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By

Miss. R. K. Manelkar

M. A., M.I.P.H.A., M.R.S.H. (London)
Ex-Lecturer in Health Education & Family Planning, Post Partum Programme General Hospital, Sangli & T. N. Medical College, Bombay.

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Miss Florence Nightingale

PIONEER OF MODERN NURSING

Born on:- 12th May 1820. Died on:- 13th August 1910

CHAPTER - I

HEALTH EDUCATION

In the modern era of health system health education has become the most important tool in community health. Health education plays a very important role in delivering health services so much so that every aspect of community health is health education and every health worker is a health educator. Health education is concerned with promoting health as well as reducing behaviour induced disease. Thus health education attempts to bring about changes in health behaviour of every individual and to maintain good health. Therefore, educating people to change their behaviour in order to prevent disease and to maintain health is probably the primary health care worker's most important type of activity.

Meaning & Objectives of Health Education

It is difficult to explain the correct meaning of health education, as different people have different views and opinions. To some, it means changing the behaviour of an individual or of people in health aspects while to others it simply imparts the knowledge on diseases and how to prevent them, still others feel that indulging in propaganda or publicising activities of the health departments is health education. According to WHO Committee "Health is the state of complete physical, mental and social well-being", therefore, it is essential to educate the people by imparting knowledge about health. The definition adopted by the National Conference on Preventive and Social Medicine in U.S.A. in 1977 states that "Health education is a process that informs, motivates and helps people to adopt and maintain healthy practices and lifestyles, advocates environmental changes as needed to facilitate this goal and conducts professional training and research to the same end." Yet another definition is

"health education as a state of health consciousness in a person, a family or in society which expresses itself in accepted norms for health behaviour for the environment."

After going through these definitions it is clear that the objective of health education is to bring changes in the behaviour of people and remove those unwanted behaviours, which are responsible for causing or spreading the disease. There are three main objectives of health education viz. (1) Informing people (2) Motivating people (3) Guiding them into action.

(1) Informing People:-

For ages, people have been engulfed in ignorance about how the illness or disease occurs. They have always accepted it as punishment from almighty for bad deeds or some evil eyes. But with advancement in medical sciences, all these notions have been proved useless. Unless people are given information regarding causes of disease or illness, there won't be changes in human behavior Exposure to knowledge about health will remove the ignorance, prejudice and misconceptions, that people may have about health. Health Education would provide them with information on health and causes of disease, making people aware of health needs and responsibilities on the part of people. In this way health education provides information to people.

(b) Motivating people:-

This is more important as merely imparting information on health is not enough. People must be motivated to change their habits and ways of living. This is a difficult task, one time information is not enough. Motivating an individual or the whole population means changing their attitudes. Attitude changing is not so easy, as every individual has a concrete attitude towards everything, which has been formed through one's socialization period, by influence of peer groups or opinion leaders. Therefore, by using proper channels, education must provide information, which would influence habits, attitudes, and knowledge relating to the individual's family and community. In short, health education should be like cafeteria service leaving the choice of decision making about health matters (i.e., what kind of health practices to be adopted when and how) to the individual himself.

(c) Guiding into action:-

Our people are tradition and culture oriented while our governments have implemented infrastructures of health services to fight the National Health Problems such as Leprosy, Tuberculosis, Blindness Malaria, Mother child health, Population Control and new problems on AIDS. People need to be encouraged to use these health services which are available to them. However, the health services

are not utilized by our people as it should be. Theoretically, health education forms an essential part of the modern health system. Structurally, however, it has occupied an isolated position at the lowest rung of the status of hierarchy in the health bureaucracy. The health administrators are now recognizing the important role of health education which would act as cement in making the health infrastructure a strong one. Many governments have recognized the importance of health education, which would not only improve the state of health of the people but also their standard of living and economical status. Therefore the need for upgrading and reorienting its role in health system has been perceived due to the following reasons:

(1) The important nature of the health education system;

(2) The decision to provide basic health for All by 2000 AD;

(3) The curative orientation of the Medical Personnel, which has reduced the effectiveness of the health care system;

(4) As an essential prerequisite for community participation.

Principles of Health Education:-

Health education acts as a link between Medical subjects on the one hand and behavioural sciences such as sociology, social psychology and social Anthropology on the other hand. Therefore, it is the art and science of medicine. From social psychology it takes the learning process, while from social Anthropology, it takes the traditional and cultural aspects of a given population, from sociology it takes the interaction between traditional and modern behaviour of a given population. Health education involves teaching, learning, inculcation of habits concerned with the objectives of healthful living. To the health education, the community is a classroom where he could utilize all his experiences, knowledge and efforts to bring about the desired changes. Health Education is based on the following principles derived from medical sciences, and behavioural sciences.

(1) Known to Unknown:-

In health education activities we start from known to unknown i.e., from what they know and proceed towards what they do not know. For example, importance of breast feeding. The knowledge that people have about breast feeding is that it is natural and traditional but they do not know the other advantages likes its easy transportation, sterile germ-free and naturally heated upto body temperature availability. They are also unaware that it develops immunity against diseases for the baby and results in natural contraception etc. This, if explained in proper way, will bring new, enlarged understanding and knowledge. However, it is difficult to

expect immediate results. It is a long process, full of obstacles and resistance, still it is adventurous and rewarding, if done with devotion.

(2) Comprehension:-

In health education, it is necessary to know the type and kind of community, their educational level, their economical status and type of occupational, their culture, religion, caste, habits and general behaviour. All this information about the community gives the health educator the clues for communication. He can either use their own language and interpret his ideas to suit their standard of living, thinking and behaving. This will make it easy for those people to understand him. Communication plays an important role in health education.

(3) Reinforcement or Persuasive Communication:-

In order to bring about the desired change one time contact is not enough, one has to build up a rapport by visiting or contacting again and again. There should be repetition at intervals. This assists in comprehension and understanding. An election campaign can give the classic example of reinforcement.

(4) Motivation:-

Or desire is of two types, (1) Primary: It includes hunger, sex, thirst sleep, survival etc., (2) Secondary: It includes motives or desires which are created by outside forces or incentives. The need for love, praise, rivalry, recognition, rewards or punishment is felt by everyone. Motivation plays an important role in health education. Without motivation it is difficult to change the attitude of a person, in a desired way. Ideas have to be used to change the attitude of people. This can be done directly or indirectly. For example, if the individual is educated or with modern outlook well informed and social (extrovert), it is easy to change his attitudes, on the other hand, if he is introvert ethnocentric with values attached to his own culture and community, it is difficult to change him. Instead the opinion leader's help has to be sought for changing his attitude.

(5) Public Relation:-

This plays a major role in the performance of the health educator because service with smile, kind advice and guidance is all that matters to win the confidence of the person who could be a V.I.P., a target for changing the behaviour. The health educator must be kind, co-operative and ready to help. He must be like one of the community, a real friend in need.

(6) Learning by doing:-

A Chinese proverb says "If I hear, I forget it; If I see, I remember it; but If I do, I know it." Therefore, health education should be

transmitted in such a way that until and unless people do not put it into practice, the education should continue. The fruits of efforts put in by health educator do not become visible in a short period, but in the long run their effectiveness can be evaluated.

(7) Participation:-

It is the key word. It is based on active role, and is better than passive learning. Counselling, group discussions, workshops, seminars and symposia are all a part of active learning.

(8) Participants:-

The people or community to be educated should be categorized according to age, sex and education. It becomes easy to pass on the information by using simple language and health education machineries. The younger the group, the easier it is to tackle the problems. The health education on personnal hygiene should be ideally started from primary classes. It is easier to change the attitudes at a young age i.e., during socialization period when values and norms are easily accepted as a way of life than at later age when the values of community have been rigidly imbibed in the minds.

Health Education and Public Health:-

In modern political system, health education and public health go hand in hand. In order to make the health programmes acceptable, it is necessary to change the attitudes of the population. Therefore, health education becomes a useful tool in the practice of public health. There are three well known approaches to public health; they are (1) Regulatory Approach (2) Service Approach (3) Educational Approach.

(1) Regulatory Approach:-

It is also known as legal approach by means of enforcement or laws approved by the governments to protect the health of people e.g., laws concerning adulteration of food. Act to protect people during epidemical disease is practiced during outbreaks of epidemical diseases. This approach requires not only large machinery equipped with manpower, but should be really put into practice. If it remains only on paper, then it is of no use.

(2) Service Approach:-

Or the administrative approach it has been a failure in India, as it has not been used effectively nor has it been accepted by the people. It is used mostly in community development programmes such as providing latrines free of cost, borewells etc.

(3) Educational Approach:-

It has been most useful, effective and major mode of achieving the desired change in the behaviour of people. Though it is a slow

process yet it is a very effective and lasting method. It can be divided into (1) Individual and family level (2) group level (3) mass level. The education approach can be utilized depending on the circumstances and problems. The health problems like individual counselling or family counselling or group discussion on subjects like nutrition, immunization, contraception etc., can be tackled.

Utility of Health Education:-

Health Education covers a wide field as it is concerned with Community Health. It is widely used in outpatient, indoor patient or in the field; wherever the health service goes health education also goes hand in hand. At one stage, when public health was practiced by the general practitioner, the doctor not only became the family doctor in dispatching health service but also gave health education and counselling whenever his patient had any other problems. But with the changing view of modern practitioners as a curative agent, the role of health education has been underutilized. Therefore, the need for health education has come to stay in modern health service staffing pattern. However, it can be practiced at all levels to make it more effective and fruitful. It can be utilized in different fields as follows:-

(1) Human Biology:-

It is studied right from the school level. If along with physiology and anatomy, hygiene is also taught effectively, the values attached to the health can be modified right from socialization period. The children can be taught about personal care such as bathing, cleaning their body, hair care, dental care, need for exercise, fresh air, rest and sleep. The effect of alcohol, smoking and drugs can also be explained in early stages of life.

(2) Nutrition:-

The education in the area of nutrition is to educate people to make use of available food resources to provide the knowledge of food value and its usefulness in repairing the wear and tear of the body, and for the growth of the body. People should be explained that how good nutrition can prevent diseases and build immunity against infection etc., as most of the diseases are caused by malnutrition which is the major problem in developing countries. The Eight WHO expert committee on Nutrition recommended the education on nutrition to fight malnutrition. It also includes teaching about storing and preserving of food.

(3) Hygiene:-

It has two aspects (1) Personal (2) Environmental. The Personal Hygiene should start from a very young age. Personal Hygiene explains the cleanliness of body such as care of feet, hands, nails,

hair, teeth, bathing, clothing, spitting and coughing. Personal hygiene plays a major role in bringing about behaviour changes. Health Education at school level will be more effective in doing this. Again, Environmental Hygiene covers two aspects of health education (1) domestic (2) community level. Hygiene at domestic level includes fresh air, light, ventilation, doors, flooring, kitchen place, bathroom, lavatories, road and gutters; maintaining gardens for fresh air and playground for children, recreational centres for old, aged etc., providing a good sanitary system and keeping it free from pollution. Environmental Hygiene is regarded as a major task by WHO Experts, to keep away the disease and pollution at the global level.

(4) Family Welfare Programme:-

This is an important area in India for (1) controlling population growth (2) maintaining the health of mother and children. More stress is laid on this aspect as government health service in this area has been a failure. Therefore, the services have been modified to make it more aeffective. Under Mother-child-health it includes immunization, tost-natal care and family planning services.

(5) Prevention of Accidents:-

Accidents are a regular feature of modern hectic life. Accidents in homes, accidents on roads, accidents at work are common problems, both in rural and urban areas. At home, preventive steps can be taken at the kitchen level against spreading fire and causing burns, suffocation due to smoke, care should be taken that children do not put their heads in plastic bags, inflammable things should not be kept near the fire place, injuries may result due to fall from high level, drug, or medicines having been kept in the wrong place or without labels and thus administered by mistake. Educating the people about these minor mistakes can prevent major accidents. Safety at work, factories, railways, mines and machinery works will be another preventive measure. This, together with precautionary education will help to minimise or control the accidents. The road safety is controlled by Police Department and Public Works Department. Health Education on road safety is also taught at school level through National Cadet Corps. However the main cause for accidents is carelessness.

(6) Control of Communicable & Non-Communicable disease:

Communicable and non-communicable diseases such as Malaria, STD, AIDS, trachoma, leprosy, tuberculosis, dental disease, drug-addiction, alcoholism, blood-pressure, diabetes, cardio-vascular diseases etc. require health education either to control the spread of diseases or to eradicate them.

(7) Mentel Health:

The emphasis on the study of mental health is the outcome of modern life. An increase in mental problems is noticed when an agrarian society changes into an industrial or urban one. This brings about changes in behaviour and affects the mental health. The trauma, a shock, or isolation or a particular incident could affect the mental state. Here the patient needs sympathetic care and rehabilitation for which education of relatives will be useful for the health educator.

(8) Acceptance of Health Services:-

A person working in Government health agency has to see that the health services rendered by the government reach the target population and in turn accepted by them. Therefore, he has to provide health education and make propaganda of it. For example, National Health programmes etc.,

Methods of Health Education:-

Health Education is carried on at three different levels - individual, group and general public, by using mass media of communication.

1. Individual & Family Health Education:-

This is also known as counselling. This is done in privacy. When an individual is reluctant to accept the health services, he along with his relatives and opinion leaders are called and given the health talks and explanation by using models, audio-visual aids, leaflets, pamphlets to read, according to the prevailing requirements. Topics for health education can be selected according to the situation. The counselling is done in the hospital by doctors, nurses, health educators, extension educators or co-ordinators. But in case the patient or individual is reluctant to see the doctor concerned, the public health nurse and field working staff have to make a home visit and give the health education. In this method, the health educator has to create a friendly atmosphere before coming to the subject. He has to create confidence in the client. The advantage of individual discussion is that we can argue, persuade and change his attitude. Still it has its limitations, it is time consuming, hence it is difficult to cover the whole given population in short a time.

2. Group Health Education:-

Every society is made up of a number of groups. A group is a collection of people with a common goal such as a class, a family, mothers' group, teachers, group, patients, industrial or factory workers. Group teaching is an effective way of educating the community. The health topic will depend upon on the type of group. For example,at anti-natal clinic health talks on nutrition; follow-up

schedule health check-up, preparation for labour,contraceptive methods etc., can be selected for group teaching. This, together with audio-visual methods such as leaflets, booklets, models, exhibiting charts or posters on walls, should be utilized for further effect.

(3) Group Discussion:-

It can be a small or big group. The smaller the group, the easier it is to manage. There is "two way communication". In this method one gives the information and tries remove the doubts of the people by discussing their problems. Views and experiences are also exchanged. In this group the members should be extrovert, then only discussion will be made more interesting. The members should know each other, so that a feeling of awkwardness will not be felt. Every point must be recorded. The group discussion is always effective. In turn the members of one group can educate others acting as opinion leaders to lay people..

(4) Panel Discussion:-

In this method there are 4 to 8 members on a panel. Among them one person acts as moderator or chairperson. They are qualified persons to talk on a given topic and discuss a given problem before the audience. The chairperson opens the speech and introduces members. He introduces the topic and invites the panel members to give their opinions and discuss the topic. It is the chairperson who carries on the discussion smoothly effectively and for sufficient time. After the panel members have presented their views, people from the audience are invited to give their opinion. If the members of the audience are not prepared, they are given time and discussion is then carried on. This system is very effective if planned well.

(5) Symposium:-

Symposium is a series of speeches on a given subject. There is no discussion among the members. The chairperson makes a brief summary at the end. The members from the audience may ask questions about their problems.

(6) Lectures:-

Are given to a large audience, as in the college or before a large audience, who have gathered for hearing the newer knowledge. This is a one way communication, hence it is not so effective. The lecturer must have high a pitched voice and be a talented orator.

(7) Demonstrations:-

This is useful in nutrition education. The demonstrator has to show how a tasty, cheap nutritious dish is made; a nurse can show a mother how to bathe the baby. A demonstration leaves a visual image on the minds of people and is effective among illiterate people.

(8) Role Playing:-

Role playing or social drama is played by a group assigned with roles to represent the story based on some health problems. The audience listens, watches and digests the message through the drama played. Sometimes puppets are also used to enact a story. For this stories from local incidences are selected; folkstories, folkways, folkdances are also adopted to make it more appealing to the audience, because people always prefer their own tradition and culture. Role playing is a useful technique to use in providing discussion of problems of human relationships. Role playing followed by a discussion of the problem is an effective method of teaching. It is better suited for young school children and village folk; as they can grasp the subject through it rather than through talks, which they find boring.

(9) Institutes:-

The institutional ways of imparting health education has its origin in the U.S.A. It has become popular in big cities in our country under the popular names of "Forum of so—and—so." They hold various panel discussion, seminars, symposia etc. The main objectives of such institutes is to provide information and knowledge about a prevailing topic of interest to the population.

(10) Programmed Instruction:-

It consists of a schedule for of testing one's knowledge on a subject. It consists of sets which are used one at a time for testing. It consists of questions like filling up blanks, or pairing the phrases as well as solving problems, answering questions or any other instructions. This is useful in collection of data for finding out the knowledge and attitude of given population.

Educating the General Public:-

This is done on a large scale. It is the most difficult task. There is only one way communication and the effect is measured on a statistical scale. This is done by using mass media of communication. The traditional mass medium in rural places was that by beating the drum in public places, the informer would gather the public and give the message. Sometimes they propagated the message by the bullock cart using a huge megaphone so that the informer's voice could be magnified to reach the public. With advances made in the scientific field new media have been put to use. They are. **(1) News Papers:-** These contain information from Government, private and social fields, economical market, public entertainment programme and forum of free enterprises where public opinions are printed. There is a separate column for editorial views, sports, games, advertisements on various topics like birth, death, marriage, engagement, matrimonial, job vacancy and so on. The news papers also issue special supplements on weekends and on special occasions. In

Western developed countries the press is free to publish its opinion, while in India it is controlled by the government. The news paper is the most widely used communication system among the educated lot. (2) **Magazines:-** There are various magazines available on different subjects meant for youngsters, teenagers, women and men. They provide us with information on different topics from health to wealth. The health magazines are also published in many Indian languages. (3) **Posters or wall papers:-** These are yet another medium, through which the messages can reach millions. People curiously watch the posters and would like to get information. It should be presented attractively with a catchy slogan. Social psychologists can develop the best of communication system. Posters have a short life, because, as they get old, people lose interest. Posters are useful for industrial products or fashionable clothing etc. In health education it can be used only during any epidemic or campaign. (4) **Health Exhibitions:-**Consists of set a of charts telling a story or stages of diseases, prevention, care, curative methods, etc. If properly organized by pre-planning and pre-propaganda, it can attract a large number of people. Small mobile exhibitions are useful at fairs, and festivals. (5) **Health Museums:-** are better than the health exhibitions. They are permanent ones. A good exhibition can be very effective. It can be put in the garden place as in Baroda and Hyderabad. (6) **Flow charts, flipcharts flannel graphs, flash cards:-** are handy a set of aids which can be used in small group talks. They are more effective than only talks, as they help to attract and make the people, who are participating in talks concentrate on the topic. (7) **Radio, Television and Cinema:-** are a good medium for spreading any message. They are useful for illiterate people. However, our people are more interested in seeing entertainment programmes like film, drama, music than the ones which give them useful information and knowledge. Radio has an advantage over television and cinema, because while listening to the radio one, can do some other work, but in case of television or film show, one has to concentrate on the screen.

India is dominated by a traditional society. The health education has adopted the media to suit the culture and tradition of Indian Society. Therefore, The Traditional Folk media channels include a) Drama b) Kathputhli or Puppet show c) Kirtan Bhajan (Hinduism)/ Qawali (Islam) d) Yatra or Mela e) Nautanki f) Tamasha. This medium in the Indian context, enjoys some unique features and advantages over other media, these are:-

(1) The medium has a historical continuity in the cultural development of the country.

(2) In our culture the spoken word is considered sacred.

(3) It is fully integrated with the values and philosophy of life of our people.

(4) The performers are part of the audience from which they are locally drawn. Thus there is a common sharing of the symbols, words and actions of the communicators and their audience.

(5) The understandability and credibility of the medium is very high as it embodies the value system of the people, their attitudes beliefs, customs, philosophy of life, behaviour patterns and thought processes.

(6) The presence of folk media even in remote areas of the country, can serve the need and fill the modern media gap in the non-urban centres. As they are very often locally improvised, their cost is much less compared to other modern media.

(7) According to communication experts, the more precarious the people's economic living conditions are, the larger is the role which folk media occupy in their lives. In this sense, these are the poor people's chief communication channels and it is this poor group which has remained outside the reach of modern media in our country.

Planning & Evaluation:-

A health education programme requires three kinds of careful planning:- (1) Diagnosis or assessing the health needs, problems, attitudes and behaviour of individuals, families and communities. their risk of illness and then deciding which of their ways of behaving can be changed by education, and how they can be changed. (2) Designing and testing a health education programme with the participation and support of the people who will be involved in it. (3) Co-ordinating the programme with other development workers and organizations that can assist in development and education. When a thorough diagnosis of a community is completed and has taken into consideration all the issues, successful implementation of a health education programme will be more acceptable to the participating or target group, and more likely to lead to internal motivation that will change behaviour.

Before designing and implementing a health education programme the health educator must understand as much as possible about the general socioeconomic situation and related epidemiological patterns of illness in families and communities. To promote an effective health education programme the health care workers must look beyond the known illness patterns to the personal attitudes, behaviour and community activities which cause or encourage the spread of those diseases. The health care worker must determine also which of the health-related attitudes and behaviours contributing to the spread of illness can be changed by health education. Then the health worker is ready to work with community representatives in designing an appropriate educational programme.

(1) Assess Community health Problems:-

Using information available from health officials or other sources, the health worker analyses carefully the health problems of the community. Illness can be prevented if people know what the most important diseases are, how they spread, how they are affected by people's behaviour, and how they can change that behaviour.

(2) Determine health behaviour:-

It is important to find out why the risk-groups are vulnerable to health problems and which kinds of personal behaviour e.g. hygiene, nutrition, fertility, sanitation, are likely to promote or increase the chances of health problems. Individual and group attitudes feelings, ideas, beliefs, and customs lead to such behaviour and all aspects of those health-related attitudes and behaviour should be made investigated, in order to determine which attitudes can be changed by education.

Because of the limited availability of health workers and other educational resources health care workers must decide which groups and individuals are:- 1) Most in need of education because of critical health risk. 2) Most likely to be receptive to the introduction of ideas affecting health behaviour. 3) Most likely to be able to change their behaviour once they have accepted new ideas. These characteristics will help to indicate, which groups should be the primary target group of the education programme. Initial educational 'success' with a more receptive group early in the educational programme will increase the chance of success with a more difficult group at a later time.

Opinion leaders and Communicators:-

The health worker also should look at the channels of communication within 'at-risk' groups in order to determine which members of the family and community would be most effective in educating others. The health worker should find answers to the following questions: What is the role of father or mother in making decisions for the family about size, diet, sanitation practices expenditure etc.? Which political, religions, tribal or other community leaders influence decisions affecting health, nutrition or fertility? Which health-related subjects should be communicated by whom?

Those who may be important in a health education programme are traditional healers, midwives, tribal chiefs, religious teachers, school teachers, administrators, political leaders, trade union leaders, and leaders of voluntary organizations. The involvement of key community individuals and groups in developing the educational programme is essential if it is to be accepted and effective.

The messages of the health education programme must be understandable, acceptable and possible for the people to act on. For example, mothers can be taught to take simple important steps to keep their children healthy. They should -

- Bring children for immunization.
- Breast feed for about two years.
- Recognize danger signals for diarrhoea and coughing.
- Give child salt and sugar water when he has diarrhoea.
- Wash and keep child clean to prevent any infection.

Plan for appropriate time & place:-

The educational programme should be held at a time and place most accessible and comfortable for the participating community. This may include:

1. Community meeting places or centres.
2. Home visits or small discussions.
3. Clinics or health centres.
4. Schools, Clubs, folk-singing gathering, Mahila-Mandals, temples etc.,

Group meetings should be carefully planned by (1) Meeting in a known traditional place. (2) Adequate publicity well in advance of the occasion. (3) Comfortable place, size, temperature, quiet place, etc.

Use Appropriate teaching Aids/Methods:-

The health care workers should learn to develop and use educational methods when available and to develop visual aids such as posters, blackboards, flipcharts, etc.

Opportunities for Health Education in Hospital and Community:-

There are ample number of opportunities for giving health education in the hospital at the individual and group level both in outdoor patients' departments as well as indoors in the wards too. Every O.P.D., should be equipped with flow charts, wall charts, leaflets, booklets and flip charts as per the subject that the O.P.D is dealing with. These activities can be carried out with assistance from student nurses. While the patients are waiting to be examined the health talk with the help of flip charts can be carried out. If the patients are educated, then leaflets and booklets can be provided for reading and they can be even told about the wall charts too. For example in Anti-Natal Care O.P.D., the Public Health Nurse or Staff can select the topic on nutrition and personal care, hygiene and exercises of the patient. The follow-up schedule, its importance,

preparation for delivery, contraception etc., can also be included in the health talks. In medicine O.P.D., topics such as care of the body hygiene, diet, exercises, rest, etc., should be included. In the centre open space, if there is any, a film show or health exhibition can be organized. Service with a smile, a pleasant smile with 'how do you do' is all that will win the patient's confidence and then one can slowly tackle the health information. Posters on walls should be kept changing as per availability and supply from the hospital store. The same charts or posters will make the walls dull and uninteresting. People always look for new things.

In the wards or indoors, posters should be put on walls to attract the lying in patients as well as visitors. In the afternoon or when the doctors' rounds are over, the health exhibition activities can be started. One day health talk can be given, either by using microphones or tape recorder. Some other day flipcharts can be used or anatomical parts can be explained with the help of models. In this way the patients can understand where the conceived baby remains in the uterus and where tubectomy is done. Sometimes film shows can be organized both for patients, relatives and visitors. While administering medicine or taking temperature, try to share patients doubts and fears about the disease and its treatment, give confidence and explain the facts.

Those health workers who work in the community have more chances of imparting health education than those in hospitals. During survey and home visits the health worker must keep her senses alert. She should be able to see if any member is suffering from illness or is affected with disease. Here she can hold individual and family counseling or group-talks which may be verbal and with flipcharts. Flipcharts are more handy as compared to other aids. If need be she should give assurance and referral note. In the community she should organize group-discussions, meetings, health exhibition and film shows for people and the opinion leaders, gram panchayat staff and very prominent members of the community. By using these VIPs of the community, one can change the attitude of the target people and it becomes easy to motivate them. So orientation training should be organised camps for opinion leaders rather than the lay people, who will not respond so easily. As explained earlier the modus operandi of the health education programme, if followed properly, can bear fruit to some extent for health education is not one time effective but it is a long run process which should start from school-age till old-age, to get the desired result.

Role of a Nurse as a Teachers:-

Education in any form is the production of changes in human behaviour changes in what people know, in what they think, in what they can do and in what they actually do. Viewed broadly,

education is the most potent force yet discovered for moulding a free society into the desired form. It is the most basic means available in a society for promoting things 'good' or things 'bad'. Guiding it properly and making it effective, therefore, is a high-level responsibility and a vastly complex undertaking. All modern societies place education at the top in their value system as a means of promoting progress by the people. The person who imparts the education is the teacher. The nurse, while giving health education to her patient, is playing the role of a teacher. Therefore, as a teacher, which is a noble occupation, she should perform the role perfectly. Just as the school teacher while imparting the education to his pupils, sees that it is given without expecting a reward or immediate result, in the same the way, nurse as a health teacher to the patient should impart the health education without expectation of reward or immediate result. Education is a continuous process, it should be carried on effectively and perceiving communication, then only the effort will bear fruit in the long run.

Health Education in India:-

In India, the importance of health education was recognised long run before independence. In fact, social reformers and like minded rulers had built a permanent health museum, as the one at Baroda and the other at Hyderabad. The following events will explain the changes taken place for upgrading health education activities:-

1929 - Recognizing the importance of health education the Directorate of Health Services of the then State of Mysore established the publicity unit.

1940 - By now most princely states had established the publicity unit.

1946 - Bhore committee had recommended the health education bureau at central and state level. The integration of health education in preventive and curative health pin-pointing al sections of population including school children as target for health education.

1954 - Central council of health recommended the establishment of state health education bureau (SHEB).

1956 - Central Health education bureau was established (CHEB) at New Delhi.

1957 - Ministry of Education set up the health education, nutrition education committees to prepare syllabi on health education for school and training courses.

1963 - Extension Education, Mass education and publicity was included in Family Welfare programme.

1964 - State Family Welfare Bureau included the post of Mass Media Officer and specialist in Health Education Officer.

1969 - Lecturer in Health Education and Family Planning in type A Post Partium programme was created in teaching hospitals functioning through the Department of Preventive and Social Medicine.

1979-80 -Extension Education Work to boost up Family Welfare work.

1984-85 -During this period 50,000 orientation training camps were held in villages and urban slums.

1989-90 -World Health Organisation observed "Let's Talk Health", which gave the priority to Health Education Activities.

CHAPTER - II

COMMUNICATION SKILLS

The world has never seen a time when the role of the communication has been as important as it is today. This is so because the world has never seen a time when there was so much to know, so much that people need to know, and so many who want to know so much, and so quickly. Certainly, while working among slums or in a rural development project, nothing is more important than the transfer of useful ideas from one person to another. In this process of communication lies the potential for millions of village people to overcome ignorance, poverty, and disease, and to attain a status of economic and social well-being.

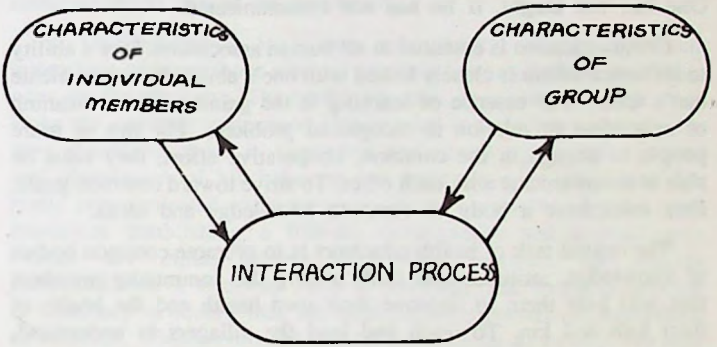
Interaction & Communication

Human interaction is based on communication. The behavior of one person, the messages that he sends by speaking are received by an other person and he responds to that message by another message which the first person receives and so on. The simplest everyday instance of such communication and interaction is the way in which two illiterate rustic persons interact with one another when they are angry. Yet another illustration of such interaction is the mother-child behaviour. The child, who is ten to twelve months old, will get stimulated and will stimulate the mother in innumerable ways. We not only communicate our emotions to the other person, but we also communicate information that is most vital for the survival and promotion of culture. Sharing of information will make that information the common property of the whole group, and thus enchance the cultural life of the group It increases the store of information in each member of the group. Since one's attitude towards anything depends on one's store of information about it,

sharing of information also enables the sharing of attitudes, though, of course, this is not always inevitable.

Fig. 1 Interaction Situation

(From New Comb T. M. "Social Psychology".)



In the above figure 1 the process of interaction is explained. The individual at A has his own motives and attitudes when he enters into the interaction process as in arrow 1. Each group has its own shared rules or norms which affect the interaction process as in arrow 3. As a result of the interaction the motives and attitudes of the individual may be affected and some change may be brought about as in arrow 2. The changes in the individuals who are interacting may bring about changes in the characteristics of the group as in arrow 4. This is a simple way of depicting the complicated social situation where the group influences its members through interaction and how these individuals can influence the group characteristics.

Nature of Communication

Communication is the process by which two or more people exchange ideas, facts, feelings or impressions in ways that each gains a common understanding of the meaning intent and use of messages. The term communication stems from the latin word communis-meaning common. Communication, then is a conscious attempt to share information, ideas, attitudes, and the like with others. In essence it is the act of getting a sender and a receive tuned together for a particuler message, or a series of messages. Communication means the movement of knowledge to people in such a way that they act on that knowledge to achieve some useful result. This result may

range all the way from a small improvement in doing some productive task, to the generation of a sense of national unity and strength in the country. Communication in this sense includes the entire learning process. It encompasses the teacher; the message or material to be taught-the means or media used to carry the message; the treatment given by those media-the learning achieved by the audience or student and the actions by which the learning is put into practice. Good communication, therefore is the essence of good extension teaching. One has not taught, if he has not communicated.

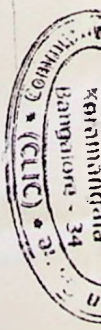
Communication is essential to all human association. One's ability to influence others is closely linked with one's ability to communicate one's ideas. The essence of learning is the gaining of the meaning of new ideas in relation to recognised problems. For two or more people to engage in the common, cooperative effort, they must be able to communicate with each other. To strive toward common goals, they must have a body of common knowledge and ideas.

The central task of health educators is to promote common bodies of knowledge, attitudes and skills among the community members that will help them to improve their own health and the health of their kith and kin. To teach and lead the villagers to understand, accept and put new knowledge to work for them is a gigantic task and one that requires great communicative ability. Diffusing knowledge is a relatively easy task. Getting people to understand, accept and apply it is the difficult one. It is a challenge to the health education worker. Good communication does not consist merely of giving, orders, but of creating understanding. It does not consist merely of imparting knowledge, but of helping people gain a clear view of the meaning of knowledge. Most of the progress in the future will stem from better technology and greater skill in communicating to others.

Much misunderstanding results from faulty communication. Too many people saying the wrong things at the wrong time, in the wrong way, to the wrong people, slows down progress. What is needed is more people saying the right thing at right time, in the right way, to the right people. This is the formula for good communication.

Critical Factors in Communication:

Communication is a process. Process is an act of proceeding a series of actions definitely conducive to a desired end. There are three phases of communication (1) Expression (2) Interpretation and (3) Response. If the expression is not clear, the interpretation is not accurate and the response is not proper, one's effort to communicate will not succeed. Following are the key facts for better communication.



1. Communication is limited by one's concept of the communication process. There are many different concepts communication. a. The linguists—about vocabulary, grammar and writing. b. The reading experts as well listening experts. c. The rhetorians. d. the journalists. e. The visual experts-about photography, colours, symbols etc., f. The broadcasters on the air or on television. g. public relations and advertising experts. h. Behavioral scientists. Each unit has its own values. By combining these values the communication has to be developed.

2. Communication is a two way process always involving interaction between those who are aspiring to communicate and those who are the receivers. The health educator as a communicator must make the audience understand clearly what is to be learned and what they should do about it. Questions and comments by the receiver and observation of his behavior are good ways to tell if one has really communicated one's message. Direct questioning by the communicator establishing a friendly environment and a permissive climate are others among the many methods for making communication a two-way road to learning. The two-way process is necessary to assure that the information presented is interpreted as intended. Without this the response cannot be as desired, because the respondent cannot know exactly the kind of action that is expected of him.

3. One must have correct ideas before one can communicate with others. One must communicate about things that exist, that are real, and as the audience sees them. Implied here is the fact that people must be willing to listen, negotiate, arbitrate and discuss, so that communication takes place. In considering ideas to communicate, one should not cling always to what one knows is so, but must also pay some attention to what the audience thinks is so.

4. The system of symbols used to represent ideas, objects or concepts must be accurate and used skillfully. Practically all communications are done by the use of symbols. A symbol is a substitute for a real object.

It is the abstraction of an idea. It is the symbol which when understood conveys meaning by reason of relationship, association or conventional use. The use of symbols is necessary because of two primary reasons: (a) the inconvenience, impracticability or impossibility of having objects always available when one wishes to convey ideas and (b) many abstract ideas can hardly be made clear except by the use of symbols. For these reasons, early man invented language as e means, vocal or other, of expressing or communicating his feelings or thoughts. More recently, people concerned with communication have created a wide range of devices referred to as

visual and audio-visual aids. All of these are symbols in one form or other and are employed to express ideas or feelings through sound, shape, colour or motion. Symbols are useful for a person only when he understands what they stand for. For example, the symbols used in statistics or other forms of mathematics mean nothing to him until he understands the object, concept or action they represent. Likewise, word symbols to which an audience is unable to attach meaning do not communicate. Visual aids, either in the form of words, colours, shapes or motions, must be chosen so as to (1) represent the ideas they are expected to convey and (2) be readily understood by the audience. The basic means of communication is words. Words are more effective when supported by other forms of symbols that also communicate, such as the many forms of visual aids. Words link together all human association, and form connecting links in every human relation. How many words are there. The number of course, differs according to the language understood. Word symbols have no meaning to a listener unless he perceives in his experience the object or idea the word symbolises. Not only must such symbols, be selected and used that convey meanings to a learner, but it can also be expected that the symbols used may convey different meanings to different persons. Not only complex words, but even common ones thought to have only one meaning are often misleading. For example the word "run" has more than 800 meanings and the word "table" has more than 14 meanings when used as a noun. Hence, all symbols used to communicate ideas must be so chosen and used so as to convey mental images to which the audience can attach realistic meaning in terms of useful behavioral change Symbols are known as non-verbal method of communication while words are known as verbal method of communication. Effective communication in health education is assumed to be a matter of promoting learning. This being accepted, it must be further assumed that communication offers something useful to be learned. Learning cannot go on in a vaccum. It requires content or subject-matter. Something must be learned when learning takes place. Communication must have a message to be conveyed to an audience. A message is an information which a communicator wishes his audience to receive, understand, accept and act-upon. This is the mode of changing the attitudes. Changing of attitudes is the most difficult task to be performed by the Health educator. It is the most important factor studied by social psychologists, and behavioral scientists.

According to Allport "an attitude is a mental and neural state of readiness, organized though experience, exerting a directive or dynamic influence upon the individual's response to all objects and situation with which it is related". Our attitudes are derived primarily from social influences. From birth, the human-being is enmeshed in social institutions which constitute his environment in the same sense

as the physical world. The home being the primary social unit, has a great influence on the formation of one's attitudes. This is why later experiences cannot easily alter these attitudes.

How attitudes are formed : Attitudes are formed by the following factors experienced by an individual in his life.

(1) Acquired from family members, relatives and peer groups from births or through socialization.

(2) Personal experiences.

(3) Traumatic experiences.

(4) Cognitive approach which can be positive or negative, (here cognitive approach are those formed during cognitive process by which concepts, interpretations and understanding are achieved.)

There are different theories based on different assumptions for studies in the formation of attitudes. They are (1) Conditioning and Reinforcement theory in which the basic assumption is that attitudes are learnt like other habits since childhood. Just as people acquire informations and facts, they also acquire feelings and values associated with these facts. According to their view the principles and theories derived from studying the learning process can be applied to attitude also. (2) Incentives and Conflicts Theory - According to this theory a person adopts that attitude which maximizes his gains. It views the attitude situation in terms of an approach, avoidance or conflict. (3) Cognitive Consistency Theory—though people differ considerably among themselves, this theory generally assumes that there is a tendency for all the people to seek consistency among their cognitions and that this a major determinant of all attitude formation. According to these theories, whenever there is inconsistency between a particular set of beliefs and values and another set of beliefs and values in an individual he strives to alter them so that they become more consistent with each other.

Factors affecting attitude change:-

When a health educator wants to change the opinion of the people, he has to change the attitude of the people. This can be changed by (1) Through mass media, propoganda. (2) Attitude may change though direct experience. (3) When there is a change in a cognitive component, there could be a change in attitude. (4) Through legislation e.g. removal of untouchability etc.,

Communication Process in attitude change Communication—>

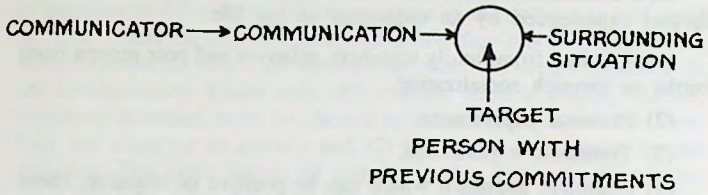


Fig.2

As shown in fig. 2. There must be a "Communicator" who holds a particular opinion on some issue and is trying to convince others to hold the same opinion. In order to do this, he produces a "Communication" designed to persuade people to change their views. This Communication is presented in a given situation. These three things constitute the essential features the source, the communication and the situation and surroundings. But the communication may not reach the target intact. Probably the communication may not reach the target at all because the lines of communication do not exist.

There is considerable evidence with regard to what is now identified as the "two-step flow of information". Most people do not read the newspaper and do not hear the radio. Only a small fraction of society reads newspapers carefully and hears the significant programmes on the radio. These people tend to be the most influential members of their community or group. "They are called the Opinion leaders" because they have a considerable impact on the attitudes of their associates. They pass on the information to their friends. By means of this "two-step flow of communication" some of the pursuasive material does reach the people. Thus one of the critical points in propaganda and attitude change is to reach these opinion leaders.

Public Opinion:

Though the term "Public Opinion" is familiar still it is difficult to define. According to Allport, a social psychologist "The term Public Opinion is given its meaning with reference to a multi-individual situation in which individuals are expressing themselves, as favouring or supporting or else disfavouring some definite conditions, person, proposal of widespread importance in such a proportion of number, intensity and consistency as to give rise to the probability of affecting action, directly or indirectly toward the object concerned." It is clear that public opinion arises with respect

to some issue. It is also clear that there are differences of opinion regarding the issue. If the whole group has one opinion about the problem there is no question of public opinion. Public Opinion implies that there is a difference of opinion about the problem that there is a controversy, some people are holding one view and some others holding another view. It also implies that these two or more groups try to mobilize the whole group or, at any rate, the majority of members of the group, so that some definite action may be taken with respect to the problem.

Formation of Opinion:

An issue begins to take root only when many individuals have the same or similar opinions and when another group has a different opinion. The next step for each group is to increase its own strength, so that it's view can prevail. Each group will write articles in the newspapers, hold public-meetings, enlist signatures and so on so as to convert as large a proportion of the group as possible to its point of view. This is where the groups employ the techniques of propaganda which will be described in another section. The opinion may be a well-informed opinion or it may be an uninformed one.

Propaganda:

Is an act of advocacy. It is a deliberate attempt to use one sided statements to a mass-audience. The aim of propaganda is to convert people to the views of the person who undertakes it. He may use many kinds of symbols, words, gestures, flags, posters etc. He may use various media of communication.

Techniques:

(1) Repetition: An impression becomes more permanent and influential with repetition. People are ready to accept a statement that is commonly asserted by others. eg. repeated advertisement of brand names etc.,

(2) Exaggeration: is another technique used in commercial advertisements and during election campaigns. For example ose of words and phrases like The Best, Unrivaled etc.

(3) Identification: We are easily impressed by a fimiliar person rather than by a stranger. There are several ways of identification, a. familiar expression b. Using familiar environment c. identification of interest of the people and using it as target.

4. Appeal to authority: Identification with a familiar or popular personality by using him as representative etc.,

5. Appeal to discontentment: Comparison with unfamiliar object/ subject.

6. Use of Slogans: or catchy phrases,

Therefore, it is clear that for good results the health education should have persuasive communication. Persuasion is important in the daily life of every human being, because each individual is highly dependent on others for securing the basic needs of life as well as for education enlightenment, entertainment etc., As human interaction increase, the necessity for persuasion also increases. One of the distinguishing features of persuasion is that it always involves communication. At the simplest level a communication situation exists where one person (source) transmits a message that is received by another individual (receiver) and is acted upon by that individual. Thus communication situation is a typical interaction situation.

In order that a communication situation becomes persuasive, it must involve a conscious attempt by one individual to change the behavior of another individual or a group through the transmission of some message. Thus in persuasive communication the main aim of the source is to deliberately produce a message designed to elicit some specific behavior in the receiver, whether it is an individual or a group. Consequently, persuasive communication can be judged in terms of its success or failure in producing the desired behavior in the receiver. The effect of persuasion is indeed difficult to judge.

Haveland and Jains suggests that persuasive effects can be looked upon as bringing about attitude changes which may lead to opinion changes affect changes and perception changes. According to them attitude change is the underlying variable.

There are four basic factors in persuasion, which appear to be central to persuasive communication from the point of the receiver, namely variations in the source, in the message, in the channels used and in the situation itself. As regards the source, the important factors are his creditability, social power, social role, relationship with receiver and various demographic factors such as age, sex, occupation, caste, religion etc. Regarding message, the important factors are not only the organization of the message, but also the appeal used, the language, and the style with respect to the channel (style depends upon whether it is a face-to-face situation or through the newspaper, the films, the radio, the television, or advertisement and several other channel) Finally, there is the problem of the situation, whether the persuasive communication is in the presence or the absence of others, whether it is communicated in familiar or unfamiliar surroundings, whether it is given at a pleasant moment or not etc.,

The term propaganda has a bad reputation. Since it is associated with the deliberate manipulation of public opinion to serve the interests of a small group, it is associated with the use of special techniques to increase the power of a small group over the majority.

The techniques of propaganda may be used for anti-social purposes or to enable the people to know the dangers of the population explosion and change their attitudes in order to learn the techniques to control the birth rate and to accept the small family norm.

Propaganda & Education:

The aim of health education should be to educate the people, so that they are able to discriminate between propaganda used to improve anti-social objectives and that used to improve the conditions of living and to enchance the value of the individual in the society.

The chief aims of education are (a) to give knowledge and information and (b) to enable the individual to be critical in his outlook. On the other hand, the aim of propaganda is to convert people to accept certain propositions and views; in other words, indoctrination. The aim of educative process is to convince while the aim of propaganda is to convert. The teachers will present both aspects; those in favour and those against, and leave it to the individual to make his own choice or remain neutral, but the aim of the propagandist is to present only one aspect of the problem and decry the other aspect, so that the individual will accept the view promoted by him and reject the other viewpoints. The objective of the superior kind of newspapers is to educate public opinion. While in the editorial columns, the editor of the newspaper expresses his own opinions in the other columns he will publish the opinions for and against. This will enable the critical readers to form their own judegments.

Mass-Media

Right through, it has been noticed that the attempts to change attitudes and public opinion and the attempts to deliberately influence the thinking of the people using propaganda techniques are made through the mass-media. We may now consider the problems connected with mass-media.

Mass-Media includes newspapers, cinema, television, radio, advertisements etc.,

Mass communication is the mass production and mass distribution of public messages which can reach people within and outside the country. This is a characteristic feature of the industrial society. There is a mass production of messages for education and for entertainment by special institutions set-up for this purpose by the newspaper companies and news agencies, the cinema, the radio, and the television studios etc., Highly trained specialists work in these institutions to keep a regular flow of messages. Both the mass production and mass distribution of these messages is possible

because of the developments in technology and because of the formation of huge institutions for this purpose and because the modern nations have come into existence.

Mass communication is directed toward a relatively large heterogeneous and anonymous audience. This is why mass media are used by propagandists in order to influence or change public opinion. Mass communication systems are quite powerful since they can reach a large audience in a brief span of time. They can have tremendous impact.

As regards the nature of communication experiences mass communications are public rapid and transient. They are public because they are not directed to any given individual or group. They are rapid because the scene can be witnessed on the television or movie screen as it is happening, the news can be heard on the radio within a few minutes of occurrence of the event and can be read in the newspapers within a few hours. The mass communication messages are transient because they are intended to be consumed immediately. But some of them may be safely deposited for further use in film libraries and radio transcriptions.

Studies have been made to investigate the effect of mass-media on attitude and opinions. Two types of responses have been noted (1) strengthening of attitudes that have been already held by the receiver. (2) Changing the attitude that has been held by the receiver, that is from positive to negative or negative to positive. If the receiver is well informed then the effect will be negative and vice versa. As has been seen already, the agents of the attitude formation are-socialization, peer-groups, new experiences, group morale, ethnocentrism education etc.,

Art of Listening & Observing:

During health education activities it is essential to keep a watch over the audience. (1) Whether each and every individual or member of the audience is listening, watching or paying full attention to the ongoing programme before them. (2) It is a common habit of women to carry their young ones with them, who in turn not only distract the mother, but also other members from concentrating on the health talks or show. Therefore, it is necessary to prevent the child from accompanying the mother. (3) Sometimes people are not interested in attending health education programmes, but attend them for the sake of getting some gift, tea, snacks etc as in case of orientation training camps. In such as case, they do not listen or watch attentively. Therefore, it is necessary to keep watch over the audience to see whether they are listening. One should also observe the expression, and remarks made by the audience. One should also note whether the on going programme is against their cultural values,

ethics, religion etc, et., All these have to be noted down, which helps to prepare the next programme with better effect and result.

Principles of Reporting and Recording:

In order to keep an account of the work done in health education, it is necessary to write down the notes on each programme organized. These should include place of activities, type of people, community, socio-economical data, literacy level, number of male, female, children, day, date, time, total hours, age-group of audience and whether target group is present i. e., eligible couples should be exposed to health talks on family planning methods, mothers groups should be told about immunization. After entering all this information in a diary, make a special note on "listening and observation" whether they had previous knowledge, or were without information, whether they were attentive, cooperative or not.

The year 1989-90 was observed by WHO as "Let's talk health", which gave importance to the health education activities. In order to create the awareness of health, the health education indicators have been formed. Each health centre is given a target on health education activities. Therefore, the reporting is an essential task for which the efficient recording as mentioned earlier is very essential. Recording should be done immediately and perfectly after the performances. When the information is fresh in the mind one can write down information to the pin-points, clues etc, in the registers provided for health education indicators.

CHAPTER - III

AUDIO VISUAL AIDS

Audio Visual Aids are that part of teaching, which imparts knowledge and information to the lay people for changing their attitude from negative to positive or positive to negative, as it holds the audio (hearing) visual (seeing) senses together to give accurate information. The visual aids help to hold the attention of the audience. They make it easier to understand the message being propagated. They are entertaining and stimulating, and most important of all they increase the possibility that the ideas and concepts will be remembered.

But they will not do the justification to the job by themselves. Visuals aids are only helpers. What one has to say and the way it is said is most important. Therefore, it is necessary to prepare the message/talk before hand and carefully. Give it considerable thought. The more imagination and enthusiasm one uses, the more effective one will be. However, one caution is necessary in any and all visual-aids. They are only helpers and what their name implies — just aids. They will assist the user, but the aids cannot do the actual job of communicating. That is upto the educator — and the amount of time one spends in preparing one's potentials.

Values of Visual Aids:

An old Chinese proverb says :If I hear, I forget, If I see, I remember, If I do, I know. This proverb suggests hearing alone is not enough in the learning process. One must see and try it too, along with hearing in order to gain understanding. Telling alone, for example, is usually not enough to promote learning that results in action. Visual and audio-visual aids offer teachers a fast, accurate

and direct approach to understanding on the part of learners. Good visual and audio-visual aids are good communicators. "The best way to a man's heart is through his stomach but the best way to his brain is through his eyes and ears." Some evidences indicate that 85% of what is learned is through the eyes. Therefore, the use of visual aids in teaching cannot be overlooked. It must be pointed out that the contents of the visual-aids must be explained, if they are to be effective. Visual aids are a universal language and over come the following difficulties:-

(1) Overcome language barriers:- Where the learners and teachers do not speak the same language, there are language barriers, which can be overcome by the use of visual-aids.

(2) Reach more people:- Visual aids permit the health educator to bring learning to more people in less time. He can use his knowledge and skill to produce visual aids that may reach thousands of people while he can personally teach only a few.

(3) Make learning faster:- When people understand things, they learn faster and remember longer. Visuals make understanding clear and explain ideas in a universal language.

(4) Make learning real:- Words alone may not convince people. People believe what they see. When visuals are used to show people new practices they are more convinced than when words alone are used.

(5) Reach many people at low cost:- When the cost of visuals is figured on a per-person-reached basis, it is low, as the same visuals can be used many times.

(6) Adapt teaching to local conditions:- Visuals can be locally produced to fit local conditions. Visuals suited to the people and to the available materials can be made locally.

(7) Visual aids help to hold the attention of one's audience. While the verbal message is given, the non-verbal message or visual aids hold the public attention.

Uses of seleeted Aids:

There are several basic principles which apply to all types of visual aids. So, let's go over these principles together.

Know your Audience: Take some time to think about the desires, needs and customs of your audience. A talk you give to the mothers handicraft club will be different from a presentation to the farmers' association. This is because the needs and interests of the two groups are different. Talking to a community about using fertilizers when what they need most is improved public sanitation could lead to

failure and disappointment. Try to find out what the community feels is its greatest need.

Choose your objective:- May be you want to introduce a new idea, or technique....encourage people to adopt something. Don't try to do too much at one time.

Select your method:- The informative talk is probably the most often used. It may describe a process or method, explain principles or facts, or introduce a new idea. You may want to stimulate participation by presenting a problem to the group and then ask them to try to solve it. The narrative or story is another type of approach. You will probably find yourself using a combination of this and other methods.

Prepare a script or outline:- First write out all the things you want to cover in your talk. Next, check to see if you have tried to cover too much. If so, select the most important points and eliminate the less necessary ones. Finally, pick out the main points and use visual aids to emphasize them.

Prepare your presentation:- You should prepare your talk well in advance of giving it. This is important so that you can practice it. Try it on your friends. Get them to tell you what was not clear in your presentation. Then make any needed changes.

Choose your visual aids:- Will you use posters or flipcharts.; a chalkboard or flannel board? In making your decision, you should consider the cost and availability of materials.

Making visual aids:- Directions are given in the following pages.

Be Enthusiastic:- Deliver your presentation with enthusiasm. Face your audience and talk loudly, clearly and with confidence. Stand so that all may see your visual aids. Arouse audience interest by using your aids dramatically.

Encourage participation:- One way to do this is to ask the audience questions and encourage discussion, know all you can about your topic, so that you can lead the discussion.

Summarise the main points:- After the discussion summarize and emphasize the main points which have been brought out.

Allow time for questions:- Always leave time for a question and answer period. This gives an opportunity to clear up points which the people may not have understood, and offers the audience an opportunity to contribute their ideas. You can also make a quick evaluation of your effectiveness by observing the reaction of the audience at this time.

SELECTING THE

VISUAL AID	GENERAL DESCRIPTION	RECOMMENDED AUDIENCE SIZE
Chalkboard	A rigid surface painted green or black; on which on can write or draw with chalk.	10 to 30 people. If used with more, a large board is needed and careful audience placement is necessary.
Flannel Board	A piece of flannel, flannelette, terry cloth or felt cloth attached to a rigid surface on which cut-out figures will adhere if backed with flannel or felt cloth, sand paper or glued sand.	15 to 20 people. Audience size depends on the size of the flannel board and the size of the figures that are being used.
Posters	A message on a large sheet of paper, and with an illustration and a simple written message.	No limit, because it is not necessary for everyone to look at a poster at the same time.
Flip charts	Illustrations made on paper that is usually larger than 21 cm by 27 cm; bound together with rings or string. They flip over in sequence.	15 to 30 people. Audience size depends on the size of the flip chart illustrations.
Flash cards	Illustrations made on heavy paper that is usually smaller than 21 cm by 27 cm. The illustrations are not bound, but are arranged in sequence.	5 to 15 people. Because the illustrations are small, nc more than 15 people should be in the audience.
Bulletin Boards	A surface, at least 3/4 m by 1 m, into which stick pins can be placed. Drawings, photos and lettering can be displayed on the board.	No limit, because it is not necessary for everyone to look at the bulletin board at the same time.
Demonstration	Using actual ingredients, tools, or land, the educator shows how something is done. Either at that time, or soon thereafter, each audience member displays an ability to do the new thing.	1 to 30 people. Because it is difficult for an educator to follow up on more than 30 persons, this is the recommended limit.
Slides	35 mm film in plastic or cardboard mounts 5 cm by 5 cm. In color or black and white, they are projected on a screen or a wall.	About 30 people. Though slides can be used with more people, the educator can stimulate better discussion among a smaller group.
Filmstrips	Strip of 35 mm film, color or black and white. Photographs in sequence. Filmstrip projected on screen or wall. Uses projector with filmstrip adapter. Filmstrips horizontal or vertical format.	About 30 people. Though filmstrips can be used with more people, the educator can stimulate better discussion with a group of this size.
Film	Color or black & white, 16 mm or 8 mm cinema film, with sound, projected on a screen or wall.	30 to 100 people. Group can be larger than 100 but it is difficult to have any discussion with larger groups.

TOOL YOU NEED

ADVANTAGES	DISADVANTAGES
Inexpensive, can be homemade, easily maintained, minimum of preparation. Enables audience participation. Used day or night.	Transport can be difficult in remote areas. Limited to the user's artistic ability.
Inexpensive, easily made from local materials. Easily maintained and transported in remote areas. Figures can be used in different presentations. Ideal for showing "sequence of events" and reviewing lesson, as figures can be brought back on the board.	Requires considerable advance preparation. Difficult to use out of doors if there is any kind. Some artistic ability is required if making homemade figures.
Inexpensive, easy to make. Requires a minimum amount of time to prepare and use. Easy to transport.	Deteriorate rapidly. Can confuse the audience with too much or too little information. Need some artistic ability if making own posters.
Inexpensive, can be homemade, and can be easily transported. Good way to give information in sequence; because they are bound, illustrations stay in sequence.	Deteriorate with constant use. Some artistic ability required if making homemade flipcharts.
Inexpensive, can be homemade from local materials. Good way to present a "changing" message in areas where people gather.	If out of doors, weather damage can occur. Constant supply of good educational material to put on the board is needed.
Excellent way to use actual materials in a real situation. Uses local materials. Easy to understand by people not used to looking at illustrations. Good way to get audience participation.	Takes a lot of pre-planning and preparation.
Dramatic, less expensive than cinema film, excellent way to bring distant things to audience and to show time sequence. Battery-operated projectors available. Local photos easily made.	Easy to damage, easy to get out of sequence and project upside down or sideways. Requires projection equipment, mains electricity or batteries, and darkened projection area.
Dramatic, less expensive than cinema film and slides. Once inserted correctly in the projector, impossible to get out of sequence. Can show photos of the real thing and shows sequence in time. Battery-operated projectors available. Relatively easy to transport.	Requires projection equipment, can be damaged, requires either mains or battery-supplied electricity. (Sometimes batteries are expensive.) Requires darkened projection area. Limited appropriate filmstrips available.
Dramatic and gets the audience's attention. Shows motion and therefore helps explain step-by-step and time sequence very well.	Very expensive; requires expensive equipment, electricity and dark projection area. Difficult to transport and operate.

Evaluating the presentation:- After your presentation evaluate its effectiveness. Ask yourself:-

(1) Was the people's interest aroused?

(2) Did they understand the ideas expressed?

(3) Were they stimulated to change or to act?

Simple Teaching Aids Preparing.

Posters:- Simple ideas can be graphically presented by making posters which combine picture and short headline.

Good posters tell their story at a glance. Thus, they must present brief,clear ideas and be eye-catching. A concise, striking slogan draws attention and is easily remembered. Colourful drawings, designs and pictures also hold the attention of the viewer.

Three Kinds of Posters

There are three general types of posters in which we are interested. (1) A poster attempts to inform, remind or encourage people to do something. Posters reading 'Build your own fish pond' 'Join thee green revolution' - 'Use I.R.8. Rice' are some examples.

(2) The announcement Poster tells of a coming meeting, conference, show or celebration. It is an effective way of informing many people in a short time.

(3) The educational poster teaches people one principle. They are often used in a series of two or three. They should stimulate the reader to learn more about the subject.

(4) Posters differ from the other visual aids we have discussed because they must be able to do the job alone. No one is usually around to tell the reader anything more than what the poster conveys.

Planning the Posters:-

In making posters first write out on a sheet of paper the words that express the message. Also, draw a rough sketch of the picture needed. Next, cut down the number of words and try to think of a slogan or phrase which expresses the idea, such as "A HAND UP - NOT A HANDOUT".

Once you have decided on what the poster will contain make a small scale working poster. This will give you an idea of what the finished product will look like. Also, it lets you make any changes easily.

Materials To Use:-

You are now ready to make the poster. Thick construction paper, cardboard or newsprint can be used. Possible writing materials

include coloured chalk, heavy wax crayons, black ink, water colours, poster paint, heavy coloured pencils and felt-tip marking pens.

Posters vary in size, but ones 55 cm. wide by 70 cm. long (22" x 28") or 70 cm. wide by 112 cm long (28" x 45") are most effective. Avoid crowding the letters by first lightly penciling in letters and lines. Then fill in the letters. Most of the lettering should be 5 cm (2") high. If too many of the letters are smaller, you are trying to say too much.

Use colour to attract attention and for contrast. Don't overlook the possibility of cutting the poster to a shape which helps convey the message. For example, posters cut in the shape of fertilizer bags helps to suggest the use of fertilizer.

Flannel Boards:-

Easy-to-make flannel board and cut outs add drama to village level programmes and help people remember the message.

The flannel board allows you to illustrate a story or an idea as you add cutouts one by one. In this way you hold the interest of your audience by action and suspense.

The Board:- The flannel board is easy to make. Use 3/4 or 1/2 inch plywood, hardboard or thick cardboard. Saw a piece 80 cm (32") wide by 120 cm (48") long. a board this size will serve an audience of up to 160 people. If the board is made to fold in the middle it becomes easily portable.

The Cloth:- The board is covered with flannel, flanette, felt or even mosquito netting. A dark coloured the cloth doesn't show dirt as fast, and is easier on the eyes. In securing cloth to the board, stretch it taut and secure it with pins, tacks, staples or glue. The cloth may also be secured to the board with elastic or string. Sew a hem in the flannel then run the elastic or string through the hem. The flannel may now be stretched over the board, or tied to it.

This way the cloth may be rolled up for travelling. Also, the flannel may be removed and the board used for another purpose. Some workers take only the rolled flannel with them when they travel and then secure it to any available stiff backing where they make their talk

The Cutout:- The heart of the flannel board is the cutout. Cutouts may be drawings, pictures from magazines or newspapers, photographs, printed words, silhouettes, or any kind of illustration. Three dimensionalc objects made of sponges, balsawood, styrofoam may also be used. The cutouts should be atleast 15 to 20 cm (6"to 8") high but may also be larger. In making letters, remember that a letter 3 centimeters (about 1") high can be seen at 10 meters (32 feet).

If you cut illustrations from magazines, mount them on cardboard or heavy poster board; or, it may be easier to draw the picture on a sheet of heavy poster board; or draw the picture on a sheet of paper and mount it as a cut illustration.

On the back of the cutouts you must put some material to make the cutouts stick to the flannel. You can use strips of sandpaper pieces of flannel, felt, flanette or woolly blotting paper. Secure the backing materials to the cutouts with glue or gum. If these materials are not available, coarse sand may be sprinkled on the back of the cutouts after spreading glue or the surface.

Using the Flannel Boards:-

First organize your talk, then decide what illustrations to use and then make them. To help you organize the order of presenting the cutouts, number them 1, 2, 3, 4, etc., in the order that you will use them.

Be Dramatic:-

In making your presentation be sure to build up your story dramatically — using the cutouts one by one to hold the attention of the audience. In some cases, it helps to collect the cutouts in a folder or large envelopes. If the folders are numbered and labeled, it will help you to quickly locate the desired cutout the next time you make your talk.

Chalk Boards:-

The versatile chalkboard helps the audience understand as you draw diagrams or list the main points of the talk. The many uses of the chalkboard (or blackboard) make it one of the most widely used visual aids. It can be used to draw pictures and diagrams write down key words for emphasis or to summarize the main points of a talk. Organizing materials and programmes for a conference is easier with a chalkboard. It can also be used for writing directions for using or making something, or to describe some process step by step. These are just a few uses—how many can you add?

Making a Chalkboard:-

A fixed chalkboard may be made by plastering a smooth surface on a wall. A good size is 1m x 1.3m (90" x 50"). The mortar is made of four parts sand and one part cement. When the plaster is almost set, the surface is smoothed with a steel trowel.

Before you try to paint the mortar,be sure it is well cured. This is done by keeping it wet for about two days, and then allowing to dry completely.

A portable chalkboard can be made from plywood or pressboard after sand papering the surface till it is smooth.

Tips on painting the Board:- To paint your chalkboard there are special paints available if you can find them. However, if you can't, you can make your own. Be sure to use a non-glossy or "flat" paint. (Chalk won't stick to glossy surfaces) Black or dark green paint is the best.

The key to making your own paint is to add a slight abrasive that will cause the chalk to mark. First, take an old kiln-fired brick and grind it to a fine powder. One good way is by rubbing two bricks together and using the powder obtained.

Next sift the powder through a cloth. Add one part sifted powder to 10 parts of paint for the final coat. Be sure the powder is thoroughly stirred into the paint. But remember, use this special paint only for the last coat.

Chalkboard Hints:- If coloured chalk is available, use it to emphasize points and to make diagrams easier to understand, while yellow chalk on black paint is more likely to be available.

To prevent permanent impressions from getting on your new chalkboard, condition it. Do this by patting the entire surface with an eraser or folded cloth filled with chalkdust.

Keep the chalkboard clean. Never use oily rags to clean your board as this will ruin the surface.

The methods of preparing material so far discussed are meant for big sizes. Making handy board and preparation of glue, chalks, etc., are explained further to give more imagination and ideas.

How to make a Flannelgraph:-

The flannelgraph is essentially a piece of cloth fastened to a stiff backing. The cloth may be felt, flannel, suede or cotton cutting, burlap flour or potato sacks, a rough weave blanket, turkish towel, or any other roughly napped material. The backing may be wallboard, masonite, plywood or heavy cardboard. The following are instructions for making a portable flannelboard.

Materials:-

2 pieces of masonite, plywood or cardboard each 75 x 50 cm

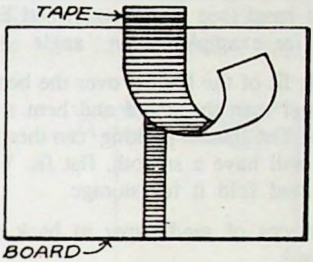
1 piece of flannel 75x 100 cm.

canvas hinges or heavy masking tape

Process:-

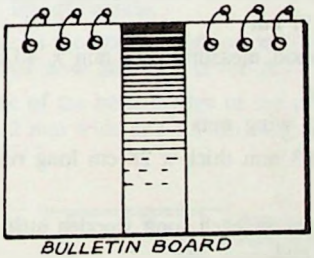
1. Join 2 pieces of board together by using canvas (or metal) hinges or by using heavy masking tape.
2. Flannel (or similar material) may be stretched over the boards on one side and glued in place, or it may be tacked to the

board only when used and folded under the arm for traveling purposes. Other ideas for mounting flannel are provide in the "Suggestions" section.



Suggestions:- The measurements given here are only suggestions. Adapt them as you see fit, keeping in mind the size of the audience and the space needed for your usual visual presentations.

When not being used as a flannelgraph, the board may also be used as a bulletin board. By drilling or punching several small holes along one side of the 2 boards, you can loop pieces of string through the holes and hang it on a wall.



If you prefer to combine the flannelgraph with a blackboard, prepare one or both sides for a blackboard, following instructions under "Portable Blackboards." You can then use one side as a flannelgraph and the other side as a blackboard for making notes and illustrations suggested by the group during discussion.

The important thing to remember in using a flannelgraph is that it works best when placed at a slant (10° to 15° angle). If it is used in an upright position, the pictures will fall off—no matter how firmly secured with backing material. It will therefore be necessary to use some sort of easel (see "Bamboo Tripod Easel") or to prop it against a table, for example, at an angle.

To ensure a tight fit of the flannel over the board, use a slightly larger piece of flannel than the board and hem a length of elastic band along the edges. The flannel backing can then be easily slipped over the board and will have a smooth, flat fit. When not in use, remove the flannel and fold it for storage.

NOTE: Fasten pieces of sand paper to back of pictures to be used on flannelboard.

HOW TO MAKE TWO DIFFERENT FLIP CHARTS

The following instructions are for making a durable flip chart that can stand without any support (that is, it does not need to be held or does not need any other presentation stand). Included under "suggestions" are ways in which it also can be used as a "mini" chalkboard or flannelboard.

Materials:-

2 pieces of plywood or thin (5 mm) hardwood measuring 45 cm x 50 cm

2 strips of wood measuring 38 mm x 40 cm x 8 mm

2 hinge joints

2 bolts and 2 wing nuts

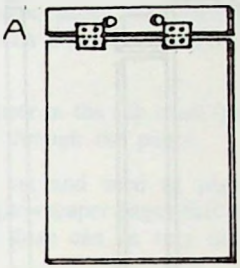
piece of cord 3 mm thick x 28 cm long ruler, pencil, paper

Process:-

1. Drill two holes in each long wooden strip at approximately 13 cm from each end.

2. Hinge each strip to a piece of plywood.

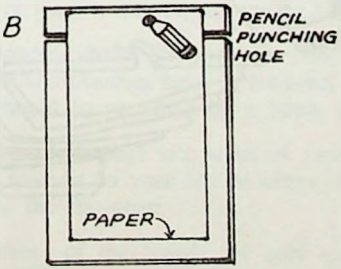
3. Place a sheet of paper, the size that you will be inserting in the flip chart, on one of the joined wooden strips and plywood boards. Position the paper in the middle of the top edge of the wooden strip. With a pencil, gently punch a hole through the paper that corresponds to the holes in the wooden strip.



4. Remove the paper and measure the distance from the side and top of each hole. These are the measurements you will use in punching holes in the papers you will be inserting in your flip chart. Punch holes in all the papers you are going to use. Be sure to add some additional clean sheets for further notes or drawings that may come up in the discussion.

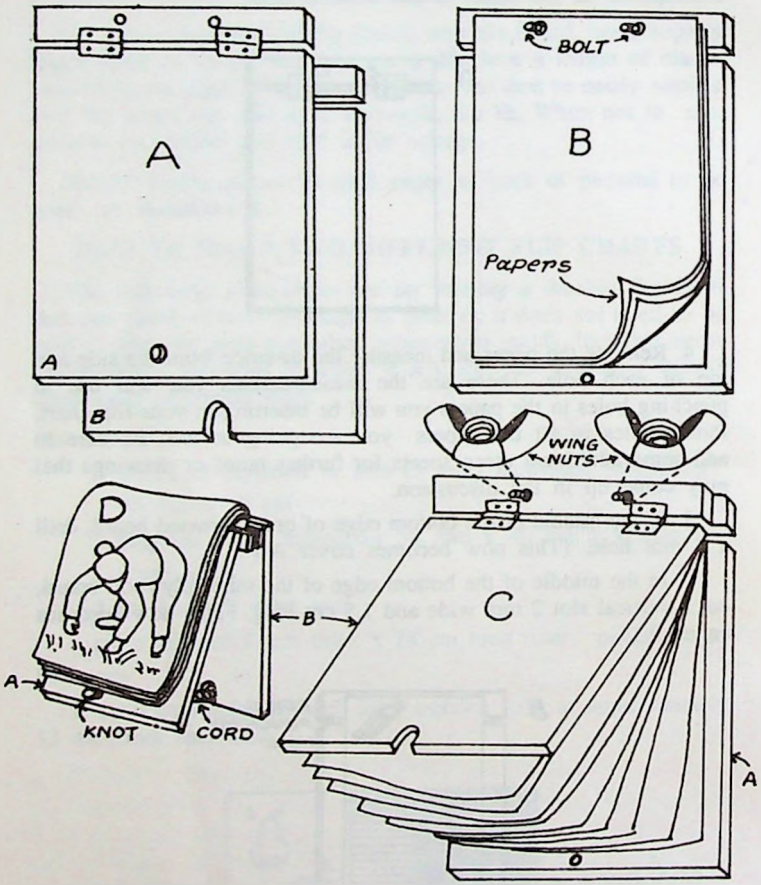
5. In the middle of the bottom edge of one plywood board, drill a 3 mm hole. (This now becomes cover A.)

6. In the middle of the bottom edge of the other plywood board, cut a vertical slot 2 mm wide and 1.5 cm long. (This now becomes cover B.)



7. Stack your papers together evenly. If the holes have been punched accurately, you should be able to see through the holes.

8. Insert a bolt through the back of each hole in the wooden strip of cover A. Place cover A flat with the bolts sticking up (the hinged joints should be flat against the table). Insert punched (face up) papers over bolts.



9. With the hinged surface of cover B facing you, place it over the punched papers, inserting the bolts through the holes in the wooden strip of cover B. Fasten securely with wing nuts.

10. Pass the cord through the hole at the bottom of cover A.

Make a knot at both ends of the cord large enough so that it will not slip through the hole. To keep the flip chart open while you use it, pull the cord through the vertical slot, until the second knot catches in it. The flip chart will now stand up A).

Suggestions:- For further adaptability of your flip chart, you may want to consider painting the inside of one cover with a flat black paint which will give you a small chalkboard. (See instructions for preparation in recipe book, under "Chalkboards") The other inside cover can be covered with a piece of flannel to give you a small flannelgraph.

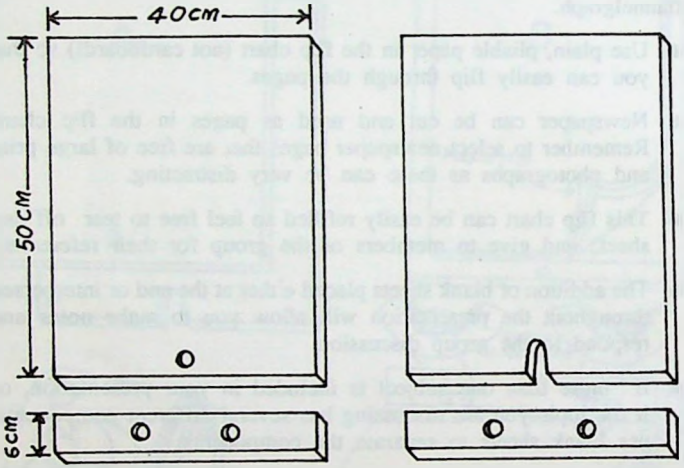
- Use plain, pliable paper in the flip chart (not cardboard!) so that you can easily flip through the pages.
- Newspaper can be cut and used as pages in the flip chart. Remember to select newspaper pages that are free of large print and photographs as these can be very distracting.
- This flip chart can be easily refilled so feel free to tear off any sheets and give to members of the group for their reference.
- The addition of blank sheets placed either at the end or interpersed throughout the presentation will allow you to make notes and respond to the group discussion.
- If more than one subject is included in your presentation, or if the topic you are discussing has several different components, use blank sheets to separate the components.
- Experiment with writing on the paper you use in the flip chart before binding it:

- make your drawing big and bold, use thick lines. Stand at a distance to check that the drawing or writing can be easily seen.
- you can use crayons, chalk, felt pens or charcoal to write on the paper; chalk and charcoal have a tendency to smear easily and, if used, should be protected by a blank cover sheet.
- Some inks will soak through one sheet of paper and onto the next; you may have to do your ink drawings or writing before placing them in the flip chart.

- The measurements of the boards are only suggestions; use whatever dimensions you desire. The size of the flip chart is determined by the number of people with whom you plan to use it. Keep in mind that the covers of the flip chart should be larger than the pages and that the length of the wooden strips should be the same width as the boards for the cover.

- If you have someone cut the boards and strips, ask that the holes be drilled at the same time. If you use the measurements suggested, you might simply show the diagram to the person cutting the materials with the following instructions.

NOTE: If flip-chart will have heavy use, glue strips of tape or paper where holes will be punched and around edges of paper.



I need:

2 boards cut with these measurements
2 strips of the same material cut with these measurements.

Please drill two holes in each wooden strip, each 13 cm from the end.

In the middle of the bottom edge of one board, drill a 3 mm hole.

In the middle of the bottom edge of the other board, cut a vertical slot 2 mm wide and 15 mm long.

If this is done before you begin putting your flip chart together, you need only do the following steps in the process: 2, 3, 4, 7 - 11.

You can use metal, cloth, or canvas hinges. If hinges are not available, drill additional holes at the same point in each wooden strip and board and use a loop of heavy cord for the hinge.

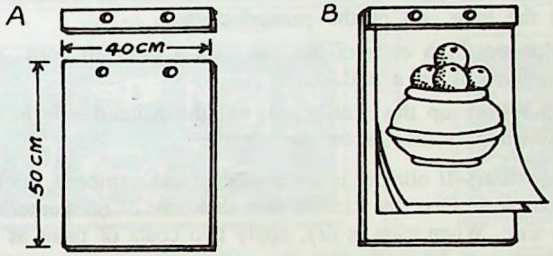
Flip Chart #2: The following instructions are basically the same as those given for the first flip chart. However, this flip chart will not be freestanding and offers less protection for the enclosed pages than does the first flip chart. It also involves fewer materials and is cheaper and easier to make.

Materials:-

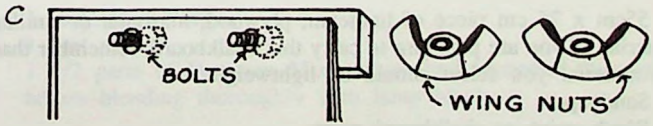
1 piece of plywood (or similar material), 40cm x 50 cm
1 long strip of plywood, 40 cm x 40 mm
2 bolts and 2 wing nuts

Process:-

1. Drill two holes at the top of the plywood board approximately 13 cm from each end. Drill two matching holes (13 cm from each end) in the wooden strip.



2. Position a sheet of paper slightly below the top of the plywood board and center it. Gently punch a hole through the paper that corresponds to the holes in the board. Taking the measurements of these holes, punch holes in all sheets to be used.



3. Place bolts through back of board and slip the punched sheets over the bolts. Place the wooden strip over sheets, inserting bolts through the holes in the strip. Secure firmly with wing nuts.

Read suggestions and adapt ideas given for Flip Chart #1.

CHALKBOARDS:-

Making a cloth Chalkboard:- This small portable chalkboard which is both light and easy to carry can be used with groups of up to 15 people.

Materials:-

a 55 x 75 cm piece of oilcloth
a round wooden pole or stick
a can of opaque black paint
sandpaper.

Process:-

1. Roughen the shiny side of the oilcloth with sandpaper. Apply two coats of black paint, allowing the first coat to dry thoroughly before applying the second coat.

2. When the paint is dry, fix a round, smooth wooden rod or pole to the long end of the painted cloth.

3. Connect both ends of the rod with a piece of cord so that you can hang it on a nail.

4. In rolling up the chalkboard, roll the painted side in so that the unfinished surface is on the outside.

Suggestion:- If oilcloth is not available, use a smooth, thick piece of cotton cloth. Give the cloth a very thin coat of (carpenter's) glue on one side. When glue is dry, apply two coats of paint as above, remembering to let each coat dry completely.

Before using chalkboard, go over it with an eraser containing chalk powder to make it erase what you write.

PORTABLE CHALKBOARDS

Materials:-

55cm x 75 cm piece of linoleum, plywood, masonite or similar material. If you are planning to carry this chalkboard, remember that the material you select should be lightweight.

Sandpaper

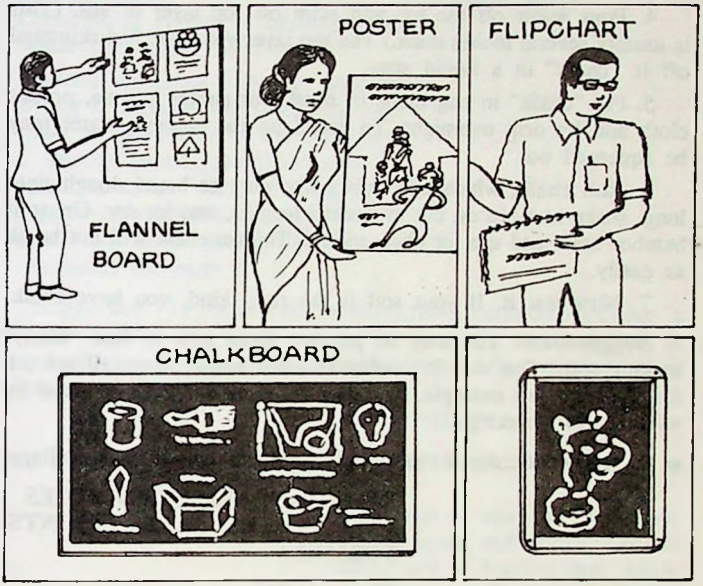
Black paint or chalkboard paint

Process:-

1. Whatever material you select, whether it is smooth as linoleum or rough as plywood might be, it should be sanded carefully to an even roughness.

2. Apply two separate coats of black paint to the roughened surface. Be sure that the first coat of paint is dry before applying the second coat.

3. A good wooden frame is suggested to help prevent warping and to give the chalkboard more permanency.



Suggestions:- Before using the chalkboard, rub a chalk-dusty eraser or cloth over it—it will be easier to write on !

CHALKBOARD PAINT

1 part lamp black
1 part varnish
1 1/2 parts of kerosene Mix varnish and kerosene thoroughly before blending thoroughly with lamp black.

MAKING CHALK

Ingredients:-

1 part soil to 4 parts water

Process:-

1. Shovel up some chalky looking soil. Put in bucket, leaving room for about ¼ times as much water as soil.

2. Add water and stir vigorously. Crumble large pieces and dissolve soil as much as possible. Ignore hard rocks or pebbles.

3. Allow soil to settle overnight.

4. Pour water off the top and skim off top layer of silt. (This is usually several inches thick.) The top layer you have just skimmed off is "chalk" in a liquid state.

5. Put "chalk" in bag made of muslin or similar coarse, porous cloth and let drip overnight. To speed up the process, water may be squeezed out.

6. Roll chalk, which now looks like clay or bread dough, into long, snake-like pieces, cut to desired lengths, and let dry. Or, split bamboo stalk and use for chalk mould. Thicker chalk will not break as easily.

7. Now test it. If your soil is the right kind, you have chalk.

Suggestions:- You may be puzzled about how to find "likely-looking soil." One way is to observe what people in the village use for marking. For example, in Nepal, red clay is frequently used by villagers for marking.

- If you want colored chalk, add any dye available in the village.

FORMULAS AND SUBSTITUTES INKS, DYES AND PAINTS FORMULA

22 cc alcohol
14 cc water
2 grams dry or powdered blue dye
Other dyes which may be used instead of indigo blue are:
orange
green
Add ingredients and stir well.
Experiment with using dyes common to your area.

DYES AND PAINTS

A wide variety of roots, barks, seeds, and leaves can be used.Check with local dyer for ideas or buy commercial dye. Mix with a thin glue solution until desired consistency is achieved (same consistency as paints commercially prepared). This glue can be made/ obtained from the residue of boiled bones.

How To Make Paste

FLOUR PASTE

Commercial wheat or cassava flour
Water (as needed)

Remove all lumps from the flour by sifting it through wire screening. Add water as needed to the flour to form a smooth paste. Insecticide may be added in areas where insects are a problem. **WARNING:** If insecticide is used, store out of reach of children who sometimes eat paste !

Another recipe:-

Suggestion:- In Nepal, field workers have found that cooking a minute of flour and water, stirring it constantly until all flour is dissolved, is a good means of preparing paste. Allow to cool before using.

RICE PASTE:

and another recipe:

Handful of rice
Water
Cook rice in water as usual until rice is moist and sticky. Do not allow rice to become dry. Allow to cool, drain off any excess water. Dab a small amount of cooled, sticky rice on area of paper on which picture is to be mounted. With finger, smooth rice onto paper pressing out any lumps. Picture can then be mounted.

RUBBER CEMENT

Ingredients:-

5 grams of raw rubber (translucent, light brown sheet kind-crepe soles from shoes, or some baby bottle nipples may be used)

250 cc of uncoloured gasoline (If not available, see below.)

Process:-

1. Put rubber and gasoline in a jar with a screw top.
2. Let stand about 3 days until rubber is dissolved in gasoline.
3. If any globs of rubber remain, stir until dissolved. Rubber cement should be smooth and milky-colored in appearance
4. Store in airtight brown bottle in ventilated cupboard. One idea you may want to try is to insert a one-inch paint brush through

the metal cover of the jar. This will then give you a brush with which you can apply the rubber cement.

Suggestions:- If uncoloured gasoline is not available, use the following process to filter colored gasoline:

1. Take a clean tin can and puncture a hole in the bottom. Place a small piece of cloth at the bottom to keep particles of charcoal out of filtered gasoline.

2. Fill the rest of the can with small particles of charcoal.

3. By holding the can over a bowl, pail or other container, pour the gasoline over the charcoal.

4. This process may have to be repeated several times to remove all color from the gasoline. Charcoal also may have to be changed after 3 to 4 pourings.

CAUTION:- Gasoline is flammable. Use care when mixing and applying the rubber cement. Work with gasoline outdoors only. Do not use near fire. KEEP OUT OF THE REACH OF CHILDREN.

Modeling Clay

1. 1 part flour to 1 part salt. Add enough water so that when flour and salt are mixed, balls of dough are formed.
2. Shred newspapers or paper towels. Mix with any starch paste and knead thoroughly.

Another Recipe:-

3. Dissolve 250 ml of starch paste in water to thin it slightly. Add 375 ml of plaster; 500 ml of sawdust; knead to consistency of tough dough.

Another Recipe:-

4. Soak small pieces of newspaper in a bucket of water overnight. Remove from water and rub wet paper between palms of hands until it is ground to a pulp. Mix 1 ml of glue in 250 ml of water; add 500 ml of plaster; 1 litre of wet paper pulp. Knead to a doughy consistency.

and another:-

5. Mix 250 ml of dry clay powdered and sifted through a screen with 5 ml of glue in 250 ml of water; add wet paper pulp and knead to doughy consistency, adding more water as necessary.

6. Powder mud from ant hill and mix with water.

7. Check to see if clay is available in your locality—you may only need to dig a bit.

MAKING A BAMBOO TRIPOD EASEL

A bamboo tripod easel can be easily constructed to hold a flannelboard or flip chart or other large, stiff-backed visual materials. It is sturdy, made of low-cost materials, and convenient to carry and to use.

Materials:-

Three 1.5 m poles
Two 8 cm wooden pegs or sticks
4 m of heavy cord

Process:-

1. Drill a hole through the bamboo near one end of each pole. With 20 cm of heavy cord, tie the three ends together securely, but not so tightly that tripod legs cannot be opened.

2. Drill another hole near the center of each pole. Beginning with the first pole, slip the heavy cord through the hole and tie a knot at one end of the cord leaving at least 8 cm hanging free.

3. Pull the rest of the rope through the hole until the knot you have made rests firmly against the pole.

4. Measure off a distance of 60 cm and insert the rope through the hole in the next bamboo pole and make another knot.

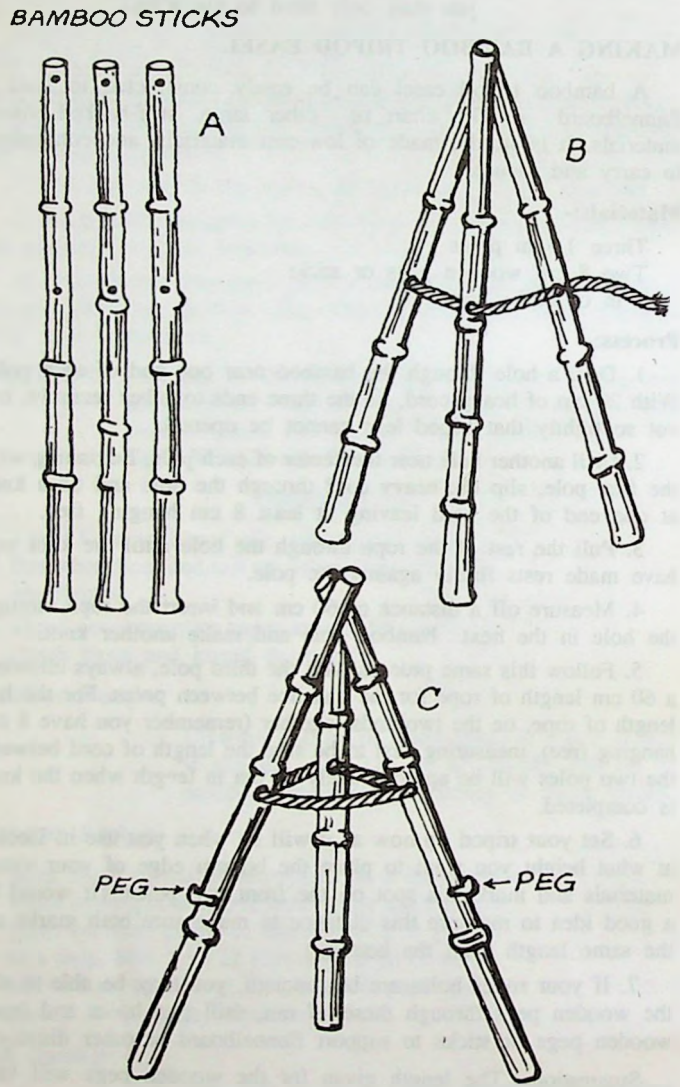
5. Follow this same process with the third pole, always allowing a 60 cm length of rope for the distance between poles. For the last length of rope, tie the two ends together (remember you have 8 cm hanging free), measuring first to be sure the length of cord between the two poles will be approximately 60 cm in length when the knot is completed.

6. Set your tripod up now as it will be when you use it. Decide at what height you want to place the bottom edge of your visual materials and mark this spot on the front two poles. (It would be a good idea to measure this distance to make sure both marks are the same length from the bottom.)

7. If your ropes holes are big enough, you may be able to slip the wooden pegs through these. If not, drill two holes and insert wooden pegs or sticks to support flannelboard or other display.

Suggestion:- The length given for the wooden pegs will vary according to the size of the bamboo. You will want at least 7 cm of the peg sticking out in the front, so cut your pegs with this in mind.

Bamboo Sticks



HOW TO MAKE A BAMBOO COMPASS

Materials:-

2 bamboo rods about 1.5 cm in diameter and 40 cm long a knife
wooden peg 2 cm in length and a diameter that fits into the hole in bamboo (piece of pencil may be used) with one end sharpened
1 piece of chalk
2 strong elastic bands, a bolt and a wing nut

Directions:-

1. Make a slit 1/2 cm wide and 3 cm deep in one end of both rods. (Note: If chalk and/or wooden peg fit securely into bamboo holes, this step is not necessary.)

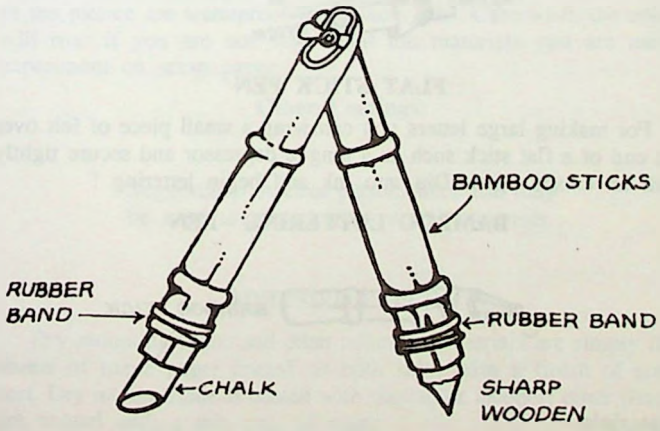
2. Fit a piece of chalk in the end of one of the rods and clamp it firmly with an elastic band. (A)

3. Fit a sharpened wooden peg in the end of the other rod and clamp it firmly with a rubber band. (B)

4. At the other ends of the both rods slice off 3/4 of circumference to a depth of 3 cm, leaving thin end pieces.

5. Puncture or drill holes in the protruding end pieces and fasten them together with the bolt and wing nut. (C)

6. In using this compass, loosen wing nut and set compass at desired distance; then tighten wing nut.

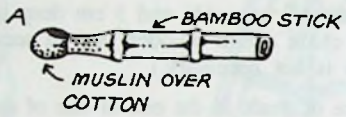


HOW TO MAKE THREE LETTERING MARKERS

BAMBOO MARKER (To be used instead of felt-nib pens)

Materials:-

10 cm stick of bamboo (the inside diameter should be the same size as the line you want to draw)
wad of cotton or any very absorbent material, a small piece of loose-weave muslin

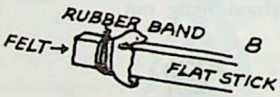


Procedure:-

1. Compress cotton tightly and cover with muslin. Stuff into end of bamboo.

2. Using ink or dye (see Recipe Section under Inks & Dyes), dip cotton into dye and allow a reasonable amount to be absorbed. Wipe off excess.

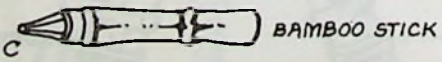
3. Begin lettering.



FLAT STICK PEN

For making large letters you can wrap a small piece of felt over the end of a flat stick such as a tongue depressor and secure tightly with an elastic band. Dip into ink and begin lettering !

BAMBOO LETTERING PEN



Materials:-

12 cm stick of bamboo cane knife; or razor blade

Carve an excellent lettering pen as shown in the drawing. Be sure that the end is flat and even in thickness as this will affect the lettering you produce!

PROTECTIVE COATINGS

Apply a preservative or protective finish to the surface of your visual materials to protect them from the wear and tear of frequent handling and possible damage from the weather. What you are looking for is a substance which when dry is transparent and yet gives a hard finish. Here are two suggestions:-

By coming 2 parts white glue with 1 part water, you will have a mixture which, when applied to the surface of your visual, will give a glossy, pearl-like protective coating against scratches. It will not protect your visuals from damage due to wet weather.

A thin coating of shellac or lacquer will also give a protective finish to your visual materials and it will also resist water.

These are just two ideas. In some places, you may find that a clear floor wax will serve equally well and may be cheaper to buy. Experiment with different products in the market, keeping in mind the characteristics of the finish you want.

CAUTION:- In applying these coatings, make certain the colors of the picture are waterproof (permanent ink). Otherwise, the colors will run. If you are not sure about the materials you are using, experiment on scrap paper.

Other Coatings:

Suggestion:- A clear plastic sheet also may be used to protect your visual materials.

ADHESIVE PAPERS

Dry mounting tissue and other adhesive materials are simply thin sheets of tissue paper coated on both sides with a finish of some sort. Dry mount tissue is coated with shellac or lacquer; other tissues are coated with a thin coat of wax.

If you are unable to purchase this material, you may try making it by dipping a thin sheet of paper or cloth into shellac or melted wax. If you use wax as a protective coating, you may not need to apply any heat; pressure with your thumb or with a stack of books

will make the adhesive material stick. Wax coated materials will not give you a permanent mount but can nevertheless be most useful. If you want to temporarily tack a picture to cardboard or some other backing material, use only small squares or strips of the adhesive paper to stick on the corners and edges.

Do not be afraid to experiment--you may come up with something better!

Other Ideas:

Unlike other basic education, health education starts from infancy and last till death. The mother being the first teacher of the child, every prospective mother should be made the target for health education activities. From weaning of breast-milk to brushing teeth, bathing, eating, drinking, speaking, sitting, standing and walking, all include certain etiquettes and manners, which itself is health education. If properly imbibed from infancy, then there will be no difficulties in bringing about effective and desired health behaviour. Health Education has been given priority and an important role in health programme attached to *"Health for All by 2000 A.D.)"*.

If we have to make the International Theme a success, through effective use of Health Education, we have to fight the problems in the area of personal hygiene, environmental hygiene, sanitation, maternal and child health, communicable disease and national health problems including population growth. Once these problems have been brought under control then everything will be esay.

Different topics should be used as per the audience, their age, educational level, occupation and income, religion etc. A list should be made (1) Pre-school children (2) School Children (3) Adult - (a) Illiterate (b) Literate (c) Women (d) Men.

Pre - School :

a. brushing teeth, washing mouth and face

b. taking a bath,

c. combing hair, taking care of hair including washing, preventing lice, nits, skin infections.

d. Proper clothing, shoes, chappals

e. nutrition

f. walking postures talking, sitting position, covering mouth with palm while coughing, sneezing, yawning etc.

Schools :-

More or less same topics should be carried out but in detail.

Adults : -

(1) Each disease with causative factors, preventive care including personal and environmental hygiene.

(2) National Health Programme

Women :-

(1) Women being the most vulnerable and under-previldged group in the society, they should be given additional talks on:-

(a) Ante-natal care

(b) Post-natal care

(c) Spacing the pregnancy

(d) Care of self and baby

(e) Nutrition

(f) Immunization

(g) Excersis to keep body fit, slim, active

(h) Above all, the importance and uses of contraception.

Teenagers :-

(1) Drug Addiction

(2) Sex-Education

(3) Diseases related to drugs, sex, etc.

CHAPTER TEN

Records and Reports

HEALTH records refer to forms on which information about an individual and family is noted. They may include information about socio-economic, psychological and environmental factors. Records are a practical and indispensable aid to the doctor, nurse and paramedical personnel in giving the best possible service to individual, family and to the community.

Recorded facts have a value and scientific accuracy far more than mere impression of memory, and these are guidelines for better administration of family health service. The contributions that the nurse and other members of the team make are reflected in case records. Records are a means of communication between the health workers and the family. For example, any health or socio-economic problem observed by the health workers during home visits is recorded, which may require the attention of the doctor or other members of the health team. Similarly when the doctor or other worker visualises situation requiring help from the health worker a note is made on the records for their attention.

An effective health record shows the health problem and other factors in the home that affect individual and his ability to carry out orders; it tells what the family believes. What has been done and what is being done about health conditions, and also what the family wants or plans to do and of medical and nursing service being given. *It indicates plans for the next steps* to be taken to help the family meet their health needs so that the health worker's efforts are well directed and coordinated towards common goals.

Each record should show essential aspects of service in such logical order that a new worker may be able to maintain continuity if service to individuals, families and communities. Records have been shown not only to help ensure effective service, but at the same time to *save effort and money*. The doctor who knows, what has been done before, can plan his therapy wisely and effectively.

1. A GUIDE TO RECORD WRITING

(a) Rigid imposition of rules regulating record writing ruins initiative. Nurses should develop their own method of expression and form.
(b) Records must be written clearly and legibly. Illegible records are a waste of time, money and energy.
(c) Records are legal documents and should contain *true facts* based on observation, conversation and action.
(d) Select relevant facts and factors in the situation and record them briefly and clearly. Printing is advisable.
(e) Records are used as a basis for research and evaluation. Hence *accuracy and completeness* is essential. Fill in each blank space on each form.
(f) Record systems are essential for efficiency and uniformity of service. Study the system used by the agency and help develop new or revise old forms to meet the needs. Develop efficient filing system.
(g) Record forms should include the following family folder and case records for individual and family. Combined checking and narrative record forms are useful and save time.
(h) Records should provide for periodic summary or inventory to determine progress and to make plans.
(i) Records should be written immediately after an interview and should be neat and concise.
Records are confidential documents, not to be shown or discussed with other than those providing health services.
(j) Records are *valuable* documents — they should be carefully handled, carefully filed and always accounted for. A misplaced record means that health service to a family suffers.

2. VALUE AND USE OF RECORDS

A. For a Nurse

(a) The record provides basic facts for services. Records show the health condition as it is and as the patient and family accepts it;

(b) Provides a basis for analyzing needs in terms of what has been done, what is being done, what is to be done and the goals towards which means are to be directed;
(c) Provides a basis for short and long term planning;
(d) It prevents duplication of services and helps follow-up services *effectively.*
(e) Helps the nurse to evaluate the care and teaching which she has given;
(f) It helps the nurse organize her work in an orderly way and to make an effective use of time:
(g) It serves as a guide to professional growth;
(h) It enables the nurse to judge the quality and quantity of work done.

B. For the Family and Individual

The records help them to become aware of and to recognize their health needs. A record can be used as a teaching tool too.

C. For the Doctor

(a) The record serves as a guide for diagnosis, treatment and evaluation of services;
(b) It indicates progress;
(c) It may be used in research.

D. For the Sanitarian

(a) The record helps identify families needing service and those prepared to accept help;
(b) It enables him to draw the nurse's attention towards any pertinent observation he has made.

E. For the Organisation and Community

(a) The record helps the supervisor evaluate the services rendered, teaching done and a person's actions and reactions;
(b) It helps in the guidance of staff and students — when planned records are utilized as an evaluation tool during conferences;

(c) It helps the administrator assess the health assets and needs of the village or area;
(d) It helps in making studies for research, for legislative action and for planning budget;
(e) It is legal evidence of the services rendered by each worker;
(f) It provides a justification for expenditure of funds.

3. TYPES OF RECORDS

There is considerable uniformity in records being used and yet there are differences in forms used by municipalities, States and private agencies. The nurse must know the purpose for which records are used by the agency and follows regulations accordingly. She should, at the same time, study the record forms and systems and make recommendations for changes that will help meet the needs of the organization and community in the most effective manner.

Cumulative or Continuing Records

Cumulative or Continuing Records have been found to be economical and time saving, for example, having one basic record for each mother is much better than having a new record for each pregnancy. The child's record should provide space for new born, infant and pre-school data rather than having a separate record for each growth period. Each school child should have a cumulative health record that may go with him from grade to grade and from school to school.

By using and continuing keeping of cumulative records it is possible to review the total history of an individual and evaluate the progress over a long period. Continuing records saves time and much filing space by avoiding repetition.

The system of utilizing one record for home and clinic services in which home visits are recorded in red and clinic visit in blue ink helps coordinate the services and saves the time of all the personnel concerned.

Family Records

The basic unit of service is the family, and so the central record unit should also be a family unit. In practice, because of difficulty in

defining "family", the unit is the "household", meaning the group of people who live together and share one cooking facility.

Separate record forms may be needed for different types of service, such as tuberculosis, maternity, infant and pre-school, school and industrial. One family may be making use of any one or all of these types of services. Such forms provide space to make notes at the time of each visit, in order to describe symptoms, report observations, record the service rendered, make suggestions on further follow-up visits and refer the patient for help or consultation to another worker.

The usual health centre provides combination of such types of service. *All the records which relate to members of one family should be placed in a single family folder.* Only in this way the doctor and health workers can see the total situation, and give effective, economical service to the family as a whole. This is another basic principle of record keeping in a health centre.

The family folder which contains all the individual records of one family, has all the identifying data plus observations about the general, social and environmental factors that affect health in the family, on it. There may also be a summary of the health status of the family, with space for periodic evaluation. Here can be included the immunization status of all the individuals in the family. (*See* suggested family folder form in the appendix).

Record forms are generally printed. The nurse should see that they are *complete* and *accurately* filled in.

4. SECURING RECORD INFORMATION

(a) Records are started in the centre or in the home at a time when the individual is seeking some service or when the health worker recognizes the need for service. The nurse and the individual should be comfortably *seated in a private* quiet area so that confidential information can be given and kept at a professional level.

(b) Economic and social information may be difficult to obtain as people are often reluctant to talk about personal matters. Do not press the person for such information until he gives it freely.

(c) The individual and family cooperation in making out the record is important. Explain the reason for making the record, how the record will be used and the confidential na-

ture of the record.

(d) Ask questions in a friendly but definite and direct manner. When securing data about food habit, ask questions such as what did you feed the baby yesterday? How long do you boil the water? Look at the child's vaccination scar and ask: When was the child vaccinated? Avoid unnecessary questions. Observe the environment and record what you see.

(e) Discuss the condition and record attitude or statement in quotation if possible, for example "I have never given other children anything except the breast. Why should I give this child extra foods ?" "The baby takes breast when she is hungry". "Ram was vaccinated 2 years ago; scar good."

(f) Write brief notes of every visit showing.

(i) the reason for the visit;
(ii) particulars of observations made;
(iii) What was done;
(iv) attitude of the individual and the family towards help;
(v) evidence of change or benefit to family
(vi) plans for next visit;
(vii) referrals to other workers, such as the doctor or the sanitarian, for their attention, comment, or appropriate action, as indicated.

(g) The record should show chronologically, to what extent progress is being made towards the goal of better health for the individual and the family. This is particularly important in regard to better nutrition and sanitation.

5. REGISTERS

Use of the usual registers is not a practical way of achieving continuity of the service, or of coordinating service about the family unit. The register usually provides only an indication of the total volume of service and of the types of cases seen. It gives no idea of the quality of service or the results achieved. However until individual record and filing systems are developed, registers must be continued. It is necessary to keep each register up-to-date and accurate. A good record system provides all the information available from the usual clinic register, adds more useful information. Once established, a good record

system consumes little time in its maintenance.

The nurse should make every effort to secure the services of a clerk to assist in maintaining the files, registers, or other clerical duties in the centre.

6. RECORD FILING

Correct filing of records is essential. Hours of time and effort are saved when records are set up and maintained in a systematic, planned and organised manner.

Some agencies file records alphabetically and others use a numerical system. In villages geographical system is found to be preferable.

When a numerical filing system is used, 3" x 5" card alphabetical cross-file is needed, in case a person misplaces his number. Experience has shown that patients learn to preserve and bring with them a card which shows their clinic number. This saves much clinic time.

Every nurse should know how to file records.

7. REPORTS

A report summarizes the services of the nurse and/or the agency. Reports may be in the form of an analysis of some aspect of a service. Reports are usually written daily, weekly, monthly and yearly.

Purposes

Reports are written;

(a) to show the kind and amount of service rendered over a specified period;
(b) to illustrate progress in reaching goals;
(c) as an aid in studying health conditions;
(d) as an aid in planning;
(e) to interpret the services to the public and to the other interested agencies.

Each agency has specified regulations about reporting services on a daily, monthly and annual basis. In addition to the statistical reports that the nurse maintains, she should also write a narrative report once each month as a measure of illustrating some of the human interest

situations that she meets and how she deals with them. A monthly narrative report provides an opportunity to present problems for administrative considerations.

Description for Filling out and Using the Family Folder

The "single" family folder is designed to give basic information about the positive and negative personal and environmental factors that effect each person in a family unit. The folder provides space for more than one observation. When the record is properly filled out and used, the worker should be able to identify the health situation in the home without loss of time or effort.

It may not be possible to get all the information needed for the record during one visit. Necessary information includes:

(a) Name of head of the household: print last name (usually of the senior male):
(b) Address: print direction for reaching the house and village:
(c) Family names and health survey.

Write names of each member of the household. Write the names of each child, born alive, in chronological order. For example write the name of the oldest child first, then follow with second, third etc. Indicate condition of health of each member, immunization status and history of treatment as directed on the form. To fill in the observation and complaint section, it is necessary to see the person and make a physical inspection (particularly of the children). Talk with adults to ascertain history of illness and treatment. The last column, indicating where treatment was obtained, should be filled only after verification of the facts. Each individual "block" is divided into two sections, which provides space to indicate the date on which that condition was found and the date on which that condition was corrected. Write the date of correction in red in the same block as the date on which condition was observed. Use the second line of blocks to record findings during subsequent visits;

(d) *Sanitation:* To fill in this section of the form it is necessary to see each condition as listed. Write the date of initial and subsequent observations using blue ink and the date on

which that condition changed, in red;

(e) *Diet and eating habits:* Use a check 'x' to indicate when the food is obtained and how the food is cooked;

(f) *Major health problems:* space on this sample form is limited. When the record is printed on a larger double folder, more space should be provided. Review the total record and lists the major health problems in order of priority, and then write a brief plan of action. Write the outcome of each part of this plan in red.

8. FILING SYSTEM

(i) A simple method of building up a filing system is stated below which will be useful guide for those who wish to set up a proper filing system and visiting-index system.

(ii) In order to start a proper filing system, survey the area. Note down the name of the head of family and simultaneously put house number which will be used as Family Folder Number, i.e., (F.F. No.).

(iii) In a village with consecutively numbered houses, the number is used as the F.F. No. and checked by the *Panchayat* list (the community health nurse can successfully number an unnumbered village for the same purpose).

In an urban area with mixed house numbering the F.F. No. is unrelated. Consecutive numbering is maintained as far as possible.

In area of several villages or easily separated parts, different letters may be used to precede the number and each section filed separately. This makes the filing less unwieldy. In an area without clearly fixed demarcations or where people tend not to know where they live, one consecutive numbering system is to be preferred.

(a) All cards are kept in the Family Folder which are filed numerically. Different divider between every 100 and 10 folders.

(b) Each family must be given a F.F. No. identification card which the member must be expected to bring on all primary health centre visits. This card can have a dual purpose, i.e., weight or appointment card but the F.F. No. must be clearly marked on the front and this is its most important function.

(c) There must be a cross index in order to discover the F.F. No.

easily, should the identification card be lost or forgotten.

(i) The cross index filing is based on head of family or husband's name.
(ii) English or regional language cross index is to be made and is filed alphabetically within each letter.

If cross index filing is not available due to lack of cards then a cross index register can be maintained having Heads of family or husband's name written alphabetically with the F.F. Nos. written side by side.

Drill when someone comes to the community health centre

(1) Present identification F.F card and F.F. is immediately found.
(2) If F.F. No. identification card is not available, ask husband's name, look up in cross index and F.F. number is discovered. Make out a new F.F. identification card.

Drill when new family comes whether that attends clinic or not

(1) Make individual cards and family folder and put F.F. No. on each.
(2) Give family F.F. No. identification card.
(3) Make out cross index cards and file alphabetically.
(4) Make out visiting index card and file in a correct way for the next visit.

Visiting Index System

A second index system is used to record visits due and work done.

Each worker's area is divided into four separate functional units. They should be roughly the same size in work load (The four parts may be called I, II, III, IV and each part will normally be visited during the corresponding week of the month).

An index card must be prepared for each Family Folder. This has the family name and F.F. No. in the front and record of visits done is kept on the back (Post cards are printed to last for 5 years, but we can work the system with $^1/_2$ post card hand-ruled to last the same period

for economy reason or if printed cards are not available).

A card file or a box with divider must be provided for each worker separately. Divider should be of different colour, and set up as under:

(1) 12 dividers labelled with the months;
(2) 6 sets of dividers labelled for the 4 weeks;
(3) 1 special visits divider.

The visiting index cards must now be divided into four areas and a mark placed at the bottom of each card to denote the area to which it belongs, i.e., I, II, III, IV, which will correspond to the week in which visiting is to be carried out. It is essential to ensure that the card is returned to its right place after special visits and to enable quick checking on the correct use of the index.

To begin with, the index card must be placed with reference to the Family Folder only. Taking area I, the decision has to be made for each card. Is the family to be visited in the current month or one, two or three months into the future ? The card is then placed in front or after the 1st week divider in the appropriate month (according to filing preference). The same procedure is followed for the other three sections II, III, and IV. Having made this original distribution of work ready for the first week of month the method is simple. The cards in the current first week section represent the families to be visited that week. These F.F.'s must be got out and prepared. When the visit has been paid the date is entered on the back of the index card and the time for the next visit is then judged, and the index card is then placed in the first week section of the month in which the next visit will be due, or else under special visits if visit is to be carried out earlier than a month.

N.B.: No. index card must ever be placed out of its right week. If visit is required more often than once a month for some reason, the index card must be removed to the special visits section and remain there until monthly visiting cards begin again — care must then be taken by reference to the section number at the bottom of the index card, to return it to its right week in the month.

Some families attend the community health centre and these attendances are in response to that desirable pattern of home visiting. When preparing for home visit, the clinic attendances made by the family since the last home visit should be entered in red on the back of

the index card and if appropriate the index put immediately to a later date. This entry of visits and clinic attendances gives a better picture of family supervision and is much quicker to check reference to the family folder.

This system makes it possible for a second worker to take over the visiting intelligently from the beginning since priorities are indicated. It also reduces planning time by indicating immediately what visit is due. It makes it easier for the worker to plan her visit in relation to reality, since if at the end of every week she has half her families unvisited, it is obvious that she must either visit twice as fast or half as often.

Unvisited families at the end of the week must be carefully reviewed.

Usually these families should be visited when their turn falls in the regular course. The number of families receiving special visits when out of their correct week must be carefully watched, or the whole system will break down.

There is one situation that is different to record immediately in this system. This is the follow up of a clinic visit by special visits. In this case the record of visits done will have to await the previously predicted date of visit and consequent appearance of the visiting index card.

> *N.B.*: For the same reason that it is possible to find any one without visiting index card, no attempt should be made to try to record clinic visits after they have been made. Only during previsiting preparation when the index card and the Family Folder are brought, should this attempt be made.

When the visiting area is made up of several villages, each village may be taken as a separate week's visiting; or each village may be divided into four parts and one day each week devoted to each. In the latter case, sub-divisions for each village may be necessary to keep proper visiting schedule. Also village visits may be made as under.

Village with less than 500 population——visit *once* a month.
Village between 500-1000 population——visit *twice* a month.
Village with more than 1000 population—*Four times* a month.

In this manner full justice can be given to villages of all sizes by a methodically divided home-visits schedule.

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