

# Health Education and Counseling

## Objectives:

1. Define "health education" and state its aims
2. Explain the role of health education in relation to the stage of disease prevention
3. Identify the factors that influence human behavior
4. Discuss the factors that contribute to behavior change
5. Define learning and identify the domains of learning
6. Outline the Health Belief Model of behavior change Describe the trans-theoretical model of stages of motivation
7. List the direct and indirect methods of communicating health messages
8. State the strength and limitation of each method of communicating health messages
9. State the types and values of audiovisual aids in facilitating the transfer of health message

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# Health Education

## Health Education is defined as:

“a continuous, dynamic teaching-learning process throughout the lifespan and in different settings to facilitate and empower the person to initiate lifestyle-related behavioral changes that promote positive health status outcomes” (Green & Kreuter, 2005)

## Health Literacy is defined as:

“the degree to which individuals can obtain, process, understand, and communicate about health-related information needed to make informed health decisions” (Berkman et al, 2010)

## Health Promotion:

- The terms health education and health promotion are often used interchangeably.
- Health promotion is more general and broad, includes areas such as policy-making, cultural and social factors in addition to *education*.
- Health promotion at the group and community level such as community empowerment and participation.

Characteristics	Definition	History	Form it Takes	Social & Political Factors	Government Policy
<b>Health Promotion</b>	Aims to improve a person's health via education, a consideration of psychological, as well as various cultural and political factors	1986 was the first formal conference on health promotion	Policy development as well as educational materials; govt. Agencies also collect statistics to inform their decision-making	Increased emphasis in recent years	An important aspect, often policy is developed as a part of health promotion efforts for the population
<b>Health Education</b>	Aims to inform people about health	1914-1939 was when the first public schools of health came into existence	Education in the form of lectures, notes, pamphlets, seminars, and courses	Not an increased emphasis	Not important, policy is not a part of health education

## Aims of Health Education

The primary purpose of health education is **to influence antecedents of behavior** (awareness, information, knowledge, skills, beliefs, attitudes and values) so that healthy behaviors develop in a voluntary fashion;

To encourage people to attain and sustain a more health-promoting lifestyle and practice

To stimulate interest, provide new information and knowledge, improve skills and change attitudes in making rational decisions and finding appropriate solutions

To better utilize available health services and resources **By teaching them about the programs of smoking cessation, and reduce obesity**

To increase individual and community participation for better health development and outcomes

## Principles of Health Education

- Credibility
- Interest
- Participation
- Motivation
- Comprehension
- Reinforcement

- Learning by doing
- Known to unknown
- Setting an example
- Public/human relations
- Feedback
- Leaders

# Health Education

## Topics covered in Health Education:

1. Human biology & physiology
2. Nutrition
3. Hygiene
4. Family health
5. Disease prevention and control
6. Mental health
7. Prevention of accidents
8. Use of health services



## Health Education & Prevention:

Question of this part will come as scenario then you should determine the type of prevention

LEVEL OF PREVENTION	GOAL OF HEALTH EDUCATION
<b>Primordial prevention</b> <sup>1</sup>	Promote health by reinforcing healthy practices <sup>2</sup>
<b>Primary prevention</b> <sup>3</sup>	Prevent ill-health, maintain the highest level of health & improve the quality of life  Primary prevention aims to prevent disease or injury before it ever occurs. This is done by preventing exposures to hazards that cause disease or injury, altering unhealthy or unsafe behaviours that can lead to disease or injury For example : education about healthy and safe habits (e.g. eating well, exercising regularly, not smoking) immunization against infectious diseases
<b>Secondary prevention</b> <sup>4</sup> They have disease but we went to prevent the complication of progression of disease	Understand health behavior underlying the ailments and means of behavioral changes to prevent further deterioration of health or restoration of health  Secondary prevention aims to reduce the impact of a disease or injury that has already occurred. This is done by detecting and treating disease or injury as soon as possible to halt or slow its progress, encouraging personal strategies to prevent re injury or recurrence, and implementing programs to return people to their original health and function to prevent long-term problems. Examples : daily, low-dose aspirins and/or diet and exercise programs to prevent further heart attacks or strokes
<b>Tertiary prevention</b> <sup>5</sup> Improve their quality of life as much as we can whatever they have أزمنة التشفية، ex.	Make the most of the remaining potential for healthy living  Tertiary prevention aims to soften the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy. Examples : -cardiac or stroke rehabilitation programs, chronic disease management programs (e.g. for diabetes, arthritis, depression, etc. -support groups that allow members to share strategies for living well

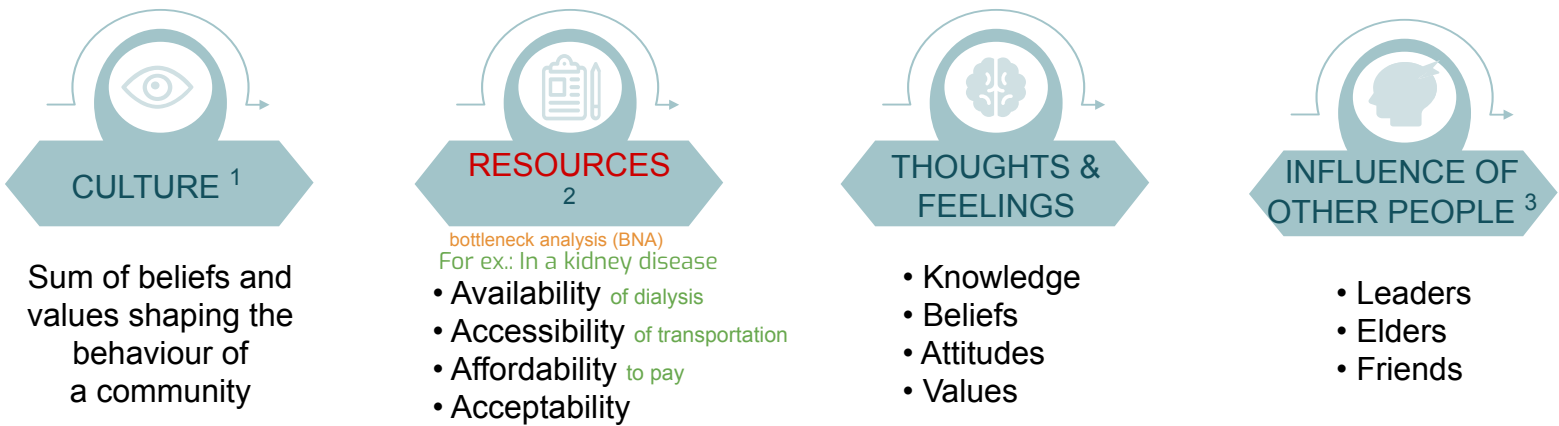
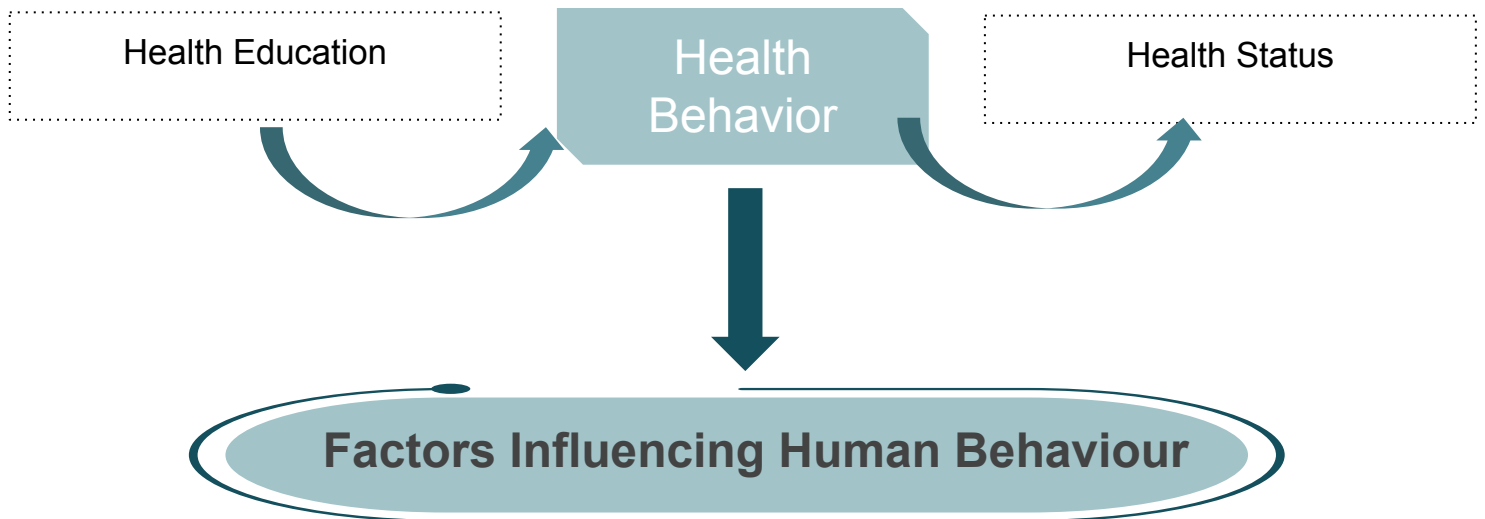
## Health Behavior:

- Positive informed changes in health behavior is the central concern of health education
- It is a crucial dependent variable in most research on the impact of health education interventions
- There is a strong link between behavior and health status
- To change behavior and allow for informed decision making is to ultimately improve patient satisfaction and most importantly health outcomes
- Several theories can be used as models for community interventions

## 438 Note

- 1: Preventing the development of risk factors in healthy individuals.
- 2: Exercising, sleeping and eating well.
- 3: Preventing the development of disease in individuals with risk factors.
- 4: In individuals who already have the disease and preventing it from getting worse.
- 5: In individuals who are already affected by the disease and improving their quality of life.

# Health Behavior



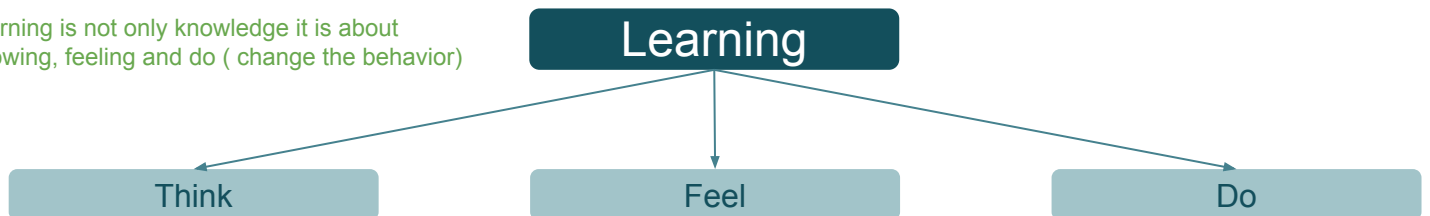
## Learning "Think-Feel-Do"

"Change of behavior brought about by **experience, insight, perception or a combination of the three**, which causes the individual to approach future situation differently"

To teach is to **enable the learning process** by:

- Giving new information
- Clarify thinking
- Identifying available or new options/ideas
- Developing new skills

Learning is not only knowledge it is about Knowing, feeling and do ( change the behavior)

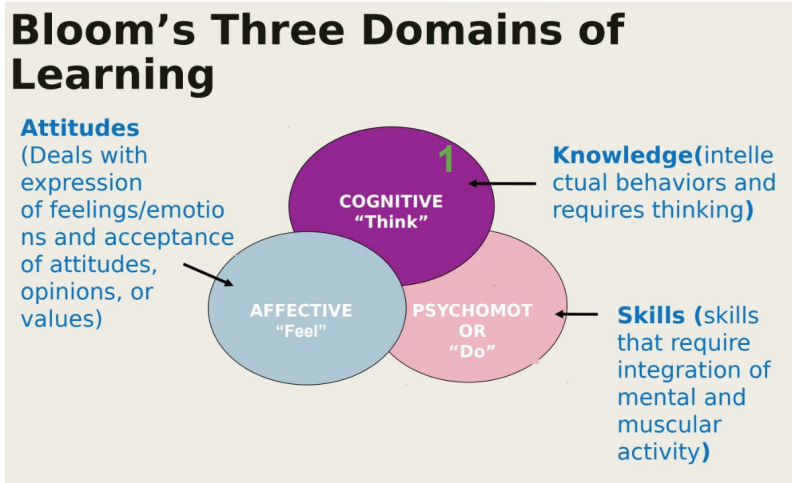


Aim of learning is to **"Change of behavior** brought about by experience <sup>1</sup>, insight, perception or a combination of the three, which causes the individual to approach future situation differently"

### 438 Note

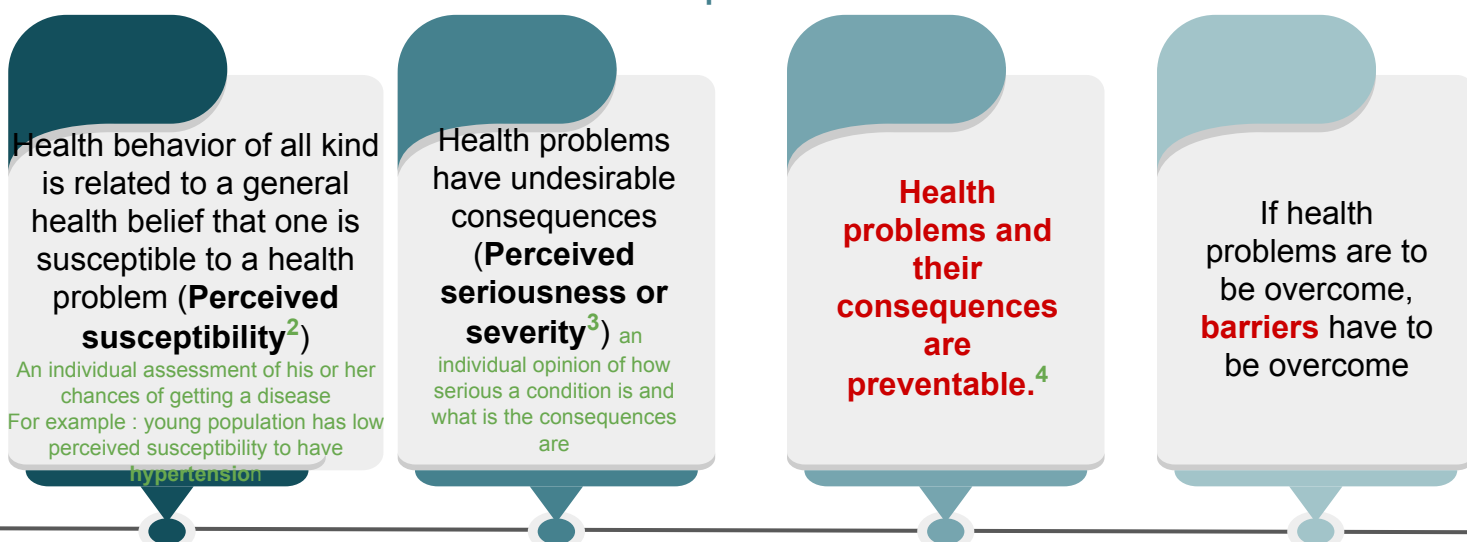
- 1: It's hard to convince some people in consuming less dates or honey, because it's part of their culture.
- 2: It's called bottleneck analysis (BNA).
- 3: Peer pressure is very important and crucial in changing people's behavior.

# Bloom's Three Domains of Learning

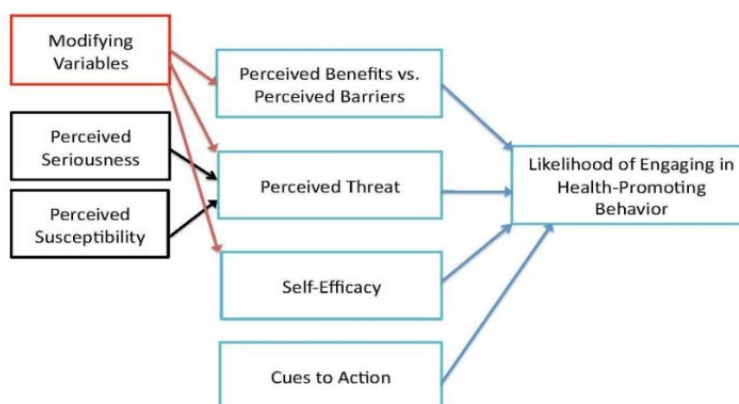


## The Health Belief Model for Behavioral Change

The model postulates



### The Health Belief Model

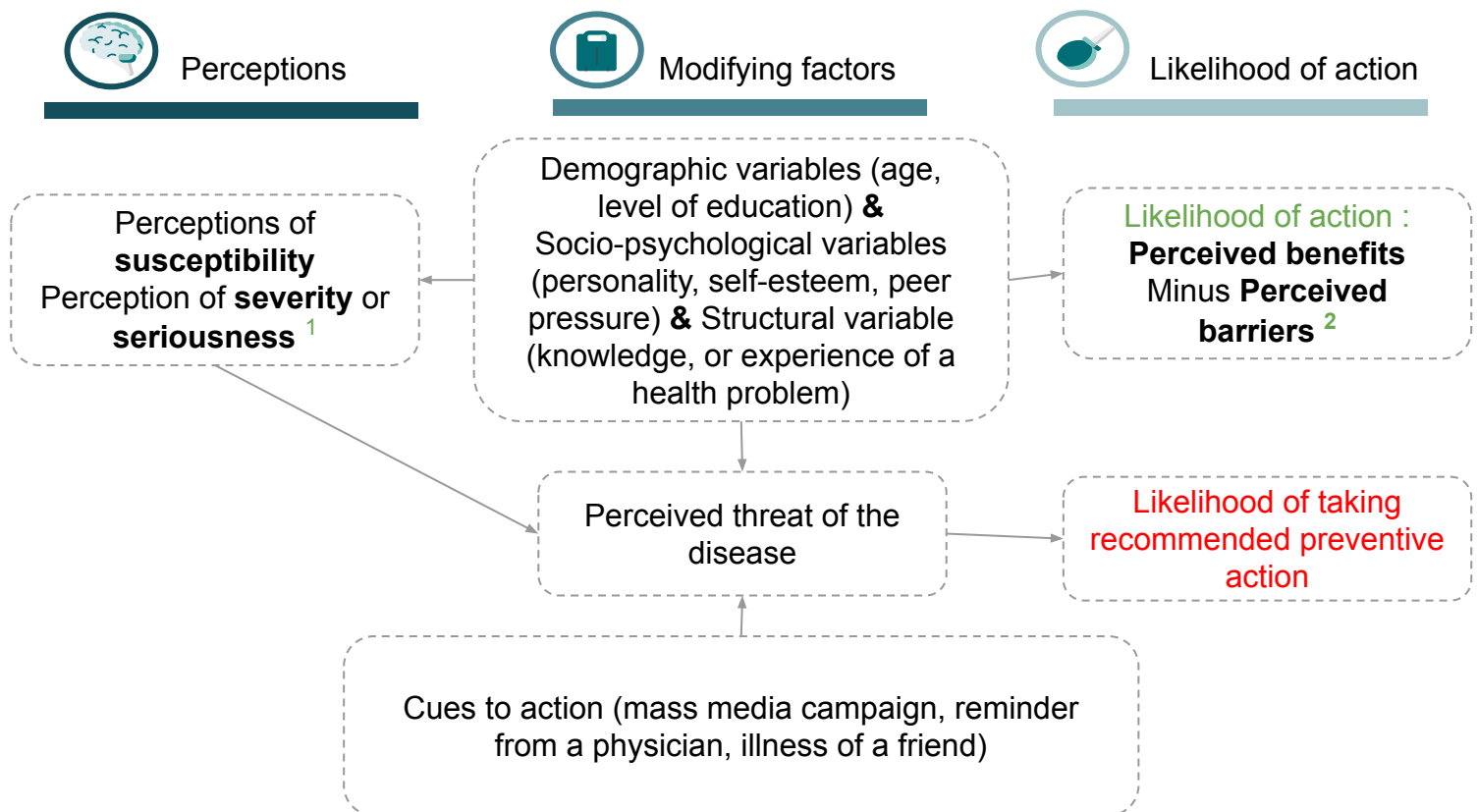


#### 438 Note

- 1: Cognitive domain is connected to the cortical function (higher function)
- 2: A prediabetic has their own perception of developing diabetes.
- 3: An individual's own perception of how serious the disease is and how it will change their life (its consequences)..
- 4: The cost of preventing it is less than treating it "درهم وقاية خير من قنطار علاج".

Most likely use of behavioral change model

## ★ Phases of the health belief model ★



## The Precede-Proceed Model for Behavioral Change

Predisposing, enabling and reinforcing factors in the education process

### 1 Predisposing Factors

- **Characteristics of a person** or population that **motivate** a behavior change
- Predisposing factors are knowledge, beliefs, values and attitudes

### 2 Enabling Factors

- **Characteristics of the environment** and individuals that **facilitate** action to attain a specific behavior
- Enabling factors are health services (available, accessible, affordable), skills and legislations

### 3 Reinforcing Factors

- It determines the continuity (**maintenance**) of the new behavior
- Reinforcing factors are rewards (experienced or anticipated) of the new behavior

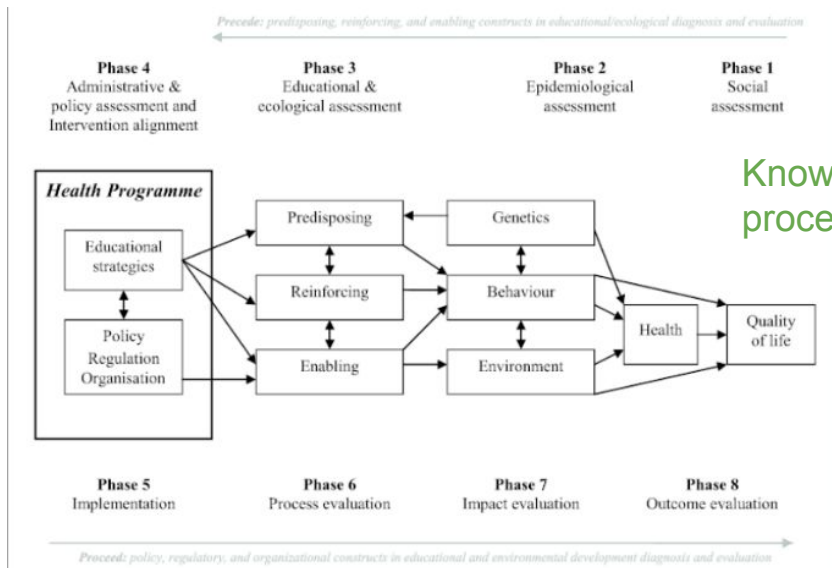
### 438 Note

1: The combination of these two is the perceived threat of any disease.

2: Perceived benefits should be higher than the barriers.



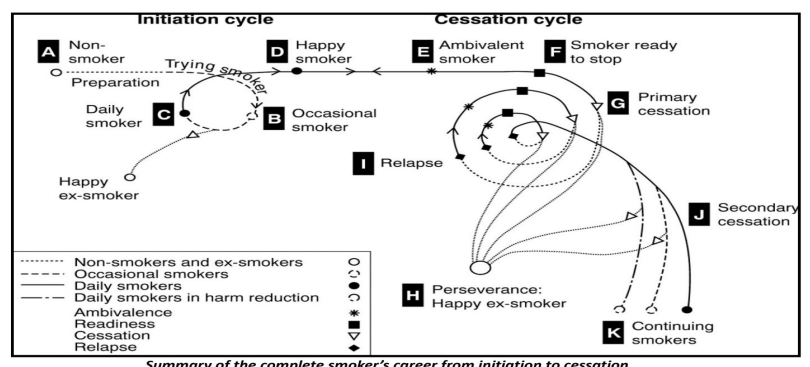
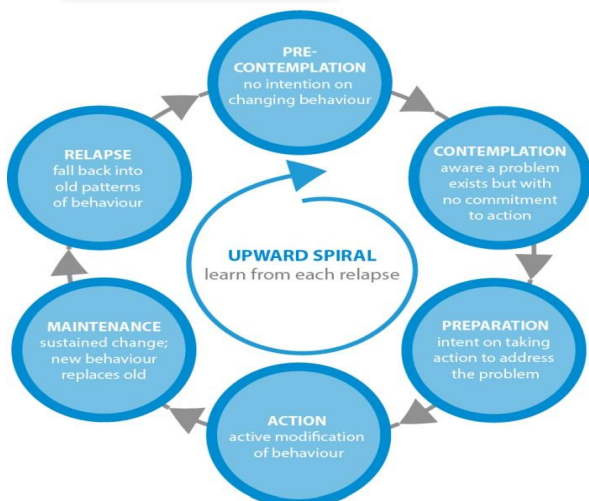
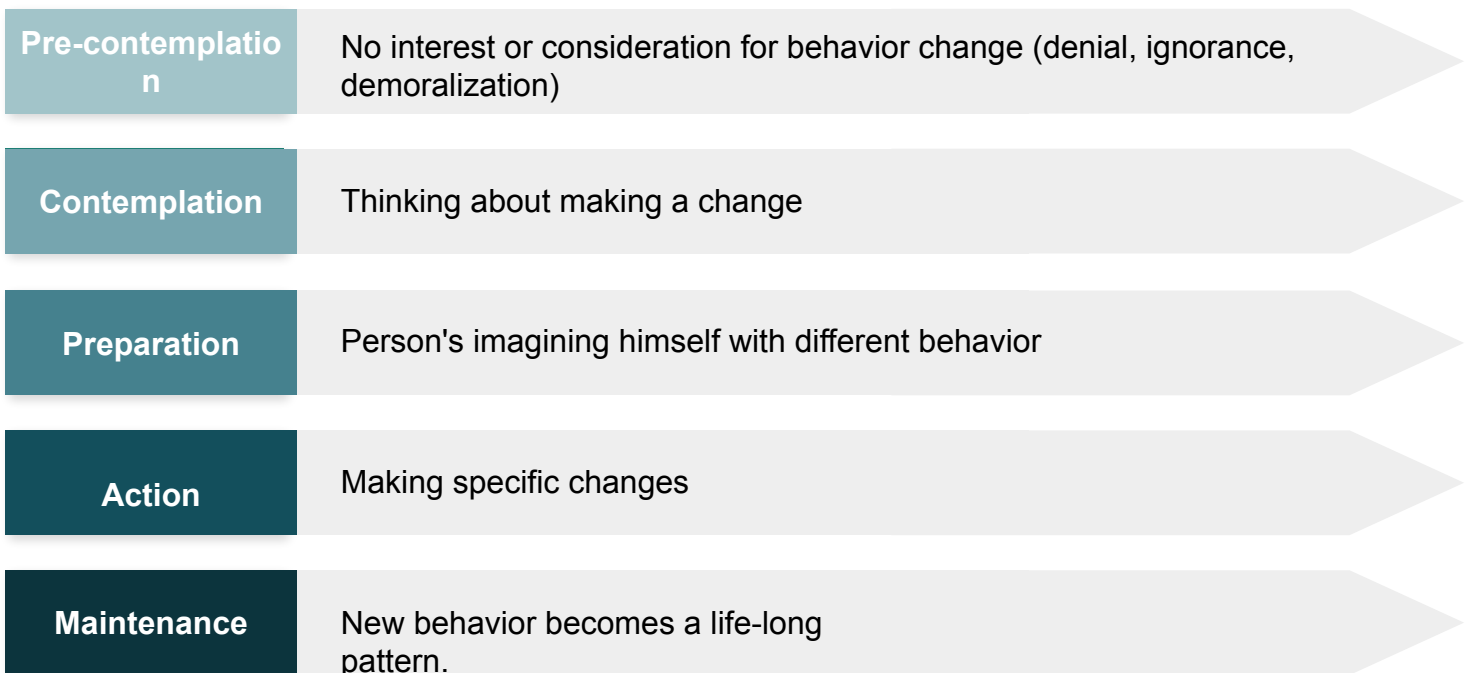
# Precede-Proceed Model



# Transtheoretical Model: Stages of Motivation

Stages related to individual's motivation

(The Transtheoretical Model should be viewed as cyclic rather than a straight line)



# Methods of Health Education

And change behavior

## METHODS OF HEALTH EDUCATION

A- Direct Methods (Face to Face)

B- Indirect Methods (Mass Media)

1- Communities

2- Group

3- Individual <sup>1</sup>

### 1- Direct Community Method

#### Problem addressed

1. Affect almost all members
2. Emergencies/ disease outbreak
3. Needs pooling of resources

#### Community organization

- Method of health education, which depends on the leaders' involvement in solving health problems. They will help you to deliver the health and promotion, And You share with them same goals

#### Opinion leaders

- People respected by community <sup>2</sup>
  - Their opinion and ideas are valued
  - They are influential
- Target the influencers on their community

### 2- Direct Group Method

#### Groups Approach (one or two-way)

The groups can be (mothers, school children, patients, industrial workers). The choice of subject is very important; it must relate to the interest of the group.

- It is a two-way teaching method with a group of (6-12) people who learn by exchanging their views and experiences.
- A group leader encourages everyone to participate, sums up the discussion, and put their own plan of action and goal to be achieved.

Best method to change the attitude, and believes by sharing and benefit from the other experience

#### Advantages & Disadvantages

- **Advantages:** familiar, easily trusted and influential, inexpensive, relatable (offer shared experiences), reach larger audience
- **Disadvantages:** can be impersonal no individual attention given, often needs approval from organizations and can be costly (pooling of resources)

#### Methods

##### One-way Methods:

- Lectures
- Films & puppets
- Flashcards
- Flannelgraph

##### Two-way Methods:

- Demonstrations
- Group discussions
- Workshops
- Conferences
- Role play

## 438 Note

1: Counseling.



# Methods of Health Education

## 3- Direct Individual Method

### Counselling

It is **not** advice, it is a **helping process** -in a **personal one to one session**- with a counsellor (health educator); a. To understand more about their health problem & causes b. Discuss all their concerns & appropriate solutions

**All** learning domains should be covered during a counseling session.

The **advantage** of individual health teaching is that we can discuss and persuade the individual to change his behavior all while being supportive.

The **disadvantage** is that the numbers we reach are small and can be time consuming.

### Lectures

### Extra

- Check the level of **knowledge** of learners and build on it
- Always check understanding by looking at learner's expression
- Touch a need "what people need to know" otherwise it will be useless.
- Learning domain → Cognitive
- Lecture → knowledge

### Learning domains addressed by counselling

### Principles of counseling

Greet the person

Gain trust (build a relationship)

Ask about the problem (Identify the need)

Listen carefully (empathy)

Provide background information

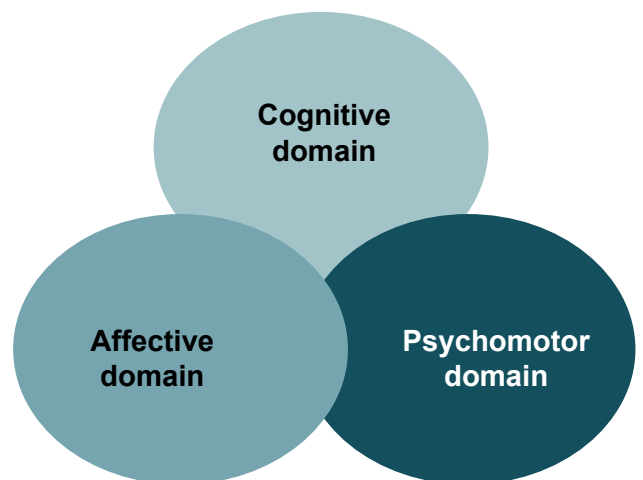
Answer raised questions

Check understanding <sup>2</sup>

Assist in reaching a decision

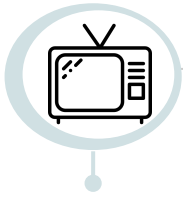
Clear doubts

Give appointment for follow up



# Methods of Health Education

## B- Indirect Methods (Mass Media)



Television



Radio



Newspapers & magazines



Posters

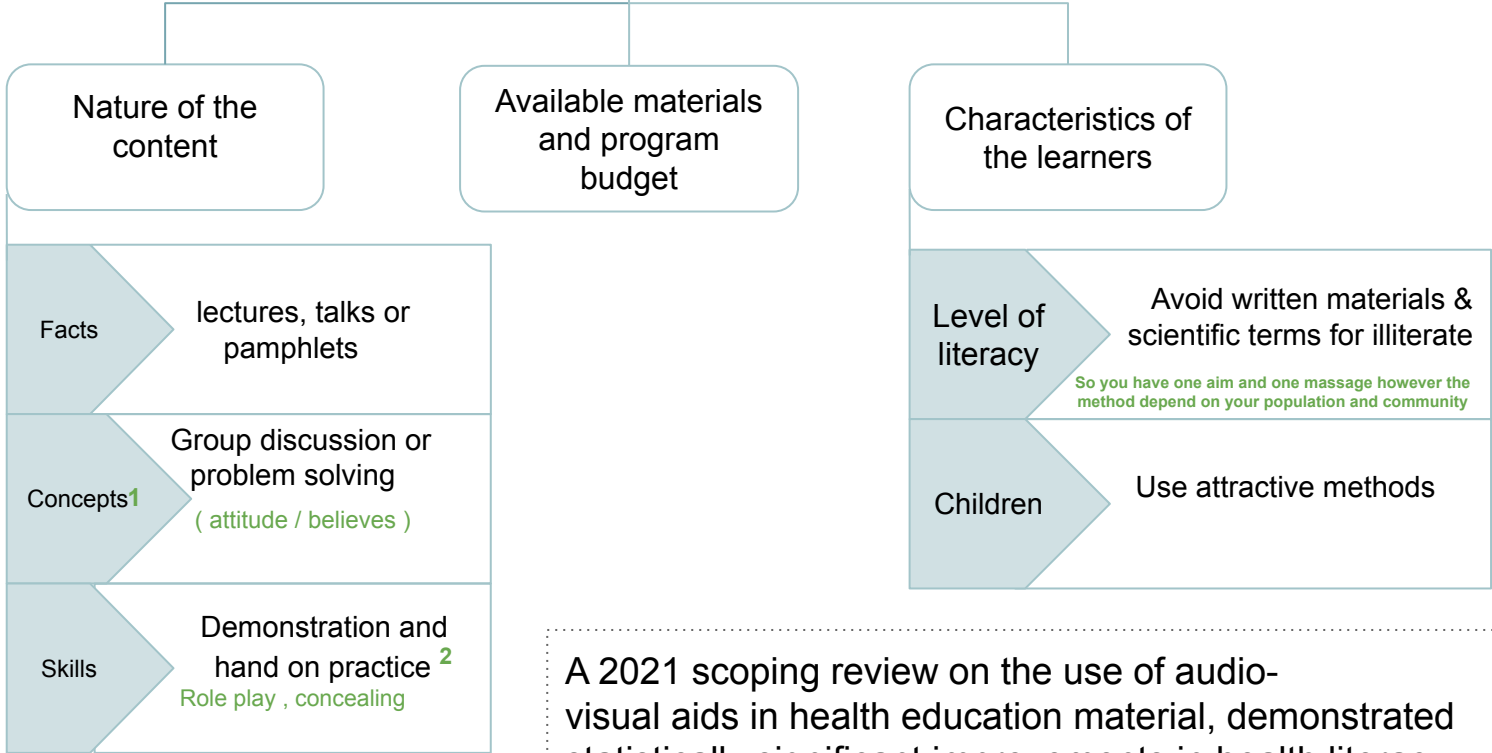


Pamphlets

Mass Media	Advantage	Disadvantage
Newspaper	<ul style="list-style-type: none"> <li>Reach broad intended audience rapidly</li> <li>Can convey health news more thoroughly than TV</li> <li>Intended audience has the chance to flip record, on template and pass along materials</li> </ul>	<ul style="list-style-type: none"> <li>Larger circulating papers may take only paid advertisement</li> <li>Expense is limited only to one way</li> <li>Arrangement requires contacts and may be time consuming</li> </ul>
Internet	<ul style="list-style-type: none"> <li>Reach large number of people rapidly</li> <li>Updated and disseminated information</li> <li>Control information provided</li> <li>Tailor information specifically for intended audience can be interactive</li> <li>Demonstration can be by individual and graphic</li> <li>Can use banner advertisement to direct intended audience.</li> </ul>	<ul style="list-style-type: none"> <li>Can be expensive</li> <li>Many people do not have access to internet</li> <li>Intended audience must be precise</li> <li>May require monitoring</li> <li>May require maintenance over time</li> </ul>

Radio	Advantage	Disadvantage
	<ul style="list-style-type: none"> <li>Range of intended audience with known listening preference</li> <li>Opportunity for direct intended audience involvement</li> <li>Distribution is Expensive</li> </ul>	<ul style="list-style-type: none"> <li>Reaches smaller intended audience than TV</li> <li>Public service ads run infrequently and at low listening times</li> <li>Many stations have limited formats that may not be conducive to health message</li> <li>Difficult for intended audience to retain or pass on material</li> </ul>
TV	<ul style="list-style-type: none"> <li>Reaches potentially the largest &amp; widest range</li> <li>Combination of audio-visual is effective in emotional appeals and demonstration of behaviours</li> <li>Can reach low-income audience</li> <li>Specific programmes can reach specific intended audience</li> <li>Opportunity for direct intended and audience involvement</li> </ul>	<ul style="list-style-type: none"> <li>Advertisement is expensive to produce</li> <li>Running infrequently and in low viewing times</li> <li>Message can be observed by commercial culture</li> <li>Some stations reach small intended audience</li> <li>Promotion can result in huge demand</li> <li>Difficult to sustain-passes materials</li> </ul>

The choice of educational method depends on



A 2021 scoping review on the use of audio-visual aids in health education material, demonstrated statistically significant improvements in health literacy outcomes (medication adherence and comprehension).

### Educational Audio-visual Aids

Extensively used to gain interest, stimulate motivation, and simplify complex health education messages by stimulating the sensory organs like ears (hearing-audio) and eyes (vision-visual), allowing for quick comprehension of the message, used for literate as well as for illiterate people.

### 438 Note

1: Tutorials, seminars.  
2: Showing diabetics how to use their medications (Glucometer, insulin pen).

# Health Education Aids

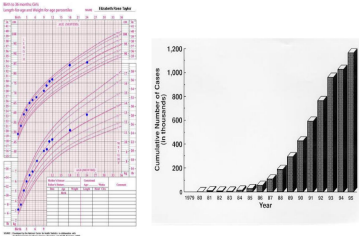
## 1 Still pictures



## 2 Before and after treatment



## 3 Charts<sup>3</sup>



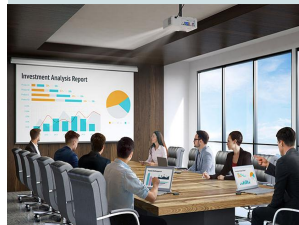
## 4 Flip charts<sup>1</sup>



## 5 Exhibition or Display<sup>2</sup>



## 6 Project Material



## 7 Motion Picture



## 8 Puppet Show



Educational aids can be classified into:

1. **Auditory aids**  
(microphones, earphones, speakers)

2. **Visual aids**  
(chalk/white/smart board, posters/pamphlets, models & projection slides, film strips)

3. **Combined audio-visual aids**  
(television, cinema & videos)

**Characteristics of AV aids :**

- Time displayed
- Presentation and content (scientifically accurate)
- Up to date, replacement and change over time
- Cost of production
- Small or large audience
- Materials present at all time

### 438 Note

- 1: Usually used in communities.
- 2: Teaching them how to use it by play role and demonstration
- 3: Used in convincing organizations.

# Applying HE Concepts in Real-Life

## Scenario 1:

You have been requested to deliver a health education session in a primary care setting for patients suffering from physical inactivity.

## Scenario 2:

You have been asked to deliver a group health education session for 10 university educated prediabetic men in the primary care clinic, to help prevent them from becoming diabetics.

### Objectives to a health education plan/project:

1. Provide a statement of the problem related to [...] in Saudi Arabia (**hook, staggering statistic**)
2. Analyze the problem by specifying the behavior and non-behavioral factors
3. State the objectives of the education session falling in the cognitive, affective and psychomotor domain of learning
4. Identify the health messages in line with the objectives
5. Select the appropriate method(s) of health education to communicate health message suitable for the group and the problem addressed
6. Select the appropriate health education aids to facilitate the communication of the health message suitable to the group and the problem addressed
7. State the predisposing, enabling and reinforcing factors to adopt the intended behavior

### Applications to Scenario 1

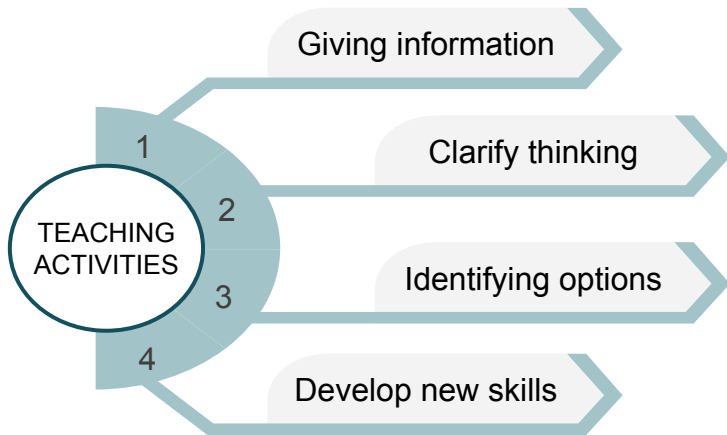
1. Physical inactivity is a major public health burden in SA as its prevalence is 53% in males and 67% in females and it's a factor for many NCDs that are prevalent in SA.
2. **Behavioral:** laziness, boredom, lack of knowledge  
**Non-behavioral:** expenses, shortage of time, other responsibilities, lack of place, safety
3. **Cognitive:** to teach population about benefits of physical activity and complications of inactivity.  
**Affective:** to improve population's attitude toward PA by the use of role model, success stories of real people, and to encourage them to increase their self efficacy to PA.  
**Psychomotor:** to teach population some simple PA routines to be able to perform exercise at home and to let them feel the positive effect of PA themselves.
4.
  - 1-Physical activity improves health and decrease risk of NDS.
  - 2-physically active people live longer healthier lives (and if they can do it anyone can).
  - 3-Physical activity is not hard and truly have positive effects.
5. Lectures, consultations for information  
Group discussion, role models and real-life stories  
Scheduled classes, role play, demonstration for psychomotor
6. Posters, brochures → for information  
Videos for role models and real-life stories  
Scheduled classes for psychomotor
7. Predisposing: knowledge, perceived benefits, self efficacy  
Enabling: good infrastructure, social support, financial support  
Reinforcing: good experience of PA, supporting community, peer encouragement

## 438 Note

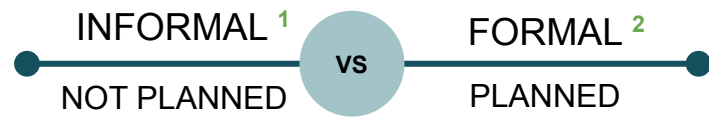
- 1: Usually used in communities.
- 2: Teaching them how to use it by play role and demonstration
- 3: Used in convincing organizations.

# Extra

# Teaching



Teaching enable learning



## VARIABLES IN THE BEHAVIOR CHANGE



1	<b>Knowledge:</b> An <b>intellectual process</b> acquaintance with facts, truth, or principles gained by sight, experience, or report.
2	<b>Value:</b> Ideas, ideals <b>that you believe</b> customs that arouse an <b>emotional response</b> for or against a thing or a behavior. <i>Your emotional responses About something reflect your values</i>
3	<b>Beliefs:</b> Acceptance of or confidence in an alleged fact or body of facts as true or right without positive knowledge or proof; <b>perceived truth.</b> <i>Beliefs is not fact</i>
4	<b>Attitudes:</b> Manner, disposition, feeling, or position toward a person or thing.
5	<b>Perceptions:</b> Ascribing meanings to sensory or <b>cortical activity</b> in such a way that the activity comes to acquire symbolic function
6	<b>Skills:</b> The <b>ability to do something</b> well, arising from talent, training, or practice.
7	<b>Self-efficacy:</b> The internal condition of experiencing competence to perform desired tasks which will influence the eventual outcome.

### 438 Note

- 1: For example teaching your sibling.
- 2: Teaching in a planned formal way, in a lecture hall with a time slot for an audience.

# Practice Questions

Q1: What is the first objective in a health education project?

A. Select the appropriate method of education

B. Select the appropriate health education aids

C. State the predisposing, enabling, & reinforcing factors

D. Provide a statement of the problem in KSA

Q2: Which one of the following is not an educational aid?

A. Auditory aids

B. Visual aids

C. Combined audio-textual aids

D. Combined audio-visual aids

Q3: Which of the following is a mass media method of HE?

A. Radio

B. Counseling

C. Lectures

D. Group discussions

Q4: In the Precede-Proceed Model, what starts at the social assessment phase and ends in the administrative and policy assessment phase?

A. Proceed

B. Precede

C. Maintenance

D. Relapse

Q5: The factors (culture, resources, influences of others) influence what?

A. Health Education

B. Health Status

C. Health Behavior

D. Health Experience

Q6: What type of health prevention prevents the development of risk factors?

A. Secondary

B. Tertiary

C. Primordial

D. Primary

Answer 1- D 2- C 3- A 4- B 5- C 6- C





## Team Leaders:

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Walaa AlMutawa  
Meznah alshammari  
deema alqahtani  
Fatima halawi  
raghad alkhodair  
Amani Alotaibi  
Nouf Aldhalaan  
Reema AlJabarin  
Reema Alhussien

Sarah Alzahrani  
Raid almadi  
Rayan alahmari  
Mayssar Alshobaki  
Kadi aldossari  
nora bin hammad  
Mayssam Aljaloud  
Rahaf Almotairi  
Lana Alhumaidhi  
Jana Alhazmi  
Yazeed Alsanad  
Safia Aldkhyyl  
Haifa Almuddahi  
Omar Kadhi  
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