

SUMMARY

This study was undertaken to collect information about community health education in Commonwealth countries, looking at activities and programmes relating to primary health care. Particular attention was paid to the role of the media, and to identifying programmes and projects that could be a stimulus to other countries.

A review of how the concept of community health education evolved historically suggests that it draws its roots from three broad areas, not easily distinguishable one from another: the field of health education of the public, changing foci in prevention, and the impetus from the primary health care approach, especially with regard to community participation. All Commonwealth countries claim to involve communities in health education although there are considerable qualitative and quantitative differences between countries. Responses to questionnaires suggested a gap between policy intent and implementation, stated preferences being for community participation in health education, but actual priority being given to the production of materials for health education.

From three case studies which looked in more depth at different ways countries are putting into effect community health education, it was clear that countries address different problems, and use quite varied strategies. It seems that community health education is a flexible and adaptable concept, involving people in action in very different ways. Tanzania reached a large number of villages through radio, listening groups, and group leaders; Sri Lanka linked families in villages with primary health services; and Cyprus took advantage of new medical technology to overcome public unwillingness to change traditional behaviour by shifting the emphasis of health education away from information to active prevention.

Although innovative community health projects were not easy to find, a few in Commonwealth countries are described, and others from other parts of the world are included. Some countries are breaking new ground in community health education, using an integrated approach, involving traditional healers in health education programmes, and experimenting with techniques like popular theatre, songs, and story-telling.

The review of the relationship between the mass media and community health education suggests that of all the media, radio is considered to have most potential, but that it works better as an educational tool when complemented by printed materials and different processes of interpersonal communication. One of the main considerations for health educators must be an understanding of the people they are trying to reach and the nature of the communication process.

Appendices to the study include a country-by-country description of community health education, and a selected annotated bibliography of useful references and resources.