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Health Education And Information Exchange

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THE health situation in Bangladesh presents a very pitiable picture. Disease, mourning, senility, and death are the constant companion of people in this country. The problems of population and health are so extensive that the resources we are spending at government and non-government levels fall fat short of the need. Again these limited resources cannot be properly applied or utilised in the absence of adequate knowledge, ability and proper planning. As a result although there has been expansion of health care facilities there has been no remarkable change in the general health picture of the rural population, neither has there been any change in the quality of service.

This situation owes its origin to a lot of factors. But, for the sake of subject matter we will keep ourselves confined to the system of health education and information exchange.

Health service has some special aspects: the major ones being preventive health service, remedial health service and rehabilitative health service. We know that it is preventive health service which is most beneficial for man, society as well as the country.

Even if the increase of population and ability of the country is considered, it is preventive health service which is easier and more desirable for us. Proper health education is the precondition for effective and durable health service. Although health education has a role to play in remedial and rehabilitative health service, health education is the prime force of preventive health service.

Now the question may arise what health education is. Health education means some such activities or their combined process through which desirable change in consciousness, mentality and practical conduct of human being are brought about. This process begins at the time of germination of our senses of sight, hearing and understanding. Despite that, it is being observed that desired result is not being achieved because of proverty, lack of education, prejudice and insufficiency of resources and ability.

Now let us have a look at the picture of health education in the country. Many national and international organisations including government and non-government ones are working in this field. Since 85 per cent of the country's population live in villages and they are basically outside the scope of well-organised and complete health service, villages and clans have become the pasture of health education programmes. These health education programmes have started a individual and group levels and are spread the levels of clan, society and the nation with the support of various methods and techniques. These systems and techniques include the following:

Personal contact, group discussion, training, workshop, seminar, meeting, rally, exhibition etc. One thing merits mention here. Whenever we speak of education the importance of literacy becomes evident to us. Experience, however, shows that although literacy is an important helping force in furthering education it is not a must for the primary need of health care. Beyond doubt the low rate of literacy has created obstacles in the way of spreading health education at rural level but could not make it infirm or devoid of opportunity.

Through personal contact, group contact and the use of different materials and audio media the work of health education at grassroots level is going ahead. The addition of experienced visual medium and rural entertainment media has made it easier and full of variety.

When all is said and done it must be that the effective consciousness desired for health care is yet to be acquired. The movement and behaviour rooted in health consciousness which are supposed to develop throughout the country have not been developed. From our limited resources whatever we have spent in different ways for health education could not achieve complete success.

Today can we think, for once, why. Health education gives us information and concepts regarding what we should do, develops positive attitude and mentality regarding those new information and concepts through exposition and analysis, teaches rules and procedures for successfully applying those information and concepts, creats the urge for participation in health-oriented activities, helps implement programme and keeps it running properly.

There are three elements here. The first one is information. Information is the foremost topic of health education which generates knowledge, perception and activity among human beings. The second one is human beings. These human beings can be of a clan on the receiving end of health education and a working force involved in the expansion of health education. The third element is organisation. These organisations implement health education programmes by taking initiative and investing resources. Through the coordination of these three elements health education acquires real base and share.

I have already said that many different government and non-governmet, local and foreign organisations are engaged in health education programmes. They are taking up newer programmes. They are spending huge amounts of money for data collection, appointment of workes and their training, publicity, development, production, and utilization of various information and educational materials, research and evaluation and conducting programmes. But all these are happening institutionally, among own workers and service recepients in one's own working areas. As a result others cannot know what information lies with whom, who are in possession of what services and opportunities, what the resources and abilities are which can be jointly used or exchanged. Yet in case those information could be known, programme planning, implementation and evaluation could be accomplished in a nicer and more effective manner through the exchange of concepts and experience, greater consciousness could be developed, the skill and efficiency of workers could be enhanced, the quality of service could be improved, the scope of service could be expanded. At the same time avoiding the repetition of work time, resources and potentialities could be utilised in a more meaningful way. I do not mean to say that such type of cooperation does not exist at all between organisations but you will agree with me that in comparison with our activities and needs it is weak and insufficient.

It is understood from this that the exchange of health information is a precondition for making our health education and health service programme more effective, developed, expensive and dynamic. But now will this exchange take place? For this a network is necessary.

This network will have to be developed at different levels for effective exchange of information, only then its good results will cause overall benefits everywhere.

Let us begin at the grassroots level. How can the network of information exchange be developed at this level? We know that there are groups of people who are recepients of health service programme. There are influential groups of people as well. Various institutions render individual-oriented, group-oriented or organisation-oriented service. Working institutions can develop this network at village, union or thana levels among their recepient and influential groups of people and can slowly open it for recepients of service and influential groups of people of other organisations involved in health service. The institution and its workers can play a helpful role here. Among the activities of the network at this level regular discussions, arrangement

of meetings, rather exchange and publicity of educational materials, presentation of health information at rural media, exhibitions and fairs etc. can be included.

(To be continued)