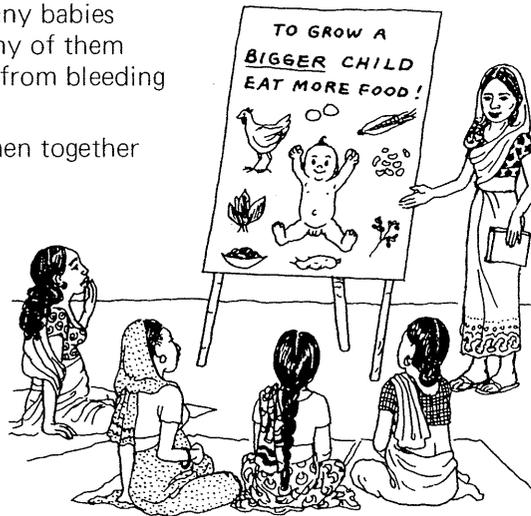


## Story Telling

### Janaki and Saraswati: a story from India\*

Once upon a time, not long ago, there was a young health worker named Janaki, who lived in a small village called Mumabundo in northern India. After making a list of the health problems in her village, Janaki realized that one of the biggest problems was that women did not eat well during pregnancy. They ate too little, and were very thin and anemic. As a result, many babies were born small, thin, and weak. Many of them died. Some of the mothers died too, from bleeding or infection following childbirth.

Janaki began to call pregnant women together on Tuesday afternoons to teach them about nutrition. She explained the different food groups and the importance of getting enough to eat. She told the women about vitamins and minerals, and which foods contained iron that would keep them from becoming anemic. To make the meetings more interesting, Janaki used flash cards and a flannel-board, and even had the mothers bring different foods from their gardens and the market.



But as the months went by, nothing changed. Pregnant women continued to come to the Tuesday meetings. And they continued to eat poorly.

One night, one of the mothers who had regularly attended the Tuesday meetings gave birth. She had become more and more anemic during pregnancy, and from the loss of blood following childbirth, she died. Her baby died, too.

Janaki felt partly to blame. She decided to go talk to Saraswati, a wise old woman whom everyone went to for advice. Saraswati also practiced *ayurvedic* medicine—the traditional form of healing.

Janaki explained her problem to the old woman.

Saraswati put her wrinkled hand on Janaki's shoulder. "I think your problem is this," she said. "You started with what you were taught in your health training, instead of with what the women in the village already know. You must learn to see things through their eyes."

"How do you mean?" asked Janaki.

\*Many of the ideas in this story have been taken from "Education by Appropriate Analogy," a paper by Mark and Mimi Nichter, 2952 Park Street, Honolulu, Hawaii, U.S.A.

"You have been telling the women that eating more during pregnancy will make their babies weigh more at birth. But mothers here are afraid to have big babies. Sometimes, if a baby is too big for her hips, the mother cannot give birth. So women have learned to eat little during pregnancy, in order to have smaller babies."

"No wonder my teaching failed!" said Janaki. "Why didn't they tell me? I tried to encourage them to express their ideas."

"Maybe you spoke your own new ideas too quickly and too strongly," said Saraswati. "The women do not like to contradict you."

"Then how can I teach them?" asked Janaki.

"Begin with what they know and believe. Build on that," answered Saraswati. "For example, talk to them about *dhatu*. According to our tradition, *dhatu* is a substance that brings strength and harmony. It is related to eating certain foods. Pregnant women are not interested in gaining weight or having larger babies. But they are interested in strength and harmony for themselves and their babies, when this comes through *dhatu*."

Janaki invited Saraswati to come to talk with the women about *dhatu* at the next Tuesday meeting.

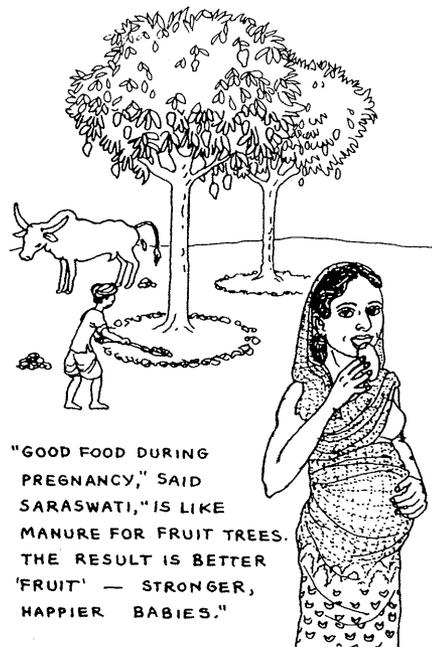
When everyone had gathered, Saraswati started by telling a story about a family whose mango crop failed because they did not fertilize their trees in time. She asked, "Near the time of harvest, if the fruit looks weak, is that the time to think of adding manure to the ground?"

"Oh no," said the women. "It is too late!"

"So it is with giving birth," said Saraswati. "A difficult birth is often caused by weakness of the mother and child, because they lack *dhatu*. Since a mother must share her *dhatu* with her child, she needs to eat plenty of *dhatu*-producing foods. But *dhatu* takes time to be made. Foods that make blood and *dhatu* need to be eaten all through pregnancy."

The women were excited and began to discuss what they knew about *dhatu*-producing foods. They begged Saraswati to come back and talk to them again.

The following Tuesday Saraswati did not go to the meeting. But before it began, she talked to Janaki about ways that Janaki might interest the mothers in eating foods with iron. Saraswati reminded her that redness of the body and blood is considered a sign of health. In Mumabundo, pregnant women are said to be in danger of 'impurities of the blood', and iron is traditionally used to protect and purify the blood in times of danger. Also, teas made from iron-rich plants like fenugreek and sesame are given to girls when they begin to menstruate and before they marry, to strengthen blood and increase beauty. Saraswati suggested that Janaki build on these traditions, to help the women realize the need for iron-rich foods during pregnancy.



"GOOD FOOD DURING PREGNANCY," SAID SARASWATI, "IS LIKE MANURE FOR FRUIT TREES. THE RESULT IS BETTER 'FRUIT' — STRONGER, HAPPIER BABIES."



So Janaki discussed these customs during the Tuesday meeting:

“When one of us is ‘impure’ during menstruation or after childbirth, or when lightning flashes, or someone has fits, we hold a piece of iron in our hand or throw it in front of the house. Why is that?”

“It is to protect us from *sandhi*—the evil spirits.”

“When a chicken dies suddenly, we cook it with a piece of iron in the pot. Why?”

“To purify it from *visha*—poison.”



“Yes,” said Janaki. “We all know iron has *guna*—the power to protect and purify. This is also true inside the body. Iron makes the blood red and strong. We can see by the red color of our tongues and fingernails that our blood is strong. If the blood is weak, these are pale, not red.”

The women began to examine each others’ tongues and fingernails. Soon they became concerned. “Some of us have very weak blood,” they said. “We need *guna* to purify and protect us. Should we hold a piece of iron?”



“Iron will help,” explained Janaki, “but only when it is inside us. There are plants that are rich in iron. What plants do we give in tea to girls when they begin to have monthly bleeding, or before marriage, to increase their blood and beauty?”

“Fenugreek and sesame seed!” said the women.

“Yes,” said Janaki. “These plants are rich in iron. So we should eat them during pregnancy, to strengthen our blood.”

“What other foods are rich in iron?” the mothers asked eagerly. Janaki had already told them many times. But this was the first time they had shown real interest and asked for the information themselves.

As the weeks and months went by, more and more women came to the Tuesday discussions. Each week they examined each others’ tongues and fingernails. And changes began to take place. They had discovered that the *guna* in the iron-rich foods strengthened their blood. They also had begun to eat more so that they and their babies, through *dhatu*, would gain more strength and harmony.

Today, eating well during pregnancy has become part of the tradition in Mumabundo. Babies are born healthier. And fewer women die in childbirth.

## DISCUSSION FOLLOWING STORIES

A story like this one from India can be useful for helping health workers or instructors think about appropriate ways of teaching.

After telling or reading the story to a group, you can ask, "In terms of health education, what important points or methods are brought out in this story?"

The group might make a list of ideas similar to the one below. (Before you read our list, think of as many points as you can. Then compare your own list with this one. Did we miss some important ideas?)

### Important points brought out in the story:

**Know local customs.** Before teaching about health, it helps to be familiar with local customs and beliefs. Make sure that your teaching does not conflict with them.

**Build on traditions.** Teaching is more effective if you respect people's traditions and use them as a basis for introducing new ideas.

**Avoid imposing outside ideas.** The use of teaching aids and a 'dialogue' approach is not enough to gain open participation in group discussions. The health worker needs to be sensitive to the beliefs of the group, and not try to impose her new knowledge on them.

**Admit your mistakes.** Janaki was honest enough to admit her failure, and humble enough to seek help from someone with little training but much practical experience.

**Old people are a valuable resource.** Health workers can benefit from the knowledge and wisdom of old people and folk healers.

**Set a good example.** Saraswati taught Janaki by giving an example of a better way to teach.

**A wise adviser stays in the background.** Saraswati did not go to the second meeting. She helped strengthen Janaki's leadership rather than taking over.

**Use comparisons.** Saraswati and Janaki helped the women understand new ideas by comparing these with things that were already familiar to them. (For example, they compared nutritious food for pregnant women with fertilizer for fruit trees.)

**Encourage a questioning attitude.** The women did not remember Janaki's lessons until they themselves asked for the information. Only when people begin to question, will important changes begin to take place.

**Stories can be tools for teaching.** The whole story is an example of how stories can be used as teaching tools. They help bring ideas to life.



## STORY TELLING AS A TOOL FOR TEACHING

### An example from Nigeria

An excellent example of how traditional forms of learning can become the basis for health worker training comes from Lardin Gabas, Nigeria. The Lardin Gabas Rural Health Programme has been described as follows:\*

“The unique feature of the training programme is its **extensive use of parables, \*\* drama, songs, and riddles**, the traditional methods of learning among people who still depend heavily on the oral traditions. **These techniques are used both in teaching the course and in teaching in the villages.**

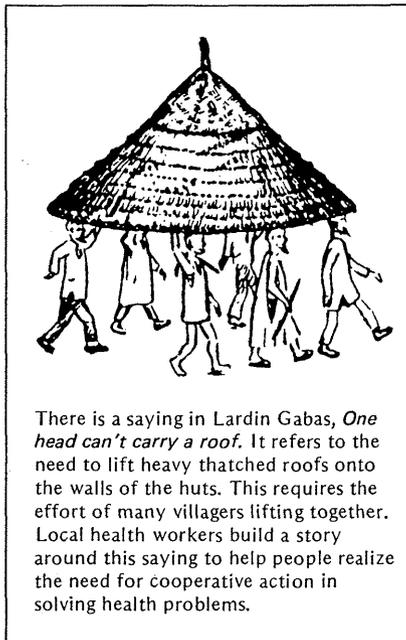
“Teaching in the village is often laughed at or simply ignored if it conflicts openly with current beliefs. For this reason, **stories are constructed to include the traditional knowledge or belief and to move, through the means of the story, to an action which will help solve the problem.**

Customary ways of telling stories in the village are imitated as much as possible. The instructors must be sensitive to the differences in patterns and customs among the various villages, as those differences are reflected in the form and content of the traditional stories.”

In Lardin Gabas, even clinical teaching, which has a heavy emphasis on prevention through changing health practices, is based on story telling:

“The diagnostic method taught is based on symptoms. Each set of symptoms suggests a disease about which health workers will teach their fellow villagers through story telling, taking into account the traditional beliefs and taboos.

“Use of simple medicines is taught in practice clinics with real patients. Brief history taking and a physical examination are followed by a story conveying the knowledge of what factors contributed to these symptoms and what actions could be taken to alter the development of this health problem. **Teaching through stories avoids confronting the patient directly with his inadequate knowledge, and allows him to identify with the story character who finds the solution to the same problem.** Finally, the appropriate medication is given.”



There is a saying in Lardin Gabas, *One head can't carry a roof*. It refers to the need to lift heavy thatched roofs onto the walls of the huts. This requires the effort of many villagers lifting together. Local health workers build a story around this saying to help people realize the need for cooperative action in solving health problems.

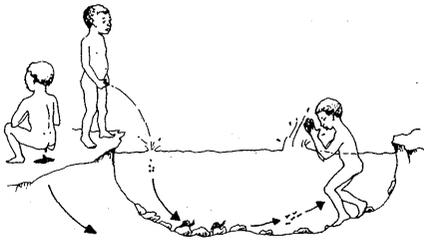
\*The complete article—which is excellent—appears in *CONTACT* 41, Oct., 1977. It is available from the Christian Medical Commission, 150 Route de Ferney, 1211 Geneva 20, Switzerland. Also see p. 13-9.

\*\**Parable*: A story that teaches a lesson.

## TWO STORIES FROM LARDIN GABAS, NIGERIA

### **Blood worms (schistosomiasis)**

Once two brothers' farmland was wearing out, so they decided to move to a new village. After obtaining permission from the chief of a nearby town, they built new houses and started their farming. They found that families did not gather at the river to draw water but rather, each had its own well, which seemed to the newcomers rather unsociable. After finishing work on the farm each day, the brothers bathed in the river before going home. After three months, they both began having belly pains and soon started noticing blood in their urine. They thought that the townspeople were poisoning them, and went to complain.



Upon explaining their troubles, the brothers were told that years before this had been a problem for the rest of the villagers, too. The people had been about to move their village to another site when a health worker had advised them that the disease came from tiny organisms living in pools and streams where people bathed.

These baby worms went through the skins of the bathers and traveled through the blood to their bellies. The villagers also learned that the eggs of the worms were passed in people's urine or shit, and would be washed by rain into the pools.

The people said that upon the advice of the health worker, they had built and begun to use latrines to bury their shit. They also had dug wells to draw water for drinking and washing. Once those who were ill had completed treatment at the hospital, this kind of belly pain and bloody urine were no longer a problem in their village.

The two brothers followed the example of the rest of the villagers, and soon became healthy again.

### **Child spacing**

A father and his son were planting corn. The son asked his father why the corn wasn't planted closer together in order to obtain more per hectare. The father explained that if there is space between the plants, they grow stronger and healthier and produce more grain. Can you see the relationship between little corn plants and children?

TOO CROWDED



They do not grow well.

WELL SPACED



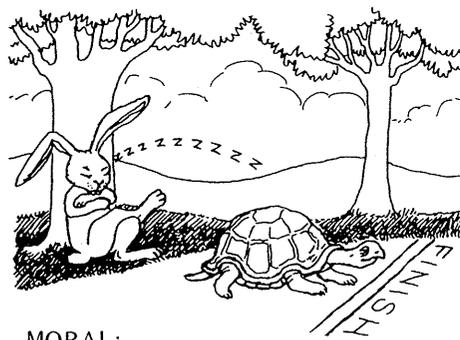
They grow healthy and strong.

In this book we use a lot of stories. (See the list on page 13-14.) Story telling is useful because it lets us put new ideas in a familiar yet adventurous setting. It allows people to see how new and old ideas fit together—or conflict—in a real-life situation. Also, stories are a traditional form of learning that most people have experienced since childhood.

## DIFFERENT WAYS TO TEACH WITH STORIES

### 1. Parables—or stories with a moral

Some stories teach a lesson, or *moral*, which is stated at the end. These can be make-believe stories with animals (fables), imaginary stories about people (tales), or true stories. Examples of parables are on pages 1-26 and 5-7 of this book.



**MORAL:**  
*SLOW BUT STEADY WINS THE RACE.*



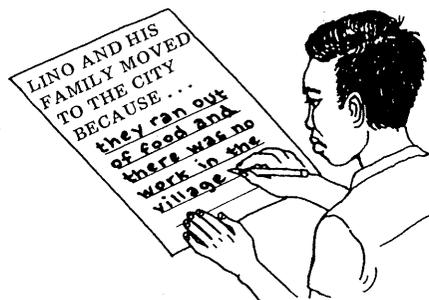
### 2. Stories that help people think about local problems

Some stories do not give any simple answers or morals, but instead point to existing problems. An example is “The Story of Luis” on page 26-3. This kind of story can help get people thinking about and discussing social issues.

At first, it is often easier for a group to discuss the problems of imaginary people in a story than to talk about the real problems in their own lives and community. But if they begin by looking at the problems faced by the people in a story, this may help them to reflect on their own difficulties.

### 3. Stories that students help to write

A community literacy program in Mexico has the students learn to read stories about social problems that are related to their own lives. Parts of the stories are left blank, for the students to fill in themselves. This way the students take part in creating the stories and will relate them more to their own situation.



**The best teaching stories often are those the students tell or complete themselves—based on their own experience.**

#### 4. Stories told by a group

These are stories that everyone tells together. One person begins telling about a family or community. She gets the characters into a difficult situation and then passes the story on to the next student. He has to tell how the characters resolve their problem, and then creates a new one. The story is then continued by still another student. These group stories are especially useful because they get everyone to think and take part. They are great fun with children.



#### 5. Analogies—or comparisons that help people discover healthy answers

The use of comparisons or *analogies* to place new ideas in a familiar setting has been discussed, with examples, on pages 7-11 and 11-8. The story of Janaki and Saraswati in this chapter also shows how this works.

Some health workers in Liberia, Africa use stories and cut-out pictures of animals to help people realize that breast milk is healthier for a baby than canned or powdered cow's milk:



## 6. Acting out stories

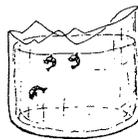
In Lardin Gabas, Nigeria, stories with health messages are often acted out by those who hear them. First a story is told by the group leader. Then one person repeats it and everyone comments on how well it was retold, what details were forgotten, and how it was changed. (Stories are often added to or improved as learners retell them.) Finally, the whole group acts out the story. Here is an example.\*

There was a woman called Pokta who sold cans and bottles. All around her yard were cans and bottles with water in them.

Madam Pokta's young son was always getting fever. One day the boy had a terrible headache and a high fever with chills. Madam Pokta went to the store and bought *Caffenol* (aspirin with caffeine) for the boy, but it did not bring the fever down. So she took him to the native healer, who took a knife and cut the boy's chest and sucked out some blood.

Soon after, the boy died. Madam Pokta was unhappy for a long time. She could not understand why the boy had had so much malaria. She thought perhaps the boy was not meant to live.

One day she heard about a health worker close to her village. She went and told him about her son's death. So the health worker went with Madam Pokta to her house. When they arrived, mosquitoes were buzzing everywhere because it was late afternoon. The health worker saw the cans and bottles lying around with water in them. And he found little 'summersaulters' (baby mosquitoes) in the water.



He showed these to Madam Pokta and told her that mosquitoes biting her son had caused him to get malaria and die. Together

they cleaned up her yard. Then he told her she should bring her other children to the clinic every month so they could receive *Daraprim* pills to prevent malaria. They became healthier and all were happier.

After the story has been acted out, people in the group ask each other questions about it and make up songs about the main health messages. With all this repetition through stories, acting, discussion, and songs, people remember well.

## 7. Analyzing stories for hidden or harmful messages

Sometimes stories used for health teaching carry hidden messages that were not intended. **If story telling is to help people gain confidence in themselves and pride in their own culture, care must be taken not to make local ways or persons look all bad, and outside ways or persons look all good.** If the weakness of a local custom is pointed out, a beneficial custom should also be mentioned. If a story tells of a traditional healer who does something harmful, it is best if another traditional healer (rather than an outsider) finds out and shows people a better way.

In the story about malaria, notice that Madam Pokta first tries *self-care* (she buys *Caffenol*). This fails. Next she goes to a *traditional healer*. His treatment also fails, and may even have made the child worse. At last she goes to an *outside health worker*, whose advice is successful.

The hidden messages in the story are "Self-care is wrong," "Traditional medicine is wrong," and "Outside advice is right." Although the story of Madam Pokta is in many ways excellent, such messages can actually weaken people's confidence in their own experience and ability to find answers for themselves.

Health workers need to analyze the stories they use to make sure that hidden messages are community strengthening. (Compare this story from Lardin Gabas with the story from India at the beginning of this chapter.)

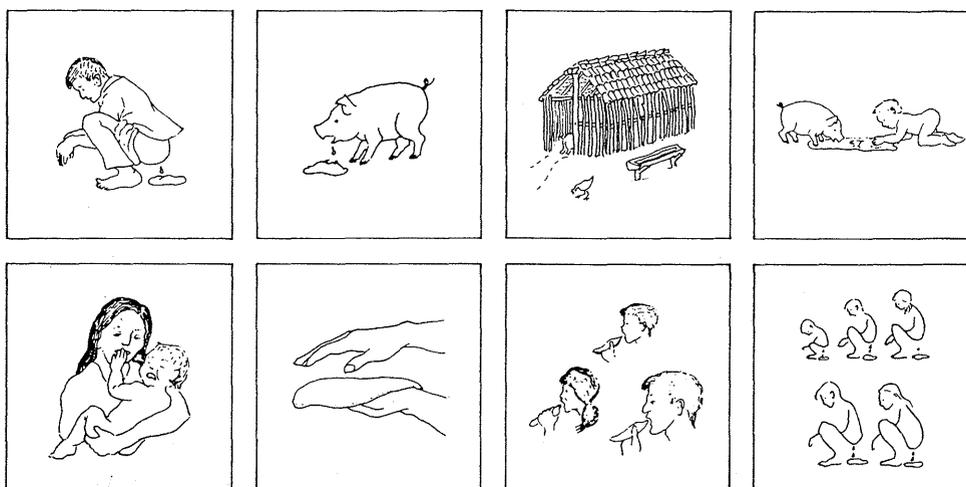
\*Adapted from a booklet called *Health Teaching for West Africa: Stories, Drama, and Song*, edited by David Hilton. Available from MAP International, Box 50, Wheaton, Illinois 60187, U.S.A.

## STORIES TOLD WITH PICTURES

Using pictures with story telling helps in several ways:

- Pictures let people 'see' what is happening in the story.
- A series of pictures can serve as a guide for the story teller.
- Pictures can be used to help a group tell a story from their own experience.
- Health workers can use flash cards or flip charts in discussing health problems with groups of villagers, letting the group try to explain what is happening in the pictures. This way **students discover the health message themselves and tell it to the teacher** (rather than the teacher telling them).

This set of flash cards is based on pictures from page 132 of *Where There Is No Doctor*.



In Chapter 11 we discussed the use of pictures on **flash cards and flip charts**. But pictures can also be used to tell stories in **comic strips, photonovels, color slides** (transparencies), **filmstrips**, or **moving pictures** (movies).

### Comics and photonovels

In many countries, especially in Latin America, people read comic books more than any other written materials. As a result, many comic books and *photonovels*\* have been produced on a variety of health topics. A few of them are excellent, but many are a boring mixture of preaching and brainwashing, masked by a silly story.

Instead of using prepared materials, health workers can make their own comic strips on health themes, or organize school children to make them. They can make up stories and draw pictures to go with them, or copy pictures from other comic books. If someone has a camera, the group may even be able to make photonovels using local people as 'stars'.

\*Photonovels or *fotonovelas* are comic books that use photographs instead of drawings.

This comic strip, or 'picture story', is from the Voluntary Health Association of India edition of *Where There Is No Doctor*.

### Teaching idea:

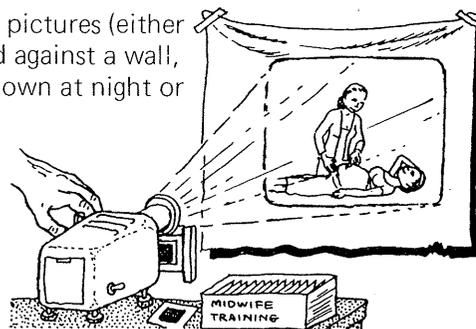
Try showing this comic strip to a group of health workers, mothers, or children. Discuss with them what the family in the story could do to stop the problem from spreading. Then have the group make their own picture story about a common problem in their area.

**Note:** People will find stories more real and more interesting if the characters have names (instead of just being called 'this boy' and 'the mother'). Try to make the people in the story seem as lifelike as possible.



### Filmstrips and slides

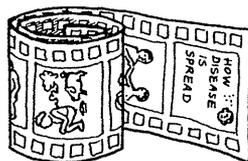
Filmstrips and slides are both forms of pictures (either photos or drawings) that can be projected against a wall, sheet, or screen. Usually, they must be shown at night or in a dark room, although a special (very expensive) screen for daylight showings has been developed. Battery-operated projectors can be obtained in some countries, for use in areas that do not have electricity.\*



\*For information on projectors and 'daylight screens', write to World Neighbors (see page Back-3).

Filmstrips and color slides are similar, except that . . .

Filmstrips come in a roll. They are much less expensive than slides, but can only be shown in the order they come in.



Slides are individual pictures. They can be shown in any order.



Filmstrips and sets of slides on many different health topics are available from TALC, World Neighbors, and other groups (see p. **Back-3** or **WTND**, p. 429). Many of these filmstrips and slides come with written explanations to help in telling stories with specific health messages.

Sets of slides showing teaching methods and village theater discussed in this book are available from the Hesperian Foundation (see p. **Back-3**). The slides from the skits in Chapter 27 make exciting stories for group discussion about social problems and health.

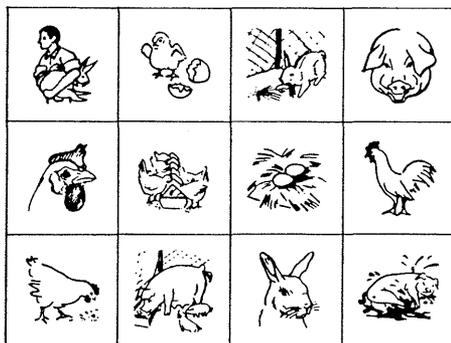
**WARNING:** Be careful in buying filmstrips on health subjects. Some are excellent, but many are poorly done or carry misleading messages—especially some of those on family planning. Take the same care in selecting health comics, photonovels, and any mass-produced teaching aids.

**Do-it-yourself filmstrips:** One disadvantage of purchasing filmstrips or slides from distant places is that what they show and tell may not fit the situation in your area. However, you and other local health workers can make your own filmstrips. World Neighbors distributes a *Visual Aids Tracing Manual* that gives complete instructions for this.

You will need:

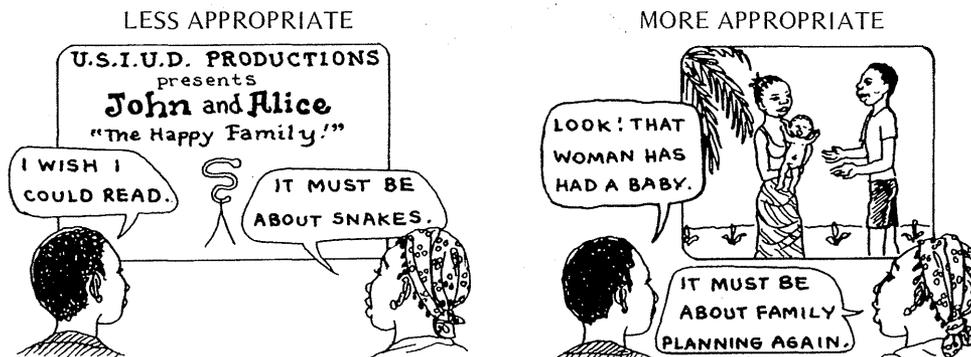
- polyvinyl or acetate plastic strips 5 cm. (2 inches) wide. (You can use old X-ray film if you soak it in lye or caustic soda for a day, and then scrub off the dark coating.)
- pen points and a holder
- permanent black ink
- colored marking pens with permanent ink
- a projector that can be used to project 5-cm. slides

You can draw your own pictures on the plastic strips, and color them in. If you prefer to copy or trace the pictures, the World Neighbors manual contains many drawings that can easily be traced. Here are samples from two sets of drawings.

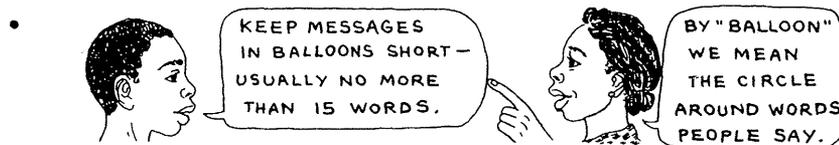


## SUGGESTIONS FOR TEACHING WITH PICTURE STORIES (flash cards, flip charts, filmstrips, comic strips, or photonovels)

- Keep the story simple and clear. Make one or two main points.
- Be sure that both pictures and words relate to the lives of the local people.
- Make every effort to respect and build on local traditions.
- Make the first picture one the audience will understand. If most of the viewers cannot read, start with pictures, not written words.



- Each picture should tell a story, or carry the story forward.
- Keep the pictures simple, so that the main message comes through clearly. Avoid complicated details. But make things look as real as possible—especially the people.



- Use some pictures that show the whole scene, but also include plenty of close-up scenes. Close-ups are good for emphasizing important ideas because they usually move people emotionally.



- Use color if possible—but make colors as natural as you can.
- Make the story interesting. Try to include situations of happiness, sadness, excitement, courage, serious thought, decisions, and action to solve problems.
- For filmstrips, slides, or flip charts, it is usually a good idea to provide a written guide for the user. (For an example, see page 11-23.)

## EXAMPLES OF STORY TELLING IN THIS BOOK



|   | <u>kind of<br/>story</u> | <u>see<br/>page</u> |
|---|--------------------------|---------------------|
| The story of a malnourished child (Mexico) . . . . .  | true                     | <b>Front-7</b>      |
| Chelo and his family (Why This Book Is So Political) . . . . .  | true                     | <b>Front-8</b>      |
| The importance of not knowing it all. . . . .   | true                     | <b>1-8</b>          |
| Appropriate and inappropriate teaching: two stories . . . . .   | parables                 | <b>1-26</b>         |
| Strengths and weaknesses of village-level instructors . . . . .   | true                     | <b>2-6</b>          |
| The John that never returned (need for task analysis) . . . . .   | parable                  | <b>5-7</b>          |
| Three stories about village leaders and water systems<br>from Indonesia, Mexico, and Bangladesh . . . . . | true                     | <b>6-18</b>         |
| Two stories about health committees . . . . .   | question raiser          | <b>10-3</b>         |
| Health workers teach the doctor to clean up . . . . .   | true                     | <b>10-17</b>        |
| Janaki and Saraswati: a story from India . . . . .  | builds on tradition      | <b>13-1</b>         |
| Two stories from Lardin Gabas, Nigeria<br>Blood worms (schistosomiasis). . . . .                          | builds on tradition      | <b>13-6</b>         |
| Child spacing . . . . .   | analogy                  | <b>13-6</b>         |
| Breast is best: a picture story (Liberia). . . . .  | analogy                  | <b>13-8</b>         |
| Madam Pokta finds a solution to malaria (Nigeria) . . . . .   | pretend                  | <b>13-9</b>         |
| The spread of diarrhea . . . . .  | flash cards              | <b>13-10</b>        |
| The spread of scabies (India) . . . . .   | comic strip              | <b>13-11</b>        |
| A detective story: Who stole the gualamo jam? . . . . .   | open-ended               | <b>17-5</b>         |
| A child with severe pneumonia (Colombia) . . . . .  | true                     | <b>21-10</b>        |
| An emergency childbirth . . . . .   | pretend                  | <b>21-10</b>        |
| A health worker uses his book to solve a problem that<br>the doctor could not (Mexico) . . . . .          | true                     | <b>21-18</b>        |
| The bird that steals a baby's spirit—tetanus prevention . . . . .   | builds on tradition      | <b>22-6</b>         |
| Abdul and Seri: a story about oral rehydration (Indonesia) . . . . .                                      | pretend                  | <b>24-24</b>        |
| A nutrition plan for Tonaville (Africa) . . . . .   | pretend                  | <b>25-23</b>        |
| Attacking the right problems: 5 examples from Africa . . . . .  | pretend                  | <b>25-28</b>        |
| Story of Luis—exploring the chain of causes . . . . .   | partly true              | <b>26-3</b>         |
| Combating exploitation at the village level (India) . . . . .   | picture                  | <b>26-36</b>        |
| How a teaching story helped health workers from another area. . . . .                                     | true                     | <b>26-38</b>        |

The stories listed here can be spoken or read, or told through pictures. But stories can also be 'acted out' in the form of role plays, theater, and puppet shows. These dramatic forms of story telling are discussed in Chapters 14 and 27.