HEALTH EDUCATION YEAR 2 LECTURE 2

OBJECTIVES OF THIS CLASS

- Define health education
- Discuss methods of approaches in health education
- Discuss principles of health education
- Describe contents of health education

OBJECTIVES OF THIS CLASS Cont.

- Describe the 6 stages in the adoption of new ideas and practices
- Discuss benefits of health education
- Discuss why we have to teach the patient
- Discuss barriers to patient education

DEFINITION OF HEALTH EDUCATION

WHO definition:

• Any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes.

HEALTH EDUCATION

Enables the patient to cope and it includes:

- Effort to maintain rather than treat diseases
- Rehabilitation to some level of normality
- How to live with a disability positively
- Control and patient rights.

SO WHAT IS HEALTH EDUCATION?

• Teaching can be defined as enabling the learner to meet his or her learning needs – to live a longer life and help him achieve his/her optimal health.

OBJECTIVES OF HEALTH EDUCATION

- Providing information on diseases, causes and prevention
- Motivation (encouraging behavior change)
- Guiding to action

METHODS OF APPROACHES IN HEALTH EDUCATION

- Legal or Regulatory
- Administrative
- Educational

LEGAL OR REGULATORY APPROACH

- Making use of the law to protect the public
- The government makes laws and regulations on:
 - Epidemics
 - Food
 - Environment
 - Pollution

ADMINISTRATIVE APPROACH

- This approach intends to provide all the health facilities to the people with the hope that they will use it
- The service has to be on the felt needs of the people

EDUCATIONAL APPROACH

- Most effective approach
- Components: motivation, communication and decision-making
- Results are slow but permanent
- Allow time for behavior change

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

- Message is trustworthy
- Message is scientifically proven
- Message is based on facts
- Message is compatible with culture

2. INTEREST

- People will listen if topic is interesting
- Assess the needs of the audience and tailor the message according to needs

3. PARTICIPATION

- Encourage participation
- Participation leads to acceptance
- Methods may include individual, group or panel discussions

4. MOTIVATION

- Desire to learn
- Desire to achieve goals

5. COMPREHENSION

- Level of understanding of the learner
- Determine the level of literacy
- Use layman's language

6. REINFORCEMENT

- People do not learn in a short period of time
- Repetition is needed in health education
- Can be done in intervals

7. LEARNING BY DOING

- The learner will better instill what they learn by doing
- If you hear, you forget
- If you see, you remember
- If you do, you know

8. KNOWN TO UNKNOWN

- Before education:
 - Find out how much a person/people know
 - Then give them the new knowledge
 - E.g teaching a diabetic patient on how to check their blood sugar

9. SETTING AN EXAMPLE

- Practice what you teach
 - E.g. If you are teaching a patient to stop using drugs and they find you using drugs, the importance of the message is lost

10. GOOD HUMAN RELATIONS

- A health educator should:
 - Be sympathetic
 - Be kind
 - Be empathetic
 - Clarify doubts and repeat what is not understood

11. Feedback

• Collect feedback to find out if further teaching or modifications are required.

12. COMMUNITY LEADERS

- They can be used to reach the community
- They have an understanding of the needs of the community
- They can be used to convince the community about health education
- They can be used to educate the people

13. SOIL, SEED, SOWER

- Soil is the community (the people to whom the health education is given)
- Seed is the information (the health facts that are given)
- Sower is the person giving the information (the media source to transmit the facts)

CONTENTS OF HEALTH EDUCATION

- Human biology
- Nutrition
- Hygiene
- Family healthcare
- Control of communicable and non-communicable diseases
- Prevention of accidents
- Use of health services

HUMAN BIOLOGY

- Starts from childhood where children are taught:
 - Different parts of the body and their functions
 - The importance of good health and how to keep fit
 - The need for exercise, adequate rest and sleep

NUTRITION

- Teach the nutrient value of food and effects of nutrients on health
- This will help people to chose optimum balanced diets

HYGIENE

- Teach the importance of hygiene
- Teach methods of maintaining hygiene
- Environmental hygiene:
 - Domestic hygiene keeping the house clean, proper ventilation, light, proper disposal of waste, etc.
 - Community hygiene proper garbage disposal, adequate sewage and drainage, etc.

FAMILY HEALTHCARE

• This includes strengthening and improving the health of a family as a unit instead of as an individual

CONTROL OF COMMUNICABLE AND NONCOMMUNICABLE DISEASES

• To provide basic knowledge that will enable the understanding of common signs and symptoms of diseases and their prevention and thereby promoting health.

PREVENTION OF ACCIDENTS

• Teaching basic safety rules and how to prevent common accidents that take place in homes, work places and the road

USE OF HEALTH SERVICES

- Inform people of available health services and preventive programs
- Educate them on proper use of the services
- Encourage them to participate in the health programs

6 STAGES IN THE ADOPTION OF NEW IDEAS AND PRACTICES

- Stage of unawareness
 - The individual is not aware of the idea or practice
- Stage of awareness
 - The individual has some general information about the idea or practice but is not sure about the usefulness
- Stage of interest
 - The individual is showing more interest about the idea or practice

6 STAGES IN THE ADOPTION OF NEW IDEAS AND PRACTICES Cont.

- Stage of evaluation
 - The individual tries to find out the advantages and disadvantages of the idea or practice
 - He evaluates whether the idea or practice will be beneficial to him and his family
- Stage of trial
 - The individual decides to put the new idea into practice
- Stage of adoption
 - The individual accepts the new idea

BENEFITS OF PATIENT EDUCATION

- Increasing the ability to cope and manage health
- Empowering patients to make decisions related to their care
- Increasing patients' potential to follow a health care plan
- Helping patients learn healthier behaviors
- Promoting recovery and improved function
- Increasing patient confidence in his or her self care
- Decreasing treatment complications

BENEFITS OF PATIENT EDUCATION TO THE ORGANIZATION

- Increased customer satisfaction
- Compliance with regulatory standards
- Improved efficiency through cost-effective care
- Better informed patients and a lessened chance for malpractice claims
- Reduction in readmissions

WHO TEACHES THE PATIENT?

- Nurse
- Doctor
- Neighbors and spouse
- Other patients with a similar problem
- Agencies e.g. Diabetic Society/drug abuse, etc.

WHERE/WHEN DOES IT TAKE PLACE?

- When the patient is ready
- Choosing the right time

What affects our teaching?

- Motivation: either on the part of the teacher or the patient
- How the patient was received on admission (hospitalization) or visit to the clinic.

WHEN TO TEACH

- On admission
- At the onset of tests or therapy
- On discharge

Teaching Moment:

• The skilled provider takes the opportunity when the patient is eager/anxious.

WHY DO WE HAVE TO TEACH THE PATIENT?

- The patient has a right to know
- The patient's needs must be met
- To promote health
- To prevent illness
- To enable the patient to cope with illness
- To facilitate rehabilitation.

BARRIERS TO PATIENT EDUCATION

- Time
- Language
- Culture
- Inadequate Literacy/Learning disability
- Denial/Anger/Fear/Anxiety/Depression
- Physical pain
- Acute illness

QUESTIONS??



EXERCISE

Jane is a 60 year old female from Machakos who speaks only Kamba. She has never gone to school and lives with her husband who speaks Kamba and Swahili and has a high school education. Jane was admitted a week ago and she has just received news that she has breast cancer. When you come to see Jane in the morning she expresses that she has severe pain that she rates at 9/10.

- 1. Can you do any patient education with Jane this morning?
- 2. What are some of the barriers to patient education?
- 3. What can be the solutions to the barriers?