

# Health Education I

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Health education is a process that

- Informs, motivates and helps people
- To adopt and maintain healthy practices and lifestyles
- Advocates environmental changes as needed to facilitate this goal  
and
- Conducts professional training and research to the same end.

# Aims and Objectives

1. To **encourage** people to adopt and sustain health **promoting life style and practices**.
2. To **promote** the proper **use of the health services** available to them.
3. To **arouse interest** to provide **new knowledge** ,improve **skills** and **change attitudes** in making **rational decisions** to solve their own problems.

4. To stimulate individual and community self reliance and participation

- to achieve health development through individual and community involvement at every step
- from identifying problems to solving them.

# Approach in Health Education

1. Regulatory Approach
2. Service Approach
3. Educational Approach
4. Primary health care Approach

# 1.Regulatory Approach

- Governmental intervention, direct or indirect, designed to alter human behavior.
- The Child Marriage Restraint Act, Food Adulteration Act, Pollution Act , MTP Act , PCPNDT Act,
- Use of compulsory seat belts, Helmets during driving .
- **Advantage :**
  - Easy ,quick way
  - Particularly useful in times of emergency or in limited situations such as control of an epidemic disease or management of fairs and festivals.



## Limitations of Regulatory Approach :

- In areas involving personal choice e.g. diet, exercise, family planning, smoking, alcohol, no government can pass legislation to affect right of freedom.
- **Difficult to enforce laws without a vast administrative infrastructure and considerable expenditure.**
- The people must be ready to accept a law.

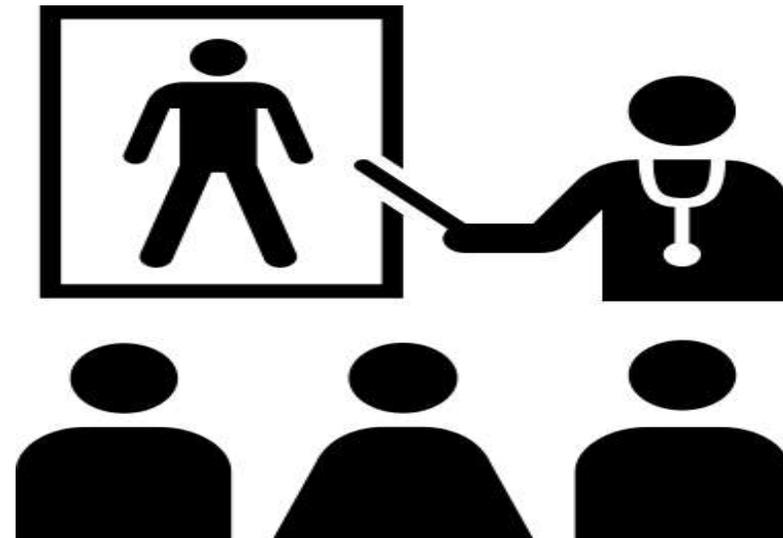
## 2. Service Approach

- To provide all the health facilities needed by the people at their door steps.
- On the assumption that people would use them to improve their own health.
- **Limitation** : Not based on the felt-needs of people no guarantee that the service will be used by them.

e.g. when water seal latrines are being provided, free of cost, in some villages in India under CDP, SBA , people do not use them.

## 3. Health Education Approach

- Most effective approach e.g. in adapting healthy life styles, cessation of smoking.
- People will be better off if they have autonomy over their own lives,
- when an informed person should be able to make decisions to protect his own health.
- **Components** – motivation, communication and decision-making



- People are **educated** through planned learning experiences
- are **informed and encouraged** to make their own choice for a healthy life.
- Sufficient time should be given for an individual to bring about changes.
- Learning new facts as well as unlearning wrong information.
- Results are slow , but permanent and enduring.

## 4. Primary health care approach

- Based on principles of primary health care such as community participation and inter- sectoral coordination.
- Objective is to help individuals to become self-reliant in matters of health.
- Requires full participation of the people with active involvement in the planning and delivery of health services.
- Necessary guidance to help people identify their health problems by health providers and to find solutions to these problems.
- This approach is a fundamental shift from the earlier approaches

# Approach in health education

- Individuals vary so much in their socio-economic conditions, traditions, attitudes, beliefs and level of knowledge.
- A single approach may not be suitable.
- **Combination of approaches** must be evolved depending upon local circumstances.

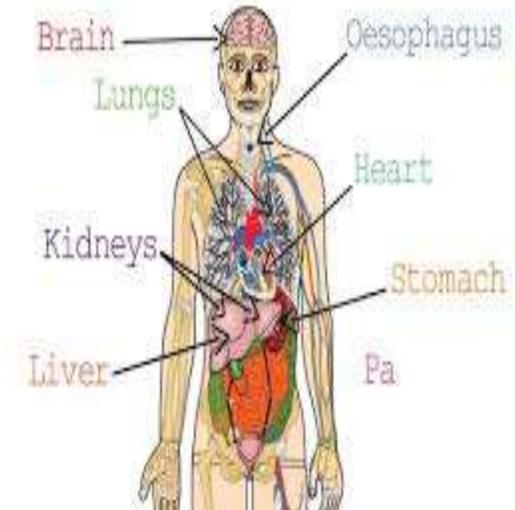
Health Education	Propaganda
Knowledge and skills actively acquired ( <b>active thinking</b> )	Knowledge instilled in the minds of the people(facts)
Develops <b>reflective</b> behavior .Trains people to use <b>judgement</b> before acting	Develops <b>reflexive</b> behavior; aims at <b>impulsive</b> action
Appeals to <b>reason</b>	Appeals to <b>emotion</b>
Develops individuality ,personality and self expression	Develops a standard pattern of attitudes and behaviors according to mould used
Knowledge acquired through <b>self reliant activity</b>	Knowledge is <b>spoon fed and passively received</b>
The process is <b>behavior centered</b> aims at developing favorable attitudes , habits and skills	The process is <b>information centered</b> – no change of attitude or behavior designed

# Contents of health education

1. Human biology
2. Nutrition
3. Hygiene
4. Family health care
5. Disease Prevention and Control
6. Mental Health
7. Prevention of accidents
8. Use of health services

# 1. Human Biology

- Training of human biology should start from the kindergarten itself, school is the best place.
- Different parts of the human body and their functions through its sequential health curriculum.
- **Cultivation of healthy lifestyles .**
- Importance of good health, methods to keep physically fit, the need for exercise, adequate rest and sleep.
- Information about the adverse habits i.e. effects of alcohol, smoking.



## 2.Nutrition

- People should be taught about the **nutrient value of food stuff** and the **effect of nutrients on health**.
- To help people to choose optimum and **balanced diets** ,remove prejudices and promote good dietary habits.
- **Breast feeding** beyond the first year of life, misconceptions about **proper weaning**.
- **Link** between dietary habits and certain chronic diseases such as obesity, diabetes and cardio-vascular diseases..



# 3.Hygiene

- Importance of hygiene and methods of maintaining hygiene.

**Two aspects** - Personal and Environmental

## **Personal hygiene :**

- To promote good standards of personal cleanliness
- Includes bathing, clothing, washing hands after toilet, care of nails, feet and teeth
- Spitting , coughing, sneezing, personal appearance and inculcation of clean habits in the young.



# Environmental hygiene

## Domestic hygiene :

- Keeping the house and surroundings clean,
- Proper ventilation, adequate light and fresh air,
- Proper disposal of waste materials, avoidance of pests, insects etc.



## Community hygiene :

- Care of the surroundings
- Ensure proper garbage disposal, adequate sewage and drainage.

## 4. Family Health care

- Family is the **first defense**, as well as the chief reliance for the well-being of its members.
- To strengthen and improve the health of **family as a unit** rather than as an individual.
- Child rearing, self care, care in pregnancy, care and education of adolescents ,care of elderly.



## 5.Disease Prevention and Control

- Education of the people about the prevention and control of locally endemic diseases.
- Elementary knowledge to understand common signs and symptoms of disease and prevention there by promoting health.
- Information to people regarding National health programmes.

## 6. Mental Health

- Certain special situations :
  - Mother/ Father after child birth
  - Child at entry into school for the first time
  - School child entering the secondary school and so on
  - Decision about a future career,
  - Immediate post marriage life
  - Loss of life partner
- Aim is to help people to keep mentally healthy and to prevent a mental breakdown.
- People should enjoy their relationships with others and learn to live and work without mental breakdown.



## 7. Prevention of Accidents

- Accidents occur in three main areas : the home, road and the place of work.
- Basic safety rules in home , on roads.
- Construction and repairs of roads by PWD , enforcement of traffic rules by police.
- Safe environment at working places.
- Main factors in accidents are **careless attitudes, over confidence** and these can be tackled through health education.



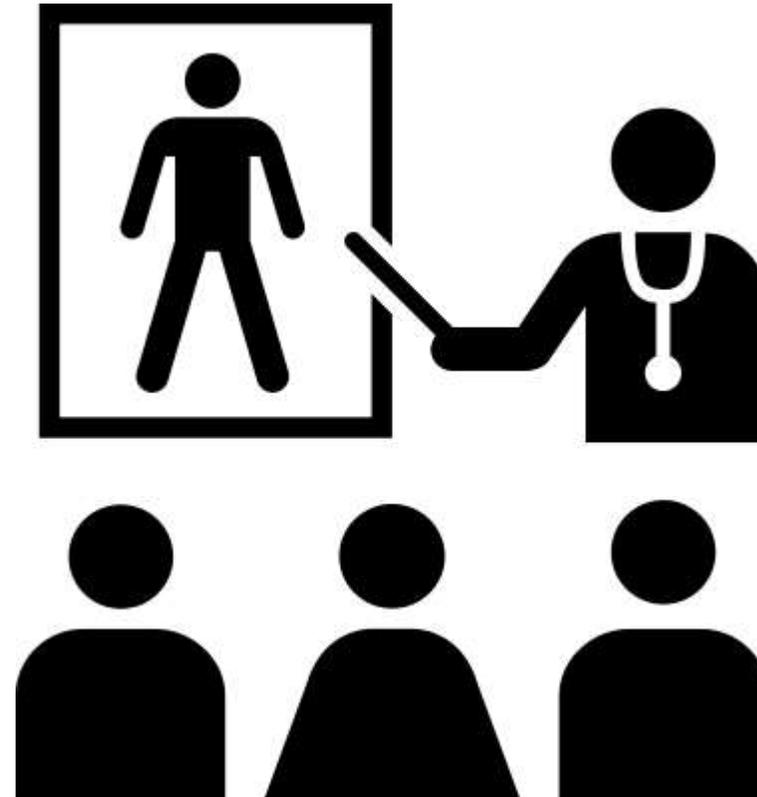
## 8. Use of Health Services

- Many people do not know what health services are available in their community.
- Many more do not know what signs to look for that indicate a visit to the doctor is necessary.
- People have to be informed about the various health services and preventive programmes available to them.



# Principles of Health Education

- 1.Credibility
- 2.Interest
- 3.Participation
- 4.Motivation
- 5.Comprehension
- 6.Reinforcement
- 7.Learning by doing
- 8.Known to unknown
- 9.Setting an example
- 10.Good human relations
- 11.Feedback
- 12.Community leaders
- 13.Soil, seed, sower



# 1. Credibility

- Degree to which the message to be communicated is **perceived as trustworthy** by the receiver.
- Must be **consistent and compatible with scientific knowledge** and also with the local culture, educational system and social goals.
- Unless the people have trust and confidence in the communicator, no desired action will ensue after receiving the message.



## 2. Interest

- If the health education topic is of interest to the people, they will listen to it.
- Health educator should identify the **“felt needs”** of the people.
- Then prepare a program that they can actively participate in to make it successful.
- health slogans such as "Take balanced diet " or "be healthy" are not useful.



# 3. Participation

- Based on the principle of **active learning**.
- Health educator should encourage people to participate in the program.
- Tends to create **a sense of involvement, personal acceptance and decision-making by the people**.
- It provides maximum feed back
- Group discussion, panel discussions etc. provide opportunities for people's participation.



# 4.Motivation

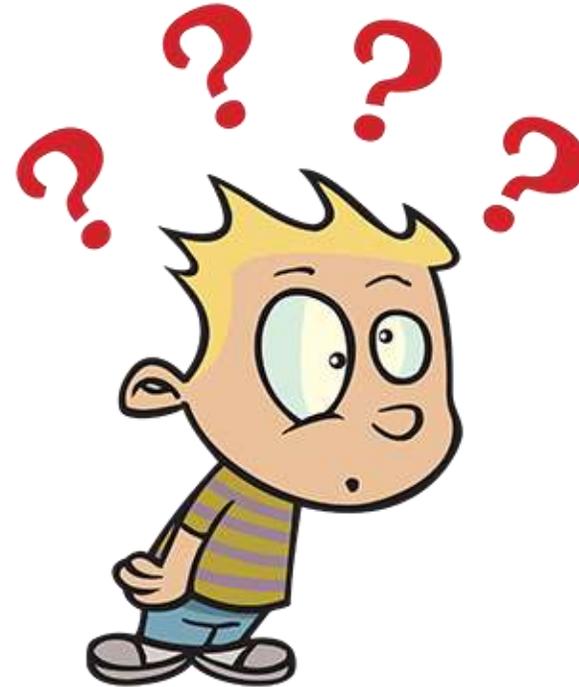
- It is awakening of fundamental desire of person to learn.
- **Two types of motives : Primary and Secondary.**
- **Primary** : Inside forces or inborn desires, sex, hunger, survival
- **Secondary** : Praise, love, rivalry, rewards and punishment, recognition.
- Incentive is a first step in learning to change.
- The incentives may be positive (the carrot) or negative (the stick).
- To reduce weight instead of for CVS complications , say look more beautiful.



For a teenager, esthetics might be a motive to take care of his teeth whereas for an adult, the expenses of undergoing restorative care.

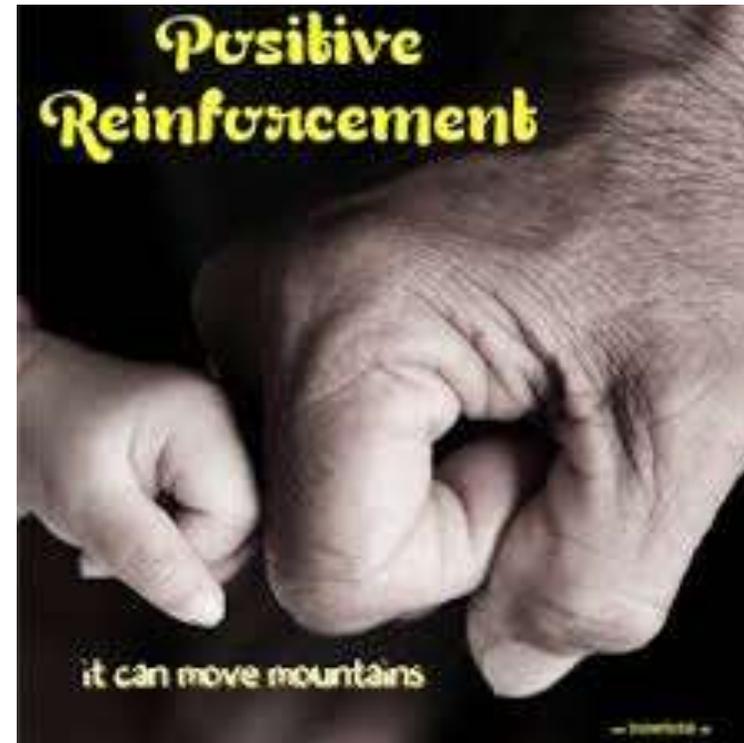
# 5. Comprehension

- **Level of understating** of the people who receive the health education.
- First determine the level of **literacy** and **understanding** of the audience and act accordingly.
- Avoid words that are strange or new to the people.
- Avoid use of technical terms or medical terms.
- Teaching should be within the mental capacity of the audience.
- For a diabetic, cut down starchy foods or words like 1 tbsp .



# 6. Reinforcement

- Principle that refers to the **repetitions needed in health education.**
- Not possible for the people to learn new things in a short period of time.
- If no reinforcement, there is every possibility of the individual going back to the pre-awareness stage.
- So repetitions at regular intervals are necessary.
- **“Booster dose in health education**



# 7. Learning by doing

- If the learning process is accompanied by doing new things it is better instilled in the minds of people
- if I hear, I forget;
- if I see, I remember;
- if I do, I know.



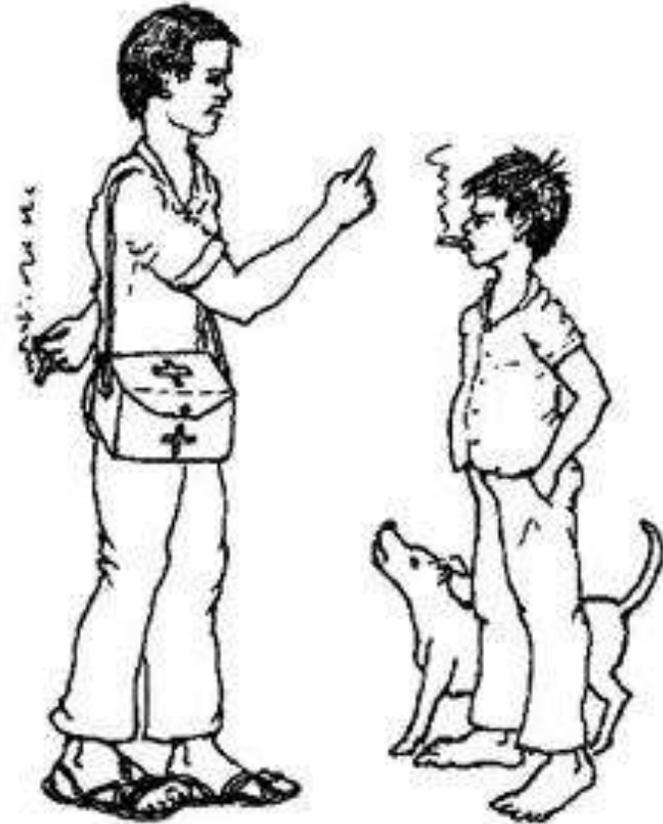
## 8. Unknown to Known

- Existing knowledge of the people can be used as the basic step, up on which new knowledge can be placed.
- H E program with the aim of introducing brisk walking to a diabetic.
- Better to start the program with “ **which exercise are you doing at present** ” and then going in to details like “ **importance of exercise in control of diabetes** ” and then connecting it to the brisk walking and providing details about it .



## 9. Setting an example

- The health educator should follow what he preaches.
- He should set an example to others to follow.
- e.g. A health educator who participate in a program highlighting the ill effects of tobacco should not be seen smoking since it sends a wrong signal and seriousness of the situation is lost



# 10. Good Human Relations

- Health educator should have good personal qualities and should be able to maintain friendly relations with the people.
- Should have a kind and sympathetic attitude towards the people.
- Should always be helpful to them in clarifying doubts or repeating what is not understood.
- It reduces conflicts and makes you a nice person to work and be with.
- Also stimulates harmonious working environment and reduces time spending on difficulties.



# 11. Feedback

- Feedback is necessary for any program to be successful
- Necessary to find out if any modifications are needed to make the program more effective.
- Feedback may be taken personally, telephonically, by letter, messages etc.



# 12. Leaders

- we learn best from people whom we respect and regard.
- local leaders - the village headman, the school teacher or the political worker.
- To penetrate the community through these local leaders.
- **If the leaders are convinced first about a given programme**, the rest of the task of implementing the programme will be easy.



# The attributes of a leader

- He understands the needs and demands of the community
- Provides proper guidance
- Takes the initiative
- Is receptive to the views and suggestions of the people
- Identifies himself with the community
- Self-less, honest, impartial, considerate and sincere
- Easily accessible to the people
- Able to control and compromise the various factions in the community
- Possesses the requisite skill and knowledge of eliciting cooperation and achieving coordination of the various non-official organizations



# 13.SOIL, SEED, SOWER

- Soil is the community
- Seed is information
- Sower is the person giving the information