

Healthful Living for All by Year 2000 through the Health Education Approach

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Thirty years have passed since September 1, 1957, when I was appointed as a full-time lecturer in the Department of Preventive Medicine of Yonsei University Medical College. And today, February 28, 1989, on the occasion of my farewell address, all I can say is how infinitely and deeply thankful I am.

The title of my presentation today is "Healthful Living for all by the year 2000 through the Health Education Approach". The reason for choosing this title is that through the years I have spent in the preventive medicine field, my main focus has been on public health education and school health education.

In Korea, for a long time, the use of even the word 'revolution' has been taboo. Of course during the Japanese occupation, and even after our liberation on August 15, 1945, it was no different. However, going into the 1960s, with the advent of the April 19, 1960 student Revolution, followed closely by the May 16, 1961 Military Revolution and the resulting changes in government, the word revolution finally did come into use in our society and lost its alien quality. Even further, with the advent of nord politik—which is so popular these days that economic and cultural exchange between Korea, the Soviets and China is gradually increasing the term 'revolution' is losing its special significance and is now a term of daily use.

But revolution, no matter what kind, is not a simple matter. It can only be accomplished after great effort organized in a crisis situation. The celebrated French writer, Victor Hugo, said, "Revolution is the sprouting of civilization." And Mark Hopkins said, "Clearly there has never been a revolution that has affected society as much as that resulting from the words of Jesus Christ." This was put even more strong-

ly by Ralph Bell who even expressed the opinion that "Jesus demanded radical change and revolution In fact, he is still doing it."

But revolution is not without its fearful aspects. Mao Se Tung, who was able to unify continental China, is said to have claimed that "Revolution cannot be an elegant thing, serene or extravagant either.

Nor can it be sensible, friendly, have good manners and etiquette or be magnanimous. Rather, revolution is insurrection, a thing which uses violent behaviour so that one class can overthrow another." I do not know whether revolution was this originally, but even as one word, which in some way or other clearly has an aspect that can send an electric current, nevertheless, I think revolution is a term that we do use in an ordinary way.

I am not sure if this lengthy premise explains the unfamiliar term "health revolution" or not. In the declaration of the WHO at its 1978 meeting in Alma Alta in the USSR, a resolution proclaimed as a guidepost "Health for all by the year 2000" was passed. This kind of guidepost, focusing concretely on primary health care, is seen to be within the realm of possibility. It is also very ambitious and appealing. The establishment of this guidepost and the decision to fix the time goal at the year 2000 means that all the people of the world community must unite and show extraordinary discipline to carry out the training and education it.

The representative of each nation attending the WHO meeting (Korea's was Shin Hyun Hak, Minister of Health and Social Affairs) clearly recognized the essential role that public health education and communication played in achieving this guidepost.

It is now 40 years since WHO introduced the comprehensive definition "health is not merely the absence of disease or infirmity but a state of physical, mental and social wellbeing" and 10 years since the guidepost was announced at Alma Alta. However, there are still many unresolved problems and many new problems

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have occurred. In this situation, some people claim that we should not be content with revisions but go further and carry out a revolution. In order to efficiently carry out this health revolution, new means and methods should be adopted, but they should be comprehensive and wholistic. For example, basic and overall health policies, such as the setting up of primary health centers, must be established and the most powerful weapon is education of the residents of the community in public health. Then, the educated public can play the role of an elite military corps in promoting this health status.

Ronald Reagan said in an opening address of the International Union for Health Education, "Today's health problems are complex and difficult. In our country, as in many others, we are seeking effective but sensitive approaches to halt the spread of the AIDS virus and to help those with AIDS to cope. We are also confronting drug and alcohol abuse and have achieved dramatic reductions in illegal drug use. We are proud of the 25-year decline in the use of tobacco, particularly among young people, that we have seen in the United States, and we are pleased that our young people are turning away from both drugs and alcohol to embrace a healthier lifestyle. The warning is clear that more active efforts must be made throughout the world to solve these problems."

MAIN SUBJECT

By the year 2000, the following goals should be met in order that everyone participates in the health revolution through public education in order to enjoy healthful living accordingly.

Community Participation

One worldwide severe health problem is infant mortality caused by low birth weight a problem easily prevented without great expense by changing people's behavior. We know preventive methods and techniques, however, at the community level, these are not practised in the daily lives of the people. Two-thirds of 14 million child deaths a year could be prevented if parents and family members had information and knowledge of health and implemented it in their daily life. Through vaccination alone, we could save the lives of 3 million children.

Another 3 million could be saved by a simple method of rehydration. In the USA, two-thirds of all deaths result from dietary factors or eating habits. Recent studies conducted in India show that 600,000

deaths result from smoking related factors and according to WHO, 25 million deaths are related to smoking worldwide.

I would like to emphasize the fact that the maintenance of health of all people, including the aged, will be greatly influenced by cessation of smoking, careful driving, proper diet and eating habits, reducing salt intake and fat consumption, avoidance of overdrinking and proper exercise. "We shouldn't catch AIDS due to ignorance". In fact, the meaning of this phrase can be applied to all health problems.

The expansion of communication channels regarding health related information or the implementation of what we have learned about health cannot be achieved without participation of individuals and the community as a whole, otherwise it will only result in fruitless prayer.

Alliance of people, policy-makers and health professionals

In planning, implementing and fostering health education as mentioned above, participation of the community is most important. However, health professionals, especially educators, have a vital role as well. In this case, health educators should use all means of communication and social skills to achieve successful results through health education.

And also to develop healthful living, a sound atmosphere in society and changes in attitudes and values in regard to health and fostering of health policies are needed. Health education should focus on the community itself so that each and every member of the community makes his/her own effort to promote or improve his/her own health. The knowledge and techniques of health care should be given out to the community which in turn can strengthen its own health care efforts.

In the last half century, there has been a great improvement in the area of health education. This improvement can be seen, especially in the development of scientific knowledge and in the development of the theory and practice of health education. At present, many countries have enough competent health education professionals and have established and organized health education and training institutions. However, in most countries this has still not reached the infrastructure at the local and community levels.

In Korea, there are only 40 to 50 well qualified health educators and training of these persons is being carried out at only 5 public health graduate schools across the country. In-service training is given at the National Institute of Health to public health per-

sonnel working in health-related fields. In several South East Asian countries, such as the Philippines, although their economic situation is worse than ours, their health organization and institutions are more advanced. This means that our policy makers should make more effort in these areas.

These days we must admit that health education has indeed achieved, great success in cardiovascular health, smoking, and health and traffic safety. In developing countries especially, the contribution of health education to decreasing heart disease-related mortality rates through changes in life-style and behavior has been considerable.

In the USA, the incidence of illness in males has decreased by 35% between 1970 and 1980. In England, there was a reported 12% decrease between 1975 and 1980. In particular, the decrease in lung cancer in males and the death rate from traffic accidents can clearly be traced to the successful combination of education and legislation. This again reveals the important role of the policy maker.

According to a recent WHO report, in Europe, the eastern Mediterranean region and East Asia, successful results have been achieved in educating school children in public health. Very vigorous and continuous education has been provided over the past 10 years. Whereas in the past, only 5% of children were vaccinated, now 50% are. In 1987 alone, 1.5 million children were saved from contracting communicable diseases. This is indicative of the success resulting from the combination of education, technical skill, and management.

I cannot but help point out one success story, which is the reduction in the spread of AIDS. We know that the world is facing a worldwide problem due to AIDS. There has been a particularly strong educational campaign targeted at the homosexual population group which has resulted in a real change in behaviour. This indicates that strong educational efforts, national and global efforts, cultivation of counselling techniques, and up-to-date means of communication, social marketing, and local community social organization can all produce results.

Challenges facing health educators: Weak points in the field of health education

What are the weak points in health education that we can easily see around us? What are the challenges facing health educators as they face the task of solving these problems? These are the kinds of questions that professionals working in this area should be asking themselves. And these cannot help but be challenges.

For instance, in many countries of the world community, and in the Asian continent in particular, health problems are related to overcrowding due to population growth, high infant and maternal mortality, etc. Starting with individuals and family life and moving on to development of the state, it is not clear just what factors are creating the most pressure, but nevertheless, the problem cannot be solved. The benefits of breastfeeding infants are quite obvious and widely recommended. However, neither the undereducated nor the educated classes are practising breast feeding. Why is this so?

Even though it has been clearly stated in every type of school that the benefits from systematic, well-organized health education have been examined in detail, still very few schools include wholesome health subjects in their curriculum. If a little more effort could have been paid to the implementation of health education, then the incidence of cardiovascular disease and high blood pressure could have been greatly reduced. However, in eastern Europe and many developing countries, the morbidity is still very high. Moreover, why do so many people in so many countries drink so much alcohol and smoke so many cigarettes? Will it ever be possible to prevent the myriad of diseases resulting from these habits? In answer to this question, the General Secretary of WHO, Nakajima Hiroshi made the following statement: "Another challenge that health educators should keep in mind is that they must discard the notion that they are the only ones who can promote efficient health education to the whole population. Instead, what is demanded is a total public effort and collaboration to spearhead the health revolution. All people should collaborate to mobilize support, existing personnel and material resources in order to obtain support from all the people including mass communication personnel, business groups, labor unions and the labor workforce. To put it simply, we have to act. In the struggle to promote health, we must rally all the support we can by recruiting as many supporters as possible in order to gain the victory. But here, the most important factor is that health educators and all those who accept responsibility for health education must have the firm conviction of and the skill to effectively persuade the general public regarding the necessity of their participation in the health revolution. Only through the direct support of all of our society in the health revolution can we achieve a healthy life for all so that by the year 2000, all people of our global village (community) can have health for all as their lofty goal."

CONCLUSION

A long time ago, Dr. Grout, a professor of health education at the U. of Minnesota Graduate School of Public Health said, "Health education is the translation of what is known about health into desirable individual and community behavior patterns by means of the educational process."

In other words, by providing knowledge concerning health, we can change people's attitudes and further more, their behavior, by guiding them in the right direction. Also, WHO states that health education starts at the point where community residents are inspired to take an interest in improving their own living situation by incurring in them a sense of responsibility for keeping their own health as an individual, as a member of a family, and as a member of their own nation. To put it simply, health education is a kind of revolution in which healthful living is maintained by each individual in his/her daily life, but also as a family member and member of a community. Usually there are some hidden sacrifices that follow a revolution. To achieve good health by the year 2000 will not be easy job. It will be a matter of blood, sweat and tears.

I am going to close my farewell speech with some quotes from the Bible. I came to Yonsei U. as a full-time instructor in 1957. At that time I was a layman and a new Christian. I have since found that the things I have learned, taught and studied in the field of health education have many points in common with the teaching of the Bible:

"There is a trustworthy saying that deserves full acceptance (and for this we labour and strive), that we have put our hope in the living God, who is the Saviour of all men, and especially of those who believe.

Command and teach these things. Don't let anyone look down on you because you are young, but set an example for the believers in speech, in life, in love, in faith and in purity. Until I come, devote yourself to the public reading of Scripture, to preaching and to teaching. Do not neglect your gift, which was given to you through a prophetic message when the body of elders laid their hands on you. Be diligent in these

matters; give yourself wholly to them, so that everyone may see your progress." (1 Timothy 4:9-15)

There are many things in common between living righteously in a life of faith- making daily efforts and making efforts to live a healthy life. Both are necessary to everyone. So, we should make every effort to place our hope in God, and put health into the hands of all the people in the world. So, we health professionals, medical students and intellectuals should all develop a sense of obligation to teach health and healthful living-not only our own health, but that of others too. We should all have an awareness of our common need and we should make an all-out effort so that there can be some progress in our daily lives. In other words, to practise our faith, we need love, words, faith and constancy. These things are just as necessary in living a healthy life. We all, as individuals, family members, and members of the community at large, should be committed to making unprecedented efforts toward this goal.

The year 2000 is approaching us. Healthful living in the 21st century, through the health education approach, will certainly be achieved and even greater success will be ours through the health revolution.

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