Introduction
India adopted the National Policy for children in August 1974 and recognized children as the “Nations supremely important asset”. It was David Morley and his colleagues at the Institute of Child Health and Education, University of London who identified the un-trapped resource, “The Child Power” for spreading health messages. Prof. Hugh Hawes states that “Children have a vitally important part to play in the health of community, not merely by being ‘kept healthy’ by adults, but in passing on health messages to younger brothers and sisters and by jointly co-operating to become a positive force for health”. Various case studies cited from all over the world demonstrate the different forms programme in various areas.

Child to child programme is based on the concept that children in schools and family members need to be considered as partners in spreading health messages as well as benefitting from them. The group selected may involve children belonging to either a formal or non-formal system of education or any group that is easy to assemble and feasible to follow-up. The children are educated on simple but important health topics like personal hygiene, environmental hygiene, balanced diet, immunization, growth monitoring, diarrhea - prevention & treatment, anemia, tuberculosis, scabies, malaria, first-aid etc.

The activities are made interesting and lively by using different modalities of health education like demonstrations, role-plays, songs, health games, drawings, crafts etc. Each child is then asked to spread the health message. Least that is expected from these children is to spread health messages to their siblings, parents and neighbors and then ultimately the message spreads to the community.

Intervention and Methods
Case 1: One of the excellent examples of successful utilization of child to child concept was during the Pulse Polio Immunization (PPI) campaigns. We used this concept in the slums of Mumbai for motivating people to participate in the PPI campaigns. We formed an informal group of 50 children between age group 10 to 12 years from the nearby area in the slum. A doctor and two primary health workers conducted the training for these children on different aspects of polio and the benefits of immunization. A training module for the topic was designed to suit the local needs. Each child was asked to teach the other children of the group and mock-sessions were conducted within the group. Each child was allotted 30 families and assigned to get the children under five years of age from the neighborhood to the nearest immunization centre. These children visited the families allotted to them a few days prior to the due dates of PPI and explained to the family members the importance of Polio Immunization and why it is important to get all children immunized at the same time to eradicate the disease and also few important points related to the causation, manifestations and prevention of the disease as was taught during the training. Each child then followed up with the respective families allotted to them on the PPI days to see that the message was rightly taken. All the eligible children from the selected 150 families were immunized, achieving a 100% response for immunization among the children covered by the child to child group, thus demonstrating the success of the programme.

Case 2: In the other example, the children of child to child group belonging to a formal system of education formed our focal point. Sixty five students of Standard Vth with age group ranging from 10 to 12 years were used to spread health message. Since Tuberculosis was an important public health problem in the area it was decided to educate the children on this topic. A training module was designed for this purpose and one doctor with the help of two primary health workers were involved in conducting the sessions and implementing the programme. One hour sessions were conducted regularly once a week for all students of Standard 5th. Excluding the vacation and the exam period we got 34 weeks in the academic year. Out of this initial 8 sessions were used to pass theoretical knowledge on various aspects of the disease like its causation, signs and symptoms with which the patient presents, when to get: the patient to the hospital, the investigations required and care to be taken to prevent the spread of the disease. This was done by delivering lectures and with the use of posters.

Next, songs on Tuberculosis explaining the various aspects of the disease were taught to them for 4 weeks. Then for the next 4 weeks children were asked to do drawings on the disease and a drawing competition was conducted. In the next 5 weeks health games were played and a health quiz was conducted. Next we organized a street play with the participation of the students. This took 9 weeks. An open day was arranged in the school where children were asked to invite their parents and neighbors for a health exhibition organized in the school. The program consisted of songs on Tuberculosis presented by the children, a drawing and craft exhibition displaying various drawings on Tuberculosis and a street play presentation. Thus other students of the same school, students of other schools and the near by...
community was educated by these little children. Later we prepared referral cards and distributed 3 cards to each student. The children were asked to give these cards to anyone in their neighborhood showing signs and symptoms of Tuberculosis and refer them to the hospital within a period of subsequent 4 weeks. An announcement was made that such referred patients would get 25% concession in their medical bills. With the help of these school children, 54 patients were referred to the hospital. Many of them had bronchitis, pneumonia and upper respiratory tract infections. Three cases of Tuberculosis were detected amongst the referred cases. Thus these children acted as mini-doctors in the area. It also helped to awaken their health conscience at a very early age.

Discussion

One of the important modality to achieve health is by educating the masses. This needs to be done irrespective of age, gender, religion, economic and social barriers, though the methodology followed and the topics covered may differ for each group. Children play an important role in spreading health messages. Therefore we should not underestimate and forget our important resources, the children, while working positively towards Health for All.

Child to child has now become an International Programme and the concept is now extended for it to be called child to community programme. In this era, children are being utilized by commercial advertising agency for selling their products. Marketing agencies are well aware that children form an important group in selecting household items. Before the commercial industry exploits this important child resource, we, the Health Providers can utilize them for much better purpose. This has been aptly described in the two case studies presented above. The success of the programme in terms of excellent response for the PPI camps and the detection of three new cases of Tuberculosis, highlights the successful utilisation of the children’s group to meet the local health issues. Thus when child becomes a teacher for spreading health messages, it encourages children of school-age to concern themselves with health, welfare and general development of their younger pre-school brothers and sisters, neighbors, their families etc. and the community at large is benefited from these activities.

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References