Health Messages through Folk Media

A Critical Review

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Introduction

THE potential benefits of associating health messages with folk media are not difficult to appreciate. But what exactly do we mean by "associating"? The declaration of Alma-Ata (World Health Organization, 1978b) states that "primary health care reflects and evolves from the economic conditions and sociocultural and political characteristics of the country and its communities, and is based on the application of the relevant results of social, biomedical and health services research and public health experience". This may not, at first sight, seema very novel or startling statement. If it is accepted, however, it implies that sociocultural characteristics, of which the folk media are an expression, are not just something that should be taken into accout but have a vital part to play in the *evolution* of primary health care; they are not merely the setting in which primary health care is delivered. This part of the Declaration of Alma-Ata is therefore saying something rather more revolutionary than appears on a quick reading.

It is, however, by no means easy to identify the practical consequences, as the work quoted hereafter will testify. The review which follows can be considered as an account of the differing extents to which health workers have found it possible to use folk media as a vehicle for health messages, in accordance with the statement from the Declaration of Alma-Ata quoted above.

FOLK MEDIA AND HEALTH EDUCATION

The use of folk media in health education is widespread but by no means universal. It is an innovative measure but the reason why some people have adopted it was not to try something new for the sake of newness, but because they believed it had positive advantages over the more orthodox methods. Speaking of dental health, Griffiths & Whitehouse (1978) pointed out that: "There has been little evidence that traditional methods of dental health education have led to lasting changes of attitude and behaviour in adults or children despite exhortation from higher authority, reasoned argument and dire threats of potential consequences". Much the same could be said about a great deal of medical health education.

Entertainment or Information

Folk media can be associated with health in different ways. They can simply be a form of entertainment accompanying, but separate from, health education. They can be used to change attitudes and values and, hopefully, to modify and promote desirable behavioural patterns. They can be used to raise money to finance health education projects. They can, in the course of a performance, convey items of information that will help to solve particular health problems.

Some people have, with a certain amount of justification, rather played down the value of the simple conveying of information. "The appeal of the folk media is emotional, moral and aesthetic rather than intellectual, and the purpose is not so much to inform as to inspire", (IPPF/UNESCO, 1972). "Its (popular theatre's) impact is limited if it restricts itself only to the propagation of ideas", (Braun, 1983). Reference is made by Boria et al (1981) to cultures where, even unconsciously, "emotions play a much greater role than intellectual abstractions".

While all this is true, some factual information *is* transmitted by folk media—what one might call the collective knowledge and beliefs of the community. Health educators have accordingly asked: "Could this include some of the messages that would help towards better health for the individual and for the community, without in any way interfering with the essential character of the folk media (their "emotional, moral and aesthetic qualities")?" A further question is: "Could these messages be so presented that they would change attitudes to common health problems and lead to changes in behavioural patterns?"

Initially, a very common sceptical reaction arises from the tendency to identify the folk media with "entertainment". In Western society, work and entertainment tend to be kept in separate compartments. Anything that is not work is entertainment. But elsewhere in the world such a distinction is often blurred. There is an old Latin tag whose translation is "to work is to pray". But there are societies in which "to work is to play", and conversely. For the Balinese dancers, "to work is to pray is to play". Even when the integration is not as complete as this, the concept of "entertainment" as something fundamentally opposed to "work" is alien to many non-Western societies. Regarding them as different leads some health educators to consider the health message first and then to try and work out ways to make it "entertaining". This tends to trivialize the folk media. It therefore seems sensible to avoid, in what follows, the use of the word "entertainment" when we mean "folk media".

Effective Communication

Both health education and folk media depend crucially on effective communication. "The long-

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term value of the performer lies in his ability to influence audience other than by performance alone. Some artists are genuine opinion leaders. They should be sought out. The truly fine artist is automatically an effective communicator" (IPPF/UNESCO, 1972). This is a quality which is also needed by health workers, particularly community health workers. "There is a lot of evidence that we can train community health workers to diagnose and administer treatment effectively for a limited range of illnesses and ailments. This requires little skill in communication. But, if the community health worker wishes to extend his role to prevention and promotion he will need to possess considerable skills in communicating effectively" (Crippwell, 1981). In work described more fully in the next section, Simoni et al (1977, 1978); Simoni et al., (1982, 1983) used local Mexican medicine men (called *merolicos*) precisely because they were the most effective communicators available. The general conclusion must be "no communication, no effect", however accurate the health message may be. Van Amelsvoort (1968) puts the point well in discussing the alleged risks of giving too free a hand to local people in organizing health shows. Because his project allowed local control, he claims that "we achieved 95% correct information, with full impact on an audience. Imported methods (i.e. films, slides and posters from abroad) provide 100% correct information but they are often misunderstood and have a very limited impact".

Imported methods have also been criticised on the grounds that they are usually two-rather than three-dimensional. The performing arts are considered to be more compelling in education than the visual arts. Crippwell (1981) points out that slogans, too, "like posters may oversimplify or distort a message, particularly if it is concerned with delicate social issues".

Community Participation

There would probably be general agreement that health education should be firmly embedded in the cultural life-style of the community, although in practice not all projects have managed to achieve this. Clearly some involvement with the folk media would be of the greatest help in this process. But there is some divergence of views on the question of how far members of the community can take part, at all stages, in the presentation of health massages via folk media. This question is more fully developed with reference to particular media in the succeeding sections of this review. However, a few general points can be made here.

The most cautious approach is taken by Martin (1983) in dealing with the broad question of community participation in health matters. Although there is no mention of folk media as a vehicle, nevertheless her comments are of importance to the discussion. After a study of 35 projects in different parts of the world, she concludes that leaving the decisions (on site selection and choice of community health workers) entirely to the community "can have negative consequences and has been found to be unsatisfactory...Neither communities nor project staff on their own are likely to make 'good' decisions". She is sceptical of the desire of communities to participate more fully. "Communities do not often move beyond a supportive role—cooperating with project-initiated activities—to an initiative or decision-taking role, such as identifying health problems, discussing solutions and undertaking activities." The implication seems to be that most communities confine themselves to providing labour, materials and, in some cases, money. She concludes by speculating on how much participation is desirable. It is only fair to add that most, if not all, of the other sources quoted in the present review would not go along with these views. They might be inclined to argue that the underlying attitudes which are revealed would tend to make the conclusions self-fulfilling in field work, if they were overtly expressed.

Community participation in a project would be at a minimum where the folk media contribution was entirely incidental to the health education. For example, Alcena (1978) describes a Health Fair in which there are side-shows designed, as it were, to provide light relief from the health-care-delivery aspects of the Fair. Bholerao (1981) in Bombay used a somewhat similar format. Hagen (1981) added various light entertainment features to his television programme on health education.

Slightly more community involvement is achieved when local health workers are trained in folk media presentation. As Kanaaneh (1979) points out, "all health workers should be health educators". In India, Harnar et al (1978), under the auspices of the Voluntary Health Association of India, run a voluntary health worker training programme incorporating lesson plans, curriculum charts and teaching aids to be used in the villages. The scheme also uses slides, story boards and puppet plays. Other examples are given in subsequent sections of this review.

A further stage of community participation occurs when the target audience itself takes part in the project. In the reference already cited (IPPF/UNESCO, 1972) it is stated that "a folk performance would have a greater impact in situations where the audience actively participates in it". This view is supported by other workers. Braun (1983), working in Botswana, stresses that popular theatre "has to involve its otherwise passive audience in the task of acting, discussing and charting out change". What he says is applicable, of course, to other forms of folk media besides drama. Specific examples are given later in this review.

Werner & Bower (1982) go even further and advise getting local people to create and write plays as well as acting in them, so that there are not two separate bodies of people—the presenters and the audience.

It would not be realistic to ignore the difficulties of marrying health education and folk media. One can first look at some of the problems in general health education itself which are relevant. Braun (1983) feels that, for an effective project, "the villagers must be made fully conscious of the opposing forces at work in the communities; problems

must be viewed as man-made; the solutions must emerge from the people themselves". None of this is easy. Crippwell (1981) gives the warning that, although the community health worker is likely to be a member of the local community, "they may only trust him as a curer. They may not extend this confidence to the more sensitive, political and social issues which are at the heart of promotional and preventive care". In discussing the general question of community participation, Martin (1983) points out the advantages: lower costs; increased service utilization; facilitation of behavioural change; encouragement of government support; contribution of unique knowledge and resources; creation of more culturally appropriate services. But she also strongly emphasizes the disadvantages: absolving of government from responsibility; potential threat to political authorities; undesirable support for local elites. Perrin & Gerrity (1981), in describing the gradual stage-by-stage assimilation of health concepts by children as they grow up, provide an interesting model for those communities that are unsophisticated in matters of health. The danger, in their view, would be to try to impose the full panoply of "scientific" medicine at one go.

Apart from these particular difficulties, it is worth drawing attention to a warning relating to another aspect. "Health education at the local level must be carried out as a part of other activities; it does not operate within a vacuum, as has so often been stated" (World Health Organization, 1978a). The same point is made by Standard & Minott (1983) about teaching medical students: they want to see multidisciplinary, intersectoral and educational components in combination. Cain (1981) is equally emphatic about radio and TV presentations. "The effect", he says, "is only sustained if the broadcast is planned in conjunction with other media".

A further point is taken up by Naaraayan (1977) who notes that "most folk media use little or no written text and the words that are used are subject to change, so a conscious effort has to be made to modify development-oriented text materials and it is advisable that the preamble of the folk forms be not changed." Van Amelswoort (1968) has already been quoted on the potential problem of giving health workers a free hand in designing the programme. He also draws attention to the modifications necessary in delivering health education to nomadic tribes like the Fulani of Nigeria.

Now that some of the problems that have to be faced have been mentioned, it may be appropriate to conclude this section with a difficult question. "Are educators who use the media", asks Cain (1981), "in the business of informing people with a view to encouraging them to make up their own minds or in the business of persuading and pressuring people to change their way of life?"

MUSIC, SONG, DANCE, DRAMA, STORY-TELLING AND PROVERBS

> "Role-playing, sociodrama, people's theatre and puppet shows are forms of action-packed story-telling...Make-believe action on stage can lead to action in the community."

Virtually every country or community uses these media. (Puppetry, in contrast, is not so universally distributed, and is therefore treated in a subsequent section). However, as has already been noted, it is only in some countries that these particular media have been used for health purposes.

It will be convenient to start first with those projects which, to the greatest extent, involve local people. It has been pointed out (Word Health Organization, 1978a) that "programmes have a greater chance of success when they are carried out by a person from within the community who has received some training". An early example of this was described by van Amelsvoort (1968) working on an anti-malarial project in Negeria. Health education tools, he believed, should be developed within the cultural context of the people concerned. His original question was: "How can people be motivated to change?" He discarded material sent from abroad, arguing that it was too often misunderstood. Instead, he went to the local *dankamas* who are composers, musicians, dancers, and comedians who perform at many village celebrations. The *dankamas* were shown the work of the anti-malarial project, and then went away to concoct dramas which were taped and used in a number of other villages. This is a simple and efficient way of distributing health messages throughout an area—although it lacks the vividness of a live performance.

The work described in van Amelsvoort's paper highlights many of the considerations which, 16 years later, still exercise the minds of health educators: How do you recognize "felt needs"? How good are you at recognizing and taking account of cultural obstacles? How easy is it to find out villager's true feelings about a condition like malaria?

Another example of the use of locally available talent is described by Church (1970). In a nutrition project in Uganda, a popular ballad singer was invited to the unit and shown around. He was asked if he would compose a song about kwashiorkor and its treatment and prevention. As in the work of van Amelsvoort, nothing was suggested to him about the form which the song should take or its precise content. He came back in two months with the first version. After a further period, the song—'*Kitobero*'—was recorded by the singer and became generally available in Nigeria on a 45 rpm record. Church also emphasizes the value of work and slogan songs, as well as activity songs and dances. Kanaaneh (1979), working in Arab villages in the Middle East, also stresses the importance of using, as a basis for health messages, the folk songs that are used on public occasions like wedding. These are normally intended to be spontaneous and therefore offer an opportunity for improvisation.

In the United Kingdom, the participating approach is evident in an experiment on dental health (Griffiths & Whitehouse, 1978). The help of drama students (not dental students) was enlisted and they

were asked to write, design direct and act a theatre-in-education assignment. In other words, the drama students had to learn about health, rather than health students learning about drama. (The principle behind this is further discussed in the later section on conjuring and magic). The subject chosen was "The state of the nations's teeth". The two central themes were: (1) the individual has control over his/her dental health: (2) daily routine activities have a major influence on health. They chose a Brechtian approach "where the disruption of the illusion of realism heightens the debate of the moral tale". (It might be interesting to explore how far this corresponds to what is done in some non-Western cultures). There was a discussion both before and after the performance. The authors admit that ideally the children themselves—to whom the project was directed—should have developed their own "Tooth Talk", as the presentation was called.

In Botswana, a project has been described (Braun, 1983) in which the children themselves did evolve their own dramatic health show. The concept of "popular Theatre" (using improvization, local materials and local dialect), familiar in other parts of Africa, was extended in a pioneering way by this use of children as active participants. One of their first efforts was to promote the cleaning-up of the village by the collection and disposal of refuse. The original theatre group in one village became something of a travelling troupe that visited other villages. The characters which they played were all animals and there were no long monologues; each speech was about 15 words long at most, including animal noises. Braun concludes: "The schools proved to be the natural structures wherein these experiences could happen. The international agencies have to recognise that the children can be the main actors in their own development". It is clear from Braun's description that a great deal of groundwork had to be laid at numerous village meetings to achieve the sort of consensus necessary to obtain not only the children's but also the parent's consent.

Werner & Bower (1982) are strong advocates of participatory projects, describing one in Ajoya, Mexico. Referring to the quotation at the head of this section, they identify role-playing as the simplest form of dramatic presentation. It can be used for conveying many different kinds of information (diagnosis, prevention, treatment), and they give several examples. In sociodramas, it is possible to go further and explore people's awareness. Taking four examples from the Ajoya project (on the following themes: food is more important than medicine; the consequences of alcoholism; small farmers and exploitation; breastfeeding, they derive a few ground-rules, among which are: (1) speak in your own words, don't memorize parts, which is close to the more general concept of improvization already mentioned; (2) involve women and children; (3) entertain, don't preach; leave time for discussion; (5) speak loudly.

Two further examples come from Jamaica. In one (Knight, 1983), the following objectives were set: "teaching basic concepts of child health, nutrition and development to school children; to encourage them to pass on the ideas to their families, and to practise them with their younger siblings at home." To do this, indigenous songs, poems, skits and stories were developed and all children in the class encouraged to participate. Examples of the themes were: (1) in child development: praise not punishment for young children; play is important for mental development; talking with children for language acquisition; (2) in health and the safe environment: germs are spread by droplets, flies, rats, cockroaches and grow on food, garbage and excreta; cover food, drinking-water, garbage, toilet; keep surroundings and own body clean; (3) in nutrition of young child: breast-feed; begin porridge at four months; use milk, margarine and sugar in porridge and make it thick enough; begin feeding baby from family pot at six months.

The second Jamaican example is from Standard & Minott (1983), who worked with medical students at the University of the West Indies. They felt that university training had not kept up with the growing trend towards active health promotion and health education of the community in preventive measures in health and disease. Medical schools, they believed, still put too much emphasis on the delivery of curative services to ill people, either as individuals or in groups, whereas such schools could be of vital importance in community health development by providing appropriate education to helth personnel. Accordingly, in both the third and the final year of the course, students at the University of the West Indies were exposed to the work of health teams operating at some distance from the main hospitals. Each student sat down with a small group of the clients in the waiting-room. However, it was soon felt that this could be greatly extended to take account of "the rich cultural heritage of the Jamaican people using music, dance, drama as expressive vehicles for conveying health messages". Themes included: how to treat a fever; oral hygeine; diabetes; and hypertension, the last involving some very effective dance routines woven into the plots. The authors conclude that: "Staff at the Department of Social and Preventive Medicine are now convinced of the value of music and drama in conveying health messages. ... The little dramas are kept short and the message is kept simple."

The well-known Lardin Gabas Rural Health Programme (Hilton, 1978) puts especial emphasis on *story-telling*, although it does not neglect mime, dance and drama. The stories are told by health workers, and in some cases by the villagers themselves in an acting-out fashion. The hea th workers have been trained in the use of this medium. The audience from the village are encouraged to discuss the presentation and to ask what important points or methods are brought out in the stories. Werner & Bower, (1982), in discussing this medium, give a number of pieces of advice:

—know the local customs thoroughly;
—build on existing traditions;
—use old people as a resource;

—encourage questioning;
—do not give the impression of condemning all local ways and praising all outside ways.

Also in Nigeria, El-Bushra & Perls (1976) have used the traditional Yoruba opera (which might be described as musical story-telling) in family planning work.

Traditional stories have often been condensed into the form of proverbs. Church (1982) has some interesting remarks about their use. He feels that the maxim so often quoted by frustrated educators—"forget the adults and especially the older ones because they will never change; concentrate on the children"—does not take account of the value of proverbs. "Through proverbs old wisdom was reinforced, new ideas and experiences could be assimilated ond outmoded ideas discarded. A proverb is much like a peg on which coats can be hung".

In seeking indigenous people who could be involved in health education, educators have looked at those who are engaged already in what might be called "commercial enterprises". The *merolicos* of Mexico, previously mentioned, are medicine men who frequent markets and other public places and use ventriloquism, "telepathy", snake-handling and other arts in trying to sell some medicinal product. Their most important characteristic, as already pointed out, is that they display all the skills of effective communication. Their patrons treat them with respect. Simoni and Ball (1977, 1978), Simon et al., (1982, 1983) noted that, in the course of the *merolicos*' work, information on health was being conveyed. Could their performances be integrated into public health communication programmes? Simoni and his colleagues selected some specific health messages on child nutrition and asked the *merolicos* to incorporate them into their acts. The project was very carefully designed and controlled and has been proceeding for some seven years, covering over 1000 families in several communities. The authors have been encouraged by the results, although they emphasize the considerable obstacles that had to be overcome (resistance to government-sponsored programmes, low levels of education, quite lengthy messages, existing traditions, need to work during the rainy season, time limitations on the project, time-lapse before evaluation). In 1983, however, they concluded : "Earlier research results, combined with the data from this project, have led us to enthusiastically endorse the idea of using medicine shows as part of public health programmes. In the project just described, Mexican medicinemen clearly demonstrated an ability to effect changes in knowledge, attitudes and behaviour patterns of their audiences".

In the Mexican project, the troupes of entertainers were able to move around the district with their show. A similar fanning-out effect was noted in the work of Braun (1983), but there are limitations to this way of delivering health messages : it is more expensive; properties as well as people have to be transported; nomadic tribes are difficult to locate. Nevertheless it has been used successfully in the above mentioned projects. In Zambia, it has became part of government policy, and health officials collaborated with performers in setting up the Zambian Theatre for Development (World Health Organization, 1982). The performers spent some time in a village learning what the problems were, then they went away to plan. After an interval, they returned with a production ready to be presented (cf. van Amelsvoort, 1968). The performers "seek to dramatise themes relevant to the daily lives of citizens" and in doing so "to raise the conscionsness of the villagers".

Another advantage of using amateurs recruited from the community in health projects, is that the participants may learn as much as the audience, as Plesent (1976) found in the USA when conducting courses in health and drug education. Boria et al (1981), also in the USA, describe a Family Life Theatre integrated into the Youth Health Services of a medical institution in a large urban community. Health education seminars were given in conjunction with the techniques of improvisational theatre. They quote instances where the experience greatly helped those who took part. While many of the themes tackled in their presentations are more clearly relevant to the developed world, one cannot neglect the therapeutic effect, in any environment, of taking part in the dramatic arts—the broadening of horizons and the working together with fellows on common concerns. Perhaps the point may be put this way. Yes, the folk media approach is designed to improve health. But it is also fun to take part in, and the participants will enjoy it and benefit from it.

The previous examples have, to varying degrees, mostly involved local people in the production—and in some cases the creation—of the dramatic presentations. But it is possible for health workers to be selected from the village, enter a training scheme, and then transmit the health messages to the villagers who would only be involved as an audience, as, for example, in the work of Harnar et al (1978). To that and other examples can be added the projects of Brieger & Akpovi (1982), who were concerned with guinea worm control in Nigeria. They presented their health messages to health workers (called "caretakers" in this context) in the form of stories, proverbs and drama. Two of the themes chosen were: (1) the relation between upper arm circumference and nutritional state; and (2) the correet way to prepare oral rehydration drinks. Their experience showed that a story had to be short, clear and have an obvious point; it should use realistic but not locally identifiable characters; it should avoid scorn and overt criticism. In an earlier study (Akpovi et al, 1981) it was noted that some of the hoped-for results were not achieved and two possible reasons were cited : (1) there may have been too much of a civil service approach; and (2) there may have been too much emphasis on the curative, as opposed to the preventive aspects. They conclude that ideally such a project should be fully integrated into the local health care system.

Finally attention should be drawn to the IPPF/UNESCO publication already cited (IPPF/UNESCO, 1972), which discusses the principles of allying the folk and mass media to family planning projects, and summarizes the experiences of three countries—Indonesia, Malaysia and the Philippines.

BOOKS, RADIO, TELEVISION AND FILMS

It is not proposed to say much about written material. This is not because it is unimportant. As Crippwell (1981) says : "Because of costs involved in training, manuals are going to remain the most important form of material, but they will be books with a difference. They will be books written in the style of local colloquial speech and take the form of conversations or stories or songs. The Community Health Worker should be able to introduce these while he talks with his neighbours rather than at them". Written material is very important but a great deal of information is already available and extensive reviews can be obtained. In this connection, a useful source is the Health Learning Materials Project of the World Health Organization.

Radio and television audiences might be thought to represent passivity in its most extreme form. However Mohl (1981), in the Federal Republic of Germany, tried out a television quiz format in which members of the audience wrote down answers to health questions. He felt that this might encourage greater concentration on the part of the viewer, and that poor scores on the quiz motivated people to seek further information and to enrol in associated relevant courses. "It is assumed that the format arouses interest among those who were initially responding because of an interest in quiz problems".

Kelly (1978), in the USA used an entertainment show on radio with music, poetry, comedy and drama to communicate health information about alcoholism. She does not appear to have been wholly convinced of its value in education except as a sort of sugar coating to the didactic messages. She comments that : "Although an entertaining quiz show showed around 12% greater learning about nutrition over a lecture format, there is not much evidence to support greater learning due to comedy, for example. But educators cannot afford to bore an audience that can, and will, freely turn the dial for better entertainment". In fact, she placed much greater reliance on posters, pamphlets and newspaper articles in which an advertising approach was used, selling health with as much drive, humour and sales technique as any other commodity. Her paper contains some amusing and effective posters about the dangers of alcohol.

Hagen (1981) has already been mentioned in connection with his television programme. Parlato & Parlato (1978) make the point that, as might be anticipated, television in Latin America remains an urban phenomenon while radio reaches the rural population quite effectively; this, of course, is true of many other parts of the world. In discussing radio programmes, they appear to be making the common, but mistaken, assumption that a programme must be either educational or entertaining, and the greater demand for entertainment squeezes out the educational programmes. The same view is expressed by Gonda (1981) in writing of his work in Hungary. but it will be apparent from other sources quoted in the present review that health education can, and indeed must, be entertaining in the broad sense. The dichotomy between education and entertainment is a false one.

What has been said about written material is also true of film strips and audio cassettes—namely that they are already the subject of a considerable number of surveys and reviews. Their great advantage from the point of view of developing countries is that, in contrast to radio and television, they only need a comparatively simple source of power and can be used under almost any conditions.

PUPPETRY

"Puppets and puppet shows are exciting, curious, lifelike and intriguing not only to children but to people of all ages...The curiosity that puppets create is a fact not to be overlooked. Health educators should learn to use this to their best advantage to influence positive health behaviours." (Timmreck, 1978).

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"Of all the theatrical arts, puppetry is probably the most sincere, because a puppet character is so much its own self that no one ever thinks of it as an actor playing a part. This uninhibited quality is one which gives the puppet show its special appeal to the simple and direct mind of a child or to the sophisticated adult alike. Puppetry may be used in many fields of education". (Glenn, 1970).

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"A puppet can often make social criticisms or point out conflicting interests without causing personal offence. If a 'real' person were to say the same things publicly, some might be angry or hurt. Puppets add a sense of pretending and humour that can make the feared parts of our daily lives easier to look at". (Werner & Bower, 1982).

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The statements just quoted give some idea of the widespread recognition of the value of puppet shows in health education. The impersonality of the puppet (referred to in the last quotation) is also found in the use of masked human beings and "giant" figures, where the personality of the human actor is literally hidden by the part he is playing. The *Barong*, a fearsome dragon-like creature, in the ritual dances of Bali is a good example.

Like all folk media, puppetry embodies the cultural beliefs of the country. From the *Wajang kulit* (shadow plays) of Indonesia to the Punch and Judy shows on the beaches of Britain there is ample material for the social anthropologist. As has already been said in connection with the other media, any attempt to introduce health messages must show a sympathetic sensitivity to the whole life-style of a

particular community.

Projects that link puppetry to health education have been initiated in many different countries and with increasing frequency. Quite recently, the government of Sri Lanka cooperated with UNICEF in sponsoring one such project in relation to the Environmental Health and Community Development Programme, (Aloysius, 1983). It took the form of two puppet plays performed in Colombo in the presence of the Prime Minister and in association with the Vesak Festival, which commemorates the birth, enlightenment and death of the Lord Buddha. The plays were based on the old *Jataka* tales of Budda's life and focused on common problems of poverty, malnutrition, lack of sanitation and child mortality. Mention has already been made in Section 2 of the travelling performers in Zambia (World Health Organization, 1982) and of the Voluntary Health Worker training scheme in India (Harnar et al., 1978), both of which made use of puppets. Lukacs & Lukacs (1975) in Italy also speak of the value of puppetry as a didactic tool.

Interestingly enough, the dental profession has made extensive use of puppetry. The examples mostly come from developed countries although the messages and techniques are widely applicable. Glenn (1970) in the USA gives a number of practical hints on how to set up puppet productions for audiences of children. Woolley (1980) inaugurated a Good Teeth Puppet Theatre in Australia, which was used for teacher training as well as for the public at large (including the large migrant and aborigine population). A number of unsigned articles and notices in various journals (Anon., 1967, 1968, 1970, 1974, 1982a) give brief notes on other dental puppetry projects

In the USA puppets have also been used for the purpose of familiarising children with hospital procedures, e.g. Shaw (1980). Walsh (1980) combines them with simple general health messages and has incorporated some role-playing techniques. Kelfer & Demers (1980) involve the parents as well as the children before the latter undergo surgery. They like to use animal puppets, finding them to be less frightening than representations of people. They follow their show with some sight-seeing in the hospital.

The use of puppets can be helpful not only to the audience but also to the puppeteers. Plesent (1976), whose work has already been mentioned, found that in helping "difficult" children to come to terms with themselves a course on puppetry was especially effective. The children were taught the necessary skills, the related health information, and how to produce and present plays.

A particularly interesting example of the use of children, not just in the manipulation but in the devising of an entire show is cited by Werner & Bower (1982). The village of Ajoya in Mexico is the location of a training course for health workers. The local children decided they wanted to put on a show of thier own. They had only a very limited amount of help from the trainee health workers and wished to be in control of all stages of the project. The subject they chose was "How to take care of your teeth". The two main themes were: the avoidance of too many sweet things and the importance of frequent teeth brushing. The puppets were very simple paper models, but were able to open their mouths, show their teeth, etc.

Puppets can be appreciated at second-hand, as it were, on film or television. One such programme is described by Hagen (1981) in North Germany. The target audience were those young people who had had no secondary education, so that the programme could not use the usual educational aids. Use was made instead of dramatic episodes, animal sequences, musical accompaniment and puppetry, and by this means messages were put across on preventive medical check-ups, on avoiding alcohol during pregnancy, and on the role of the young father.

Romero-Ibarra et al (1979) in South America had some success with a puppet theatre whose productions were concerned with the prevention of accidents to children, a subject which, as has already been mentioned, is closely related to general health education. A prototype show is described in detail.

Since puppetry is both a craft and an art, there is much to learn about the construction and manipulation of puppets, and the techniques of staging. Glenn (1970) and Timmreck (1979) give some helpful advice on these matters, but it is relevant mainly to developed countries. The best source of simple, inexpensive ideas about life like figures as well as information on puppetry in developing countries will be found in Werner & Bower (1982). Most of the work involved can be done by children.

In spite of the great antiquity of puppetry (in the widest sense), one is left with the impression that its use in health education has still not been fully exploited. It has great possibilities; it is cheap and relatively easy to operate; it is entertaining to young and old. In particular, it avoids some of the communication difficulties inherent in the more direct (sometimes didactic) methods of health education.

CONJURING AND MAGIC

The word "magic" has overtones of the supernatural which modern medicine would wish to avoid. Werner & Bower (1982) warn that "Having local entertainers help people learn about health can be exciting and effective. But beware of giving the idea that health care is 'magic', and therefore outside people's control". However, this belief is already a strongly held one and is not going to be abandoned overnight. Perrin & Gerrity (1981) have found that kindergarten children in the USA regard illness as either "magical" or as a punishment. Only by the fourth grade in schools in the USA do children accept germs as a possible cause and it is much later before the full complexity of ill-health can be appreciated. The concept of "magic" as a causative factor in disease was also found by Webber et al. (1975) among the aborigines of Northern Australia. What distinguishes their belief (which, after all, is shared by people in all parts of the world including even the developed countries) is their careful classification of

health and ill-health. They divide people into four groups: (1) the strong, i.e., healthy; (2) the weak (due to seasonal factors, overeating, vaguely below par); their state was considered "natural"; (3) the wounded, not considered as weak; and (4) the sick; their condition was "unnatural" and caused by some enemy exercising a magical and malign influence. The search for the latter was a search for the supposed enemy, again a very common technique in other parts of the world for treating sickness. It is, however, interesting that the belief system of the aborigines means that they are not, in principle, prejudiced against Western or "scientific" medicine but would confine, its use to the "weak".

A head-on clash with "magical" views of illness is not likely to be profitable, but at least one can try and ensure that the introduction of magic (in the sense of conjuring) into health programme is not confused with any beliefs of the type mentioned above. One way would be to avoid using the word magic and only speak of conjuring. However, it seems simpler to continue to use magic when its meaning is not likely to be misunderstood, and to enclose it in inverted comas—"magic"—when we mean "superstitions".

Magic, then, in the sense of conjuring performances, has a long history. Thus Mohmed, who used the pen-name of Ibn Batuta and dictated his *Travels in Asia and Africa* in 1355, described seeing a Chinese street performer, throw a rope into the air, where it mysteriously remained vertical. A small boy climbed up and disappeared at the top. The performer followed him, and the boy's severed limbs. head and body came tumbling to the ground. At a later stage the parts of the boy were reassembled and he was restored to health. This looks like the forerunner of the so-called Indian rope trick which so excited the imaginations of nineteenth century travellers in India. Whether it has ever been performed in the manner described is open to doubt. But two things are clear. One is that a magical happening, or the story of a magical happening, can have a profound influence through the centuries. The second is that magic was a very early form of entertainment and had its origins in the streets and market places. (See Reginald Scot's *Discovery of Witchcraft* (1584).

Curry (1965) explains that "since the days of the pharaohs, conjuring was, at best, a questionable profession carried on by strolling mountebanks who performed their meagre assortment of tricks on streets, at fairs, in barns—anywhere their exhibitions might attract a few coins". Hieronymus Bosch in the fifteenth century has an amusing picture (reproduced in Christopher (1962) of a travelling conjurer performing the cups and balls trick while one of the spectators is being relieved of his purse by his neighbour.

In the Western world, particularly during the last 100 years, magic has tended to move from the market-place into the drawing-rooms of the gentry or on to the stage. There has therefore been a tendency to neglect the work of street conjurers. Accounts do however exist and can be found in Claflin & Sheridan (1977), Haviland (1983) and Huggins & Culpitt (1943). But it is noticeable that the standard classics of conjuring technique—Hoffman (1876), Maskelyne & Devant (1911), Hilliard (1938), Tarbell (1941-72)—make no mention of street conjuring as such, although they describe some of the tricks used. On the whole, street magic has been considered to be somehow inferior and this may explain the hesitation sometimes expressed by health educators at the idea of linking health messages to this type of folk medium.

Perhaps another factor is the ridicule which has been heaped on the army of patent medicine purveyors who used to roam the country districts of the USA. These itinerant hucksters often combined their sales talk with entertainment and would attempt to trick their audience into believing that their medicines had remarkable properties. It seems a pity that their efforts may have brought into disrepute the possible association between magic and health messages.

In the developing world the situation has been quite different. The street magician has been a well-liked figure and if he talked about health, he was listened to with attention and often respect. The *merolicos* of Mexicos have already been mentioned as providing a variety of entertainments (including magic) to accompany their selling of their wares. In the Hospital Without Walls programme in San Ramon, Costa Rica (Guier, 1979), the health team puts on a travelling health circus with music, skits and games. It is said that one of the biggest attractions is the Magic Show in which Don Valeriano, a local magician, perfroms tricks that are, in effect, a form of health education. For example, a glass of water changes into one of alcohol. A skull makes its appearance in an apparently empty box and represents a man who died of alcoholism. The skull ventriloquially warns of the dangers of over indulgence. The magician changes a handkerchief into an egg, and this is followed by some remarks on the value of eggs in nutrition. The work of this "Magician of Health", as he is styled, illustrates one of the ways in which magic can be introduced into health education. He uses his props as more or less direct representations of the health messages. There are certain dangers in this, since the audience may make the wrong connections. For example, in the first trick, the production of alcohol is separate from the production of the skull and the connection has to be made verbally. To the less sophisticated, it might appear that the head became a skull because of a lack of alcohol. How did the skull get there in a country which buries or cremates its dead? It is an imitation skull, how could it have died of alcoholism? In other words there are dangers of misunderstanding and of literalism in any procedure that argues by analogy. The second trick with the egg is less open to these criticisms because it has been integrated into the health message more successfully.

It is also possible for the magician to use his tricks solely to attract a crowd or to intersperse them

with health messages, thus keeping the magic and the health education quite separate. Between this technique and the one described in the last paragraph it is possible to imagine a compromise in which the tricks and the health messages are linked but not too closely; they can use the same concepts. Thus, having produced a number of small balls from a single one, the magician points out that having too many of the small balls is not serious, but having too many children is detrimental to the health of both the mother and the children. Some aspects of this approach are outlined by van Dokkum (1978), who also offers a number of suggestions, some of which have already been mentioned in the preceding section on the dramatic arts:

make the message clear and simple—one message, one trick;
make it fit the pattern of life of the recipient;
abopt a sympathetic approach and do not attempt to "show off" your technical ability;
use, as far as possible, locally available materials and familiar circumstances.

He advises having one or two specific dramatic climaxes in the show, involving perhaps some sudden appearance or disappearance or colour change, and emphasizes a point already made, namely that: "It is essential that there be some form of audience participation during the show. This means that magic performances on television can be of limited value unless repeated many times". His analysis of the uses of magic parallels what has already been said in the present review about music and drama. He asserts that a nutrition educator can, without too great difficulty, become a nutrition magician, comparing the skill required with that of manipulating puppets. This may or may not be true at the level of manual dexterity, but the magician has also to learn a good deal about stagecraft, effective gestures and movement. Van Dokkum does not seem to consider the possibility of magicians temporarily becoming health educators, which would seem to be rather easier if they confined themselves to fairly simple health messages which could be provided by their health worker colleagues. (See the reference to the work of Griffiths & Whitehouse, 1978 in section 2).

Fishman (1980) describes her experiences in trying to arouse the excitement and curiosity of children in the United States on health matters. Her work spanned schoolrooms, health fairs and a special Supplementary Food Programme for Women, Infants and Children She found it a formidable task "until a professional magician mentioned to me that many magic props are related to food. Could nutrition be taught through the medium of magic"? She "developed her patter to evoke audience response", claims to have found behavioural changes as a result of her efforts, and feels that the technique is worthwhile. She adds that "the magic can easily be combined with or followed by other activities which are specifically tailored to fulfil the intended educational goals". The specific examples of tricks that she gives are very similar to those suggested by van Dokkum and her approach is along the same lines.

The reference by Fishman to "other activities" draws attention to the fact that magic may be more acceptable if it is combined with other folk media. The French magicin Robert-Houdin (1860) who was also Ambassador to Morocco, said that "the magician is an actor playing the part of a magician", thus underlining the link between magic and other arts.

Although the literature on health messages through the medium of magic is very scanty, it is possible, by scanning what sources there are, to make a few statements about the type of trick that can be employed. Since the itinerant magician is already a well-known figure, his tricks can provied a basic repertoire. Tricks like the cups and balls, the so-called Chinese Linking Rings, the Over flowing Rice Bowls have all been known for centuries. They do not introduce an alien, Western set of concepts. Descriptions of these and other suitable tricks will be found in the references quoted above, as well as in other standard textbooks of conjuring From an examination of these sources, it can be concluded that, for the present purpose, tricks should be effective from whatever angle they are viewed, visible at a distance. have simple uncomplicated plots and outcomes, and use familiar objects. These requirements immediately eliminate a great deal of Western-style magic (e.g., large stage illusions, small close-up magic, tricks that involve laborious counting of cards, etc.). But much remains that is common to, and can be appreciated by, people of all countries. In certain circumstances with small groups, the tricks will be performed at close quarters and this might seem a disadvantage to a performer especially if he is almost surrounded by his audience. However, Maskalyne & Devant (1911) point out that although "the average man believes there is some special virtue in being close to a magical performer while he is at work, it stands to reason that the man who has a performer in view from head to foot is for more dangerous than one who is too close for making a comprehensive inspection."

There may be something to learn from the ways that magic has been used to promote other things than health. Accident prevention is closely related to health (see Romero-Ibarra et al (1979) for a description of a puppet-show approach). Many British and American magicians introduce safety lessons on subjects like fire hazards or road sense. One policeman in the Edinburgh area of Scotland has been officially deputed, as part of his normal duties, to go round schools with his magic cum-puppet show teaching the pupils about accidents and safety. The promotion of industrial products has also been a useful source of publicity (and income) to a number of well-known magicians in the United Kingdom and the USA. At the trade show for some firm (e.g., a car manufacturer) the magician will have his own stand. He is expected to amuse and entertain but also to promote the product. Fox (1976) has described some of his experience in this field. Without going all the way with the commercial razzmatazz, one can see that the manner in wich a particular product is linked to a magical effect might well be a soure of ideas to health educators for analogous associations.

(To Be Concluded)

Evaluation of the Programmes

G. H. BEGBIE

This is the second and concluding part of the critical assessment. The first part was published last month.

ROLE OF FOLK MEDIA IN PROMOTING MATERNAL AND CHILD HEALTH

IN this review a great many references have already been made to maternal and child health and family planning and to the ways in which children can be directly involved in the use of folk media for health purposes. Werner & Bower (1982), El-Bushra & Perls (1976) and Hagen (1981) have been quoted on techniques for getting across health messages of importance to mother and child. Teaching nutrition to children has been mentioned in the work of Knight (1983) and Fishman (1980). Aloysius (1983), Glenn (1970), Walsh (1980), Kelfer & Demers (1980), Werner & Bower (1982), Timmreck (1978), and Romero-Ibarra et al. (1979) have all given useful information and advice on their experience with puppets in this field.

It is therefore not necessary to go into any great detail in this section, but one of the most interesting aspects, not so far mentioned, arises when children teach their parents. Bholerao (1981), for example, writes of his realization that children could be educators. The children with whom he was working vied with each other to show how influential they were at home in matters of health, reporting cases and bringing patients to the clinics. This reminds one of the work of the Child-to-Child Programme sponsored by the Institute of Child Health in London. It describes itself as "an International Programme which teaches and encourages children of school age to concern themselves with the health welfare and general development of their younger, pre-school brothers and sisters and other younger children in their community" *

However, one must take due account of the health ideas of the parents that the child will inevitably encounter at home. There is quite likely to be a conflict between what is taught at school and beliefs held by the family. A WHO report (1978) points out that "Any educational work or development on a community level should rely on the active involvement of women, especially mothers. It is an illusion to think that schools are able to undo the harm done at home". This applies particularly in the pre-school years, for example, in matters of nutrition. But, on the other side of the coin, the same report notes that one of the hallmarks of a successful programme is that "projects and activities where children were the immediate beneficiaries were used as a starting point for further community efforts".

The particular area of family planning and folk and mass media is dealt with in the IPPF/UNESCO report (1972).

EVALUATION

Deciding on how far socio-educational programmes have been successful is notoriously difficult and there is no general agreement on which methods of evaluation are best. Only a minority of the projects that have been studied in this review have been formally evaluated.

The work of Brieger & Akpovi (1982/3) on guinea-worm control in Nigeria involved both monitoring and evaluation. During the project, there was ongoing assessment of a participatory nature and at the end of three months, the trainees were given a practical test. There was regular follow-up supervision at two-weekly intervals for four months, but thereafter it was more sporadic. Ultimately, they point out, improvements in the community determine the success of training and health education. "At one level, a follow up questionnaire with heads of households revealed a positive change in knowledge about guinea-worm cause and prevention a month after training was completed. Then in subsequent years, all but one village attempted to construct sanitary wells. Five actually completed the wells, while the rest, knowing the threat of guinea-worm lingered, practised other preventive measures such as filtering water and keeping infected persons away from water sources. The result was a noticeable drop in the prevalence of guinea-worm". Brieger and Akpovi also noticed that wounds were being hygienically bandaged; so there appeared to be a spin-off in that other health information was also getting across.

The programme of Simoni and his colleagues (1977, 1978, 1982, 1983) also extended over several years and their decision to prolong it indicates that they were personally satisfied with the evaluation measures which they had been able to carry out. They describe one project in which, two months after completion, they organized survey interviews by social workers and nurses trained for that task. At first, 20% of the households were resurveyed and the mothers interviewed (400 from test sites, 344 from control sites). When the project workers realized that many adolescents were also paying attention to the *merolicos*, they extended the interviewing

* See also Smith (1981) and Plumping et al (1980).

to unmarried childless females (11-19 years of age), unconnected with the interviewed mothers (183 from test sites, 183 from control sites). As was noted earlier it was felt that the idea of using *merolicos* was vindicated by the results, and that there had been measurable changes in knowledge, attitudes and behaviour as a result of the health messages that were transmitted.

The way in which Church (1970) obtained the services of a popular singer to compose and record a song about kwashiorkor has already been described. At a later stage, he arranged for members of the community to hear a few bars of the song. A watch was kept for smiles or frowns. The villagers were also asked some specific questions: How many people remembered the song? What was it about? Where had they heard it? Could anyone volunteer to sign it now? These are all simple but effective ways of determining whether the message has been heard and understood, even if it does not tell one if it has been acted upon or not.

Standard & Minott (1983), it will be remembered, arranged for medical students to sit down with groups of villagers at a clinic and put across a few health messages. To find out how effective these discussions had been, the students changed groups from time to time and so checked on each other's abilities as health educators; in doing so, they were evaluating the success of the project in respect of communication.

Not all projects lent themselves to this approach. Van Amelsvoort (1968) says quite frankly: "We feel that statistical evidence is nearly impossible. A participant observation study might enable us to find out how and to what extent the attitudes and views of the community were changed as a result of health education."

The above examples illustrate, as far as they go, that it is much easier to find out if a message has been understood than whether it has produced measurable change.

There has been a good deal of work on what might be called the theoretical basis for methods of evaluation. It is not inteneded to review this vast literature in detail. Most relevant for the present purpose are the studies on community participation; the extent to which this is achieved can itself be evaluated. In an extensive analysis of community participation, Martin (1982, 1983) considered that "about 25% of the projects studied give the community some role in evaluation" (i.e., apart from responding to questionnaires). Feurstein (1980) examined the nature of participation in practice and the implications of participatory evaluation. She discusses the methods used, the role of external agents as facilitators of the evaluation process, the goals of evaluation and the uses to which it is put. Cole-King (1979) has outlined a fram work for evaluating primary health care, including community participation, and gives some sample questions for use in evaluating community participation (embodied in a table quoted by Martin (1983), together with an outline of the information required and the methods of obtaining this information. She also discusses a wide range of different evaluation approaches, reviews existing studies, and analyses the context and process of evaluation for primary health care projects. Tendler (1982) also provides a comprehensive set of guidelines combined with questions whose answers should provide help in evaluation. Pyle (1981) suggests a more formal, but perhaps less easily applicable, scheme based on scoring the level of community participation in a project on a seven-point scale. Two of the questions asked in this scheme could be described as quantitative; the answers to the others would have to be arrived at throngh interviews and observations. Mentioned should also be made of a document entitled *Community health education (evaluation of present programmes, new approaches and strategies*, produced by the Pan American Health Organization (PAHO, 1980). Finally, the particular field of family planning in relation to the folk and mass media has its own problems of evaluation, and these are thoroughly treated in the IPPF/UNESCO report (1972), which has already been cited in this review.

The existence of a number of general statements about health project evaluation should not divert us from the task of constructing schemes for particular projects. The general statements can be useful (except when those from different sources are contradictory) but every project has its own needs and constraints. The folk media/health message type of association has to be studied in each particular case before effective evaluation techniques can be produced.

SUMMARY

A description has been given of how folk media have been used to put across health messages in Australia, Botswana, the Federal Republic of Germany, Hungary, India, Italy, Jamaica, Latin America, Mexico, the Arab countries of the Middle East, the Netherlands, Nigeria, Sri Lanka, Sudan, Uganda, the United Kingdom, the United States of America, and Zambia. Both resources and constraints differ markedly in the different countries and, for this reason, it is difficult to draw many general conclusions that would be applicable to all countries.

It appears, from the sources quoted, that almost any folk medium could be pressed into service for transmitting health messages. Each has its own advantages and disadvantages; for example, pupperty has a great appeal to all ages; conjuring shares this, but there is a risk that the idea of "magic" will be misunderstood; music, song and dance are already used in all countries; and so on. In deciding which medium to use, health workers have been guided by the general principle that the local community should, as far as possible, be involved at every stage of the Project. This means that the very greatest sensitivity has to be exercised by project workers who come from outside that community. Their ability to understand and, more importantly, to appreciate the local culture is really more important than their technical expertise. Further sugges-

tions on how best to use folk media for health messages are given by many of the writers quoted in the preceding pages.

The Alma-Ata Declaration (World Organization, 1978b), quoted in the Introduction, contains another paragraph which is particularly relevant to the subject of this review, and might well be used to set the goals for any project in this field:

> "Primary health care requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate."

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