

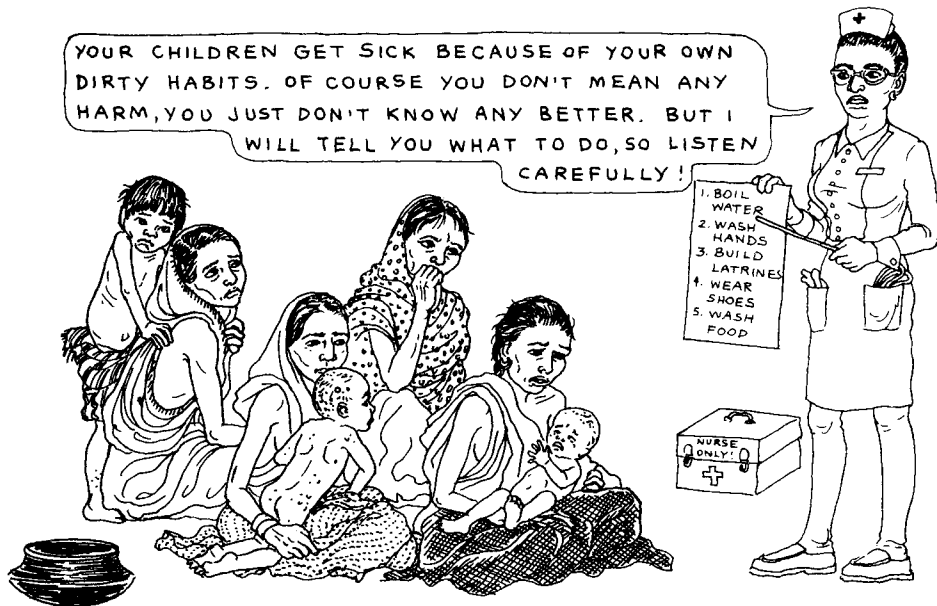
Looking at Learning and Teaching

CHAPTER 1

A health worker's most important job is to teach—to encourage sharing of knowledge, skills, experiences, and ideas. The health worker's activities as an 'educator' can have a more far-reaching effect than all his or her preventive and curative activities combined.

But depending on how it is approached, and by whom, health education can have either a beneficial or harmful effect on people's well-being. It can help increase people's ability and confidence to solve their own problems. Or, in some ways, it can do just the opposite.

Consider, for example, a village health worker who calls together a group of mothers and gives them a 'health talk' like this:



What effect does this kind of teaching have on people?

You can discuss this question with your fellow instructors or with the health workers you are training. Or health workers can discuss it with people in their villages. You (or the learning group) may come up with answers something like these:



"It's the same old message everybody's heard a hundred times! But what good does it do?"



"It goes in one ear and out the other!"

"The mothers just sit and listen. They don't take part."



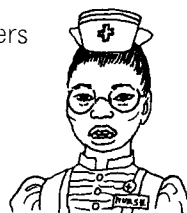
The more deeply your group explores this example of ‘health education’, the clearer the picture will become. Encourage the group to notice ways in which this kind of teaching affects how people view themselves, their abilities, and their needs. Persons may observe that:

“That kind of teaching makes the mothers feel ashamed and useless—as if their own carelessness and backwardness were to blame for their children’s ill health.”



“The health worker acts like she is God Almighty! She thinks she knows it all and the mothers know nothing!”

“Her uniform separates her from the mothers and makes her seem superior. It gives her outside authority. This may strengthen people’s respect for her, but it weakens their confidence in their ability to take the lead themselves.”



“I don’t think her health advice is realistic. Not for the poor in our area! It’s easy to tell people to boil drinking water. But what if a mother with hungry children spends her food money to buy firewood? Also, where we live, the land is already being turned into a desert because so many trees are being cut. For us, this ‘health message’ would make no sense.”*

“This is the way most of us were taught in school. The teacher is the boss. The students are considered ‘know nothing’. They are expected simply to repeat what they’re told. But isn’t this just another way of keeping the poor on the bottom?”



“I agree! This kind of ‘health education’ might get mothers to boil water, wash their hands, and use latrines. But in the long run **it may do more to prevent than to promote the changes we need for lasting improvements in our health.**”

The instructors, health workers, or villagers who discuss this question may arrive at answers similar to or very different from those suggested above. Their responses will depend, in part, on the local situation. But in part they will depend on how carefully the group *looks at*, *thinks about*, and *‘analyzes’* the issues involved.

*For more discussion about boiling drinking water, see p. 15-3.

Now consider another example. Here, a health worker gets together with a group of mothers and discusses their problems with them. She starts by asking questions like these:



What effect does this kind of teaching have on people? In discussing this question with your group, you may hear answers like these:

“Everybody takes part. It gets the group of mothers thinking and talking about their own problems.”

“The health worker doesn’t just tell them the answers. Everyone looks for answers together.”

“The health worker dresses like the other mothers and puts herself on their level. She is their friend, not their ‘master’. It makes everyone feel equal.”



“This sort of teaching certainly isn’t like what we got in school! It lets people feel their ideas are worth something. It helps people figure out their problems and work toward solving them themselves.”

“I’ll bet the mothers will want to keep working and learning together, because they are respected as thoughtful, capable human beings. It makes learning fun!”

Once again, when you discuss this teaching example with fellow instructors, health workers, or villagers, their answers may be very different from the ones shown here—or from your own. But if the group discusses the issues in depth, relating them to their own concerns and experiences, they will make many valuable observations. You will all learn from each other.

How something is taught is just as important as *what* is taught.

And the most important part of *how* something is taught is the *caring, respect, and shared concern* that go into it.



Aristotle, "Father of Science," wisely said . . .

**HOW CAN I TEACH
BUT TO A FRIEND?**

DIRECTING HEALTH EDUCATION TOWARD THOSE WHOSE NEEDS ARE GREATEST

People usually teach in the way they themselves were taught—unless something either alarming or loving happens to change the way they view things and do things. This is true for health workers. And it is true for those of us who are instructors of health workers. Most of us teach as we were taught in school.

Unfortunately, the purposes and methods of public schools are not always in the best interests of those whose needs are greatest. As we shall discuss, schools tend to reward the stronger students and leave the weak behind.

But the aim of 'people-centered' learning is just the opposite. It is to help those who are weakest become stronger and more self-reliant.

Community health education is appropriate to the extent that it helps the poor and powerless gain greater control over their health and their lives.

To become effective community educators, health workers need to develop approaches very different from what most of us have experienced in school.

For this to happen, it is essential that student health workers critically examine different ways of teaching during their training. They need to develop and practice teaching methods that can help ordinary working people to gain the awareness and courage needed to improve their situation.

In this chapter, we will look at the educational roles of both health workers and their teachers. Then we will consider some ways of helping health workers explore alternative approaches for teaching and learning with people.

THE TEACHING ROLE OF HEALTH WORKERS

Early during training, be sure to **have health workers think about the range of opportunities they will have for sharing and exchanging ideas in their communities.** After discussing the many possibilities, they might post them on a wall as a reminder:

OPPORTUNITIES FOR SHARING AND EXCHANGING IDEAS WITH PEOPLE IN OUR VILLAGES

We health workers can look for ways to . . .

Help families of sick persons find ways to care for them better and to prevent similar sickness in the future.



Help organize village meetings to discuss local problems. Encourage others to become 'health leaders'.



Help mothers find ways to protect their own health and that of their children.



Exchange ideas and information with local midwives, bone setters, and traditional healers.



Interest school children (and those who do not go to school) in learning to meet the health needs of their younger brothers and sisters.



Talk with youth groups and farmers about possible ways to improve their crops or to defend their land and rights.



This list is only a beginning. Your group may think of many other possibilities.

Also, try to get the group thinking about the different ways people learn. In their village, there may be many people who have never gone to school. They may not be used to classes, lectures, or 'health talks'. Traditionally, people learn from stories and play, by watching, copying, and helping others work, and through practical experience. **Ask your students what are the customary ways of learning in their villages.**

Encourage your students to think of ways that they might adapt health education to people's local forms of learning. Here are some possibilities, which we discuss in the chapters indicated.

- story telling, Ch. 13
- songs, p. 1-26 and 15-15
- play (learning games), Ch. 11, 19, and 24
- make-believe (learning by imitating), Ch. 24
- role playing (acting out problems and situations), Ch. 14
- popular theater and puppet shows, Ch. 27
- apprenticeship (learning by helping someone more skilled), Ch. 8
- practical experience, Ch. 6 and 8
- small group discussions, Ch. 4 and 26
- solving real problems, Ch. 8, 10, 14, 17, 25, 26, and 27
- trial and error (finding things out for oneself), Ch. 11, 17, and 24
- building on the knowledge, skills, customs, and experience that people already have, Ch. 7 and 13

We health workers need to adapt our teaching to people's traditional ways of learning—ways they are already used to and enjoy.

THE ROLE OF HEALTH WORKER INSTRUCTORS

It is not enough to explain to health workers about 'people-centered' education. We teachers must set an example. This means we must carefully and frequently examine our own teaching habits, in terms of both **the methods we use** and **the way we relate to our students**.

- **The methods we use.** If we would like health workers to use stories when teaching village mothers, then we, too, need to use stories for helping health workers learn. If we would like them to help children learn through puppet shows, games, and discovering things for themselves, we must let them experience the excitement of learning in these ways. If health workers are to help farm workers discuss problems and choose their own courses of action, then we must give health workers similar opportunities during training. **Health workers will be more able to help others learn by doing if they, themselves, learn by doing.**
- **How we relate.** *How* we instructors teach health workers is just as important as *what* we teach them. But *how we teach* depends greatly on *how we feel* toward our students.

If we respect our students' ideas, and encourage them to question our authority and to think for themselves, then they will gain attitudes and skills useful for helping people meet their biggest needs.

But if we fail to respect our students, or make them memorize lessons without encouraging them to question and think, we may do more harm than good. Our experience has shown us that health workers trained in this way make poor teachers and bossy leaders. Rather than helping people gain the understanding and confidence to change their situation, they can even stand in the way.



To set a good example for health workers, we instructors need to:

- Treat the health workers as our equals—and as friends.
- Respect their ideas and build on their experiences.
- Invite cooperation; encourage helping those who are behind.
- Make it clear that we do not have all the answers.
- Welcome criticism, questioning, initiative, and trust.
- Live and dress modestly; accept only modest pay.
- Defend the interests of those in greatest need.
- Live and work in the community. Learn together with the people, and share their dreams.

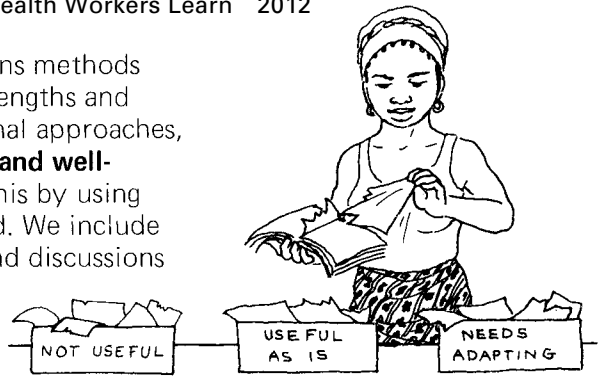
These ideas are beautifully expressed in this old Chinese verse:

*Go in search of Your People;
Love Them;
Learn from Them;
Plan with Them;
Serve Them;
Begin with what They have;
Build on what They know.*



*But of the best leaders
when their task is
accomplished,
their work is done,
The People all remark:
"We have done it Ourselves."*

The rest of this chapter concerns methods for helping people look at the strengths and weaknesses of different educational approaches, **especially as they affect the lives and well-being of the poor.** We try to do this by using the same methods we recommend. We include examples of stories, role plays, and discussions that various groups have found useful in health worker training.



We ask you to use these materials not as they are, but as sparks for ideas. Think about them. Criticize them. Tear them to pieces. If you find any parts useful, adapt them to fit the people and needs in your own area.

We encourage you to tear our ideas to pieces. Save only what you can use or adapt to your area.

BEGINNING WITH YOUR OWN TRUE STORY

Helping people begin to look at things in new ways is a teacher's chief job. This is easier if we **look at ideas, not in terms of general theories, but through real-life examples.** It is better still when the examples come from the lives and experiences of the learning group.


As the instructor, why not start by setting the example? Tell a story from your own experience, one that brings out certain points or problems that need to be considered. The group can then discuss the story, adding to it from their own ideas and experiences.

**Stories can bring learning closer to life—
especially true stories told from personal experience.**

It is important that, as group leader, you 'expose' yourself by telling personal experiences that matter deeply, or that somehow changed the way you look at things. This will help others to open up and speak of things that really matter to them.

The following story is both true and personal. We have used it to start groups of health workers and instructors thinking about some of the human factors related to teaching and learning. But we do not provide any follow-up discussion here. We leave that up to you and your group.

You can try using this story 'as is' with your students and your group. Or even better, tell a story from your own experience. Let your students know you as a person!



A suggestion for reading stories:
If a story like that which follows is read in a group, take turns reading. Let each person read a paragraph.

A true story: THE IMPORTANCE OF NOT KNOWING IT ALL

A teacher of village health workers who had a college degree was working as a volunteer in the mountains of western Mexico. One day he arrived at a small village on muleback. A father approached him and asked if he could heal his son. The health worker followed the father to his hut.

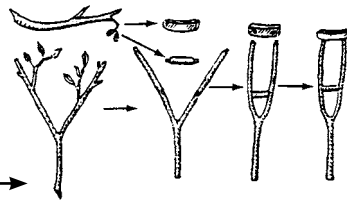
The boy, whose name was Pepe, was sitting on the floor. His legs had been paralyzed by polio. The disease had struck him as a baby. Now he was 13 years old. Pepe smiled and reached up a friendly hand.

The health worker examined the boy. "Have you ever tried to walk with crutches?" he asked. Pepe shook his head.

"We live so far away from the city," his father explained apologetically.

"Then why don't we try to make some crutches?" asked the health worker.

The next morning the health worker got up at dawn. He borrowed a *machete* (long curved knife) and went into the forest. He hunted until he found two forked branches.



He took the branches back to Pepe's home and began to make them into crutches, like this. →

The father came up and the health worker showed him the crutches he was making. The father examined them for a moment and said, "They won't work!"

The health worker frowned. "Wait and see!" he said.

When both crutches were finished, they showed them to Pepe, who was eager to try them out. His father lifted him into a standing position and the health worker placed the crutches under the boy's arms.

But as soon as Pepe tried to put his weight on the crutches, they doubled and broke.

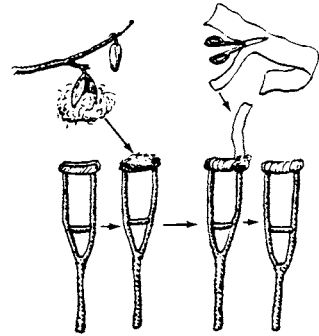
"I tried to tell you they wouldn't work," said the father. "It's the wrong kind of tree. Wood's weak as water! But now I see what you have in mind. I'll go cut some branches of *jutamo*. Wood's tough as iron, but light! Don't want the crutches to be too heavy."

He took the *machete* and trotted into the forest. Fifteen minutes later he was back with two forked sticks of *jutamo*. At once he set about making the crutches, his strong hands working rapidly. The health worker and Pepe assisted him.



When the new crutches were finished, Pepe's father tested them by putting his full weight on them. They held him easily, yet were lightweight. Next the boy tried them. He had trouble balancing at first, but soon was able to hold himself upright. By afternoon, he was actually walking with the crutches. But they rubbed him under the arms.

"I have an idea," said Pepe's father. He went across the clearing to a *pochote*, or wild kapok tree, and picked several of the large, ripe fruits. He gathered the downy cotton from the pods, and put a soft cushion of kapok onto the top crosspiece of each crutch. Then he wrapped the kapok in place with strips of cloth. Pepe tried the crutches again and found them comfortable.



"Gosh, Dad, you really fixed them great!" cried the boy, smiling at his father with pride. "Look how well I can walk now!" He bounded about the dusty patio on his new crutches.

"I'm proud of you, son!" said his father, smiling too.

As the health worker was saddling his mule to leave, the whole family came to say good-bye.



"I can't thank you enough," said the father. "It's so wonderful to see my son able to walk upright. I don't know why I never thought of making crutches before . . ."

"It's I who must thank you," said the health worker. "You have taught me a great deal."

As the health worker rode down the trail he smiled to himself. "How foolish of me," he thought, "not to have asked the father's advice in the first place. He knows the trees better than I do. And he is a better carpenter."

"But how fortunate it is that the crutches that I made broke. The idea for making the crutches was mine, and the father felt bad for not having thought of it himself. When my crutches broke, he made much better ones. That made us equal again!"

So the health worker learned many things from Pepe's father—things that he had never learned in college. He learned what kind of wood is best for making crutches. But he also learned how important it is to use the skills and knowledge of the local people—important because a better job can be done, and because it helps maintain people's dignity. People feel more equal when each learns from the other.

It was a lesson the health worker will always remember. I know. I was the health worker.

David Werner

IDEAS FOR A DISCUSSION ABOUT SHARING AND SELF-RELIANCE

People's health depends on many things—on food, on water, on cleanliness, on safety. But above all, it depends on sharing—on letting everyone have a fair share of land, opportunity, resources—and knowledge.

Unfortunately, many doctors (and many traditional healers) tend to carefully guard their knowledge rather than to share it openly. Too often they use their special knowledge to gain power or privilege, or to charge more for their services than is fair.

Health workers can easily fall into these same unhealthy habits. So their training must help them guard against this. It should help them realize that to share their knowledge and skills freely is important to people's health. Sharing of knowledge helps people become more self-reliant.



Self-reliance as a measure of health: A person who is very sick needs to be cared for completely. He can do almost nothing for himself. But as his health improves, so does his capacity for self-care. Health is closely related to people's ability to care for themselves and each other—as equals.



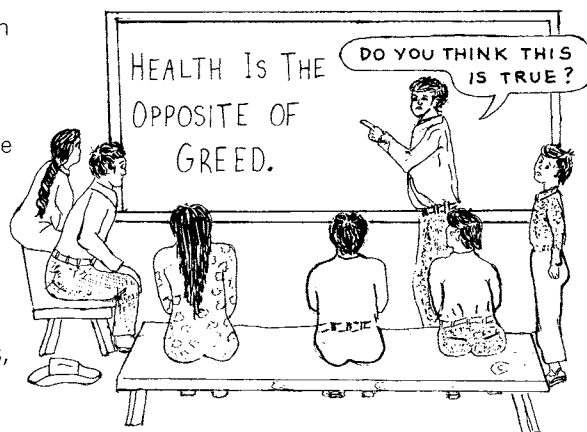
These may be important ideas. But at present they are just *our* ideas. How is it possible to get a group of health workers thinking about and reacting to ideas like these? And forming their own ideas? Lecturing will do little good. A better way is to help people discover things through thoughtful discussion.

To start, you might find it helpful to ask questions like these:

- How are persons who are sick different from persons who are healthy?
- Which are better able to care for themselves? Who needs to be taken care of?
- Who have more health problems, the rich or the poor? Why?
- What do health and well-being have to do with self-reliance? Of a person? Of a family? Of a village or community? Of a nation?
- Can you give examples from your own experience?

After discussing these questions, you might ask:

- What should be the main goal of health education?
- What should be your responsibilities as a health worker?

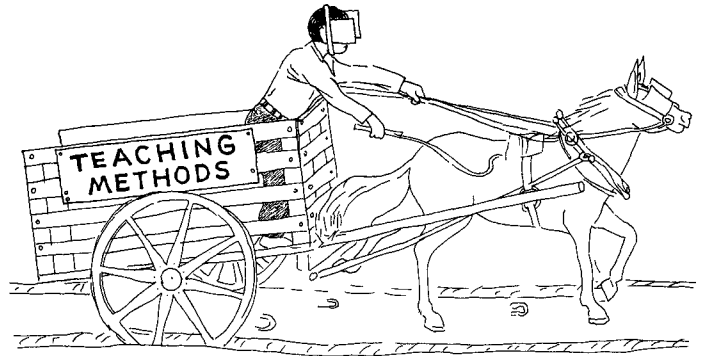


STARTING A DISCUSSION

Guide the students in discussing these things, but let them come up with their own answers.

A PUZZLE TO GET PEOPLE THINKING IN NEW WAYS

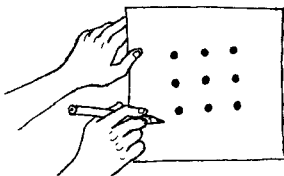
All of us, teachers and students alike, get into 'ruts'. And like horses with blinders, we often tend to look at things from a narrow point of view. We keep on trying to solve problems in the same old way.



New approaches to health care require new approaches to teaching and learning.

This means tearing off the conventional 'blinders' that limit our vision and imagination. It means going beyond the walls of the standard classroom and exploring afresh the world in which we live and learn.

A number of 'tricks' or puzzles can be used to help planners, instructors, or students realize the importance of looking at things in new ways—of going beyond the limits their own minds have set. Here is an example:



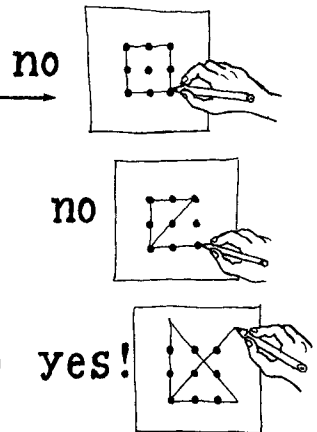
Draw 9 dots on a paper, on the blackboard, or in the dust, like this:

Ask everyone to try to figure out a way to connect all the dots with 4 straight lines joined together (drawn without lifting the pencil from the paper).

You will find that most persons will try to draw lines that do not go outside the imaginary square or 'box' formed by the dots.

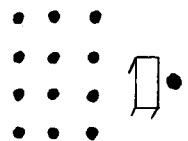
Some may even conclude that it is impossible to join all the dots with only 4 lines. You can give them a clue by saying that, **to solve the puzzle, they must go beyond the limits they set for themselves.**

At last, someone will probably figure out how to do it. The lines must extend beyond the 'box' formed by the dots. (Be careful not to shame the students or make them feel stupid if they cannot solve the puzzle. Explain that many doctors and professors also have trouble with it.)



After the group has seen how to solve the puzzle, ask some questions that help them consider its larger significance. You might begin with questions like these:

- In what way is a classroom like the box formed by the dots?
- How does the idea that 'education belongs in a classroom' affect the way we look at learning? At health? At each other?



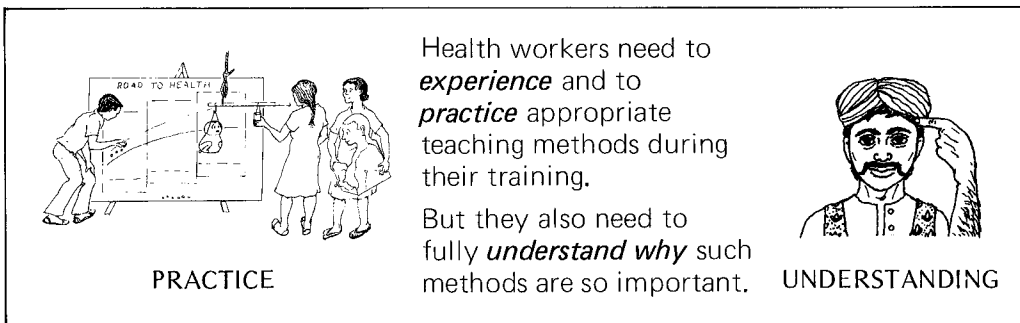
And end with questions like these:

- What can we do to help each other climb out of the mental 'boxes' or 'ruts' that confine our thinking, so we can explore new ways with open minds? Is this important to people's health? How so?

'CRITICAL STUDY OF TEACHING METHODS' AS PART OF HEALTH WORKER TRAINING

Some training programs schedule several hours a week for the study of 'learning how to teach'. The learning group starts by exploring and critically analyzing different educational approaches. Next they practice teaching—first with each other, then with mothers and children. They also learn to develop their own teaching materials.

To start by looking at and analyzing alternative teaching methods is especially important. Sometimes health workers go through a people-centered course without fully understanding the value of the new methods used. They may not realize that **the way they teach can either break down or build up people's self-confidence and community strength.** Without such understanding, they may later slip back into the more conventional 'teacher as boss' style of teaching. We have often seen this happen.



To assist health workers in developing this understanding, be sure to **allow time for the critical study of alternative approaches to learning.** Help the group to:

- Experience, analyze, and compare contrasting educational methods.
- Look critically at the existing school system in your area and how it affects the lives, economy, social position, and health of the poor. Discuss how conventional schooling influences the values and job performance of health officers, civil servants, teachers, and others.
- Look for ways that they (the health workers) can begin to change unfair or inappropriate social structures, especially the school system. This would mean to . . .
- Explore possibilities of working with school children, non-school children, and teachers in ways that relate learning to the lives and needs of the children. (See Chapter 24.)
- Try using more appropriate, friendlier teaching methods. And help others discover for themselves the value and excitement of people-centered learning.

The study of these issues will, of course, be more effective if you **use the same methods you want your students to learn** (see p. 1-6). Students can conduct their own investigation of different educational methods. Your role as instructor is to help the learning group ask searching questions, look critically at alternatives, and try out more people-centered teaching methods during training.

IDEAS FOR DISCUSSION ABOUT THE PURPOSE OF SCHOOLING

Whose needs is schooling designed to meet?



Many educators agree that **the primary purpose of education should be to help persons gain the knowledge, skills, and awareness necessary to meet life’s needs.**

But do the schools that most children—or health workers— attend really do this?

To answer this question, you and your group of teachers or health workers may first want to consider carefully: ***What are the biggest problems or needs of most people in your village or community?*** To do this, you probably do not have to conduct a survey or ‘community diagnosis’—at least not at first. You may already have a good idea of how most people in your area live, whether they have enough to eat, what they suffer from most, and why.


What is necessary is to openly and honestly **discuss the people’s needs, why they exist, and what might be the biggest obstacles to overcoming them.**

If you live in a village or poor community—as do most of the people in the world—your local situation may be something like this:

A TYPICAL VILLAGE (How does it compare with your own?)		
<u>PROBLEMS OR NEEDS</u>	<u>CAUSES</u>	<u>OBSTACLES TO IMPROVEMENT</u>
<p>Poor health, unnecessary suffering</p> <ul style="list-style-type: none"> • many children are thin, small, big bellied, often sick; many die • mothers are often pale, weak, and tired; many die, especially during or after childbirth • many fathers cannot find work, are not paid enough, or do not have enough land to meet the family’s needs for food, water, housing, health care, and education; many get drunk or lose hope; violence is the main cause of death in young men (between ages 15 and 40) 	<p>Poverty, too much in the hands of too few</p> <ul style="list-style-type: none"> • poor food, sweets and ‘junk food’, poor sanitation, inadequate health care; poor nutrition lowers resistance to infectious disease • large families because of economic necessity (children provide low-cost labor) • most of the land, wealth, and power are in the hands of a few; the rich underpay and exploit the poor • government (local, national, and international) favors the rich 	<p>Selfishness of some, hopelessness of others</p> <ul style="list-style-type: none"> • greed and corruption of those in control • people’s lack of self-confidence; no hope that things can be changed (<i>fatalism</i>) • lack of organization and effective leadership among the poor • increasing dependency of the poor on outside services, giveaways, resources, entertainment, and authority • inadequate and inappropriate education (for rich and poor alike)

After discussing the needs in your village, ask questions about the local schools and whose needs they are designed to serve.

Examples of questions to get people thinking and talking about the purpose of schooling:

- How much of what children are taught in school is *relevant* (related) to their daily lives and needs?
 - How long do most of the children stay in school? Which children drop out early? Why? What becomes of them?
 - Which children continue with their schooling? Why? Do they usually return to serve the community? Why or why not?
 - In what ways does the teacher set a good example or a bad example for the students? How does he or she relate to them? As a friend? As an equal? As their master?
- 

In what ways do our schools help this child to meet his needs?
- Who does the work that makes money available for schooling?
 - Who decides what is taught in the schools and how? Should the people in a village or community have some say as to what their children are taught? Should the opinions of the children be listened to?* (See footnote.)
 - In what ways do schools shape children's values? How does this affect their families? Their community? The poor?
 - Are children taught to question those in positions of authority, or to obey them? Why? How does this affect those who are powerless?
 - Whose needs does schooling serve the most, the weak or the strong? In what ways?
 - In what ways does schooling benefit or harm people in villages? In slums?
 - What changes have been taking place in recent years in the content or approach to schooling? Why? What changes would be needed for the schools to better serve the interests of the poor?

*For those who believe that children are too unwise or too inexperienced to make intelligent judgements about their educational needs, we suggest you read *Letter to a Teacher*, by the school boys of Barbiana, Italy (see p. 16-16).

These school boys from poor farming communities make remarkably sound and challenging suggestions for changing the school system to better meet the needs of the poor majority. Recognizing that many children of the poor leave school after only a few years, they insist that, "If schooling has to be so brief, then it should be planned according to the most urgent needs." They question the usefulness of each major subject. They ask, "How much math does one have to know for his immediate needs at home and at work?" History as taught in schools, they insist, is "no history at all," but "one-sided tales passed down to the peasants by the conqueror. There is talk only of kings, generals, and stupid wars among nations. The sufferings and struggles of the workers are either ignored or stuck into a corner."

These boys also criticize the fact that most schools encourage competition among students. It would be better, they say, if schools helped each child to feel that "Others' problems are like mine. To come out of them together is good politics. To come out alone is stinginess."

Schooling as a form of social control

Government schools tend to serve government purposes. Only to the extent that government is truly by and for the people, is schooling likely to prepare students to work toward meeting the needs of the majority of citizens in effective and lasting ways.



Whose needs does your school system serve?

In the world today, most governments do not represent all their people equally. Many governments are controlled by a powerful minority of politicians, businessmen, wealthy landholders, military leaders, and professionals (especially lawyers and doctors). These persons often care more about protecting their own interests than about looking for ways to improve the well-being of the poor majority. When they do consider doing something to help the poor, they are usually careful to do so in ways that do not threaten their own interests and authority.

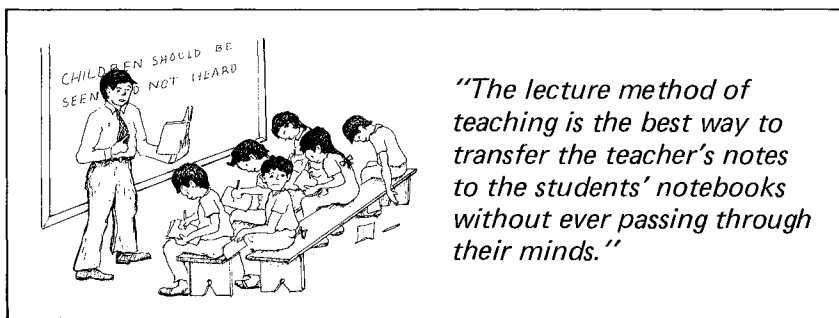
Schooling, from the viewpoint of those in power, involves a risk. When the poor learn to read and write, they can communicate and organize in new ways, in greater numbers, over larger distances. They can read things that help them discover their legal and human rights. They may ask themselves if it is really 'God's will' that a few persons have far more than they need, while others do not have enough to eat. They may even begin to realize that they can do something to change their situation.

This means that, for the few to keep their control, schools must teach poor people to obey authority as well as to read and write. So most schools teach students to fit into the existing social order rather than to question or try to change it.

How is this done? By putting emphasis on following rules, being on time, and 'behaving'. Students are encouraged to compete more than cooperate, to memorize rather than think. School books paint the present government as completely good and just, with leaders who always have the interests of all the people at heart.

But perhaps the most powerful means the schools have for teaching children to 'listen and obey' are the teaching methods themselves. Students are led to believe that the only way to learn is to be taught—by someone who knows more than they do. The teacher is set up as the 'master', an authority whose statements must not be questioned.

This kind of education is called *authoritarian*, because its purpose is to strengthen the authority of those in control. It is education designed to keep things as they are—*education that resists change*.



DOES YOUR TEACHING RESIST CHANGE, OR ENCOURAGE IT?

One of the main purposes of conventional or *authoritarian* education is to teach students to fit obediently into the existing social order. The teacher provides the approved knowledge, and the students receive it. The emptier the student's head to begin with, the better a student he is—according to the teacher and the system.

Unfortunately, many training programs for village or community health workers use this same kind of authoritarian approach. Students are taught to follow, not to explore; to memorize, not to think. They are taught to believe that their first responsibility is to the health system rather than to the poor.

Usually instructors teach this way, not because they mean any harm, but simply because they themselves grew up in an authoritarian school system. They may not know any other way to teach.



EDUCATION OF AUTHORITY:
putting ideas in

EDUCATION THAT ENCOURAGES CHANGE:

But there are other ways—ways that build the students' confidence in their capacity to observe, criticize, analyze, and figure things out for themselves. These ways let the students discover that they are just as good as their teachers and everyone else. They learn to cooperate rather than compete in order to gain approval. They are encouraged to consider the whole social context of their people's needs, and to look for imaginative and courageous ways of meeting them.

Teaching suggestion

Rather than tell the members of your group these things, help them to recall their own experiences and to figure things out for themselves.



EDUCATION OF CHANGE:
drawing ideas out

This we will call *education for change*. Emphasis is more on learning than on teaching. Students are encouraged to voice their own ideas. They figure things out for themselves, and explore ways to help people free themselves from the causes of poverty and poor health.

If a health worker is to be a 'leader for change', helping people find ways to solve their biggest problems, then it is important that his training itself set an example.

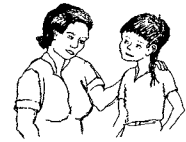
**Good teaching is the art,
not of *PUTTING IDEAS INTO* people's heads,
but of *DRAWING IDEAS OUT*.**

ROLE PLAYS THAT HELP PEOPLE EXPLORE TWO KINDS OF TEACHING



The bossy teacher

For health workers to appreciate the importance of appropriate teaching, it helps if they experience two kinds of teaching and then compare them.



The friendly group leader

A good way to do this is through 'role playing' (see Chapter 14). Here we give ideas for two role plays to compare the *bossy teacher* with the *good group leader*.

These role plays are most effective if they take the students by surprise. Although the whole class participates, at first students will not realize that the instructor is 'acting'— and that they are actors, too!

In the role plays, the instructor (or two different instructors) will **teach the same health topic in two very different ways**. Then the students compare their reactions to the two lessons. They discuss how each of the classes affects the learners personally, and how each prepares them to meet important needs in their communities.

The two role plays we present here deal with dental care. They have been used effectively in Latin America and Africa. But of course you can choose any health topic you want.

The first role play: THE BOSSY TEACHER in a conventional classroom

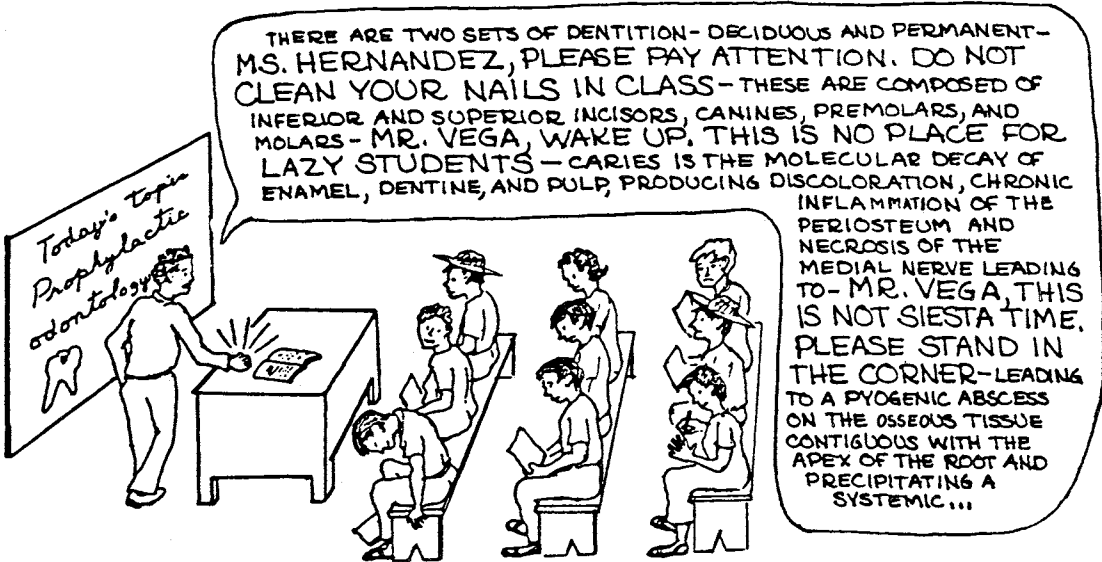
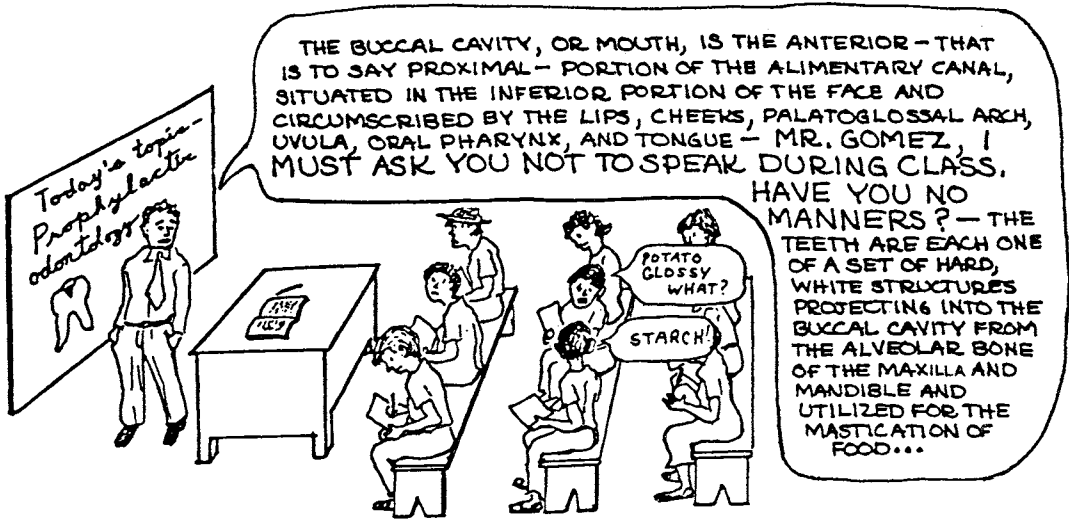
Suggestions to the instructor:

- Before the students arrive, put chairs or benches in neat rows, with a desk or podium at the front.
- When the students arrive, greet them stiffly and ask them to sit down. Make sure they are quiet and orderly.
- Begin the lecture exactly on time. Talk rapidly in a dull voice. Walk back and forth behind the desk. If some students come late, scold them! Use big words the students cannot understand. Do not give them a chance to ask questions. (It helps if you prepare in advance a few long, complicated sentences that use difficult medical terminology. Look in a medical dictionary, or copy phrases out of any professional textbook.)
- If any student does not pay attention, or whispers to a neighbor, or begins to go to sleep, **BANG** on the table, call the student by his last name, and scold him angrily. Then continue your lecture.
- From time to time, scribble something on the blackboard. Be sure it is difficult to see and understand.
- Act as if you know it all, as if you think the students are stupid, lazy, rude, and worthless. Take both yourself and your teaching very seriously. Permit no laughter or interruptions. But be careful not to exaggerate too much! Try not to let the students know you are acting.



The first role play: THE BOSSY TEACHER

The teacher talks over the heads of the bored and confused students, like this:



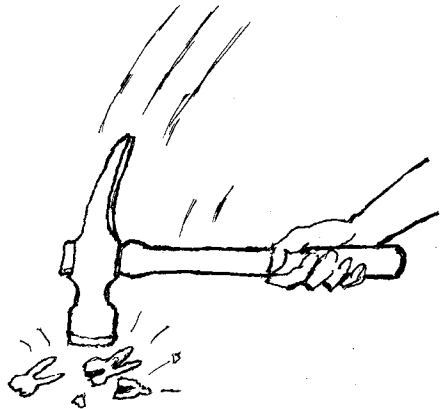
The lecture goes on and on—all very serious. At the end of the class, the teacher may simply walk out. Or he may ask a few questions like, “MR. REYES, WILL YOU GIVE US THE DEFINITION OF CARIES?” And when he gets no answer, scold him by shouting, “SO, YOU WERE SLEEPING, TOO! THIS GROUP HAS THE ATTENTION SPAN OF 5-YEAR-OLDS!” And so on.

The second role play: THE GOOD GROUP LEADER or 'facilitator'

This time, the instructor treats the students in a friendly, relaxed way—as equals. (This role can be played by the same instructor or a different one. Or perhaps a student could prepare for it in advance.)

Suggestions to the group leader:

- At the beginning of class, suggest that people **sit in a circle** so they can see each others' faces. Join the circle yourself as one of the group.
- As a group leader, you 'teach' the same subject as the instructor in the first role play. But whenever possible, try to **draw information out of the students from their own experience**.
- Be careful to **use words the students understand**. Check now and then to be sure they *do* understand.
- **Ask a lot of questions**. Encourage students to think critically and figure things out for themselves.
- **Emphasize the most useful ideas and information** (in this case, what the students can do in their communities to prevent tooth decay).
- **Use teaching aids that are available locally** and are as close to real life as possible. For example, you might invite a young child to the class so students can see for themselves the difference between baby teeth and permanent teeth.
- Do not waste a lot of time discussing detailed anatomy. Instead, include such information when it is needed for understanding specific problems.
- Have students look in each others' mouths for cavities. Then pass around some rotten teeth that were pulled at the health center. Let students smash the teeth open with a hammer or rock, so they can see the different layers (hard and soft) and how decay spreads inside a tooth. Ask someone to draw the inside of a tooth on the blackboard.
- **Encourage students to relate what they have seen and learned to real needs and problems** in their own communities. Discuss what action they might take.

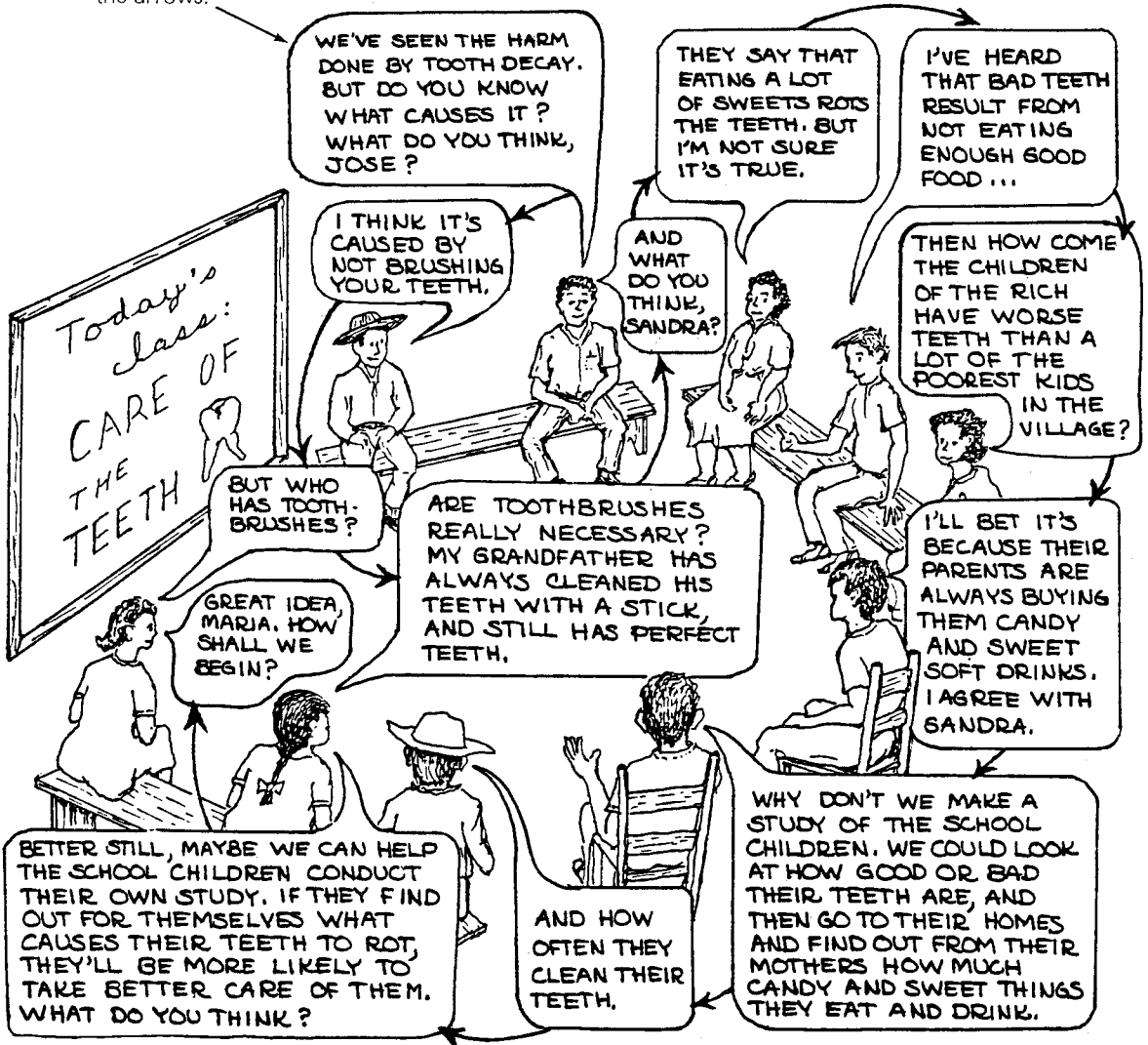


Students can break open teeth that have been pulled to see for themselves what the inside of a tooth looks like and what damage a cavity can cause.

The second role play: THE GOOD GROUP LEADER

The teacher or leader tries to get a discussion started—then stays in the background as much as possible, like this:

To follow this discussion, start here and follow the arrows.



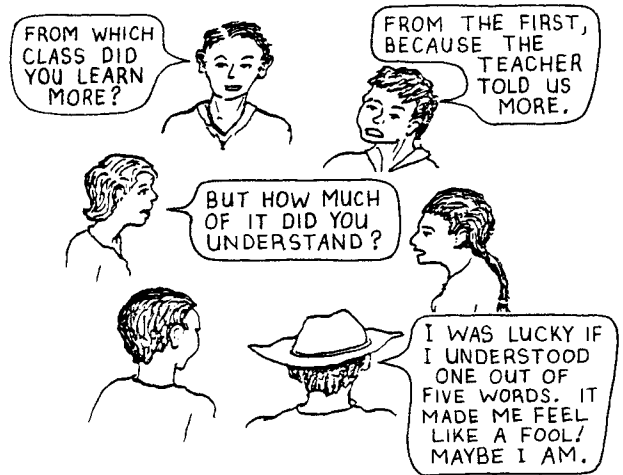
At the end of class, the leader asks the group what they have learned and what they plan to do with what they have learned. He helps them realize that the ideas raised in class need not end in the classroom, but can be carried out into the real world—into the communities where the health workers live and work.

Group discussion following the two role plays

You may want to discuss what the students think about the first role play as soon as it is over. Or you may want to wait until both role plays have been presented, so the students can compare them.

Good questions to start a discussion might be:

- What did you think of the two classes (on dental care)?
- From which class did you learn more?
- Which did you like better? Why?
- Who do you think was the better teacher? Why?



You may be surprised at some of the answers you get! Here are a few answers we have heard students give:

"I learned more from the first class, because the teacher told us more. I learned a lot of new words. Of course, I didn't understand them all . . ."

"The first class was much better organized."

"I liked the second class better, but the first one was better taught."

"The second class was too disorderly. You could scarcely tell the teacher from the students."

"The first teacher wasn't as nice, but he had better control of the class."

"The first teacher was by far the best. He told us something. The second one didn't tell us anything we didn't already know!"

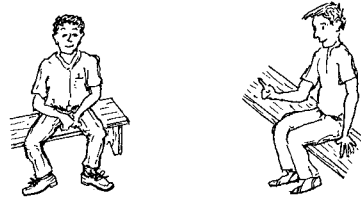
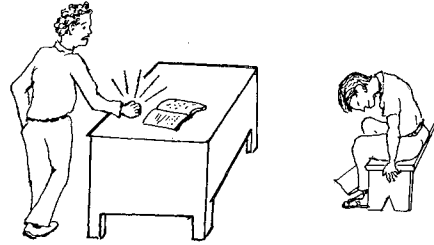
"I felt more comfortable in the first class—I don't know why. I guess I knew that as long as I kept my mouth shut, I'd be all right. It was more like real school!"

"The second class was more fun. I forgot it was a class!"

By asking still more questions, you may be able to get the students to look more closely at what they learned—and have yet to learn—from the two classes. Follow through with questions like these:

- In which class did you **understand** more of what was said? Does this matter?
- From which class can you **remember** more? Does this matter?

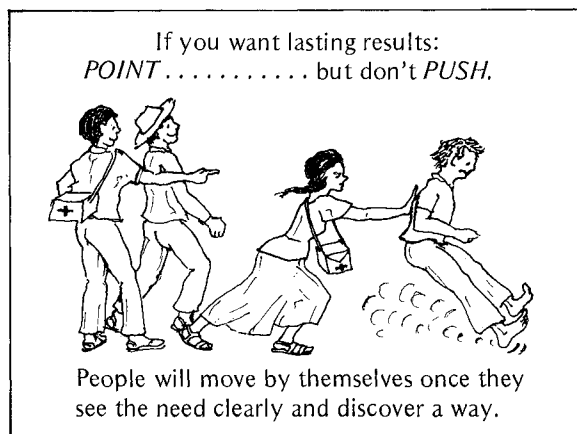
- Do you remember something better when you are told the answer, or when you have to figure out the answer for yourself?
- In which class did students seem more interested? More bored?
- In which class did you feel freer to speak up and say what you think?
- Which class had more to do with your own lives and experience?
- From which class did you get more ideas about ways to involve people in their own health care?
- Which class seemed to bring the group closer together? Why? Does this matter?
- Which teacher treated the students more as his equals? Could this affect the way the students will relate to sick persons and to those they teach?
- Which is the better teacher—one who has to be 'tough' in order to keep the students' attention? Or one who keeps their attention by getting them interested and involved?
- Did you learn anything useful from these classes, apart from dental care? What?
- In what ways are the relations between each teacher and the students similar to relations between different people in your village? For example, between landholders and sharecroppers? Between friends?



With questions like these, you can **help the students to look critically at their own situation**. As much as you can, **let them find their own answers, even if they are different from yours**. The less you tell them, the better.

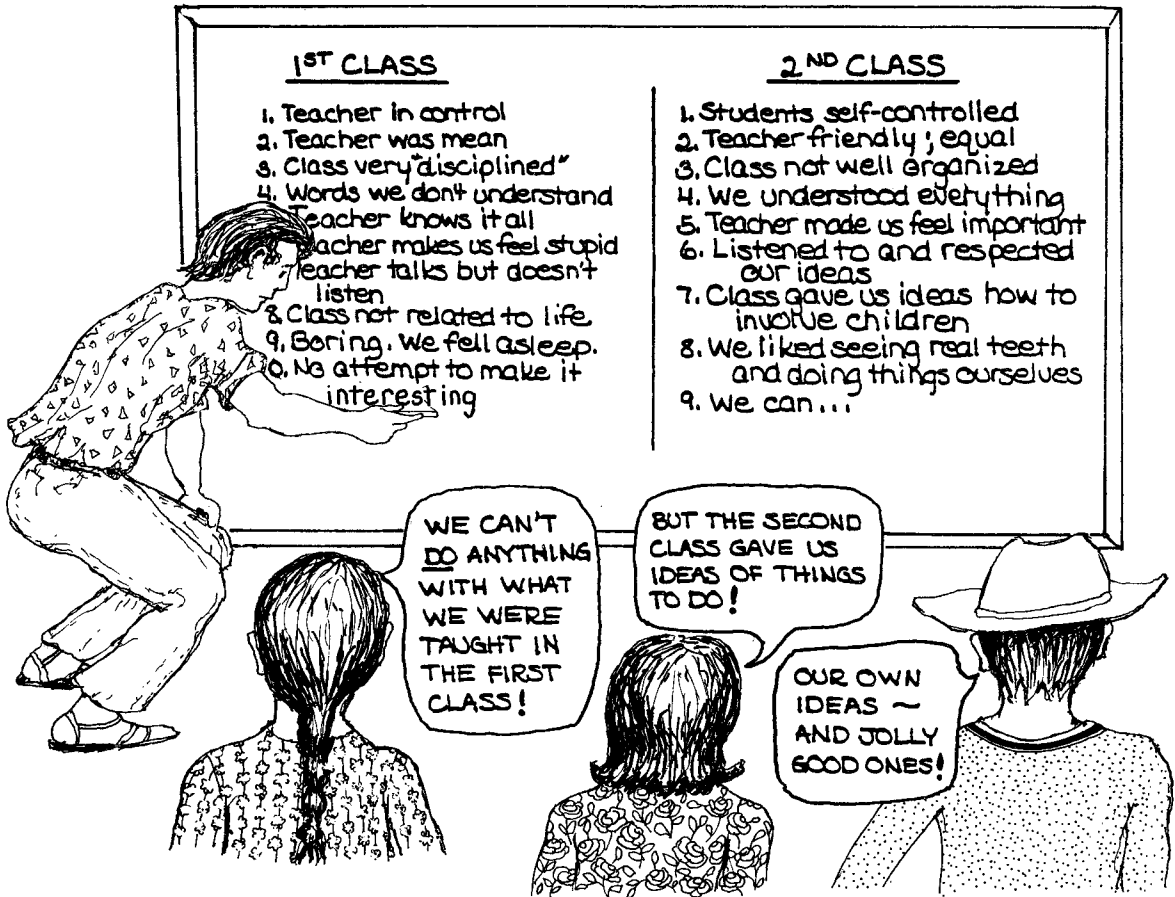
If the discussion goes well, most of the questions listed above will be asked—and answered—by the students themselves. Each answer, if approached critically, leads to the next question—or to even better ones!

If the students do not think things over as carefully as you would like, do not worry. And whatever you do, **do not push them**. Your answers have value only for yourself. Each person must come up with his or her own. There will be many other opportunities during the training to help students discover how education relates to life. In the last analysis, **your example will say far more than your words**—for better or for worse.



Analysis of the two role plays

After discussing the differences between the two approaches to teaching, it helps to summarize them in writing. (Or you may want to do this during, rather than after, the discussion.) One of the students can write the group's ideas on a blackboard or large sheet of paper.



As everyone is leaving the classroom, perhaps one of the students will put his hand on your shoulder and say:

"You know, I don't really think those two classes were to teach us about teeth. I think they were to help us learn about ourselves."




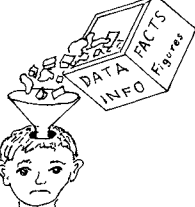

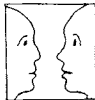
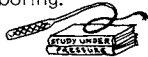
"They were to do both at once. That's the secret of education," you will reply. But you will want to hug him.

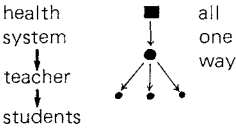
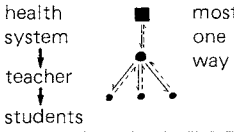
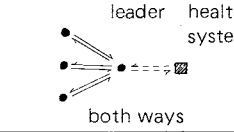
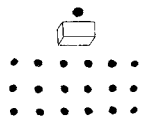
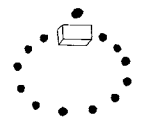
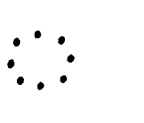

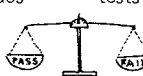


If no one says anything, however, don't worry. It takes time. You and your students will learn from each other.

THREE APPROACHES TO EDUCATION



This chart gives a summary of 3 approaches to teaching. It may help instructors to evaluate their own teaching approach. But we do not recommend that this analysis be given to health workers. Analyzing stories and role plays will work better. So pass by this chart if you want.

	CONVENTIONAL	PROGRESSIVE	LIBERATING
Function	to CONFORM	to REFORM	to TRANSFORM
Aim	Resist change. Keep social order stable.	Change people to meet society's needs.	Change society to meet people's needs.
Strategy	Teach people to accept and 'fit in' to the social situation without changing its unjust aspects.	Work for certain improvements without changing the unjust aspects of society.	Actively oppose social injustice, inequality, and corruption. Work for basic change.
Intention toward people	CONTROL them—especially poor working people—farm and city.	PACIFY or CALM them—especially those whose hardships drive them to protest or revolt.	FREE them from oppression, exploitation, and corruption.
			
General approach	AUTHORITARIAN (rigid top-down control)	PATERNALISTIC (kindly top-down control)	HUMANITARIAN and DEMOCRATIC (control by the people)
Effect on people and the community	OPPRESSIVE —rigid central authority allows little or no participation by students and community.	DECEPTIVE —pretends to be supportive, but resists real change.	SUPPORTIVE —helps people find ways to gain more control over their health and their lives.
How students (and people generally) are viewed	Basically passive. Empty containers to be filled with standard knowledge.	Basically irresponsible. Must be cared for. Need to be watched closely.	Basically active. Able to take charge and become self-reliant.
			
	Can and must be tamed.	Able to participate in specific activities when spoon fed.	Responsible when treated with respect and as equals.
What the students feel about the teacher	FEAR —Teacher is an absolute, all-knowing boss who stands apart from and above the students.	GRATITUDE —Teacher is a friendly, parent-like authority who knows what is best for the students.	TRUST —Teacher is a 'facilitator' who helps everyone look for answers together.
Who decides what should be learned	The Ministry of Education (or Health) in the capital.	The Ministry, but with some local decisions.	The students and instructors together with the community.
Teaching method	<ul style="list-style-type: none"> Teacher lectures. Students ask few questions. Often boring. 	<ul style="list-style-type: none"> Teacher educates and entertains students. Dialogue and group discussions, but the teacher decides which are the 'right' answers. 	<ul style="list-style-type: none"> Open-ended dialogue, in which many answers come from people's experience. Everyone educates each other.
Main way of learning	PASSIVE —students receive knowledge. Memorization of facts.	More or less active. Memorization still basic.	ACTIVE —everyone contributes. Learning through doing and discussing.

	<u>CONVENTIONAL</u>	<u>PROGRESSIVE</u>	<u>LIBERATING</u>
Important subjects or concepts covered	<ul style="list-style-type: none"> the strengths and rightness of the present social order national history (distorted to make 'our side' all heroes) rules and regulations obedience anatomy and physiology much that is not practical or relevant— it is taught because it always has been unnecessary learning of big words and boring information 	<ul style="list-style-type: none"> integrated approach to development how to make good use of government and professional services filling out forms desirable behavior simple practical skills (often of little use— such as learning 20 bandages and their Latin names). 	<ul style="list-style-type: none"> critical analysis social awareness communication skills teaching skills organization skills innovation self-reliance use of local resources local customs confidence building abilities of women and children human dignity methods that help the weak grow stronger
Flow of knowledge and ideas	school or health system ↓ teacher ↓ students 	school or health system ↓ teacher ↓ students 	students ↔ group ↔ school or health system ↓ leader ↓ health system 
Area for studying	The classroom.	The classroom and other controlled situations.	Life—the classroom is life itself.
How does the class sit?			
Class size	Often LARGE . Emphasis on quantity, not quality, of education.	Often fairly small, to encourage participation.	Often SMALL , to encourage communication and apprenticeship learning.
Attendance	Students <i>have to</i> attend. 	Students often <i>want to</i> attend because classes are entertaining and they will earn more if they graduate. 'Incentives' are given.	Students <i>want to</i> attend because the learning relates to their lives and needs, and because they are listened to and respected.
Group interaction	Competitive (cooperation between students on tests is called cheating).	Organized and directed by teacher. Many games and techniques used to bring people together.	Cooperative—students help each other. Those who are quicker assist others.
Purpose of exams	Primarily to 'weed out' slower students; grades emphasized. Some students pass. Others fail. 	Variable, but generally tests are used to pass some and fail others.	Primarily to see if ideas are clearly expressed and if teaching methods work well. No grades. Faster students help slower ones.
Evaluation	Often <i>superficial</i> —by education or health system. Students and community are the objects of study.	Often <i>over-elaborate</i> —by education or health 'experts'. Community and students participate in limited ways.	<i>Simple</i> and <i>continual</i> —by community, students, and staff. Students and teachers evaluate each others' work and attitudes.
At end of training, students are given . . .	<ul style="list-style-type: none"> diplomas irregular, police-like supervision 	<ul style="list-style-type: none"> diplomas uniforms salaries 'supportive' supervision 	<ul style="list-style-type: none"> encouragement to work hard and keep learning supportive assistance when asked for
After training, a health worker is accountable to . . .	his supervisor, the health authorities, the government	mainly to the health authorities, less so to local authorities and the community	mainly to the community—especially the poor, whose interests he defends

APPROPRIATE AND INAPPROPRIATE TEACHING: TWO STORIES

In addition to role plays, you may want to use stories to help students and other instructors see the value of the new teaching methods. Telling stories often takes less preparation than role plays, and if the stories are imaginary or from another area, no one will be blamed for the mistakes that are described. Here are 2 stories comparing different teaching approaches and their results.

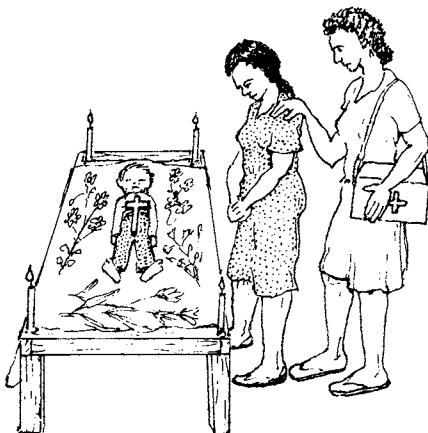
STORY 1*

A health worker named Sophie completed her training and passed all the exams at the end of the course. Then she went back to her village. It was a long journey because the village was far away. When Sophie arrived everybody was pleased to see her again. Her mother was especially pleased and proud that her daughter had done so well.

After the first greetings, Sophie's mother said, "It's good that you're back, because your baby cousin is ill with diarrhea and doesn't look well at all. Do you think you could help?"

Sophie went to see the baby and realized that he was badly dehydrated. She thought the baby should go to a health center, but the journey was too long. So she thought about what she had been taught. She could remember the anatomy of the gastro-intestinal tract, and all about electrolyte balance. And she remembered that a mixture of salt and sugar in water would help. But she could not remember how much sugar and how much salt to put in the water.

Sophie was very worried that the amounts would be wrong. She did not know whether to send for help or to guess how much to use. She thought that the baby was so sick she would have to do something. In the end, she made up the sugar and salt solution in the wrong proportions, and the baby died.



Moral of the story: Some training courses spend too much time on detailed facts, many of which have little importance. As a result, the most important things are not learned well. **The most important facts are those needed for solving common problems in the community.**

*Adapted from *Teaching for Better Learning*, by Fred Abbatt, WHO, Geneva, 1980.

STORY 2

In a short training program for village health workers, students decided that one of the most serious problems in their villages was diarrhea in children. They learned that the main danger with diarrhea is dehydration. They discussed **Oral Rehydration Solution**, and agreed that teaching mothers and children how to make and use it should be one of their first responsibilities.

"It won't be easy," said one of the students, herself a mother. "People don't understand funny words like *oral*, *rehydration*, or *solution*." So the group decided it would be better to speak of **Special Drink**—even among themselves, so they would not be tempted to use fancy words in their villages.

"What if the mothers put in too much salt?" asked a student whose uncle was a doctor. "Wouldn't that be dangerous?"


"Yes," said the instructor. "We need to find ways of teaching that will help parents and children remember the right amounts. How do people remember things best in your villages?"

"We all remember songs," said one of the health workers. "People are always singing and learning new ones. We remember every word!"

So the group decided to write a song about diarrhea and Special Drink. They all worked on it together. But they got into an argument over what to call the baby's **stool**. For most people, a stool was something to sit on. Nobody understood words like *feces* and *excrement*. The word *shit* some people considered dirty. "But it's the word everyone understands—even children," argued one health worker. "Especially children!" said the mother. Finally they agreed that **shit** was the most appropriate word—at least in their area.



The song they wrote is shown below. (It can be sung to "Twinkle, Twinkle, Little Star" or another simple tune. With children, have them SHOUT the words printed in CAPITAL LETTERS.)



"The D and V Blues"


(Diarrhea and Vomiting)

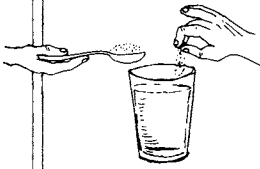
Babies who have D and V
Shrivel up and fail to pee.
To regain their health we oughta
Fill them up with LOTS OF WATER.


Making Special Drink's a cinch--
Sugar : 1 Teaspoon. Salt : 1 Pinch.
Water : 1 Glass --or BIG FAT CUP.
Toss them in and stir it up!


But careful ! You would be at fault
If you put in too much salt !
So mix it. TASTE IT. GIVE 3 CHEERS
If it's no saltier than tears !


Each time your baby dribbles shit
Give one glassful --bit by bit.
And if the darling's on the breast
Give breast milk too--for BREAST IS BEST!











Several months later, after the course was over and the students were back in their villages, one of the health workers, named Rosa, was met in the street by a mother. The mother gave her 7 eggs wrapped in a leaf.

“Thank you,” said Rosa with surprise. “But why . . .?”

“You saved my baby’s life!” said the mother, hugging the health worker so hard she broke 3 eggs.

“But I didn’t even see your baby!” said Rosa.

“I know,” said the mother. “You see, my baby had diarrhea, but the river was flooded so I couldn’t bring him to the health post. He was all shriveled up and couldn’t pee. He was dying and I didn’t know what to do! Then I remembered a song you had taught the children in school. My daughter’s always singing it. So I made up the Special Drink, tasted it, and gave it to my baby, just like the song says. And he got well!”



She hugged the health worker so hard she broke 3 eggs!

Moral of the story: Training gives better results if it keeps language simple, focuses on what is most important, and uses learning methods people are used to and enjoy.



What other ideas about teaching and working with people can your students draw from these stories? Have them list different teaching methods on the blackboard and discuss which are most appropriate and why. Can the students tell similar stories from their own experience—ways they have learned things both in and outside of school? (For more ideas about story telling as a teaching method, see Chapter 13.)

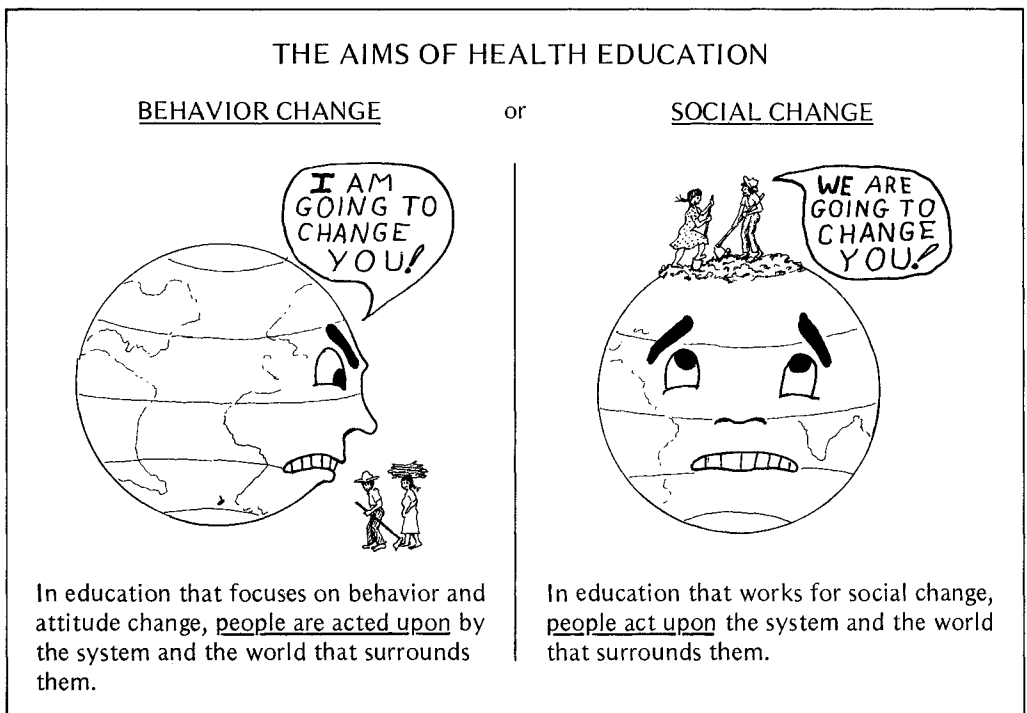
To be a good teacher of health workers, you don’t need to know a great deal about medicine, about latrine building, or about weighing babies. These things you can learn together with your students. What you do need to know about is people, how they feel, how they relate to each other, and how they learn.

ON CHANGING HABITS AND ATTITUDES

Many experts now tell us that the principal goal of health education should be to change people's habits and attitudes.

Unfortunately, such a goal points the finger at *what people do wrong*, rather than building on *what they do right*. It is based on the paternalistic view that the 'ignorance' of poor people is the main cause of their ill health, and that it is society's job to correct their bad habits and attitudes.

A people-centered approach to health education takes the opposite position. It recognizes that the ill health of the poor is, in large part, the result of a social order that favors the strong at the expense of the weak. Its main goal is not to change the poor, but to help them gain the understanding and skills needed to change the conditions that cause poverty and poor health.



In making these points, we are not saying that there is no need for changes in personal attitudes and behavior. But whose attitudes need changing the most? Whose attitudes and habits cause more human suffering—those of the poor or those of the 'well-educated' dominating classes?

The unhealthy behavior of both rich and poor results partly from the unfair social situation in which we live. So rather than trying to reform people, **health education needs to focus on helping people learn how to change their situation.**

As people become more sure of themselves and their capacity for effective action, their attitudes and behavior may change. But lasting changes will come from inside, from the people themselves.

When considering your effectiveness as a health educator, ask yourself: "How much does what I do help the poor gain more control over their health and their lives?"

WE ARE GOING TO CHANGE YOU!

