Community health education is an important part of primary health care. Learning about how illnesses such as diarrhoea are caused and what can be done to prevent them can help to improve community health. Community health education should build on local beliefs and practices, and should use teaching methods and techniques which are culturally appropriate and relevant.

Many health workers do not have training in teaching techniques, nor in how to make and use basic educational aids. This DD Health Education supplement is intended to help those who may be responsible for initiating health education with the community, by providing some examples of ideas about ways to teach and how to make simple teaching aids.

**Learning by doing**

The best way to learn is to be actively involved. Books and manuals are valuable, but their use is limited in communities where few people can read and write. Long talks without illustrations can be dull to listen to. Practical activities may be more appropriate ways of teaching and learning. Good health education helps people to work out solutions for themselves.

Effective teaching aids need not be elaborate or expensive. Many of them can easily be made from local materials at little or no cost, with the participation of local people. Making teaching aids is often part of the learning process, and should be included in the dialogue between the health worker and the community. It is important to remember, however, that all teaching aids should be carefully tested to make sure that the message they are intended to convey is well understood and accepted. If people are not used to learning from pictures, another way should be found to help them understand basic health messages. Images or activities that are not culturally acceptable may do more harm than good. The best way to ensure that they are appropriate is to involve members of the community in making them.

**How to make an easel**

You will need:
- three long tree branches
- string

Tie the branches together at the top, and allow them to splay outwards. Boards may be rested on protruding twigs.

**Using pictures**

Visual images can be a very useful way of conveying health messages. Existing materials, such as parts of DD or other newsletters, or The Copy Book (see Resource list) can be used to make posters or wallcharts, and may be adapted for local use. Walls can be made into billboards for display. For small groups, a simple easel can be made to carry a blackboard, flipchart or flannelboard.

**How to make and use a flannelboard**

You will need:
- a piece of plywood, fibreboard or strong cardboard
- soft cloth to cover the board
- cut-out pictures

Stretch the fabric over the board and fix it at the edges. Pictures for the flannelboard may be cut out of magazines, copied or drawn by the participants. To make them stick to the fabric of the board, back them with sandpaper, or smear the backs of the pictures with a paste made of flour and water, and then sprinkle wheat or rice chaff on the paste while it is still wet. Allow this to dry, and the resulting rough surface will hold the pictures in place on the soft cloth.

With suitable pictures, a story can be very effectively told using a flannelboard. To make your presentation as good as possible:
- plan your presentation
- rehearse and pre-test the presentation, preferably with a critical audience
- use only large, clear pictures
- do not crowd the board with too many pictures
- lean the board slightly backwards so that the pictures stick well
- remember to stand beside the board, not in front of it!
How to make a chalkboard

You will need:
- a sheet of plywood or fibreboard (about 55 x 57 cm)
- matt black paint

If possible, roughen the surface of the board before painting the first coat. Allow to dry, roughen the surface again, and apply a second coat of paint. When the paint is dry, rub the board with a cloth covered in chalk dust. This will make it easier to rub out chalk marks later.

Making posters

Posters can convey a single, simple message very strongly. They can be displayed in health centres, clinics, schools, or in public places. Points to bear in mind when designing a poster are:
- choose large, clear images
- avoid too much unnecessary detail or background
- include only the relevant details which are essential to the message
- avoid complex ideas which are hard to represent visually
- avoid the use of objects shown larger than they really are within a picture — this may be misleading
- do not use technical drawings
- select colours, where used, with care, so that they fit in with the message, make people want to look at the poster, and are culturally acceptable

Different cultural groups will respond to different types of visual image. In some countries photographs are familiar, in others it may be better to use outline drawings. Careful use of colour is important because, although it can help make a poster more attractive and effective, certain colours have a significance in themselves which may undermine the message of the poster.

Using words

It is important that any writing used is clear and easy to read:
- make the letters big enough to be easily seen
- keep the style of the letters simple — printed capitals are usually best
- leave enough space between words and lines
- be sure that the contrast between the colour of the background and of the letters is clear so that they are easy to see

Where it is appropriate to use written materials for health education, try to choose or make those which are as clear as possible. Written materials should be:
- attractive, easy to read, with plenty of space and pictures
- broken into short sections
- as short as possible, with the most important points at the beginning
- written with the shortest and simplest words possible

Use a simple lettering style

ABCabc

Copying and adapting pictures

When you have chosen your picture, you can copy it as illustrated below.

To make a copy the same size as the original, use squares of the same size. To make the copy bigger, use bigger squares.

1. Draw a grid of equal sized squares over the picture using a soft pencil.
2. On a blank piece of paper to be used for the poster, draw a plain grid with the same number of squares.
3. Copy the picture square by square in pencil.
4. When you have the outline, draw over it in ink.
5. Allow the ink to dry, and rub out the pencil lines.
6. Fill in the outline with shading and colour as required.
Adapting pictures

Certain details in a chosen picture can be changed to more appropriate ones, for example, changing hair or clothing style, or combining two images to create a new picture. It can be useful (and fun) to work in a group to adapt pictures. This can be a good way to involve other people and encourage them to participate in learning activities.

Games

Another way of using visual images is with games. These could be either board games, such as 'snakes and ladders', or picture card games. Games are a good way to involve people in active learning, which is always the most effective kind. Taking part in a game is far more interesting than listening to a talk, and the messages are more likely to be remembered. The board game illustrated shows how certain practices will result in illness, and other practices in health and growth. The card game is suitable for older children or adults, and can be used to test what knowledge has been gained, for example after a class which used flannel-board or chalkboard with discussion or role playing. People can always be involved in making up their own games—

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Produced by Dialogue on Diarrhoea, AHRTAG, 1 London Bridge Street, London SE1 9SG
Using dolls

Key points about dehydrating diarrhoea can be effectively illustrated using these two simple teaching aids. Children can be involved in making the 'baby' dolls and quickly learn the signs of dangerous dehydration in infants.

Gourd baby: learning the different signs of dehydration

1. Cut off the top, like this.
2. Fill the gourd to the brim with water.
3. And cover it with a thin wet cloth.
4. Then have the children pull the plug and watch the cloth (soft spot) sink in! The children have already discovered that a sunken soft spot is a sign of dehydration. By putting additional holes in the 'gourd baby', they can experiment to learn other signs of dehydration.

When a baby has enough water, he pees well.
When he has lost a lot of liquid, he no longer urinates (although the diarrhoea continues). In this way, the children discover that a child who passes little or no urine is probably dehydrated.

Glove baby

This can be made from an old glove or sock, with an egg or stuffed ball for the head.
- hand held straight — belly wrinkle stays
- fingers curved — skin springs back

In this position, wrinkles will not stay after the skin is pinched.

Pinch here, wrinkles disappear.

This is like the skin on the belly of a healthy baby.

When the 'belly' is pinched, the wrinkle stays.

Using a doll like this makes the test more realistic. It also turns learning into a game.

But in this position, the pinched skin stays wrinkled for a moment — just as on the belly of a dehydrated child.

Wrinkles stay.

This is like the skin on the belly of a dehydrated baby.

To find out what happens when a child has vomiting as well as diarrhea, the children can do the following:

Pull out the plugs to show that diarrhea with vomiting causes a more rapid loss of water.

In this way, the children find that dehydration comes more quickly and is more dangerous when a child with diarrhoea also has vomiting.

Using drama, song and storytelling

Health education messages can be effectively put across through songs and stories. Children especially will quickly take in such messages and can pass them on to their parents. Everyone in the community can learn from dramas or performances of song and dance. Popular songs and drama, which may be broadcast through mass media (radio and television), can also be used to reach the general public.

Drama can be entertaining and educational
Using puppets

If you are planning to use puppets for health education, ask yourself:
- what story will be used, and who will make it up?
- what information will be used in building up the story?
- what is the aim or result hoped for?
- how will you find out whether this has been achieved?
- what support and follow-up will there be?

Appropriate stories can be developed using local experience, beliefs and culture. Be careful to appeal to what people understand, or - better still - ask community members to develop stories. Identify the major health problems in your area and explore ways to help people to overcome them through the puppet show. It is very important to be responsible about the message contained in the show: unrealistic drama will either raise false hopes or be ignored by people. Plan what follow-up there will be after the puppet show or series of shows.

Making puppets

There are various types of puppet, some of which are extremely simple to make, and others which, although more work is needed, can still be made at very little cost. Children usually enjoy making puppets. Different types of puppet are:
- glove puppets with papier mâché or clay heads
- rod puppets
- paper bag puppets
- vegetable puppets
- jointed puppets
- shadow puppets

The puppet stage or theatre

A puppet stage can be just a wall or curtain for the puppeteers to stand behind while they operate the puppets. You can hang a blanket or large piece of cloth between two trees, or across a doorway, or use the window of a house. Or, you could make a simple box theatre using wood or mats which could be taken apart and easily transported.

For shadow puppet shows, all that is needed is a large sheet of thin fabric that light will shine through. This can be hung between trees or poles. Remember to position the light source so that the puppets will cast shadows in the way you want. It is important to position the light safely, particularly if you are using paraffin or kerosene lamps, or candles.

Putting on a puppet show

For an effective show, remember to:
- use music and dance
- have plenty of action: people are not interested in puppets which just talk
- keep your speeches short and clear
- have a mixture of emotions (happiness and sadness) - this gives variety and holds the attention of the audience
- aim for clarity of plot; have a single idea at the centre of the drama, with all action contributing to this
- be appropriate to the local culture and use local languages
- use sound effects and props if you can make them
- involve the audience: have the puppets ask them questions and demand a response.

Questions which should be asked after the puppet show include:
- can the performance itself be improved? Was it well received?
- did people get involved — in planning and at the time of the performance?
- has the show changed knowledge or behaviour?
SOURCES OF INFORMATION AND MATERIALS

These organisations supply teaching aids, books, manuals and other types of educational materials, some of which are listed below.

- AKAP, 66 J.P. Rizal St. Project 4, Quezon City, Philippines
- African Medical and Research Foundation (AMREF), PO Box 3025, Nairobi, Kenya
- American Public Health Association (APHA), 1015 15th St. NW, Washington DC 20005, USA
- Atelier de Material Audio-Visuel, BP 267, Yaoundé, Cameroon
- Caribbean Food and Nutrition Institute (CFNI), PO Box 140, Kingston 7, Jamaica
- Centre for Health Education Training and Nutrition Awareness (CHETNA), Drive-in Cinema Building, 2nd floor, Thaltej Road, Ahmedabad, Gujarat 380 054, India
- Child-to-Child Programme, Room 634, 70 Reesford Way, London WC10 0AN, UK
- Christian Mission Commission (CMC), 150 Route de Ferney, 1211 Geneva 2, Switzerland
- Clearinghouse on Development Communications (CDC), 1815 N Fort Myer Drive, Suite 600, Arlington, VA 22209, USA
- Editorial Pax Mexico, Av. Cuauhtemoc 1434, Mexico 13 DE Mexico
- ENDA Tiers Monde, BP 3370, Dakar, Senegal
- Hesperian Foundation, PO Box 1692, Palo Alto, CA 94302, USA
- Intermediate Technology Publications, 103 Southampton Row, London WC1, UK
- Mambo Press, PO Box 779, Gweru, Zimbabwe
- Macmillan Publishers, Houndmills, Basingstoke, Hants, UK
- MEDEX, John A Burns School of Medicine, University of Hawaii, 1833 Kalakaua Avenue, Suite 700, Honolulu, Hawaii 96815-1561, USA
- Program for Appropriate Technology in Health (PATH), Suite 700, 1990 M Street NW, Washington DC 20036, USA
- Popular Education and Primary Health Care Network, Diagonal Oriente 1604, Casilla 6237, Santiago 22, Chile
- Resources for Child Health (REACH), John Snow Inc., Ninth Floor, 1100 Wilson Boulevard, Arlington, VA 22209, USA
- Teaching Aids at Low Cost (TALC), PO Box 49, St. Albans, Herts ALI 4AX, UK
- UNESCO, 7 Place de Fontenoy, 75700 Paris, France
- Volunteers in Technical Assistance (VITA), 5/96 Rhode Island Avenue, Mt Ranier, MD 20822, USA
- Voluntary Health Association of India (VHAI), 40 Institutional Area, South of IIT, New Delhi 110 016, India
- Water and Sanitation for Health (WASH), Information Center, 1611 N Kent St. Room 1002, Arlington, VA 22209, USA
- World Health Organization (WHO), 20 Avenue Appia, 1211 Geneva 27, Switzerland, and WHO Eastern Mediterranean Regional Office, PO Box 1517, Alexandria, Egypt
- World Education, 251 Park Avenue South, New York, NY 10016, USA
- World Neighbors, 5116 North Portland, Oklahoma City, Oklahoma 73112, USA

BOOKS


CHETNA. Kathputli se seekhna aur seekhna (Teaching and learning with puppets) (in Hindi). CHETNA.

Fetter, K. A. et al. Teaching and learning with visual aids: a resource manual for community health workers, health trainers and family planning workers in Africa and the Middle East. TALC.


Jarmul, D. Plain talk: clear communication (1981). Free to developing countries. VITA.


Linney, B. The copy book (1988). A collection of copyright-free illustrations donated by various artists, which may be copied or adapted. IT Publications.


Voluntary Health Services Society, (23/4 Khilji Road, Shyamoli. Dhaka 7, Bangladesh). Guide to public health films in Bangladesh.


Zimmerman, M. et al. Developing health and family planning print materials for low literate audiences: a guide. Illustrated guide which can be used to develop teaching materials. PATH.

NEWSLETTERS

- Agripomo. Quarterly magazine (French). Subscription. INADES Formacion.
- Cajanus. Quarterly journal (English). Subscription. CFNI.
- CHETNA News. Quarterly journal (English). Free to health workers in India.
- Contact. Bi-monthly magazine (English/French/Portuguese/Spanish) Free to developing countries. CMC.
- Development Communication Report. Quarterly newsletter (English). Free to developing countries. CDC.
- Health and Popular Education. Irregular newsletter (English/Spanish). Free to developing countries. Popular Education and Primary Health Care Network.
- 2000. Quarterly newsletter (English). Free. MEDEX.