



*Community Medicine*



# Health education and promotion

## ● 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

## ● Resources :

Slides.

Doctor's notes.

[Colors index : **Important** | **Notes** | Slides | Extra | **Dr**  
**notes**]

[ Editing file | Share note ]

**Done by : khalid almutairi - laila alsabbagh - saleh mahjoub**

**Team's leader: Aljouhara Alibrahim**

**Reviewed by: Aseel Badukhon**

# Health Education

## Health education is defined as:

"designed combination of learning methods to facilitate **voluntary** adaptation of behavior conducive to health". To acquire healthier behavior and lifestyle

## AIMS OF HEALTH EDUCATION

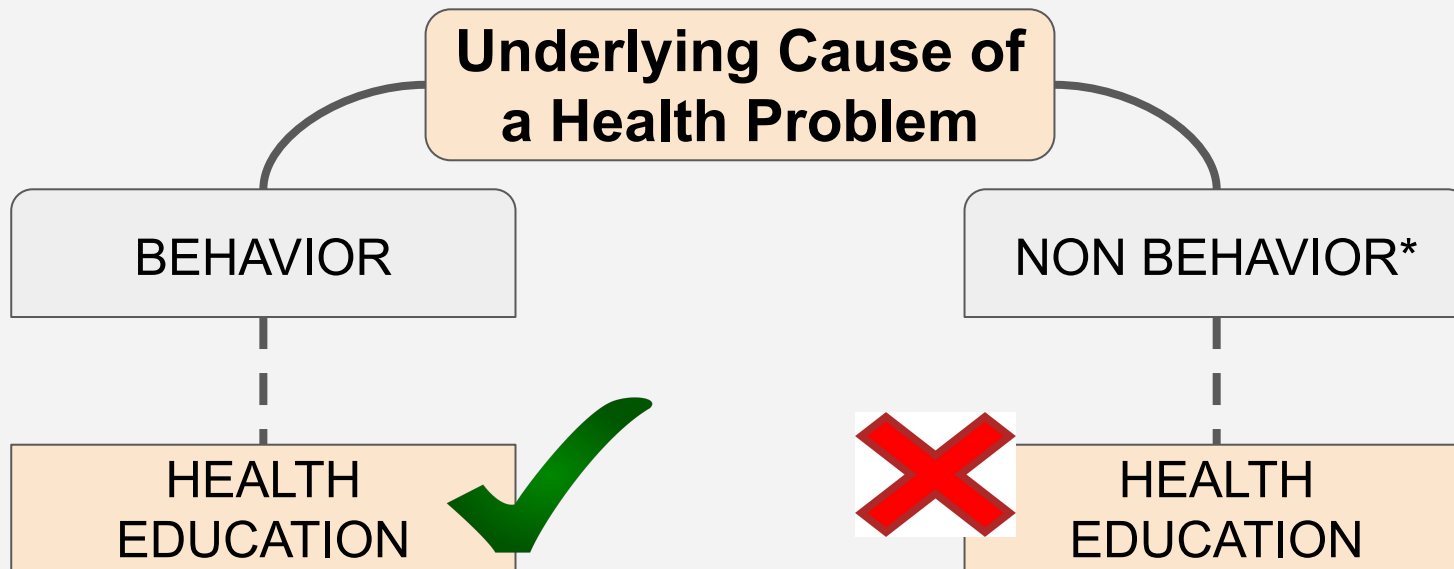
1. Make people value their own health
2. Take the initiative to attain and keep positive health  
people have to be responsible of their own health
3. Understand and practice healthy habits acquiring healthy lifestyle and habits occur when people are responsible for their own health
4. Interrupt a behavioral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



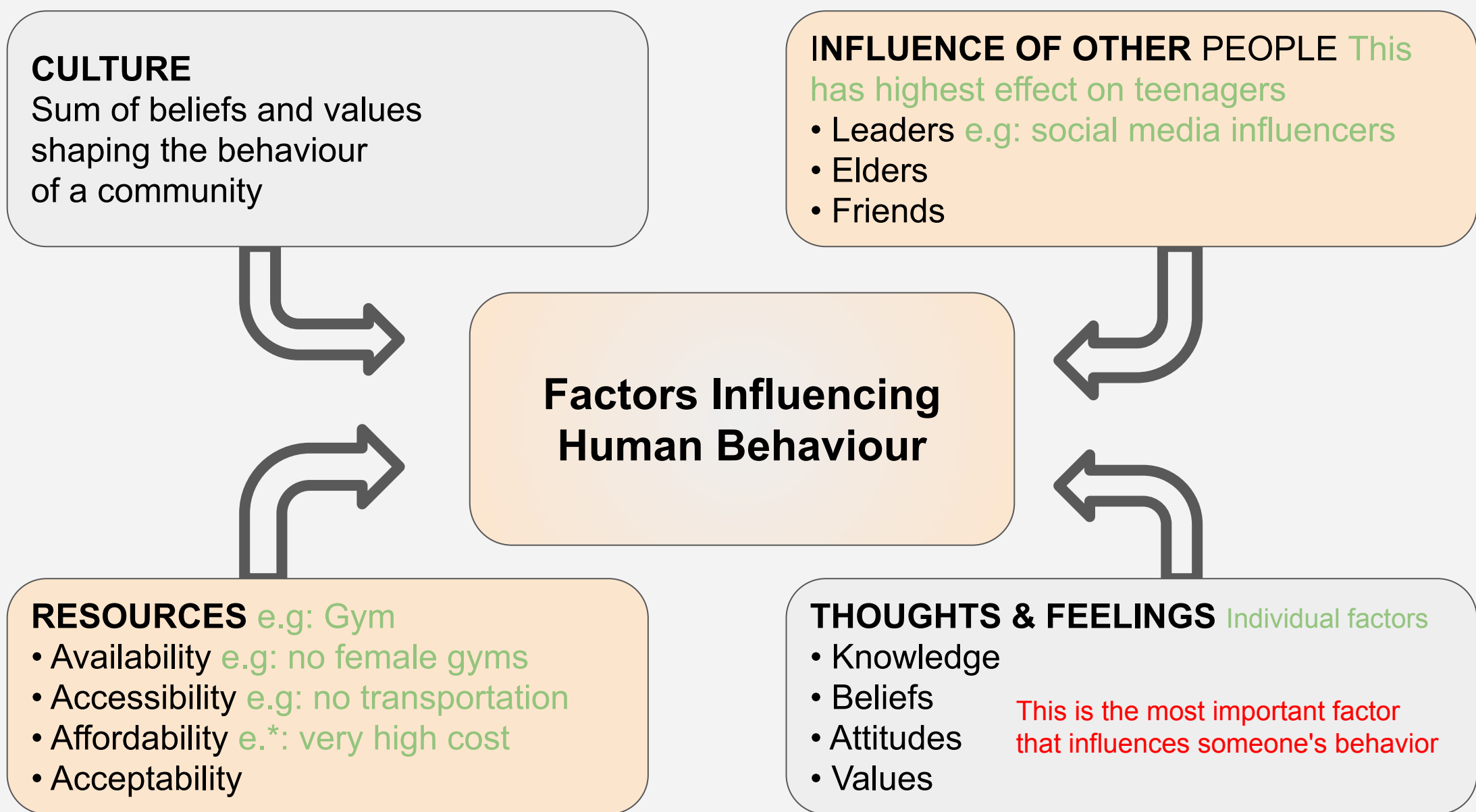
## Health Education & Prevention

LEVEL OF PREVENTION	GOAL OF HEALTH EDUCATION
Primordial prevention	Preventing the risk factors. E.g: prevent smoking as smoking is a risk factor for cardiovascular diseases in Non-smokers Promote health by <b>reinforcing</b> healthy practices
Primary prevention	Prevent the disease itself. E.g: smoking cessation <b>in smokers</b> to prevent cardiovascular diseases. Prevent ill-health, <b>maintain</b> the highest level of health & improve the <b>quality of life</b>
Secondary prevention	Early detection of the disease and better management or control of it . E.g: awareness of self examination for breast cancer which provides detection of the disease in its early stages. Screening Understand health behavior underlying the ailments and means of behavioral changes to <b>prevent further deterioration of health or restoration of health</b>
Tertiary prevention	Prevent complications. Make the most of the <b>remaining</b> potential for healthy living.

# Behavior & Health Problem



\*Education has very limited rule in improving this condition.  
E.g: genetic mutation and diseases. We may educate the parents but there is no such an improvement in child health status



## CULTURE

Sum of beliefs and values shaping the behaviour of a community

## INFLUENCE OF OTHER PEOPLE

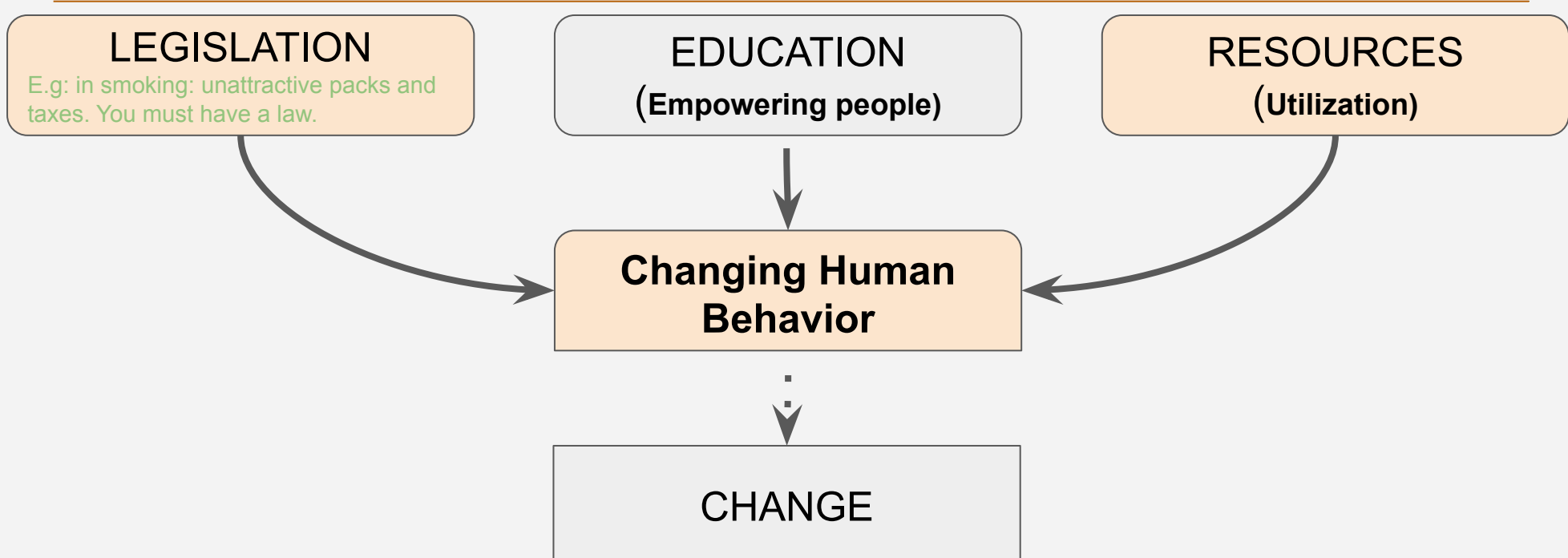
This has highest effect on teenagers  
 • Leaders e.g: social media influencers  
 • Elders  
 • Friends

## RESOURCES

- e.g: Gym
- Availability e.g: no female gyms
- Accessibility e.g: no transportation
- Affordability e.\*: very high cost
- Acceptability

## THOUGHTS & FEELINGS

- Individual factors
- Knowledge
  - Beliefs
  - Attitudes
  - Values
- This is the most important factor that influences someone's behavior



## LEGISLATION

E.g: in smoking: unattractive packs and taxes. You must have a law.

## EDUCATION

(Empowering people)

## RESOURCES

(Utilization)

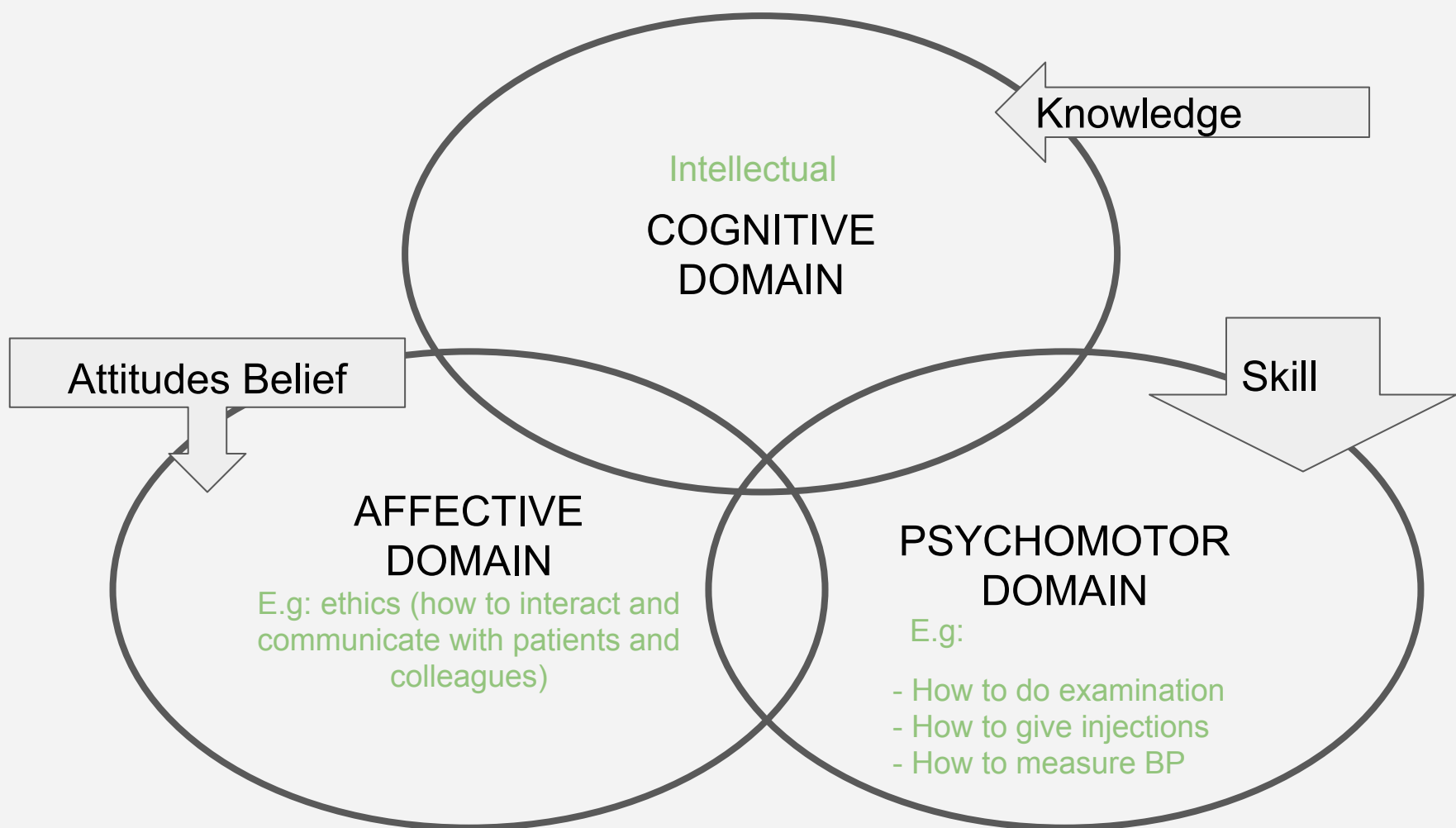
Changing Human Behavior

CHANGE

# Learning

LEARNING ----- KNOW – FEEL – DO

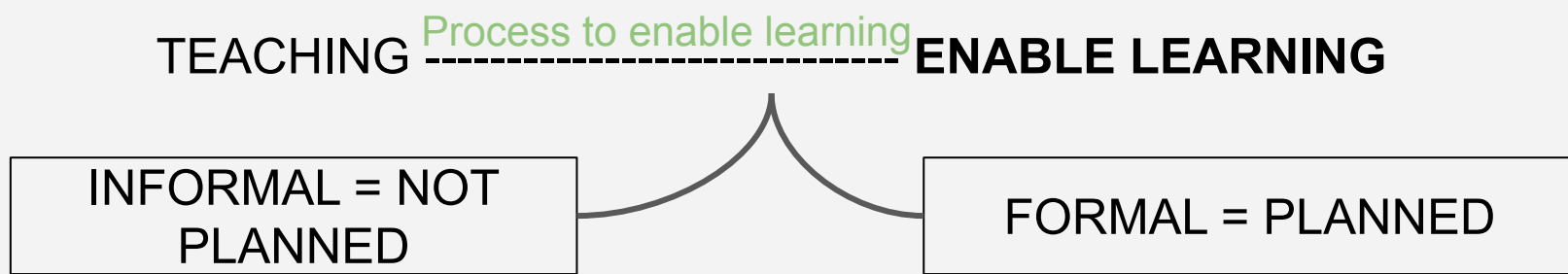
"Change of behavior brought about by **experience** (best way to learn), **insight**, **perception** or a combination of the three, which causes the individual to approach future situation differently".



## Learning

1. Learning is an **active process** you have to interact, add and ask
2. Learning is stimulated by a **need**
3. **Learning is demonstrated by a change in behavior** if we reach this point, we did a good health education

# Teaching



## TEACHING ACTIVITIES

- Giving information to improve the knowledge
- Clarify thinking
- Identifying options
- Develop new skills

“You must know the difference between each variable”

Values, beliefs, attitudes and perceptions are all under **AFFECTION** domain

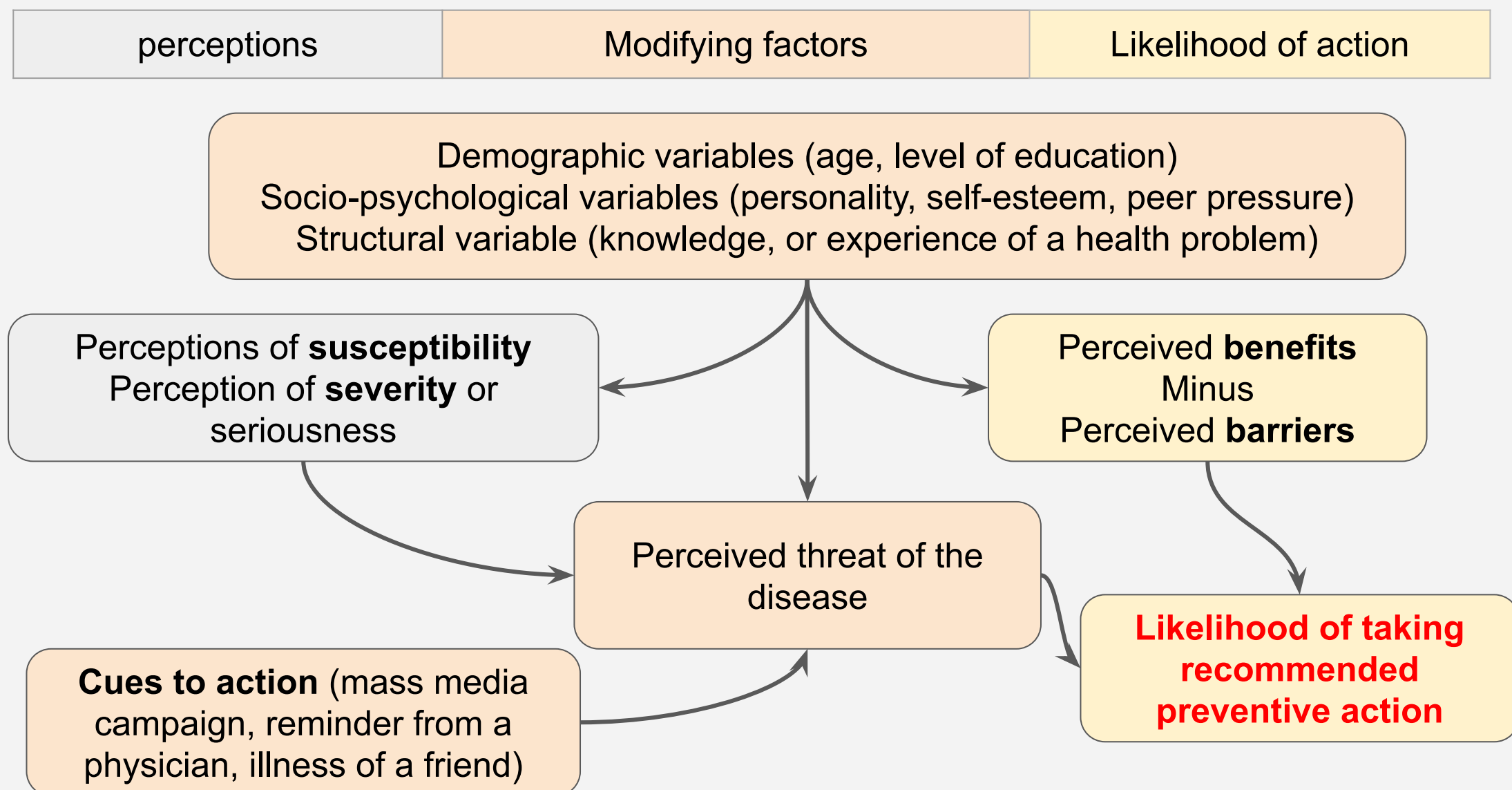
VARIABLES IN THE BEHAVIOR CHANGE	
<b>Knowledge</b>	An intellectual acquaintance with facts, truth, or principles gained by sight, experience, or report.
<b>Values</b>	Ideas, ideals, customs that arouse an emotional response for or against a thing or a behavior. <small>People have different values</small>
<b>Beliefs</b>	Acceptance of or confidence in an alleged fact or body of facts as true or right <b>without positive knowledge or proof</b> ; perceived truth. <small>Stronger than values</small>
<b>Attitudes</b>	Manner, disposition, feeling, or position toward a person or thing.
<b>Perceptions</b>	Ascribing meanings to sensory or cortical activity in such a way that the activity comes to acquire <b>symbolic function</b> .
<b>Skills</b>	The <b>ability to do something well</b> , arising from talent, training, or practice.
<b>Self-efficacy</b>	The <b>internal</b> 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 **which differ between different people** 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. **This their main concept**
4. If health problems are to be overcome, **barriers** have to be overcome

## Phases of the health belief model



# The Health Belief Model for Behavior Change

## Predisposing, enabling and reinforcing factors in the education process

- **Predisposing Factors** from individual
    - Characteristics of a person or population that **motivate** a behavior change
    - Predisposing factors are knowledge, beliefs, values and attitudes
  - **Enabling factors** from environment / culture / society
    - 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 Why some people have risky behavior?

### REASONS

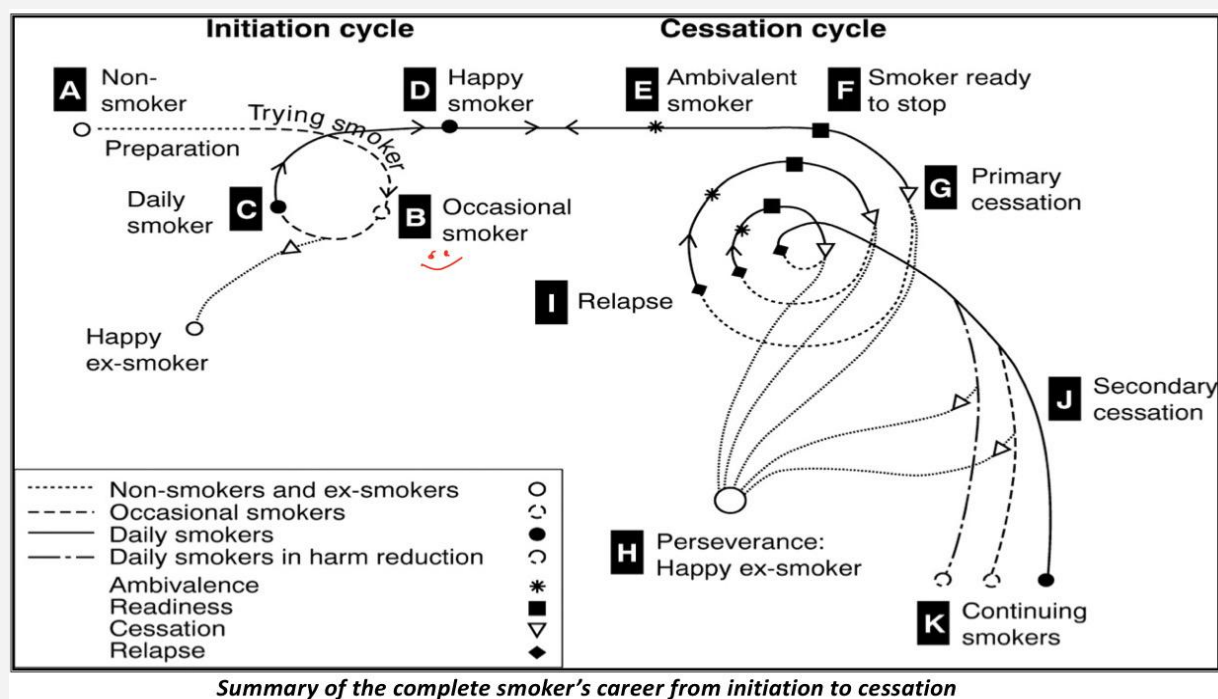
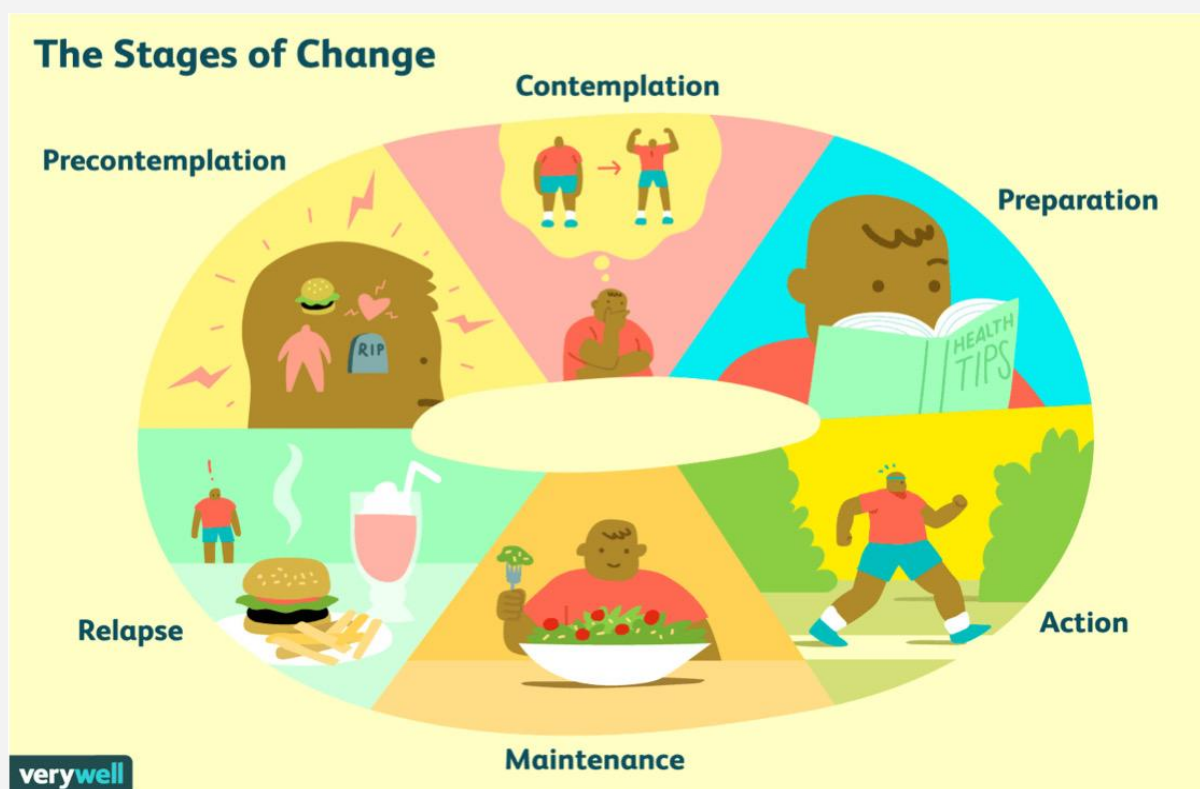
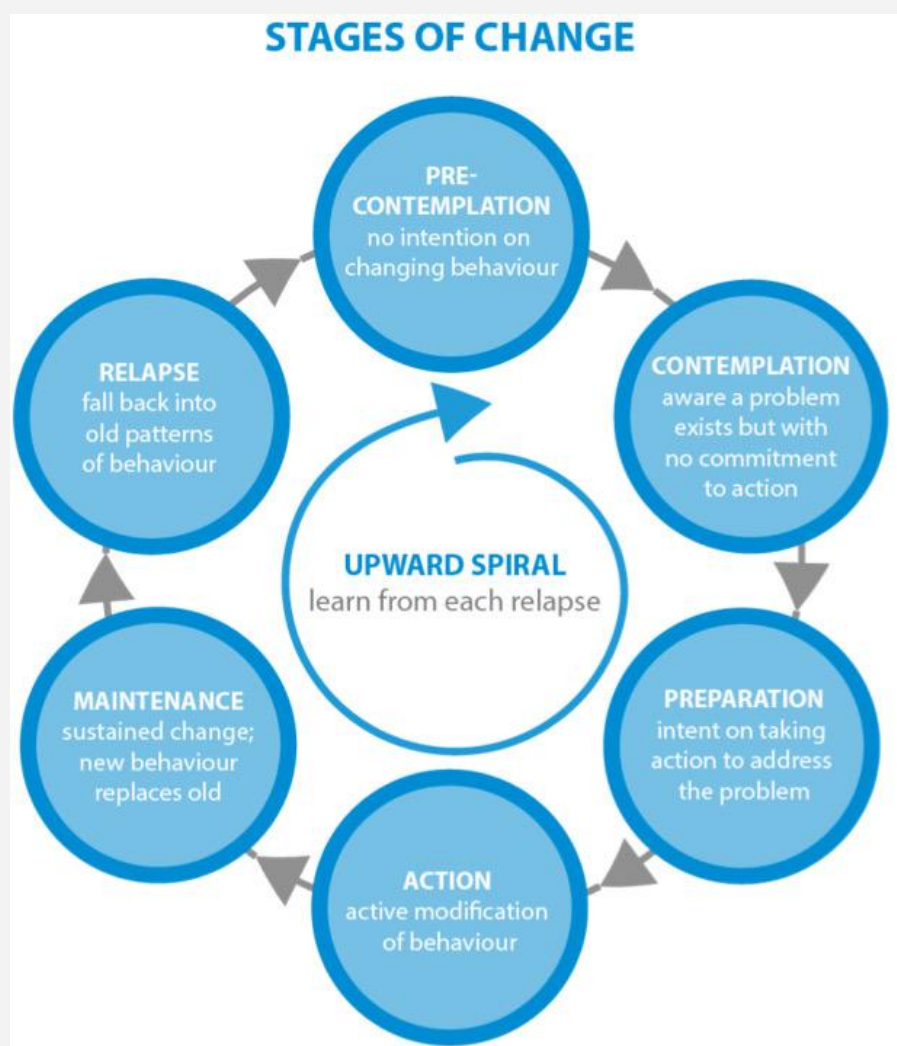
1. Lack of knowledge of the health risk
2. Modified perception of risk
3. Low self efficacy to change

# Transtheoretical Model: Stages of Motivation

## Stages related to individual's motivation **IMPORTANT!!!!**

<b>Pre-contemplation</b>	No interest or consideration for behavior change (denial, ignorance, demoralization)
<b>Contemplation</b>	Thinking about making a change
<b>Preparation</b>	Person's imagining himself with different behavior
<b>Action</b>	Making specific changes
<b>Maintenance</b>	New behavior becomes a life-long pattern. <b>Most important to avoid relapsing</b>

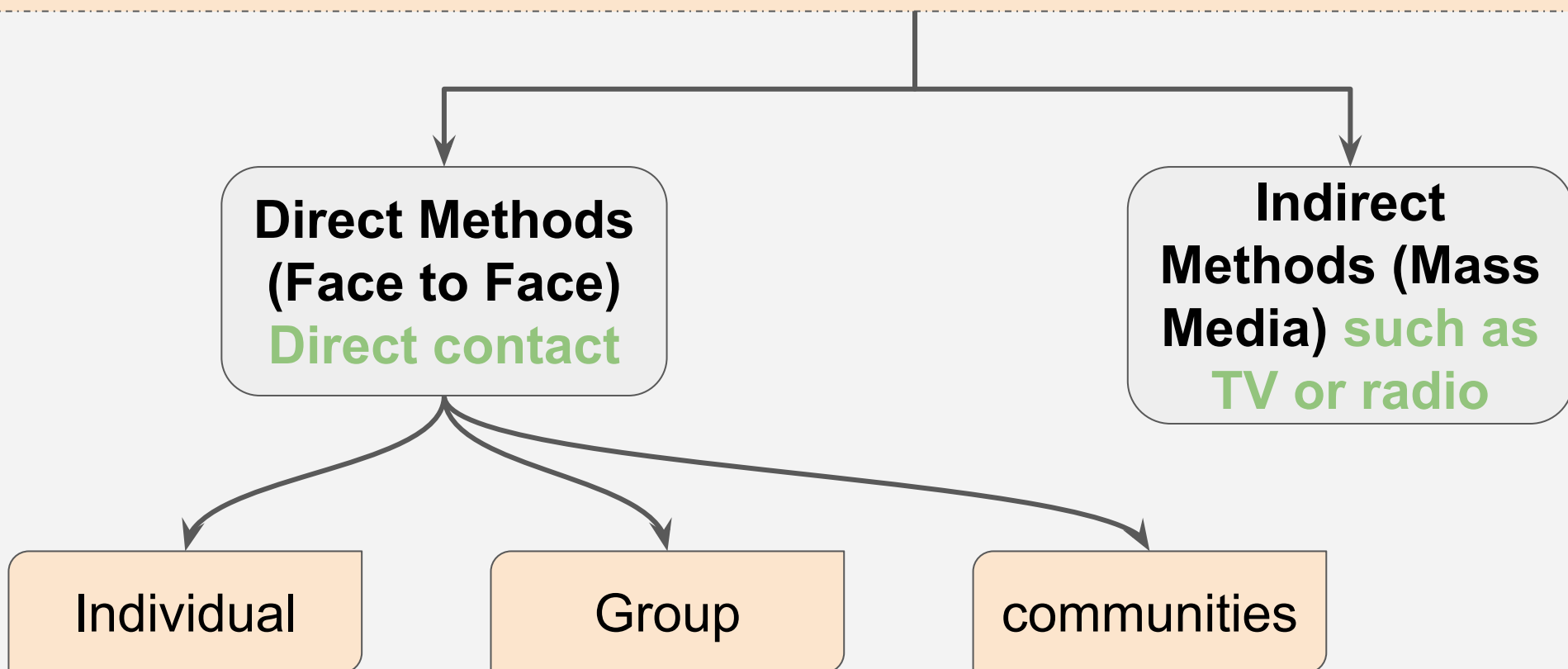
The Transtheoretical Model should be viewed as cyclic rather than a straight line.





Important

# Methods of Health Education



“For each method you should be able to identify the type of learning domain it covers and also which variable of changing behavior it is”

## Direct Method in Community

E.g: community leaders

- **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.

- **Opinion leaders**

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



# Methods of Health Education

## Direct Individual Methods:

### Lectures

More than one person

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.

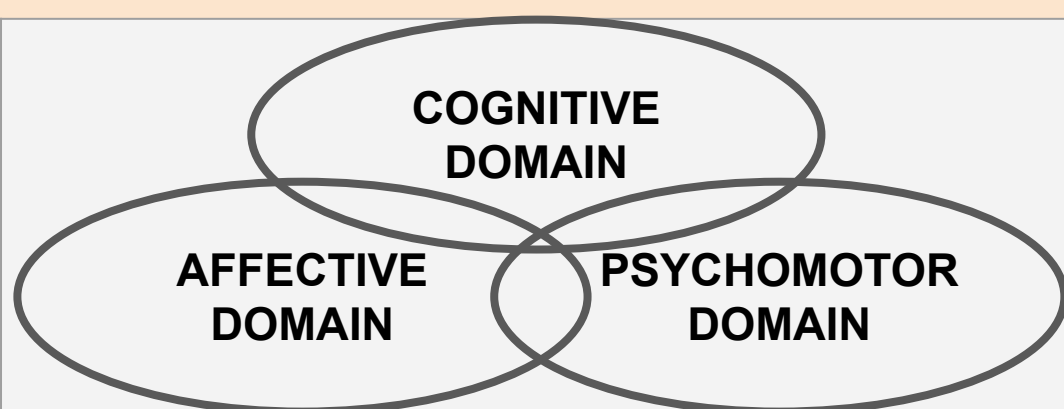
Learning domain -----Cognitive  
Lecture -----knowledge



### Counselling

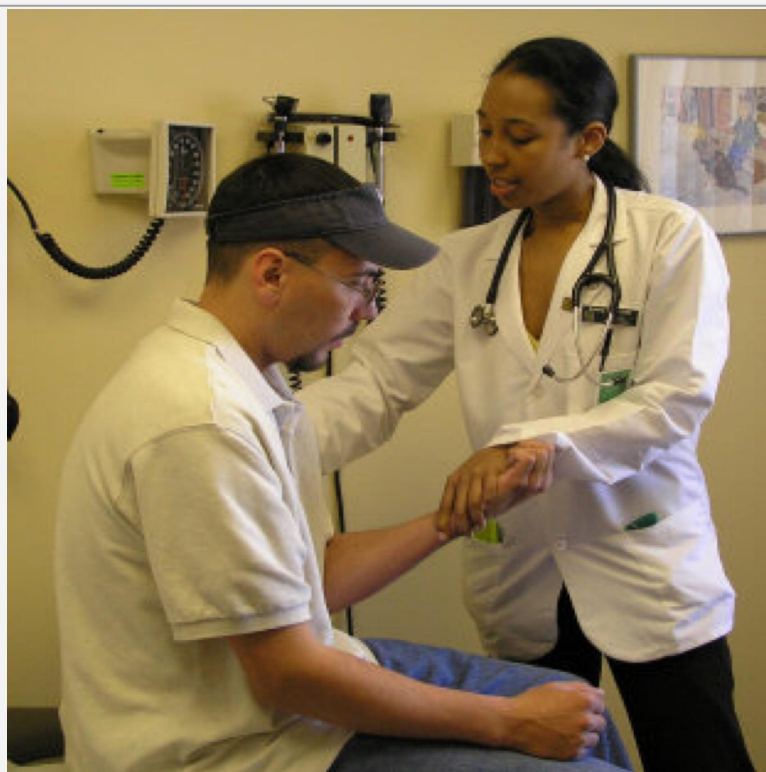
educating one person at a time

1. Active participation in understanding the problems and selecting a solution
2. Choices are made based on perception of the situation
3. Feel that he is in control of his life
4. Assume more responsibilities



### Principles of counseling (This is what you may do in OSCE)

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



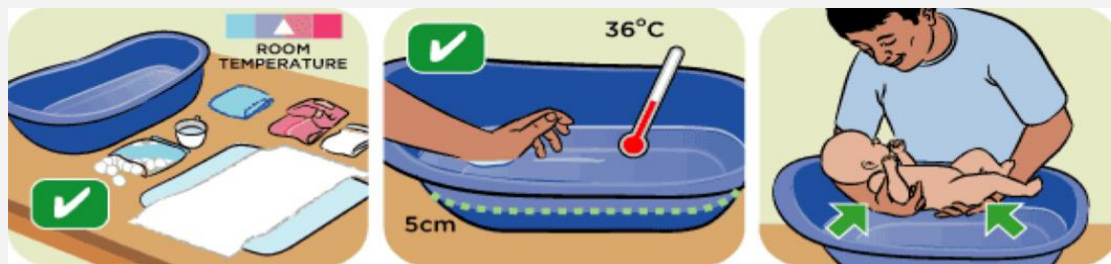
# Methods of Health Education

## Direct Group Methods:

### Real Life Demonstration

Educational domain ----- Psychomotor

Real life demonstration ----- Skills



### Group Discussion

#### 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

E.g: addicts

Learning domain ----- Affective

Group discussion ----- Attitudes



### Role Play

It is a near realism situation

Usually with children

Educational domain ----- ALL

Role play ----- ALL



# Methods of Health Education

## Indirect Methods (Mass Media):



Television



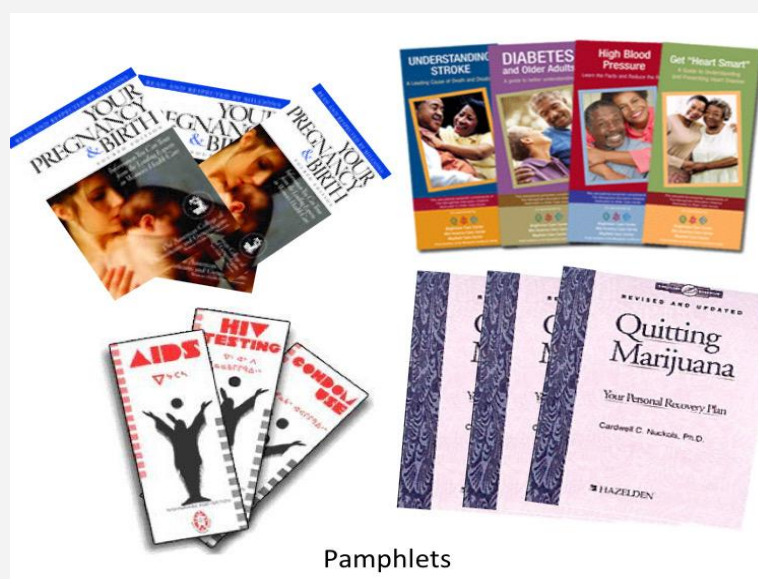
Radio



Newspapers & magazines



Posters



Pamphlets



There are posters and pamphlets designed specially for children

## 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



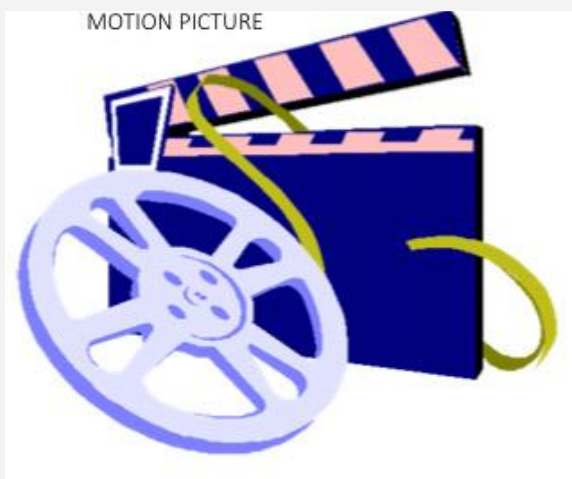
## Before and after treatment



## Flip charts



## MOTION PICTURE



## EXHIBITION OR DISPLAY



## PROJECTED MATERIALS

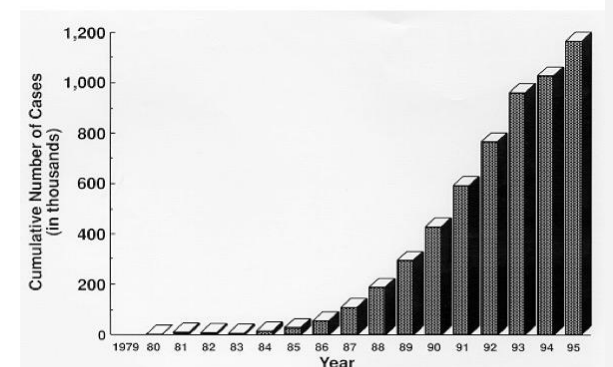
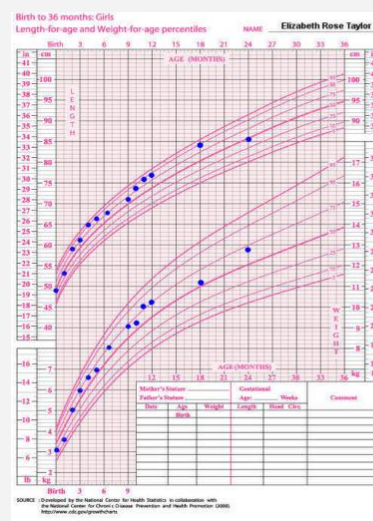


## PUPPET SHOW



Usually with kids (:)

## Charts



# Summary

## Health education is defined as:

"designed combination of learning methods to facilitate voluntary adaptation of behavior conducive to health".

## AIMS OF HEALTH EDUCATION

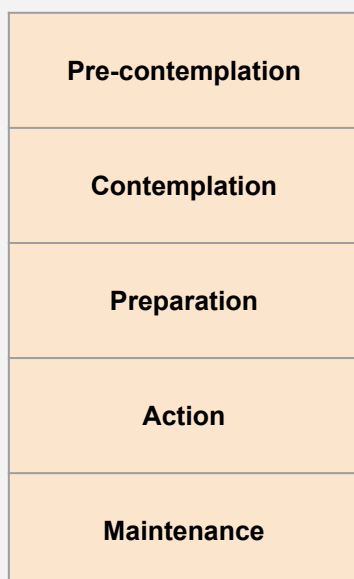
1. Make people value their own health
2. Take the initiative to attain and keep positive health
3. Understand and practice healthy habits
4. Interrupt a behavioral pattern that heightened the risk of disease, injury, disability or death
5. Utilize the available health services

### TEACHING (formal - informal) -----ENABLE LEARNING

#### TEACHING ACTIVITIES

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

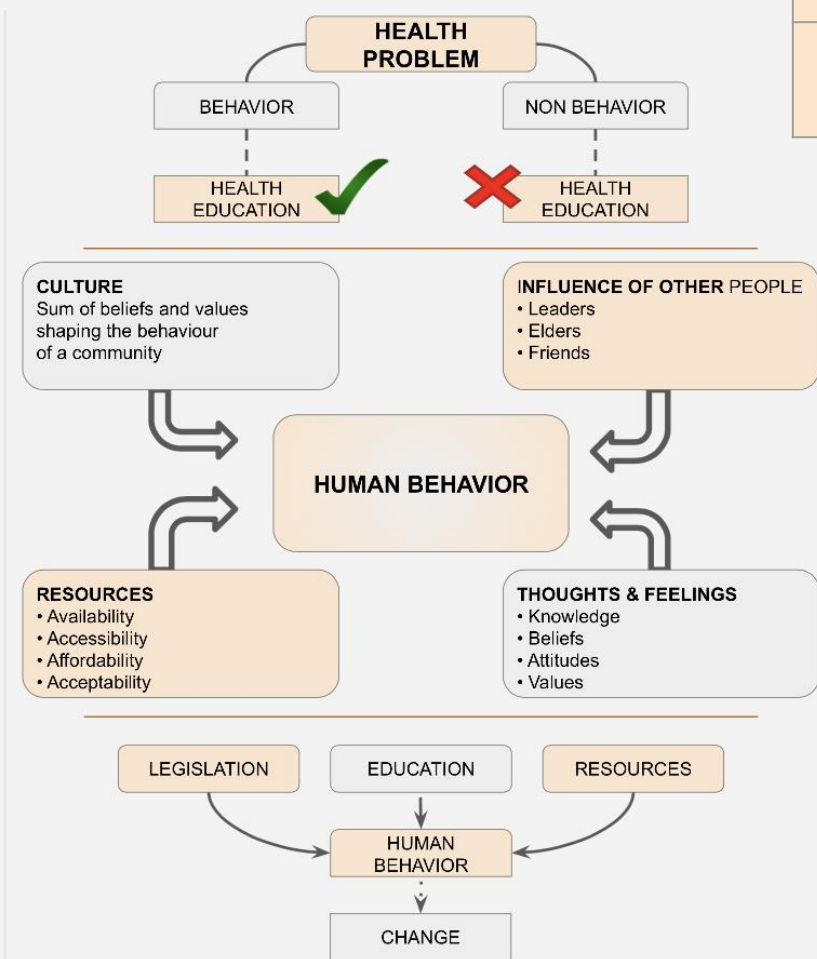
### Stages related to individual's motivation



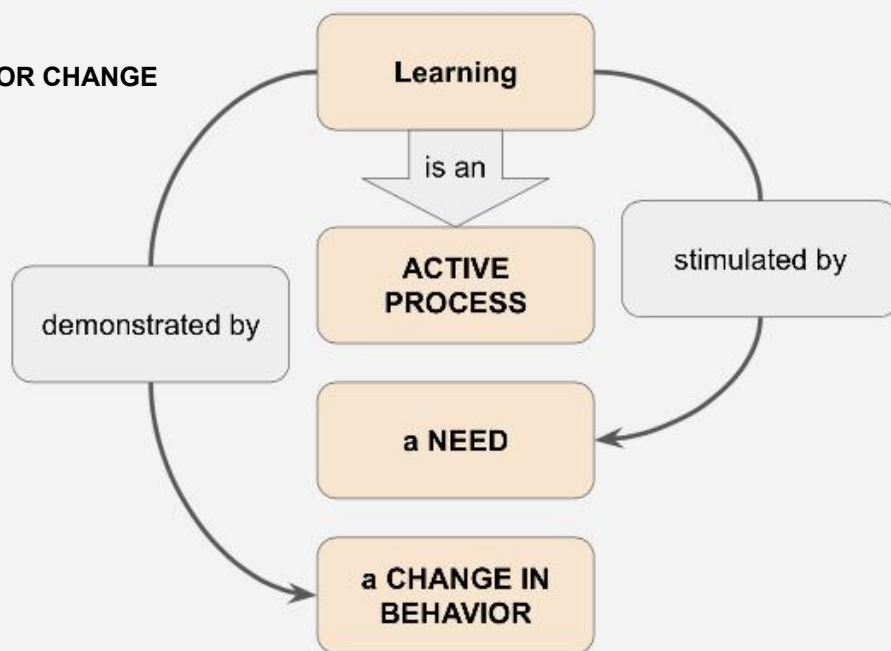
LEVEL OF PREVENTION	GOAL OF HEALTH EDUCATION
Primordial prevention	Promote health by reinforcing healthy practices
Primary prevention	Prevent ill-health, maintain the highest level of health & improve the quality of life
Secondary prevention	Understand health behavior underlying the ailments and means 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.

LEARNING ----- KNOW - FEEL - DO

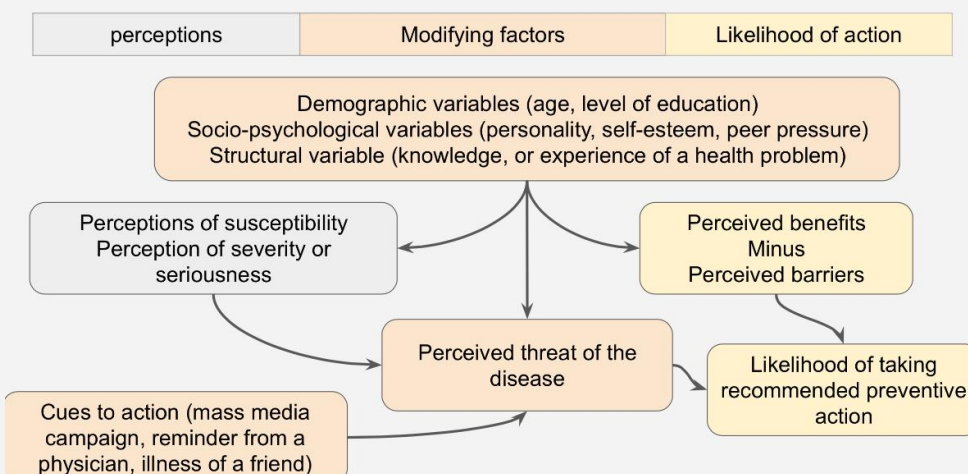
"Change of behavior brought about by experience, insight, perception or a combination of the three, which causes the individual to approach future situation differently".



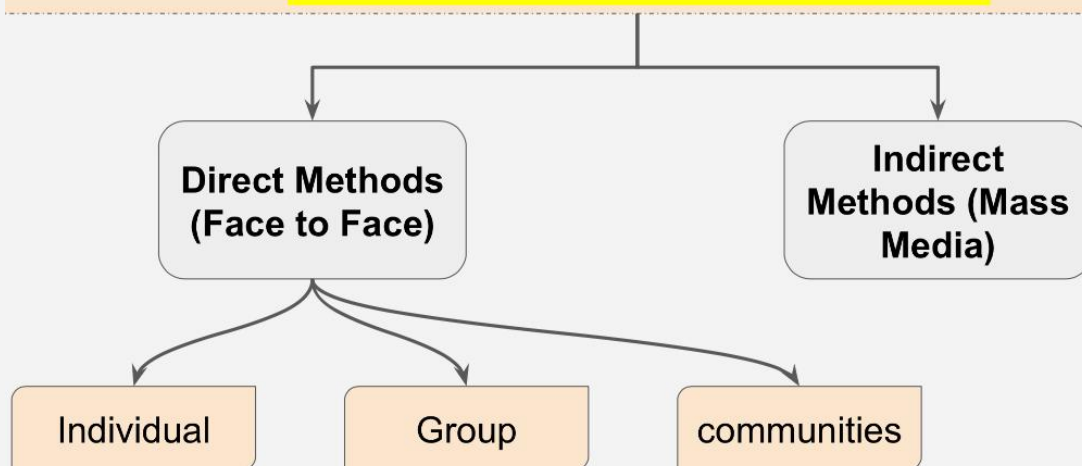
### VARIABLES IN THE BEHAVIOR CHANGE



### Phases of the health belief model



## Methods of Health Education



# MCQs

- 1- What does secondary prevention include?
- A- Making sure that patients are compliant
  - B- Early detection (and such things as screenings, for instance)
  - C- Making sure patients get all the help they need
  - D- Making sure that you, the pharmacist, get all the money that you want
- 2- levels of prevention are all of the following except:
- A- Primordial prevention
  - B- Primary prevention
  - C- Tertiary prevention
  - D- quadruple prevention
- 3- one of the direct individual methods:
- A- role play
  - B- group discussion
  - C- lectures
  - D- Real Life Demonstration
- 4- The internal condition of experiencing competence to perform desired tasks which will influence the eventual outcome is the definition of:
- A- self-efficacy
  - B- knowledge
  - C- values
  - D- believes
- 5- Health education is defined as "designed combination of learning methods to facilitate voluntary adaptation of behavior conducive to health".
- A- true
  - B- false
- 6- Pre-contemplation in the stages of motivation means:
- A- Making specific changes
  - B- New behavior becomes a life-long pattern
  - C- No interest or consideration for behavior change (denial, ignorance, demoralization)
  - D- Person's imagining himself with different behavior
- 7- Which education method includes all the learning domains?
- A- real life demonstration
  - B- role play
  - C- counseling
  - D- lectures

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