

HEALTH EDUCATION



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INTRODUCTION

- Health education is the process of imparting information about health in such a way that the recipient is motivated to use that information for the protection or advancement of his own, his family's or his community's health
- Health education is an active learning process, which aims at favorably changing attitudes and influencing behavior w.r.t health practices



It is vital to the practice of prevention

It is the channel for reaching the people and alerting them to the doctor's services and to all other community health resources

A 'health educated' person is well aware of his own responsibility and of the steps he himself must take to receive the full benefits of prevention at all levels

DEFINITION

- “Health education comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing skills which are conducive to individual and community health”
-WHO health promotion glossary

WHO Health promotion Glossary 1998



“Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health”

National conference on preventive medicine in USA

“health education is a process that informs, motivates, and helps people to adopt and maintain healthy practices and lifestyles, advocates environmental changes as needed to facilitate this goal and conducts professional training and research to the same end”

OBJECTIVES

- INFORMING PEOPLE: people are informed about the different diseases, their etiology and how to prevent them.
- MOTIVATING PEOPLE: concerned with clarifying/ changing or forming attitudes, beliefs, values or opinions. After health information is given it is necessary to motivate them alter their lifestyles so that it becomes favorable to promoting health and preventing disease. Motivation is defined as “a combination of forces which initiate, direct and sustain behavior”

- GUIDING IN TO ACTION: concerned with development of skills and action. A person who has obtained health information might be motivated to change his behavior and lifestyle. However he might need professional help and guidance so as to bring about these changes and to sustain these altered lifestyles

APPROACHES TO ACHIEVE HEALTH

- LEGAL OR REGULATORY APPROACH
- Make use of the law to protect the health of the public
- Government makes laws and regulations
- Eg:-Epidemic diseases act
 - Pollution act
 - Food adulteration act
 - Environmental act

APPROACHES TO ACHIEVE HEALTH

ADMINISTRATIVE OR SERVICE

APPROACH: This approach intends to provide all the health facilities to the people with the hope that they will use it

it becomes a failure if the service is not based on the felt needs of the people

APPROACHES TO ACHIEVE HEALTH

□ EDUCATIONAL APPROACH

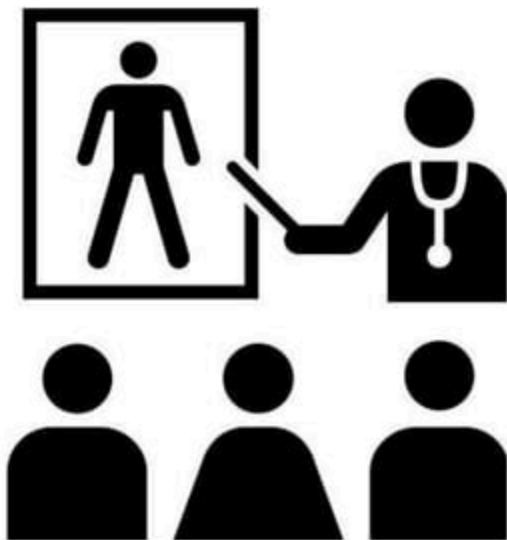
- Most effective means for achievement of changes in the health practices and lifestyles of the community.
- Components –motivation, communication and decision-making
- Result obtained from this approach is slow but permanent and enduring
- Sufficient time should be allowed for the individual to bring about the desired changes in his behavior

APPROACHES TO ACHIEVE HEALTH

- PRIMARY HEALTH CARE APPROACH:
- It involves full participation and active involvement of the people starting from the planning stage till the delivery of the health services.
- This is based on principles of primary health care-community participation
- This can be achieved by providing the necessary guidance to help people identify their health problems and to find solutions to these problems

PRINCIPLES OF HEALTH EDUCATION

- 1. CREDIBILITY
- 2. INTEREST
- 3. PARTICIPATION
- 4. MOTIVATION
- 5. COMPREHENSION
- 6. REINFORCEMENT
- 7. LEARNING BY DOING
- 8. KNOWN TO UNKNOWN
- 9. SETTING AN EXAMPLE
- 10. GOOD HUMAN RELATIONS
- 11. FEEDBACK
- 12. COMMUNITY LEADERS
- 13. SOIL, SEED, SOWER



CREDIBILITY

It is the degree to which the message is perceived as trustworthy by the receiver

It should be scientifically proven, based on facts and should be compatible with local culture and goals



INTEREST

If the health education topic is of interest to the people, they will listen to it.

Health educator should identify the “felt needs” of the people and then prepare a program that they can

actively participate in to make it



PARTICIPATION

- ❑ Health educator should encourage people to participate in the program
- ❑ Once the people are given a chance to take part in the program it leads to their acceptance of the program
- ❑ Methods like group discussion, panel discussions etc. provide opportunities for people's participation



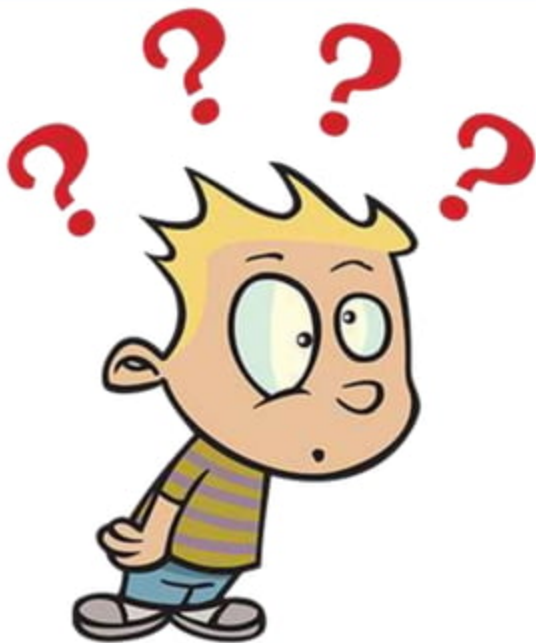
MOTIVATION

- “the fundamental desire for learning in an individual”
- Health education can be facilitated by the motivation provided by the desire to achieve individual goals
- Eg:-for a teenager, esthetics might be a motive to take care of his teeth whereas for an adult, the expenses of undergoing restorative care



COMPREHENSION

- Level of understating of the people who receive the health education
- Should first determine the level of literacy and understanding of the audience and act accordingly
- words that are strange or new to the people should not be used
- Use of technical terms or medical



- Eg:-A statement saying “Eat food items that are cariogenic” may not be comprehensive to the layman. A better way of explaining would be “ Avoid food stuffs which are sweet and which stick to your teeth like toffees and pastries. Eat food items like fruits and raw vegetables which in addition to being healthy, also help in keeping your teeth clean.

REINFORCEMENT

- ❑ This is the principle that refers to the repetition needed in health education
- ❑ It is not possible for the people to learn new things in a short period of time
- ❑ So repetition is a good idea
- ❑ This can be done at regular intervals and it helps people to understand new ideas or practice better
- ❑ “booster dose in health education”

LEARNING BY DOING



- If the learning process is accompanied by doing new things it is better instilled in the minds of people
- “if I hear, I forget; if I see, I remember; if I do, I know”

KNOWN TO UNKNOWN

- Before the start of any health education program, the health educator should find out how much the people already know and then give them the new knowledge.
- The existing knowledge of the people can be used as the basic step up on which new knowledge can be placed
- Eg:-A health education program with the aim of introducing a toothbrush to a rural population will be better appreciated if the communicator start the program with “what are you using to clean your teeth at present” and then going in to details like “why
- are you using it” and then connecting it to the tooth brush and then providing details about the

SETTING AN EXAMPLE

- The health educator should follow what he preaches.
- He should set an example to others to follow
- Eg:- A health educator who participate in a program highlighting the ill effects of tobacco should not be seen smoking since it sends a wrong signal and seriousness of the situation is lost



GOOD HUMAN RELATIONS

- This principle states that the health educator should have good personal qualities and should be able to maintain friendly relations with the people
- The health educator should have a kind and sympathetic attitude towards the people and should always be helpful to them in clarifying doubts or repeating what is not understood



FEEDBACK



For any program to be successful it is necessary to collect feedback to find out if any modifications are needed to make the program more effective

COMMUNITY LEADERS

- ❑ Community leaders can be used to reach the people of the community and to convince them about the need for health education
- ❑ Leaders can also be used to educate the people as they will have a rapport and will be familiar with the people of their community
- ❑ The leader will have an understanding of the needs of the community and advice and guide them



SOIL, SEED, SOWER

- Soil is the community
- Seed is information
- Sower is the person giving the information

CONTENTS OF HEALTH EDUCATION

- HUMAN BIOLOGY
- NUTRITION
- HYGIENE
- FAMILY HEALTH CARE
- CONTROL OF COMMUNICABLE AND NON COMMUNICABLE DISEASES
- PREVENTION OF ACCIDENTS
- USE OF HEALTH SERVICES

HUMAN BIOLOGY

- Training of human biology should start from the kindergarten itself
- Children are taught about the different parts of the human body and their functions
- They are also taught the importance of good health and methods to keep physically fit
- Teaching also directed towards the need for exercise, adequate rest and sleep
- Information about the adverse habits

NUTRITION

People should be taught about the nutrient value of food stuff and the effect of nutrients on health

It is to help people to choose optimum and balanced diets



HYGIENE

- The people are taught about the importance of hygiene and methods of maintaining hygiene
- A)personal hygiene-to promote good standards of personal cleanliness
- B)environmental hygiene-this comprises two aspects-Domestic and Community



GET MORE
HYGIENE

- Domestic hygiene-keeping the house and surroundings clean, proper ventilation, adequate light and fresh air, proper disposal of waste materials, avoidance of pests, insects etc.
- Community hygiene-care of the surroundings ensuring proper garbage disposal, adequate sewage and drainage

FAMILY HEALTH CARE

- To strengthen and improve the health of family as a unit rather than as an individual
- Improving maternal oral health to improve the oral health of child should also be addressed



CONTROL OF COMMUNICABLE &NON COMMUNICABLE DISEASES

To provide elementary knowledge so that they can better understand common signs and symptoms of disease and prevention there by promoting health

PREVENTION OF ACCIDENTS

- People have to be taught about the basic safety rules and how to prevent common accidents which take place in their home, in their workplace or on the road
- Health education programs to educate the students, parents and teachers about the use of mouth guards when playing contact sports

USE OF HEALTH SERVICES

People have to be inform about the various health services and preventive programmes available to them.

They also have to be educated on the proper use of these services.

They also be encourage to participate in the health programmes.

STAGES IN THE ADOPTION OF NEW IDEAS AND PRACTICES

- Stage of unawareness: Stage in which individual not aware of new idea or practice
- Stage of awareness: Stage in which individual has some general information about the new idea or practice, but does not know much about it's usefulness, limitations etc.
- Stage of interest: Stage in which individual showing more about the new idea or practice

- Stage of evaluation:- Stage in which the individual tries to find out the advantages and disadvantages of the new method. He evaluates whether the new practice will be beneficial to him and his family
- Stage of trial:- Stage in which the individual decides to put the new idea or method into practice. Additional information and guidance should be given at this stage
- Stage of adoption:- Stage in which the individual finally accepts the new idea or practice as beneficial to him and adopts it

COMMUNICATION

- Communication is regarded as a two way process of exchanging or shaping ideas, feelings and information to bring about desired changes in human behavior.



❖ Definition:-

- ❖ Health communication is defined as a key strategy to inform the public about health concern and to maintain important health issues on the public agenda. The use of the mass and multi media and other technological innovations to disseminate useful health information to the public, increases awareness of specific aspects of individual and collective health as well as importance of health in development.

- Communication is essentially the transfer of ideas, messages or information from one person to another.
- In this process a cycle of communicating messages is formed between the sender and the receiver.
- The sender is required to conceive the message he wishes to send, encode this message and then transmit.
- The receiver then is require to receive this message, decode is and clarify his/her understanding of the messages.

COMPONENTS OF COMMUNICATION

- The components of communications are:-
- Sender:
- He is the originator of the message.
- His objectives should be clearly defined.
- He should know the interests and needs of his audience.
- He should know the message.
- He should know the channels of communication.
- He should know his abilities and limitation

□ Receiver

- Audience may be a single person or a group.
- Two types of audience are
- Controlled-It is held together by a common interest. It is a homogenous groups.
- Uncontrolled-It is a group which has gathered together because of curiosity.

□ Message

- It is the information transmitted by the communicator to the recipient.
- A good message must be
- In line with the objective.
- Based on felt needs.
- Clear and understandable.
- Specific and accurate.
- Timely and adequate.
- Interesting.
- Culturally and socially appropriate.

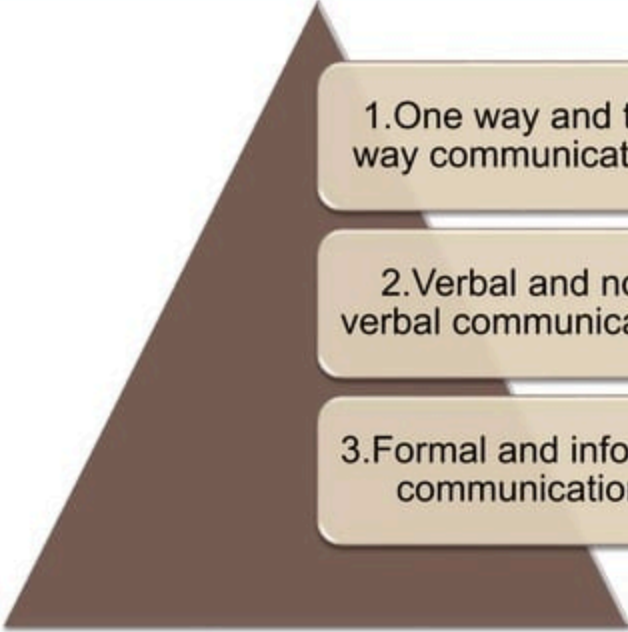
□ Channels of communication

- It is the media used for communication
- The media chosen should be
 - Efficient in transmitting the message
 - Attractive to the audience
 - Easily understandable by the people
 - Able to bring about good response and interaction by the people
- The most common channel of communication is interpersonal or face-to-face communication

□ Feedback

- It is the flow of information from the audience to the sender.
- It provides an opportunity to modify the message and render it more acceptable
- Eg:- opinion polls, interviews, questionnaire surveys

TYPES OF COMMUNICATION



1. One way and two way communication.

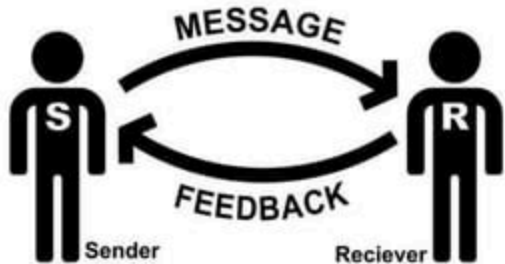
2. Verbal and non verbal communication

3. Formal and informal communication

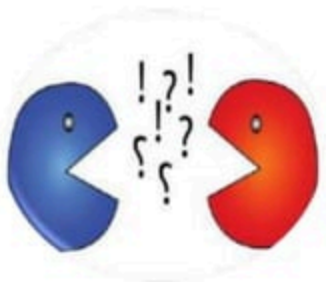
- One way communication-Flow of information is one way, from the sender to the receiver. The draw backs are
- Knowledge is imposed
- Learning is authoritative.
- There is little audience



- Two way communication
- Participation from both the sender and the receiver.
- Learning is active and democratic
- It is more likely to influence behavior



Verbal and non verbal communication



Verbal-traditional way by word of mouth



Non-verbal-bodily movements and facial expressions

Formal and informal communication



Formal communication follows lines of authority



Informal communication-
conversing with friends or colleagues

BARRIERS IN COMMUNICATION

- 1. Psychological barriers
- 2. physiological barriers
- 3. Environmental barriers
- 4. Cultural barriers





- PSYCHOLOGICAL BARRIERS

- Emotional disturbances, depression, neurosis, psychosomatic disorder
- Special methods and utmost care should be adopted to convey the message

- PHYSIOLOGICAL BARRIERS

- Difficulties in self expression, hearing, seeing, understanding
- Channels of communication should be selective



- ENVIRONMENTAL BARRIERS

- Excessive noise, difficulties in vision and congestion

- It can be overcome by making small groups and using appropriate channels for communication

- CULTURAL BARRIERS

- Patterns of behavior, habits, beliefs, customs, attitudes, religion

EDUCATIONAL AIDS USED IN HEALTH EDUCATION

- The aids used for transmitting health education are the main constituent of the armamentarium of health education process
- 1. Auditory aids
- 2. Visual aids
- 3. A combination of audi-visual aids

- ❑ AUDITORY AIDS
- ❑ Based on the principles of sound, electricity and magnetism
- ❑ Useful in reproducing any kind of words spoken and also helps in repeating the same
- ❑ Megaphones
- ❑ Microphones
- ❑ Gramophone records and discs
- ❑ Tape records
- ❑ Radios
- ❑ Sound amplifiers





- VISUAL AIDS

- Based on the principles of projection
- Helps individuals to understand better
- It is of 2 types
- 1.projected aids
- 2.non-projected aids

- Projected aids
- Needs projection from a source on to the screen
- Films or cinemas
- Film stripes
- Slides
- Overhead projectors
- Transparencies
- Bioscopes
- Video cassettes
- ~~Silent films~~





□ Advantages

- real life situations can be enacted in films
- Self explanatory
- Creates a special interest among the audience to watch a film
- Situational effects can be shown in a film

Non projected aids

Do not require any projection

Black board

Pictures, cartoons, photographs

Flip charts, flashcards

Flannel boards

Printed materials-
leaflets, pamphlets,
folders, booklets,
brochures

Models, specimens



- ❑ COMBINATION OF AUDIO-VISUAL AIDS
- ❑ Sound and sight can be combined together
- ❑ Televisions
- ❑ Tape and slide combinations
- ❑ Video cassette players and records
- ❑ Motion pictures or cinemas
- ❑ Multimedia computers
- ❑ These also include traditional media-folk dance, folk songs, puppet shows, dramas



METHODS OF HEALTH EDUCATION

- 1. Individual approach
- 2. Group approach
 - chalk and talk
 - symposium
 - Group discussions
 - Panel discussions
 - Work shop
 - conferences or seminars
 - role playing/ socio drama
 - demonstrations
- 3. Mass approach

INDIVIDUAL APPROACH

When an individual comes to the dental clinic or health centre because of illness, the opportunity should be used to educate him on matters of interest such as the cause and nature of his illness, its prevention, beneficial diets, oral hygiene etc.

This approach can also be used by public health personnel, since they will be visiting homes and can interact with the individual and

□ Advantages

- Can be done in a dentist's consultation room
- Discussion, argument and persuasion of an individual to change his behavior is possible
- Opportunity for the individual to ask questions and clearing doubts

□ Disadvantages

- Small number can benefit
- Health education is given to only who come in contact with the dental surgeon or with public health personnel

GROUP APPROACH

- ❑ CHALK AND TALK (LECTURES)
- ❑ “A carefully prepared oral presentation of facts, organized thoughts and ideas by a qualified person”
- ❑ Should have an opening statement
- ❑ Group should not be more than 30 people
- ❑ Duration of talk should not exceed 15-20 minutes
- ❑ Should be based on topics of current interest
- ❑ Its effectiveness depends on ability of speaker to write and draw legibly
- ❑ Disadvantage-one way communication ,learning is passive



□ SYMPOSIUM

- A series of speeches on a selected topic
- Each speaker presents a brief aspects of the topic
- There is no discussion among speakers
- In the end, the audience may ask questions
- The chairman makes a summary at the end of the session

❑ GROUP DISCUSSIONS

- ❑ A group is an aggregation of people interacting in a face-to-face situation
- ❑ Process of identifying problems and finding solutions collectively by members of group
- ❑ Consist of 6-12 members
- ❑ Participants are seated in a circle
- ❑ Group leader initiates the subject, prevents side conversations, encourages everyone to participate and sums up the discussion
- ❑ There should be a recorder who prepares a report on issues discussed and agreements reached



- PANEL DISCUSSIONS
- Panel of 4 to 8 experts sit and discuss a topic in front of an audience
- Headed by a chairman who opens the session, introduces the speakers and keeps the discussion going
- Audience are allowed to ask questions
- Chairman sums up the different views presented



□ WORKSHOP

- It consist of series of meetings with emphasis on individual work with the help of resource persons
- Total work shop is divided in to small groups and each groups will select a chairman and a recorder
- The individuals work, solve a part of the problem, contribute to group discussions and leave the workshop with a plan of action for the problem

CONFERENCES OR SEMINARS

Program range from half day to one week

Held on a regional, state or national level

They usually have a theme

- ❑ ROLE PLAYING/SOCIO DRAMA
- ❑ Size of the group should be 25
- ❑ The audience should take part
- ❑ Situation is dramatized to make communication more effective
- ❑ It is followed by a discussion on the problem
- ❑ Puppet shows is a type of socio drama
- ❑ Useful for children's health



□ DEMONSTRATIONS

- Procedure is carried out step-by-step in front of an audience
- Method involves the audience in discussion and has a high motivational value
- The audience can then carry out the procedure themselves with expert help

MASS APPROACH

- Communication is given to a community where the people gathered together do not belong to one particular group
- Advantages:
- Large number of people can be reached
- People of all socio-economic status have access to health education
- Disadvantage :
- One way communication



❑ **VARIOUS MASS MEDIA USED ARE**

- ❑ Television
- ❑ Radio
- ❑ News papers/press
- ❑ Documentary films
- ❑ Posters
- ❑ Health exhibition
- ❑ Health magazines
- ❑ Health information booklets
- ❑ Internet

HEALTH PROMOTION

“process of enabling people to increase control over, and to improve health”

-Ottawa Charter for Health Promotion,
First International Conference on Health
Promotion, Ottawa 21 November 1986

The five priority action areas for health promotion

1. Building healthy public policy


2. Creating supportive environments for health

3. Strengthening community action for health


4. Developing personal skills

5. Re-orienting health services

- Building healthy public policy
- Health promotion put health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health
- Creating supportive environments for health
- Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable
- The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy

- 
- Strengthening community action for health
 - Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health.
 - At the heart of this process is the empowerment of communities

- Developing personal skills
- Health promotion supports personal and social development through providing information, education for health, and enhancing life skills.
- Eg:-Increasing patient's knowledge about the role of sugar and plaque in the etiology of dental diseases and to develop tooth brushing skills and promote self care



- Re-orienting health services

- Reorienting health services require a stronger attention to health research as well as to changes in professional educating and training
- There must be a change of attitude and organization of health services, with the health sector moving increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services
- Eg:-Dentists can be encouraged and rewarded for effective prevention and research activities

CONCLUSION

HEALTH EDUCATION HAVE THE POTENTIAL TO TACLE THE UNDERLYING DETERMINANTS OF ORAL HEALTH AND THEREBY IMPROVE THE ORAL HEALTH OF ALL SECTIONS OF SOCIETY.IT HAS AN IMMEDIATE IMPACT ON BEHAVIOR.IT IS VITAL TO THE PRACTICE AND PREVENTION AND IS THE CHANNEL FOR REACHING THE PEOPLE AND ALERTING THEM TO HEALTH SERVICES AND RESOURCES.THE FOCUS OF HEALTH EDUCATION IS ON PEOPLE &THEIR ACTIONS THROUGH PLANNING AND TEAMWORK.ITS GOAL IS TO MAKE REALISTIC

REFERENCE

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THANK YOU



well &
WISE