

# HEALTH EDUCATION

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# DEFINITION

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“A process aimed at encouraging people to want to be healthy, to know how to stay healthy, to do what they can individually and collectively to maintain health and to seek help when needed.” (Alma-Ata declaration, 1978)

# HEALTH EDUCATION AND BEHAVIOUR

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- The behaviours to be adopted or modified may be that of individuals, groups (such as families, health professionals, organizations or institutions) or entire community.
- Strategies designed to influence the behaviour of individuals or groups will vary greatly depending upon the specific disease (or health problem) concerned.
- Health education can help to increase knowledge and to reinforce desired behaviour patterns.



# CHANGING CONCEPTS

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- Historically health education has been committed to disseminating information and changing human behaviour. Following the Alma-Ata Declaration adopted in 1978, the emphasis has shifted from :
- Prevention of disease to promotion of healthy lifestyles;
- the modification of individual behaviour to modification of “social environment” in which the individual lives ;
- community participation to community involvement; and
- promotion of individual and community “self- reliance”.

## AIM AND OBJECTIVES

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1. To encourage people to adopt and sustain a health promoting life style and practices.
2. To promote the proper use of health services available to them.
3. To arouse interest, provide new knowledge, improve skill 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.



## **Roles of the Health Care Provides :**

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- To provide opportunity for people to learn how to identify and analyze health related problems and how to set their own target and priorities.
- Make health and health related information easily accessible to the community.
- Indicate to the people alternative solutions for solving the identified health and health related problems.
- People must access the proven preventive measure

# Approach to Health Education

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4 well known approaches to health education:

- Regulatory approach
- Service approach
- Health education approach
- Primary health care approach

## Regulatory approach

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- It is either directly or indirectly by governmental intervention designed to alter the human behavior.
- For Example : The child marriage restraint in India. Compulsory wearing of seat belt and helmet.
- No govt. can pass legislation to eat a balanced diet or not to smoke.
- The congress defeat in 1977 elections is due to enforcement of sterilization campaign in 1976.



## Service approach

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- This approach was tried by Basic Health Services in 1960's.
- It aimed at providing all the health services needed by the people at their door steps but this approach proved a failure because it was not based on felt-needs of the people.
- Eg. When water seal latrines were provided by government, free of cost, many people in rural areas did not make use of them.

## Health Education Approach

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- People must be educated through planned learning experiences what to do and to be informed, educated and encouraged to make their own choice for healthy life.
- Problems like cessation of smoking, use of safe water supply, fertility control can be solved by health education.
- Health education should be started among children and young population.

## Primary Health Care Approach

This is a new approach started from the people with their full participation and active involvement in the planning and delivery of health services.

Eg. Community involvement and intersectoral coordination.



	<b>Health education</b>	<b>Propaganda or publicity</b>
1.	Knowledge and skills actively acquired	Knowledge instilled in the minds of people
2.	Makes people think for themselves	Prevents or discourages thinking by ready-made slogans
3.	Disciplines primitive desires	Arouses and stimulates primitive desires
4.	Develops reflective behaviour. Trains people to use judgement before acting.	Develops reflexive behaviour; aims at impulsive actions
	Appeals to reason	Appeals to emotion
5.	Develops individuality, personality and self-expression.	Develops a standard pattern of attitudes and behaviours according to the mould used
	Knowledge acquired through self-reliant activity	Knowledge is spoon-fed and passively received
8.	The process is behaviour centred - aims at developing favourable attitudes, habits and skills	The process is information centred - no change of attitude or behaviour designed.

# MODELS OF HEALTH EDUCATION

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## 1) **Medical Model:**

Mostly this model is concerned with disease or illness. This model is primarily interested in the recognition and treatment of disease and technological advances to facilitate the process.

## 2) Motivation Model:

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- It is a process consisting of several stages through which an individual is likely to pass before adoption. These are awareness, motivation action.

Awareness	
Motivation	Interest
	Evaluation
	Decision-making
Action	Adoption or acceptance

- Motivation includes the stages of interest, evaluation and decision making.
- Now the last stage of motivation model is the action i.e. whether if idea is acceptable or not.



### 3) Social Intervention Model :

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- The traditional motivation approach is insufficient to achieve behavioural change hence it is the social environment which needs to be changed. Example: reducing smoking, adoption of small family norm, raising the age of marriage, elimination of dowry, etc.
- It is often found that people will not readily accept and try something new or novel until it has been approved by the group to which they belong. Most of us prefer to do only the things commonly done by our group. Example: adoption of new idea like vasectomy or loop insertion is facilitated if there is a group support.

# Contents of Health Education

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- ✓ Human biology
- ✓ Nutrition
- ✓ Hygiene
- ✓ Family health
- ✓ Disease prevention & control
- ✓ Mental health
- ✓ Prevention of accidents
- ✓ Use of health services



# Principles of health education

1) **Credibility** – is the degree to which the message to be communicated is perceived as trustworthy by the receiver. Unless the people have trust and confidence in the communicator, no desired action will ensue after receiving the message.

2) **Interest** – the message should be to the interest of receiver.

3) **Participation** - It is a key word in the health education. Alma Ata declaration states “The people have a right and duty to participate individually and collectively in the planning and implementation of the health care”.



#### 4) Motivation :

In every person there is a fundamental desire to learn hence awakening this desire is called motivation.

In health education we make use of motivation to change behaviour.

#### 5) Comprehension :

In health education we must know the level of understanding, education and literacy of people to whom the teaching is directed. Eg. A doctor asked the diabetic to cut down starchy foods; the patient had no idea of starchy foods.

In health education we should always communicate in the language people can understand, never use the word which are new to the people.

## 6) Reinforcement :

— If the message is repeated in different way the people can remember it. Because a few people can learn all that is new in a single period.

7) **Learning by doing:** Learning is an action - process; not a “memorizing” one. The Chinese proverb : “If I hear, I forget; if I see, I remember; if I do, I know” illustrates the importance of learning by doing.

8) **Known to unknown:** In health education work, we must proceed “from the concrete to the abstract”; “from the particular to the general”; “from the simple to the more complicated;” “from the easy to more difficult”; and “from the known to the unknown”.



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9) **Setting an example** - The health educator should set a good example in the things he is teaching.

10) **Good human relations** - Sharing of information, ideas and *feelings* happen most easily between people who have a good relationship.

11) **Feed Back** - The health educator can modify the elements of the system (e.g., message, channels) in the light of feedback from his audience. For effective communication, feedback is of paramount importance.



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## 12) Leaders –

In the work of health education, we try to penetrate the community through the local leaders - the village headman, the school teacher or the political worker.

If the leaders are convinced first about a given programme, the rest of the task of implementing the programme will be easy.

# PRACTICE OF HEALTH EDUCATION

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## Audiovisual Aids :

No health education can be effective without audiovisual aids. They help to simplify the unfamiliar concepts.

**Auditory Aids** – radio, tape recorder, microphone, amplifiers, earphone

**Visual Aids** – Chalk board, leaflet, posters, charts etc  
Slides, film strips

**Combined AV Aids** – TV, Sound films, Slide-tape combination

# METHODS IN HEALTH COMMUNICATION

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graph TD; Root[METHODS IN HEALTH COMMUNICATION] --- Individual[Individual Approach]; Root --- Group[Group Approach]; Root --- Mass[Mass Approach]; Individual --- I1[1. Personal contact]; Individual --- I2[2. Home visits]; Individual --- I3[3. Personal letter]; Group --- G1[1. Lecture]; Group --- G2[2. Demonstration]; Group --- G3[- Group]; Group --- G4[- Pannel]; Group --- G5[- Symposium]; Group --- G6[- Conferences]; Group --- G7[- Seminar]; Group --- G8[- Role play]; Mass --- M1[1. Television]; Mass --- M2[2. Radio]; Mass --- M3[3. Newspaper]; Mass --- M4[4. Printer material]; Mass --- M5[5. Direct mailing]; Mass --- M6[6. Posters]; Mass --- M7[7. Exhibitions]; Mass --- M8[8. Folk method]; Mass --- M9[9. Internet];
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## **Individual Approach**

- 1. Personal contact**
- 2. Home visits**
- 3. Personal letter**

## **Group Approach**

- 1. Lecture**
- 2. Demonstration**
- Group**
- Pannel**
- Symposium**
- Conferences**
- Seminar**
- Role play**

## **Mass Approach**

- 1. Television**
- 2. Radio**
- 3. Newspaper**
- 4. Printer material**
- 5. Direct mailing**
- 6. Posters**
- 7. Exhibitions**
- 8. Folk method**
- 9. Internet**



# METHODS IN HEALTH COMMUNICATION :

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## 1) Individual Approach :

The health education must first create an atmosphere of friendship and allow the individual to talk as much as possible. In this individual teaching we can discuss, argue and persuade the individual to change his behaviour. But by this we can reach to a small population and who come in contact with us.

## 2) Group Approach :

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Group teaching is an effective way of educating the community.

### a) Chalk & Talk (Lecture) :

A lecture may be defined as carefully prepared oral presentation of facts organized thoughts and ideas by a qualified person. The group should not be more than 30 and talk should not exceed 15-20 minutes. By using suitable audiovisual aids .



## b) Demonstration :

— A demonstration is a carefully prepared presentation to show how to perform a skill. This procedure is carried out step by step before an audience.

## c) Discussion method

### Group Discussion :

For effective group discussion the group should comprise not less than 6 and not more than 12 members. There should be a group leader who initiates the subject and encourages everyone to participate and sum up the discussion in the end. There must be a recorder who prepares a report on the issues discussed.

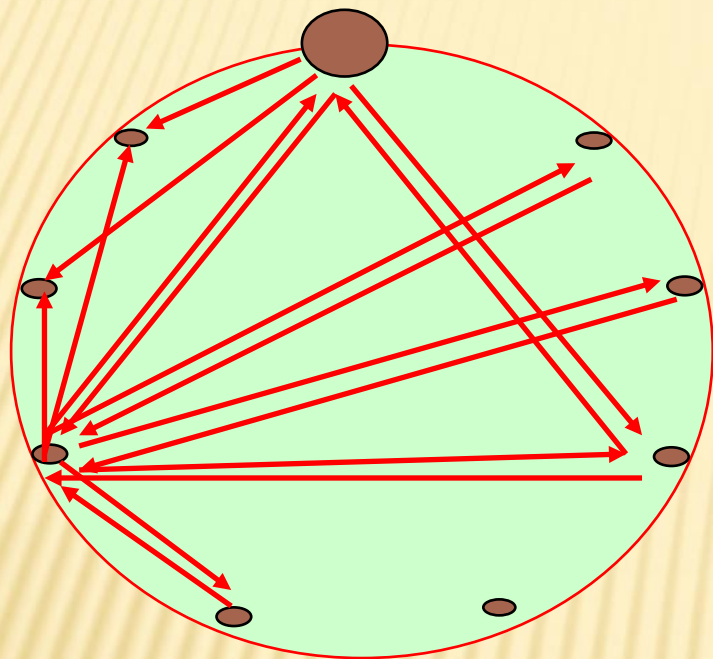


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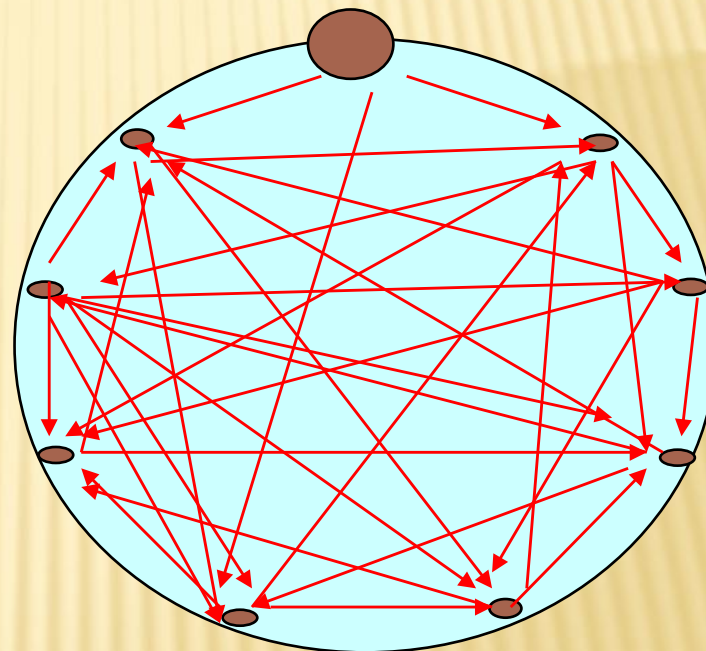
The group members should follow some rules :

- Express the ideas clearly.
- Listen to what others say.
- Do not interrupt when others are speaking.
- Make only relevant remarks.
- Accept criticism gracefully.
- Help to reach conclusion.

# Sociogram



**Not a very Good  
discussion**



**Good discussion**

## d) Panel Discussion :

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In a panel discussion 4-8 qualified persons talk about the topic. Sit and discuss a given topic in front of a large group/audience. The chairman opens the meeting. Panel comprises of a chair person and 4-8 speakers. After the main aspect of the subject are explored, the audience is invited to take part.



## e) Symposium :

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It is a series of speeches on a selected subject. Each expert person present it briefly and at the end of session the chair person make a comprehensive summary. Audience are allowed to raise question

## f) Workshop :

It consists of series of meetings usually 4 or more with emphasis on an individual work, within the group and with the help of consultants and response personnel.

## g) Role Playing :

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This is a brief acting out of an actual situation for the benefit of the audience for better understanding.

## h) Conference and Seminar :

This programmes are usually held on a regional, state/national level. Where several experts from different disciplines meet to deliberate on a particular theme, to appraise others of latest knowledge and research in a particular field.

## MASS APPROACH

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- Mass media are a “oneway” communication. They are helpful in transmitting messages to people even in the remote places by TV, Radio, Internet, Newspaper, Printed material.
- Direct mailing, poster, health museum exhibition and folk media.



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**Thank You**