INTRODUCTION

At the Sixth Commonwealth Health Ministers Meeting in Tanzania in 1980 it was decided that a study on community health education should be commissioned. It was noted at that meeting that "in order to achieve improvements in primary health care which is the key to raising health standards, the family must be educated and motivated to assume many responsibilities for its own health care. This can be achieved through a vigorous programme of health education ..." (p 40 of the Report).

2. The Commonwealth Secretariat approached the Evaluation and Planning Centre of the London School of Hygiene and Tropical Medicine to undertake the study, the objectives of which were:

(a) to collect information about national policy on community health education in Commonwealth countries;

(b) to collect information about community health education programmes and activities, including the use of the media, in Commonwealth countries;

(c) to identify policies, programmes and activities in community health education relating to primary health care and the health of families and individuals in that context;

(d) to identify policies, programmes and activities that are relevant to other countries and that would help them to develop their own community health education programmes.

3. This report contains the results of the study. It was carried out by Dr Gill Walt, assisted by Dr Pamela Constantinides, with the help of colleagues in the Evaluation and Planning Centre, especially Dr Carol MacCormack. Many other people were generous in giving time and support to the study. In particular, thanks go to Professor Sir Kenneth Stuart and Mr Keith Mather at the Commonwealth Secretariat, and to the many busy people in the countries visited who organised visits and interviews so efficiently and were always very helpful. Their names appear in an annex to this report. Finally, we are obliged to those people in ministries of health who filled in the questionnaire; replies were received from 43 of the 47 member countries of the Commonwealth.* This is a remarkable achievement for a postal questionnaire, and we are duly grateful to all those who responded so diligently.

* Of the 47 member countries, the Maldives became a special member only in July 1982, and so is not included in our analysis of data. However, four associated states or dependencies did complete questionnaires and have been included in the discussion.

How the study was done

4. The study started in October 1981. It was decided to use three approaches to collecting information. First, a search was made of the literature. In order to make a practicable task of a vast area, the criteria used in selecting relevant publications were that:

(a) they were about community health education or associated activities in Commonwealth countries, especially the less developed countries of the Commonwealth;

(b) although not to do with Commonwealth countries, they demonstrated activities or ideas which the Commonwealth might find useful;

(c) they illustrated positive or negative uses of the media in health education;

(d) they demonstrated imaginative and innovative approaches to community health education.

5. Second, three countries were visited to give more detailed approaches to different aspects of community health education. Cyprus, Sri Lanka and Tanzania all present alternative models of health education, and have special features that should be of interest to other Commonwealth countries. They are written up as separate case studies.

6. Third, a questionnaire was sent to the ministries of health of all Commonwealth countries in February 1982. By August 1982 over 90 per cent of member countries had filled in and returned the questionnaire. The analysis of this data forms the basis of the section of this report dealing with current activities, which gives detailed information on the countries that replied.

7. From all these sources it is possible to gain a picture of health education in the Commonwealth. In preparing this report the aim has been to provide a source of information that may be of practical use to health educators and policy-makers in the Commonwealth. For those who wish to pursue the more theoretical issues, the bibliography at the end provides references to follow up, or resource centres to turn to. The major aim of this report is to be itself a resource, and a practical guide to those concerned with community health education.

8. The study has focused on the less developed countries of the Commonwealth, although some examples of interesting programmes from the industrialised world have been included. The richer countries have far greater resources to spend on health education and they address different problems in relation to disease patterns. There is a vast amount of information available for these countries emanating from different disciplines such as psychology, sociology and education. Access to such information is limited for many of the less developed countries, and it was thought that the report would be more useful if it centred on the less privileged countries of the Commonwealth.

9. Before discussing the findings from our study there are several caveats which must be borne in mind. First, the questionnaires were sent to, and in most cases answered by, ministries of health. In the very large countries with states which have their own autonomous or relatively autonomous health education sectors, the national or federal ministry may not have been in the best position to fill in the questionnaire: certainly much of the finer details could be missing.* This is true, too, even of smaller countries, where ministries of health do not

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* This was well illustrated by the richness of detailed information supplied from Australia, where each state filled in the questionnaire. It enabled us to get a much clearer picture of health education in Australia as a whole.

always know what is going on in the non-government or voluntary sector but where, quite often, solid work or interesting experiments are undertaken. Finally, the subjectivity of the person who filled in the questionnaire cannot be ignored; the gap between intent and practice may not always have been explicit.

10. Second, while Commonwealth countries share a common link, they are a disparate and varied group. They range from among the world's richest and most industrialised to the poorest and least developed. Twelve of the countries have populations of less than one-quarter of a million. The patterns of disease differ enormously between the rich and poor, the developed and less developed, and therefore health education addresses different problems at the end of the continuum. Increasingly there are countries in the middle, however, that share some of the problems of both ends of the spectrum. Although the linking language is English, it is not necessarily so for the majority of people in all countries, and of course the cultural diversity between (and sometimes within) countries is enormous.

11. While these factors affect the analysis of the questionnaire, we should not be defeated by them. The cultural and historical heritage of the Commonwealth is a useful common denominator, and allows us to make generalisations that will be valid as policy guidelines. The opportunities for regional co-operation and exchange of ideas are great.

12. After this brief introduction we go on to consider how the concept of community health education evolved, in order to understand what it means. We then analyse what the countries of the Commonwealth themselves say about community health education activities, priorities and plans, and their use of mass media. Next we look at case studies of three countries each of which has focus on community health education in a different way. Several innovatory programmes, both inside and outside the Commonwealth, are then described, in the hope that these will be a stimulus to other countries. We go on to explore the issues pertaining to the use of the media in community health education, and the finally draw conclusions from the mass of information that has gone before. The last section of the report contains a selected bibliography of over thirty annotations and some useful addresses, which it is hoped will be a resource and a small reciprocation to all those health educators who took part in this study.