PART TWO

LEARNING THROUGH SEEING, DOING, AND THINKING

IF I **HEAR** IT
I FORGET IT.

IF I **SEE** IT
I REMEMBER IT.

IF I **DO** IT
I KNOW IT.

IF I **DISCOVER** IT
I USE IT.

This part of the book gives ideas for bringing learning to life. It suggests ways to make learning more meaningful, useful, and adventurous.

To be effective, health education must be practical. **Health workers need to learn skills that help them observe, understand, and explore ways to improve the life and health of their people.**

An effective training program puts emphasis on these three ways of learning:

1. **Observation:** encouraging students to look at things closely and fearlessly, and to ask searching questions.
2. **Understanding:** helping students learn to analyze problems critically and work together toward finding appropriate solutions.
3. **Action:** students and instructors learn together through experience and practice.

Put simply, observation, understanding, and action mean *seeing, thinking,* and *doing.* Unfortunately, many training programs do little to encourage students to think. They focus on memorizing facts and carrying out specific instructions. Even standard teaching aids tend to demonstrate information rather than help students discover answers for themselves. Students learn to follow directions (or sometimes flow charts) step by step, without having to think or make decisions. Their training is oriented toward 'performing tasks' rather than 'solving problems'.

Such a mechanical, not-quite-fully-human approach to learning may be a suitable way to train animals—but not people! It can turn students into typical civil servants. They may carry out their duties obediently (or they may become careless or corrupt). But they will probably not become leaders of the poor in their struggle to overcome the biggest causes of ill health.

> **The human mind is made to think and explore. It grows stronger with exercise. But it grows weak, lazy, or resentful when limited to 'clearly defined tasks'.**

If health workers are to become leaders who will defend the interests of the poor, their training must help them learn to use the tools best suited for this purpose.

The best tool a person has for understanding and changing the conditions that affect his world is the human mind. Health workers must be prepared to analyze problems, take initiative, and search for the ways of doing things that will help people meet their needs. Training should encourage people to think!

Part Two includes more than just 'teaching aids'. It is a collection of suggestions and methods to help equip students (and instructors) to be thinking, questioning, creative persons who can work intelligently to deal with their communities' needs.

Chapter 11 gives examples of teaching methods and aids that help get the students actively involved. It explores techniques that let students discover new facts and ways of doing things for themselves—using their own minds and hands. This not only helps students remember what they learn, but prepares them to take initiative in solving still bigger problems they will face in their own villages or communities.

Chapter 12 looks at ways of making and using pictures—valuable skills that help health workers share what they know with others. Both drawings and photos are considered.

Chapter 13 discusses ways that story telling can be used as a tool for teaching. It gives examples of spoken stories and stories told with drawings, filmstrips, and comic strips.

Chapter 14 explores role playing and 'sociodrama' as ways of bringing learning closer to the lives, feelings, and needs of real people. (Examples are also found in Chapter 27.)

Chapters 15 and 16 explore inappropriate and appropriate technologies—both 'soft technology' (methods and ideas) and 'hard technology' (things to make and use). We consider appropriate those ideas, methods, and tools that are controlled and understood by the people who need and use them. Chapter 16 looks at homemade, low-cost equipment, as well as appropriate ways of writing and copying written materials.

Chapter 17 looks at ways to help health workers take a thoughtful, organized approach to solving problems. We call this 'scientific method'.

Chapter 18 examines the problem of overuse and misuse of medicines, both by medical professionals and by people in general. It discusses ideas for helping health workers and other people to use medicines more sensibly.

Chapter 19 follows up on Chapters 11 and 18. It gives examples of imaginative teaching aids for learning how to use antibiotics intelligently, and for understanding the measurement of blood pressure. Blood pressure is discussed in detail, as this is an important skill for health workers in many communities, yet is not covered in *Where There Is No Doctor.*