

WORKSHOP 11: HEALTH EDUCATION*Chair:* P. Jane Neville*Rapporteur:* Luc van Parijs*Participants*

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The importance of health education is widely recognized, but in many areas it is not fully developed. The term "health education" has different meanings for different people, and each one tends to focus on just one aspect of health education. Therefore, the aim of the Workshop was to define the main components of health education activities and to answer several questions: What are the health educational activities in patient and community care? Who should carry them out? How and where can staff be trained for these activities? How can we ensure that health education activities are incorporated into leprosy control projects?

During the Workshop six papers were presented on the following topics, and these were considered to be the key issues: 1) public awareness activities; 2) patient education; 3) training of health workers for health education in leprosy work; 4) multidrug therapy (MDT): implications for health education; 5) development, production and distribution of health education materials; 6) primary health care: what are the educational tasks of the community health worker in relation to leprosy control?

Summary of recommendations

Public awareness activities in leprosy. There should be someone in the leprosy program with the task of liaison with media personnel who can provide access to media expertise, channels, etc. The liaison person should have experience and skills in or benefit from extra training in communication methods.

Awareness activities should be continuous throughout the year, not only on World Leprosy Day.

Simple studies should be conducted locally (including information from experienced workers) to provide background information about current beliefs, practice and attitudes toward leprosy among different groups. Information from these studies should be used in public awareness activities.

Patient education. Health workers should try to understand the reasons for noncompliance, rather than labeling a patient "uncooperative."

The major emphasis in leprosy care should be on educating the patients to want to be treated. Effective patient education should remove the need for defaulter tracing.

All health workers should receive training in patient education skills. Having acquired these skills, they need time to talk with patients. This may require adjustment in the programming of clinics and workload.

Guidelines should be agreed upon, whereby patient education is carried out in small steps and in a progressive manner according to the patients' needs. Written records to monitor progress in patient education and to obtain feedback could be used.

Training health workers in health education. A course or module on health education in leprosy should be included in the training program of all leprosy training centers (i.e., regional, national, local). Where courses do not exist they should be developed; where there are courses but their content is not adequate, they should be revised.

The following strategy should be adopted for in-service training: an initial workshop on health education/communication skills to demonstrate the approach and to identify potential trainers, a second workshop to

train the trainers, and a third visit to assist the trainers in implementing what they have learned in their own area. This strategy has budgetary implications and should cover a minimum period of 3 years.

The main training objectives for leprosy workers are: a) to learn to look at leprosy through the eyes of patients, their families and the public; b) to acquire skill in translating ideas into a language which the patient, family and public can easily understand; c) to learn interpersonal skills to ensure that communication with patient and community is effective; and d) to apply what has been learned above, using guidelines for specific field situations.

The emphasis in the evaluation of training should be on assessing how trainees use the health education guidelines in patient and community care and this through regular follow-up and supervision.

Training of teams of leprosy workers in an area is preferable to training just one level of health worker.

A list should be drawn up of available resource persons to conduct/assist in such training. The list should be made available to countries through ILEP Member Associations and the ILEP Coordinating Bureau.

Health education materials in leprosy. Development of materials should be at local level so as to be consistent with local language and culture, but production could be done more centrally.

Priority should be on pictorial materials used by field workers for patient and community education. Every field worker should have a set of flash cards and be trained to use them.

Separate materials should be designed for different target groups.

Materials should be pre-tested before production, evaluated and then revised. When possible, advice from a communication specialist should be obtained.

ILEP should take initiative in identifying agencies to help with material production in various regions, and provide funds to implement the above recommendations.

Implications for health education related to introduction of MDT. Prior to the implementation of MDT: a) all health workers involved in leprosy care should be trained in appropriate managerial, clinical and health educational aspects of the MDT program; b) all patients should receive adequate education concerning MDT. The initial preparatory training of staff and education of patients should be reinforced periodically.

The objective of leprosy control includes the prevention of disability as well as interrupting transmission of infection. Therefore, health education in all aspects of self-care remains a high priority.

Where appropriate, the general population should be informed about MDT prior to its implementation.

Educational tasks of peripheral health worker in leprosy control. A variety of types of peripheral health workers should be recognized in different places. They range from the informal contact person in the community to the trained health worker. They all influence community opinion about leprosy and are able to help patients emotionally and socially.

Informal contact persons in the village should be identified and listened to. They will devise their own activities. The health worker gives support when requested.

The trained peripheral health worker should encourage activities like drama, puppet shows, small group discussions in the community to inform people about leprosy. Other tasks can include: explaining to the patient and his family about treatment of leprosy; how to prevent deformity; about reactions and possible side effects of the drugs.