

Health Education and Promotion (Concepts)

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 messages

Health Education

Health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes

(WHO)

Aims of Health Education

- Disseminate concepts sound health knowledge in the community.
 - Enable people to identify their health problems and needs.
 - Help people in solving their health problems using their potential.
 - Build normal health trends.
 - Establish proper health behavior and the wrong change to true healthy behavior.

The ultimate goal of health education is:

- improve the health of the individual and community level.
- Reduce the incidence of disease.
- Reduction of disabilities and deaths.
- Improve the quality of life for the individual and society

health promotion

The process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions.

Health Education / Disease Prevention

- Primary prevention :
 - Vaccination and post-exposure prophylaxis of children, adults and the elderly
 - Provision of information on behavioural and medical health risks, and measures to reduce risks at the individual and population levels
 - Inclusion of disease prevention programmes at primary and specialized health care levels, such as access to preventive services (ex. counselling)
 - Nutritional and food supplementation
 - Dental hygiene education and oral health services.

Health Education / Disease Prevention

- Secondary prevention :
 - Population-based screening programmes for early detection of diseases
 - Provision of maternal and child health programmes, including screening and prevention of congenital malformations
 - Provision of chemo-prophylactic agents to control risk factors (e.g., hypertension)

Health promotion

- Policies and interventions to address tobacco, alcohol, physical activity and diet (e.g., FCTC , DPAS , alcohol strategy and NCD best-buys)
- Dietary and nutritional intervention should also appropriately tackle malnutrition, defined as a condition that arises from eating a diet in which certain nutrients are lacking, in excess (too high in intake), or in the wrong proportions
- Intersectoral policies and health services interventions to address mental health and substance abuse
- Strategies to promote sexual and reproductive health, including through health education and increased access to sexual and reproductive health, and family planning services
- Strategies to tackle domestic violence, including public awareness campaigns; treatment and protection of victims; and linkage with law enforcement and social services.

Factors influence human behaviors

- intrapersonal, interpersonal, organizational, community, public policy
- Social Environmental
- Behavioral/ Lifestyle
- Cultural

Factors Influence Human Behaviors

- **Social Environmental**
 - Family structure
 - Neighborhood
 - Racism
- **Behavioral/ Lifestyle**
 - Diet
 - Substance abuse
 - Exercise
 - Seat belt use
- **Cultural**
 - Religion
 - Ethnicity
 - Values and meanings of health and illness

Factors Influence Human Behaviors

1-intrapersonal or individual factors. **HBM**

2-interpersonal factors

3- institutional or organizational factors

4- community factors

5- public policy

Health Belief Model (HBM)

addresses the individual's perceptions of the threat posed by a health problem (susceptibility, severity), the benefits of avoiding the threat, and factors influencing the decision to act (barriers, cues to action, and self-efficacy).

Health Belief Model (HBM)

- Is heuristic device for organizing component of a domain of a phenomena to show relationships between the parts and the outcome of interest.
- is a psychological model that attempts to explain and predict health behavior
This is done by **focusing** on the attitudes and beliefs of individuals.

Health Belief Model (HBM)

- The HBM was first developed in the 1950s by social psychologists Hochbaum, Rosenstock and Kegels working in the U.S. Public Health Services.
- The model was developed in response to the failure of a free tuberculosis (TB) health screening program.

Health Belief Model (HBM)

- Despite the fact that this service was offered without charge in a variety of convenient locations, the program was of limited success. **The question was, “Why?”**
- What was encouraging or discouraging people from participating in the programs.

Health Belief Model (HBM)

- They theorized that people's beliefs about whether or not they were **susceptible** to disease, and their **perceptions of the benefits** of trying to avoid it, influenced their **readiness to act**.

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Health Belief Model Concepts

1. perceived susceptibility
 2. perceived severity
 3. perceived benefits
 4. perceived barriers
 5. cue to action
 6. self-efficacy
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- The diagram uses blue curly braces to group the concepts into three categories:
- Threaten**: Includes perceived susceptibility and perceived severity.
 - Expectation**: Includes perceived benefits and perceived barriers.
 - Expectation**: Includes cue to action and self-efficacy.

Health Belief Model Concepts

1. perceived susceptibility

providing education about prevalence and incidence of disease, individualized estimates of risk,

2. perceived severity

information about the consequences of disease (e.g., medical, financial, and social consequences)

Health Belief Model Concepts

3-perceived benefits

by providing information about the efficacy of recommended behavior to reduce risk of disease

4-Perceived barriers

identifying common perceived barriers, and engaging social support or other resources to overcome these barriers

Health Belief Model Concepts

5-Cue to action

May provide cues to action to remind and encourage individuals to engage in health-promoting behaviors.

- Media
- personal influence
 - reminders
 - signs and symptoms

Health Belief Model Concepts

6- self-efficacy

Interventions may also aim to boost self-efficacy by providing training in specific health-promoting behaviors

Concept	Definition	Application Potential change strategies
Perceived Susceptibility	One's opinion of chances of getting a condition	Define population(s) at risk, risk levels; personalize risk based on a person's features or behavior; heighten perceived susceptibility if too low.
Perceived Severity	One's opinion of how serious a condition and its consequences are	Specify consequences of the risk and the condition
Perceived Benefits	One's belief in the efficacy of the advised action to reduce risk or seriousness of impact	Define action to take; how, where, when; clarify the positive effects to be expected.
Perceived Barriers	One's opinion of the tangible and psychological costs of the advised action	Identify and reduce barriers through reassurance, incentives, assistance.
Cues to Action	Strategies to activate "readiness"	Provide how-to information, promote awareness, reminders.
Self-Efficacy	Confidence in one's ability to take action	Provide training, guidance in performing action.

Trans-theoretical Model Of Stages Of Motivation

Model has been set out in a number of different ways to illustrate the stages that a person often goes through on the path to change

Person attempts to change a behavior, he or she moves through five stages:

- 1. Pre-contemplation*
- 2. contemplation*
- 3. preparation*
- 4. action*
- 5. maintenance*

Trans-theoretical Model Of Stages Of Motivation

- Whether individuals use self-management methods or take part in professional programs, they go through the same stages of change.
- Nonetheless, the manner in which they pass through these stages may vary, **depending on the type of behavior change.**

Trans-theoretical Model Of Stages Of Motivation

The Model is **circular**, not linear.

people **do not systematically progress** from one stage to the next, ultimately “graduating” from the behavior change process.

Instead, they may enter the change process **at any stage**, **relapse** to an earlier stage, and **begin the process once more**.

They may cycle through this process repeatedly, and the process can truncate at any point.

Methods and media for communicating health messages

- One way or didactic method
- Two way or socratic method

One way or didactic method

- Lecture

- Extensively practiced and widely used method
- Lecture should not exceed more than 20 minutes
- It should be complete with the fundamental facts and information
- The lecture should arouse interest in people

Two way or socratic method

- Group Discussion
 - very useful when there is a common topic of interest Role of group leader is influential in group discussion.
 - Group leader initiates discussion, extends the debate, control the discussion Whole proceedings are recorded by the recorder, at the end conclusion.
 - The number of members in a group may be from 6-20
 - This method includes panel discussion, workshop, symposium, role playing, demonstration and simulation

Mass media

- Mass media are one way communication.
- Television
- Radio
- Internet
- Newspapers
- Printed material
- Direct mailing
- Folk media