FAMILY CARE

**HOW TO LOOK AFTER YOURSELF
AND YOUR FAMILY**

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How To Use This Book

This book is written primarily for health workers who have a responsibility to help rural women in developing countries to learn more about family and self-care. In some instances it may be used as a reference book: under other circumstances it may be a teaching aid. The text has been specially written in the second person to facilitate its use as an instruction manual, but because cultures, customs, habits, practical taboos and health problems differ from one country to another, and even from one village to another, it is not possible to write a book which can be used by the whole world without adaptation. It is suggested therefore that health educators adapt this publication according to their own local situations. Some examples are given in the following pages but there will be other changes and amendments necessary which only they will know and can make.

If the text is translated into the local language it should of course, be adapted in such a way as to render it easy for the mother to understand and prepared in accordance with local habits and beliefs.

The name given to any subject should be appropriate. For instance, "family planning" or "birth spacing" is sometimes called "family welfare". Whichever phrase is used locally should be substituted. Any subject included should reflect also the national policy. This is particularly important in topics such as family planning. If the practice of this is government policy, information given to the villagers should include where, when and to whom to go for advice on the subject.

Type of shelter will be determined by culture and also by materials available. Washing and bathing information given may require local revision. Again local habits – if safe and clean

– should not be changed. The place and time for excreting may also be fixed by custom or habit, or indeed by local conditions such as the prevalence of poisonous snakes in the nearby bush.

On the curative side, safe local medicines should be substituted. Both traditional birth attendants and traditional healers are often part of the local community and of the culture and tradition of a community. Many have high standing and exert considerable influence, not only on local health practices. They can be important allies and their safe, appropriate, available and effective practices can be well absorbed and integrated into any teaching.

Measurements given in the text will need to be changed to local ones. This is particularly important when speaking about medicines and also in any nutritional education.

Perhaps it is in the latter field that most amendments will need to be made. Milk, eggs, fish and meat are often listed in the text of this book as important items of diet. Yet it is well-known that often these are not available in many countries, whilst in other cultures their consumption is restricted to certain groups. Their equivalents in protein, fat, vitamins and minerals should be substituted whenever this is so. Often restrictions are based on wisdom, practicality and environment awareness: milk and eggs can be vectors of food poisoning, which can be hazardous for pregnant women, nursing mothers and young children. Another practice which has received criticism is that whereby the head and senior members of the household receive preferential treatment in the allocation of foods. This is common practice in peasant and artisan societies all over the world. Essentially it is a protective mechanism, for the whole family: supportive and protective

members of the family must have priority to survival.

But by no means can all traditional practices be regarded as advantageous or even harmless. There are some, such as the use of the infusion of bush teas which we know can be harmful to children. However, in most cultures nourished children are also subject to the prevailing food practices, so it is perhaps better for the health worker to pinpoint instances of departure or deviation rather than to change the diets of villagers as a whole. Rather than attempting to introduce new foods or change basic food patterns the health worker is urged to concentrate on increasing the quantity and promoting effective use of the local foods which seem to serve the majority of the people well.

It cannot be over-emphasised that this section of the book in particular must be adapted to local customs, culture, taboos and availability of foods.

Some Notes on Teaching From This Book

Traditional methods of learning among rural people often depend heavily on oral methods. If appropriate, use should be made of storytelling, parables, drama, songs, proverbs and riddles. In some cultures people listen to stories in the evening and these will require a different type of introduction to those told during the day, at the health centre or in their homes. Differences in patterns and customs, even between adjacent villages, are reflected in the form and content of traditional stories. Accordingly, these should be followed and stories constructed to include the traditional knowledge or belief, moving to an action which will help to solve the health problem under consideration. Teaching given to villagers is often laughed at or simply ignored if it conflicts openly with current beliefs.

Many basic concepts that a literate person would not question are not necessarily accepted by illiterate members of a community. These include concepts of quantity and mass and concepts of perspectives. The ability to “read” pictures may be quite unrelated to literacy and difficulty in understanding pictures is being reduced by the influx of television and films. When producing pictures for teaching purposes it may be borne in mind that tests have proved that photographs with the background eliminated are the easiest for people to assimilate: these are often used in advertising. Simple line drawings may be easily reproduced on flip-charts or a chalk-board.

Evaluation of the Book

In order to assure that this publication achieves its objectives it will be necessary to update it from time to time. It is hoped that it may be assessed for effectiveness very easily. Observations should be made during and after its use and comments collected from appropriate persons who have participated in the teaching/learning sessions.

The publishers and author would welcome comments from individual teachers and health workers, particularly in regard to how useful the book has been; where it has failed; what difficulties have been experienced in using it; what corrections or amendments are required and additional comments on content, drawings, presentation, distribution, etc.

For a more detailed evaluation – by chapter – a simple questionnaire is supplied at the back of the book. Collected and analysed, it is hoped that these comments and suggestions will permit the improvement of a further edition.

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It is my hope that this publication will help to meet just one of their expressed needs.

M.S.