

INFORMATION, EDUCATION AND COMMUNICATION FOR HEALTH



LECTURE 01

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HEALTH BEHAVIOUR

- **Health behavior** is an action to maintain, attain, or regain good **health** and to prevent illness. Some common **health behaviors** are exercising regularly, eating a balanced diet, and obtaining necessary inoculations.

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HEALTH EDUCATION

- “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”

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Objectives of health education

(a) Informing people:

- The first objective of health education is to inform people or disseminate scientific knowledge about prevention of disease and promotion of health. Exposure to knowledge will melt away the barriers of ignorance, prejudices and misconceptions, people may have about health and disease.

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(b) Motivating people:

- The second objective is more important than the first. Simply telling people about health is not enough. **They must be motivated to change their habits and ways of living, since many present day problems of community health require alteration of human behavior or 5 changes in the health practices which are detrimental to health, viz. pollution of water, out-door defecation, indulgence in alcohol, cigarette smoking, drug addiction, physical inactivity, family planning, etc.**

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(c) Guiding into action:

- Health education can and should be conducted by a variety of health, education and communication personnel, in a variety of settings, starting with the physician. People need help to adopt and maintain healthy practices and life-styles, which may be totally new to them.

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Principles of health education

(1) INTEREST:

- It is a psychological principle that people are unlikely to listen to those things which are not to their interest. It is salutary to remind ourselves that health teaching should relate to the interests of the people.
- Health educators must find out the real health needs of the people. Psychologists call them “felt-needs”, that is needs the people feel about themselves.

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(2) PARTICIPATION:

- It is a key word in health education. Participation is based on the psychological principle of active learning; it is better than passive learning. Group discussion, panel 7 discussion, workshop all provides opportunities for active learning. Personal involvement is more likely to lead to personal acceptance.

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(3) KNOWN TO UNKNOWN:

- In health education work, we proceed from the known to the unknown i.e., start where the people are and with what they understand and then proceed to new knowledge. In this way systematic knowledge is built up. New knowledge will bring about a new, enlarged understanding which can give rise to an insight into the problem.
- The way in which medicine has developed from religion to modern medicine serves us as an illustration, the growth of knowledge from the unknown to the known..

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(4) COMPREHENSION:

- In health education we must know the level of understanding, education and literacy of people to whom the teaching is directed. One barrier to communication is using words which cannot be understood.
- In health education, we should always communicate in the language people understand, and never use words which are strange and new to the people. Teaching should be within the mental capacity of the audience.

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(5) REINFORCEMENT:

- Few people can learn all that is new in a single contact. Repetition at intervals is extremely useful. It assists comprehension and understanding. Every health campaign needs reinforcement.

(6) MOTIVATION:

- In every person, there is a fundamental desire to learn. Awakenning this desire is called motivation. There are two types of motives – primary and secondary. Primary motives (e.g., sex, hunger, survival) are driving forces initiating people into action; these motives are inborn desires. Secondary motives are based on desires created by outside forces or incentives.
- In health education, motivation is an important factor; that is, the need for incentives is a first step in learning to change. The incentives may be positive or negative.

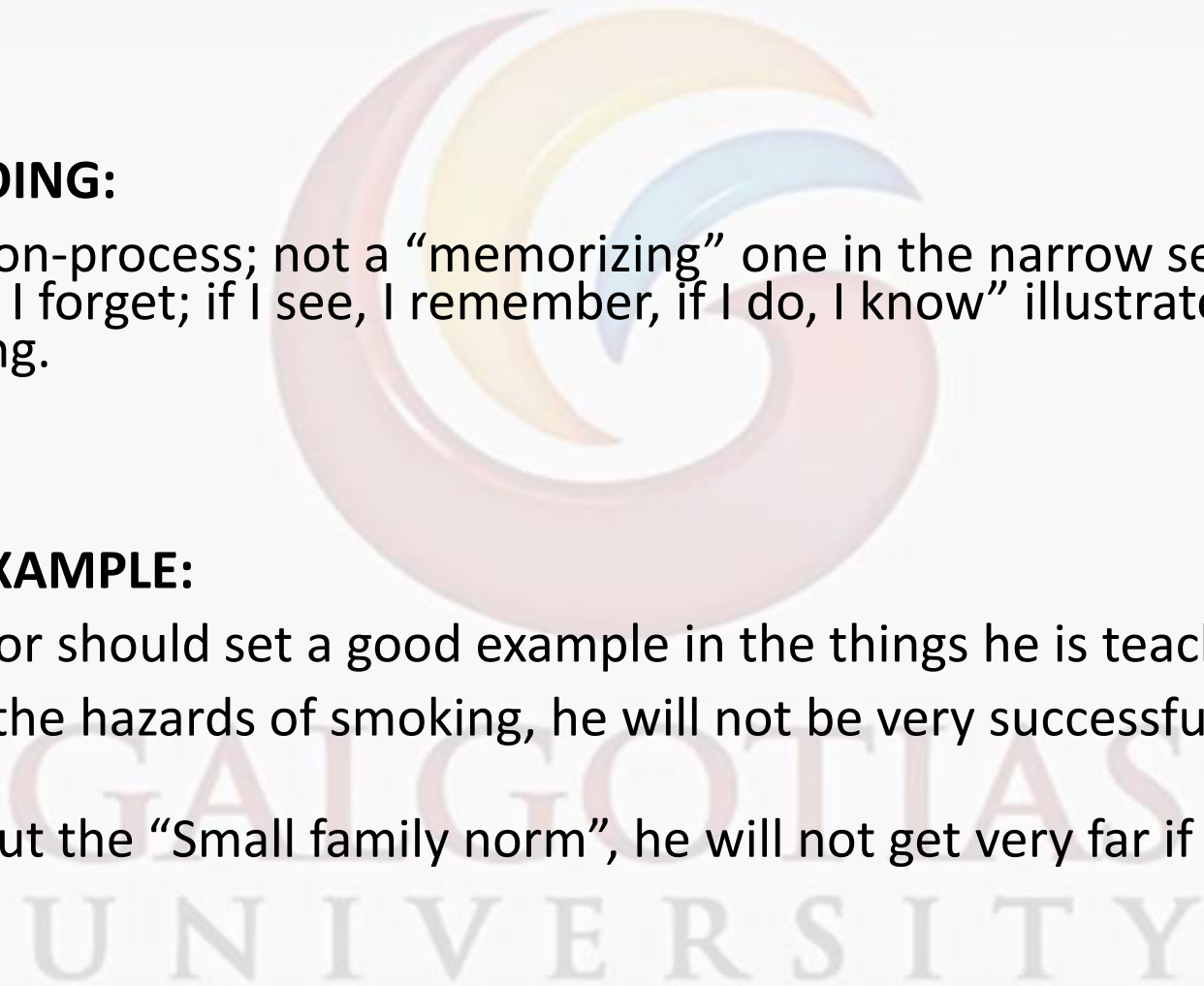
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(7) LEARNING BY DOING:

- Learning is an action-process; not a “memorizing” one in the narrow sense. The Chinese proverb: “If I hear, I forget; if I see, I remember, if I do, I know” illustrates the importance of learning by doing.

(8) SETTING AN EXAMPLE:

- The health educator should set a good example in the things he is teaching
- If he is explaining the hazards of smoking, he will not be very successful if he himself smokes.
- If he is talking about the “Small family norm”, he will not get very far if his own family size is big.



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(9) GOOD HUMAN RELATIONS:

- Studies have shown that friendliness and good personal qualities of the health educator are more important than his technical qualifications. Good human relations are of utmost importance in learning. The health educator must be kind and sympathetic. People must accept him as their real friend.

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(10) Leaders

- In the work of health education, we try to penetrate the community through the local leaders-the village headman, the school teacher or the political worker. Leaders are agents of change and they can be made use of in health education work. If

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METHODS OF HEALTH EDUCATION

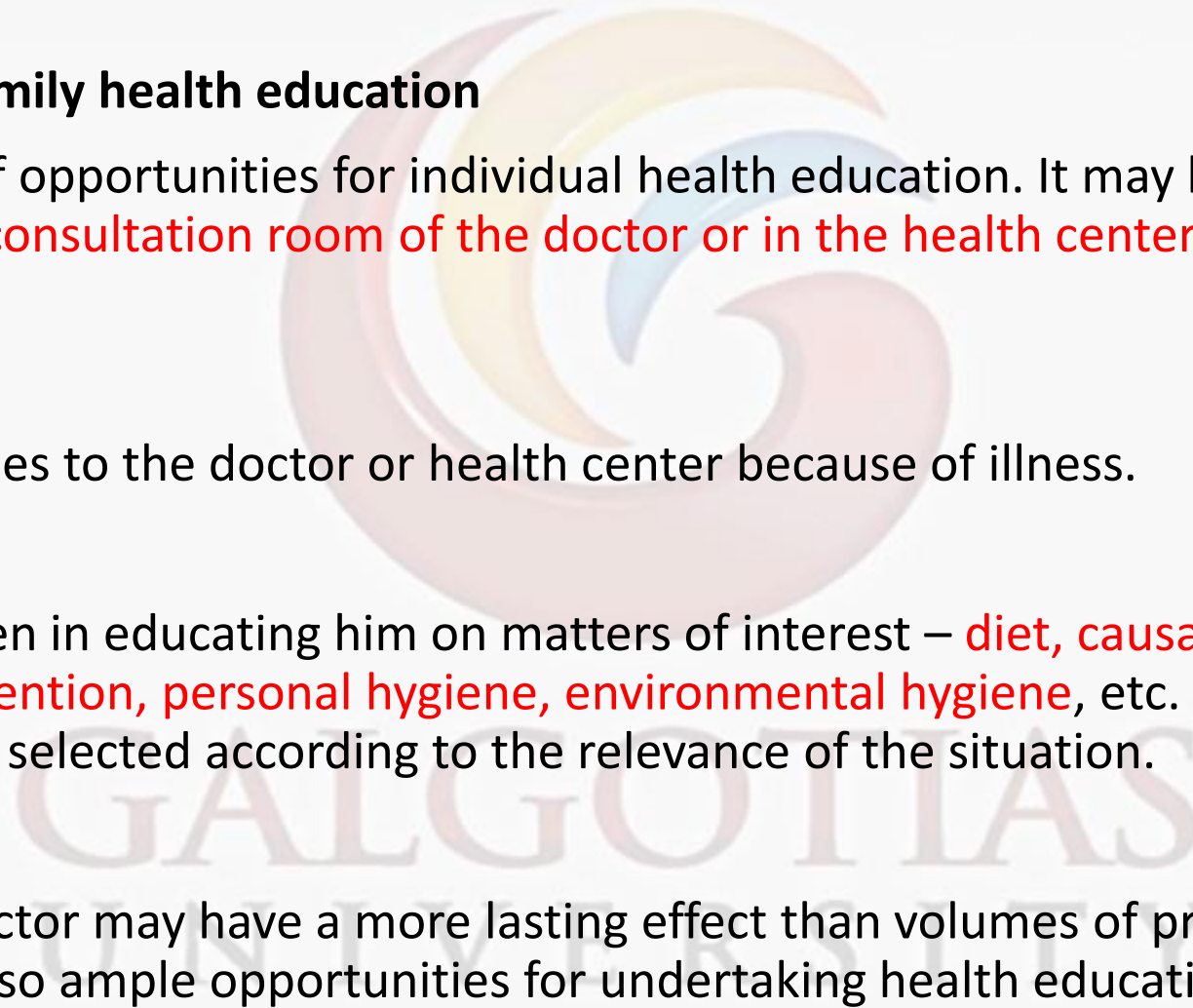
- Health education is carried out at three main levels – **individual, group and general public (COMMUNITY)** through mass media of communication. For effecting changes in attitudes and behaviors“, we rely on individual and group approach.

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(1) Individual and family health education

- There are plenty of opportunities for individual health education. It may be given in **personal interviews, in the consultation room of the doctor or in the health center or in the homes of the people.**
- The individual comes to the doctor or health center because of illness.
- Opportunity is taken in educating him on matters of interest – **diet, causation and nature of illness and its prevention, personal hygiene, environmental hygiene,** etc. Topics for health counseling may be selected according to the relevance of the situation.
- A hint from the doctor may have a more lasting effect than volumes of printed word. The nursing staff has also ample opportunities for undertaking health education.



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(2) Group health education

- Our society contains groups of many kinds – school children, mothers, industrial workers, patients, etc.
- Group teaching is an effective way of educating the community. The topic must relate directly to the interest of the group.
- For example, school children may be taught about oral hygiene; tuberculosis patients about tuberculosis, and industrial workers about accidents.
- We have to select also the suitable method of health education including audio-visual aids for successful group health education.

A brief account of the methods of group teaching is given below:

- (1) Lectures
 - (a) Films and charts
 - (b) Flannel graphs:
 - (c) Exhibits
 - (d) Flash Cards
- (2) Group discussions
- (3) Panel discussions

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- (4) Symposium
- (5) Workshop
- (6) Role playing
- (7) Demonstrations



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- **(3) Education of the general public**
- For education of the general public, we employ “mass media” of communication. These are:
- **(a) Television:**
- Television bids fair to become the most potent of all media. We can mould public attitudes through television. **Television has now become the cheapest media of mass education.**
- **(b) Radio:**
- It is found nearly in every home, and has **penetrated into even the remotest villages**. It is a potent instrument of education. Radio talks should not exceed 15 minutes.

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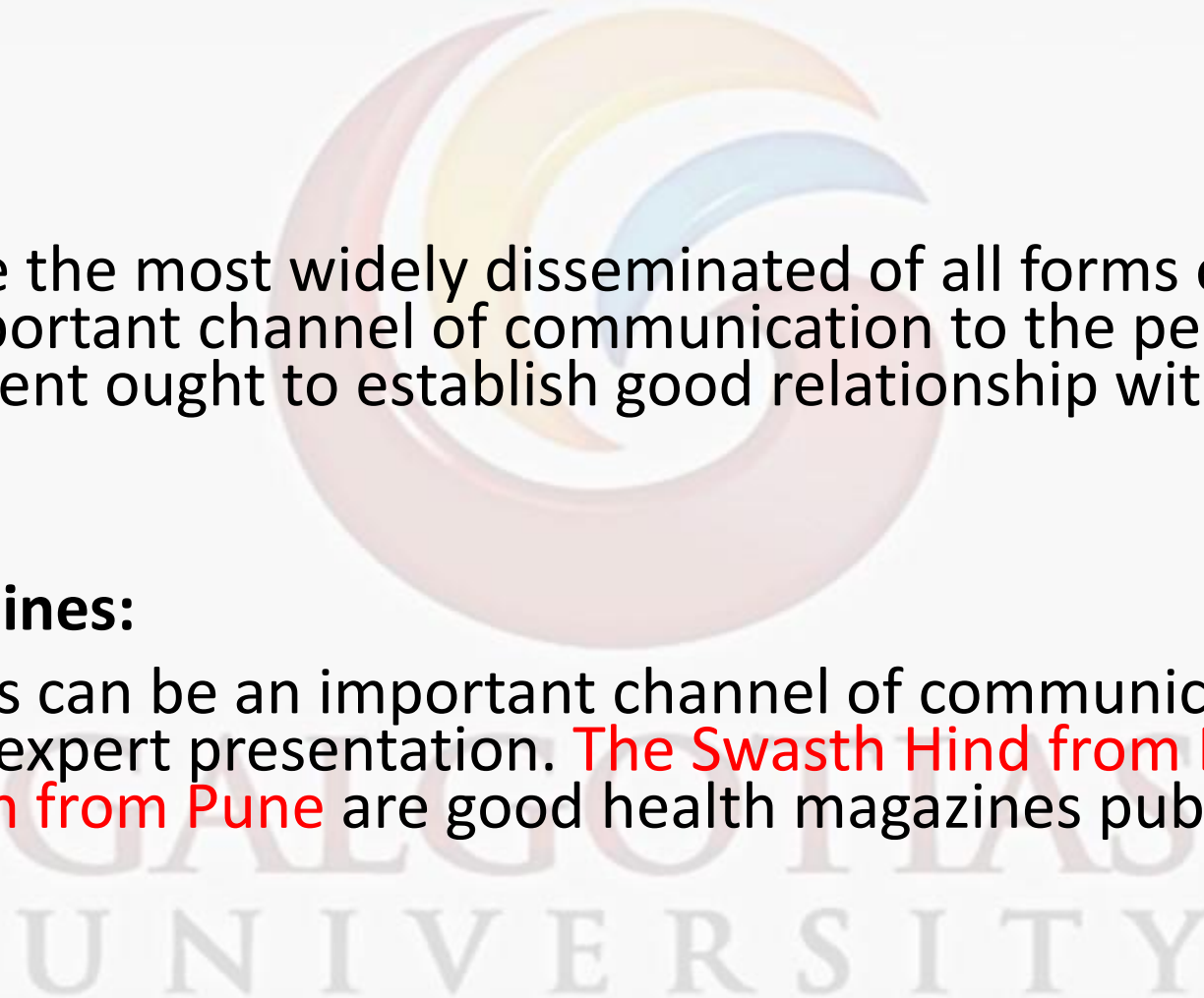
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(c) Press:

- **Newspapers** are the most widely disseminated of all forms of literature. They are an important channel of communication to the people. The local health department ought to establish good relationship with the local press.

(d) Health Magazines:

- Good magazines can be an important channel of communication. The material needs expert presentation. **The Swasth Hind from Delhi and the Herald of Health from Pune** are good health magazines published in India.



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- **(e) Posters**
- **(f) Health exhibition:** Health exhibitions, if properly organized and published, attract are numbers of people who might otherwise never come in contact with the variety of new ideas in health matters.
- **(g) Health museums:** Health museum display material covering various aspects of health. A good museum can be a very effective mass media of education, such as the one at Hyderabad in

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Content And Scope Of Health Education

1. Human
2. Nutrition
3. Hygiene
4. Family welfare services
5. Control of communicable diseases
6. Mental health
7. School health
8. Prevention of accidents in schools/homes
9. Use of health services

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