

HEALTH EDUCATION

LEARNING OBJECTIVES

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

PERFORMANCE OBJECTIVES

Provide health education to patients and healthy community members

DEFINITION OF HEALTH EDUCATION

Health education is defined as "designed combination of learning methods to facilitate voluntary adaptation of behavior conducive to health".

AIMS OF HEALTH EDUCATION

1. Make people value their own health
2. Take the initiative to attain and keep positive health
3. Understand and practice healthy habits
4. Interrupt a behavioral pattern that heightened the risk of disease, injury, disability or death
5. Utilize the available health services

HEALTH EDUCATION AT DIFFERENT LEVELS OF PREVENTION

□ LEVEL OF PREVENTION

□ GOAL OF HEALTH EDUCATION

Primordial prevention

Promote health by reinforcing healthy practices

Primary prevention

Prevent ill-health, maintain the highest level of health & improve the quality of life

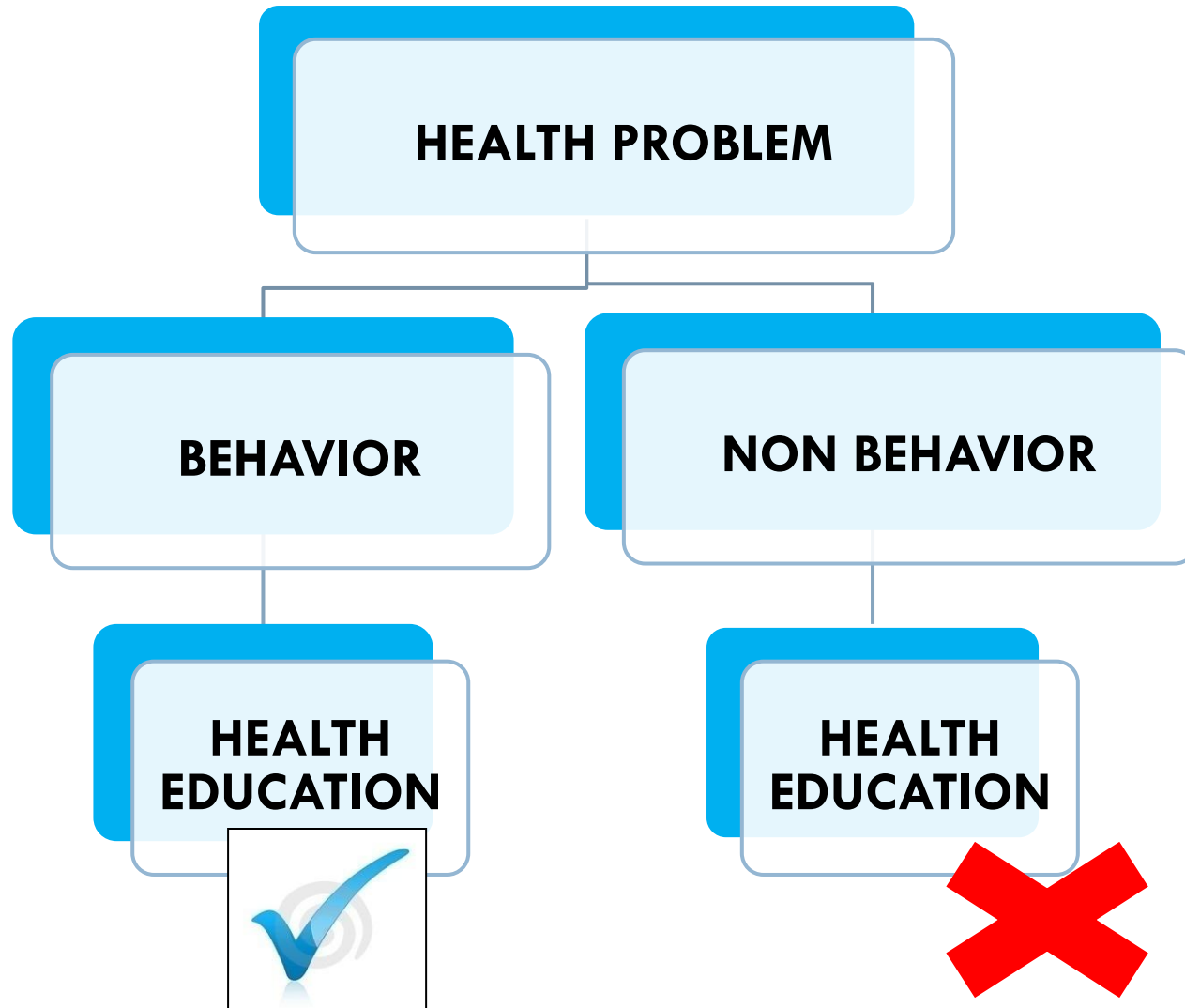
Secondary prevention

Understand health behavior underlying the ailments and means of behavioral changes to prevent further deterioration of health or restoration of health

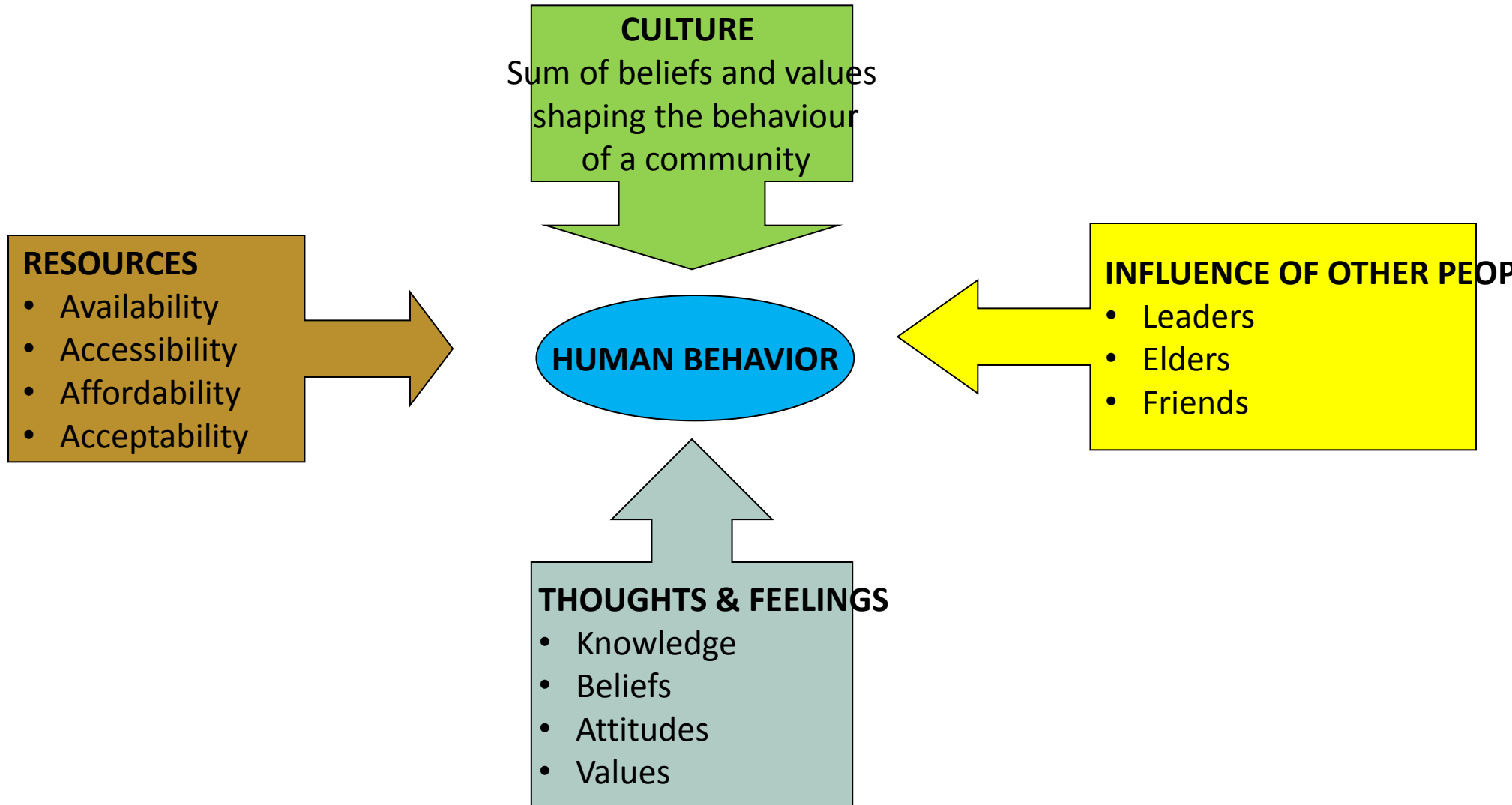
Tertiary prevention

Make the most of the remaining potential for healthy living.

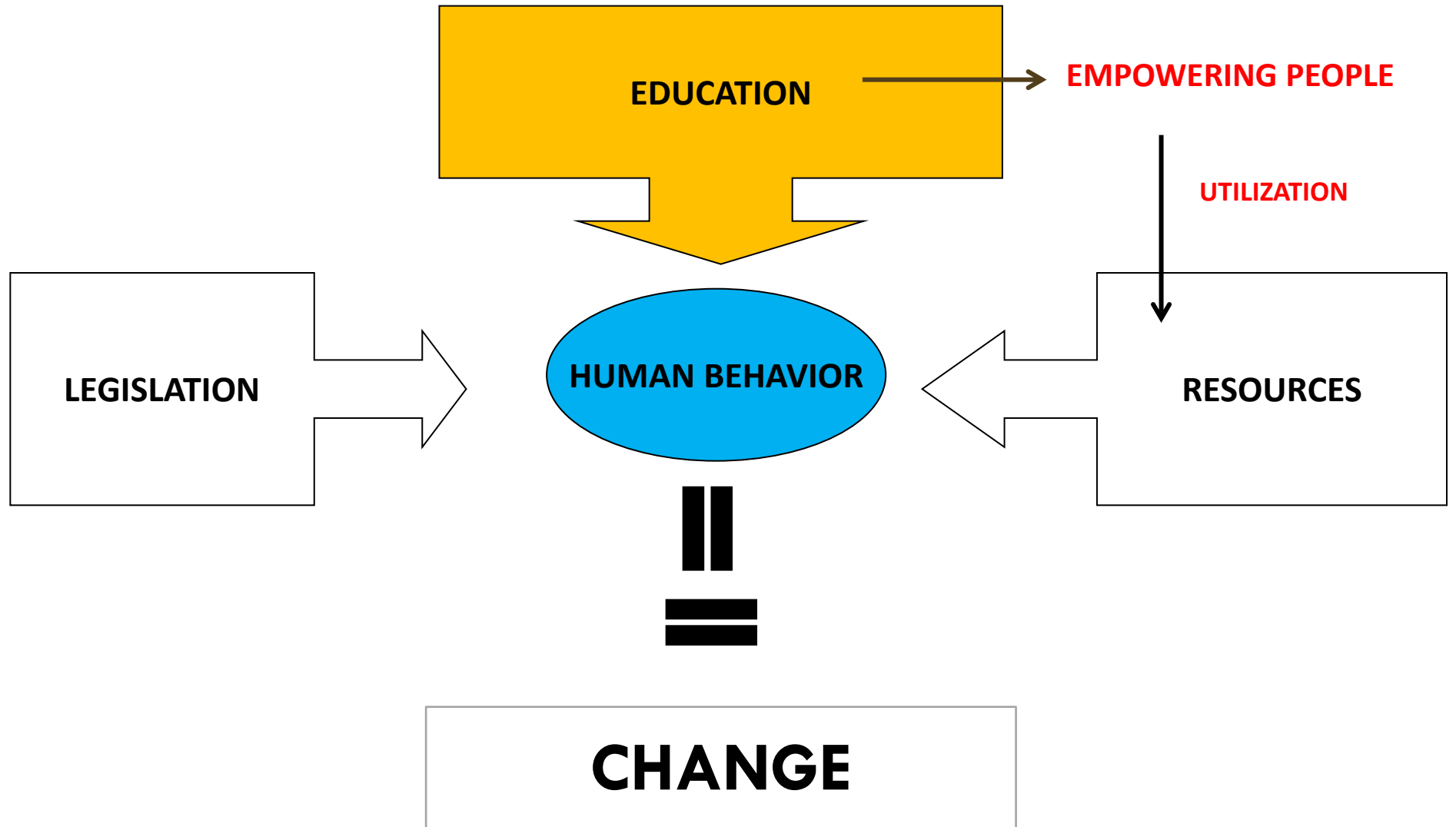
UNDERLYING CAUSE OF A HEALTH PROBLEM



FACTORS INFLUENCING HUMAN BEHAVIOR



CHANGING HUMAN BEHAVIOR

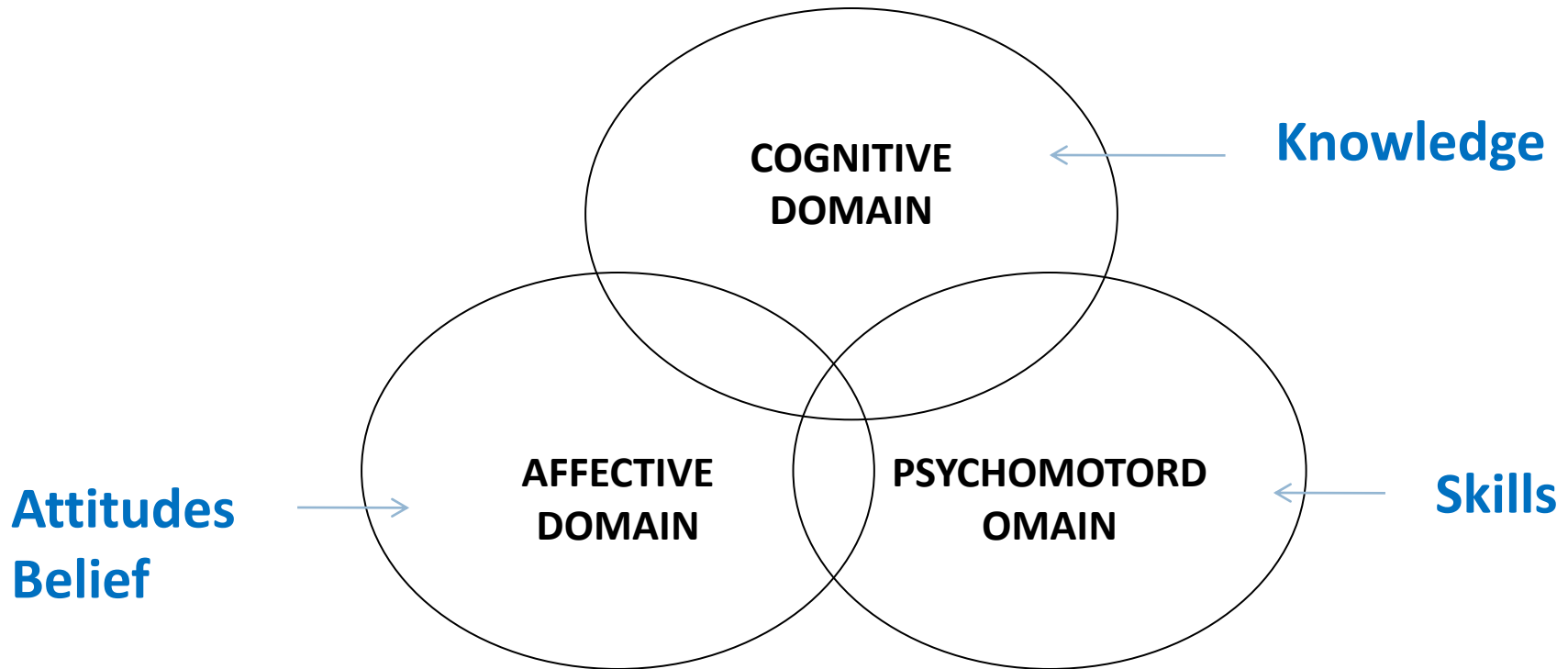


LEARNING

LEARNING ----- **KNOW – 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".

DOMAINS OF LEARNING



LEARNING

LEARNING ----- **KNOW – FEEL – DO**

Learning is an ACTIVE PROCESS

Learning is stimulated by a NEED

Learning is demonstrated by a CHANGE IN BEHAVIOR

TEACHING

TEACHING ----- **ENABLE LEARNING**

FORMAL = PLANNED

INFORMAL = NOT PLANNED

TEACHING ACTIVITIES

- *Giving information*
- *Clarify thinking*
- *Identifying options*
- *Develop new skills*

VARIABLES IN THE BEHAVIOR CHANGE

Knowledge An intellectual acquaintance with facts, truth, or principles gained by sight, experience, or report.

Values Ideas, ideals, customs that arouse an emotional response for or against a thing or a behavior.

Beliefs Acceptance of or confidence in an alleged fact or body of facts as true or right without positive knowledge or proof; perceived truth.

VARIABLES IN THE BEHAVIOR CHANGE

Attitudes

Manner, disposition, feeling, or position toward a person or thing.

Perceptions

Ascribing meanings to sensory or cortical activity in such a way that the activity comes to acquire symbolic function.

Skills

The ability to do something well, arising from talent, training, or practice.

Self-efficacy

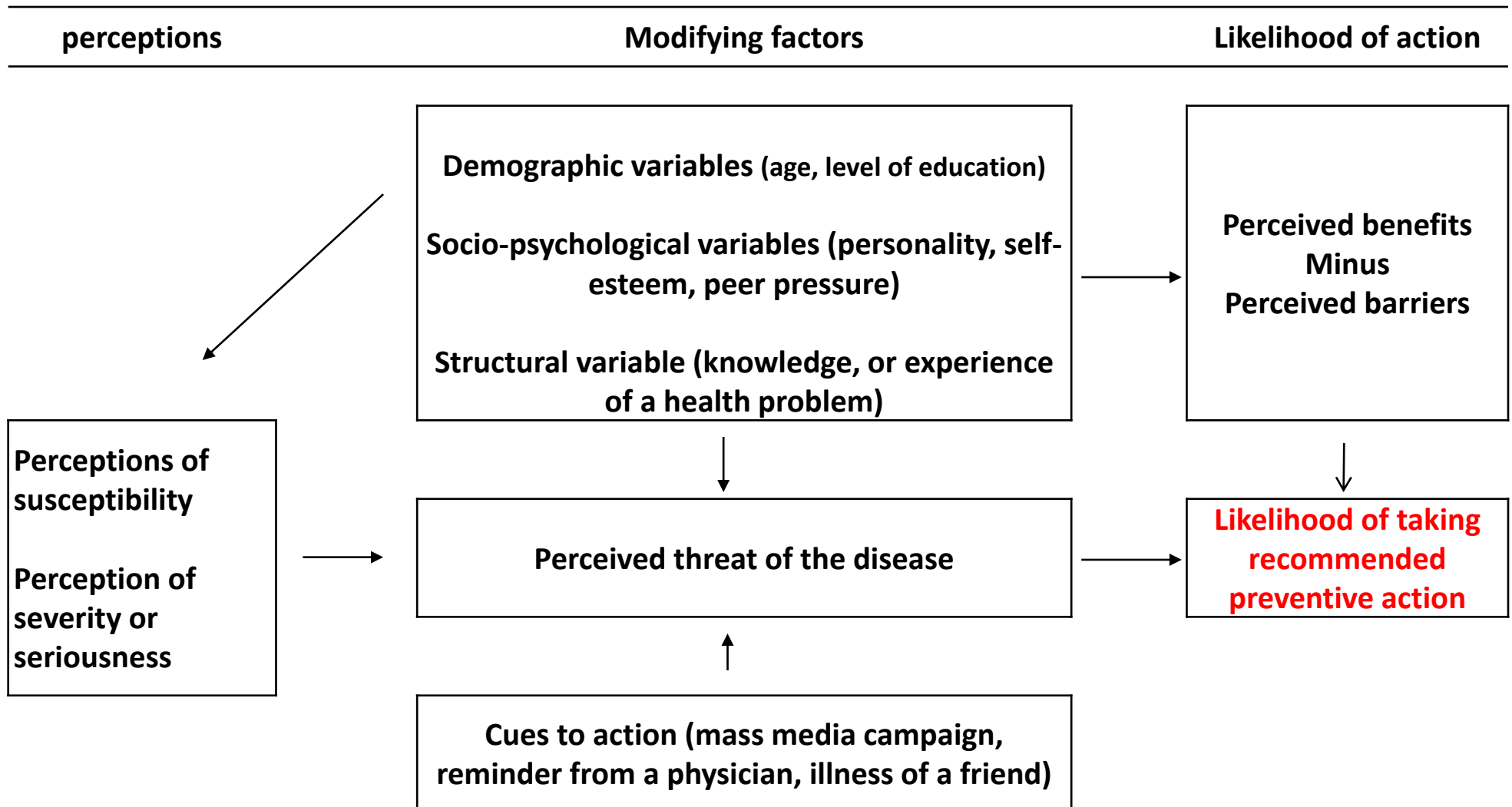
The internal condition of experiencing competence to perform desired tasks which will influence the eventual outcome.

THE HEALTH BELIEF MODEL FOR BEHAVIOR CHANGE

The model postulates

1. Health behavior of all kind is related to a general health belief that one is susceptible to a health problem (**Perceived susceptibility**)
2. Health problems have undesirable consequences (**Perceived seriousness or severity**)
3. Health problems and their consequences are preventable.
4. If health problems are to be overcome, barriers have to be overcome

PHASES OF THE HEALTH BELIEF MODEL



PREDISPOSING, ENABLING AND REINFORCING FACTORS IN THE EDUCATION PROCESS

Predisposing Factors

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

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

Reinforcing factors

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

MAINTAINING A HEALTH-RISKY BEHAVIOR

REASONS

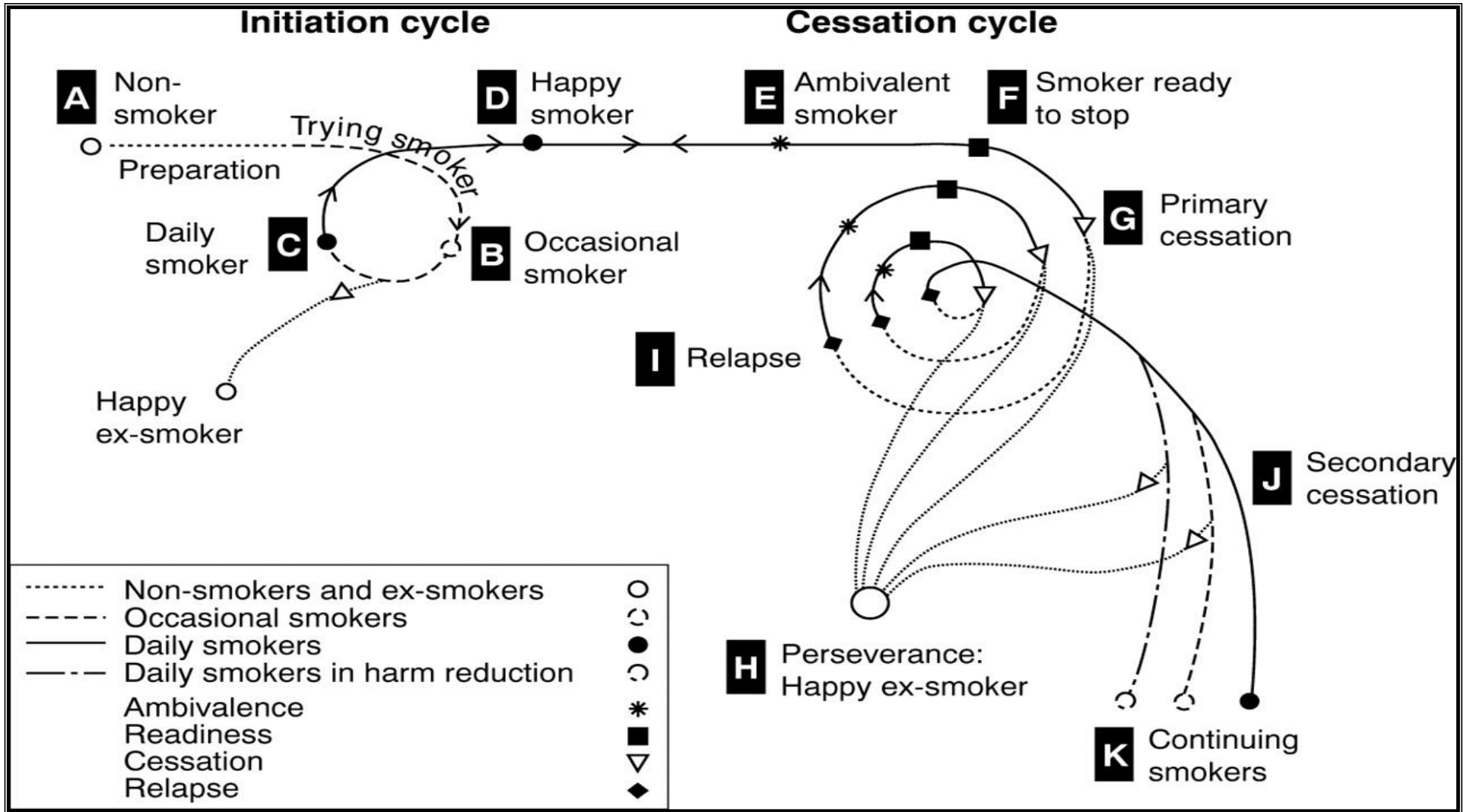
1. Lack of knowledge of the health risk
2. Modified perception of risk
3. Low self efficacy to change

TRANSTHEORETICAL MODEL: STAGES OF MOTIVATION

Stages related to individual's motivation

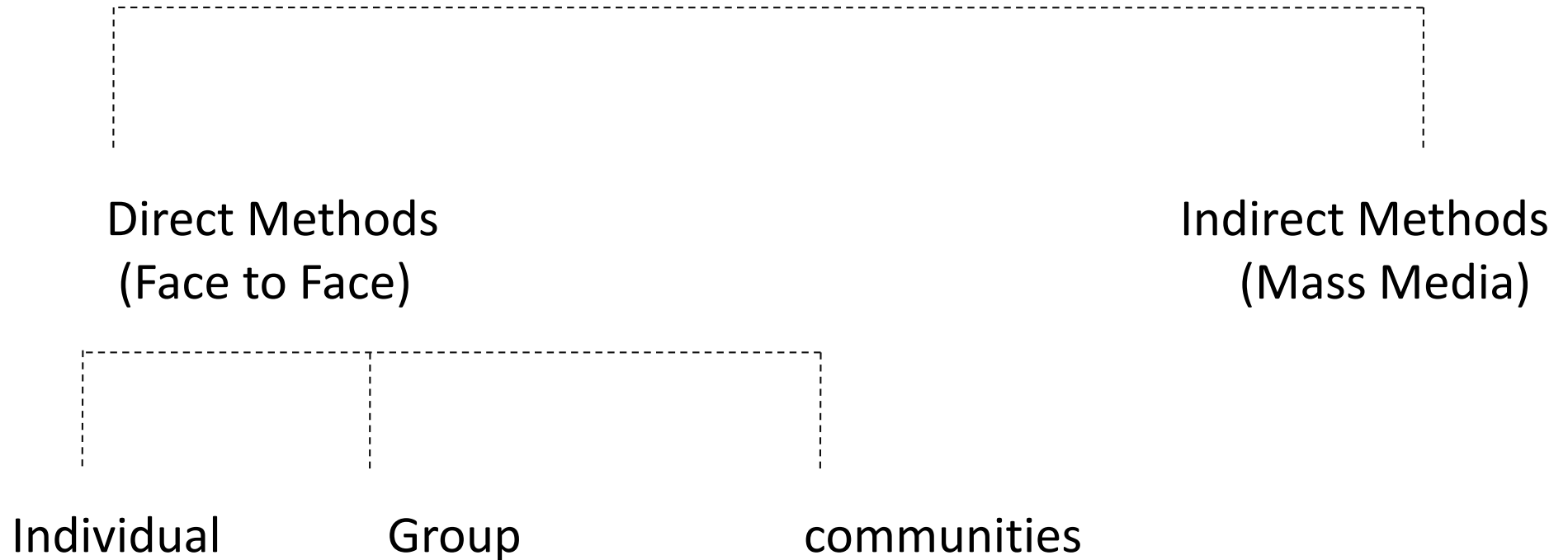
Pre-contemplation	No interest or consideration for behavior change (denial, ignorance, demoralization)
Contemplation	Thinking about making a change
Preparation	Person's imagining himself with different behavior
Action	Making specific changes
Maintenance	New behavior becomes a life long pattern

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



Summary of the complete smoker's career from initiation to cessation

METHODS OF HEALTH EDUCATION



COUNSELLING

Direct individual Method

Free choice!

Active participation in understanding the problems and selecting a solution

Choices are made based on perception of the situation

Feel that he is in control of his life

Assume more responsibilities



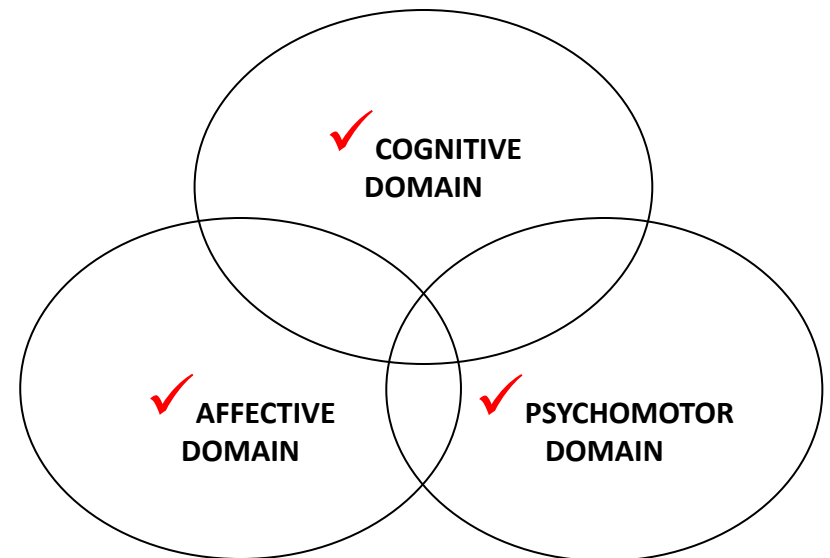
COUNSELLING

Direct individual Method

Principles of counseling

1. Greet the person
2. Gain trust
3. Ask about the problem
4. Listen carefully
5. Provide background information
6. Answer raised questions
7. Check understanding
8. Assist in reaching a decision
9. Clear doubts
10. Give appointment for follow up

Learning domains addressed by counselling



LECTURES

Direct group Method



Principals

- 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

GROUP DISCUSSION

Direct group Method



Learning domain ----- Affective

Group discussion ----- Attitudes

ORGANIZING A GROUP DISCUSSION

- Select a place which is comfortable and allows privacy
- Size from 5 to 20 persons having same problem
- Time allotted consider time available for members
- Respect and encourage members to express their views
- Educator don't dominate the group
- Group should finally put their own plan of action and goal to be achieved and procedures to achieve this goal

REAL LIFE DEMONSTRATION

Direct group Method

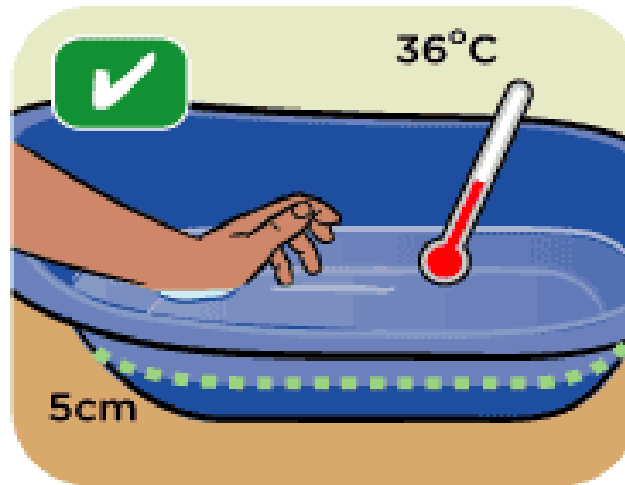


Educational domain ----- Psychomotor

Real life demonstration ----- Skills

REAL LIFE DEMONSTRATION

Direct group Method



Educational domain ----- Psychomotor

Real life demonstration ----- Skills

ROLE PLAY

Direct group Method



It is a near realism situation

Educational domain -----ALL

Role play -----ALL

COMMUNITY ORGANIZATION

Problem addressed:

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



COMMUNITY HEALTH EDUCATION

- **Community organization**

Method of health education, which depends on the leaders' involvement in solving health problems.

- **Opinion leaders**

- People respected by community
- Their opinion and ideas are valued
- They are influential

MASS MEDIA

Indirect Method



Television



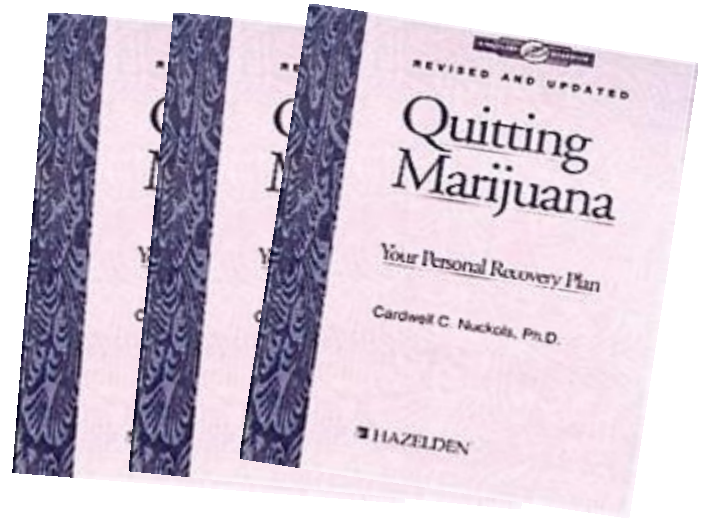
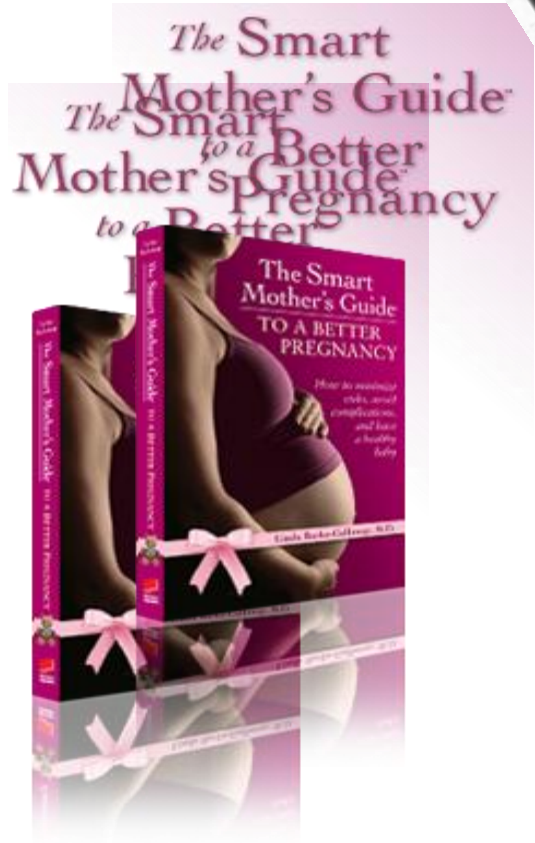
Radio



Newspapers & magazines

PAMPHLETS

Indirect Method



POSTERS

Indirect Method



WHAT IS CHILD ABUSE ?

Verbally abusing a child

Teasing a child unnecessarily

Exposing a child to pornographic acts or literature.

Touching a child where he/ she doesn't want to be touched.

Forcing a child to touch you.

Breaking down the self-confidence of a child.

Hitting or hurting a child - often to relieve your own frustration.

Manipulating a child

Not taking care of a child, for example: unclean, unclothed, unfed child

Using a child as a servant

Not listening to a child

Neglecting emotional needs of a child

Making your own child a 'servant' depriving of time for education/leisure

Hitting and ridiculing a child at school

Neglecting a child's medical needs

Neglecting a child's educational needs

Leaving a child without supervision

Produced by: National Child Protection Authority
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CHOICE OF THE METHOD

The choice of educational method depends on

Nature of the content

- | | |
|----------|--|
| Facts | ---- lectures, talks or pamphlets |
| Concepts | ---- Group discussion or problem solving |
| Skills | ---- Demonstration and hand on practice |

Characteristics of the learners

- | | |
|-------------------|--|
| Level of literacy | ---- Avoid written materials and scientific terms for illiterate |
| Children | ---- Use attractive methods |

Available materials and program budget

HEALTH EDUCATION AIDS

STILL PICTURES



Pre-treatment Treated area



Pre-treatment Treated area



Pre-treatment Treated area



Pre-treatment Treated area



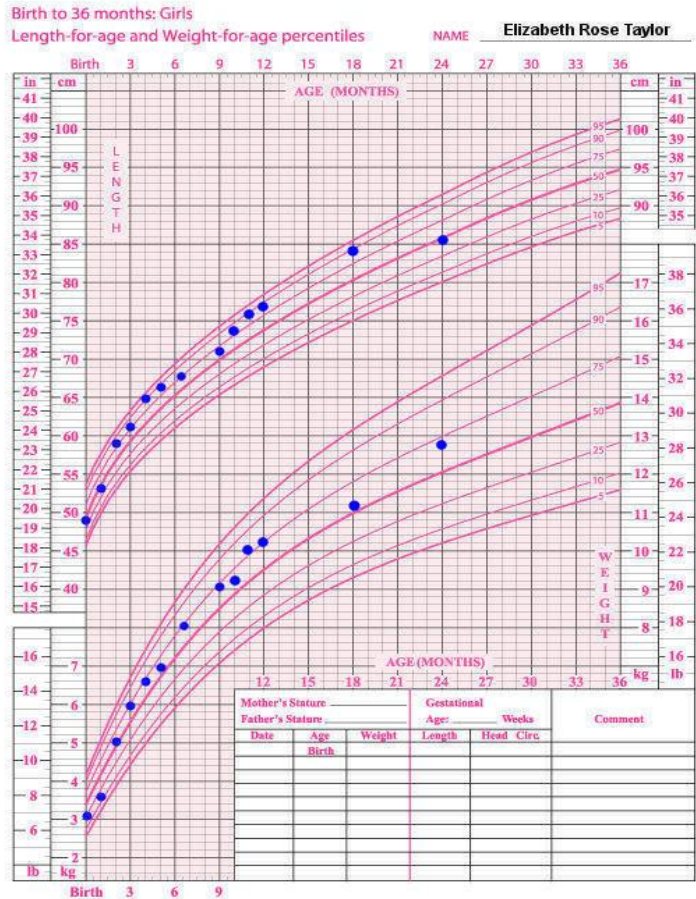
Pre-treatment Treated area



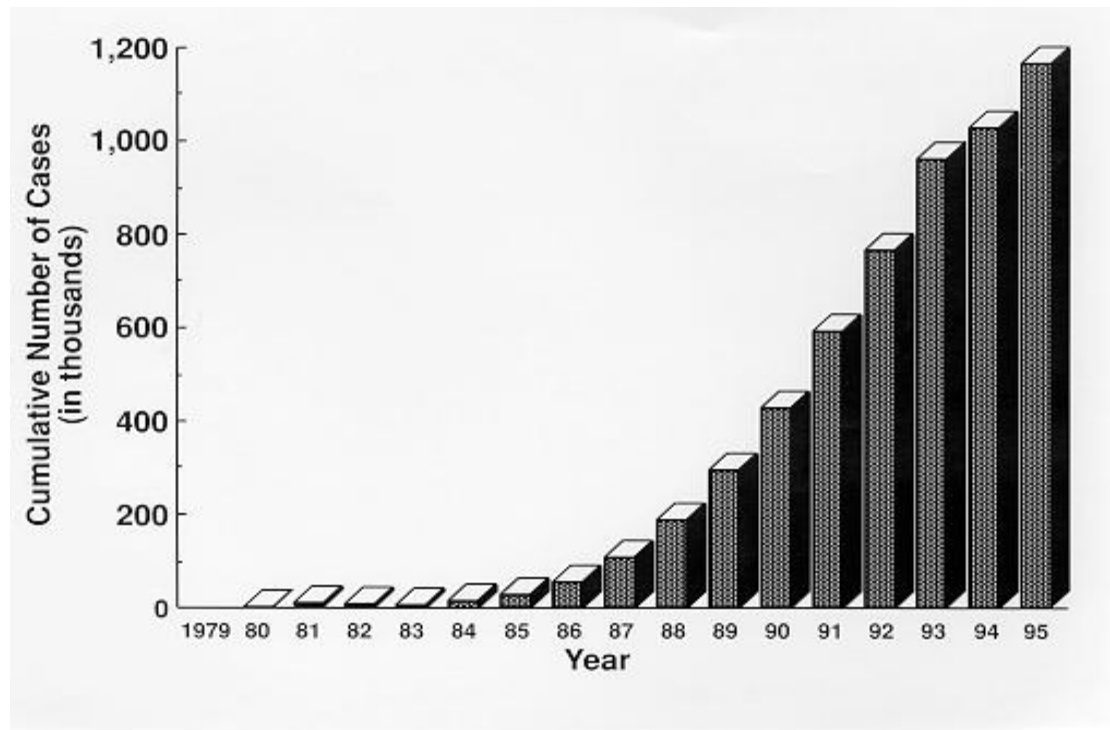
Pre-treatment Treated area

Before and after treatment

CHARTS



SOURCE : Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000). <http://www.cdc.gov/growthcharts>



FLIP CHART



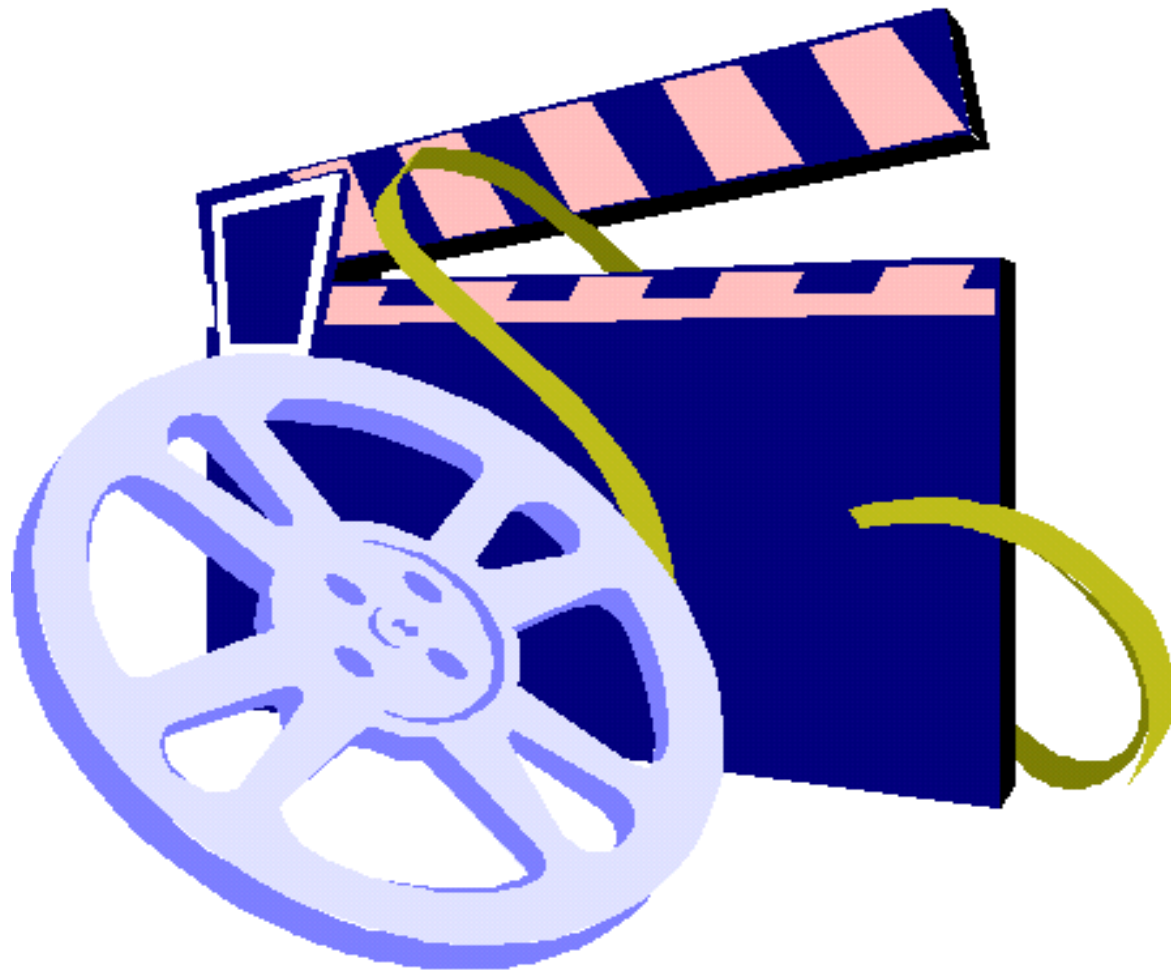
EXHIBITION OR DISPLAY



PROJECTED MATERIALS



MOTION PICTURE



OTHERS



Poster & pamphlets
For children



Leaflet & pamphlet



Puppet show

PUPPET SHOW



THERE IS NO DOUBT THAT BEHAVIOR INFLUENCE
HEALTH

BUT

IT IS DANGEROUS TO FOCUS TOO
STRONGLY ON BEHAVIOR CHANGE AS
CURE FOR SOCIETY HEALTH PROBLEMS