



ASSESSING SKILLS IN DEVELOPING COMPREHENSIVE

ACTIVITIES FOR HEALTH EDUCATION

A SUPPLEMENT

TO THE

MANUAL ON HEALTH EDUCATION

IN PRIMARY HEALTH CARE

ASSESSING SKILLS IN DEVELOPING COMPREHENSIVE

ACTIVITIES FOR HEALTH EDUCATION

ASSESSING SKILLS IN DEVELOPING COMPREHENSIVE

ACTIVITIES FOR HEALTH EDUCATION

ASSESSING SKILLS IN DEVELOPING COMPREHENSIVE

ACTIVITIES FOR HEALTH EDUCATION

ASSESSING SKILLS IN DEVELOPING COMPREHENSIVE

ACTIVITIES FOR HEALTH EDUCATION

ASSESSING SKILLS IN DEVELOPING COMPREHENSIVE

ACTIVITIES FOR HEALTH EDUCATION

ASSESSING SKILLS IN DEVELOPING COMPREHENSIVE

ACTIVITIES FOR HEALTH EDUCATION

ASSESSING SKILLS IN DEVELOPING COMPREHENSIVE

ACTIVITIES FOR HEALTH EDUCATION

ASSESSING SKILLS IN DEVELOPING COMPREHENSIVE ACTIVITIES IN HEALTH EDUCATION

The reader is asked, here, to bring together all the ideas, planning skills and health education methods to design comprehensive health education activities for a common health problem. This will serve as an opportunity for the reader to apply what he or she has learned from the manual on Health Education in Primary Health Care.

You are not asked to start from scratch. Questions are asked and space is provided for the answers. With most questions you will find the number of a section in the manual. A look at that section will help you to answer the question.

The reader is kindly asked to return a copy of his or her answers to:

Division of Public Information and Education for Health
World Health Organization
1211 Geneva
Switzerland
Attn: HED

This will help the planners of the manual to know if it has been useful and understandable.

The health problem used as an example is burns (and scalds). Burns are a common cause of injury and death among small children throughout the world. Although adults may be burned also, the major concern here is children. We do not assume that burns are a priority problem in every community. The reader should of course find out what the community sees as its own priorities before beginning a real programme.

The reader should attempt to answer all the questions. Answers should be based on the real situation in the community where he or she works or lives.

In the introduction to the manual it was stated that it was to serve as a guide to front-line health workers both for their work in the community and for the training of community health workers. After such training, it would be useful that the trainees themselves answer the questions in this supplement.

Many of the community health workers may not be able to read and write very well. If this is the case, the questions could be discussed with them either individually or in small groups, and the answers recorded. What the community health workers say should be recorded exactly as they say it. It would be useful if copies of their answers were also returned to WHO.

The reader's assistance in testing the manual is greatly appreciated.

THE PROBLEM OF BURNS

Before planning activities it is necessary to understand as much as possible about the problem being tackled. This section briefly presents some of the aspects regarding the causes, prevention, first aid measures, treatment, of burns and rehabilitation. The reader would be expected to gather more information from books, resource people and organizations such as the Red Cross or Red Crescent Societies, before proceeding on an actual plan.

a) Causes and prevention

For the most part burns are a result of human behaviour, often in the home itself. For example, a kerosene lamp does not light itself. Electric appliances do not plug themselves into outlets. Pots containing hot water or oil do not turn themselves over. Of course lightening may strike a house, starting a fire that burns people inside. But most burns come directly or indirectly from a fire lit by a human being. Because behaviour usually causes the problem, health education is an important part of the solution.

Prevention involves behaving safely with fire and hot objects. It also may require the community to think of new ways to use fire that are less dangerous. For example, further on, you will be asked to think of ways in which you and the people in the community where you work can find safer and acceptable alternatives to cooking fires that are placed at ground level where children can reach them.

b) First aid and treatment

Below are summarized the first aid measures and treatment for burns used by the Red Cross and Red Crescent Societies. As mentioned, the reader and community members should make inquiries in the community to find out more details about the issue of burns before beginning action.

1. Whether burns or scalds are caused by dry heat, flame or hot liquid, all basically require the same first aid measures.
2. If a person suffers a burn or scald that is bigger in size than the palm of his own hand, he must be referred to qualified aid after first aid has been given.
3. The first action is to cool the burn with water; this may be done by:
 - putting the burned part into clean water;
 - placing the burn under running water; or if neither of these is possible,
 - putting wet, cold and clean pads on the burn.

4. A burn or scald should not be put under water but dressed with a thick pad of the cleanest cloth available if the burned area is:

- larger than the person's palm; or
- the skin is burned away; or
- blisters are broken.

The same measures should be taken if the burn is on a part of the body that cannot be put under water.

Putting anything else besides clean cold water and a clean cloth pad on a burn will probably lead to infection.

5. Burns bring about pain and fear that could result in shock. To prevent shock the sufferer should lie down on his back, with something like a pillow or rolled up blanket under his feet to raise them. The reader should find out more about preventing shock by looking up the subject in a manual on first aid.

6. A burned person may become thirsty and dehydrated. Prepare an oral rehydration drink for the person but only if he is conscious.

7. To prevent infection and further injury:

- never open blisters;
- never pull away clothes that are burned onto the skin; and
- never put an open blistered burn into water, just dress it with a clean pad.

c) Rehabilitation

Burn injuries, if serious, may require a long convalescence or may result in disability such as blindness or crippling. Since many different types of problems may arise after burns, rehabilitation will not be discussed in detail. The health worker should be prepared to counsel families who have a disabled child and link them with appropriate rehabilitation resources.

RESPONSIBILITIES OF HEALTH TEAM MEMBERS AND OTHER COMMUNITY WORKERS

For example, during a home visit, a public health inspector can discover dangerous situations that may lead to burns. If he notices such problems, he can counsel the family, demonstrate safety measures and link them with resources to improve the situation.

a) Team members

List your own occupation or profession below. Then list the other health and community workers who can be found in the community where you work.

b) Roles

As in the example of the health inspector above, describe what each person you have listed (including yourself) can do for the prevention and treatment of burns. See section 5.9 of the Manual.

RELATIONSHIPS AND COMMUNICATION

In chapters 1 and 2 the importance of good relationships and communication between the health worker and the community was discussed, especially in sections 2.1 and 2.2. In the space below, describe your relationship with the community in which you work. Mention what you do to make yourself visible and accessible to the community you serve. Also note improvements you would like to make in your relationship with the community.

COMMUNITY PARTICIPATION

For example, some communities have health or development committees that can plan action and mobilize people for self-help. Such a committee would be a base from which to plan activities on burns. See sections 2.3, 6.5 and 6.6.

a) Existing groups

In the community where you work, are there any health or development committees, village councils or other groups representing the community? If yes, list them and describe their normal activities. Say how they might participate in the planning of activities about burns.

b) No groups

If there are no community groups, describe what you would do to make sure that there was community participation in planning the activities on burns.

COLLECTING INFORMATION

In a good plan there must be information that describes the situation at the beginning of the activity; it will then be possible to judge whether any change for the better has occurred by the end of the activity. Review section 3.1, then outline:

a) what information would be needed about burns:

b) how it could be found in the community where you work:

c) who would be responsible for gathering the information:

d) how clinic records would be useful:

UNDERSTANDING BEHAVIOUR THAT CAUSES BURNS

Review sections 1.2 and 3.2 for assistance with this part.

a) Things that are normally hot

Some things are supposed to be hot, for example a cooking fire, or an iron for clothes. These can cause burns if children touch, knock over or fall into them. The actions of adults can make these hot things more or less dangerous for children. One example is given below. Think of more and write down all the places where one normally finds fire and heat in the community where you work. Then write those down and as many other examples as you can think of.

If an adult does this:

builds a fire or puts a stove at a low level and leaves it unattended

then a child may

touch or fall into a cooking fire or stove

b) Accidental fires

Fire may get out of hand and burn a house, field or forest. Children can get caught in such fires. Here are two examples of how people's behaviour may be responsible for starting such a fire. List as many other examples as you can think of.

- Matches were left around the house and children played with them.
- Someone burned refuse in the open on a dry, windy day.

c) Reasons for the behaviour

For each kind of behaviour you have listed above, describe how this behaviour may have been affected by beliefs, knowledge, values, attitudes, availability of resources and skills, and the influence of important people. Here are examples: A cooking fire may be built close to the ground because the family has neither the knowledge or skills to build it any other way. The fire may be left unattended because an important friend or relative wanted to visit the mother.

TREATING BURNS

Again look at sections 1.2 and 3.2 but also refer to pages 2-3 in this chapter.

a) Immediate action

Immediate action to stop or remove whatever is causing the burning is necessary. Infection and shock must also be prevented. While certain first aid actions were recommended earlier, there are always traditional home remedies that people want to use. For example, people have been known to put grease, butter, banana leaves, animal hides, papaya (paw paw) leaves, herbs and faeces on burns.

List the traditional actions that people in the community where you work take as first aid measures for burns and scalds.

b) Health education activities for the whole community

See chapters 6 and 7 for ideas.

Think about the ways of behaving and the reasons for these behaviours that you have listed on previous pages. From this, what health education activities do you think would be appropriate for the whole community? List and describe briefly these activities:

If you have listed a poster among these measures, make a small drawing of a poster that you think might be useful in your community. Describe how you would make sure that the poster is acceptable.

c) Health education activities for groups

Refer to chapters 5 and 7 for help.

List all the groups in the community where you work with which health education activities could be planned for the prevention of burns. Say why and how each group could help.

List and describe health education activities that would be appropriate for these groups.

Let us assume that a story may be a good method to use with one of the groups. Write out a story below and say with which group you would use it.

d) Health education with individuals

Read chapters two and four for assistance.

One example may be a demonstration during a home visit. Describe what you could demonstrate in homes in your own community. What materials would you need? How would you go about collecting the materials and presenting the demonstration?

Now describe other opportunities and activities for health education with individuals on the problem of burns.

HEALTH EDUCATION ACTIVITIES FOR FIRST AID AND TREATMENT

Using the last section as your example, write out plans for health education activities concerning first aid and treatment of burns. Consider (a) objectives, (b) activities for the community, (c) activities for groups, and (d) activities for individuals. Describe your ideas exactly as you have done in the previous section.

RESOURCES

See section 3.4 for guidance.

a) Resources inside the community

As mentioned in this manual, it is best to try to find resources in the community. For example, can you think of any local source for clean pads for covering a burn?

List below the resources that would be needed to prevent burns and give first aid and which could be found in the community.

b) Outside resources

Now describe what, if any, resources (people, money, materials, etc.) would need to come from outside the community. Also describe how you would go about making the link between such resources and the community.

A TIMETABLE FOR ACTION

Section 3.5 discussed the value of drawing up a timetable so that the people involved would know what is to happen and when it should happen. Draw up a sample timetable for the activities you have proposed for burn prevention and first aid. Be sure to indicate by what date people should be practising preventive and first aid behaviour.

| Activity | Date completed | Persons responsible |
|----------|----------------|---------------------|
| | | |

EVALUATION

Review section 3.7 for ideas on this subject.

a) Evaluation of progress

It is necessary to look for problems early so that they can be corrected before too much damage is done. Describe steps that you and the community planning group can take to make sure that action on the programme is going as desired.

By way of example, let us assume that first aid supplies have been ordered, but have not arrived on the scheduled date. What would you and the planning group do about this?

b) Evaluating results

Look at the objectives you have listed for prevention and first aid. Describe how you and the planning group would get the information that would tell you whether the objectives had been achieved.

c) Considering results

1) Assume the activities were successful. What should the planning group do at this point about the problem of burns and about other issues?

2) Assume that the activities were not as successful as desired. What would you do in that situation?

INFORMATION ABOUT THE READER

In addition to answering the questions in the previous sections, you are also invited to write a little bit about yourself.

1. Occupation/Profession _____

2. Number of years practising occupation/profession _____

3. Current status or position _____

4. Sex _____ 5. Age _____

6. Tick the word that best describes your home area

_____ rural village _____ large town

_____ small town _____ big city

7. Tick the word that best describes the place where you work now

_____ rural village _____ large town

_____ small town _____ big city

8. Describe your past education and professional training

9. Please write out any comments or criticisms that you have about this manual on health education in primary health care.

Date and place _____ Signature _____