

HEALTH EDUCATION

- **Health education is an essential tool of community health.**
- **Every branch of community health has its health educational aspect.**

- Health education is a teaching process that provides basic knowledge of health and practice of proper health behaviors.
- It is basic item of any health program.

- The definition adapted by National Conference on Preventive Medicine in USA, 1977 is:

“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”

Objectives of health education:

- The goals of health education are those of medicine as a whole to reduce morbidity, mortality, disability and recently the cost of health care.
- It does not influence only diseases but also rates of population growth, absenteeism from work, ...etc.

- To arouse the interest of the people in health and give them simplified knowledge of determinants and requirement of health.
- To make the public understand and feel community health problems and needs and motivate them to participate in community health services.
- To change faulty health behavior, influencing traditional beliefs and habits into favorable ones.

The three main objectives are:

- ❑ Informing people
- ❑ Motivating people
- ❑ Guiding into action

Content of health education:

- Health education is as wide as community health and in practice the content of health education may be divided into 8 divisions

1- Human biology: teaching of human biology is usually done in schools. The need for exercise, rest and sleep and the effect of smoking and first aid are taught.

2- Nutrition: to choose balanced diet and to know the nutritive value of different food items for prevention of malnutrition.

3- Hygiene: personal and environmental.

4- Family health care: particularly for mother and children.

5- Control of communicable and non-communicable diseases.

6- Mental health: to keep mental health and to prevent mental breakdown.

7- Prevention of accidents at home, road and place of work.

8- Use of health services and to participate in the national program.

Application of health education:

1- Educate and approach mothers for:

- Infant and child feeding.
- Prevention and control of diarrheal disease of children.
- Prevention and control of ARIS.
- Active immunization of infants and young children.

■ **Prevention of congenital anomalies.**

■ **Prevention of home accidents of children.**

■ **Prenatal care.**

■ **Postpartum birth control.**

2- Target mothers of birth control, how to approach and education given.

3- Health education for lifestyle prevention of CHD.

4- Health education for weaning practice.

Approaches to public health:

- ❑ **Regulatory (Legal) approach**
- ❑ **Service (Administrative) approach**
- ❑ **Educational approach**

Regulatory (Legal) approach:

- ❑ means protection of the health of the public through enforcement of the laws and regulations e.g. food adulteration.
- ❑ This is useful also in case of emergency as in epidemics.

Service (Administrative) approach:

- ❑ means providing all health facilities needed by the community in the hope that people would use them to improve their own health.**
- ❑ It must be based on the felt needs of the people.**

Educational approach

- which is a major means today for achieving change in health practices and recognition of health needs.
- The results are slow but are permanent and sufficient time should be allowed to have the desired change brought out e.g. personal hygiene, nutritional problem.

- This approach is used widely today in solving community health problems.
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- The educational approach can be classified as:

- 1– Individual and family approach,
- 2– Small group approach and,
- 3– Mass approach.

Adoption of new ideas and practices:

- ❑ The changes that occur within the individuals were explained by social scientists through many models.
- ❑ People pass through a series of distinguishable stages before they adopt a new practice.

The stages are:

- ❑ Awareness: which means that the person knows about the new practice, knows little about its benefits and applicability to him.
- ❑ Interest: when person seeks to know more detailed information.
- ❑ Evaluation: when the person evaluates the practice and its benefits to him to try to practice or reject it.

□ Trial: is the stage when a decision is put into practice.

□ Adoption stage: when the person decides that the new practice is good and adopts it. It is usually slow and increases as more and more people accept the practice.

Principles of health education:

- ❑ Health education brings together the art and science of medicine, and the principles and practice of general education.
- ❑ Learning and teaching is a two way process of transactions in human relations between the teacher and taught.

1 - Interest:

- ✓ People listen to the things of interest to them.
- ✓ Therefore; health educators must recognize the needs before proceeding to talk to them.

2- Participation:

- ✓ It is the key word in health education and it is based on the psychological principle of active learning e.g. group discussion and workshops.

3- Known to unknown:

- ✓ It means start where the people are and with what they understand proceeded to new knowledge and in this way systematic knowledge is built up.

4- Comprehension:

- ✓ **The level of understanding, education and literacy of the educated people must be known to melt the barrier of education and communication.**

5-Reinforcement:

- ✓ Repetition at intervals is extremely useful and assists comprehension and understanding.

6- Motivation:

- ✓ It is awaking the desire to learn.

✓ Types of motives:

A- Primary such as hunger and sex which are inborn desires.

B- Secondary motives are based on the desires created by outside forces or incentives such as rewards and punishment.

7- Learning by doing:

- ✓ learning itself is an action.

8- Soil, seed and power:

- ✓ The people are the soil, the health facts are the seeds and transmitting media is the power.

9- Good human relation:

- ✓ They are important in learning.

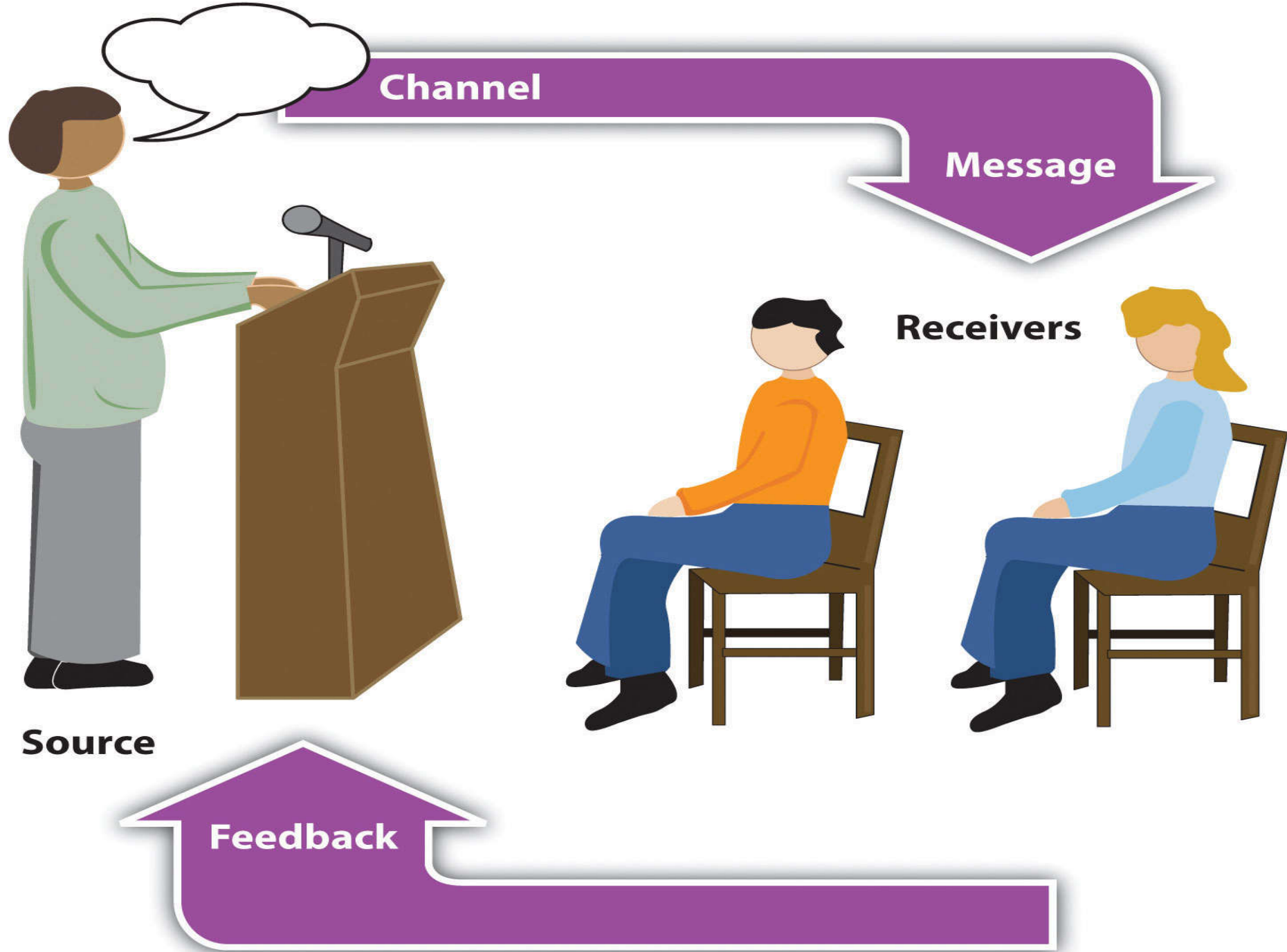
10- Leaders:

- ✓ We learn the best from people we respect and regard.

Components of health education

(Elements of communications)

- Education is essentially a matter of communication and the key elements in the communication process are:
 - ✓ Communicator (Educator or sender)
 - ✓ Message
 - ✓ Recipients (Audience)
 - ✓ Channels of communication (Methods)



Communicator (Educator or sender):

- Who is the originator of the message.
- A variety of personnel can give health education e.g. personal of health services, medical students, nurses, social worker, school personnel and community leaders.

■ The communicator should be:

- ✓ popular,
- ✓ influential,
- ✓ interested in work efficiently,
- ✓ trained and prepared for job,
- ✓ with full knowledge of the community profile,
- ✓ show good example,
- ✓ know his objectives, audience, messages and channels of communications.

Message

- ✓ which must be in line with objectives, specific, precise, clear, understandable and attract attention and interest of the recipients.

Recipients (Audience):

- ✓ The consumers of the messages may be individual, group or total population.
- ✓ For effective approach the educator must know personal and social characteristics of the recipients and the attitude of the recipients towards the message of education.

Channels of communication (Methods)

- ✓ which must be carefully, selected particularly its cost and availability.

Functions of communications:

- Establishes relationships between the persons involved in the communication act.
- Imports new information and reinforces knowledge.

- Direct the receiver in some way to change behavior, stimulate thought, provoke questions, entertain, reinforce attitude, change attitude.
- Make the receiver adopt the idea as part of his regular behavior .

Methods of health education:

1- Personal approach:

A- Individual and family education.

B- Group health education.

2- Education of general public (Mass communication).

3- Community participation.

1-Personal approach:

- Face to face education or education through spoken word.
- Both the educator and sender are found together, within the same place for talk and discussion.

A- Individual and family education:

- ✓ Health education may be given in personal interviews.
- ✓ The topics for health counseling may be selected according to the relevance of situation.

■ Health education may be given in:

1– Health appraisal (Comprehensive medical examination, providing clinical services and screening tests).

2– Home visits by nurse, health work and social worker e.g.

- In prenatal visit.
- Target mother for family planning.
- Out reach program.
- Dots in case of TB.

B– Group health education:

- ❑ It is an effective way of educating the community.
- ❑ The choice of the subject must relate directly to the interest of the group.

Method of group teaching:

- ✓ Lessons and lectures.
- ✓ Seminars (Group discussions), which is a two-way communications.
- ✓ Panel discussions: group of 4-8 persons talk about the topic and discuss it in front of a group of audience.

✓ **Symposium, which is a series of speeches on a selected subject.**

✓ **Workshop used in case of a novel experiment in education.**

✓ **Role-playing, the group members who enact their roles as they have observed or experienced them.**

✓ **Practical demonstration e.g. how to prepare ORS.**

✓ **Simulation exercises.**

Advantages of personal approach:

- ✓ More effective and impressive: educator directly faces the recipients.
- ✓ Recipients participate in discussion (Interaction between sender & recipient).

- ✓ Valuable to discuss confidential matters or problems e.g. family planning and birth control.
- ✓ Personal approach can influence KAP (Knowledge, attitude and practice) of recipients.

Disadvantage:

- ✓ It reaches a limited number of individuals, families, or confined groups.

2- Education of general public (Mass communication):

- The people are communicated for message of health education by different mass media.
- It is used for indirect teaching of certain topics and constant keeping them in the public eye e.g. avoidance of accidents and boosting immunization.

Mass media can be classified into:

- **Visual media: written word and posters.**
- **Auditory media: radio broadcasting.**
- **Audiovisual media: TV and cinema.**

Advantages:

1- Reach millions of people everywhere in no time.

2-Suitable to provide knowledge and information, and discuss national health problems as, diarrheal diseases, malnutrition, drug abuse and drug dependence.

Disadvantages:

- 1- No feed back from the recipient. It gives knowledge and instruction only.
- 2- Not necessarily influence and change attitude, practice and behavior of exposed recipients.

3- Community participation:

- Community non-governmental organizations (NGOS), and leaders participate in the delivery of health services, especially primary health care.
- Health education is a particularly valuable function.

Use of campaigns:

- **Special health education campaigns are mounted to achieve a particular aim e.g. use of safety belts in cars.**
- **Occasionally, shocks tactics are used to emphasize a serious subject e.g. demonstration of damaged cars exhibited beside main roads remind travelers about the result of road accidents.**

Communication Barriers:

- ✓ Social and culture gap between the communicator and the participants.
- ✓ Limited receptiveness of the participants.
- ✓ Negative attitudes to communication.
- ✓ Contradictory messages.
- ✓ Insufficient emphasis on education by the health professionals.

Thank you