

Health education

KSU Dept of Family & Community Medicine

435 Lecture Notes by Qusay Ajlan

Original Content | **Titles** | **Additional Notes** | **Important**

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". Voluntary adaptation for example (is like when we tell people how important physical activity is and they start with the daily practice on their own)

AIMS OF HEALTH EDUCATION

1. Make people value their own health ex. Smokers
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 how to get the best benefit from the available services.

Health education mainly focuses on behavioral changes but if has nothing to do with behavior like genetics

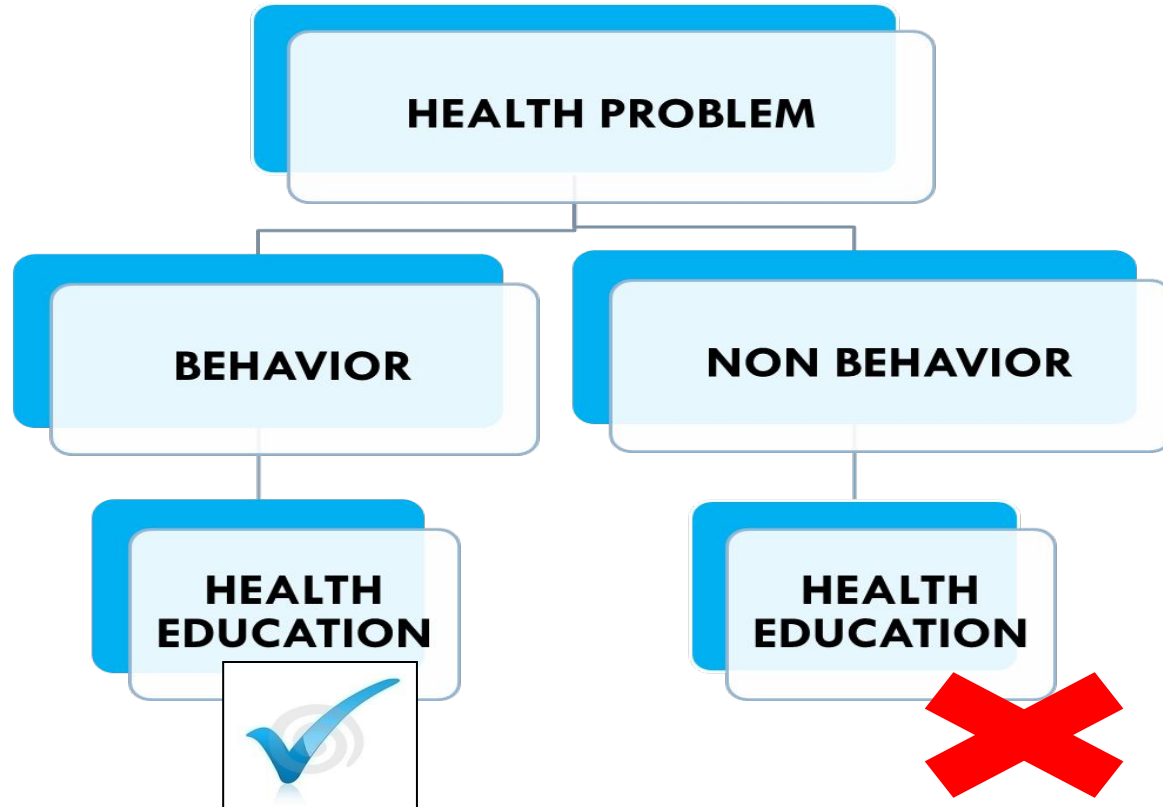
Its role become limited

HEALTH EDUCATION AT DIFFERENT LEVELS OF PREVENTION

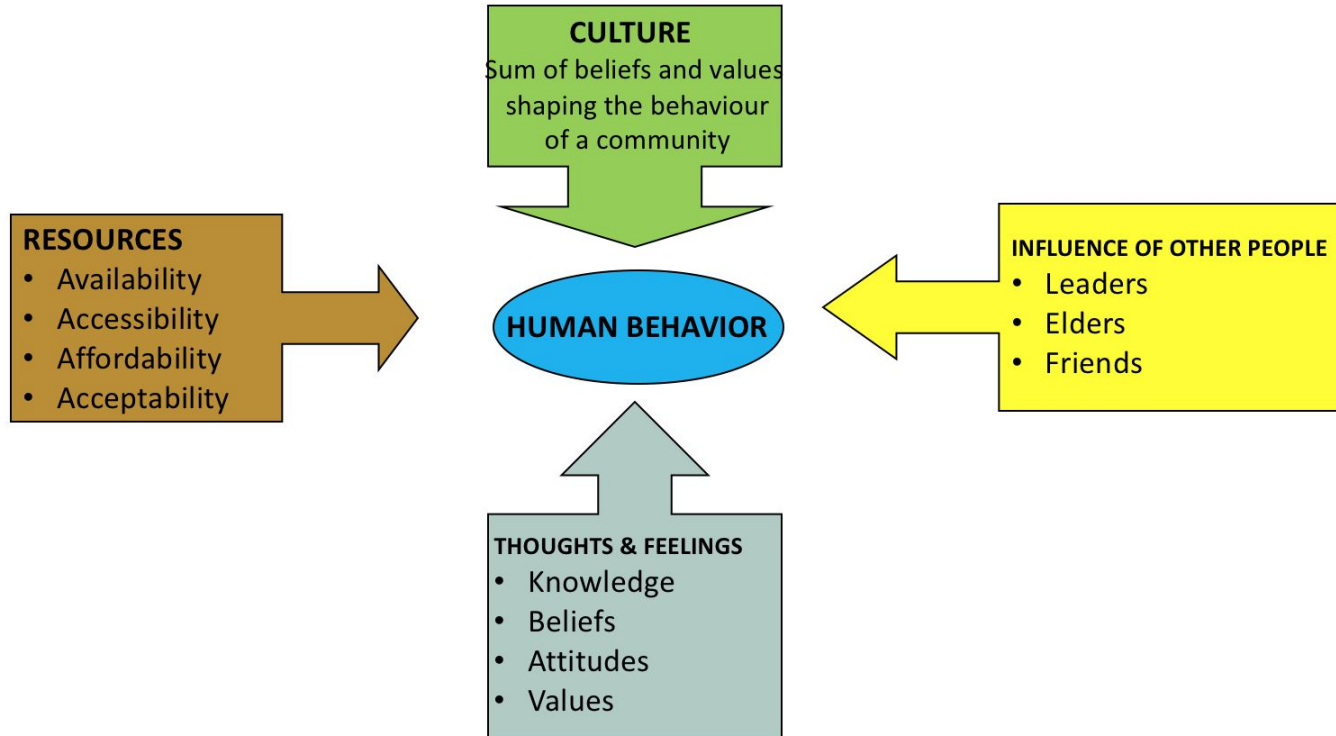
LEVEL OF PREVENTION + GOAL OF HEALTH EDUCATION

- 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.

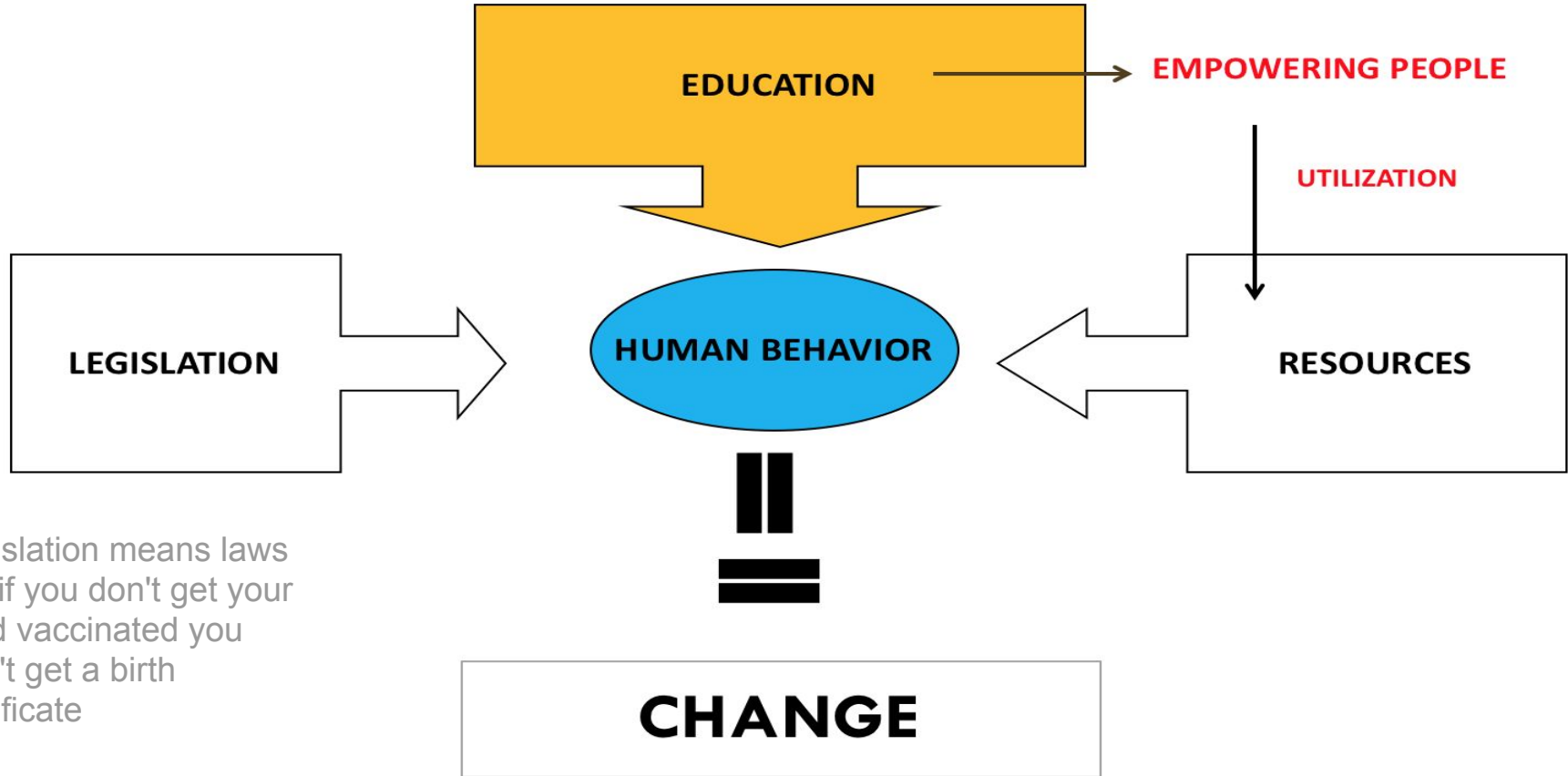
UNDERLYING CAUSE OF A HEALTH PROBLEM



FACTORS INFLUENCING HUMAN BEHAVIOR



CHANGING HUMAN BEHAVIOR



Legislation means laws like if you don't get your child vaccinated you won't get a birth certificate

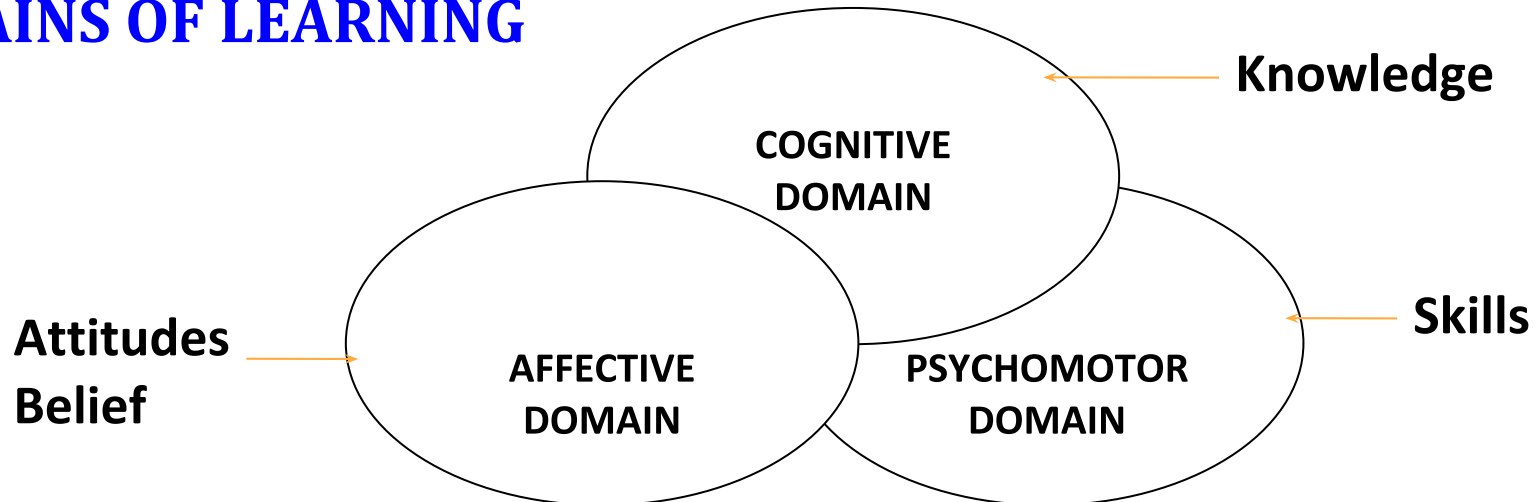
LEARNING

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".

- Learning is an ACTIVE PROCESS
- Learning is stimulated by a NEED
- Learning is demonstrated by a CHANGE IN BEHAVIOR

DOMAINS OF LEARNING



TEACHING

TEACHING ----- ENABLE LEARNING

Its Either **FORMAL = PLANNED** or **INFORMAL = NOT PLANNED**

TEACHING ACTIVITIES :

1-Giving information 2-Clarify thinking 3-Identifying options 4-Develop new skills

VARIABLES IN THE BEHAVIOR CHANGE

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

Values:ideas, ideals, customs that **arouse an emotional response** for or against a thing or a behavior. **قيم**

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

Attitudes: Manner, disposition, feeling, or position toward a person or thing. **موقف**

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

Skill: the ability to do something well, arising from talent, training, or practice. **مهارة**

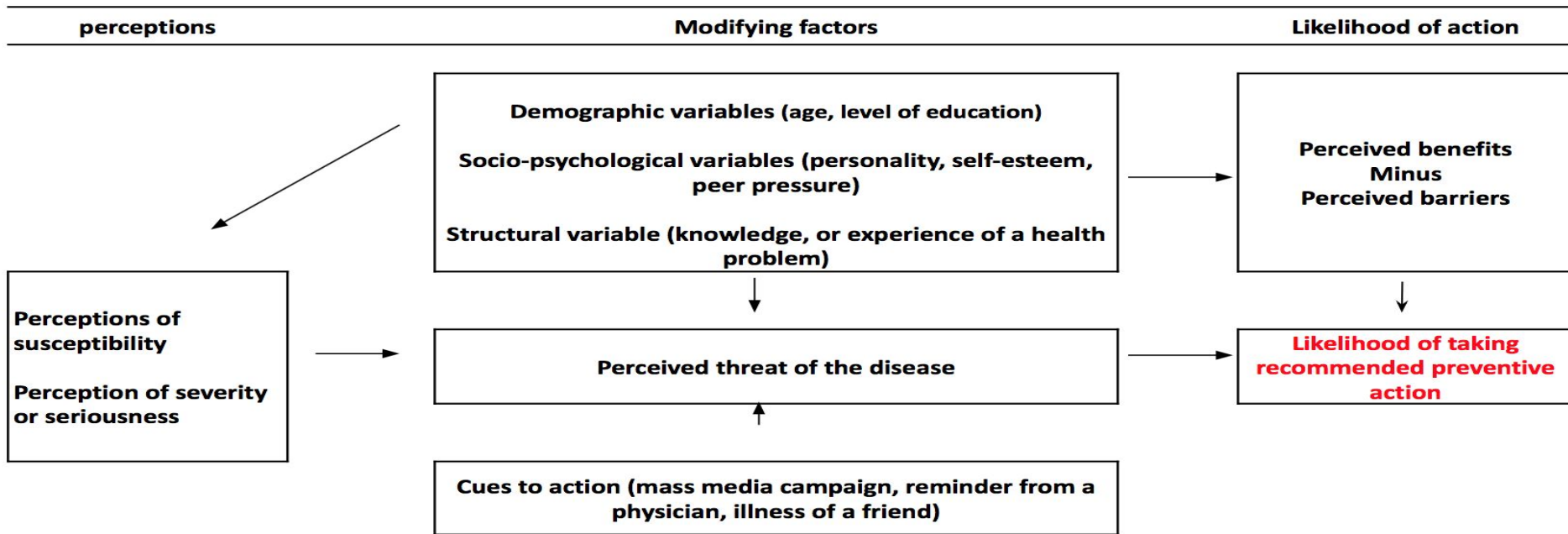
Self-efficacy: The internal condition of **experiencing competence to perform desired tasks** which will influence the eventual outcome.

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



The doctor said to focus mainly on the box in the middle (**perceived threat of the disease**)

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 factor :

- 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

REASONS for MAINTAINING A HEALTH-RISKY BEHAVIOR

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.

See next slide

TRANSTHEORETICAL MODEL: STAGES OF MOTIVATION

Stages related to individual's motivation (mcq the doctor said thi slide is very imp)

1-Pre-contemplation: No interest or consideration for behavior change (denial, ignorance, demoralization)

2-Contemplation: Thinking about making a change

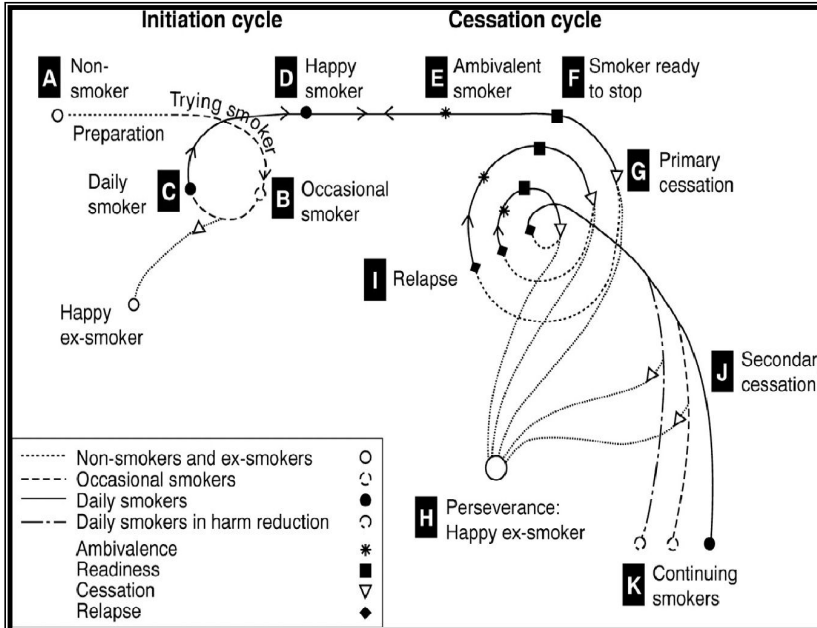
3-Preparation: Person's imagining himself with different behavior

4-Action: Making specific changes

5-Maintenance: New behavior becomes a life long pattern

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

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



METHODS OF HEALTH EDUCATION

Direct methods (face to face) eg. groups, individual, communities.

Indirect methods (mass media)

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



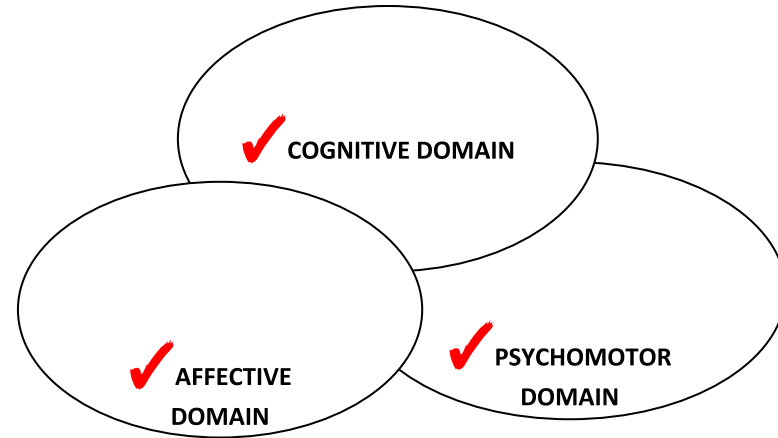
COUNSELLING

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

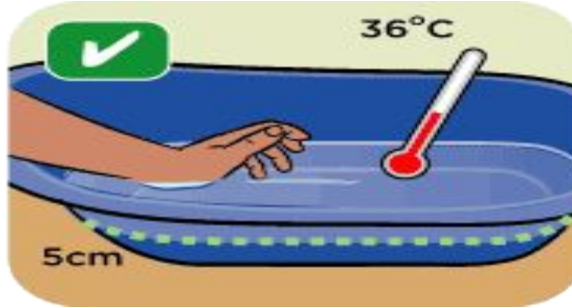
Educational domain ----- Psychomotor

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

Direct Method with community

Problem addressed:

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

COMMUNITY HEALTH EDUCATION

- **Community organization**

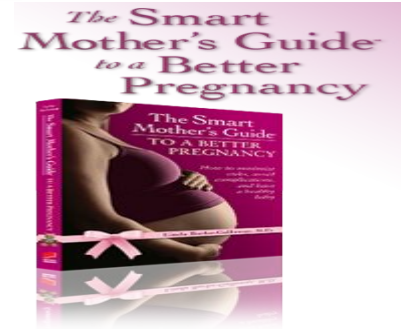
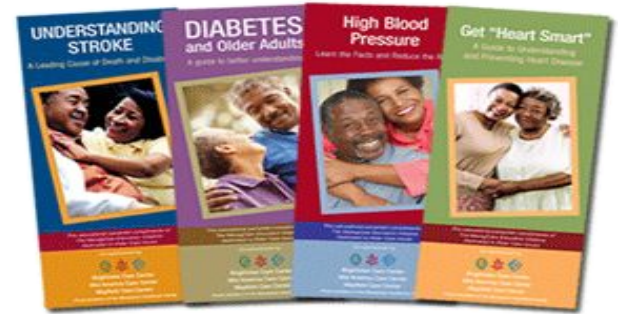
Method of health education, which depends on the leaders' involvement in solving health problems.

- **Opinion leaders**

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



Indirect Method (MASS MEDIA)



eg. Tv + radio+ magazine + pamphlets +posters

CHOICE OF THE METHOD

The choice of educational method depends on

1-Nature of the content

Facts----lectures, talks or pamphlets

Concepts----Group discussion or problem solving

Skills----Demonstration and hand on practice

2-Characteristics of the learners

Level of literacy----Avoid written materials and scientific terms for illiterate

Children----Use attractive methods

3-Available materials and program budget

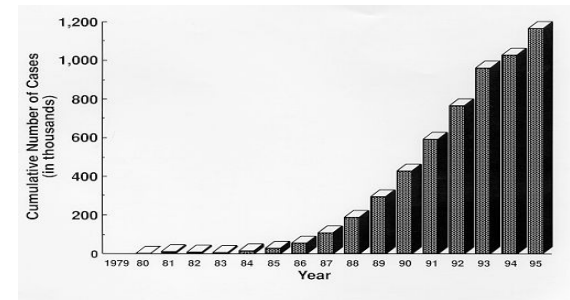
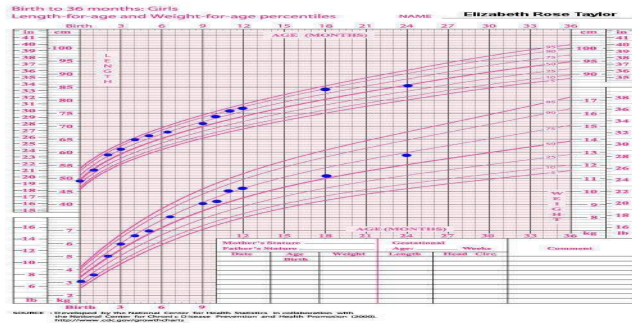
HEALTH EDUCATION AIDS

STILL PICTURES



Before and after treatment

CHARTS



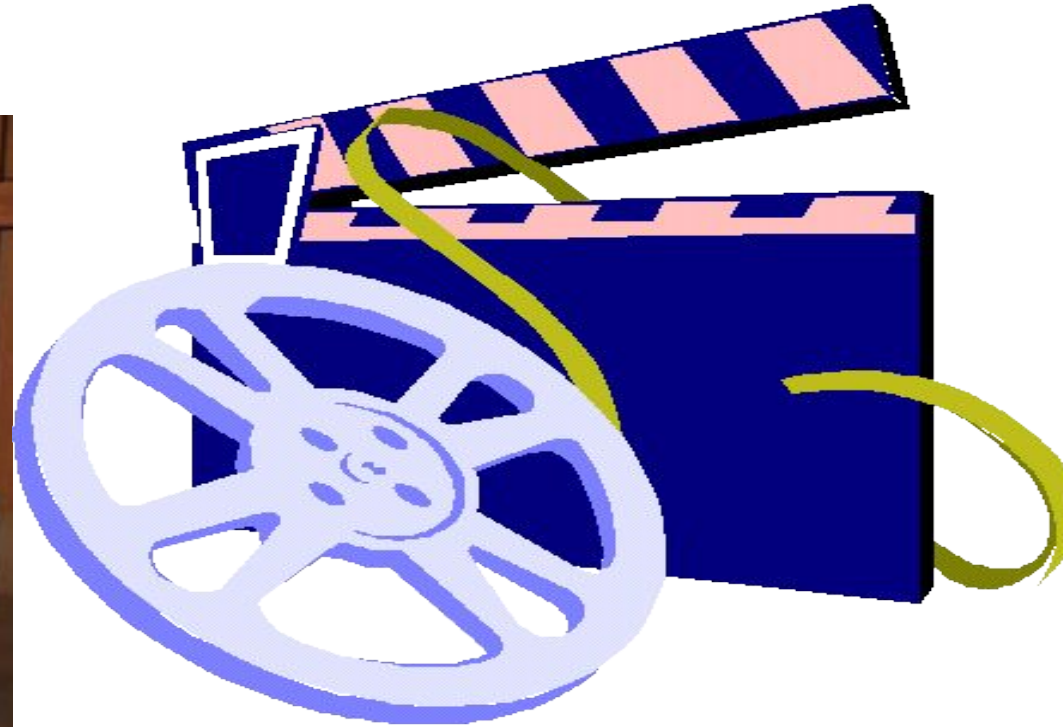
FLIP CHART



EXHIBITION OR DISPLAY



PROJECTED MATERIALS MOTION PICTURE



OTHERS



*Poster & pamphlets
For children*



Leaflet & pamphlet



*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

Thank you