropriate messages and utilization of appropriate communication techniques for effective presentation to strengthen the moral support for trials and continuation of suggested solution actions by the health programmes and thereby increase the adoption of the new healthy lifestyle.

Since conditions in the different countries in the Region vary, the countries are using this adjustable system. The conditions in the countries influence the proportion of utilization with the basic educational framework of each of the different techniques. Some developing countries like Kiribati have planned and are implementing the basic educational diffusion framework. Countries with improved conditions are using research on communication to improve their presentation and in those countries where the capabilities and facilities at both governments and communities are adequate selective social marketing research and techniques are used in planning and implementation to further increase the adoption rate of the behaviour change support system of the health programmes.
REFERENCES


### TABLE ON PHASES OF HEALTH EDUCATION DIFFUSION PROCESS

<table>
<thead>
<tr>
<th>Phases</th>
<th>Target condition</th>
<th>Nature of action</th>
<th>Technique</th>
<th>Channels</th>
<th>Contents</th>
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<tbody>
<tr>
<td>I</td>
<td>ignorant to problem</td>
<td>stimulate interest to problem</td>
<td>short impressive intensive messages</td>
<td>newspaper radio television posters face to face</td>
<td>harm of problem to targets and related ones</td>
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<tr>
<td>II</td>
<td>stimulated to problem</td>
<td>inform on problem and its solution articles</td>
<td>explanation interviews</td>
<td>newspapers radio television leaflets publications face to face</td>
<td>harm of problem, causes, solution, way of obtaining solution</td>
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<td>III</td>
<td>knowledge-able on problem and solutions</td>
<td>encourage to try solution</td>
<td>provide moral support to try</td>
<td>newspaper radio television posters face to face</td>
<td>successful results by those who tried</td>
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<tr>
<td>IV</td>
<td>tried the solution</td>
<td>encourage to continue solution</td>
<td>provide moral support to continue solution</td>
<td>newspaper radio television posters face to face</td>
<td>benefits to those who continued</td>
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</table>

Source: Dr I. Soetjahja  
Health and Family Planning Section  
Ministry of Health and Family Planning  
Kiribati, Tarawa  
July 1983
GRID OF MEDIA MIX UTILIZED

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Poster</th>
<th>Pamphlets</th>
<th>Slides</th>
<th>Overhead projection</th>
<th>Flip charts</th>
<th>Flannel graphs</th>
<th>Radio programmes</th>
<th>Newspaper</th>
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<th>Face to face</th>
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*To be strengthened with social marketing techniques.

Assignments to staff:

1. posters
2. radio, newspapers, pamphlets
3. slides, overhead projections, flip charts, flannel graphs
4. billboards, face to face

Source: Dr I. Soetjahja, Improvement of Health Education
Behavioural Science Support to Health Programmes Project
Tonga, 1986.