

Health Visitors League Section



The Hon. Secretary Mrs. E. E. David, Sir John Anderson's Health School, 46-C, Gokal Boral Street, Calcutta, will be glad to hear from members of the Health Visitors League.

Health Teaching in the Tropics

by

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The great names in medicine are generally associated with men who have made great discoveries of a therapeutic or biological nature, and generally of a dramatic quality. To devise an operation on a valve of the heart that will enable one child in a hundred thousand to live for fifty years instead of five is rewarded with immortality. But the public health nurse who teaches many thousands of patients how to lead happier and healthier lives merely by application of the simple principles of hygiene generally remains unhonoured and unsung. There is no way of changing this position. Prevention of worms and malnutrition and skin infection is pedestrian and has little appeal to the imagination of the general public. This makes it more than ever necessary for medical authorities to be able to evaluate training and adequate facilities for those who practice it.

Health teaching in the tropics only differs from health teaching in temperate climates because it is more essential and there is less of it.

The term 'tropical medicine' has led to a deal of misconception. Many people imagine that the risks to health in the tropics are mainly caused by certain exotic diseases, unknown in temperate climates, and needing for their study and their cure a detailed knowledge of entomology and bacteriology. Doctors, before they go abroad, spend several months

numbering the hairs on the head of the mosquito. This aspect of the problem has been over-emphasised. The main causes of high mortality and morbidity rates in the tropics are lack of the simple, primary human needs: food, shelter, cleanliness, fresh air, security and education.

In many underdeveloped areas there is, as yet, little in the way of 'public health'. Water supply and sanitation cannot be taken for granted. Grade A milk is not delivered at the door. The neighbours do not have the technique of toilet. So the individual, in order to avoid unnecessary risks, must himself take the responsibility of controlling his environment.

The Medical Services.

Medical Services in the tropics have grown up on a pattern of their own. They were first instituted to care for the needs of the imported population, and then to control major epidemic diseases that threatened the whole community. Gradually the indigenous peoples have been provided with more and more in the way of services in public health and in medical care. But it should be noted that these services have not always been adapted to their needs, whether patent or latent. There is a surgeon provided who can deal with accidents and surgical emergencies, and who is often called upon to do so. But for every surgical emergency there are literally thousands of old and young, but mostly young, who are suffering from worms or enteritis or malnutrition, who

receive and demand relatively little attention, curative or preventive.

It is now being realised that the medical services can no longer ignore the environmental factors which lead to disease. It is just as important to treat and to prevent enteritis in a child of three as it is to produce a dramatic cure on an adult with an acute appendix. But it needs not only skill but patience, persistence and continuity—none of which is easy, and perhaps they are less easy in the tropics than elsewhere.

In the more advanced countries there are many influences which maintain and improve standards of living and of health education. There is tradition and habit and schools and hospitals which are an accepted and traditionally inseparable form of a certain way of life. There are newspaper articles, radio talks, boy scouts, women's institutes, ambulance classes, welfare centres, films and posters, all of which tend to improve health consciousness and health practices.

In relatively underdeveloped countries the picture is very different. Some of the population is ignorant, some indifferent and some even hostile. The simplest things have to be taught and explained and repeated. And sometimes the seed falls on ground that presents an infinite variety of unreceptiveness.

Teaching the Individual.

Health Education in the tropics is the chief function of a medical service. From the cradle to the grave it is necessary. It is not enough to train good doctors who can perform all sorts of evolutions in a biochemical laboratory or in an operating theatre. It is not enough to build hospitals that impress the eye and please the sanitarian. It is not enough to provide insecticides and antibiotics. It is not enough to provide balanced meals for individual school children and/or pregnant mothers. It is the teaching of the individual that matters.

A great deal of money and attention are now being spent on 'mass' education, perhaps in the hope of finding a short

cut to improved health and well-being. Films are made, posters are painted, pamphlets are distributed. But most of these 'mass' methods have given good results only in those countries where the population is already familiar with the methods of approach, and with the ideas presented. When these methods have failed to achieve much beyond preaching to the converted, then the public health officers will often search for still more vivid films, still more lurid posters, still more persuasive pamphlets. But in the underdeveloped areas these 'mass' methods are not likely to achieve more than very moderate success. I have seen even well-disposed mothers being not only distracted, but actually frightened, by some very restrained posters in a welfare centre.

The more underdeveloped the area, the more we have to rely on personal contacts and individual teaching. The more unsophisticated the patients, the more they depend on, and are willing to be guided by, the individual whom they like and trust.

This is a supreme reason why health education in 'underdeveloped' areas must be accompanied by treatment of disease whenever treatment is necessary. Not only does effective treatment of disease inspire confidence and make the health education more acceptable, but the individual contacts through health education will mean that when treatment is necessary it will be readily sought.

Health education should take place not only in welfare centres, but in homes and hospitals. It should also take place in schools. At the present time it will be found in most of the underdeveloped countries that the school teaching of hygiene is academic and perfunctory. It should be made far more practical and realistic. The health nurse or doctor should assist in giving lessons on personal, domestic and community hygiene and see that the precepts they teach are carried out by teachers and by pupils.

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