Community Health Education



Definitions

Education:

Education is a learning process or a series of learning experiences through which an individual informs and orients himself to develop skills and intelligent action.

Learning:

It is the process of acquiring knowledge.

Knowledge:

It is the collection and storage of information or experience.

Motivation:

A combination of forces which initiate, direct and sustain behaviour toward a goal.

Health education:

The National conference on preventive medicine in USA has defined health education as-"Health education is a process that informs, motivates and helps people to adopt and maintain healthy practices and lifestyles, advocates environmental change as needed to facilitate this goal and conducts professional training and research to the same end.

Health Education:

A. Aims and objectives of Health Education

The WHO has formulated the aims of health education as follows-

1. Informing people

To create awareness of people in terms of health and to ensure that health is valued as an asset in the community.

2. Motivating people:

To equip the people with skill, knowledge and attitudes to enable them to solve their health problems by their own actions and efforts.

3. Guiding into action:

To promote the development and proper use of health services.

B. Components of health education

There are 3 Principal components of health education:

- i. Information
- ii. Learning and
- iii. Motivation
 - i. Information:
 - It implies informing, disseminating scientific knowledge about health to the people and as well as collecting information from people.
 - Information can be collected through
 - a) Observation
 - b) Interviewing people and
 - c) Using records and documents.
 - ii. Learning:

Learning is a continuous, dynamic and ongoing process requiring some basic ingredients e.g. a stimulus, a trial response and rewarding consequence of trial response.

- iv. Motivation:
 - Every person has a desire to learn, and awakening of this desire is called motivation.
 - Motives may be two types:
 - A. Primary motives —the inborn driving forces initiating people into action, e.g, sex, hunger, survival.

B. Secondary motives –the desires created by outside forces or incentives, e.g, love reward, recognition, punishment.

C. Contents of health education:

- 1. Human biology
- 2. Nutrition
- 3. Hygiene: personal and environment
 - Community
 - Domestic
- 4. Family health care
- 5. Control of communicable and non-communicable diseases.
- 6. Mental health
- 7. Prevention of accidents
- 8. Use of health services.

D. Principles of health education

- 1. **Interest:** Unless people are interested, they will not learn. Health education should therefore relate to the interest of the people.
- 2. **Participation:** it is based on the psychological principle of active learning.
- 3. Known to unknown
- 4. **Comprehension:** the teaching should be within the mental capacity of the people.
- 5. **Reinforcement:** Repetition of teaching at intervals is useful.
- 6. **Motivation:** Stimulation or awakening of the desire to learn is called motivation.
- 7. **Learning by doing:** learning is an action process.
- 8. **Soil, seed and sower:** the people are the soil, the health facts the seed and the transmitting media the sower.
- 9. **Good human relations:** the health educator must be kind and sympathetic; people must respect him as their real friend.
- 10. **Leaders:** local leaders such as village headman, the school teacher or the political leader.

E. Stages in health education (adoption of new ideas and practices)

5 stages of health education are-

- 1. Awareness: at this stage, the person comes to know about the new idea or practice.
- 2. Interest: This is the stage when the person seeks more detailed information. He is willing to listen or read or learn more about it upto satisfaction.

- 3. Evaluation: at this stage, the person weighs the pros and cons of the practice and evaluates its usefulness to him or his family by mental exercise and reaches a decision.
- 4. Trial: At this stage the positive decision is put into practice.
- 5. Adoption: at this stage, the person decides that the new practice is good and adopts it.

F. Methods of health education:

Basic methods are:

- 1. Two way method or Socratic method: the best method for imparting health education. Questions are asked and answers are obtained from the people e.g, in group discussion, which is a method where there is exchange of ideas among the members.
- 2. One way method or Didactic: delivery of lectures to a group of people. Learning is incomplete because there is no exchange of ideas.

G. Medias of health education



a) Spoken words

1. Didactic method:

Lecture —it will be much more effective if given with other audio-visual educational aids e.g.

- i. Chalk and black board
- ii. Microphone
- iii. Slide
- iv. Projection
- v. Poster etc.

2. Socratic method:

- i. Group discussion
- ii. Panel discussion
- iii. Symposium
- iv. Seminar
- v. Workshop
- vi. Role playing
- vii. Demonstration
- viii. Programmed instruction



b) Visual media

- 1. Chalk and black board
- 2. Charts, mops, graphs
- 3. Posters, journals, papers, pamphlets.
- 4. Textbook workbook
- 5. Photographs, slides
- 6. Flannel graph –Picture, drawing, illustrations
- 7. Exhibits –objects, models, specimens.

c. Mass media

- 1. Television
- 2. Radio
- 3. Films/video
- 4. Press
- 5. Posters
- 6. Health magazine
- 7. Health exhibition
- 8. Health Museum

H. Barriers to health education:

- a) Socio-cultural barrier:
 - 1. Religious barrier (e.g, in case of family planning)
 - 2. Superstition/belief
 - 3. Social behaviour and habits
 - 4. Illiteracy and ignorance
- b) Environmental barrier:
 - 1. Noise/slogan outside the lecture
 - 2. Congestion

- 3. Invisibility
- c) Physical barrier:
 - 1. Deaf and dumps (difficulties in hearing and understanding)
 - 2. Physical abnormality
- d) Psychological barrier:
 - 1. Emotional disturbance
 - 2. Neurosis

I. Role of Mass media in health education

- 1. Health education can help to create a political sensation in favour of public health by appealing to the policy makers.
- 2. Can raise the consciousness of the people and help to set norms that have a strong bearing on health.
- 3. Can help in fostering community involvement by reflecting public opinion through encouraging providers and by conveying the feed-back to decision makers.

J. How health education helps community

Health education helps community in various ways:

- 1. Nutrition
- 2. Environmental sanitation
 - Excreta
 - Excreta and discharge of patient
 - Water supply
 - 3. Control of communicable diseases
 - 4. Population control and family planning.
 - 5. Family health care
 - 6. Prevention of accidents, the field of mental health and occupational health.
 - 7. Control of any disease, early information.
 - 8. For specific drive (anti mosquito drive)
 - 9. A patient of communicable disease should know how to live in the family and community.
- - 10. Long drawn treatment of chronic diseases (peptic ulcer, T.B) for patient's cooperation health education is required.
 - 11. Antenatal care of pregnant woman and proper baby care

12. Information to the people about health services that are available in the community and to make best use of them.

Communication in Health Education

A. Definition:

Communication is the process of transferring information or ideas from one person or group of persons to other persons or groups with an attempt to bring them to the point of view.

B. Aspects of communication

- 1. Motivation
- 2. Repetition
- 3. Reinforcement
- 4. Citing example from day to day life

C. Elements of communication

The key elements in the communication process are the following-

- 1. Communicator: He is the cultivator, may be a teacher or instructor. To be effective, a communicator must know
 - i. His objectives: Clearly defined.
 - ii. His audience: its needs, interests and abilities.
 - iii. His message: its content, validity and usefulness
 - iv. Channels of communication.
- 2. Message: it is the information a communicator wishes his audience to receive, understand, accept and act upon.

A good message must be-

- a. In the line with the objectives
- b. Carefully chosen, i.e., oriented to the needs of the audience.
- c. Clear and understandable
- d. Specific
- e. Timely and
- f. Appealing
- 3. Audience: they are the consumers of the message the audience may be the total population or specific group within the population.
- 4. Channels of communication: the media of communication. It should be adjusted to the local cultural patterns (folk media) of the people.

D. Levels of communication

Level-I : IntrapersonalLevel-II : Interpersonal

• Level-III : Group communication

• Level IV: Cultural or mass communication

E. Barriers of communication

- **1.** Physiological difficulties in articulation, hearing, expression etc.
- 2. Psychological disorder of higher psychic function.
- 3. Environmental- Noise, invisibility, hazy fog etc.
- **4.** Cultural customs, beliefs, values, religion etc.

F. Communication process/methods.

- 1. **Speech/lectures:** with the aid of films and charts, flannel graphs, exhibits, flash cards etc.
- 2. **Panel discussion:** 4-8 qualified persons talk about a given health related subject in front of a large group of audience. The discussion should be spontaneous and natural.
- 3. **Group discussion:** a group of persons (6-20) meet together with a trained leader to discuss health matters of common interests and similar problems.
- 4. **Symposium:** it is a series of speeches on a selected subject. There is no discussion.
- 5. **Seminar:** a group of persons gather together for the purpose of studying a subject under the leadership of an expert. Here new information is presented for free discussion.
- 6. **Workshop:** it is a series of meetings, usually four or more, where a group of persons (12 or more) meet together with common interests or problems. The workshop provides each participant opportunities to improve his effectiveness as a professional worker.
- 7. **Convention:** the representatives or delegates from local units of a parent organisation meet together with a common interest.
- 8. **Conference:** A group of persons of different views and expertise meet and discuss problems of mutual consideration to find a reasonable solution.