



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

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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:

Make people value their own health



Understand and practice healthy habits
How to follow good habits and procedure , and how to stop unhealthy habits ex (sedentary lifestyle , smoking , junk food) to contribute the possibility of health



Take the initiative to attain and keep positive health¹



Interrupt a behavioral pattern that heightened the risk of disease, injury, disability or death²



Utilize the available health services By teaching them about the programs of smoking cessation , and reduce obesity

Health Education & Prevention:

Question of this part will come as scenario then you should determine the type of prevention

LEVEL OF PREVENTION	GOAL OF HEALTH EDUCATION
Primordial prevention ³	Promote health by reinforcing healthy practices ⁴ .
Primary prevention ⁵	Prevent ill-health, maintain the highest level of health & improve the quality of life <small>Primary prevention aims to prevent disease or injury before it ever occurs. This is done by preventing exposures to hazards that cause disease or injury, altering unhealthy or unsafe behaviours that can lead to disease or injury For example : education about healthy and safe habits (e.g. eating well, exercising regularly, not smoking) immunization against infectious diseases</small>
Secondary prevention ⁶ <small>They have disease but we want to prevent the complication of progression of disease</small>	Understand health behavior underlying the ailments and means of behavioral changes to prevent further deterioration of health or restoration of health <small>Secondary prevention aims to reduce the impact of a disease or injury that has already occurred. This is done by detecting and treating disease or injury as soon as possible to halt or slow its progress, encouraging personal strategies to prevent re injury or recurrence, and implementing programs to return people to their original health and function to prevent long-term problems. Examples : daily, low-dose aspirins and/or diet and exercise programs to prevent further heart attacks or strokes</small>
Tertiary prevention ⁷ <small>Improve their quality of life as much as we can, whatever they have ex: الرعاية التطبيقية</small>	Make the most of the remaining potential for healthy living <small>Tertiary prevention aims to soften the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy. Examples : -cardiac or stroke rehabilitation programs, chronic disease management programs (e.g. for diabetes, arthritis, depression, etc. -support groups that allow members to share strategies for living well</small>

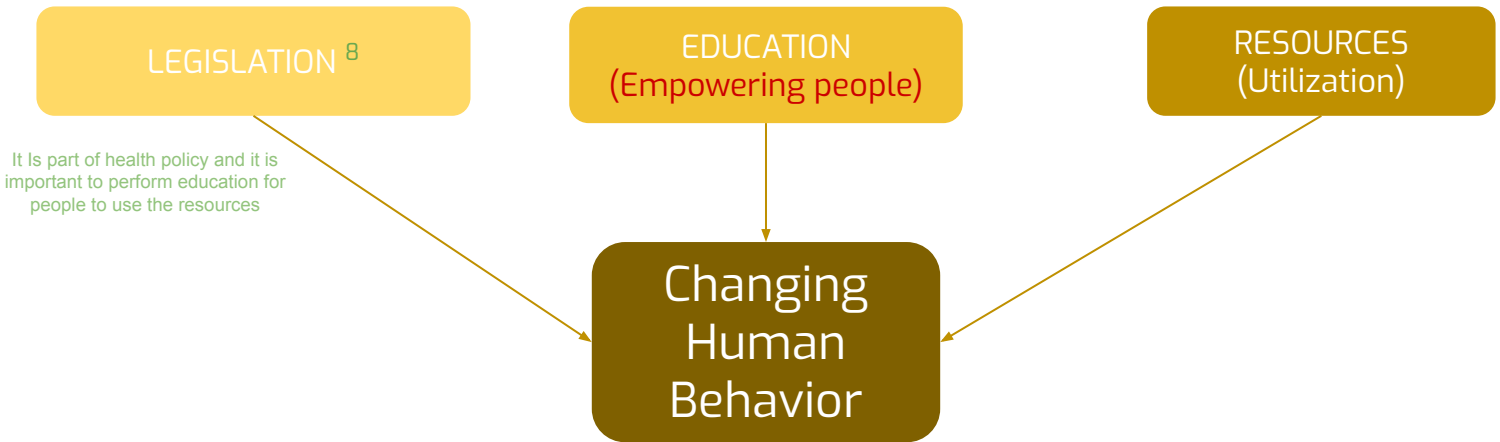
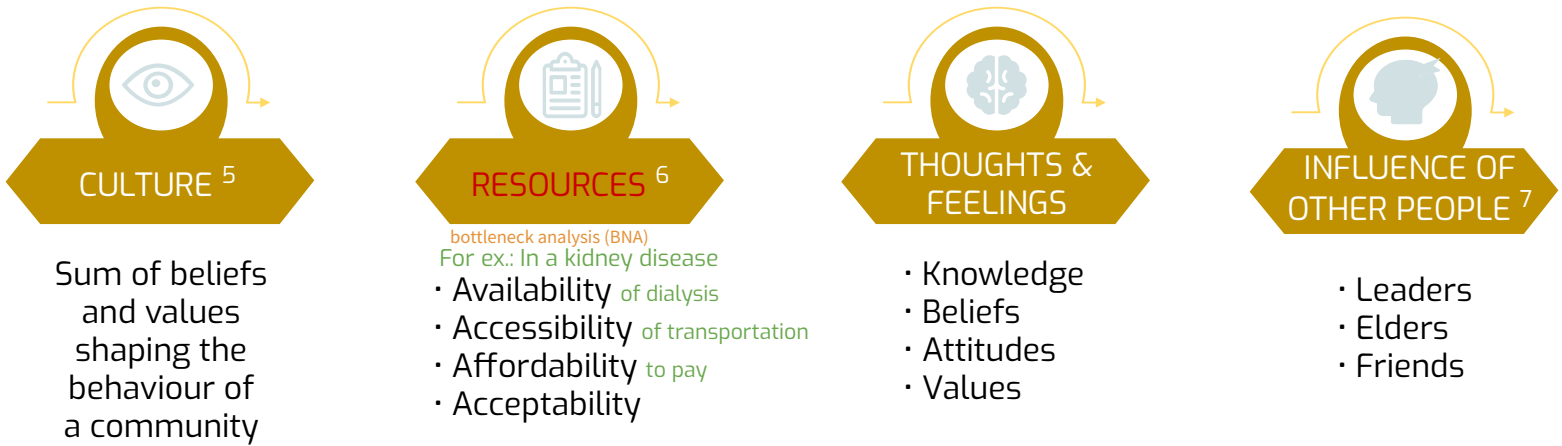
438 Note

- 1: Make them have the desire to maintain positive health.
- 2: Replacing bad behavior to good behavior.
- 3: Preventing the development of risk factors in healthy individuals.
- 4: Exercising, sleeping and eating well.
- 5: Preventing the development of disease in individuals with risk factors.
- 6: In individuals who already have the disease and preventing it from getting worse.
- 7: In individuals who are already affected by the disease and improving their quality of life.

Behavior & Health Problem



Factors Influencing Human Behaviour

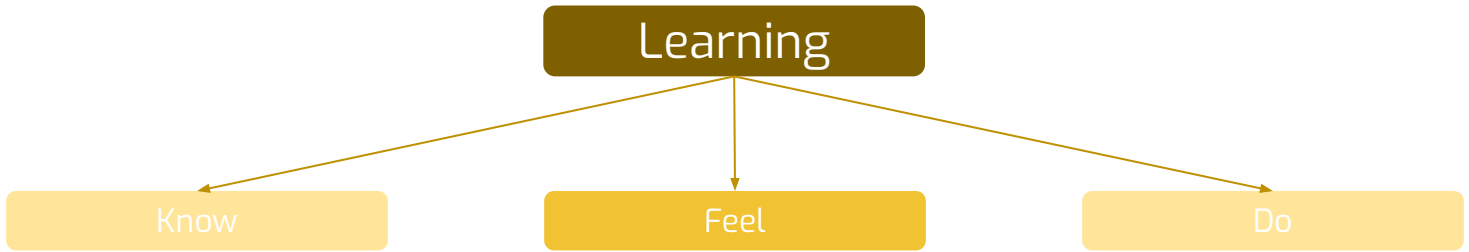


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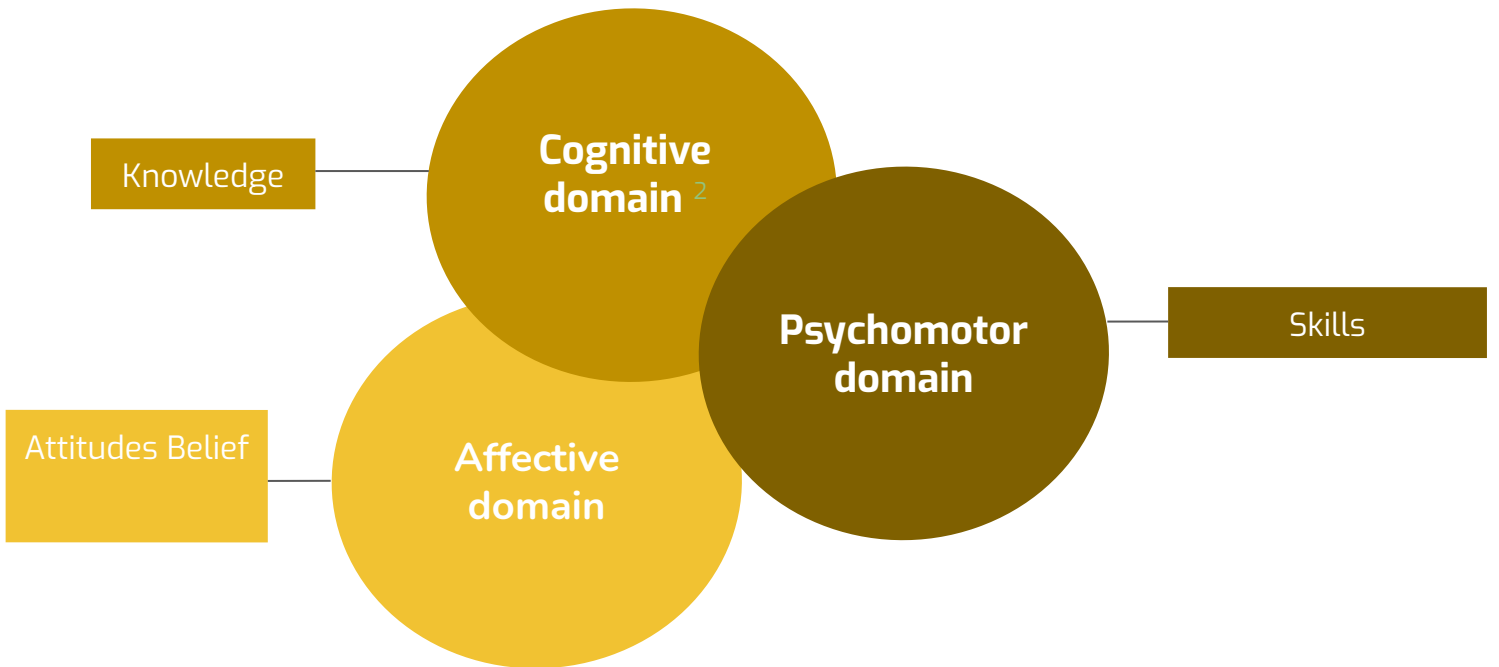
- 1: Behavior is crucial in managing health problems.
- 2: Aspects of behavioral change are always needed regardless of the disease.
- 3: 75% of all global burden of disease is a combination of metabolic and behavior. Behavior is 40% of that.
- 4: To change and adopt better behaviors in life.
- 5: It's hard to convince some people in consuming less dates or honey, because it's part of their culture.
- 6: It's called bottleneck analysis (BNA).
- 7: Peer pressure is very important and crucial in changing people's behavior.
- 8: For ex. violation fines of preventive measures and curfew during the Covid-19 pandemic.

Learning

Learning is not only knowledge it is about Knowing, feeling and do (change the behavior)



Aim of learning is to
"Change of behavior brought about by experience¹, insight, perception
or a combination of the three, which causes the individual to
approach future situation differently"



1

Learning is an **active process**

2

Learning is stimulated by a **need**

3

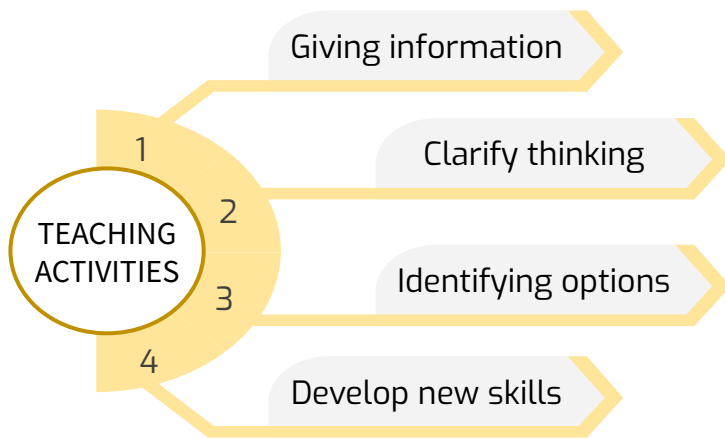
Learning is demonstrated by a **change in behavior**

438 Note

1: Happened to them once or to any of their relatives.

2: Cognitive domain is connected to the cortical function (higher function).

Teaching



Teaching enable learning



VARIABLES IN THE BEHAVIOR CHANGE

1	Knowledge: An intellectual process acquaintance with facts, truth, or principles gained by sight, experience, or report.
2	Value: Ideas, ideals that you believe customs that arouse an emotional response for or against a thing or a behavior. <i>Your emotional responses About something reflect your values</i>
3	Beliefs: Acceptance of or confidence in an alleged fact or body of facts as true or right without positive knowledge or proof; perceived truth. <i>Beliefs is not fact</i>
4	Attitudes: Manner, disposition, feeling, or position toward a person or thing.
5	Perceptions: Ascribing meanings to sensory or cortical activity in such a way that the activity comes to acquire symbolic function
6	Skills: The ability to do something well, arising from talent, training, or practice.
7	Self-efficacy: The internal condition of experiencing competence to perform desired tasks which will influence the eventual outcome.

438 Note

1: For example teaching your sibling.

2: Teaching in a planned formal way, in a lecture hall with a time slot for an audience.

The Health Belief Model for Behavior Change

The model postulates

Health behavior of all kind is related to a general health belief that one is susceptible to a health problem (**Perceived susceptibility**¹)

An individual assessment of his or her chances of getting a disease
For example : young population has low perceived susceptibility to have hypertension

Health problems have undesirable consequences (**Perceived seriousness or severity**²) an

individual opinion of how serious a condition is and what is the consequences are

Health problems and their consequences are preventable.³

If health problems are to be overcome, **barriers** have to be overcome

★ Most likely use of behavioral change model ★ Phases of the health belief model



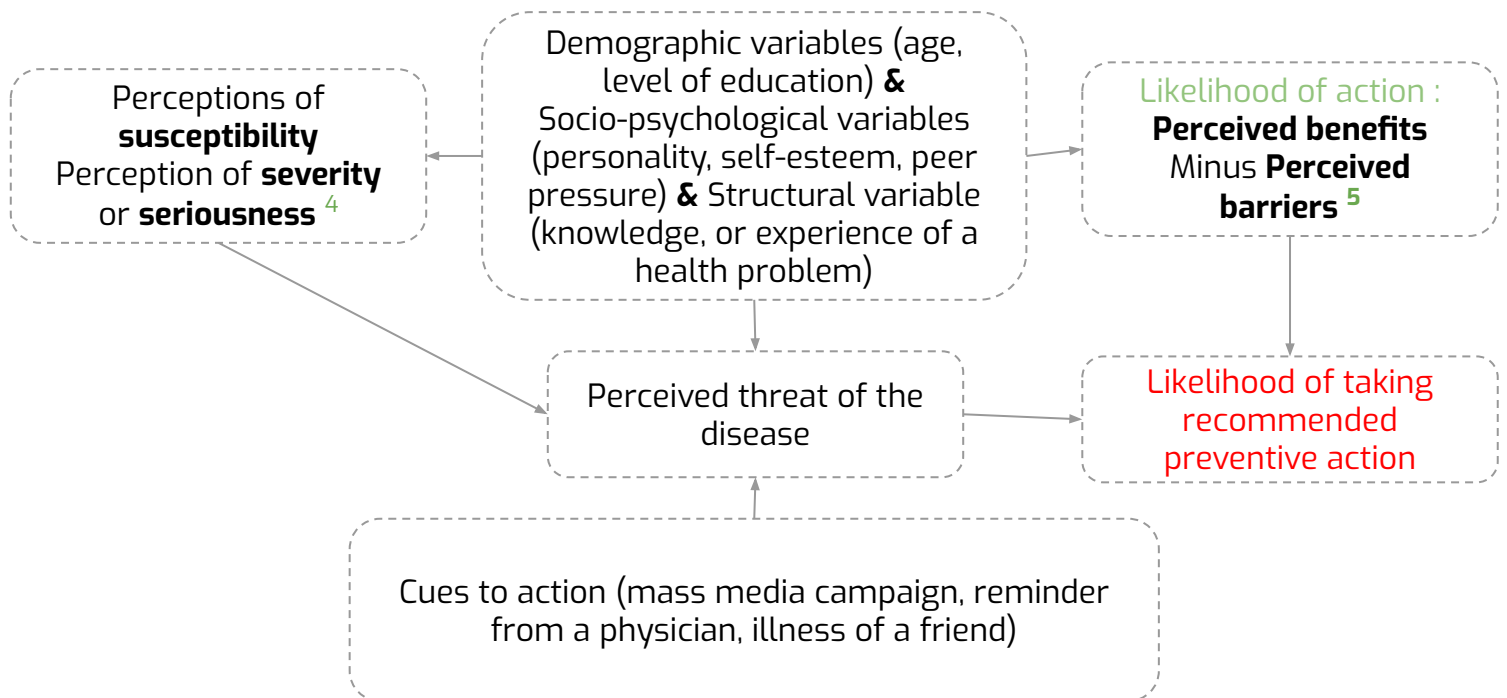
perceptions



Modifying factors



Likelihood of action



438 Note

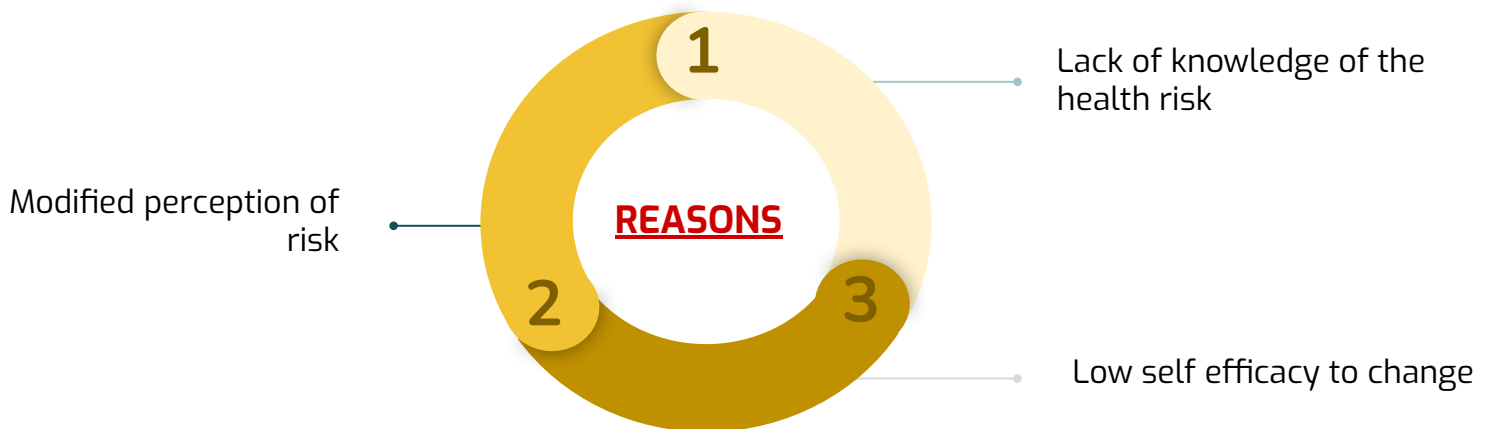
- 1: A prediabetic has their own perception of developing diabetes.
- 2: An individual's own perception of how serious the disease is and how it will change their life (its consequences).
- 3: The cost of preventing it is less than treating it "درهم وقاية خير من قنطار علاج".
- 4: The combination of these two is the perceived threat of any disease.
- 5: Perceived benefits should be higher than the barriers.

The Health Belief Model for Behavior Change

Predisposing, enabling and reinforcing factors in the education process

- 1 Predisposing Factors**
 - **Characteristics of a person** or population that **motivate** a behavior change
 - Predisposing factors are knowledge, beliefs, values and attitudes
- 2 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
- 3 Reinforcing Factors**
 - It determines the continuity (**maintenance**) of the new behavior
 - Reinforcing factors are rewards (experienced or anticipated) of the new behavior

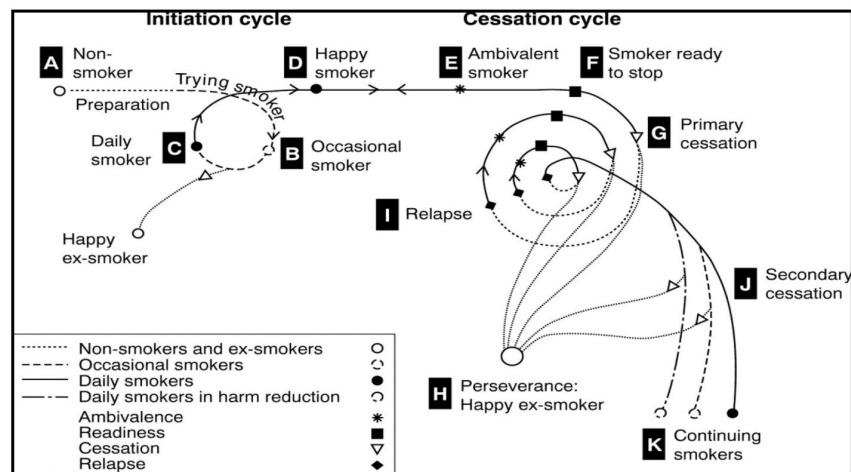
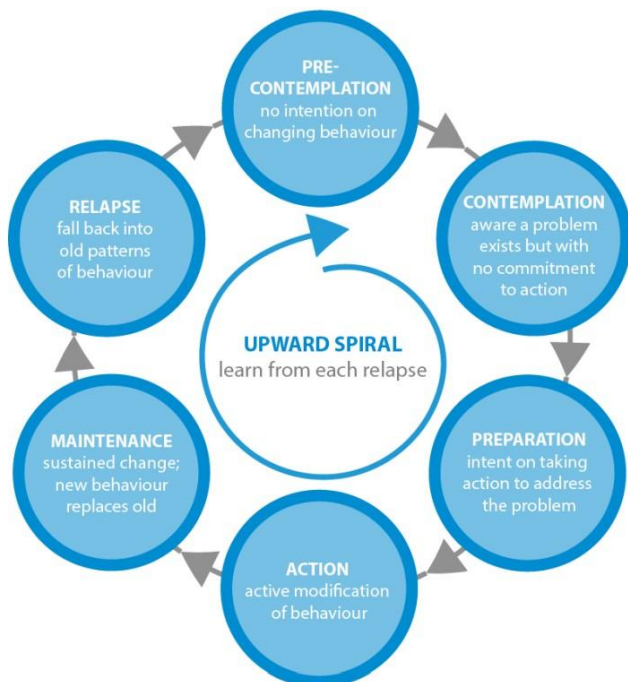
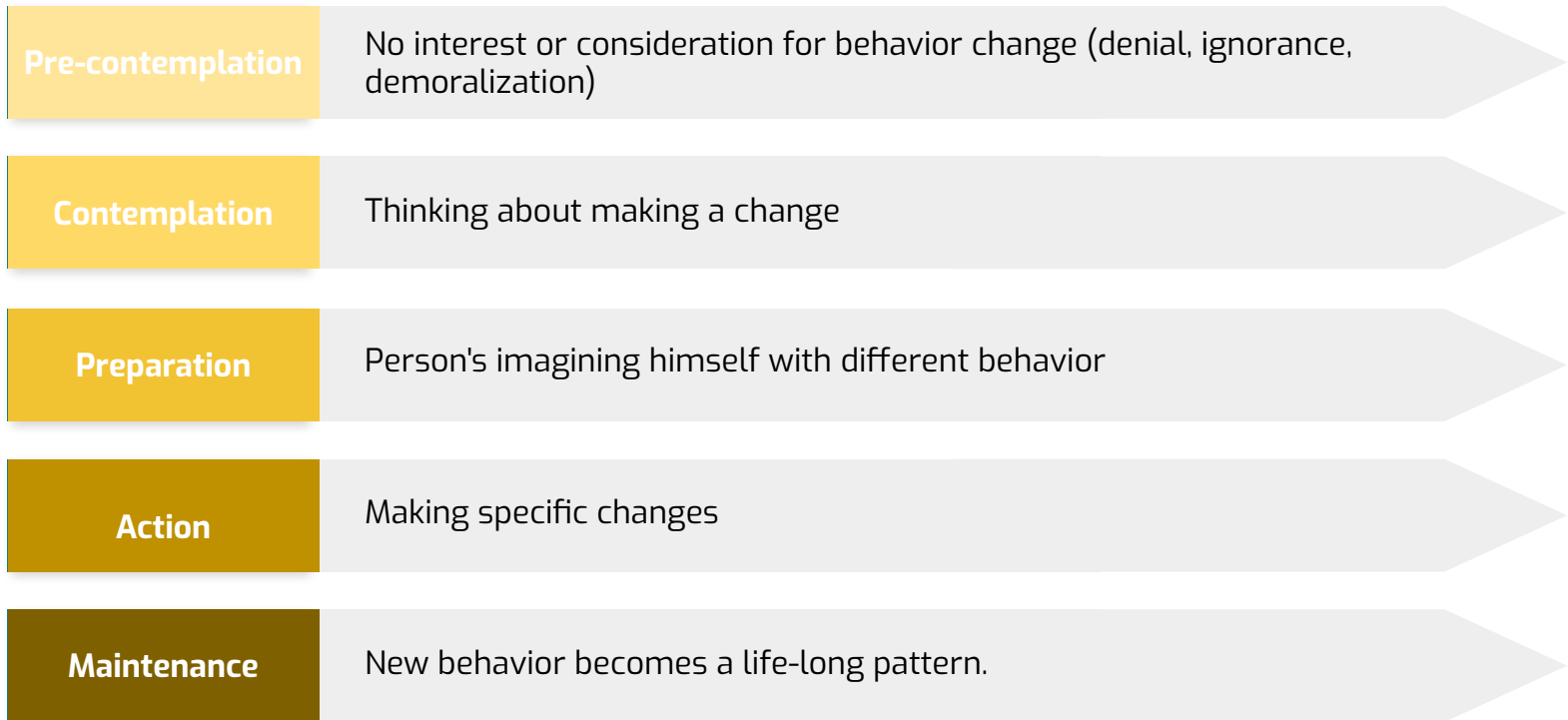
Maintaining a health-risky behavior



Transtheoretical Model: Stages of Motivation

Stages related to individual's motivation

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



Methods of Health Education

And change behavior

METHODS OF HEALTH EDUCATION

A- Direct Methods (Face to Face)

B- Indirect Methods (Mass Media)

1- Communities

2- Group

3- Individual ¹

1- Direct Community Method

Problem addressed	Community organization	Opinion leaders
<ol style="list-style-type: none"> Affect almost all members Emergencies/ disease outbreak Needs pooling of resources 	<p>- Method of health education, which depends on the leaders' involvement in solving health problems. They will help you to deliver the health and promotion, And You share with them same goals</p>	<p>- People respected by community ²</p> <p>- Their opinion and ideas are valued</p> <p>- They are influential</p> <p>Target the influencers on their community</p>

2- Direct Group Method

Group Discussion	Real Life Demonstration	Role Play ³
<p>Organizing a Group Discussion:</p> <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Learning domain → Affective Group discussion → Attitudes <p>Best method to change the attitude, and believes by sharing and benefit from the other experience</p>	<ul style="list-style-type: none"> Educational domain → Psychomotor Real life demonstration → Skills 	<p>It is a near realism situation</p> <ul style="list-style-type: none"> Educational domain → All Role play → All

438 Note

1: Counseling.
 2: For ex.: religious leaders.
 3: Usually with children.

Methods of Health Education

3- Direct Individual Method

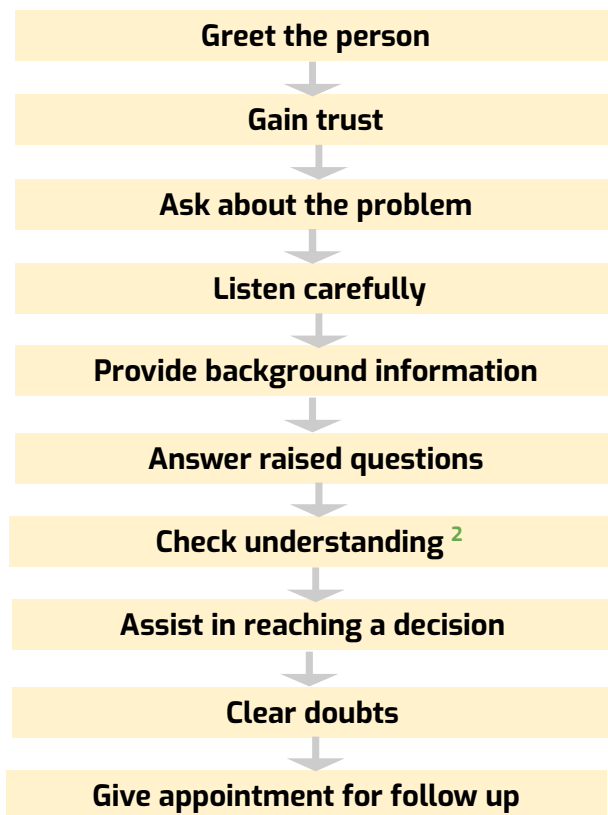
Counselling

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 ¹
4. Assume more responsibilities

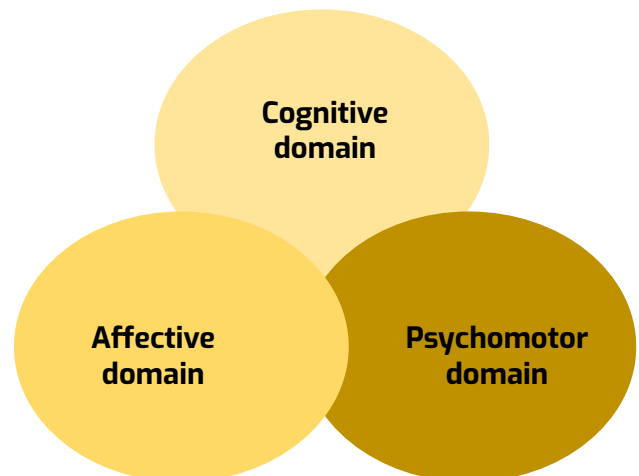
Lectures

- 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

Principles of counseling



Learning domains addressed by counselling

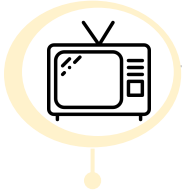


438 Note

- 1: They make their own decisions.
- 2: Asking the diabetic patient to show you how they'll use the insulin pen.

Methods of Health Education

B- Indirect Methods (Mass Media)



Television



Radio



Newspapers
& magazines



Posters



Pamphlets

The choice of educational method depends on

Nature of the content

Facts

lectures, talks or pamphlets

Concepts¹

Group discussion or problem solving
(attitude / believes)

Skills

Demonstration and hand on practice²
Role play, concealing

Available materials and program budget

Characteristics of the learners

Level of literacy

Avoid written materials and scientific terms for illiterate

So you have one aim and one message however the method depend on your population and community

Children

Use attractive methods

438 Note

1: Tutorials, seminars.

2: Showing diabetics how to use their medications (Glucometer, insulin pen).

Health Education Aids

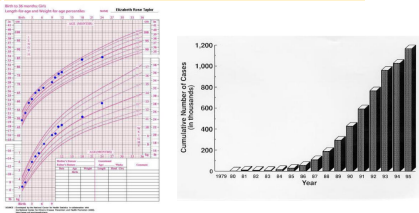
1 Still pictures



2 Before and after treatment



3 Charts³



4 Flip charts¹



5 Exhibition or Display²



6 Project Material



7 Motion Picture



8 Puppet Show



438 Note

- 1: Usually used in communities.
- 2: Teaching them how to use it by play role and demonstration
- 3: Used in convincing organizations.

Practice Questions

Q1: which one of the following health education methods is used to give a mother a skill of weaning her child?

A. lectures

B. group discussion

C. real life demonstration

D. counselling

Q2: which of the following is an indirect method of health education?

A. Pamphlets

B. Counselling

C. Lectures

D. Role Play

Q3: how do you choose your education method when your learners are children?

A. Group discussion

B. lectures, talks or pamphlets

C. problem solving

D. Use attractive methods

Q4: Which of the following levels related with prevent ill-health, maintain the highest level of health & improve the quality of life?

A. Primordial Prevention

B. Primary prevention

C. Secondary prevention

D. Tertiary prevention

Q5: Which of the following related with Acceptance of or confidence in an alleged fact or body of facts as true or right without positive knowledge or proof, perceived truth?

A. Knowledge

B. Value

C. Beliefs

D. Perceptions

Q6: Which of the following related with Person's imagining himself with different behavior?

A. Contemplation

B. Preparation

C. Action

D. Maintenance

Answer key:

1(C), 2(A), 3(D), 4(B), 5(C), 6(B)

Team leaders

Alaa Alsulmi

Abdulaziz Alghuligah

Khaled Alsubaie

Members

-May Barakah

-Abdulrhman Alsuhaibany

Organizer

-Asma Alamri

Note taker

-Fatima Alhelal



”على ودر اهل العرم بابي العرام
وبابى على ودر الكريم الكرام
ويكبر في عبي الصعير صغارها
وبصعير في عبي العظيم العطارم“