

HEALTH EDUCATION

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HEALTH EDUCATION

HEALTH EDUCATION

DEFINITION

- “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”

-National conference on preventive medicine in USA

APPROACHES TO HEALTH EDUCATION

➤ LEGAL OR REGULATORY APPROACH

- Make use of the law to protect the health of the public

Government makes laws and regulations

- Eg:-Epidemic diseases act

-Pollution act

-Food adulteration act

-Environmental act

- ADMINISTRATIVE OR SERVICE APPROACH: This approach intends to provide all the health facilities to the people with the hope that they will use it
- it becomes a failure if the service is not based on the felt needs of the people

➤ EDUCATIONAL APPROACH

- Most effective means for achievement of changes in the health practices and lifestyles of the community.
- Components –motivation, communication and decision-making
- Result obtained from this approach is slow but permanent and enduring
- Sufficient time should be allowed for the individual to bring about the desired changes in his behavior

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- **PRIMARY HEALTH CARE APPROACH:**

- It involves full participation and active involvement of the people starting from the planning stage till the delivery of the health services.
- This is based on principles of primary health care-community participation
- This can be achieved by providing the necessary guidance to help people identify their health problems and to find solutions to these problems

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
- CREDIBILTY-It is the degree to which the message is perceived as trustworthy by the receiver

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- It should be scientifically proven, based on facts and should be compatible with local culture and goals
- **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 and then prepare a program that they can actively participate in to make it successful
- **PARTICIPATION**-Health educator should encourage people to participate in the program. Once the people are given a chance to take part in the program it leads to their acceptance of the program. Methods like group discussion, panel discussions etc. provide opportunities for people’s participation.
- **MOTIVATION**-“the fundamental desire for learning in an individual” Health education can be facilitated by the motivation provided by the desire to achieve individual goals Eg:-for a teenager, esthetics might be a motive to take care of his teeth whereas for an adult, the expenses of undergoing restorative care
- **COMPREHENSION**-Level of understating of the people who receive the health education. Should first determine the level of literacy and understanding of the audience and act accordingly words that are strange or new to the people should not be used. Use of technical terms or medical terms should be avoided
- **REINFORCEMENT**-This is the principle that refers to the repetition needed in health education. It is not possible for the people to learn new things in a short period of time. So repetition is a good idea. This can be done at regular intervals and it helps people to understand new ideas or practice better “booster dose in health education”
- **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”
- **KNOWN TO UNKNOWN**-Before the start of any health education program, the health educator should find out how much the people already know and then give them the new knowledge. The existing knowledge of the people can be used as the basic step up on which new knowledge can be placed Eg:-A health education program with the aim of introducing a toothbrush to a rural population will be better appreciated if the communicator start the program with “what are you using to clean your teeth at present” and then going in to details like “why are you using it” and then connecting it to the tooth brush and then providing details about the tooth brush
- **SETTING AN EXAMPLE**-The health educator should follow what he preaches. He should set an example to others to follow Eg:- A health educator who participate in a

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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

- **GOOD HUMAN RELATIONS**-This principle states that the health educator should have good personal qualities and should be able to maintain friendly relations with the people. The health educator should have a kind and sympathetic attitude towards the people and should always be helpful to them in clarifying doubts or repeating what is not understood
- **FEEDBACK**-For any program to be successful it is necessary to collect feedback to find out if any modifications are needed to make the program more effective
- **COMMUNITY LEADERS**-Community leaders can be used to reach the people of the community and to convince them about the need for health education. Leaders can also be used to educate the people as they will have a rapport and will be familiar with the people of their community. The leader will have an understanding of the needs of the community and advice and guide them
- **SOIL, SEED, SOWER**-Soil is the community Seed is information Sower is the person giving the information

COMMUNICATION

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- Communication is regarded as a two way process of exchanging or shaping ideas, feelings and information to bring about desired changes in human behavior.

TYPES OF COMMUNICATION

1)one way and two way communicatin

2)Verbal and non verbal communication

3)Formal and informal communication

- One way communication**-Flow of information is one way, from the sender to the receiver. The draw backs are
 - Knowledge is imposed
 - Learning is authoritative.
 - There is little audience participation.
 - No feed back.
- Two way communication**
 - Participation from both the sender and the receiver.
 - Learning is active and democratic
 - It is more likely to influence behavior

Verbal and non verbal communication

- Verbal-traditional way by word of mouth
- Non-verbal-bodily movements and facial expressions

Formal and informal communication

- Formal communication follows lines of authority
- Informal communication-conversing with friends or colleagues

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BARRIERS IN COMMUNICATION

- 1. Psychological barriers
 - 2. Physiological barriers
 - 3. Environmental barriers
 - 4. Cultural barriers
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- PSYCHOLOGICAL BARRIERS**
 - Emotional disturbances, depression, neurosis, psychosomatic disorder
 - Special methods and utmost care should be adopted to convey the message
 - PHYSIOLOGICAL BARRIERS**
 - Difficulties in self expression, hearing, seeing, understanding
 - Channels of communication should be selective
 - ENVIRONMENTAL BARRIERS**
 - Excessive noise, difficulties in vision and congestion
 - It can be overcome by making small groups and using appropriate channels for communication
 - CULTURAL BARRIERS**
 - Patterns of behavior, habits, beliefs, customs, attitudes, religion

EDUCATIONAL AIDS USED IN HEALTH EDUCATION

- The aids used for transmitting health education are the main constituent of the armamentarium of health education process
- 1. Auditory aids
- 2. Visual aids
- 3. A combination of audi-visual aids
- AUDITORY AIDS**
- Based on the principles of sound, electricity and magnetism
- Useful in reproducing any kind of words spoken and also helps in repeating the same
- Megaphones
- Microphones
- Gramophone records and discs
- Tape records
- Radios
- Sound amplifiers
- VISUAL AIDS**
- Based on the principles of projection
- Helps individuals to understand better
- It is of 2 types
- 1. Projected aids
- 2. Non-projected aids
- Projected aids**
- Needs projection from a source on to the screen
- Films or cinemas
- Film stripes
- Slides
- Overhead projectors

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- Transparencies
- Bioscopes
- Video cassettes
- Silent films
- Advantages
- real life situations can be enacted in films
- Self explanatory
- Creates a special interest among the audience to watch a film
- Situational effects can be shown in a film
- Non projected aids**
- Do not require any projection
- Black board
- Pictures, cartoons, photographs
- Flip charts, flashcards
- Flannel boards
- Printed materials-leaflets, pamphlets, folders, booklets, brochures
- Models, specimens

COMBINATION OF AUDIO-VISUAL AIDS

- Sound and sight can be combined together
- Televisions
- Tape and slide combinations
- Video cassette players and records
- Motion pictures or cinemas
- Multimedia computers
- These also include traditional media-folk dance, folk songs, puppet shows, dramas

METHODS OF HEALTH EDUCATION

- 1.Individual approach**
- 2.Group approach**
 - chalk and talk
 - symposium
 - Group discussions
 - Panel discussions
 - Work shop
 - conferences or seminars
 - role playing/ socio drama
 - demonstrations
- 3.Mass approach**
- INDIVIDUAL APPROACH**

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- When an individual comes to the dental clinic or health centre because of illness, the opportunity should be used to educate him on matters of interest such as the cause and nature of his illness, its prevention, beneficial diets, oral hygiene etc.
- This approach can also be used by public health personnel, since they will be visiting homes and can interact with the individual and their families
- Advantages
- Can be done in a dentist's consultation room
- Discussion, argument and persuasion of an individual to change his behavior is possible
- Opportunity for the individual to ask questions and clearing doubts
- Disadvantages
- Small number can benefit
- Health education is given to only who come in contact with the dental surgeon or with public health personnel

GROUP APPROACH

CHALK AND TALK (LECTURES)

- "A carefully prepared oral presentation of facts, organized thoughts and ideas by a qualified person"
- Should have an opening statement
- Group should not be more than 30 people
- Duration of talk should not exceed 15-20 minutes
- Should be based on topics of current interest
- Its effectiveness depends on ability of speaker to write and draw legibly
- Disadvantage-one way communication ,learning is passive

SYMPOSIUM

- A series of speeches on a selected topic
- Each speaker presents a brief aspects of the topic
- There is no discussion among speakers
- In the end, the audience may ask questions
- The chairman makes a summary at the end of the session
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GROUP DISCUSSIONS

- A group is an aggregation of people interacting in a face-to-face situation
- Process of identifying problems and finding solutions collectively by members of group

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- Consist of 6-12 members
- Participants are seated in a circle
- Group leader initiates the subject, prevents side conversations, encourages everyone to participate and sums up the discussion
- There should be a recorder who prepares a report on issues discussed and agreements reached
- PANEL DISCUSSIONS**
- Panel of 4 to 8 experts sit and discuss a topic in front of an audience
- Headed by a chairman who opens the session, introduces the speakers and keeps the discussion going
- Audience are allowed to ask questions
- Chairman sums up the different views presented
- WORKSHOP**
- It consist of series of meetings with emphasis on individual work with the help of resource persons
- Total work shop is divided in to small groups and each groups will select a chairman and a recorder
- The individuals work, solve a part of the problem, contribute to group discussions and leave the workshop with a plan of action for the problem

- CONFERENCE OR SEMINARS**
- Program range from half day to one week
- Held on a regional, state or national level
- They usually have a theme
- ROLE PLAYING/SOCIO DRAMA**
- Size of the group should be 25
- The audience should take part
- Situation is dramatized to make communication more effective
- It is followed by a discussion on the problem
- Puppet shows is a type of socio drama
- Useful for children's health education

- DEMONSTRATIONS**
- Procedure is carried out step-by-step in front of sn audience
- Method involves the audience in discussion and has a high motivational value
- The audience can then carry out the procedure themselves with expert help

MASS APPROACH

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- Communication is given to a community where the people gathered together do not belong to one particular group
- Advantages:
- Large number of people can be reached
- People of all socio-economic status have access to health education
- Disadvantage :
- One way communication
- VARIOUS MASS MEDIA USED ARE
- Television
- Radio
- News papers/press
- Documentary films
- Posters
- Health exhibition
- Health magazines
- Health information booklets
- Internet

HEALTH EDUCATION VS PROPAGANDA

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