World Health Day

Learning Begins with Life

By : **G. J. EBRAHIM***

THE ENVIRONMENT into which an individual is born has two aspects—the physical and the socio-cultural. The first includes the dwelling and its immediate surroundings, the geography of the area, the climate, soil, etc. The second, not so easy to define, consists of attitudes and beliefs, the social organization, religious practices, and so on. As the child grows and is able to move about and explore his surroundings, he begins to understand the physical world around him. At the same time, by observing the behaviour of members of his family and dealing with them in everyday situations, he gradually forms an understanding of the social organization around him. This understanding develops along the pattern laid down by the cultural and social matrix of the family and the community. His attitudes towards health and disease, food, the position of elders in the family and in society, and ways of earning a livelihood are all conditioned by the socio-cultural environment of early life. A child born on the shores of Lake Victoria may grow up to consider the banana as the super food. To a child in south India rice is important not only as a food but also as a common offering to the deity. Both the children may wear amulets around their necks as protective measures against illnesses, though the contents of the amulets may be different, and the parents of both may object to their being vaccinated against smallpox—in one case because it is likely to annoy ancestral spirits and in the other because the vaccine contains cow lymph.

For about the first six months of life the baby identifies himself completely with the mother, and it is only in late infancy that he begins to conceive of his personality as separate from hers. The early union of personality is replaced by a strong bond of love between the child and the mother, and later on the father is included as the part he plays in the care of the child becomes more evident. As he grows older the child develops a deep-rooted desire to emulate the parents. To please them and to win their approval for his actions and behaviour becomes his main concern. He observes what they do, listens to what they say and discuss, watches their reactions in given situations and accepts them as models of correct adult behaviour. Thus early childhood provides a variety of learning experiences in the family environment—an experience with a long-lasting effect and one that eventually helps to mould the child's personality. The attitude towards breast-feeding provides a good example. In traditional societies, where breast-feeding is natural and children grow up watching mothers feeding their babies on the breast, no instruction in the subject is ever necessary ; on the other hand, this childhood experience may be absent where breast-feeding is relatively uncommon. Thus, by their own example and precept, and by creating the proper home environment parents can do a great deal to help their children develop the right attitudes and healthy habits.

As the child grows older the mother may carry him slung on her back or wheeled in a pram while she goes about her day's routine. Thus the mother—and other members of the family—gradually introduce the outside world to the growing child who, using the family as a bridge, gains a wider understanding of society in its social, cultural and religious aspects. The family provides a steadily widening scope for learning, for satisfying emotional needs and for correcting behaviour. At the same time, the child is unconsciously absorbing information about events and things, and sees various procedures carried out in accordance with this information. In this manner, attitudes, beliefs and superstitions are handed down from one generation to another.

There has been a tendency to believe that the health behaviour of rural populations in developing countries will be modified when the literacy and educational programmes take effect. Adult literacy campaigns and other programmes of education for women and underprivileged groups in these societies have been gathering momentum in several countries. Such programmes when wisely planned have helped to create an increasing awareness of health and hygiene, and contributed to changing traditional attitudes and concepts of health. However, the effectiveness of the village school in improving personal health behaviour of the community will depend, to a large extent, upon the support given to the new concepts in the homes of the pupils. The rural child lives in two different worlds. At home there is the traditional concept of health and disease and of other natural phenomena. The word of the elders is supreme and propitiation of ancestral spirits and the local deities is the main purpose of daily existence. At school there is the scientific world with its cause and effect approach to all events. It is likely that in the midst of the inevitable conflict in the child's mind, the theoretical aspects of learning may be well taken in, but the personal meaning of the physical aspects of life may be distorted so that some of the health education imparted may not produce the desired effect in the form of a change in behaviour. To be effective, all such teaching in the schools must be reinforced at home by the personal example of the parents and other elders.

Food habits and eating patterns provide another example of the effects of the family on moulding the attitude and behaviour of the child. From ancient times various items of food have been endowed with different influences on the body. Beliefs about foods being capable of causing 'hot' and 'cold' effects in the body are widespread in

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