UNIT 3 HEALTH EDUCATION AND COMMUNICATION

Structure

3.0 OBJECTIVES

After reading this unit, you should be able to:

- define health education and its goals;
- discuss the process of health education;
- enumerate various approaches in health education;
- enumerate various methods of communication in health education;
- identify the barriers to health education and discuss the ways and means of overcoming them; and
- identify specific issues for health education for older people.

3.1 INTRODUCTION

In the previous block and units you have learnt about the principles of graceful aging, management of risk factors, creating elderly-friendly environment and the role of traditional systems of medicine in maintaining good health in old age. These principles need to be communicated to older individuals, families and communities for achieving the goal of good health and functional status till the very end of life.

We as health professionals know that the danger to people's health comes from living organisms, chemicals and poisons, physical force of natural events, man made environmental factors and the genetic make-up. In addition people stay healthy or become ill as a result of their own behaviour and action. You come across frequently many such cases of ill health (communicable and non-communicable), which are directly related to human behaviour. There are many reasons why people behave in one way or the other. These include knowledge, belief, attitude, value system, influence of important people, resources such as time, money and culture.

Adopting behaviour that promotes health, prevents disease and helps in cure from illness as well as rehabilitation to normal life requires change. Change in behaviour can be natural in

absence of alternatives or planned with a motive to improve life. Helping people in changing behaviour to lead healthier life is also known as health education.

Health professionals are approached by patients in clinics, health centres and dispensaries with problems most of which have an education component. Thus health education is an essential tool of your work in improving health and every health professional essentially is a health educator. Every day people make decisions that have short-term as well as long-term consequences with regard to their health and well being. As their doctor you should provide them information to make the right decision and improve their skill in health promotion and health protection.

In this unit you will learn the principles of health education and the art of communication with older people, their families and their communities. You will also learn how to influence people in making healthy decisions.

3.2 CONCEPTS

Health education as a discipline is very much misunderstood both in its content and as a service for the individual and the community. It has got varying connotation ranging from public relation activity of the health department to transmission of information from health expert to lay public.

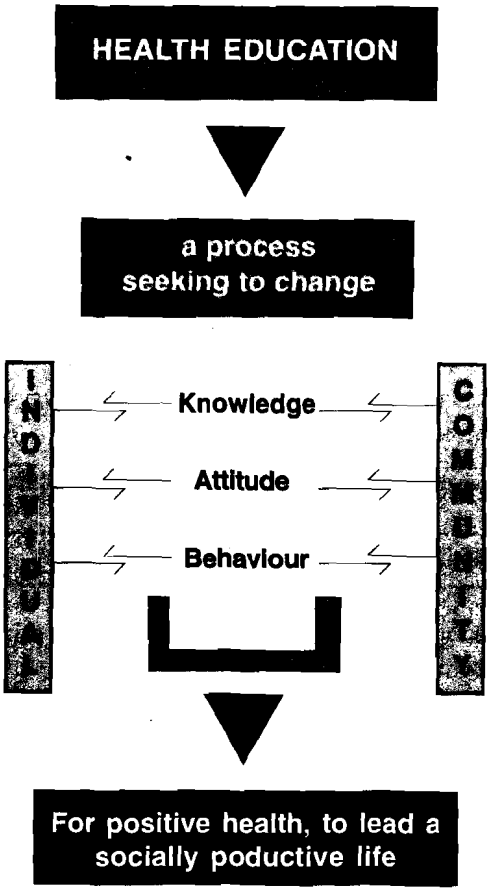

Fig. 3.1: Concept of health education

Health education is defined as 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.

It is a process aimed at induction of healthful behaviour and de-learning of customs, prejudices and practices which are detrimental to health. Health education requires active involvement of people in achieving the goal of health.

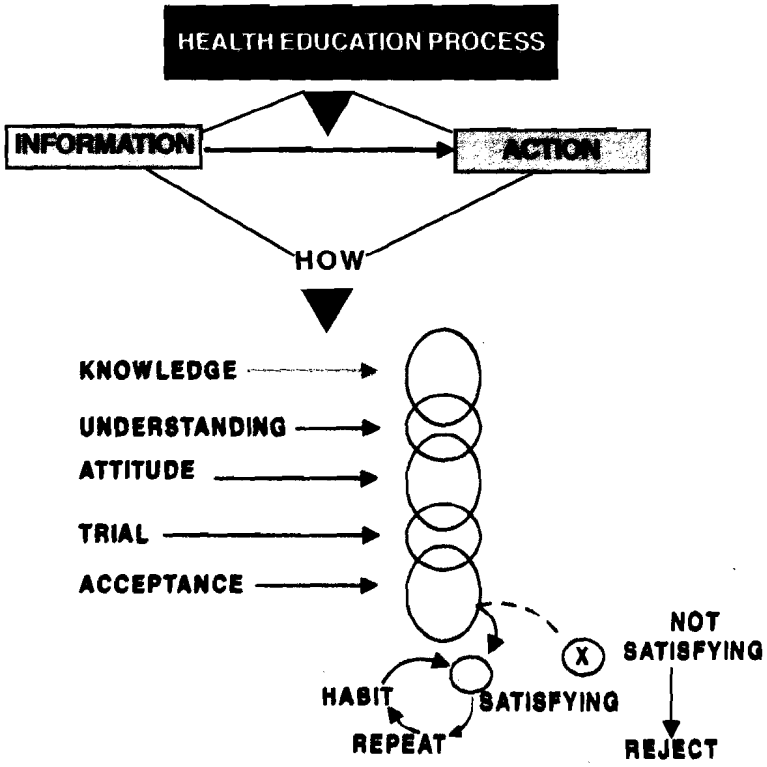

Fig. 3.2: Process of health education

With these concepts health education has the following objectives.

1) **Informing people:** Reasonable understanding of birth, aging, death and disease is now available as a result research and discoveries in medical field. Knowledge about prevention of disease and promotion of health is also available from these discoveries. Informing people about the knowledge of health promotion and health protection is the first goal of health education.

   Exposure to knowledge will create awareness of health problems, need for healthy life style and will also put responsibility on people for their own health.

2) **Motivating people:** Creation of awareness is not sufficient to expect people adopt healthy life style. People need to be motivated to change their habits and ways of life. These changes being behavioural changes, health education is similar to influencing a "consumer" to make his choice and decision but towards healthy actions and ways of life.

3) **Guiding them into action:** People need help to adopt and practice healthy life style, which may be totally new to them. To achieve this there is a need for creation of a setting from where health education can be disseminated. In other words there has to be an infrastructure for health education and related services and people need to be encouraged to utilize these services.

Check Your Progress 1

1) What are the basis of human health behaviour?

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2) What are the aims and objectives of health education?

3.3 PRINCIPLES

Education is a process to bring about change in behaviour. Like all behavioural processes, there are several psychological aspects of learning. Learning cannot take place unless the student wants it. The process of education involves the following steps:

Interest: People are not likely to listen to something in which they do not have any interest. People will only have interest in issues that affect them, i.e., their "felt needs". In presence of low literacy as in our older population the "felt needs" may have to be aroused in minds of people by the health professionals before the process of health education starts.

Participation: Education is best when there is active learning. Thus participation of the learners in the process is key to success in health education.

Known to unknown: Health education needs to be a gradual process. People start from the base line of their knowledge and proceed to gather new information, which must have a link to existing knowledge. New information makes understanding of problems easier.

Comprehension: Health education must be in tune with the comprehending capacity of the learner. The learner must understand the meaning of all technical terms and the implications of the change in behaviour.

Reinforcement: It is unlikely that the process of learning will be complete in the first occasion. Most people need to be told again and again at intervals for the desired result. It is especially true for older people.

Motivation: Desire to learn is guided by motive, which being a secondary motive (primary motives are hunger, sex and survival) is usually guided by positive forces (reward) or negative forces (punishment). Every aspect of health education, therefore, must accompany a motivating factor for the best possible results.

Learning by doing: The best way of learning is by doing. Every lesson of health education should include a practical component from which the subjects learns by doing the activity.

Soil, seed and sower: For effective health education, the recipient (soil) must be receptive because of the felt need. The message on health (seed) must have a scientific basis. The medium of transmission (sower) must be attractive and acceptable.

Good human relations: The personality of the health educator has important bearing on the process of learning. A friendly and sympathetic health educator usually gains the confidence of the learner and is likely to succeed in bringing about the desired behaviour change.

In addition it is well known that people tend to follow peers and leaders. Endorsement of a health campaign or an educational activity by a community leader or popular personality often achieves much better results than other means.

3.4 CONTENTS

Contents of health education are often very wide and require to be oriented towards the recipient's felt needs. The contents of a health education programme for older people should include:

Human biology: The older subject and their family should be informed about the biological changes in structure and function of the body in relation to aging. They must also be informed about the difference between age-related changes and pathological states.

Family health: Information regarding human growth and development needs to be included in the message to provide a correct perspective of human aging.

Nutrition: Health educator must guide older people and their family to understand the principles of balanced diet, nutritive value of food, value for money spent on food, storage, preparation, cooking etc. In addition, older people need to know about the food that improves their bowel movement, protects against disease and improves health.

Hygiene: Education on hygiene should be about personal hygiene and environmental hygiene.

Education on personal hygiene should include information on bathing, clothing, toilet, washing of hands before eating, care of feet, nails and teeth; prevention of indiscriminate spitting, coughing and sneezing; and inculcation of clean habits.

Education on environmental hygiene should include information on maintaining clean home, need for fresh air and light, ventilation, hygienic storage, disposal of waste, sanitation, disposal of human excreta, food sanitation, vector control etc. Though creation of hygienic environment requires mobilization of resources in the community, the role of the individual in maintaining the environmental hygiene cannot be neglected.

Control of communicable and non-communicable disease: Information on common communicable and non-communicable diseases specific to old age and as well as all age groups needs to be included in health education because older people are often consulted for their wisdom in all matters of health and diseases.

Mental health: Cognitive and affective disorders are extremely common in older subjects. In addition there has been a rise in mental illness in the general population also. Older people need to be educated regarding adjustment to their changing role in family and community as a result of old age and retirement. In addition education regarding dementia, depression, anxiety and bereavement needs to be provided.

Prevention of accidents: Modern day life has very high risk of accidents and disasters. Older people are especially vulnerable to accidents and their complications because of their physiological decline and higher risk of fractures and life threatening injury.

Use of health services: Older people need to be educated to use the health services available in the community to the maximum extent. They must also be encouraged to participate in national health programmes designed to promote health in old age and prevent disease.

3.5 APPROACHES

There are several approaches through which people can be made to learn and change behaviour for better health.

Regulatory or top-down approach: In this approach the society or the government seeks to protect health of the people through law and enforcement. Administrators make the rule and expect the community to accept and implement it. This approach is useful only in short-term or emergency situations. The impact is usually low in long term and thins out when the enforcement is withdrawn. The enforcement requires infrastructure and involves considerable cost.

Another form of "top down" approach is provision of health promotion services by the society or the government free of cost expecting the community to adopt and practice them. Often these services initiated are not in tune with the "felt needs" of the people and thus never get accepted.

Participatory or educational approach: In contrast to the above approach educating people

to achieve change in health behaviour in tune with their "felt-health needs". This participatory educational approach is much more acceptable to people and the community as there is no enforcement philosophy behind it.

Check Your Progress 2

1) What are the essential pre-requisites for learning?

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2) Enumerate the contents of a health education programme.

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3) Enumerate various approaches in health education and give an example of each.

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3.6 COMMUNICATION IN HEALTH EDUCATION

The basis of education is communication i.e. transferring information to the learner to bring about behaviour change. The components of this process of communication include communicator or the health educator who must have clear knowledge about the:

- subject of education
- objectives to be achieved at the end
- audience
- methods of communication

The theme or message in education must be:

- in tune with the objectives of education
- in tune with the "felt needs" of the audience
- clear and understandable
- timely and appealing

The characteristics of the recipients or audience greatly influence the total communication process. The socio-cultural nature, the psychological make-up to grasp the message and past experience of the recipient with such information determines the ultimate impact of the exercise on change in behaviour.

There are several means of transmitting the message. Each method has its advantage as well as disadvantage. Approaching each individual directly carries greater value compared to indirect mass approach in terms of impact but requires larger resources. Two-way approach clears doubts in the mind of the recipient but again requires greater time in comparison to one-way approach of mass contact. Informal methods are more appealing but the message can be lost in between the discussion where as formal approaches carry importance and are effective.

The medium or channel of communication is an important factor in determining the

effectiveness of communication. It depends on the nature of message, the size of the audience, the time at disposal, the speed of communication and the cost of communication.

The communication can be through non-verbal visual method that is through printed words, diagrams and pictures, gestures, symbols etc. Certain degree of education and intelligence is required on the part of the recipient for its effectiveness. The media also needs to be attractive to catch attention.

Verbal communication is made through the use of audio and audio-visual medium. No educational or intellectual pre-requisites of the recipient are required in verbal communication.

Use of audio-visual aids improves effectiveness of communication and health education. These include:

a) Auditory aids: radio, microphone, tape-recorder, amplifier etc.

b) Visual aids: chalk-black boards, leaflets, posters, charts, models, specimens, exhibits, filmstrips, slides.

c) Audio-visual aids: television, video-films, films.

Each of these media has advantages and disadvantages. Though audiovisual aids improve the impact of the message, what really matters in terms of impact is the content of the message.

3.7 PRACTICE

Health education can be carried out at three levels—individual and family, group, and population.

Individual and family approach: The individual and family can be given health education at all points of their contact with health care system at each level (primary, secondary and tertiary) and by any health professional (doctor, nurse, health worker, etc.). At the time of disease and illness, the individual and the family is extremely receptive to advice on diet, causation and prevention of disease, immunization, personal hygiene, environmental hygiene, etc. While working with individual and the family it is important that the health educator gains the confidence and creates an atmosphere of friendship and trust. The learner can be encouraged to discuss, argue and ask questions so that the impact of education on behaviour is maximal and can lead to effective change. The limitation of individual and family approach is that only small number can be educated by this method including those who reach the system.

Group approach: There are several groups in the society e.g. school children, mother, industrial workers, office workers, pensioners, patients etc. Educating the group on health related matter is an effective method. However the topic of health education to each group is different. To achieve the best result the topic and the medium must be chosen carefully. The methods of group teaching can be through:

- Lecture and speech to small groups using films, charts, flash cards and exhibits.
- Group discussion with encouragement to express ideas clearly, listening to others, criticizing a new concept and reaching a conclusion.
- Panel discussion with 4 to 8 speakers addressing a topic with participation of the audience.
- Symposium of a series of lectures by different people on one or more related topics.
- Workshop involving experts and participants to carry out group discussion and make plans.
- Role playing and simulated exercise
- Demonstration

Population approach: Health education of the population by using mass media is a very useful method. The mass media used for health education are: television, radio, print media (news papers and periodicals), film, posters, pamphlets, booklets, direct-mailing, health exhibition and museum and folk media.

Mass media is not a very effective medium for achieving change in behaviour as the communication is always "one-way". However these are useful in creating public awareness and providing information.

Check Your Progress 3

1) Enumerate the components of communication.

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2) Enumerate different audio-visual aids used in health education.

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3) Enumerate different methods used for educating a group of retired factory workers.

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3. 8 BARRIERS

There are several barriers to a successful educational programme (Fig. 3.3). Some common barriers are the following:

a) **Physiological:** The older person may not be able to hear or see the educator or may not understand the expressions due to impaired cognition.

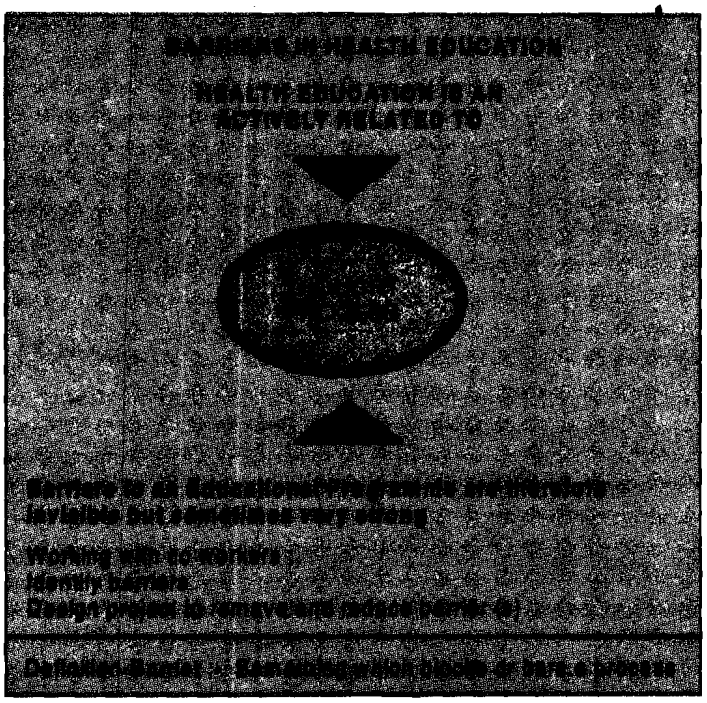

Fig. 3.3: Barriers in health education

b) **Psychological:** The older person may not be in a receptive state of mind due to depression, anxiety or inability to concentrate.

c) **Environmental:** The learning place may be situated at a great distance which the older person may not be able to travel due to lack of transport or inability to walk. The learning place may be noisy, congested, poorly lighted and may be inaccessible for the older person which prevents active participation.

d) **Socio-cultural:** The greatest barrier to learning comes from socio-cultural issues such as level of education and understanding, religious beliefs, customs and taboos. Misconceptions about ill health and old age as unavoidable part of life are other barriers to learning.

e) **Attitudinal:** Lack of faith in health services, denial of health needs and apprehensions about the service are serious barriers to learning.

Barriers to health education can be removed by the following approaches:

a) **Identify the problem:** It is essential that the health educator identifies the nature and the extent of the barrier by assessing the altitude towards health and observing the health practices in the family and the community.

b) **Options:** The health educator should then consider various options to overcome the barrier.

c) **Choose option:** From various options the educator chooses one and defines a strategy to carry the chosen option.

d) **Identify largest group:** The largest group in the target population is identified and the strategy is applied.

e) **Assess:** The health educator assesses the impact of the programme and reviews the strategy to improve its effectiveness.

3.9 SPECIFIC ISSUES IN HEALTH EDUCATION FOR OLDER PEOPLE

There are several specific health problems which affect the older people most. You as a health professional should be able to educate older people how to prevent them. These include:

- Physical activity and fitness
- Nutrition
- Personal hygiene
- Prevention of accidents
- Screening for common diseases
- Sleep
- Adaptation to changing role with aging
- Early diagnosis of disease

In different courses of this diploma programme information has been provided on each of these issues.

Check Your Progress 4

1) Enumerate the possible barriers in educating a group of rural elderly.

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2) Enumerate the components of an education programme on nutrition to older women.

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3.10 LET US SUM UP

Health and illness have several behavioural determinants. There has been significant increase in our knowledge of causation of diseases and the role of human behaviour in the disease process. Health behaviour is dependent on knowledge, belief, attitude, value, influence of important people, resources and culture. As health professionals we have the responsibility to bring about the necessary changes in behaviour of older people who approach us with their problem by providing them health education. The objectives of health education are informing people about the benefits of good health behaviour, motivating them to change unhealthy behaviour and guide them to adopt and practice healthy life style. Health education like all behavioural process is bound by certain scientific principles. Though the content of education varies in different age groups, the basic issues remain similar. Health education is best imparted by participatory approach. While communicating the message, the educator need to assess the recipient with regard to their felt needs and their level of understanding through a two-way approach. You as a physician has the best chance to interact with patients and their families during the periods of crisis and propagate the necessary health message. In addition you should also utilize group methods and mass education methods whenever you get an opportunity. Older people have specific health needs and require education on specific issues. Communication is an art and as a physician you must master it to make a difference to other's lives.

3.11 KEY WORDS

Barriers in education : Hindrance in providing education

Change in behaviour : Change in attitude

Communication : Transmission of information

Health education : Teaching about health

Healthy life style : Living with healthy way of life

3.12 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

1) The basis of human behaviour are knowledge, belief, attitude, value system, peer pressure, resources and culture.

2) The aims and objectives of health education are learning of healthy behaviour and de-learning of customs, prejudices and practices, which are detrimental to health. This can be achieved by providing information, motivating people to change their behaviour and guiding them into action.

Check Your Progress 2

1) The essential pre-requisites for learning are interest, motivation, participation, comprehension, reinforcement and practice.

2) A health education programme should include information on human biology, family health, nutrition, common diseases and their control, personal and environmental hygiene, prevention of accidents and injuries, health promotion, mental health and utilization of services.

3) The two approaches in health education are regulatory approach and participatory approach.

   Examples:

   Regulatory approach: Compulsory vaccination in large gatherings, prohibition of smoking and alcohol use.

   Participatory approach: Universal immunization, use of low cholesterol diet.

Check Your Progress 3

1) The different components of communication are: the communicator, the audience or recipient, the message and the medium.

2) Various audio-visual aids used in communication are:

   a) Auditory aids: radio, tape recorder, microphone and amplifier.

   b) Visual aids: chalk-black board, poster, pamphlet, charts, specimens, exhibits, slides and filmstrips.

   c) Audio-visual aids: television, cinema, and video-films.

3) For a group of retired factory workers (urban population with low or lower-middle class socio-economic status) the methods should be: speech, group discussion, role-playing, simulated exercise and demonstration.

Check Your Progress 4

1) Possible barriers in educating a group of rural older people are: hearing impairment, visual impairment, cognitive decline, low level of education, poor understanding, religious faith, culture and apprehensions about the health service.

2) Clues to answer: Consider a diet rich in iron, fibers, calcium and vitamin D, but low in salt and fat.

3.13 FURTHER READING

Park, K., *Park's Book of Preventive and Social Medicine*, 16 ed, Banarsidas Bhanot Publisher, Jabalpur.