

PART FIVE

HEALTH IN RELATION TO FOOD, LAND, AND SOCIAL PROBLEMS

Part Five of this book focuses on ways in which health is influenced by human relationships. This has been a theme throughout this book. But here we look more closely at the problems that result from greed, unfair distribution of land and resources, and a social structure that favors the few at the expense of the many. We explore ways in which health workers can learn about these problems and help people to gain the awareness, self-confidence, and skills necessary to work together to change their situation.

In **Chapter 25** we examine the causes of malnutrition. We point out that hunger is usually caused, not by an overall shortage of farmland or food, but by unfair distribution. We explore ways to find out if children and other persons are well nourished or too thin. Then we consider ways that health workers can help people analyze their food problems and better meet their needs. Finally, we look at an alternative way to teach about 'food groups', focusing on the main foods in the local diet.

In **Chapter 26** we explore ways to help people look at the different causes of their problems, especially the human or social causes (cultural, economic, and political). We examine methods of helping people gain self-confidence and greater social awareness. We discuss both the possibilities and the pitfalls of applying popular 'conscientization' methods to health education. And we give examples of how these methods have helped villagers to improve health and overcome forms of exploitation at the community level.

Chapter 27 is about using popular theater as a means of raising people's awareness. We place this chapter at the end of the book (rather than with the chapter on role plays) because of the strong social content of the skits, plays, and puppet shows it gives as examples. These theater presentations, which deal with local problems affecting health, were put on in Mexico by village mothers, school children, and student health workers. They demonstrate two different possibilities for community involvement. First, the preparations and performances brought about greater awareness through the participation of both the actors and the audience. Second, the skits presented ways that poor families can join together to overcome the causes of their suffering and poor health. Most of the stories are based on true events.

These people's theater presentations show how people in some communities have struggled to find answers to their biggest problems. We believe they will provide both ideas and hope to others.



THE KEY TO HEALTH LIES IN THE PEOPLE THEMSELVES.

“Primary health care is generally only lacking when other rights are also being denied. Usually it is only lacking where the greed of some goes unchecked and unrecognized (or unacknowledged) as being the cause. Once primary health is accepted as a human right, then the primary health worker becomes, first and foremost, a political figure, involved in the life of the community in its integrity. With a sensitivity to the villagers and the community as a whole, he will be better able to diagnose and prescribe. Basically, though, he will bring about the health that is the birthright of the community by facing the more comprehensive political problems of oppression and injustice, ignorance, apathy, and misguided good will.”

—Zafrullah Chowdhury, of Gonoshasthaya Kendra,
a community-based health program in Bangladesh

