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2012 E. C

Unit 1

Introduction to health education and health promotion

Unit objectives

At the end of this chapter the students are expected to:

- ❖ Define health
- ❖ Differentiate among health information, health education and health promotion.
- ❖ Discuss the rationale of health education
- ❖ Explain the ultimate goals and educational objectives of health education.
- ❖ List principles of health education.
- ❖ Describe levels of health education in diseases prevention.
- ❖ List the settings of health education
- ❖ Explain the role of health education in Primary Health Care
- ❖ Mention some of the challenges to the practice of health education.

Introduction

- Health education is part of health care which are concerned with promoting healthy behaviors.
- Through health education we help peoples to:
 - understand their behaviors and how it affect their health
 - encourage them to make their own choices for healthy life.
- Health education is one of the components of primary health care and plays paramount roles in achieving the goal health for all.

Intro... Cont'd

- Many people use HE and HP interchangeably.
 - However, there are differences in their concept and application,
 - many authors provide different definition of health education and health promotion

1.1. Definition and concepts of health

1.1.1 Health

- Health is a very abstract concept to conceptualize and measure.
- Its definition also differs among social classes, cultures, religion and ethnic groups.
- Generally, there are two opposing models concerning the definition of health:
 - I. Negative (narrow) model
 - II. Positive (broad) model

Intro... Cont'd

I. Negative model

This model views health as:

- Absence of diseases or disability or infirmity
- Biological integrity of the individual
 - Physical and physiological capabilities to perform routine tasks.

- According to this definition an individual is healthy:
 - if all the body parts; cells, tissues, organs, organ systems are functioning well.

- The human body is often thought of in the same terms as a car or other mechanical devices.
- Doctors tend to go along with this idea and are keen on active intervention with drugs or surgery **rather than educational intervention** to change behavior
- Despite its narrowness, it is a widely held view among lay people by equating/associating health with the absence of diseases.
 - **Disease “A” + Medical treatment = health**

Intro... Cont'd

II) The positive model

- It is broader and more holistic concept.
- WHO (1948), which defines health, as:
 - **“A state of complete physical, mental, and social well-being not merely the absence of disease or infirmity.”**

1. Physical health

- It is the absence of diseases or disability on the body parts (negative definition).
- It is the biological integrity and the physiological well functioning of the human body
- It is the ability to perform routine tasks without any physical restriction.

Intro... Cont'd

1. Mental health

- Termed as psychological health (Goldstadt, et al, 1987),
- it is subjective sense of well being.

It has two major components:

A) Cognitive component

- It is the ability of an individual to learn, perceive and, think clearly.
 - E.g. A person is said to be mentally retarded if he/she cannot learn something new at a pace in which an ordinary person learns.

B. Emotional component

- Is the ability of expressing emotions (e.g. fear, happiness, and to be angry) in an “appropriate” way.
 - “Appropriate” emphasis that the response of the body should be congruent with that of the stimuli.
- It is the ability to maintain one’s own integrity in the presence of stressful situations (tensions, depression and anxiety).

Intro... Cont'd

3. Social health

- Is the ability to **make** and **maintain** “acceptable” and “proper” interaction and communication with other people and the social environment;
- satisfying interpersonal relationship and role fulfillment.
- E.g., to mourn when close family member dies, to celebrate festivals, to create and maintain friendship etc.
- Mahler; accordingly he defined health as;
 - **“The ability to lead socially and economically productive life”**
 - Adds the concept of **emotional health and spiritual health.**
 - **Emotional health** –the same definition as WHO; but put as separate component.

Intro... Cont'd

4. Spiritual health

- Also called personal health & is a reflection of self-actualization.
 - A relation of health with religion or cultural values and beliefs
 - A way of achieving mental satisfaction in stressful or in other ill- health conditions.
- Hanlon (1974) defined health as: **“a functional state which makes possible the achievement of other goals and activities.”**
 - More recently, the WHO (1986) restated that: **“health is a resource for every day life, not the objective of living.”**
 - Good health should not be the goal of life, but rather a vehicle to reach one’s goal in life.

Intro... Cont'd

- Despite it is said a broader paradigm as to what health; different scholars **criticize** the (WHO) definition.
 - It is an over attractive, overambitious, ideal and unattainable definition.
 - Health is a process rather than a state (Peter Petri chard).
 - Health status only describe a “still picture of moving scene at a particular moment.
 - It is the process of adaptation to a social environment including man made and natural factors.
 - Therefore, health is a dynamic process with ever-changing stimuli and responses.
 - Spiritual health is not component of WHO definition (Mahler)

Intro... Cont'd

- Generally, the different aspects of health are interrelated and interdependent.
- Physical problems could lead to mental consequences and vice versa.
- **Health** is a holistic concept and **wellness** is expressed through integrated mental, physical, emotional, spiritual and social health at any point of health and illness spectrum.

Intro... Cont'd

1.1. 2 Health Education

- *“Any combination of learning experiences designed to facilitate voluntary action conducive to health”*

Elaboration of the definition:-

- **Combination:** it emphasizes on the importance of matching multiple determinants of behaviors with multiple learning experiences or educational intervention
- **Designed:** distinguishes health education from incidental learning experiences as a systematically planned and organized activity.

Intro... Cont'd

- **Facilitate:** creating favorable condition such as predispose, enable, reinforce.
- **Voluntary:**
 - with full understanding and acceptance of the purpose of the action.
 - Without use of coercion or any manipulative approaches.
- In health education; **don't force** people to do **what we want them to do**, instead our effort is to help people to make **decisions and choices** by themselves.
 - **Action:** behavioral steps/measures taken by individuals, groups or community to achieve the desired health effect.

Intro... Cont'd

1.1.3 Health Promotion

- To reach a state of complete physical, mental and social wellbeing,
- It is beyond the activity of health education.
 - health is not just the responsibility of health sector alone.
 - But the responsibility of every sectors working for development .
- The concern for health outside to the healthcare sector
- GREEN AND KRUEGER (1991) Defined health promotion as:
 - ✓ **“A combination of educational and environmental supports for actions and condition of living conducive to health.”**

Intro... Cont'd

Elaboration of the definition:

- ❖ **Combination:** refers to the necessity of matching multiple determinants of health with multiple intervention or sources of supports.
- ❖ **Educational:** refers to the communication part of health promotion (health education).
- ❖ **Environmental:** refers to the social, political, and economic, organizational, policy and regulatory circumstances influence behavior or more directly health

Elements/component of health promotion

✓ Health education

✓ Political environment

✓ Social environment

✓ Economic environment

✓ Organizational environment

Intro... Cont'd

Approaches to Health promotion:

- which employs;

A. Educational approach (health education):-

- which attempt to influence:
 - predisposing factors through direct communication,
 - reinforcing factors through indirect communication in social environments to create norms and values that support life style conducive to health and
 - enabling factor through trainings and organization.

B. The ecological /environmental approach (political action)

- It employs policy, organization, and regulation to influence the **enabling** and **reinforcing** factors for environmental and life style changes supportive of health.
- Behaviors and environment have a fully cause –effect relationship.

Intro... Cont'd

- Health education is:
 - one of the most important component of HP.
 - a means of promoting health.

- Health Education provides
 - consciousness-raising,
 - Concern - arousing,
 - action stimulating impetus /motivation for
 - public involvement and
 - commitment to social reform essential to its success.

Intro... Cont'd

- With out the policy support for social change, **even with successful individual change efforts**; HE is often *powerless* to help people to reach their health goals.
 - HP is a structural support for health education to develop its full potential.
- **HE** primarily focused at **voluntary action**.
- **HP** aimed at social and political action that will facilitate the necessary organizational, economical and other environmental supports for the conversion of individual action into health enhancement.

1.1. 4. Health Information

- It is health facts disseminated to the target audience focusing on:
 - The basic facts related to the health issue under consideration.
- In dissemination of health information, base line information or data (currently existing level of multiple determinants of behaviors) is not necessarily required

Comparison of health education and health information

Health Education

- Baseline information or current level of Multiple determinants of behavior are necessarily required
- The assumption is people are not rational all the times, but rationalize all the times
- Appropriate for old problems
- Required at all stages in behaviors change Continuum (it is continues)
- Encourage people to make their own choices for healthy life
- Focus on the reason behind behaviors
- People are not blamed for unhealthy behaviors
- Use a variety of methods or educational Strategy as appropriate

Health Information

- Baseline information or data are not necessarily required
- The assumption is people are rational and make predictable use of information available to them (unhealthy behaviors is due to knowledge gap and knowledge alone leads to action)
- Appropriate for newly emerging health problems and during epidemics
- One time telling facts provided that the information reaches at all the intended audiences and understanding takes place
- Merely telling people to follow healthy behaviors
- Blind to the reason behind behaviors
- People blamed for un healthy behaviors
- May not use a variety of methods.

Intro... Cont'd

1.2. Rationale for health education

- The continued existence and spread of *communicable diseases* that need the involvement of the community members and environmental intervention
- About 75% of *childhood illnesses* are preventable
 - E.g.
 - measles by immunization,
 - malnutrition and diarrhea by teaching mothers about feeding and promoting breast feeding until age of two.
- For some diseases **health education is the only practical choice in order to prevent the spread of the disease.**
- The tendency of increasing magnitude of *chronic conditions* and other *emerging agendas*, which required the cooperation of individuals to lead with the problem.

Intro... Cont'd

- A shift in the major causes of death from infectious (communicable) and treatable diseases to degenerative /non-communicable diseases.
- Human behaviors are almost the single causes for the development of such currently emerging health problems and also the main solution.
- Many people are ignorant of the causes of their illnesses and may be afraid of seeking treatment.
 - In this case, health education is a frontline to promote the use of preventive and curative health services.
- Increasing threats to the young new and harmful behaviors.
 - E.g. tobacco use, teenage pregnancy, substance use, etc.
- Increased awareness of people on chronic health problems and the need to know preventive actions.

Intro... Cont'd

1.3. The ultimate goals and educational objectives of HE

A) The ultimate goals of health education

- Even though health status is difficult to quantify, the goal of health education is to **promote, maintain and improve** individuals and community health (quality of life).

- In simple words the ultimate goals of health education are: to
 - Help each individual and family exercise the right to achieve a harmonious development of the physical, mental and social potential.
 - Promote health, prevent illness, self-adjust to live with disabilities and decrease morbidity and mortality.

Intro... Cont'd

B) Educational objectives of health education

- There are many types of objectives in health education depending on the stage and/or level of interventions.
- Broad educational objectives of health education:
 - To provide ***appropriate knowledge***: provision of correct knowledge, facts and information.
 - For example, facts about HIV/AIDS.
 - To develop ***positive attitude***: has a lot to do with changing opinions, feelings and beliefs of people.
 - For example, practicing of HIV/AIDS prevention behaviors such as condom use.
 - To exercise ***health practice/behavior***: concerned with helping people in decision-making and actually performing.
 - For example helping people choosing alternatives for HIV prevention.
 - ***For Decision-making***:-means choosing between and/or among alternatives in the future about health.

Intro... Cont'd

1.4. Dimensions of health Education

- **Health education is**

- *An eclectic /diverse/ in nature.*

- *Life long process.*

- *Not one time affair.*

- *Concerned with people at all points of health and illness continuum.*

Intro... Cont'd

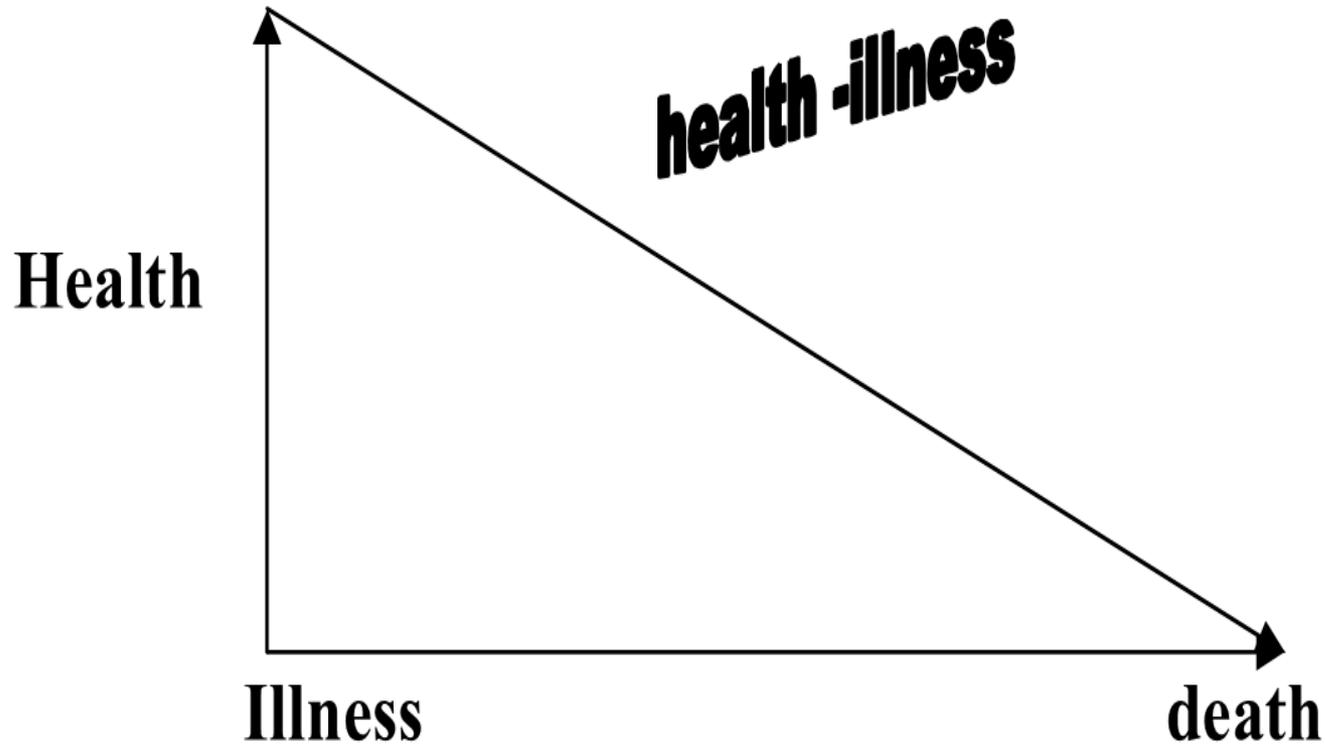


Figure 1.1: mathematical presentation of health and illness continuum

Intro... Cont'd

- **No level of disease prevention** can operate with no HE successfully
 - *Not an end by itself.*
 - Rather a way of empowering people to understand their own problems,
 - Identifying its solution and take appropriate action.
 - *Not limited to patients in clinical setups.*

Intro... Cont'd

1.5. Basic assumptions and principles of health education

- The practice of health education is based on the assumption “that beneficial health behavior will result from a combination of:
 - Planned,
 - Consistent,
 - Integrated learning opportunities and
 - Scientific evaluation of programs in different settings.”

Intro... Cont'd

The *working principles* of health education:

Principle of:

1. Educational diagnosis
2. Participation
3. Multiple methods
4. Planning and organizing
5. Facts
6. Segmentation
7. Need based
8. Culture
9. Motivation
10. Reinforcement
11. Feedback

Intro... Cont'd

1. Principle of educational diagnosis

- The first task in changing behaviors is to determine its causes.
- Just as physicians must diagnose an illness before it can be properly treated, so, too, must a behavior be diagnosed before it can be properly changed.
- If the causes of the behaviors understood health educator can intervene with the most appropriate and efficient combination of education, reinforcement and motivation.

Intro... Cont'd

2. Principle of Participation

- The prospect for success in any attempt to change behaviors will be greater if the individuals, families, community groups,, etc...have been participated in identifying their own needs for change and have selected the methods that will enable them to take action.

3. Principle of multiple methods

- This principle follows from the principle of educational diagnosis. In so far as multiple causes will invariably be found for any given behaviors.
- For each of the multiple predisposing, enabling, and reinforcing factor identified a different methods or components of comprehensive behavioral change must be provided

Intro... Cont'd

4. Principle of planning and organizing

- Planning and organizing are fundamentals for health education which distinguishes it from other incidental learning experiences.
- It involves deciding in advance the when, who, what, how, and why of health education.
- It also requires the planning for resources, methods and materials to be used, identification of target groups etc.
- It is very difficult and often unsuccessful when carrying out health education program that are not planned and organized appropriately.

Intro... Cont'd

5. Facts

- *Health education is given based on scientific findings/facts and current knowledge.*
- It is unthinkable to provide health education without scientific and knowledge related to the topic or issues to be addressed.
 - E.g. Health educator must know the current scientific knowledge how HIV/ADS transmitted and prevention methods. This is because scientific knowledge is changing with time. For example, it is incorrect to say I think FGM is harmful.

6. Segmentation

- Health education should be designed for a specific group of people/ specific target groups

Intro... Cont'd

7. Need based

- Health education is primarily educational and its purpose is to ensure a desired health related behavior after real need identification.
- There are three types of needs
 - **Felt need:** what the people feel, their wants, their real needs.
 - It may be the feeling of individual people, or collective feeling shared by the whole group.
 - **Expressed needs:** *felt need + expressed need*. It is need brought to attention of the authorities by request, petition or complaints etc.

Intro... Cont'd

- **Agency determined needs:** is what external services such as health workers and planners have decided the community needs.
- They do not necessarily correspond to felt needs.
- Therefore, before involving any individual, group or the community in health education the felt need of the community should be ascertained and if there is no felt need the education will be wasted.

Intro... Cont'd

- If the problem is serious from the health person's point of view, but as not felt as much by the individuals or the group then a proper diagnosis should be made about the difference influences such as perception, beliefs etc.

8. Culture

- *Health education should not consider as artificial situation or formal teaching –learning process.*
- One has to get into the culture of the community and introduce novel ideas with a natural ease and caution.
- Dogmatic statements particularly contrary to existing belief, culture, practices will not be liked.
- HE starts from where people are and slowly build up the talking point to avoid any clash of ideas to allow for people understanding, appreciation and internalization off rash ideas.

Intro... Cont'd

9. Principle of motivation

- Motivation is mental direction /desire for doing or rejecting something.
- It is something that happens within the person, not something done to a person by others.
- It is internal dynamics of behaviors, not external stimuli such as incentives.
- In strictly speaking, in health education, we can appeals to people's motives through motive arousing appeals but not through external stimuli

10. Principle of reinforcement

- states that those individuals, group who started to undertake health behaviors should verbally encouraged or received positive feed back (**positive reinforcement**) until the started health behaviors will develop its full potential and on the other hand, unhealthy behaviors should be discouraged until it disappear(negative reinforcement)

Intro... Cont'd

11. Principle of feedback

- It is a mechanism of assessing what has been happened in the target Population after receiving the message.
- Therefore, the two way communication particularly of important in health education to help people in getting proper feedback (where the communicate/receiver become a communicator/sender and vice versa) to get the doubts cleared.
-

Intro... Cont'd

1.6. Targets of health education

- *Needs for health education are ubiquitous/ever - present.*
- Depending on the type of the problem there are three broadly classified targets of health education programs.
 - *Individuals*
 - *Groups*
 - *Community*

Intro... Cont'd

1.7. The levels of health education in disease prevention

There are three distinct levels of disease prevention in health education:

- A. Primary,**
- B. Secondary, and**
- C. Tertiary health education.**

Intro... Cont'd

A. Primary health education

- Is comprised of those preventive measures that forestall/ prevent the onset of illness or injury before the disease process begins.
- health education/promotion program that aimed specifically at forestalling the onset of illness or injury among health individuals.
 - E.g. Wearing safety belt, Immunization, Brushing one's teeth, Breast feeding

Intro... Cont'd

B. Secondary health education

- Illness and injury can not always be prevented. In fact, many diseases such as cancer and heart diseases can establish themselves in humans and cause considerable damages before they are detected and treated.
- In such cases, the sooner the case detected and medical personnel intervene, the greater the chances of limiting disability and preventing death,
- Any health education/promotion programs that aimed at promoting early diagnosis and prompt treatment of a disease to cure or to limit disability and prevent more serious pathogenesis is called **secondary health education**
 - E.g. breast-cancer screening, Blood pressure examination, Cholesterol level examination, treating malaria patients.

Intro... Cont'd

C. Tertiary health education

- HE programs that specifically aimed at patients with irreversible, incurable, and chronic condition for social and psychological adjustment.
- At this level the health educator work to retain, reeducate, and rehabilitate the individual who has already incurred disability, impairment, or dependency,
 - E.g. Educating after lung cancer surgery, Working with the diabetes individual to ensure the daily Injections are taking

Intro... Cont'd

Health status

Healthy; with out signs and symptoms

Of disease, illness, or injury



Primary prevention-preventive measures that forestall onset of illness during prepathogenesis period

Disease, illness, or injury



Secondary prevention- preventive measures that lead to early diagnosis and prompt treatment of a disease to cure / limit disability, impairment, or dependency and Prevent more series pathogenesis.

Disability



Tertiary prevention-preventive measures aimed at rehabilitation following significant Pathogenesis Death

Death

Figure 1.2 .The visual representation of the level of disease prevention in relation to health status

Source: J.F. McKenzie, B.L. Nieger, and J.L. Smeltze, 2005

Intro... Cont'd

1.8. Health education settings

- Health education takes place in:
 1. Schools,
 2. Worksites,
 3. Health care settings and
 4. Community settings
 5. Special communities: such as prisons and refugee settings
- These settings differ in their:
 - organizational structure,
 - the mission of the organization, and
 - the centrality of the mission to health education.
- However, the process of health education is the same across settings, although the emphasis on content areas and the target population for health education will differ.

Intro... Cont'd

1.9. The role of HE and HP in Primary Health Care

- *Primary health care is a means of achieving health for all.*
- This is possible if all individuals, families, communities, health professionals, government and NGOS are involved in the programs.
- Daily decisions about health and diseases are made by individuals and families *not by doctors or health workers.*
- If these decisions are to be made wisely, individuals and families need to be equipped with the knowledge and skills necessary to exercise these health decisions.

Intro... Cont'd

- Primary health care *is therefore very much concerned with health promotion and education.*
- One of the *core principles of primary health care is community participation.*
- To achieve effective community participation things need to be done.

First: the political issues or government decision:

- the government should commit itself for community participation in health and development, and
- should create favorable climate which facilitate more community involvement in decision making.

Intro... Cont'd

Second: educational issues (health education):-

- people need to know how to carryout this mandate for their benefits.
 - Involves the adoption of certain types of behaviors and styles of living.
 - Involves educational assistance in building up more effective ways of organizing measures at local level to identify and tackle local health problems.
-
- *Health education is central to primary health care and no components of primary health care can successfully implemented without health education.*
 - *Means all components of primary health care have health education.*
 - Health education is *unique* from the rest of PHC component is that, it is needed to promote the proper use of other services.
 - One examples : immunization; many vaccines to prevent diseases, but no value unless people go to receive the immunization.

1.10. Who is responsible to provide HE?

- It is true that some people are specially trained to do health education work.
- *If health and other workers are not practicing health education in their daily work they are not doing their job correctly.*
- Health education, then, is really the duty of everyone engaged in health and community development activities.
- **Health workers must realize that their own personality serves to educate others.**
 - E.g. midwife and dispensers who do not wear a clean uniform are bad example.

Who is....

- A medical doctor when treating someone with a skin infection or malaria can practice health education to the patient.
- Drugs alone can not solve problems.
- Without health education, the patient may fall sick again and again from the same disease.
- Health workers are much better fitted to give health education than lay community.

1.11. Challenges to the process of health education

- Good health education does not just happen.
- Much time, effort, practice, and on-the-job training are required to be successful.

Common **challenges** of health education:

1. Health education is not considered as important.
2. Changing health behavior is conditioned by factors such as *social, psychological, economical, cultural, accessibility and quality of services, political environment, etc.* which are difficult to deal with simultaneously.

Challenges... Cont'd

3. People are *preoccupied* with many daily activities to support their life.
4. Health education does not have high prestige.
 - In schools it is treated as subordinate subject or as *optional chore /task* to be passed to a teacher.
5. People charged with health education programs lack special training and are *not qualified*.
6. Health education is much more than “*transfer of information.*”

Unit summary

- Definition of HE and HP
- Similarities and differences in HE and Health information
- Approaches for HP
- Principles of HE
- Challenges in HE

