

# HEALTH EDUCATION

**D Y PATIL DENTAL SCHOOL**

**DEPARTMENT OF  
PUBLIC HEALTH DENTISTRY**

# Definition

- Health education comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge and developing life skills which are conducive to individual & community health.

-WHO Health Promotion Glossary (1998)

# Definition

- Health Education is a process aimed at encouraging people to want to be healthy, to know how to stay healthy, to do what they can individually and collectively to maintain health, and to seek help when needed.

-Alma-Ata declaration, 1978

# Definition

- “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 of Health Education



- Informing people : disseminate knowledge about prevention of diseases.
- Motivating people : just giving knowledge is not important because a change in human behaviour is required (misconception to be melted).
- Guiding into action by providing health services.

# Approaches to achieve health

- **Regulatory/Legal approach:** Protection of health through enforcement of laws.
- **Administrative/Service approach:** Providing health facilities needed by the community to improve their own health. It should be strictly based on the “Felt needs” of the people.
- **Educational approach:** A major means for achieving change in health practice. It involves human motivation, communication and decision making among individuals, families, small groups & mass approach
- **Primary health care approach :** Based on principles of PHCs i.e. community participation

# **Principles of Health education**

- 1. Credibility**
- 2. Interest**
- 3. Participation**
- 4. Known to unknown**
- 5. Credibility**
- 6. Comprehension**
- 7. Reinforcement**
- 8. Motivation**
- 9. Learning by doing**
- 9. Setting an example**
- 10. Good human relations**
- 11. Community Leaders**
- 12. Feedback**
- 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

## **□ INTEREST:**

- Recognize the felt needs of people for active learning.
- Educator should know the needs before programme is conducted

## **□ PARTICIPATION**

- Active participation by both teacher & learner
- Sense of involvement, personal acceptance, decision – making.
- Eg: Group discussions, Panel discussions

## **□ MOTIVATION**

- Fundamental desire for learning in an individual.
- It is an inner drive pushing an individual to satisfy a need.
- Motives – Can be primary or secondary.

## **□ COMPREHENSION:**

- It refers to the level of understanding of the people who receive health education
- Based on education, literacy of people

## **□ REINFORCEMENT:**

- Repetition of message
- Booster dose in health education

## **□ LEARNING BY DOING:**

- Learning is an active process, not like memorizing.
- “ *If I hear, I forget; If I see ,I remember; If I do, I know*”

## **□ KNOWN TO UNKNOWN:**

- Start from where the people know / understand then proceed for new information. This will make people think
- Systematic build up of knowledge
- Lengthy process

## **□ FEEDBACK:**

- For effectiveness of programs

## **GOOD HUMAN RELATIONS:**

- Health educator should be friendly, should have good personal qualities, kind and sympathetic.

## **COMMUNITY LEADERS:**

- Learning is best from whom we respect most. Leaders are agents who can bring the change in public so they made use of in H.E.

## **SETTING AN EXAMPLE :**

- The health educator should follow what he preaches. He should set an example for others to follow.

# Learning ladder Model



- **Unawareness** : If no knowledge is provided concerning a certain problem, then an individual is unaware.
- **Awareness** : Individual shows interest about the new idea or practice after information is made available.
- **Self interest** : The fact that information on a health problem exists is irrelevant unless the facts are seen to be personally relevant.
- **Evaluation** : Individual tries to find out the advantages & disadvantages of the new method
- **Trial** : Individual tries to put the new method into practice
- **Adoption** : The individual finally accepts the new idea or method as beneficial to him & accepts it
- **Internalization** : The adoption of the practice as a part of his own existing values is called internalization

# 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

# Differences between Health Education & Propaganda

## Health education

- Knowledge and skills are actively acquired
- Makes people think
- Disciplines primitive desires
- Appeals to reason
- Knowledge is acquired through self reliant activity.
- Behaviour centered - Aims at developing good attitudes, habits and skills.
- Develops individuality, personality and self expression.

## Propaganda

- Knowledge instilled in the minds of people
- Prevents thinking by readymade desires
- Arouses and stimulates primitive desires.
- Appeals to emotion
- Knowledge is spoon fed and passively received.
- Information centered – No change in behaviour
- Develops standard pattern of attitudes, behaviour as per public



# Communication

“ A key strategy to inform the public about health concerns and to maintain important health issues on the public agenda. The use of the mass and the multimedia 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.”

- WHO Health Promotion Glossary, 1998.

## Communication



Communication is everyone's panacea for everything

- Tom Peters

# Communication process

## COMMUNICATION MODEL

Message

Messenger



Channel



Receiver

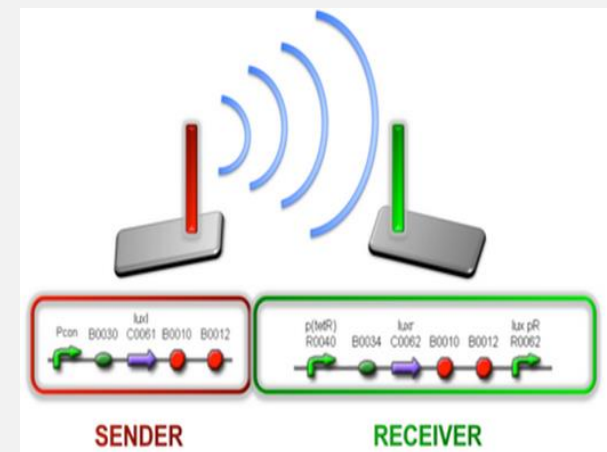


Feedback



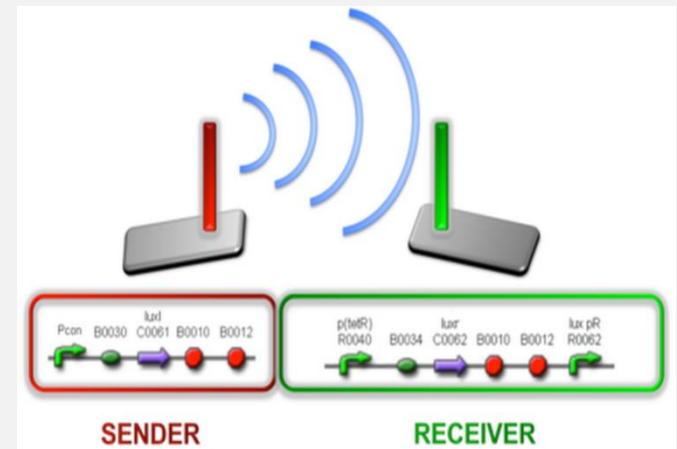
# 1. SENDER –

- Originator of the message
- To be an effective communicator, he must know:
  - his objectives, clearly defined
  - his audience : its interest and needs
  - know the message
  - channels of communications
  - his abilities and limitations



## 2. RECEIVER –

- Audience may be single person or a group.
- Audience may be of two types :
  - a. Controlled – audience held together by common interest.
  - b. Uncontrolled – also known as free audience which has gathered out of curiosity.



### **3. MESSAGE –**

- It is the information transmitted by the communicator to the audience.
- It must be :
  - a. in line with the objective
  - b. based on felt needs
  - c. clear and understandable
  - d. specific and accurate
  - e. timely and adequate
  - f. interesting
  - g. culturally and socially appropriate

## 4. CHANNELS OF COMMUNICATION -

- It is the media used for communication.
- Types of channels :

a. Interpersonal or face to face communication



b. Mass media like TV, Radio, etc.



c. Folk media like folk songs, dramas



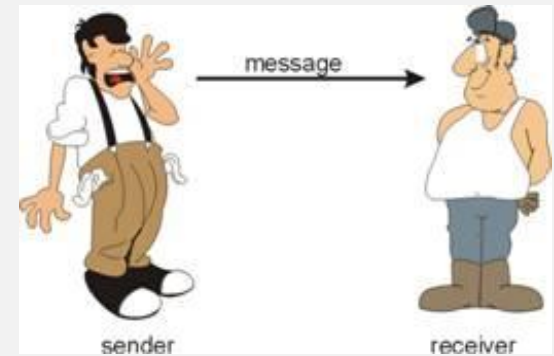
## 5. FEEDBACK –

- Flow of information from audience to the sender.
- Reaction of the audience to the message.
- Provides an opportunity to modify the message and render it more acceptable.
  - e.g. Opinion polls, interviews, questionnaire surveys
- Immediate in interpersonal communication, while it takes some time in mass communication.

# Types of Communication

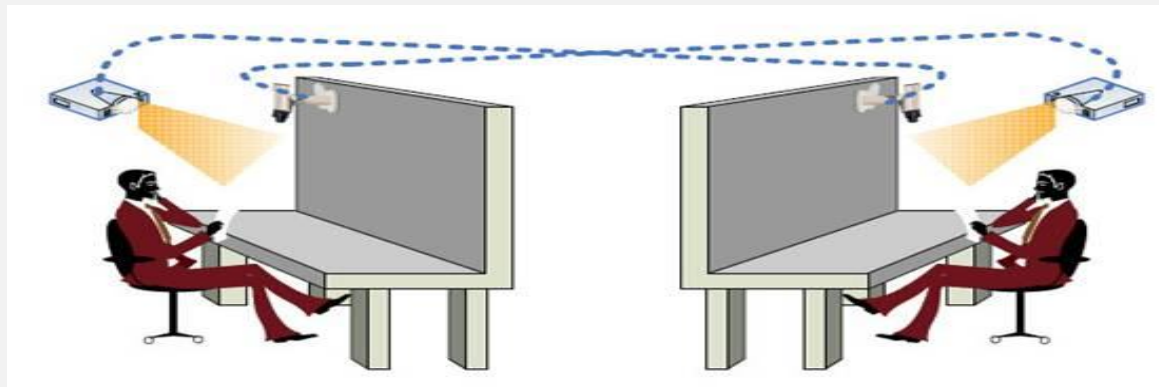
## 1. ONE WAY COMMUNICATION -

- Flow of information is from communicator to audience.  
e.g. Lecture method in classroom
- Drawbacks are :
  - little audience participation
  - knowledge is imposed
  - learning is authoritative
  - no feedback

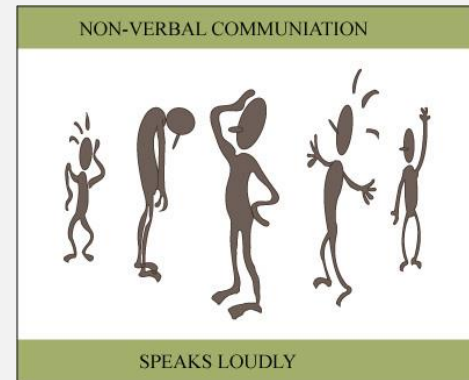


- **2. TWO WAY COMMUNICATION –**

- Both communicator and the audience take part.
- The audience may raise questions, and add their own information, ideas and opinions to the subject.
- This process of learning is active and democratic.
- It is more likely to influence the behavior.



### 3. VERBAL AND NON VERBAL COMMUNICATION -



Verbal Communication is the traditional way of word by mouth, whereas non verbal involves whole range of bodily movements, postures, gestures, facial expressions like smile, raised eyebrows, frowning, staring, gazing, etc.



## 4. FORMAL AND INFORMAL COMMUNICATION –

Formal communications follow lines of authority, whereas informal ones like communicating with friends, gossiping may be more active.

## 5. VISUAL COMMUNICATION –

e.g. charts, posters, maps, tables, etc.



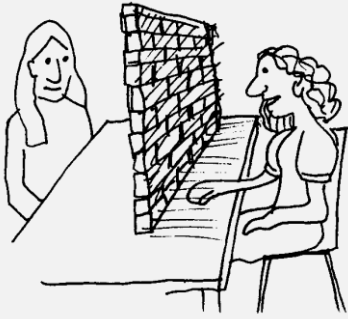
## 6. TELECOMMUNICATION –

- Telecommunication is the process of communicating over distance using electromagnetic instruments designed for the purpose.
- Radio, TV and internet etc. are mass communication media, while telephone, telex and telegraph, are known as point-to-point telecommunication systems.
- With the launching of satellites, a big explosion of electronic communication has taken place all over the world.



# BARRIERS IN COMMUNICATION

- Health education may often fail due to communication barriers between the educator and the community. These may be :
  1. Psychological
  2. Physiological
  3. Environmental
  4. Cultural
  5. Verbal and Non-verbal



# Barriers in Communication

## **A. PSYCHOLOGICAL BARRIERS :**

- Emotional disturbances, depression, neurosis or any other psychosomatic disorder can cause psychological barriers in communication.
- Special methods and utmost care should be taken while communicating with individuals with psychological problems.

## **B. PHYSIOLOGICAL BARRIERS :**

- Include people with difficulties in self expression, difficulties in hearing, seeing, understanding, etc.
- When dealing with special groups such as deaf and dumb individuals or blind individuals, the channels of communication should be selected so as to target such group effectively.

## **C. ENVIRONMENTAL BARRIERS :**

- Excessive noise, difficulty in vision and congestion, etc.
- They can be overcome by making small groups.

## **D. CULTURAL BARRIERS :**

- Cultural factors like patterns of behavior, habits, beliefs, customs, attitudes, religion, etc.
- Sentiments of the people should not be hurt while communicating.

## **E. VERBAL BARRIERS :**

- Attacking, interrogating, criticizing, blaming, ordering, shouting, threatening.

## **F. NON VERBAL BARRIERS :**

- Flashing and rolling eyes, gestures out of exasperation

## **KEYS TO SUCCESSFUL COMMUNICATION :**

- Personal contact is important
- Always be courteous
- Be consistent and clear
- Listen to others and show interest

# EDUCATIONAL AIDS

## 1. AUDITARY AIDS :

- Based on the principles of sound, electricity and magnetism.

Most commonly used are :

- a. megaphones
- b. public addressing systems or microphones
- c. gramophone records
- d. tape recorders
- e. radios
- f. sound amplifiers



## 2. VISUAL AIDS :

- Based on the principle of projection. They include :

### a. Projected aids :

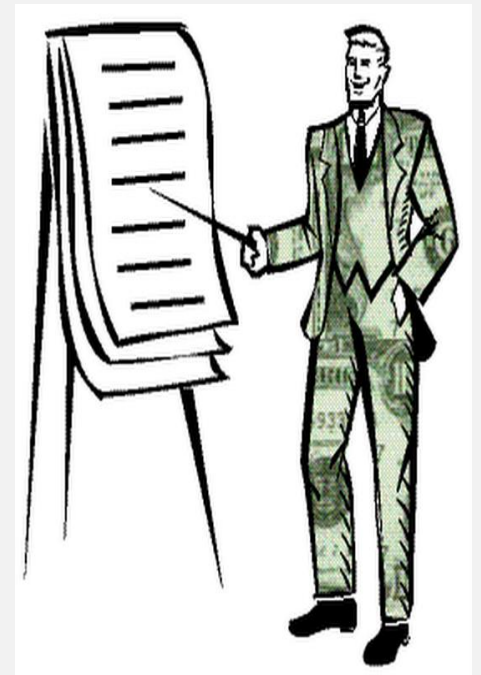
They need projection from a source on to a screen.

- Films or cinemas
- Overhead projectors
- Transparencies
- Video Cassettes
- Film strips
- Slides
- Bioscopes
- Silent Films

b. Non projected aids :

These do not require any projection.

- Blackboard
- Pictures, cartoons, photographs
- Charts, posters
- Flip charts, Flash cards,  
Flannel graphs
- Printed materials like leaflets,  
pamphlets, booklets, brochures
- Models, specimens



### 3. COMBINATION OF AUDIO - VISUAL AIDS :

- Sound and sight can be combined together to create a better presentation. They include :
  - Televisions
  - Tape and slide combinations
  - Video cassette player and recorders
  - Motion pictures or cinemas
  - Multimedia computers
- Also Include folk dances, folk songs, puppet shows, dramas.



# METHODS OF HEALTH EDUCATION

## 1. INDIVIDUAL APPROACH :

- Personal interviews in the consultation room of the doctor in the health center or in the home of the people.



## 2. GROUP APPROACH :

- It is an effective way of educating the community. It includes :

### a. Chalk and Talk (Lecture) :

- Lecture is a carefully prepared oral presentation of facts, organized thoughts and ideas by a qualified person.



- Characteristic of a lecture are :

- > Opening statement which gives the theme of lecture
- > group size upto 30
- > lecture of duration not more than 15-20 mins
- > based on topic of current interest

## b. SYMPOSIUM :

- Consist of series of speeches on a selected topic
- Each speaker presents a brief aspect of topic
- No discussion among the speakers
- Audience may ask the questions in the end
- Chairman makes the summary at the end of the session



### c. GROUP DISCUSSION :

- A group of people interacting in face to face situation
- Group should consists of 6 to12 members
- Participants seat in a circle
- Group leader initiates the subject, encourages everyone and sums up the discussion
- A recorder who prepares a report on issues discussed and agreement reached



#### d. PANEL DISCUSSION :

- Panel of 4-8 experts sit and discuss a topic in front of audience
- Headed by a chairman who opens the session, introduces the speakers
- Audience allowed to ask questions



e. WORKSHOP :

- Consists of series of meetings with emphasis on individual work with the help of a resource person
- Small groups are formed with each group consisting of a chairman and a recorder
- Individuals work, solve the part of the problem, contribute to group discussion and leave with a definite plan of action for the problem



## f. CONFERENCE/ SEMINARS :

- It contains a large component of commercialized continuing education
- Duration – from half day to one week
- Held on a regional, state or national level with a definite theme
- It may cover a single topic in depth or be broadly comprehensive



## g. SOCIO DRAMA/ ROLE PLAYING :

- It is a form of demonstration where real life situations are acted out without any artificial ingredients
- Size of the group should be about 25
- Situation is dramatized to make communication more effective
- The main advantage of this method is that people can understand better when they visualize the situations and it produces a lasting impression in their minds

## h. DEMONSTRATION :

- Procedure is carried out step by step in front of audience
- Audience can carry out the procedure themselves

## i. COLLOQUY –

- Here the audience gets the opportunity for direct participation
- This is based on discussions stimulated by few selected members of the audience
- A group of experts on the particular topic of discussion are selected and they listen to the problems or questions raised by the members of the audience
- The experts give answers and comments on various aspects

### **3. MASS APPROACH :**

- Health education for a large community or the general public can be given using the mass media of communication.
- Mass media are a one-way communication. It is not possible for the people who receive health education to clarify their doubts or express their views.
- The main advantages of using mass media are,
  - Large number of people can be reached.
  - Useful in transmitting messages to people even in the remotest places.
  - People of all socio-economic status irrespective of their caste, creed and religion have an access to health education

- Television
- Radios
- Newspapers / Press
- Posters, billboards and signs
- Internet
- Printed material
- Direct mailing
- Health museums and exhibitions
- Folk media



# 1. Television:

- It is effective in not only creating awareness, but also to an extent influencing public opinion and introducing new ways of life.
- Advantages :
  - coverage of a large number of people,
  - many topics can be projected and conveyed to the general public,
  - provides entertainment as well as education
  - can cater to all groups of people.
- Disadvantages : i) the high cost of television sets ii) accessibility by all people and iii) “one-way” communication.

## 2. Radios:

- Play an important role in man's day-to-day life
- Can reach illiterate population not accessible through printed word
- The advantages are that they are cheaper mediums for mass communication and are accessible by people of all socio-economic status



### 3. Newspapers / Press:

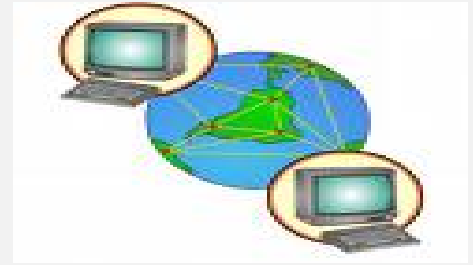
- Newspapers should provide more factual, detailed and even statistical material
- They are easily accessible by the community and are available in languages they can follow
- The limitations are low readership in rural areas because of illiteracy





## 4. Posters, billboards and signs:

- These are intended to catch the eye and create awareness. Therefore the message to be communicated must be simple and artistic
- In places where the exposure time is short (e.g. streets), the message of the poster should be short, simple, direct and one that can be taken at a glance and easy to understand immediately. In places where people have time to spend (e.g. bus stops, railway stations, hospitals), the poster can present more information
- The life of a poster is usually short and should be changed frequently



## 5. Internet :

- This new means of computer based communication system has made it possible to get into direct and instant communication across the world by means of e-mail and even a on-line chat
- This is a fast growing communication media and holds very large potential to become a major health education tool



## 6. Printed material :

- Magazines, pamphlets, booklets and hand-outs have long been in use for health communication
- Their usefulness lies in the fact that they can convey detailed information.
- They can be produced in bulk for very little cost, and can be shared by others in the family and community

## 7. Direct Mailing :

- This is a new innovation in health communication in India.
- The intention is to reach the remote areas of the country with printed word.  
(e.g. newsletters and booklets on family planning, immunization etc.)
- These are sent directly to the village leaders, literate persons, panchayats and local bodies

## 8. Health museums and exhibitions:

- If properly organized they can attract large number of people.
- They can be conducted during some fairs and festival in one particular area or geographic region.
- Models or exhibits can be used to demonstrate various parts of the body, their importance and function

## 9. Folk media:

- It includes keerthan, katha, folk songs, dances, dramas and puppet shows that have roots in our culture



A cartoon illustration of a man in a white shirt and black tie emerging from an open envelope. He has a wide, joyful expression with his mouth open and eyes wide. He is holding a rectangular sign that says "Thank You!" in red, handwritten-style text. The envelope is drawn with simple black outlines, and the man's body is also simple, with a white face and a black suit. The background is plain white.

Thank  
You!