HEALTH TEACHING MADE EASIER

How to Create a Manual
INTRODUCTION

We all want to be healthy and to get treatment when we are sick. We want to learn how we can protect our health, but if we fall sick, we expect those who care for us to know their job. Knowledge is essential for our life and work. We learn skills needed for daily life from our parents and from society around us. While much of this is important and relevant knowledge based on long experience and tradition, some is irrelevant and even harmful according to today’s knowledge. With ‘modernization’ and ‘development’ many good habits have been lost and replaced by more harmful commercialized behaviour. To stay healthy we need to know what is good and what is bad for our health. We expect that health workers are able to teach us.

To be a good health worker is a great responsibility. It requires interest, training, practice and access to new information. Health Learning Materials are notes, manuals and textbooks that help health workers learn and check their knowledge. Every health worker should have material available, and know where to look for information when they are unsure about something. However, for many health workers in developing countries this is only a dream. During their training they might have access to a small library where they can study, but they rarely get any books to take with them when they leave. They make notes during class, which takes their attention away from what is being said. This is even more difficult when the training is not in their mother tongue. Once they finish the training and start working, they depend on those notes whenever they need to look up symptoms to make a diagnosis or check the dosage of a medicine.

This Contact issue gives suggestions on how simple learning materials can be produced by teachers and health care supervisors to help health workers. We will use ‘the manual’ as an example of how this works. The ideas and directions given can also be easily adapted for use when producing other kinds of learning materials. As always in Contact, we think especially of the needs and abilities of our readers in developing countries.

We are also listing some books that we have found very helpful when producing learning materials. We hope you will find this Contact useful in your work. If you have questions or concerns in relation to preparing materials, please write us and we will try to help you.
HEALTH TEACHING MADE EASIER: How to Create a Manual

by Birgitta Rubenson, RN, MPH*

OBJECTIVE OF THE MANUAL

1. Who are the readers of the manual?
This is the first important question to answer. Before starting, the writer must clearly define who will be reading the manual.

- What kind of health workers are they? (maternity assistants, registered nurses, village health workers...)
- What school background do they have? (literacy class, high school, professional training...)
- In what health care setting will they use the knowledge? (village dispensary, health centre, hospital...)

A manual for a maternity assistant in a small health centre should describe the work in her situation and the equipment and material available to her. If ultrasound examination is not available, a description of the procedures will only be confusing.

Health workers should be able to identify with the content in the manual. They are best motivated to learn what they recognize as future tasks. The better defined the group of readers are, the more useful the manual will be. With a broader target group, the manual becomes vague, and is not really useful to anybody.

In a good manual, the health worker can recognize him or herself and the working situation.

2. What is the message of the manual?
Manuals are written to help health workers do their work. The manual should give clear practical instructions on how to perform certain tasks. The writer must work out clearly which situations should be included. What duties must the health worker be able to perform? When planning the content and organization of the manual, remember the following:
- Include all necessary information.
- Leave out all unnecessary information.
- Give the information in the correct order.
- Avoid vague instructions.

3. What other material on the subject is available?
Before starting on the manual, the writer should study other materials available on the subject. If there already exists material appropriate for the same group of health workers, it might be a waste of time and resources to write a similar manual. However, the material that already exists might not be suitable culturally, or may be in the wrong language, or be written for health workers with a different school background. It might also be difficult to obtain, for reasons of transport or finances. In these cases, it could be helpful to produce a manual for a special group of health workers. Some of the existing material might be obtained for the school or hospital library, and for those with special interest. Every health worker should have access to some basic material.

Only prepare a manual when there is no appropriate material available.

STRUCTURE AND STYLE

The writer must decide how he or she wants to structure the manual. If it is a short guideline dealing with only one issue, such as washing a patient in bed or taking a temperature, it is easy. The procedure should be described in the right order and the health worker should read it from the beginning to the end. If the manual contains information on several different diseases and procedures, a good index (register to look up the corresponding page) is necessary to help the
health worker find the section dealing with the issue he or she wants to learn.

A manual dealing with several issues needs a good index.

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Guidelines for Writing Simply

1. Use simple, short, common words. It is better to use the same well known word often than to use another less known word meaning the same thing.

2. Do not use words that are used only by certain groups or in certain areas, except where the manual is especially written for them and local language will improve their learning.

3. Explain technical words. When technical words need to be used, they should be explained carefully the first time, and then used often so the reader becomes familiar with them.

4. Use positive statements. It is better to explain what should be done and how it should be done than to stress what should not be done or be avoided. Negative statements make learning more difficult.

5. Use active verbs. It is easier to understand the instruction, “The health workers should ask the patient if he is hungry”, than “The patient should be asked by the health worker if he is feeling hungry”.

6. Be careful using pronouns. It, he, she, and they may be easy and short, but should only be used when it is obvious who is meant. It is often better to use the full noun, such as health worker, patient, thermometer, etc.

7. Use short sentences and paragraphs. Long sentences can be difficult to understand and remember. It is better to write several short sentences. Long paragraphs are boring and tiring to read. They can easily be divided into several shorter ones.

The language has to be simple, so that the health worker can understand and learn. The manual should be written for the reader to understand and learn, not for the writer to show his knowledge of profession and language.

ILLUSTRATIONS

Illustrations can make explanations clearer and more easily understood, but they can also cause confusion. It is important to use clear, simple illustrations in the right way. They serve to:

- make the text more inviting to read,
- highlight important issues,
- explain difficult concepts,
- increase understanding.
This manual is written to help health workers learn about this new disease called AIDS. It is a new deadly infection, for which there is as yet no cure, and no vaccine. It is a disease which has spread to most countries around the world.

In June 1986 the World Council of Churches organised a consultation to study how the church could be involved in the AIDS crisis. The church was called to respond to the crisis, in three areas: pastoral care, social ministry and education-prevention. In Uganda the Christian Medical Commission (CMC) is one of the three sub-units with the responsibility to support the churches in this task. This manual is just one of our contributions towards this.

AIDS is a disease which is mainly sexually transmitted, and as such, is dependent on actions taken by the individual person. Education for prevention is the only possible way to control the spread. A change of risk behaviour towards responsible sexual behaviour is necessary. Sex must be seen as part of a long-term faithful relationship, not as the consumption of goods, available when wanted, possibly for money. AIDS is related to a great deal to the life style, but also depends on the health status at the time of exposure. The existence, or non-existence of reliable basic health services also influences the spread of the infection. So, the activities to care for AIDS patients and to control the spread must be seen as an integral part of Primary Health Care.

Health workers must care with love and compassion for these patients, who are sick and dying. They must know how to inform those who might be carriers of the virus how not to spread it. And most of all, they must share with the community their knowledge about the disease and the responsibility to control its spread.

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How is the virus not spread?

The virus is not spread through everyday social contact such as:
- shaking hands
- living together
- playing together
- eating together

It is not spread by:
- food
- water
- communion cups
- insects
- toilet seats

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Illustration 2 The most important lesson on this page is that breastfeeding is always the best way to feed a child. This is underlined by a drawing showing the positive relationship between the mother and her nursing child.

Does AIDS spread through breastfeeding?

The virus has been found in breast milk in low concentrations. It is not yet known if the small amount of virus in the milk can infect the baby.

Many women do not know if they are infected or not.

Since the risks of bottle-feeding are well-known, while the risks of breastfeeding by an infected mother remain unproven, breastfeeding should always be encouraged.

Illustration 3 It is often difficult to explain relationships and distances with words only. A drawing easily shows how different places relate to each other. This drawing explains where the latrine should be built in relation to other facilities.
Illustration 4
How to prepare a salt/sugar solution for a person with diarrhoea becomes clear with this drawing. For a person with limited language and reading ability, it shows with pictures what equipment to use and how much salt and sugar to use.

Illustrations 5A & 5B
In some cultures, cartoons are popular and well understood. They help people to follow how a story develops and how different people react.
Illustration 6

Sometimes a flow chart can be helpful to a health worker, especially when deciding how to handle a patient. It needs to be well explained the first time health workers see it. The flow chart can then be copied and put up on the wall of the health centre to remind health workers how to proceed when treating a patient with diarrhoea.

Many different kinds of illustrations can be used. Most common are photos, line drawings, symbolic drawings, cartoons and flow charts.

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DIARRHOEA
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- Fever over 38.5? Yes
  - No
    - Bloody stool? Yes
      - No
        - Refer to clinic
    - Refer to clinic
- give ORT

A flow chart

Illustration 7

*Photographs* are useful as they show a specific reality, but they can also be confusing if they contain much extra information. When using photos it is sometimes wise to remove the background. Photos are not used as often because suitable ones may be difficult to obtain and they cannot be copied cheaply.

*Photo by Gatot Sutrisno (Indonesia)*
A photo shown here just as it was taken.

*The same photo with the background removed.*

Line drawings are usually the best illustrations. They need some skill in drawing, but illustrations from other materials can often be copied. When using material out of other books, it is important to check the copyright. Some authors, like David Werner, say that "any part of the book, including illustrations, may be copied, provided the parts copied are distributed free or at cost - not for profit". These drawings can be used freely. Others have a copyright, which means that the artists or publishers have to be contacted to give their approval.
In a manual for students, it is good to have a wide margin on at least one side. Students can then use the margin to make their own notes or to add new information. If the manual is bound together with large staples or other clips, it is important that the inner margin is wide enough for all the text to be seen. Wide margins are also necessary if the pages are to be put into a ring binder.

Headings and sub-headings give information about the section that follows and help the reader find the right chapter. Headings should be short and clear. Big, thick letters help to highlight the headings, just as underlining them does. If the typewriter does not have bold (thicker) letters, all headings could be added by hand with a felt pen. A manual should not have too many different sections or headings. It becomes confusing and difficult to locate information.

According to many studies, it is easier to read text with normal, small letters. Capital or big letters should only be used to draw attention to certain important words or headings. A text becomes confusing when many words are highlighted using different types of letters or underlining. Nothing is important anymore, because everything looks important!

CONCLUSION

In this issue of Contact we have given you some help on how to prepare simple learning materials for students and staff. There is a great need for these materials using local languages and customs. If you have some information to share, we encourage you to try and then let us know how you get on. In case of great need, CMC has a small fund to support printing of locally produced materials.
WORTHY MENTION

The editors of CONTACT find the following effort most heartening, as it is in keeping with the publication’s goal of reporting on ‘topical, innovative and courageous approaches to the promotion of health and integrated development’.

BREAST OR BOTTLE?

It is now 4 years since the boycott against Nestlé products ended with the signing of the INBC*/Nestlé Joint Statement on 25 January 1984. In this statement, Nestlé agreed to follow the WHO/UNICEF International Code of Marketing Breastmilk Substitutes and INBC to end the boycott. The statement, especially mentioned 4 areas of concern: Labelling, educational materials, gifts to health professionals and free supplies to hospitals. Of continuing concern are the free supplies. What does, “infants who need to be fed on breastmilk substitutes” mean? In 1986, WHO and UNICEF jointly organized a meeting to clarify the matter. They stated that only a very small percentage of infants need to be fed on a substitute for their mother’s milk. Hospitals should purchase these through normal channels.

The sad fact is that millions of babies still suffer disease and death due to ongoing and inappropriate feeding practices. In many maternity clinics around the world, babies are bottle-fed during their first days of life. Breastfeeding is not initiated; instead the mother is sent home with a sample of a breastmilk substitute. Most of these samples as well as the milk for the in-hospital feedings is provided free of charge by the babyfood producers—in violation of the code. Companies claim that they only supply hospitals, as agreed, upon a written request. Nestlé, who signed a binding agreement with INBC to follow the code on this matter, now say that they cannot do it alone, as it would mean loss of market shares to other companies.

After monitoring the situation closely for the last 4 years, the USA-based INBC have decided to RELAUNCH THE NESTLE BOYCOTT ON 4 OCTOBER 1988.

Thousands of babies are suffering due to wrong feeding practices. What is at issue here is that companies will continue to find ways around international codes of marketing and signed agreements. As health workers interested in the well-being of infants and young children, we all have to work actively for the right of all babies to receive mother’s milk. We should be very watchful not to be trapped by the marketing techniques of the babyfood industry.

We in CMC urge you to examine the feeding practices in your institutions. Remember that there is no need to feed a baby from a bottle. With some support, nearly all mothers can breastfeed. If the baby is premature, expressed breastmilk from a cup or by tube is the best. Nairobi’s biggest maternity hospital, The Pumwani Hospital, with more than 26,000 deliveries every year (including many premature), manages on only breastmilk fed by cup and spoon or tube. That is a fantastic example for all of us.

CMC NEWS

NEW DIRECTOR APPOINTED

Dr. Dan C.O. Kaseje of Nairobi, Kenya was appointed director of the Christian Medical Commission by the WCC Central Committee in August. The 42-year old physician is also an ordained minister of the Anglican Church of the Province of Kenya.

Dr. Kaseje has an MB CHB from the University of Nairobi, an MPH from Harvard University and a PhD from Liverpool School of Tropical Medicine. He also has a Diploma in Christian Studies from Regent College in Canada.

Dan currently works for the Aga Khan Foundation as Project Manager of the Kisumu PHC Project in Kenya. He has broad teaching experience in community health and tropical medicine, with undergraduates, graduates and postgraduates. He has been consultant to numerous international organizations, including government and non-government, church and para-church organizations.

DR ERIC RAM, former director of CMC has accepted an appointment as director of International Health for World Vision International. Their address is:

919 West Huntington Drive
Monrovia, CA, 91016, USA

Ruth Hamar, CMC’s former Consultant for Nursing, has learned a lot from the Village Health Workers in India. Here is a story she shared with us:

THE RIGHT SEED

Women are always blamed when they have a baby girl instead of the baby boy their husbands want so badly. One VH&K told a group that it is the man, and not the woman, who is responsible for the sex of the child. She tried to explain in simple terms the X and Y chromosomes in human body cells, but doubted that she was understood. There was silence for some moments. Then one old woman slowly nodded and said,

“The woman is the field, and the man is the sower. If he plants jawar (sorghum) seeds, he will harvest jawar. If he plants wheat grains, he will harvest a wheat crop. Yes, it makes good sense. If he sows a boy, he gets a boy. If he sows a girl, he will have a girl.”

USEFUL PUBLICATIONS

Helping Health Workers Learn, by David Werner and Bill Bower, 1982, 632 pages. This book, by the authors of the village health care handbook, Where There Is No Doctor, is a collection of methods, aids and “triggers to the imagination”. It is based on 16 years of experience with a villager-run health programme in the mountains of western Mexico. Written in clear, basic English with hundreds of drawings and photographs to emphasize the key points, its focus is educational rather than medical.

The book is aimed at instructors and health workers who identify with the working people and who feel that their first responsibility is to the poor. This community-based approach tries to help people analyze and improve their situation.

For more information write to:
The Hesperian Foundation P.O. Box 1692
Palo Alto, CA, 94302 / USA.

Teaching Health-care Workers, A Practical Guide, by Fred Abbatt and Rosemary McMahon. MacMillian, 1985, 249 pages. This book is very useful for teachers who train health care workers, especially in developing countries. Specific guidance is given on decisions about what students should learn, how to teach, and planning training programmes.

For more information write to:
T.A.L.C. / Box 49
St. Albans / Herts, AL1 4AX / U.K.

Teaching for Better Learning - a guide for teachers of primary health care staff, by F.R. Abbatt, funded by the Government of the United Kingdom Overseas Development Administration, 1980, 137 pages. What should your students learn? How can you help your students learn? How do you know whether your students have learnt? How do you prepare teaching materials? These are essential questions to ask before starting to teach others. And this book answers these questions with the help of many other experienced people.

For more information, write to T.A.L.C. at the above address.
Dear Sir,

I have become progressively more and more disappointed with "Contact".

Apparently, out of your desire to maintain "culture" or "nationalistic feeling", or maybe for purely economic reasons, you have completely negated many scientific advances. I am referring to issue No. 103, June, 1988.

In this issue you list 9 so-called "diseases". Of these, 6 are actually symptoms. What disease is irregular menstruation? Is it caused by diet, cancer, hormone imbalance, or infection? None of these conditions can be treated by any combination of medicines, much less by a single herb. I submit that the same type of reasoning applies to any discussion concerning lack of breast milk, hypertension, jaundice, etc. What diseases are these?

Saying Cassia Podocarpa or Nan clea Latifolia can treat malaria or fever is also dangerous. I have seen so-called malaria cures used to relieve all types of fever with very tragic results.

I agree God can help with "spiritual healing", but what kind of disease is it?

I know that many diseases will cure themselves; the body has a great immunization and self-protection system. Therefore, many "cures", herbal or otherwise gain fame. The "cures" in these instances are remembered and the failures, death, or disability are too often forgotten.

I am an MD with an MPH and have been a medical missionary for 20 years. I was in India for 4 and 1/2 years and have been in Mexico for over 15 years. I have seen the results of many herbal or comparable treatments. Prior to becoming a missionary, I had a general practice in a small town in the state of New York; even there I saw some unproven methods being used to treat pneumonia.

In India, there was a group of men who specialized in treating snake bites. As you might expect, India has many poisonous snakes. When a poisonous snake bites to kill, it deliberately and often completely, injects its venom. When it is scared, it strikes and drops back, injecting little poison. One of the well-known snake healers in our area told me for the above reasons alone, he had a good cure rate. The people who were bitten by non-poisonous snakes, or snakes that had injected a minimal amount of venom, lived. Those who had bad bites, died; everyone knows that you can't cure everyone; the deaths are soon forgotten. This snake bite healer started using anti-venom vaccine on his own, and his cure rate and fame went up rapidly.

In a past issue, you mentioned "psychic surgery". The following statement was made, "if seeing is believing, psychic surgery works". For years I have delighted my children; I am an amateur magician and assure you that seeing is not believing.

I have nothing against the herbs you mentioned; they certainly have a place in medicine. However, I don't give credence to unproven practices, and I suggest that most herbs/practices discussed have actually been shown to be worthless. You are perpetuating a myth that only increases the suffering. If the herb does relieve fever, do not suggest it is a general curative that will cure malaria; that statement could be a death sentence for someone.

I beg of you, do not let statistic medicine, cultural concepts, pride, economic pressure, or anything else take us from good medical care. God gave us a brain to use, so let us listen to other ideas, incorporate good practises, but also reject harmful or misguided care.

If you have a herb that cures a case of resistant gonorrhoea, I want to know about it; so does the rest of the world. However, do not promote it until someone has conducted some good double blind studies.

Pride makes man want to see things done his or her way, or the way of his parents. Just as those who practice modern medicine need to admit failure, so do the herbalists. Swallowing pride allows us all to go on to something better.

Sincerely,
Glenn Flomsbee, MD
TO LEARN
IS TO CHANGE

CONTACT is the periodical bulletin of the Christian Medical Commission (CMC), a sub-unit of the World Council of Churches (WCC). It is published 6 times a year in 4 languages: English, French, Spanish and Portuguese. Selected issues are also being printed in the Kiswahili language in Kenya and Tanzania and in Arabic language in Egypt. Present circulation is in excess of 26,000.

Papers presented in CONTACT deal with varied aspects of the Christian community's involvement in health and seek to report topical, innovative and courageous approaches to the promotion of health and integrated development. A complete list of back issues is published in the 1st issue of each year in each language version. Articles may be freely reproduced providing acknowledgement is made to: CONTACT, the bi-monthly bulletin of the Christian Medical Commission of the World Council of Churches.


The average cost to produce and mail each copy of CONTACT is SF2.50 (US$1.50), which totals SF15.- (US$10.00) per year for 6 issues. Industrialized-country readers are strongly encouraged to subscribe to CONTACT to cover these costs. Please note that orders of back issues of CONTACT will be charged at the above rate.