Health Education (Special Edition)
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The procedures, explanations and treatments provided in this publication are based on research and consultation with medical and nursing authorities. They all reflect accepted medical practices. Nevertheless, they cannot be considered as absolute and universal recommendations. The authors, the editor and the publisher disclaim responsibility for any adverse effects resulting directly or indirectly from the suggested procedures, from any undetected errors, or from the reader's misunderstanding of the text.
Dear Readers,

Knowledge is power. By imparting appropriate health knowledge, we can improve the health status of a community. Over the decades, educating people about health has been an important strategy for preventing illness and injury. Therefore, this first issue of 2005 is dedicated to Health Education.

Health education is the art of providing health knowledge and of promoting healthy lifestyles. However, providing people with information does not necessarily lead to behavioral change. Thus, we would rather define health education as a wide range of activities which enable people to adopt behaviours that are conducive to healthier status.

Participatory Learning Approach is introduced as it is a useful tool in health education. It allows community involvement and therefore, leads to effective learning process. In addition, we have compiled the different approaches and experiences of health education activities of some organizations so that the readers can pick up appropriate examples and apply these according to their need.

Through this magazine, we aim to achieve a better health education program and a better health status of the community at the end.

Hoping that you will enjoy this edition,

Dr, Yin
Medical Editor
In many places in the world, people are dying from disease, hunger and accidents. Many of these people are children. Many of them are growing maimed or stunted in body and mind. Yet, much of this death, disease and suffering could be prevented. If we ate better, in quality more than in quantity, if certain hygiene rules were respected, if children were systematically vaccinated, half of the diseases would be avoided. The knowledge exists. The challenge to health educators is to spread this knowledge.

Health Education and Health Promotion

In the past, health education and health promotion were used as synonyms. Health education was used as a term to encompass a broad range of actions including social mobilization and advocacy. These methods are now encompassed in the term “health promotion”.

As for health education, it is the process of enabling people to increase control over the determinants of health and thereby improve their health. It is designed to help people acquire the knowledge, attitudes, beliefs and skills that are needed to make informed decision, understand the consequences of a particular behaviour, adopt healthy behaviours to avoid risks, and create conditions that are conducive to health.

Health education comprises conspicuously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills, which are conducive to individual and community health. Health education is not only concerned with communication of information, but also with fostering the motivation, skills and confidence (self-efficacy) necessary to take action to improve health. Health education involves the communication of information concerning the underlying social, economic and environmental conditions impacting on health, as well as individual risk factors and risk behaviours, and use of the health care system. Thus, health education may involve the communication of information, and development of skills that demonstrates the political feasibility and organizational possibilities of various forms of action to address social, economic and environmental determinants of health.
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What are health promotion/health education outcomes?

Over the years, there have been changing views about what would be the tangible outcomes of health promotion and health education activities. There are sectors that would argue that health promotion is just as linear, quantitative and vertical as a communicable disease control programme and that "legitimate" health promotion activities can only be undertaken with clear isolated variables that can be "measured" in the same way that one measures blood chemistry. In fact, it is always extremely difficult to measure the real impact of health education on the short term, as many other inter-related factors (such as global improvement of living conditions, schooling of children, women literacy etc.) may influence behavioral change for healthier lifestyles of a given population.

A positive approach towards health

Gandhi, that great health educator, defined "health" as "body-ease", the opposite of disease. He considered health as a positive state of the body (and mind), not merely the absence of physical disease or sickness of the mind. Health education is based on this positive approach towards health.

When one think of health, one probably think first of the health of the individual person. That of course, is important. But the term health can also apply to the environment in which people live. It can apply to the home, the school and the community. These are the places where health education usually happens, in order to reach the greatest number of people.

Challenges of health education

We sometimes assume that the main health problem is ignorance. We think that people do not know about good health practices. However, more often the problem is about conflicting ideas. That is to say, the current view of what is good health practice is different from traditional view. The problem is not made easier by the changes in health education itself. For example, our knowledge about diet and nutrition changes all the time, Certain diseases have been resistant to drugs, New problems arise such as the increase in bottle feeding babies.

Another problem is that "school knowledge" may conflict with "home knowledge". Children can be very skilled at keeping "school knowledge" for school and "home knowledge" for home. Health educators should therefore try to bring this
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conflict of ideas into the open. For example, during health education sessions in schools, they should encourage children to talk about the beliefs and practice of their parents. If possible, they could explain how these are helpful and valuable. They could encourage parents to go to the school, perhaps for a special health education day etc.

In addition, needs are very different in different places and different times. For example, mothers feed babies from bottles more often in towns than in rural areas. Certain diseases are much common at particular times of the year. It is important to adapt the content of your health education curriculum to your particular situation. Discuss the local problems with your colleagues and community health workers. Decide what are the main health problems. Make sure that these are stressed in the health education curriculum.

Interaction is the key!

Because of the way we were taught at school, we often assume that teaching means "telling". So health educators spend most of their time talking to their audience. But talking is only one way of spreading health messages. Health educators can find other methods. Because some of the ideas of health education may conflict with existing knowledge and practice, indirect methods may help. For example, stories about other people allow health educators to give advice subtly.

Early experiments with education relied heavily on the delivery of information and facts. Gradually, educational approaches have turned more to skill development and to addressing all aspects of health, including physical, social, emotional and mental well being. The participatory approach to health education emphasizes on the active participation of the beneficiaries, together with the development of life-skills (such as psychosocial competencies and interpersonal skills), especially when working with young people. This method has shown its efficiency in providing people with psychosocial competencies and interpersonal skills that help them to make informed decisions, solve problems, think critically, build healthy relationships, empathize with others and manage their lives in a healthy and productive manner.

In the same way, modern methods of health education promote the involvement of the whole community, in order to avoid a "top to down" transmission of knowledge. Cooperation of all the community is important to insure that the health messages are spread through multiple voices:

• parents
• community leaders
• religious leaders
• health workers
• teachers
• the elderly,

We should all remember that as social and health workers, we are all responsible for improving health knowledge and awareness of our people.

As social and health workers, we are all health educators!
Techniques of health education
Training programs of health educators often make one of three common mistakes when helping health workers learn about people's customs and traditions:

- They look down on or scorn local beliefs and traditional forms of healing as "old fashioned", "unscientific", and largely worthless.
- They look up to or romanticize local customs and traditional forms of healing completely admirable and beneficial.
- Or they fail to look at all at local traditions, customs, and forms of healing.

In reality, old ways, like new ways, have strengths and weaknesses. Health educators and health workers need to help people look carefully and critically at both the old and the new, in order to avoid what is harmful and preserve what is best in each.

Even when health educators are villagers themselves, there is a danger of becoming so full of new ideas that they lose respect for health protecting traditions of the people. If this happens, they can easily make people feel small and ashamed, rather than more self-confident.

Training courses of health educators should emphasize what is valuable in local tradition. It needs to explore ways that build on old traditions rather than ignoring or rejecting them.

*If you can use what is best in modern medicine, together with what is best in traditional healing, the combination may be better than either only one.*

Many health problems in poor communities today have resulted partly because people have abandoned old customs for new ones. The coming of new habits, foods, religions and laws from the outside begun during colonization and still continuing today has produced many cultural conflicts. It has broken down the traditional ways in which people used to meet their needs while keeping a fairly healthy balance with each other and with their natural surroundings. As a result, many new problems in childcare, nutrition, land tenure, employment, family structure, and community politics have arisen.
The challenge for the health worker or educator is not to "change people’s behaviour". It is to help people understand, respect, and build on what is healthy in their own culture.

Every area has unique traditions and customs that protect health. Health educators and health workers in general should identify the beneficial customs in their own villages. Here are a few examples from different parts of the world.

- In several parts of the world, people use bee’s honey to treat burns. The concentrated sugar in honey prevents bacterial growth. Recently, doctors have been experimenting with similar treatment of burns.

- The thin sac or membrane (amnion) attached to the placenta, or afterbirth, has long been used in Africa to help heal chronic
wounds and ulcers. Recent studies have shown that the amnion has powerful healing properties. It is now being used in some hospitals for treatment of ulcers that don’t heal.

Example of helpful remedy: Prescribing bitter melon to diabetic patients. Do it!

Example of a harmless remedy: (or not very helpful): Drinking water that is prayed by religious leader. Do it if you want!

Example of harmful remedy: Putting hot bricks against the tummy of mothers after delivery, to separate mother’s and baby’s blood. Don’t do it!

Discovering which health traditions are beneficial and which may be harmful

Helping people to look closely at their habits and customs is an important part of working toward a healthier community.

In every community there are some habits and traditions that are helpful. Others help little, and some probably are harmful. Often the people themselves are not sure which are truly helpful or might cause harm.

Ways to tell if a home remedy is beneficial or harmful:

1. The more remedies there are for any illness, the less likely it is that any of them work.

2. Foul or disgusting remedies are not likely to help and are often harmful.

3. Remedies that use animals or human waste usually do no good, and can cause dangerous infections. Never use them.

4. The more a remedy resembles the sickness it is said to cure, the more likely that its benefits come only from the power of belief.

When discussing the strengths and weaknesses of local traditions with people, **be sure to place more emphasis on the traditions that are helpful.** This will help people gain confidence in their own knowledge and abilities, rather than making them feel ashamed.

Ways to introduce new ideas by building on old ones

One of a health educator’s most delicate jobs is to help people recognize and change health habits or customs that are harmful.

If the health educator says, "What you do and believe is wrong", this will usually do more harm than good. How, then, can a health worker help people discover better ways of doing things without offending them, shaming them, or showing disrespect for their traditions? Here are some suggestions:

- Avoid telling people they are doing something wrong. Point out what they do right, and help them find out for themselves what they are doing wrong.
- Look for what is true or beneficial in a custom or belief that is partly harmful, and help people build new understanding around that.
- Help people explore the reasons, or even science, behind their beliefs and customs. Then help them realize the need to weigh the risks against the benefits of both traditional and modern ways.
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Example: Helping people learn a new way to treat diarrhea

In Mexico and much of Latin America, people believe that dangerous diarrhea results when a baby's soft spot, or fontanel, sinks in. They believe the baby's brains have fallen, causing the diarrhea. So when a baby with diarrhea has a sunken soft spot, they treat him by sucking on the soft spot, pushing upward on the roof of the mouth and slapping the baby's feet while holding him upside down.

How can health workers help a mother to realize that the sunken soft spot is not the cause of the diarrhea, but rather the result? That it sinks in because the baby has lost too much liquid?

Rather than say to the mother "You're wrong!" the health workers help her look for what is right in the tradition.

They say to the mother "You are right that when your baby has diarrhea, a sunken soft spot is a sign of danger! Is there anything else in your baby sunken in?"

"Well, yes! His eyes look dry and dull. When he cries there aren't any tears", Says the mother.

"Does any other part of the body seem dry?"

"His mouth, It looks all pasty."

"When did he urinate last?"

"Now that you mention it, not since yesterday afternoon!"

"Why do you think the baby does not pee?"

In this way, the health worker starts with what the mother already knows and observes. She/He helps her discover for herself that the soft spot has sunk because the baby lacks liquid. The mother can then reason that this is the result of the baby's diarrhea and not the cause,

Now, the health worker says, "Let's try a new way to bring the soft spot back up. We will give the baby lots of liquid..." She teaches the mother how to prepare Rehydration Drink and give it to her baby.

Conclusion:

In this chapter, we have given examples of ways in which health workers can help people look at things differently. These build on people's traditions and beliefs, and help them discover new ideas for themselves. But to use these approaches successfully, good will, deep respect, and careful practice are needed. Respect for people's beliefs and tact or sensitivity in dealing with customs that may be harmful, are the best ways to introduce new ideas by building on old ones.

Source:

Extract adapted from Werner and Bower, Helping Health Workers Learn, The Hesperian Foundation, 1988,
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သို့ပေးပါ။
Role and Skills of Community Health Educators

By Health Messenger

Health Educators and health workers have a major role to play in protecting their people against common diseases by informing them on ways to protect themselves. Leading health education activities necessitates particular skills. This article gives some general pieces of advice on how to make health education as effective as possible.

A health educator’s most important job is to "teach"-to encourage sharing of knowledge, skills, experience and ideas. Within the community, he is a mediator between the population and health care services. The health educator's activities can have a more far-reaching effect than all the preventive and curative activities combined.

But depending on how it is approached, and by whom, health education can have either a beneficial or harmful effect on people’s well being. It can help increase people’s ability and confidence to solve their own problems. Or in some ways, it can do just the opposite. For these reasons, CHE are required to have special skills.

A good health educator should combine many communication and interpersonal skills to be able to perform his/her activities effectively. These skills might be inherent to the person or gradually develop through practice.

Be tactful: Sometimes, it is important to remember that other people may not be able to follow your advice. As a health educator, you may be a richer member of the community than other people. For example, it may be that you follow the good practice of sleeping under a mosquito net. But other people may not be able to afford mosquito nets. In a situation like this, it is most important to be tactful.

Be adaptable: Communicate with people’s own words and adapt your speech to their level of knowledge. A health educator with good communication skills will not try to impress people with technical terms. On the contrary, he/she will ensure that everyone understands him/her. Do not hesitate to repeat when necessary and make sure your message has been properly understood by asking questions. You should also be sensitive to people’s traditional believes and practices. All of them are not bad! Try to detect only those that might have a negative impact on people’s health status and suggest some alternatives to replace them.

Be focussed: Health education is a long-term process. You cannot say everything in a restricted amount of time. Try to assess what people are interested in, what are their needs and arrange your activities accordingly. The topic will also change according to the age, gender, ethnic group and social condition of your audience. A same message

02 Techniques of health education
cannot be formulated in the same way when talking to a child or when discussing with older persons.

*Be patient and compassionate:* Some people might feel ashamed because of their ignorance, poverty and incapacity to meet their every-day needs. In these conditions, most of the people don’t consider health as their priority and might not feel interested in spending time talking about health. Either because they may believe that health education will increase their guiltiness feeling for not being able to keep their children healthy, or simply because of their restricted time. Don’t push! The community will become an active participant in the improvement of its own health status when it will discover the long-term interest of it. Sensitize community leaders and other leading figures to the importance of this project. The more people will feel concerned, the greater will be the outcomes of your action.

**Do’s and don’ts**

Consider, for example, a village health educator who calls a group of mothers and gives them a "health talk" like this:

"Your children get sick because of your own dirty habits. Of course you don’t mean any harm, you just don’t know any better. But I will tell you what to do, so listen carefully."

What effect does this kind of teaching have on people? You can discuss this question with your fellow instructors or with the people from your community. You may come up with answers something like these:

*"It's the same old message everybody has heard a hundred times! But what good does it do?"*

*"It goes in one ear and out the other"*

*"The mothers just sit and listen. They don’t take part."*

Indeed, this authoritarian way of teaching might affect how people view themselves, their abilities and their needs. Mothers may feel ashamed and useless, as if their own carelessness and backwardness were to blame for their children's ill health. The health educator separates himself/herself from the community by a behavior making her/him look superior. This may strengthen people’s respect for her/him, but it also weakens their confidence in their ability to take the lead themselves.

Now, consider another example. Here, a health educator gets together with a group of mothers and discusses their problems with them. He/She starts by asking questions like these:

**The health educator**: What sicknesses do your children have most often?

**Mothers**: Diarrhea and cough.

**The health educator**: When do they get sick most?

**The mothers**: At the beginning of the rainy season.
ဗိုလ်ချုပ်အနေဖြင့်အဖူလုံချင်းစွာ၊ လူမှုကြီးရင်းသားဖြစ်သော အခြေအနေအရေးချင်းပြုလုပ်သော အခေါ်အဝေးများကို စိတ်ဝင်စားမှုအရှည်အဟင်အချင်းများဖြင့် ရေးသားရန် လိုအပ်သည်။

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- ကြီးမားသော အခြေအနေများဖြင့် ရေးသားရန် လိုအပ်သည်။

- အခေါ်အဝေးများကို စိတ်ဝင်စားမှုအရှည်အဟင်အချင်းများဖြင့် ရေးသားရန် လိုအပ်သည်။
- ဆုံးဖျင် မှန်သေးသော အခြေအနေများ ဖြင့် ရေးသားရန် လိုအပ်သည်။
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The health educator: Why?

The mothers: That's when the weather becomes colder, children get wet and sometimes we forget to change their clothes. That is why they get sick I think.

What effect does this kind of teaching have on people?

Everybody takes part in the discussion. The mothers discuss together and find solutions to their own problems. The health educator is just a moderator who leads the conversation. He/She puts herself/himself at the same level as the mothers. He/She is relaxed and friendly, and everyone feels equal, the mothers dare to talk openly of their problems.

Stronger and more self-reliant. To become effective in their work, health educators need to develop approaches very different from what most of us have experienced in school.

We, health educators, can look for ways to:

• Help families of sick persons find ways to care for them better and to prevent similar sickness in the future.
• Help mothers find ways to protect their own health and that of their children.
• Interest school children (and those who do not go to school) in learning to meet the health needs of their younger brothers and sisters.
• Help organize village meetings to discuss local problems. Encourage others to become health leaders.
• Exchange ideas and information with local midwives and traditional healers.

DON’T TEACH AS YOU WERE TAUGHT!
Avoid authoritarian attitudes or repeating what you have learned as a parrot. Try to adapt to the needs and level of your audience.

The CHE as an example

The best way to be recognized within your community as a “health leader” is to point the way to the others. You can point the way towards a healthy life by the type of life, which you lead. This is particularly important if you live in a small village or community where everybody knows you. As an educated person, you will be a rather special character in that village. Both children and adults may think of you as a model as somebody to copy, Thus, it is very important that your way of life is worth copying.

DON’T BEHAVE AS A MASTER!
Behave as a friend who wants to help, Put yourself at the same level as the people.

DON’T ONLY TALK ABOUT HEALTH!
Show people the way by committing yourself to a healthy lifestyle.

How something is taught is just as important as what is taught. And the most important part of how something is taught is the caring, respect, and shared concern that go into it. People usually teach in the way they themselves were taught. This is true for many health educators. Unfortunately, the purposes and methods of public schools are not always in the best interests of those whose needs are greatest. Schools tend to reward the stronger students and leave the weak behind. But the aim of “people-centered” learning is just the opposite. It is to help those who are the weakest become
ဒီလိုလူးလောက်စွဲကြည့်ပြီးစီးပွားရောင်းမြူးမှုများကို အခြေခံပေးစေဖို့ အခြေအနေများ ကိုယ်စားပြုလေ့ရှိလိုသည်။ လူးလောက်စွဲကြည့်ပြီးစီးပွားရောင်းမြူးမှုများကို အခြေခံပေးစေဖို့ အခြေအနေများ ကိုယ်စားပြုလေ့ရှိလိုသည်။ လူးလောက်စွဲကြည့်ပြီးစီးပွားရောင်းမြူးမှုများကို အခြေခံပေးစေဖို့ အခြေအနေများ ကိုယ်စားပြုလေ့ရှိလိုသည်။

ပြောပြပေးသည့် ကြိုးစားရေးသားများကို အခြေခံပေးစေဖို့ အခြေအနေများ ကိုယ်စားပြုလေ့ရှိလိုသည်။ လူးလောက်စွဲကြည့်ပြီးစီးပွားရောင်းမြူးမှုများကို အခြေခံပေးစေဖို့ အခြေအနေများ ကိုယ်စားပြုလေ့ရှိလိုသည်။
First, take care about your personal appearance. If you are clean, healthy looking, and tidily dressed, people will listen to what you say about health matters. They will copy you and try to be like you.

Secondly, there is your own home. If your home is clean and healthy, people will copy you. They will see that not only do you talk about being healthy, but that you are healthy. Thirdly, the way you treat people is also part of a healthy lifestyle. Caring about the people from your community, listening and helping them, living peacefully with your family and your community all indicate a healthy mental and social life.

Conclusion:

Many health educators have often to face a great number of problems. It is important to distinguish problems which, as a health educator, you can help to solve. If you tackle problems, which are beyond your reach, you may become depressed and even Pitter. If, however, you tackle those problems, which you can solve, you will develop in confidence. You will be ready to face fresh tasks. Your success will enable you to move forward. You will realize that you can help to make better lives for your community. So remember: make small changes and you will cross the river successfully. Run too fast and you will fall in the river!

Sources:

David Werner and Bill Bower, Helping Health Workers Learn, the Hesperian Foundation, 1982.

Most people think health education is very simple to perform. They think “Health education is only about providing people with health information. Where is the difficult point?” If you give health education on your own, you will realize how difficult the task is. You can even sometimes think that you are doing right when in reality; you are in the wrong track. To overcome this situation, this article is written based on interviews with well-experienced Educators: Ms Susan, CHE supervisor from ARC in Umpiem camp and Ma Hnin, Education officer for AMI in Dala, who give their views on how Health education should be performed.

Interviews with Educators

By Health Messenger Team

Ma Hnin, Education Officer for AMI- Myanmar, Watsan project

HM: Why did you choose to become a health educator?

Ma Hnin: As a nurse, I have always been interested in human relations. I like talking to people and I think health education is a fundamental component of Primary Health Care. When I was working in the hospital, I saw many children dying of severe diarrhoea and dehydration. It is not worth dying of diarrhoea, as it is a disease that can be easily
prevented. That's why I decided to become a health educator.

HM: What do you particularly enjoy in your work?

Ma Hnin: What I like the most is the contact with the people. I like helping people learn and experimenting new ways of teaching. With my team, we share our experience of techniques that work well and techniques that are less effective, I also learn a lot from them.

HM: What is in your opinion, a good health educator?

Ma Hnin: To my mind, a good educator is someone who is constantly willing to learn. Sometimes, when people graduate from the university, they think they know everything and behave as if they were bosses. Nobody can know everything, and no one know nothing! Even as a nurse, I learn a lot from the community, especially from their experience of survival. So I think a good health educator is before all a good friend and a good facilitator. This implies very strong interpersonal and communication skills. This also implies a strong ability to listen to the others.

HM: What is the key for health education to be effective?

Ma Hnin: I think asking questions to the people is very important. In our culture, it is not usual, especially for women, to ask questions. But if we ask questions to the people, they will feel that we are concerned and a relation of trust will be built. Asking questions is the key to get people involved. In addition, we should be able to communicate through different ways. If we have done one session with flipcharts, then the next session should be made with some other supports, like games for instance. The game is an interesting tool because when people play together, they also learn from each other.

HM: What are the advantages of community participation?

Ma Hnin: The involvement of the community into AMI water and sanitation project is for us the insurance that people will maintain their facilities. If people become aware that safe water and hygiene in general are important to remain healthy, and if they concretely experience the advantage of it, then we can hope that people will repair the hand pumps, clean the roofs of rain collectors and wash their latrines. Community participation is the best way to make the water system sustainable.

HM: What would you advise to a new health educator, just starting with his job?

Ma Hnin: I would tell him/her to be at the same level as the community. For example, one day, a newly recruited girl from Yangon arrived in our team. She was dressed like a princess and had lots of make up. After a while, I made her understand that it was not the good way to be in the community, because in front of her, people felt very small and impressed. In addition, educators should understand that the purpose of their job is not a substitution for what people can do by themselves to improve their lives. They are just here to give people the motivation and some pieces of advice,...and if they do it properly, changes will happen. We cannot force people to change their habits if they don’t see by themselves the advantage of it!

HM: Can you describe your job?

Susan: As a CHE, we have to collect data. The data of new arrivals, and departures, birth and death data. From these data, we have to calculate whether the population is increasing or not. We do monthly reports based on the data collected. When there are new arrivals, we refer them to the hospital. At the hospital, people receive a medical check up,
ရှိနေသောကြောင်းကို ဖော်ပြချက်ထားသော လိုအပ်ချက်များနှင့် အတူ ပြောပြပါစေ။

CHE (community health educator) နှင့် ဝန်ထမ်းလေးဆိုင်ရာ အဖွဲ့အစည်းများကို နောက်ပိုင်း စီမံခန့်ခွဲပြုနေသော ရှိနေသော ရဲမှုနှင့် ပြန်လည်ပြန်လည် ပြောပြပါစေ။

new arrival အားလုံးကို စစ်ဆေးပေးနေသော အခြေခံအဖွဲ့အစည်းများကို ငှားပြုပြန်ပေးနေသော ရှိနေသော ရဲမှုနှင့် ပြောပြပါစေ။

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We have some common diseases in the camp. However, we don't know what other infectious diseases will be brought from outside the camp.

We also have to do home visits and give health education. We find out what health problems are being faced and what diseases are prevalent. We have to give health education based on these issues. Sometimes, we do home visits to the patients. Sometimes, some sick people cannot go to hospitals. They have no people to help them. In this situation, we have to assist them as much as we can.

On the other hand, for the illiterate people, they rarely discuss back on health topics. They just listen and follow our advice. Sometimes, being illiterate, things get worse. They know only that they can go to the hospital when they get sick. They don't see the point of bothering about health before getting sick. Some people would like to know more and ask questions while some others cannot give time for us. However, the majority of the people within the community welcome our activity.

HM: How does the community perceive you when you go and give health education?

Susan: It depends on the individuals. Some people understand our activity and some do not. Some of the community members are educated. As they can read and access this knowledge by other means, they are not very much interested in our health education. But some are quite the opposite, because they are educated and know that health information is helpful for them as well as for the community. They would like to discuss more and more upon the issue.

HM: In your opinion, what are the important skills to develop in order to become a good CHE?

Susan: First of all, one should be friendly with the community. One should know the needs of the community. Communication skills are very important. One has to be on good terms with every one, also with camp leaders and zone leaders.

As CHE, we should be able to communicate even though people are from higher social status or lower social status than us. We must know very well the subjects we teach and be prepared to answer questions. We also need to be well organized and good at reporting. In addition, we need to have a strong general knowledge.
Involving the community:
The Participatory Methodology

By Health Messenger

To increase the impact of community health education, some researchers have developed new techniques that allow the participation of the community in health education activities. The participatory methodology is explained and developed in this article.

Health education has traditionally been seen as the provision of information to induce behaviour change. Traditional didactic approaches to hygiene promotion do not attempt to empower people to make decisions, nor take account of the context or culture of their target population. It was founded on the belief that if people were only told about the causes of ill health, they would automatically change their attitude towards damaging practices, and ultimately they would change their behaviour.

While changes in behaviour often require access to knowledge, and frequently a change in attitudes, this is not always the case. It is also important to realize that individuals are not solely responsible for their own health. Many factors such as poverty, housing, food supply and cultural values and norms may determine their health status and also their capacity to adopt healthy behaviors.

In the 1990s, health education was redefined to stress a more enabling and pro-active approach to promoting health. This approach is called "participatory approach".

What is the "participatory methodology" about?

Participatory Learning Approach (PLA) is a method for learning which combines participatory and visual methods with natural interviewing techniques. The approach can be used in identifying needs, planning, monitoring or evaluating projects and programmes. By using visual methods and analytical tools, PLA enables all community members to participate, regardless of their age, ethnicity or literacy capabilities. PLA in health education is effective in helping the community to unlock their ideas not only on the nature and causes of the issues that affect them, but also on realistic solutions. It enables local people to share their perceptions and identify, prioritize and appraise issues from their knowledge of local conditions.

How to make the community involved?

There are various activities that can promote community participation. These methods also have the advantage of facilitating understanding of the health messages. Some of them are developed below,
One of the most powerful teaching and learning techniques in health education is drama. When people act a play, they can identify with the character in it. They learn the idea in a direct and personal way.

The drama should be short, lively and spontaneous. It should be flexible enough to allow audience participation.

Here are some principles to remember:

• Make sure that the health message is clear.
• Prepare the plot of the play in advance. The actors can help to work out the details.
• Decide how many people should have a role in the play. The others can either take part as the crowd or be in the audience.
• Make sure that everyone can see and that the actors have enough space in which to act.
• Decide with the actors how the play should end.
• The actors will need to learn:

  To speak in turn
  To face the audience so far as possible.
  To speak loudly and clearly (and only when the audience is quiet!)
  To use costumes and props

Some tricks that make the play interactive:

• Men dressed as women.
• Comic village stereotypes (e.g. drunkard, obedient servant, beggar, traditional healer, dishonest merchant, religious leader).
• Exaggerated characterization.
• Villains/heroes conflict (goodies and baddies).
• Dance and songs.
• A few simple messages.
• Asking the audience questions (Where is she?) and getting them to reply (She’s behind you!)
• Audience participation (asking members of the audience to come into the performance area and join in with certain tasks).

Puppets can be used to give theater performances or with small groups to encourage discussion. They are especially helpful for communicating with small children as they will often talk directly to a puppet although they may be too shy to talk to an unfamiliar adult. Puppets are also able to do things that actors or ordinary people physically or culturally cannot do.
In a discussion, people talk more than the health educator who plays the role of the moderator. You may want to encourage discussion:

- After a story
- After a drama or role-play
- About moral issues (looking after disabled people, sex education, etc.)

Some points to remember:
- Be a good moderator. Steer the discussion.
- Make sure that people learn the health message. Make a summary at the end of the discussion of what people have said.
- If there are too many people, you can divide the participants into several groups. Appoint (or get each group to appoint) a chairman. The chairman of each group can then report back to the whole participants later.
- You can start a discussion in several ways. You can have a discussion after a drama or role-play. You can ask people about health incidents, which have happened to them or their relatives. Ask questions like:
  - What do you think should happen here?
  - What would you do in this situation?
  - What is the danger to health?
  - Do you think the people in the story acted in the best way?

**FOCUS GROUP DISCUSSION**

A skilled facilitator assembles representative groups from the community and creates an atmosphere where individuals feel free to express opinions openly on topics such as the environmental problems caused by excreta and how they can be mitigated. The facilitator is armed with key questions, but the conclusions emerge from the groups, open discussions and lead to ideas for action. Focus groups are helpful in the formative research phase of a health education project, identifying the target practices and key messages for the different groups.

**ROLE-PLAY AND SIMULATION**

The difference between role-playing and drama is that role-playing has no script. In role-plays, people
စိတ်ပြုမှုများကို မြင်ကြည့်ရှုနေသော အဖွဲ့အစည်းများသည် သင်္ချောင်းတို့အား လေ့လာနိုင်သည်။ ပြည်သူများကို ကျော်လားမှုအား သိလိုက်သည်။ သို့သော် မိဘများနှင့် သိသိသာသိ ဆိုင်ရာများအတွက် ပြည်သူအများကို ကျော်လားမှုအား သိလိုက်သည်။

ရှင်ပြောက် အကောင်အထည်ချမှု (ရှင်ပြောက်) နှင့် ဆောင်ရွက်ပြောက်မှု (ဆောင်ရွက်ပြောက်) အတွက် ဘုရင်ဒေသများကို အကောင်အထည်ချမှု (ဘုရင်) နှင့် ဆောင်ရွက်ပြောက်မှု (ဆောင်ရွက်) အတွက် ကျော်လားမှုအား သိလိုက်သည်။

ယုံကြည်စိတ်ပြုမှုများကို မြင်ကြည့်ရှုနေသော အဖွဲ့အစည်းများသည် သင်္ချောင်းတို့အား လေ့လာနိုင်သည်။ ပြည်သူများကို ကျော်လားမှုအား သိလိုက်သည်။ သို့သော် မိဘများနှင့် သိသိသာသိ ဆိုင်ရာများအတွက် ပြည်သူအများကို ကျော်လားမှုအား သိလိုက်သည်။

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act out situations for themselves in order to acquire communication and problem-solving skills and understand situations. Role-plays can help us learn more about people, their motivations and their behaviours. While playing roles, participants try to imagine themselves in the roles of other people and respond to a situation as they think their character would do. This can help them understand other people’s views and to anticipate how they might respond in the situation presented. When performed in front of a group, role-play can encourage discussion and can lead to working out solutions to the dilemma acted out.

The purpose of the role-play should be carefully explained at the beginning of the session to help overcome possible reluctance or feeling of embarrassment. At the end of the session each of the participants should be debriefed and helped to disengage from their role characters. This can be done by asking each participant in turn to introduce himself or herself again and to share his/her feelings about his/her role and the role-play. If this is not done, uncomfortable feelings brought out by the roles and between the actors may cause problems later.

Films and videos are entertaining ways of passing on information to large groups of people at one time. Films can be shown to audiences of a few people up to as many as one thousand at one time. They can be played to people who have gathered for the purpose of seeing the show or they can be shown to groups who have gathered for other reasons e.g. night stayers in hospitals, people queuing in reception centers. Where conditions permit, films can be shown outside after dark using large white walls or sheets for a screen.

When showing films or videos, remember the following:
• Choose a suitable site to show the film or video,
• Obtain permission from the relevant authorities to show the film or video.
• Publicize the show, including the topic of the film or video, by loudspeaker or notices,
• If you have something important to say, say it before the show so that you can dismiss the audience immediately after the show.
With small audiences, discussions about the film or video can be facilitated after the show. With large audiences, people prefer to be entertained and to leave immediately after the show rather than sitting around discussing with a large group of strangers.

**Radio Broadcasts**

They can include news, spot announcements, slogans and jingles, discussions, phone-in or write-in programmes, interviews, talks and documentaries, drama (short or long, series and soap operas or one-off radio plays), music, quizzes and panel games. Many people have access to radios, although men may have more access than women and children.

At certain times of the day, radio programmes may be listened to by a whole family or a whole neighborhood. They can be used as an opportunity for people to meet together, listen and discuss. Radio broadcasts are most effective when they are clear, brief, lively and entertaining.

More voices are easier to listen to than just one. They should catch people's attention and end with something that people will remember. When recording a broadcast, it is best to think of the person listening to the radio as a friend you are talking to.

**Story Telling**

Stories can be spoken or read aloud, acted out or told using pictures. They can be used as teaching tools in several ways:

- By incorporating a moral they can be applied to real life,
- By incorporating local problem situations and identifying possible actions for their resolution. By making it a creative activity to help children develop their understanding of hygiene-related activities,
- By sensitively incorporating traditional practices and beliefs (in a way that avoids under mining confidence in local practices).

**Information Campaigns**

A campaign is usually focused on a specific topic over a short time span and uses a number of universal messages targeted at large numbers of people. In an acute emergency setting, the priority will lie in finding effective ways to convey essential information aimed at encouraging rapid compliance with specific behaviours in an effort to avoid epidemics. In more stable conditions, campaigns may be used against backdrop of other education methods to draw attention to particular issues, e.g. to promote hygiene messages in conjunction with the installation of new water or sanitation facilities using the positive messages of the social marketing approach.

A campaign often makes use of the mass media as a means of reaching a large audience. This can be backed up by other communication methodologies, such as folk media, posters, public meetings and one-to-one communication. National campaigns have been used successfully in this way in a number of countries to promote the use of oral rehydration solution and the uptake of immunizations.

Communication campaigns should be directed where the intended audience will see or hear them. The most vulnerable people often have the poorest access to useful information, so ensure that they are being reached.

A communication campaign should:

- Attract attention, people should be drawn to look, listen or participate.
- Be understood by the person who is targeted to receive it. Simple verbal language that focuses on the desired change is better than the provision of complex and descriptive information.
- Be acceptable to and accepted by the recipient. This is more likely if the message is in line with the beliefs of the recipient and is delivered or endorsed by a person they trust and respect.
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• Be accurate. Wrong information will undermine confidence and not bring about the desired health outcome. It should also be feasible; people should have the means to be able to act on the information they are given.

Planning steps for organizing a campaign

• Begin by setting objectives. Which key messages are to be communicated? Who are the primary, secondary and tertiary target audiences?
• Communicate with the key people who will be involved and others who may offer their support,
• Decide on the channels of communication to be used. Mass media will usually have more impact if backed up by person-to-person communication and discussion, so consider how to combine the two as soon as the situation allows,
• Plan and pre-test any materials to be used. Mass media channels do not allow for feedback from the audience so the materials and messages need to be tried out in advance,
• Train those who will be involved in the implementation, focusing in particular on people from sectors who are used to communicating with the public, e.g. health workers, extension workers, teachers,
• Ensure that a meeting is arranged following the first day of the campaign to allow campaign workers and facilitators to voice any concern or problems they faced. Further follow-up meetings should be arranged frequently.

POSTERS

Posters created in the local area in collaboration with local people can be very effective since immediate feedback will reduce the risk of misunderstandings.

When there is no time or opportunity to do this, professionally designed posters can be used if they have been pre-tested to ensure that the content is understood. Where you require new posters, local artists can be brought in to develop materials on site and pre-test them with pilot groups in the community.

Lack of artistic ability does not have to be a major constraint on the production of effective visual aids. Visual literacy can be learnt in a few hours. Teaching people to make their own materials is a more empowering approach, and communities can then develop their own materials as required instead of using the same set of standardized pictures.
စိတ်ဝင်စီးရီး

စိတ်ဝင်စီးရီးတစ်ခုကို ပြုလုပ်ရမည်။ ကျွန်ုပ်တို့၏ စိတ်ဝင်စီးရီးတစ်ခုသည် အလွန်အရေးကြီးရှိ စီးပွားရေး လုပ်ငန်းများဖြစ်ပါသည်။

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Songs can help children to remember an important health message. Children in particular enjoy singing songs. Choose a well-known tune. Make up words to fit the tune.

**Example of song**

Let's have our meal, have our meal,
Wash our hands, and have our meal,
Wash our hands clean,
Will keep our bodies healthy.
We are happy to have meal,
to have our meal, to have our meal,
We wash our hands to have our meal.

**Example of skills-based health education**

Let's suppose the goal of your health education is preventing health problems from the use of tobacco. Objectives for this goal might include reducing young people's use of tobacco.

Content might therefore address:
1. Knowledge of the health risk of smoking
2. Attitudes that afford protection against harming one's health and the health of the other
3. Critical thinking and decision-making skills to assist in choosing not to use tobacco.

Teaching method for this content might include:
1. A presentation that clearly and convincingly explains the harmful effects of tobacco,
2. A discussion and small group work using visual materials to convey the dangers of smoking and
3. A role-play to practice refusal skills. By itself, skills-based health education has been shown to help many young people avoid health risks such as exposure to tobacco smoke.

**Conclusion:**

By putting the beneficiaries at the centre of the learning process, the participatory methodology insures a better understanding of the health messages and empowers the community to take action for healthier lifestyles. Simple techniques can sometimes make the difference! Let's try in our own community!
"နောက်ထက်တွင် ဆောင်ရွက်ရန် ရည်ရွယ်ချက်ရှိသည်။"
They have been waiting under the sun for more than one hour, on the football ground of ward 8, in Dala Township. They want to sit in the front to see them. The tallest are standing behind the smallest ones, hopping up and down with impatience. They've heard they come from a remote country; they are wearing red noses and playing some strange instruments. They have made a tour around Myanmar to tell children living in the remote villages the story of Su Su. Today is the last show of "Clowns Without Borders", a French NGO created in 1995 by some artists from the circus world; which aims at giving a drop of dream and magic to deprived children of the world.

"A red genius with a scary face walks on stilts"

Suddenly the music starts: the cello, the guitar, the trombone, and the clowns walking in rows with dazed look and ridiculous clothes, "The clowns come from the Country of the Clowns. In this country, all the people have red noses. At night, their noses light up so that they can see in the dark,"

Children look with wide opened eyes, and soon after fear and astonishment; large smiles take shape on their faces. Su Su appears behind the bamboo curtain, flying above them like an aeroplane, carried up in the air by the other clowns, VROUMMM! Another clown dressed up as a mosquito comes into the ring standing on a monocycle. Su Su weathers a storm and the water splashes the audience. A red genius with a scary face walks on stilts waving his arms above the kids' heads. As laughers raise the full pitch, adults have joined the circle, attracted by the crowd and the music that comes out. Some children climb on their shoulders to have a better view, forgetting about the dust and the burning sun that slowly goes down. An hour of dream and magic, in the dusty streets of San Thi Thar,

Photos: Jean Philippe FORST
Techniques of health education

บางแบบแสดงการบริการและนำร่อง ที่สำคัญ

การใช้เทคนิคการศึกษาสุขภาพ การใช้เทคนิคการเรียนรู้ที่มีประสิทธิภาพในมิติด้านสุขภาพ การเรียนรู้ที่มีประสิทธิภาพในการจัดทำและแสดงเสนอ

การใช้เทคนิคการศึกษาสุขภาพ การใช้เทคนิคการเรียนรู้ที่มีประสิทธิภาพในมิติด้านสุขภาพ การเรียนรู้ที่มีประสิทธิภาพในการจัดทำและ展示

Impressive metallic stage of the NMS drama show สวยงาม น่าประทับใจ งานแสดงของโรงเรียน NMS
To raise the interest of the communities in health and hygiene, Action Contre la Faim (ACF), Myanmar developed a hygiene drama activity, which has proven to be a great success. The first hygiene drama program started in October 2003 in Northern Rakhine State (NRS), where ACF has been implementing water and sanitation activities for eight years. The drama show had the objective to transfer hygiene messages in a pleasant way and in a way that could reach all segments of the population: children, women, and men.

For this first try, ACF spared no expense. A troupe of ten actors went up and down the townships of Maungdaw and Buthidaung, visiting 67 villages in one year. For each performance, a 2 x 3 x 3 meter elevated metal stage was installed in the village. Scenery included fake full-scale water points, costumes, and cloth stage settings. Two trucks were necessary to transport the team and all the drama materials from one village to another.

Before the program started, the necessary authorizations had to be obtained from both local governmental and religious authorities. A lot of the village Mullahs were quite worried at this idea at first. Most finally gave their permission to the team to perform in their village with the condition that no music was played during the show, which would have been against Muslim law. Songs, however, were allowed and widely used.

Drama shows usually lasted two hours with themes developed around basic hygiene topics integrated into a complete scenario where love, anger, and other human emotions also played their parts. Laughter and the use of Myanmar traditional drama techniques were valuable to get our points across.

A second troupe was created in November 2004 by ACF in its second area of intervention, the predominantly Buddhist Eastern Rakhine State (ERS). Improvement of hygiene behaviors, improvement of sanitation, creation of new water points, and protection of the existing ones have been the focal points of Action Contre la Faim in ERS since 1994.
The ERS drama troupe is smaller than in NRS, with only four actors, and it is designed to be very mobile. The materials of the stage (mainly bamboo and wood) are provided and mounted in each village by the villagers themselves. The sound system is simple but efficient, with a 200 Watt amplifier, two speakers and three microphones. Music is often played and a small organ is used to create special effects, mimicking Myanmar favorite's television series. Lighting is provided by florescent and bulbs strung strategically on ropes over the stage. Electricity is provided by a small lightweight generator.

Traditional theater plays a large role in Rakhine culture. This has contributed to the immediate success of this program. In a presentation, in January 2005, 700 people attended in a village with only 400 inhabitants, "People are coming from neighboring villages. We need a bigger sound system!" said Khin Than Kyi, the drama team leader, in her first field report.

The drama stories are written by the actors, who were recruited locally. Actors play multiple roles, relying on different costumes and mannerisms to portray their characters. Simple scenes painted on white material by local artists. Villagers are often asked to assist with various stage tasks for example opening and shutting the curtains or small non-speaking roles. The ACF pilot or driver controls the lighting and sound effects.

The greatest feature of the ACF ERS hygiene drama is that it is fully integrated into the water and sanitation program. The scenario of the show changes slightly from one village to another, according to the specific hygiene problematic of the village, and the results of the latest impact surveys to solve implementation problems, the local culture, a large number of people reached hygiene drama has a lot of advantages. But the main advantage is that children are the most sensitive to the messages spread and are usually an easily pleased and rewarding audience.
Hospitals and Clinics are the meeting places for the health service providers and the patients. These are the places where the service providers can identify the knowledge, attitude, practices and beliefs on the particular health issues of the laypersons and have an opportunity to discuss upon these issues. Furthermore, these places are the potential outlets for distribution of health messages to the people who are in need of it. However, service providers make use of such an opportunity in very few circumstances. In this article, we highlight the need of health education and give some tips on how to conduct individual health education.

In most situations, clinicians conceive their role as curative rather than preventive. It is a fact that clinicians are required to take care of their patients as their first concern. As a result, most of them think that their responsibilities are over when they manage to diagnose a disease properly and give definitive treatment. Health education is neglected for several reasons. Sometimes, clinicians do not regard health education as an important component of health care. In certain situations, understaffing with heavy client loads does not allow adequate time to provide health education. In any cases, one should bare in mind that health education is an integral part of the health services.

In the camp situation, service providers can get time to examine clients and perform other procedures adequately. It is possible to provide health education and allow clients to ask questions. All this depends on the training of the service providers and on what they perceive as important for the clients. It is important to note that not all the clients who received health education understood what was said; this implies that there can be missed opportunity for clients attending routine services.

Traditionally, communication in health clinics has always been a one-way phenomenon. Therefore, if a client is to ask a question, health workers must initiate the process. Moreover, if the client is young or uneducated, his/her ability to feel confident and ask questions might be diminished. On the other hand, when the clients are old and have some level of education, they tend to think that they know everything, in certain situations, the clients have already received some health messages.

Because of the diversity of the individuals, there can be no hard and fast rules for a perfect health education talk. The service providers are required to be sensible enough to judge the level of health knowledge of the clients and be able to explore the misconceptions relating to the current disease or the problems that they are facing.
မော်ရှင်မှာ ကြိုးစပ်တွေကြား စိုးရိမ်နေစဉ်က အောင်မြင်စွာ လုပ်နေချင်ခဲ့ရတိုင် လူသိုလျင်မှာ အချင်းချင်းများကို အနေနှင့် အထွတ်ရေး နှင့်ပတ်သက်သော အခြေခံများကို အရည်အသွေးထွင်လေ့ရှိကြရင် ပြန်လည်ထိုးနိုင်သည်။

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For those, who have already received the health information, it is essential to assess whether the messages they received are up to date, correct and complete. Based upon the existing knowledge and perception of the client, a health education conversation should be carried out.

Health education during home visit allows a community health worker (CHW) to assess the domestic environment and tailor the education to the individual need. Home visit is also a great opportunity to point out problems and discuss ways to solve them. In addition, it makes the client more comfortable because of his/her own personal environment and feel free to ask more questions.

It is well accepted that it is essential to give the clients sufficient amount of information. However, you have to balance between the available time, ability of clients to absorb the message and the amount of messages. In addition, as we have mentioned in the previous article, the health education messages should be client centered (necessitate the client's participation). So, you need to give time for the client to talk on what he or she thinks about the problem/disease, let them ask questions. Only then, you will be able to adjust the extent and content of your talk according to the need of the client.

2. Listen and give time for health education
As CHWs, you may be busy with other duties and responsibilities apart from providing treatment. Despite of this, you should be attentive and give time for health education. Show compassion to the clients, Listen carefully what the client says. From these conversations, we can get some more information for a more precise diagnosis and prescribe a more appropriate treatment, and the necessary health messages.

In addition, if misconceptions are properly identified and if clients are given the opportunity to gain health knowledge; you might have less workload in the future by limiting the burden due to preventable diseases. For example, you need to inform a client with Sexually Transmitted Infection (STI) problem on the necessity to use condom and offer partner treatment, how he can be re-infected from his partner, you can avoid vicious cycle of treating STI.
...
3. Be patient
You might be from a more fortunate community with better education. However, as CHWs, your task is to provide services to the people who are in need of it. In this aspect, you are neither superior nor inferior to the clients. Although you might find the existing customs and traditions don’t make any sense, you need to be patient. For example some mothers abstain from certain types of food because they think that this will cause their breast milk to become hot (some people in Burma consider it is bad when the breast milk is hot). Please explain them in a very simple way and try to develop their logical skills. Avoid scold or blame, otherwise, the community will not be happy and will not follow your health advices.

4. Never use Jargon
It is essential that your message is well-understood. Yes, you might be more familiar with the medical terms. But you have to keep in mind that you are not talking to your colleagues but to laypersons. The clients may not be familiar with English words and even with technical terms, So, avoid the use of jargons and communicate in the same language as your client, For example, if you talk about diabetes, be sure that people know what is the pancreas and what is insulin.

Checking whether the clients receive the message or not
It is very common that people think themselves as good communicators and what they have said is comprehensible. It is an extra burden for the CHWs to check whether the message is relayed or not. However, it is important to know that the clients receive necessary health information. These can be assessed with the exit interviews. Rather than asking them to recite the health messages, one should ask negative questions. For example when a woman comes for antenatal care and after receiving health education, one can ask her: "Now you know what to eat and what to avoid. Could you please tell me what food you should avoid eating?" If she did not get clear information, she might say things like "Oh, I cannot eat Rakhine Banana. It will make it difficult for me to deliver. I also can get Malaria." In that case, you have to realize that your health messages are not properly accepted. This is one of the examples for counterchecking the health knowledge. In fact there are various ways to find out whether your health education is sufficient enough or not. Based upon your findings, you have to adjust and adapt your health message and improve your health education talk.

These tips are very simple for you and you might already know them. However, in most circumstances, they are neglected. Please be assured that you could inform your clients with sufficient health messages while you are providing treatment at the clinic or during your home visit. Only then, we will improve the health status of our community.

Sources:
02 Techniques of health education.

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Population Services International is an NGO that provides health services through a technique called social marketing. We all know what marketing is... we are confronted with it each time we open a magazine or see a billboard or a television ad. Most of these marketing techniques are used to persuade you buy things like soap, soft drinks or food. So what is social marketing? In short, social marketing is the use of commercial marketing techniques to promote the adoption of a behavior that will improve the health or well-being of a person or society as a whole. Just like a commercial company, PSI focuses on consumers, market research, and they use a systematic process for developing a marketing program. The big difference between private sector marketing and social marketing is that in social marketing, the benefits go to a person or a community instead of to a company.

How does PSI does this? First of all, PSI works to create supply. PSI/Myanmar provides high-quality, affordable health commodities (such as Aphaw condoms, Supatab mosquito net re-treatment tabs and OK Birth Spacing products), to grocery stores, medical supply stores and health clinics. We have created a distribution network of sales representatives and wholesalers throughout the country so that we can make our products available all throughout Myanmar. PSI/Myanmar has also created the Sun Quality Health Clinic franchise network, which provides private doctors with low-cost health products and training, related to these products. It is our goal to make sure that our products are easy for our target population to access.

At the same time, PSI creates demand for the products. This is done through advertisements in the form of journal ads and television commercials or through point of sale display materials such as posters and banners. In addition, PSI also has an "interpersonal" component to their activities. A staff
ပညာရေးအတွက် အစိတ်အပိုင်းများကို အစားထိုးကြည့်ရှုမှု မိုးမိုးသွားစေရန် ပြုလုပ်သူများအား အောက်ပါအတိုင်း အဖြေရှိခံရသည်။

Prepare for health education like this.

ကြည့်ရှုရန် အသုံးပြုရန်

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of outreach peer educators travels around the country talking to people about adopting healthy behavior. PSI also produces educational comic books and has Mobile Video Units that travel around the country showing entertaining videos on healthy behavior.

Why does PSI make people pay for their products instead of giving them away? This is a very good question that is asked by many people. Research has shown that people are more likely to value and use a product that they pay for... even if it is just a small amount. PSI always does research to make sure the price we charge is affordable for our target population, yet is not so low that people believe it is a product of bad quality. We also charge money for products because when we involve the private sector (wholesalers, betel nut stalls, grocery stores etc) , the entire community becomes involved in improving health. In addition, this also helps the storeowners because they make a little bit of profit when they sell PSI products.

In June 2004, PSI/Myanmar started to apply social marketing techniques to increase access to safe water. PSI/Myanmar provides and markets a 0.6% chlorine solution with a measured dosing cap called WaterGuard, WaterGuard, when used according to directions, can kill waterborne diseases in your drinking water. WaterGuard can prevent diseases such as cholera, dysentery and hepatitis A and C. WaterGuard is very useful for the entire family, but is particularly useful for children under 5 years of age. Diarrhea can be very harmful for young children, and can even result in death!

Social marketing is one approach that can be used to help solve certain kinds of public health problems, particularly those associated with changing behavior. Public health problems are complex and there is no simple way to solve them. It takes many new ideas, different approaches, flexibility and patience to make progress in changing behavior, and we at PSI/Myanmar are happy to be a part of the INGO network that works towards this goal!

If you would like information on WaterGuard, please contact wauard@myanmar.com.mm.

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different targets, different approaches
Everyone needs to learn basic health practices beginning from childhood. When children grow old, they will practice healthy behaviors throughout their life and have better health. Therefore, it is very important to work with children in collaboration with headmasters, teachers, parents, ward leaders to put this principle into practice in the schools. Children are our future and adults’ involvement in the building of their capacities at early age is fundamental.

Health Education for children

Health education for children should not be done in a formal way. Educators should always remember that health education has to be lively and interactive to get the interest and participation of the children in the construction of their knowledge.

AMI organizes health education sessions adapted to children’s age, in small groups from 10 to 15 maximum. The messages are the same for primary, middle and high schools but the ways of delivering them are different.

For children of the primary schools, we use demonstration, story telling, songs, drawing, puzzles. For the middle and high schools children, we use some games, drawings, and problem tree. We encourage and facilitate the children to find out what their health problems are and which solutions they can find by themselves to improve their health situation.

AMI educators always facilitate the learning process by encouraging the participation of all the children. The aim of this activity is to use children as medium to reach the entire community. For example, we can hear in the afternoon the mothers singing together with their children the songs they learnt in the morning education sessions. We can see some children showing the pamphlets, telling the stories, playing some games with other children after the sessions. The transmission of information is efficient and reaches the drop out schools children as well.

Role of the adults

For sustainable health practices, it is important that all the adults close to the children at school and at home collaborate in the health education process. If we have a look at a child daily timetable, we notice that children spend as much time at school as with their parents. Therefore, all the adults should feel responsible for being sure the child performs good health practices.

At school level, teachers who are perceived as leading figures, have a major role to play in showing children the way to better health practices.
စာပိုဒ် ၁

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Some children are born to be teachers, leaders or actors. Some can sing songs very well. Some can make beautiful draws. These talents should be used in order to spread the health messages deeper into the community. In addition, educators are not all the time with the children so some children have to be responsible for continuing the health education on a regular basis.

Encouraging the creation of health clubs in the schools is one of the best ways to start. Some of the health club members take different roles: supervisors, monitors, educators and some are actors. They collaborate to make sure all children are participating and motivated to change their behaviors. The role of the adult is to support them and to let them express what are their concerns, and to help them draw their plans of action.

For example, in the Health Club of Middle School 2 in Dala Township, members have set up their own objectives: giving 10 health education sessions per week, maintaining the latrines clean and pumping the water by job sharing organization. Some other health clubs have staged theater plays and performed it in front of the other schoolchildren.

Once in a year, AMI educators select the Cleanest School of the Township. This school is selected not only on hygiene criteria, but also according to initiatives undertaken by teachers and children to improve the environmental conditions of their schools and to promote healthy habits within the community. The best school receives a price and a small ceremony is organized. This year, the primary school in Seikyi Township has won the first price. The teacher has organized in collaboration with the children a collect of small pieces of soap among parents in order to make big ones. These homemade soaps were available to the pupils for the whole year, so that they could wash their hands after going to the toilets. Sometimes, small initiatives can make the difference.

In a primary school of Seikyi, the health club has organized a play and performed it in front of all the children of the school. Children have written the scenario with the support of their teacher. AMI educators have helped the children to realize their costumes. The show received such a success that educators have encouraged children to perform the play in front of their parents and in other schools of the township. Thanks to children's initiative, the health message was spread largely into the community. This example was reproduced in other schools of the township, where children started to write their own scenarios and perform skits in front of their school. From these activities, children can learn how to work in team and take responsibilities, so these activities empower them. They feel very proud to be part of the health club as they have the feeling they are active in the improvement of their school.

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**Health Clubs**

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The impact of health education is extremely difficult to assess as behaviour changes can be influenced by various factors. However, it is an important process as it helps to adjust health education activity accordingly. Every 3 or 6 months, AMI educators are in charge of monitoring children's behaviours when using the facilities. The monitoring consists in observing the attitude of 50 or more children per school. The results are compiled in order to assess the improvements and failures of the health education project. The following facts below give an example of what can be concretely observed and evaluated during the assessment.

1. Safe drinking (own bottle, clean cup with handle)
2. Safe water handling and storage (cover pot...)
3. Washing hands with soap after defecation
4. Washing hands with soap before handling food
5. Children using latrines for defecation
6. Children using latrines or urinals for urination
7. Regular cleaning of facilities
8. Covering food (where children eat: shop, lunch boxes...)

Conclusion:

Health Education with children is always more satisfactory than health education with adults, as children have a wonderful capacity to remember health messages. Furthermore, children are always very eager to undertake responsibilities in the improvement of the health status of their community. These capacities, if used effectively, are a major opportunity to achieve long-term performance of healthy practices and behaviors. Spending little time with children to launch health initiatives can be a great gain of time for the future.

This example is taken from AMI hygiene education curriculum for schools.

Material needed: One black board with chalks.
Time: 45 minutes
Number of children: Approx. 10.

During this session, children are asked to identify hygiene problems in their school and to plan a strategy to solve them. This module should develop their ability to analyse different situations (1), to set goals (2) and formulate strategies (3).
1. Comparing two situations:

The educator asks two children to come to the blackboard. On the right side of the blackboard, one child is asked to draw the school he would like to have in the future. On the left side of the blackboard, the other child is asked to draw the current situation of the school. One after another, children come to the blackboard to complete the draws.

On the draw representing the current situation we can see a broken hand pump, dirty latrines, dirty elevated tanks, rubbishes disposed on the floor etc. On the draw representing the school of the future we can see clean playgrounds, clean latrines, new hand pumps etc.

2. Drawing the problem tree:

Once the draws are finished, children are asked which situation they prefer. Then, they describe the two pictures and make some comparisons between the two situations. Based on children’s observations, the educator will draw the problem tree,

On the roots, children give the reasons for the dirty latrines:
- No proper use
- No water
- No unity
- Hand pump broken
- No use of water after defecation
- No discipline,

The tree trunk represents the problem;
- Latrines are dirty,

The tree branches represent the bad effects of dirty latrines:
- Diarrhoea,
- Dirty surroundings,
- Bad smell,
- Diseases,
- No one wants to use the latrines.

3. Moving forward to the ideal situation

Once the problem tree is complete, the educator draws a bridge between the current situation and the future situation. Children are asked how the situation can be improved,

“This tree is not good for us so how can we cut its roots? How can we cross the bridge to the better situation?”

The educator writes the answers of the children on the board:
- Write a notice in the toilets
- All children should bring a piece of soap to have it available for washing hands after going to the toilets.
- Create a group of “toilets watchers” responsible for checking if toilets have been washed after use etc.

At the end of the session, decisions are taken to improve the situation. The educator writes them down on a piece of paper and all the children sign it, as a proof of their commitment.
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Different target, different approaches

HIV/AIDS
Peer Education

By Health Messenger

Peer education is one aspect of health education. Recently, it gets more popularity because it could reach some groups at risk to get infected with HIV/AIDS. This article will assist in developing an effective peer health education program.

What is a peer and what is peer education?

A peer is a person of equal abilities, qualifications, age, interest, social conditions or lifestyle. Peer education is imparting information among peers. Peer education is an effective way to complement, rather than substitute for, usual health education procedure. Successful peer education provides better knowledge and understanding as it is delivered in an environment that is safe and where people feel accepted.

Peer Health Educators provide information and referrals on a wide range of health issues, including:

- sexual health
- pregnancy resource referrals
- contraception
- alcohol and other drugs (AOD)
- Lesbian/Gay/Bisexual/Transgender issues
- stress management
- nutrition and wellness
- physical fitness etc.

Everywhere, age group, race and ethnicity, level of education and social status are quite diverse. We cannot single out one educational method as a perfect one. We have to adapt health education style accordingly. We encounter many challenges while giving health education especially when the educators tend to be more authoritarian in nature. For example, adolescents generally have low knowledge about their own health needs and problems. They are not aware of available services and may encounter many barriers to access these services. They believe that many service providers have negative, judgmental attitudes, poor communication skills and do not understand their
needs. They also fear that their privacy and confidentiality will not be protected.

On condition that they are from the same community, we can expect them to
• love each other
• care for each other
• share with each other
• help each other
• teach each other, and
• learn from each other.

This is mainly because, they do the same things, live near each other, and have fun together. They mark themselves as members of particular groups or cliques. They tend to categorize people and activities as being either "in" or "out". From this aspect, peer education attains a more significant role in health education activities.

**Implementing peer education**

Promoting health at school via child-to-child method is very effective in improving the health of the community. The idea is to encourage older children to look after the health of their brothers and sisters and other younger children. This is because younger children often spend more time with older children than with adults. In child-to-child education, lack of generation gap eliminates the difficulty in messages delivery.

This approach helps the child to learn not only health knowledge, but also helps to develop skills and confidence. In addition, this encourages children to realize that they can play an important role in the health of the family. It increases their self-respect and sense of worth.

Adolescence can be said as one of the most vulnerable and sensitive period in life with significant physical, emotional and physiological changes. It is a time of conflict and confusions. There is uncertainty about the physical and emotional changes that occur at this time and about the roles that adolescents are expected to take as adults. At the same time, the adolescents want to be heard and respected. They gain emotional security from a friendship with someone who is going though the same kind of changes that they are going through. They confide their peer friends. They rely on the information they gained from their peers. As a result, peer education is more useful than traditional method especially when it concerns the issues like sexuality and reproductive health.

**Health Education and High Risk Groups**

International organizations (UNAIDS, WHO, UNICEF, UNDP, WB) all state that peer education for sex workers is the best practice. Peer education program is also very useful in spreading information among hard to reach groups.

Such groups consist of sex workers, drug users, men having sex with men, and migrants. In most situations, they are considered as being bad, or illegal or weird by most societies. People from these groups are reluctant to identify themselves because of existing stigma. They tend to be marginalized. They dare not confide others and have more trust towards their fellow friends. They do the same thing and have the same experience. They think that their friends know them more than others do. In such a situation, peer pressure is the highest and most beneficial for health education,
မိန့်ခွန်းအားလုံးကို ပေးနေသည့် အကျဉ်းစဥ်အုပ်စီများသည် ပြည်ထောင်စုအဖွဲ့ အရေးကြီးမှုများဖြင့် အနေဖြားနေသော အခြေအနေများအပေါ် အဖြစ်ဖျင်သော အချက်အလက်များကို လုံခြုံစေမည်။

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Towards a successful peer education
The role of the project worker

The project worker plays a very active in and complex role during the organization, execution, evaluation and follow-up of the peer educators training. It is important to ensure the following tasks: gaining trust of the members of the target group, stimulating active participation of the trainees, and maintaining contact with the peer educators after the course and guiding them in their peer activities.

Selection of peer educators and their performance

It is not easy for a peer educator to implement health education successfully. Successful peer educators should be a right person with proper training and skills. At the 4th international Conference on AIDS in Asia and the Pacific a sex worker active in peer education confessed that she was getting tired of being a peer educator. After all, she did not become a sex worker because she wanted to be some kind of social worker. Experience from peer education projects among general population suggest the following issues to be looked into: selection of peer educators, their behaviour, the nature of contacts and the use of incentives.

Selecting good role models or former misbehavers?

Many programmes among the general population select peers who are already known for good behaviour and are respected in the community. The difficulty is that such people may be able to discuss the task of sustaining good behaviour, but they are not the best people to talk about behaviour change from bad to good behaviour, because they do not have experienced it. Persons at low-risk could be useful with some target audience, eg pre-sexual adolescents, but for late adolescents and young adult it is better to select peer educators who have change their behaviour, even persons living with AIDS.

Behaviour of peer educators

Peer educators are expected to be role models, exhibiting as well as promoting good or safe behaviour. However, in many programmes, detailed interviews with peer educators frequently show that almost half of the group promoting condoms are not using them themselves. Training for peer educators usually take one to three days. It is questionable that these selected people could change their own behaviour within such period.

Nature of contacts: one to one or group wise?

Training of peer educators should address the personal behaviours of the trainees and try to motivate change in their group. In addition, many programmes focus on one-on-one activities by the peer educators in the field. However, some evaluation results suggest that peer educators who work in small groups may be as effective or more effective than those relying on individual contacts. The process of discussing issues in groups lead to greater likelihood that embarrassing questions will be asked, thereby, leading to better information sharing.
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Most peer educators are volunteers. In many societies the lack of reward leads to reduction in the volunteer effort. However, once the process of motivation through incentive starts expectation are created on both programme staffs and peer educators about what the incentive are for.

When program link benefits or incentives to the number of clients they work with, there is a tendency for the educators to emphasize mostly new contacts, like person met on street, etc. In contrast, some of the more effective behaviour change project emphasize a more limited and identifiable clientele. In this case, it is easier to monitor knowledge and behaviour change in clientele.

Training the peer educators

It is essential to have specific selection criteria when recruiting peer educators. Peer educators may or may not have relevant health background. They might have certain norms and customs that are not consistent with the scientific world. If their preformed ideas and norms cannot be identified, the message they relayed may not be correct. This can make the situation worse. Thus, while training peer educators, it is essential to assess whether they have the right attitude and knowledge or not. After training period, their knowledge should be evaluated again.

Each training class should limit the number of trainees with twelve persons maximum, otherwise a larger number of participants can affect the learning process. The trainees should be encouraged to ask questions and share their experience with other colleagues. Already trained peer educators are helpful if they can share their experience with other trainees.

To be a good peer educator, one should have sympathy as well as empathy. Even within the same group, problems and situation can be quite different. Some can easily follow good practice while others cannot. Peer educators cannot expect others to think the same way as they do. They should be trained to adapt the situation and try to fit in others’ shoes. The project worker should maintain frequent contact with the peer educators in order to supervise and support their peer activities.

Although the advantages of peer education should not be underestimated, this type of health education presents various problems. First of all, a feeling of competitiveness and jealousy among the group members might make peer education difficult. The position of a sex worker-peer educator might create divided loyalties and a position where the peer will be at the same time an insider and an outsider.

Secondly, it is not sure that peers can effectively influence or act as a peer educators for clients or owners of sex establishments. Finally, the mobility of the peers, especially for those working within the sex industry, reduces the impact of projects which base their effectiveness on repeated contacts with the target group and on in-depth peer support.
Conclusion:

It is difficult to predict the possible effects of a peer education programme if the real networks in the community are not well known. Health information is spread in different ways than is often thought. A good programme therefore needs an analysis of the social environment, before engaging in training. All the above information would support in implementing an effective peer education programs.

References:

Interviews with peer educators

By Health Messenger

Peer Educators can access groups that are sometimes difficult to reach by other health educators, Health Messenger interviewed some of them, working within the Commercial Sex Workers (CSW) community of Yangon, The names used in these interviews were changed in order to respect the confidentiality of the interviewees.

Kyaw Aw is a Peer Educator for Medecins Du Monde HIV Prevention programme. He gives health education to his peers in places where they are used to work: karaoke, nightclubs, streets and pimp houses.

HM: What made you decide to become a peer educator?

Kyaw Aw: When I was younger, I wanted to become a doctor. But because of the financial situation of my family, I had to drop out from school and to start working in the streets as a CSW. In 2000, a NGO gave a training session on HIV-AIDS for CSW of Yangon, which I attended. I found it very interesting. I received a price at the end of the sessions and I was offered a position as a peer educator. It is very rewarding for me to be able to help people. As I am HIV positive, I know what I am talking about when I talk about HIV-AIDS and people trust me.

HM: What are the questions your peers frequently ask you?

Kyaw Aw: Most of the time, I am asked about condoms: How to use them? How to make the client understand that it's safer to use condoms? Many CSW have to face the reluctance of their clients concerning the use of condoms. Some pimps even make business out of condoms by selling them to the clients. Pimps who make business out of condoms don't want CSW to have condoms with them. All this creates lots of problems, So my task is mostly to give some arguments to CSW to convince their clients. I also go and negotiate with pimps. I distribute condoms for free. And if some CSW have STDs, I refer them to the nearest STD clinic.

HM: Which techniques do you use to convince your peers to use condoms?
Kyaw Aw: When I go to nightclubs or karaoke, I wear a T-shirt on which is written: “Condom protects both partners”. Sometimes, people ask me why I wear this T-shirt, and I explain them. This is a way to start the conversation. I also have some karaoke VCD about HIV. When I sing these songs in the karaoke, both CSW and clients can hear the messages. I am not ashamed to talk very frankly about sex if people ask me very private questions, I share my experience with them. I give some advice, I even make some demonstration to show how to put condoms properly. I asked a carpenter to make a wooden phallus for me so that the demonstration is easier.

Peer Educators, MDM’s main actors in Prevention

By MDM Myanmar

Sex work, brothel management and heroine usage were their main occupations. It was also the criteria for Médecins du Monde to give them a job. These twenty women and men became key elements of the MDM team in Myanmar. They have a unique understanding of sex workers and drug users, who are certainly among the most hidden and stigmatised communities.

Prostitution and drug use, as in the other South East Asian neighbouring countries, are widespread but remain strong taboos in the society. These activities are repressed by the authorities, who reluctantly admitted their very existence just recently. High-risk behaviours of sex workers and injecting drug users are important factors for HIV transmission in Myanmar.

MDM has directed its HIV prevention activities towards these more marginalized populations in order to reduce the continued transmission of the virus. Accessing marginalized populations is most effective when done by insiders, while effective behaviour change messages need to be carried by highly communicative professionals.

When MDM hired Ko Min Kyaw and Ma Soe Soe, they did not have any experience with the idea of effective communication for behavioural change. They needed to learn important concepts such as the assessment of an audience’s interest and comprehension and the use of creativity and variety when giving BCC messages.

Two professional actors, from the French theatrical company Opera Pagai, came to Myanmar to train the peers on communication and creativity.

Together, they developed techniques to capture an audience and relate to their experiences while effectively presenting an education message. The
peers use role-plays of their own creation, to demonstrate how behaviour change is feasible.

Every Wednesday afternoon the peers and the other educators have dedicated time to develop new messages, role-plays, songs and approaches to the IEC material. Renewal is essential not only to keep the interest of the beneficiaries but also to keep the peers excited about their important roles.

Following the intense Clowns Without Border's training, the peers presented three new role plays to a workshop audience of 150 sex workers, The peers captured the attention of the audience and the group laughed and smiled throughout the whole session. The peers used humour and new acting skills to educate the audience about serious HIV/AIDS issues,

Developing team capacity and dedicating resources, time and attention also helped the peers to gain recognition from the rest of the staff, it is now better accepted that as (ex) sex workers and drug users they are full members of the staff and that their views and input to the activities are important to the success of our HIV prevention mission,
တစ်ခါ ပူးတွဲမှုတွေကို ရောက်ရှိပြီး လူရောက်တွေကို အသုံးပြု ရေးသားထားပါတယ်။

"စားသော်လိုပါတယ်။"
On this sunny Wednesday morning, Ko Ko Ta Lwe is assigned to give health education within his community through home visits. The topic chosen for this week is "diabetes". The day before, Ko Ko Ta Lwe learnt his health talk by heart. He knows exactly what he has to say and is ready to regurgitate all his knowledge to his community fellows.

"Hello, how are you? Today, I will tell you everything about diabetes", he says

He is assigned to go for home visit at Quarter 9. He enters a small bamboo house to make his first visit. On the floor, the rests of the breakfast are lying uncovered, Some flies are turning around, Children are playing naked with the animals next to the house, But Ko Ko Ta Lwe does not make any remark to the mother because today is the day of "diabetes". In addition, he has no interest in knowing if the woman has any problems related to diabetes. He just starts talking about the topic proudly.

"Hello, how are you? Today, I will tell you everything about diabetes", he says

The mother looks surprised because she is not familiar with the word diabetes but as she has nothing else urgent to do, she sits down and listens to Ko Ko Ta Lwe, showing little interest.

"Diabetes mellitus is a hereditary and chronic disease, There are two types of diabetes: type 1 and type 2. In type 1 diabetes the disease usually begins abruptly, early in life, with a gradual loss of insulin reserve in the pancreas and exogenous insulin is required for therapy. Type 2 diabetes occurs in older persons and has an insidious onset. The insulin reserve in the pancreas may be normal or moderately decreased, and exogenous insulin therapy is usually not required," explains Ko Ko Ta Lwe without any pause up to the end.

The woman looks at Ko Ko Ta Lwe with blinking
eyes. She is not sure she understands something to the explanations, but as Ko Ko Ta Lwe looks very clever and uses lots of technical words, she is impressed. She has no idea what diabetes is about and she never heard neither of pancreas nor of insulin. She dares not question him back about diabetes.

She would rather like to speak about the diarrhea of her children, but she does not want to upset him therefore she keeps silence and politely thanks him for his visit.

Ko Ko Ta Lwe visits a second house and repeats exactly the same things.

At the end of the day, Ko Ko Ta Lwe comes back home, very satisfied of his job:

“I did great! I forgot nothing about diabetes, I could tell them everything that I learnt!, says Ko Ko Ta Lwe to himself. Next week, we’ll talk about Syphilis, I have to get prepared.”

Ko Ko Ta Lwe is very proud to be a health educator, because he is very much respected by the community members, who think he has a lot of knowledge. However, he is sometimes a bit disappointed not to see any behavioral changes and healthier lifestyles around him. Children keep on getting diarrhea and Respiratory Infections, due to malpractices.

“People are so ignorant! He thinks, It takes time for them to understand what they should do to avoid diseases. But I am a hard worker, I keep on believing that one day things will change!”
04 Test yourself

1.  2.  3.

1. 2.

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Try to answer these questions. You will find out what kind of educator you are. It will help you to detect your weaknesses and strengths in this field and provide you with some advices for further improvement in your daily activities within your community. Answer sincerely the questions, calculate the number of □ △ ○ and read the comments corresponding to your score.

Question 1:
Before starting a health talk on hygiene, you would say:

a. "I will teach you how to be clean as you don't know anything about hygiene. Your kids are sick because of your dirty habits but if you do what I tell you, everything will be all right.' □

b. "So I will tell you all that I know about hygiene. Please, don't interrupt me and listen carefully!' △

c. "Many of you have heard about the microbes, Can someone tell me what is a microbe?" ○

Question 2:
You have observed an increase of diarrhea cases within your community that is not due to particular climatic conditions. You decide to do something about it:

a. You invite some community members to discuss the problem and plan for action. □

b. You record a tape with hygiene messages and give it to the local radio. △

c. You make home visits and tell the mothers to clean their house and their clothes. ○

Question 3:
To your opinion, a health educator is:

a. Someone who is paid to educate the community about health. □

b. A person who is always telling right things. △

c. A community member who helps people to solve their problems concerning health. ○

Question 4:
You arrive in a house to give a health talk about ante-natal care, as requested by your supervisor. But the
(a) အား စိတ်ကျင် စစ်ဖောက်ရေးအတွက် လိုအပ်သည် အချက်အလက်များ စီစဉ်ခြင်း။
   (b) အဓိကအဖွဲ့ လိုအပ်သည် တွေ့ရှိသည် အချက်အလက်များ စီစဉ်ခြင်း။
   (c) ပြုလုပ်ရန် လိုအပ်သည် အချက်အလက်များ စီစဉ်ခြင်း။

(b) စာသားစာရင်းစီစဉ်ခြင်း
   (a) [စာသားစာရင်း]
   (b) [စာသားစာရင်း]
   (c) [စာသားစာရင်း]

(c) စာသားစာရင်းစီစဉ်ခြင်း
   (a) [စာသားစာရင်း]
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(d) စာသားစာရင်းစီစဉ်ခြင်း
   (a) [စာသားစာရင်း]
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   (c) [စာသားစာရင်း]

mother you visit is not pregnant and wants to talk about her difficulty to sleep at night:
  a. you tell her that the talk of today is about ante-natal care and that you will talk about her problems another day.
  b. You forget about your subject and listen to the problems of the mother.
  c. You advise her to take some medicines.

Question 5:
When doing health education with children, you:
  a. play games and focus on one simple health message.
  b. Make them sit down and repeat after you the health message.
  c. Will use the same way as you used to give health education to adults,

Question 6:
As a health educator, you are satisfied when:
  a. You manage to solve a problem by yourself
  b. You gain the respect of your community.
  c. You enable people to take the right decision for their health,

Question 7:
HIV/AIDS is a major threat in South East Asia. However, talking about sex is a taboo within your community
  a. In collaboration with community members, you organize a theater play in which this problem is addressed. After the play, you open the discussion and explain means for people to protect themselves.
  b. You distribute condoms to everyone in your community.
  c. You don’t take any decision, because nobody gave you any instruction,

Question 8:
If a person ask you a question to which you cannot answer, you will:
  a. Say that you don’t know but that you will get the information and answer later.
  b. Answer whatever comes to your mind.
  c. Give no answer and switch to another topic of conversation.

Question 9:
You have too much work and there are so many problems to solve:
  a. You work harder and you hope to see some improvements soon.
  b. You cannot ask anything to your community because your people have very little knowledge about health.
  c. You are aware that your objectives are too high and you don’t involve enough the community in your health education project.
(ဆိုင်း သုံး)

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Question 10:
Before starting a Health education campaign, you:

a. Draw posters with health messages.

b. You assess the health education needs within your community and define together with some
   other community members the major health messages you want to spread.

c. Choose a good date to start.

You have a majority of 🟠 The authoritarian figure
You have a certain tendency to instruct others in an authoritarian manner. In this way, you may certainly
gain the respect from your community. But are you sure your messages are heard and understood? Are
you close enough from your people to understand their real needs? Keep in mind that your role is not to
gain social prestige but rather to improve the health status of your people, Don't do health education for
yourself, do it for your community! Ask questions, listen to the people, show you care and you want to help.
Behave as a friend rather than a master, and you'll see the difference. You will shortly notice that you are
not only listened to but also that some behavioral changes for healthier lifestyles and habits will appear
within your community.

You have a majority of 🔴 The kind talking parrot
You lack self confidence, therefore you learn your lesson by heart and you repeat it to your community,
trying not to forget anything. You have a good memory, but unfortunately, repeating health messages is
not enough to make a good health educator, Why don't you try something else? Teaching is not only
about delivering information, How you teach is as important as what you teach. Assess the knowledge
of your audience before making a health talk, so that you don't need to talk about what is already known,
If they do not know some simple things supposed to be known, you can explain them as well, Organize
group discussions, ask questions and help people to make the right choice concerning their health. There
is more chance that people change behaviors if the decision is their own, rather than imposed by you. Show
interest, look at the environment...suggest solutions. And if you cannot answer to all questions, don't be
afraid to say it!

You have a majority of ⬤ The friend who shows the way
You've got it! You are the person who is trying as much as possible to help solving the health problems
of your community. People respect you because you are their friend who is helping them. They feel
comfortable with you and feel that you are neither below, nor above them as you can talk their language.
Your patience to listen to them carefully will help you to know their problems. Now you can adapt the
health education according to their needs. You let everybody get involved in the decision making process,
Thus, the community thinks that you are not the person who is just giving advice without knowing the real
situation. They are more willing to follow your advice. You can see the benefits of your action, as things
finally happen!
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In correlation to its Water and Sanitation activities in Dala Township, AMI is running health education activities within the community. The aim is not only to introduce the new facilities (latrines, rain collectors and wells) to the people, but rather to empower the community in managing the water system and raising awareness on health and hygiene. A good example of an integrated programme in which community's participation is the key.

Building water user groups

The township is divided into several wards. Water User Groups, which gather around 80 persons maximum, are created around the construction of a water source. In the first stage of the project, one educator visits members of one newly constituted Water User Group that are called together in one house. During this first session, people discuss together about the common health problems they face. They also discuss about the role of the Water User Group.

"This is a way to establish a first contact with the people, to make them know each other and discuss with each others about their problems and the possible ways to solve them. It is also a means to check if people really want to work together to find some solutions", explains Martine, community development manager for AMI watsan project in Dala.

In order to give a sense of responsibility and of ownership to the group, a leader is chosen by the group members, This person is in charge of insuring a good collaboration between group members so that the material is maintained thanks to families' contribution and sometimes income generating activities.

The progress and eventually the success of the project will mostly rely upon the water user group's ability to rally and to find a common motivation.
Once the constructions are done, educators visit the groups just after and then regularly every three months in order to assess which decisions have been taken, how the money for maintenance is raised, and which tools have been developed in order to insure the transparency of the accounting. The leader of the Water User Group, who is also in charge of the accountancy, shows the educator the booklet in which minutes of meetings are taken.

"Most of the time, we notice that people already know lot of things about health. The educator is just there to guide people, to give some pieces of advice and to make them aware that they are able to maintain the system and to have safe water if everybody feels concerned and involved", says Martine.

The educator is a friend

Based on this conception, the educator cannot be consiaerea as a teacher anymore. The way the educator is perceived within the community is noticeable to its relationships with the people. The educator is a friend, able to listen to people’s problems and to initiate actions to solve them. The community trusts him.

"We are integrated into the community. We are not judgemental; we listen to the people and try to gather together positive ideas. There is no sayar in our team", says Ma Hnin who is education officer for AMI.

The method of implementation of the project intends to build the capacity of the community in order to prepare people to AMI departure. Water User Groups should become self-sufficient, able to collect funds for the reparation of water sources and equipments, maintain the facilities clean and keep on using them for better health and hygiene within the township.

"It is a long term process and the stability is sometimes difficult to achieve as people have other problems to face beside sanitation problems. But we get a lot of satisfaction when some income generation activities are implemented. For instance, a group of women has organized a small business that consists in sewing pearls on slippers. They sell them and then collect the money for the group. This example has encouraged other groups to start their own business. The multiplier effect seems to work", says Ma Hnin.

Regular follow-up of water user groups

Once the constructions are done, educators visit the groups just after and then regularly every three months in order to assess which decisions have been taken, how the money for maintenance is raised, and which tools have been developed in order to insure the transparency of the accounting. The leader of the Water User Group, who is also in charge of the accountancy, shows the educator the booklet in which minutes of meetings are taken.

People already have the knowledge

Before the construction starts, educators organize some sessions (organized into modules) with each Water User Group. Each session focuses on one topic: personal hygiene, maintenance of the material, the importance of collaboration within the Water User Group, the need and use of safe water etc. The idea of these meetings is to prepare a favourable ground for the water system to become sustainable, thanks to people’s ability to make a good use of the material and to insure its maintenance,
ရေးသောစာအုပ်တစ်အုပ်ဖြစ်သူ မေီးချင်း တော်လာသောစာဝူရုပ်စံရှင် ဖြစ်သည်။ ကျွန်ုပ်တို့သည် များစွာသော စာလက်များကို ရေးသောစာအုပ်များဖြင့် ကြည့်ရှုနိုင်သော စာလုံးအရာများကို လေ့လာနိုင်သည်။ များစွာသော စာလက်များကို ရေးသောစာအုပ်များဖြင့် ကြည့်ရှုနိုင်သော စာလုံးအရာများကို လေ့လာနိုင်သည်။

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The NERP program addresses child survival using a modified Positive Deviance Inquiry (PDI) methodology and community mobilization activities to conduct growth monitoring and promotion, nutrition education and rehabilitation sessions, and water and sanitation activities. It is under this framework that SC-Japan has developed a new training module aiming at promoting Good Nutrition at community level. This training module suggests some alternative tools to traditional flipcharts and posters.

1. Content of the module:  
   Behaviour before knowledge

The module focuses less on provision of information than on behaviours. The information provided is short and non-technical so that the participants will not be confused.

2. Process of the module:  
   Learning through practice

The module is divided into 5 sections, each section focusing on one important health message, as follows:

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<tr>
<th>Time</th>
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<tr>
<td>10 minutes</td>
<td>1. Ice breaking</td>
</tr>
<tr>
<td>15 minutes</td>
<td>2. Three Food Groups</td>
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<tr>
<td>30 minutes</td>
<td>3. Vitamin-Yay-Khan (cooking rice with adequate amount of water)</td>
</tr>
<tr>
<td>15 minutes</td>
<td>4. Iron tablets</td>
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<tr>
<td>15 minutes</td>
<td>5. Evaluation</td>
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The module starts with an ice-breaking discussion during which participants can share their opinions about the foods they like and the foods they dislike. As this kind of discussion is familiar to them, the concentration of the audience is increased and the atmosphere is friendly. This discussion is also a means for the facilitator to assess the nutritional habits of the audience and to introduce the topic of the session.

Examples of questions:
- What food do you like best?
- What do you usually eat for lunch or dinner?
- Which fruits do you eat?
- Do you have a kitchen garden?
The module is designed in order to **avoid lecturing**. It motivates the participation of the audience through **analytical thinking** and story telling. If the participants deviate from the track, the facilitator let them talk and tells his/her own story afterwards.

This module is also **evidence-based**. People are brought to talk about diseases they know well (e.g. “Gya-Ba-Home” or Beriberi) as these diseases are common within their community.

The whole module is designed in order to help people learn through all their senses: sense of touch, hearing, sight, smell and taste. For instance, during the session the facilitator asks the participants whether one of them wants to make a Htamin-Yay-Khan (cooking rice with adequate amount of water) cooking demonstration for the others. One participant shows to the others the way of preparing rice in order to keep Vitamin B1. The other participants can taste the rice once it is ready.

In the same way, using photos is very effective and attractive, as it makes the situation more realistic. The participants are given pictures showing usual foods and are asked to classify the pictures into 3 different groups. The facilitator guides them in explaining what are the differences between the food groups: Body-building foods, energy foods and protective foods.

In addition, the facilitator makes some demonstrations with familiar utensils like soap, water and nail clippers and let the audience use them, so that people can get familiar with them and experience their efficiency.

At the end of the module, the participants can explore the knowledge gained during the training (evaluation session). The facilitator can identify which pieces of information are still unclear according to the answers he gets and corrects the messages accordingly.

### 3. Size of the audience

The module is designed for a group of 10 persons. People are divided into two or three groups in some activities so that the facilitator can have a closer contact with each participant.
စိုက်ပျိုးရေးပတ်ဝန်းကျင်မှ အပေါ်လာရေး ကျန်းမာရေးသိပ်းသော စီးပွားရေးနှင့် စီးပွားရေးရာ အချက်အလက်များ

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Method) F-Diagram ကို အသုံးပြုပါ၅

1. လေ့လာချက်များကို ပြင်မှတ်သို့ ပြောင်းလဲမှုသော စီးပွားရေးစိုက်ပျိုးမှုနှင့် စီးပွားရေးရာ အချက်အလက်များ

2. သိပ်းသားချက်များကို ပြင်မှတ်သို့ ပြောင်းလဲမှုသော စီးပွားရေးစိုက်ပျိုးမှုနှင့် စီးပွားရေးရာ အချက်အလက်များ

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4. သိပ်းသားချက်များကို ပြင်မှတ်သို့ ပြောင်းလဲမှုသော စီးပွားရေးစိုက်ပျိုးမှုနှင့် စီးပွားရေးရာ အချက်အလက်များ

5. လေ့လာချက်များကို ပြင်မှတ်သို့ ပြောင်းလဲမှုသော စီးပွားရေးစိုက်ပျိုးမှုနှင့် စီးပွားရေးရာ အချက်အလက်များ
Hygiene promotion activities focus on two main messages:

1. **Proper disposal of faeces and use of sanitary latrines**
2. **Systematic hands washing with soap before eating food and after going to the toilets.**

The method used to spread these messages within the community is participatory and includes the use of Pocket Chart and F-Diagram. Through these games, the types and the number of latrines available are made clear to the community. Participants also learn by themselves, through game performance, the modes of transmissions of diarrheic diseases and the measures for their prevention.

As behavioral changes is a long term process, community volunteers are recruited in order to spread the health messages deeper into the community. On each project site, 20 volunteers are recruited and receive a hygiene promotion training. Facilitators encourage the participants to build on their own knowledge. The aim is to make them explore by themselves the information they need in order to fight against the diseases commonly found within their community.

Hygiene promotion at village level has to be performed in order to attract the interest of the audience. Demonstrations appear to be more effective than simple delivery of information. For instance, to explain the existence of microbes and bacteria, that are invisible organisms and therefore difficult to conceptualize, participants assist to a hand washing demonstration. After hands that looked apparently clean are washed, the water is collected in a transparent plastic bag. In this way, people can visualize the presence of dirt and agree on the need to wash hands in order to get rid of microbes and bacteria.
စိုက်ပျိုးရေး နှင့် အုပ်စုရေးအတွက် စီးပွားရေး အလိုအရှည်သော အခြေခံအချက်အလက်များကို ဖော်ပြပေးကြည့်ပါ။
Mistake 1: Overwhelming people with information: "Is ready to regurgitate all his knowledge to his community fellows".

Health Education is not only about providing people with knowledge! It is mostly about empowering people to take informed decision concerning health. Of course, the community needs to get information, but people don’t need to get all the clinical details of the diseases. They should understand where diseases come from and how to protect themselves. In addition, the community already has a certain level of knowledge concerning health. It is important to check what the community exactly knows and what are its beliefs in order to adjust your talk accordingly.

Mistake 2: Not paying attention to individuals’ own situation. "Ko Ko Ta Lwe does not make any remark to the mother on the uncovered breakfast with flies turning around, and children playing naked with animals because today is the day of “diabetes”

The health educator is not a machine used to repeat words he/she learnt by heart. Health education activities are always a great opportunity to create relations with people. And the situations of the people might vary according to wealth, ethnic group, educational level, gender etc. Even in the refugee camps, where the living conditions are almost similar for everyone, some inequalities do exist. It is an important skill of the health educator to be able to detect the individual problems and adapt his/her advice accordingly. Before starting to talk, look, observe, ask questions, spot what problems are the people facing. There is no need to talk about diabetes if the person in front of you has a more urgent problem to solve (in this case, the diarrhea of the children, flies turning around the uncovered breakfast).

Mistake 3: Little or no interaction during the health talk: "Ko Ko Ta Lwe has no interest in knowing if the woman has any problem or any knowledge related to diabetes, He just starts talking about the topic without any pause up to the end."

It is important for a health educator to link his health talk to the needs of the community. Before starting a health talk, the health educator should ask questions and make its own assessment of the situation. His/her talk will be more interesting if the conversation is interactive. For example: Ko Ko Ta Lwe should ask the woman what she knows about the disease and whether she knows someone who is suffering from that disease. With such an introduction, the community will understand why the educator is talking about that particular issue and will have more interest in the health talk.

Well trained volunteers are a valuable resource to ensure the continuity of the hygiene promotion project. They go house by house within their assigned area, and discuss on personal hygiene issues.

In collaboration with water and sanitation team, they guide community members in the construction of sanitary latrines and support them with the necessary materials.

Their proximity with the beneficiaries allows them to assess persisting problems and possible solutions to solve them. They ensure a constant link between project staff and community members, so that the service offered is always in accordance with the real needs of the population.

The Nine Mistakes of Ko Ko Ta Lwe
Mistake 4: Talking like a parrot. Ko Ko Ta Lwe visits a second house and repeats exactly the same things. It is pretty unsure people want and need to know everything about diabetes. Ko Ko Ta Lwe might impress the people by his knowledge and consequently, gain some recognition from the community. But Ko Ko Ta Lwe just gives the information without any pause. He does not give any chance for the woman to question back. He cannot assess whether his talk is well understood. The health educator should use his/her knowledge to help people solve their problems, not as a means to gain power.

Mistake 5: Using words common people cannot understand. Ko Ko Ta Lwe looks very clever and uses lots of technical words, she is impressed. She has no idea what diabetes is about and she never heard neither of pancreas nor of insulin. Ko Ko Ta Lwe should use words people are able to understand. In addition, the language he uses creates a barrier between him and his community, putting himself above the other people. Being accessible, both in behavior and in language, to the community is the best way to gain trust from the community and consequently, the best way to help people solve their problems.

Mistake 6: Not opening the conversation to people’s own problems. “She would rather like to speak about the diarrhea of her children, but she does not want to upset him therefore she keeps silence.” Health educators are working in the community, for the community. In order to guide people towards better health habits, health educators should listen to people’s problems. If at the end of the health education session people remain with their unsolved problems, then health education was useless, just a waste of time for everyone.

Mistake 7: Confining health education to the provision of massive information and not assessing whether the people get the messages or not. “I did great! I forgot nothing about diabetes!” People will not blame you because you forgot something about diabetes. It is better to give short and precise information rather than giving complicated and vague one. Make sure that at the end of the health education session, people remember the most important messages you wanted to spread. It is also a good means to assess the effectiveness of your speech. If people remember only details and missed the most important information, then you might have presented things in a confusing and unclear way.

Mistake 8: Trying to gain respect before trying to help people. “Ko Ko Ta Lwe is very proud to be a health educator, because he is very much respected by the community members, who think he has a lot of knowledge.” To be a leading figure within the community is always pleasant, but people will respect you even more if you are able to help them concretely. Health educators should be proud of their achievements first, and not of what they represent within their community. You will have more pleasure in practicing your job when people will perceive you as an example to follow.

Mistake 9: Not acknowledging the knowledge of the community concerning health. “People are so ignorant! He thinks. It takes time for them to understand what they should do to avoid diseases. It takes time for them to understand what they should do to avoid diseases.” The community has its own knowledge and experience. This knowledge might be different from yours, but you should not neglect it or behave as if you had to teach everything from the beginning. It is your role to assess what is already known and to fill in the gaps! Don’t impose your own ideas, try to bring people to make the right choice.
Health Messenger is a distance learning magazine directed at health workers and their communities. It is published every three months by AIDE MEDICALE INTERNATIONALE.

Health Messenger aims to communicate health information and knowledge to those living in areas where resources are limited. In order to achieve this purpose all of those who are concerned about health problems should become actively involved in the project. Everyone is aware that teaching is more effective if the whole community is involved in the learning process.

Medical, nurses, laboratory technicians, home visitors, school teachers should join together in this effort. All of us should try to gain more knowledge regarding health problems through any means available in order to help improve health conditions in the camps for temporarily displaced persons and also those outside the camps.

Health Messenger serves as one of the means for those who want to benefit from this knowledge and information exchange regarding health and medical problems.