

METHODS OF HEALTH EDUCATION**1. DIRECT METHODS (FACE TO FACE)**

Direct methods of health education imply that the educator and the learner(s) are present in the same place. Direct methods of health education have the advantages of increasing effectiveness of the learning process since the educator can exchange ideas with the learners. The educator has the chance to modify the content, mitigate doubts and stress on some aspects of the health behavior according to the needs of the learners. Direct methods of health education are characterized by an interaction between the educator and learners with subsequent motivation and active participation of learners. Direct method of health education can be directed towards a single individual or a group of individuals or a community.

1.1. Health education with individual

One to one consultation is known as "counseling". Counseling is usually used for a person with a specific health problem that cannot be discussed in a group, while seeking health services whether preventive or curative and when an individual refuses to join relevant group activities. Opportunities for counseling arise whenever we work with individuals during visits to health care facilities. It is a process that involves assisting the individual to make decisions regarding a particular health behavior and giving him enough confidence to put his own decision into practice. During a counseling session, a person with a need meets the counselor to discuss the problem in such a way to help him to think about his own problem with greater understanding and to decide on the actions required to solve it. The action(s) taken is then according to the person's own decision though guided by the counselor. Counseling means a free choice, not force and not advice. Free choice has several advantages: It allows an active participation of the individual in developing an understanding of the problem and selection of the solution; it will not let the individual feel that the counselor is trying to change his life or interfere with his life; and since it is the individual choice, he assumes more responsibilities. For effective counseling, counselor should establish good communication with the person he/she is counseling, have a good

understanding of the problem and be able to guide for appropriate solution, avoid judging the person or imposing solution as being the best one and maintain confidentiality.

1.2. Health education with groups

A group refers to a gather of two or more persons with common interests and goals to be achieved. Educational methods used for groups include lecture, group discussion, real life demonstration and role play.

Lecture is a one-way imparting of knowledge or information to a large number of individuals that should be limited to 20 minutes. Though it allows the communication of health messages to a large number of persons yet, it lacks interaction between the educator and learners, doesn't allow checking understanding or provision of problem solving skills. To increase the effectiveness of this educational method, it should be supplemented by other methods or aids.

Group discussion is a two-way method of communicating health messages where learners discuss their health problem with each other and with the educator. The size of the group should range from 5 to 20 persons having the same problem. Such size allows interaction and, at the same time, gives each member the chance to participate. Group discussion is a method related mainly to the creation of favorable attitudes. It allows the exchange of ideas and opinion with subsequent clearer and better understanding of the scope of the problem and its ramifications, the underlying behavioral pattern as well as factors that enable or hamper changes. In group discussion, learners actively participate in the educational process. Learners become convinced that any decision reached stems from them. In addition, group approval, which is crucial for achieving and maintaining the new behavior, can be reached. In group discussion, members should be respected and encouraged to express their views. The educator should not dominate the group. His role is to help in running the discussion, clarifying certain points and summarizing final ideas. The group should finally put their own plan of action and the goal to be achieved.

Real life demonstration provides knowledge as well as skills. Organizing a real life demonstration should use a small group of participants to allow each member to practice the new skill and ask questions. In real life demonstration, the educator should explain the ideas and skills that will be demonstrated. Photographs, posters, projected materials can be used to illustrate what will be demonstrated. The educator will then carry out the

demonstration step by step. While demonstrating the procedure, the educator should encourage questions to check understanding. After completing the demonstration, the educator should ask one of participants to repeat the demonstration and encourage other members to comment on the procedure. Each member should have the chance to practice.

Role play is an experimental learning technique used to demonstrate opinions and attitudes and to identify coping skills. Participants of role play experience a situation very close to reality (near realism) through which they learn what they would have learned in real life situation without the risk it may carries.

Community organization is a method of education of community. Community organization is a method of health education which depends on the leaders' involvement in solving health problems. Educator identifies "leaders" and organizes meetings with them to know their opinions regarding community health issues then form a committee to determine their role in solving the health problems. In every community, there are people who are respected by others. They are respected because of their ability to lead, because they are good at their profession (a successful businessman or a successful farmer), because they have long experience, or because they are able to work well with certain groups such as women or youth, or are very well known like religious and political leaders. These respected people are called "opinion leaders" because people in the community value their opinions and ideas. Each community group has its own opinion leaders, the health educator should find them. Community health education is implemented when a problem affects many or all people in the community, and when the cooperation of everyone is required to solve the problem such in case of disease outbreak and when a problem requires pooling of resources and efforts.

2. INDIRECT METHODS

Indirect methods of health education imply that the educator and the learner are far from each others. Indirect methods are also referred to as "mass media" that communicate health message to a large number of individuals. These include radio and television (health program), newspapers and magazines (health column), posters (depicting a single idea), pamphlets (providing information on a particular problem). The main advantage of mass media is that it can inform and sensitize millions about health facts and health problems. On the other hand, mass media are less effective in achieving a behavioral change compared to

direct methods as message may not attract recipients' attention or not touch a need. Also, printed materials are not effective in areas with low rates of literacy.

The choice of educational method depends on

1. Nature of the content

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

2. Characteristics of the learners

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

3. Available materials and program budget

EDUCATIONAL AIDS OR AUDIOVISUAL AIDS

Audiovisual aids are materials that help in the success of the education process. As the name implies, they help in simplifying the presented knowledge and skills and not a substitute to the educator. Audiovisual aids have as well the role of creating interest, provoking curiosity and holding attention which subsequently increase the efficiency of the learning process. Audiovisual aids include still pictures or photographs (to reproduce reality), charts (progress of events using graph), flip chart that consists of a group of posters to be shown one after the other (portraying several ideas or health behavior where one is based on the other), projected materials (slides or overhead projection during a lecture), exhibition or display (arrangement of real objects or models), motion pictures or films (reflect real life situation along with the provision of knowledge, communicating attitudes and values, demonstrating skills as well as showing the newly adopted behavior and the outcome of such behavior), puppet's show (for children) and pamphlets (reminder of information given).