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## UNIT 3 HEALTH EDUCATION

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### 3.0 OBJECTIVES

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After undertaking the activities in this unit, you should be able to:

- assess the educational needs of the elderly, and prioritise them;
- develop health education messages; and
- organize and conduct health education activities in any one common health problem

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### 3.1 INTRODUCTION

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You have already learned the concept and principles of health education, different approaches to health education and also communication process in MME-004, Block 2, Unit-3.

In this chapter, you will get an opportunity to organize and conduct the health education activities in your own set-up or in District/ sub- district or tertiary level hospital. Since health education involves change in behaviour and practices, it becomes imperative to interact and learn the existing knowledge, belief, attitudes and practices of elderly (in the community or other settings). Through rapid method of surveys and interaction, you will be able to assess the priority education needs of the elderly as also the attitudes of family and community towards elderly. This will also help you to identify the available resources, support systems that could enable the elderly to help themselves and act upon the available information. Through the varied experiences of elderly people, you would be able to assess the success or failure of the method of education.

Efforts on education have to be sustained on a continuous basis and one-time activity or effort may be quite inadequate. In most of the settings, you will not find any organized system for health education of elderly; however,

you will be guided by the counsellor of programme study centre as to how to plan, organize and conduct health education activities on selected problems encountered in a situation. These needs are to be developed through trials and errors. Since the national policy on elderly has been adopted, the educational activities for the elderly people have to become the integral part of the primary, secondary and tertiary health care system. It will take some time to have actual plan of implementation on the ground, till such time we have to try our own model or whatever you can innovate with the help and support of your counsellor.

In this unit, you will learn how to organize and conduct health education activities for the elderly.

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## 3.2 ORGANIZING AND CONDUCTING HEALTH EDUCATION ACTIVITIES FOR ELDERLY

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### 3.2.1 Principles of Health Education

Any health education should be planned based on the following principles:

- **Functionality:** The educational plan should have adequate content to achieve the objective or the goal of the education. The goal should be measurable, beneficial, action-based and valid for real life.
- **Flexibility:** The plan must be flexible so as to suit the changing needs of the individuals and new developments
- **Realistic:** Health education plan should be realistic and not be over idealistic or utopic
- **Practicability:** The educational plan should not only be useful for the one who planned, it should be usable easily at different time and different place by others as well.
- **Scientific:** The plan should have scientific basis in terms of knowledge and behaviour change
- **Suitability to the social values:** The plan should be in line with the life philosophy, ideals, beliefs and values of the society where it is planned
- **Economical:** The implementation cost should be affordable and easily implementable.

### 3.2.2 Components of Health Education

For organizing and conducting a health education activity, it is required that you decide upon the topic, objectives, methodology, the materials and the place where the education session is to be conducted.

#### Topic and Objectives:

The topic for the health education should be based on the needs of the elderly. The topic should be specific and simple and should easily relate to them.

Examples of topics that can be chosen are :

- Family Health – Care taker role
- Nutrition

- Hygiene
- Exercise
- Mental Health – Adaptation to changing role to ageing
- Control of communicable & Non-Communicable Diseases (NCD)
- Prevention of falls

The main objective of health education is to provide knowledge and skills to the elderly or the family or society so that they can lead a healthy life through their own efforts and actions. Essentially health education supports and develops all type of learning process from knowledge, attitude to behaviour change.

The objective of your education plan can be precise, specific and measurable.

### **Choosing the Methodology**

You will make an attempt to practise ways of putting across the messages. You can either adopt person to person or group discussion method.

#### **Person to Person Communication:**

First method is person-to-person or face-to-face where you become the principal communicator. This can be done in the clinic/workplace or in homes during the contact with elderly in the family settings. Face to face communication is also called **Interpersonal Communication (IPC)**. You have learnt about this in the previous chapter.

Elderly are often available in and around home in the rural settings. Home visit is routine programme with health workers and thus there are opportunities of repeated contacts between health workers and family including elderly persons, which establishes relationship of trust and confidence. Similarly, repeated visits of elderly to clinic or hospital provides an opportunity of contacts which builds confidence and trust between the client and provider of services.

#### **Group Discussion:**

Group Discussion is a democratic method of education, decision –making and learning from each other’s experience, which helps in solving a problem and building a conducive environment. In the context of elderly people, this becomes a significant channel of communication.

After having learned the theoretical part of method of education (group discussion), this chapter will enable you to organize group discussion.

Steps for organization of group discussion are as under:

#### **i. Preparation for group discussion**

- Identify the problem area e.g. tobacco abuse (smoking) amongst elderly men, nutrition, etc.
- Prepare a topic guide for the discussion e.g. for tobacco abuse it could be:
  - Knowledge on problem of smoking among elderly
  - Factors for smoking among them, personal experiences from the group
  - Knowledge on health problems related to smoking, examples from the group

- Economic aspects of smoking (daily expenses on smoking, sharing by group)
- Acceptance of smoking by family and community (sharing personal experiences)
- Ways to stop smoking
- Any efforts by the group in smoking cessation, experiences and outcome
- Views on how to stop smoking

- Identify the target groups to be educated. Smokers above the age of 65 years in the hospital situation or in the community.
  - Collect relevant material for education e.g. poster, pamphlet, booklet, pictorials, action photographs, case studies etc.
  - Identify the messages to be communicated
  - Fix convenient date and place for group meeting in consultation with the prospective participants (elderly).
- ii. **Seating arrangement:** The place of education should have minimal disturbance, good acoustics and enough space for writing activities and tools like wheel chairs, sticks and walkers, etc. Minimise the physical barriers. Ensure comfortable chairs and back supports as per the requirements. There are different seating arrangements which can be adopted. Based on the number of participants and place availability, the arrangement can be decided.

a. **U seating order (Fig 3.1)**

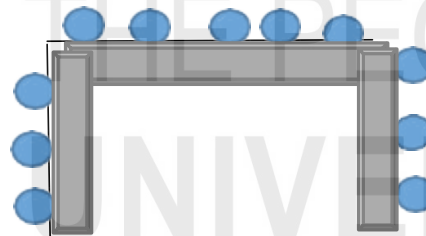


Fig 3.1 U Seating order

b. **Team seating order (Fig 3.2)**

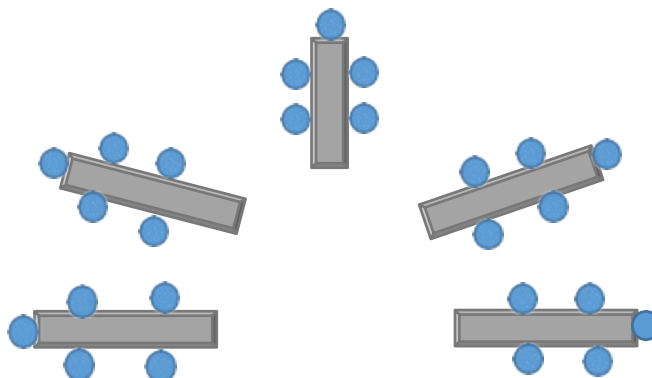


Fig 3.2 Team Seating order

## c. Circle seating order (Fig 3.3)

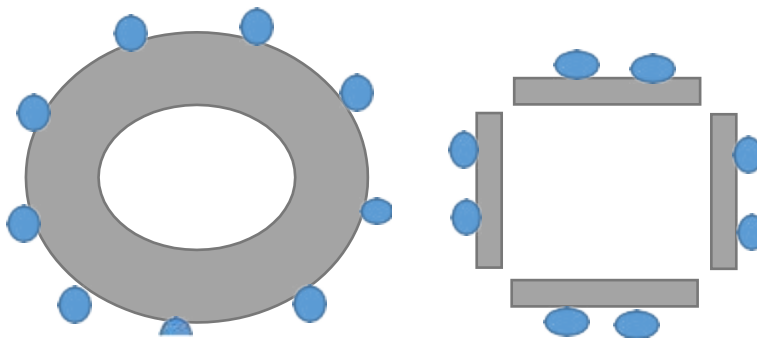


Fig 3.3 Circle Seating order

## iii. Conduct of the group discussion

**Before starting the session, you can involve one of your colleagues or another person who can observe and record the activities of the session.**

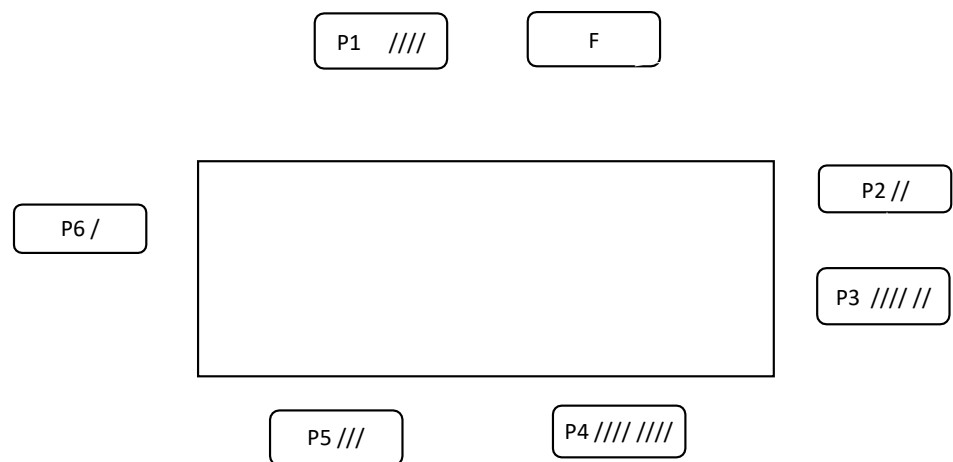
- Welcome the participants in local dialect and make them seated comfortably in a circle/semicircle. Manageable ideal size of the group is 5-10 elderly men.
- After welcoming the group, introduce yourself and ensure that each member introduces himself to other member of the group — his name — age and smoking habits.
- As a group facilitator, you must be able to quickly assess their cognitive, affective and physical abilities, their previous experiences and their perceptions.
- Then introduce the subject matter very briefly. Your introduction should arouse interest and set the tone for discussion. Do not lecture or take longer time on the topic. Example: problem of smoking
- Make it a point that all in the group are equal and important. Encourage everyone to participate initially by asking open ended questions
- Now let the group members discuss the subject of smoking amongst themselves. The group is at liberty to choose their leader if they so desire who regulates the group discussion and ensures participation of every member, or you as facilitator can take up that role but it is better if someone from within the group takes up that role.
- Avoid letting one person or group of people dominate.
- Smooth over if any conflicts arise
- Help shy participants share their opinions.
- As the group discussion progresses, your role is to make observations through your eyes and ears. Make observations on mood and gestures (non-verbal communication in the group).
- Record observations by another person if you are facilitator of the group discussion and give feedback to the group at the end of the session. It is worthwhile to repeat the exercise in additional sessions.

Use the following sample observation sheet and summarise the observations on the role of each participant in the group (Table 3.1).

**Table 3.1: Behaviour of group members**

| Members Role                | A | B | C | D | E | F | G | H | Total |
|-----------------------------|---|---|---|---|---|---|---|---|-------|
| Initiated                   |   |   |   |   |   |   |   |   |       |
| Clarified                   |   |   |   |   |   |   |   |   |       |
| Elaborated                  |   |   |   |   |   |   |   |   |       |
| Integrated                  |   |   |   |   |   |   |   |   |       |
| Sought information          |   |   |   |   |   |   |   |   |       |
| Analysed                    |   |   |   |   |   |   |   |   |       |
| Summarized                  |   |   |   |   |   |   |   |   |       |
| Activated                   |   |   |   |   |   |   |   |   |       |
| Encouraged                  |   |   |   |   |   |   |   |   |       |
| Appreciated                 |   |   |   |   |   |   |   |   |       |
| Mediated                    |   |   |   |   |   |   |   |   |       |
| <b>Total</b>                |   |   |   |   |   |   |   |   |       |
| Manipulated                 |   |   |   |   |   |   |   |   |       |
| Blocked                     |   |   |   |   |   |   |   |   |       |
| Belittled                   |   |   |   |   |   |   |   |   |       |
| Distracted                  |   |   |   |   |   |   |   |   |       |
| Split hair/ innovative idea |   |   |   |   |   |   |   |   |       |
| Silent                      |   |   |   |   |   |   |   |   |       |
| Total                       |   |   |   |   |   |   |   |   |       |

As the discussion goes on in the group, you as a facilitator draw a sociogram (pictorial representation) of how many times a person contributed in the discussion. Start with a diagram of seating position of the participants (Fig 3.4).



**Fig 3.4: Seating plan of participants**

Record contribution made by the member by a tally mark.

If there is an interaction/interchange between two members draw a line between them to indicate it (Fig 3.5). Draw a new line for each interchange. At the end of the sessions a visual impression of the degree of participation of different members and their interaction can be seen. This will help members to analyse their own emotions.

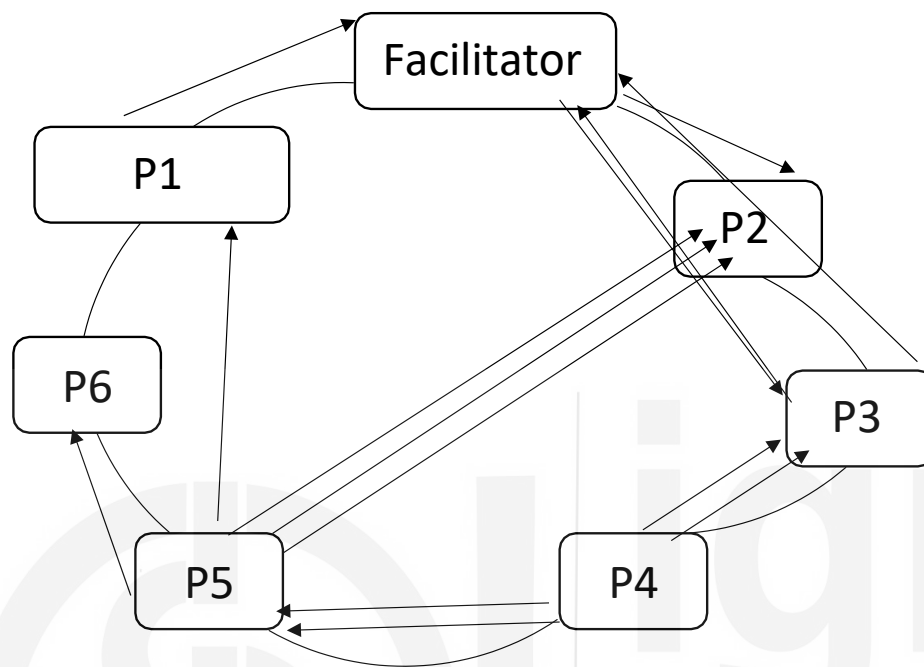


Fig 3.5: Interchange in Group Discussion

After the group discussion, the facilitator should be able to draw conclusions whether:

- The group task was accomplished.
- What factors facilitated the completion of task?
- What factors hindered the completion of task?
- Did every one participate in group discussion?
- Did they participate equally?
- Was there any leader in the group?
- Was the leadership role assumed by different members at different times?
- Whether the decisions made by one person or two persons on behalf of the group or was it a collective decision?

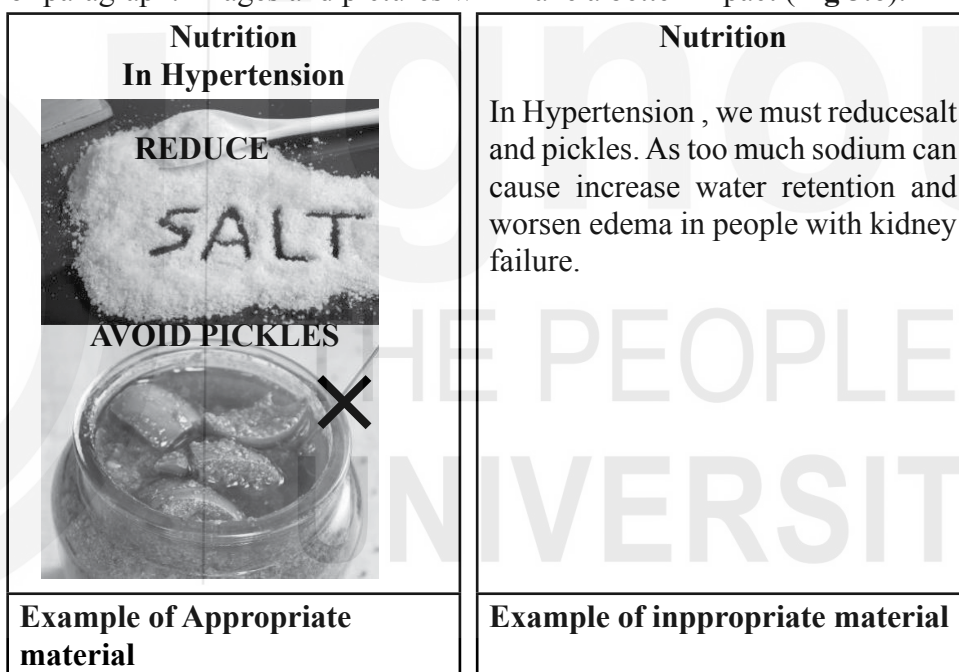
Within the group discussion, you can organize a demonstration on effect of cigarette smoke on a piece of gauze piece. Ask any of the smoker to puff out the smoke on a piece of gauze. The gauze becomes brownish in colour, as if partially burnt, after one or two puffs. Washing cannot remove this discolouration. Give a message that smoking burns your oral cavity, throat and lungs. Invite reaction of the group participants and record your observation.

### 3.2.3 Imparting Health Education

After having decided the methods to be used, one has to select appropriate material/media/ channel for effective communication. You may choose more than one media/channel. You may rely upon the available/existing material or may attempt developing a new material for education. You may not find enough material or most appropriate and relevant material to educate elderly people.

#### AV aids

Audio-visual is most popular and effective medium, but it may not be accessible to many and may be used for different purposes. Health education could be done through stories, songs, posters, flip charts, flannel graph, plays, puppet-shows, films or movies, slides and photographs or action pictures, television and radio, newspaper, magazines, projected materials, displays and exhibition etc. While preparing the visual materials, take care that the font should be large enough for the elderly to see and preferable to be on white background. Use short sentences or words and images instead of paragraph. Images and pictures will make a better impact (**Fig 3.6**).



**Fig 3.6: Example of an AV material**

With the help of your counsellor you select a particular material. Pre-test the material and then use the material for educating elderly, with the individuals, or in small groups or in community as enunciated in methods of education.

Exercise: Use audio and/or visual media in a group education.

#### Steps in conducting health education

- Select a media (Poster/Chart, Audio or Video or both)
- Choose the target group of elderly men/ women 5-10 in number.
- Briefly explain the purpose of the meeting and introduce the topic in a few sentences.

- Present the material or display the material on wall or show this material to all individuals.
- Give enough time to group or person to see, listen or read this poster or picture
- Convey the key message you want to give i.e. let the message on the poster or pictorial be read by those who can read and let it be conveyed to other group members.
- Now ask questions and make notes. Ask
- What they see in this poster/action picture or hear in an audio.
- Is it clearly visible and appreciable in terms of size and colour or clearly audible?
- What do they think is happening? Let them think for themselves.
- What message does this convey to them?
- Is it appropriate for their settings or area?
- Is it easier to follow this message?
- Is the idea on the media practical and useful?

As a group animator, you respond to their queries and remove their doubts if any. Sometimes you may come across a situation where the elders may not come out with any reaction, in that situation you will have to stimulate them for participation. Post listening discussion is essential for feedback.

You write your experiences, report on this and present this to your supervisor. This report should reflect the pre-listening and post-listening activities, profile of participants and any other supplementary educational material used to make it more interesting.

#### **Tips for effective communication during health education**

- Collect all information
- Keep the essential materials
- Avoid distractions
- Plan your presentation
- Get quickly to the point
- Avoid difficult, legalistic & pompous words
- Use the everyday language
- Use short, simple words and sentences
- Speak slowly, clearly and loudly
- Keep on an average 15- 20 words in a sentence
- Stick to one topic at a time
- Simplify and write down your instructions
- Use charts, models and pictures
- Frequently summarize the most important points
- Use appropriate body language – postures, gestures and eye contact

- Maintain eye contact
- Give elderly an opportunity to ask questions and express themselves.

### 3.3 PLACE OF IMPARTING EDUCATION

Health education can be imparted at different settings. The topics dealt during a health education session also depend upon the place where it is imparted.

1. **Home/Clinic/Workplace:** Counselling is generally imparted here and has been discussed in the earlier chapter.
2. **Educating Elderly in Hospital/Clinic:** In the waiting room/hall, in the ward setting educational activities can be focused on the most common problems. Waiting time can be gainfully used and similarly admission time/days can be made memorable experience for elderly. Day light cinema, television, action posters, pamphlets/leaflets can be effective media to educate elderly. This is easier said than done.
3. **Educational Activities for Elderly in the Community:** Large majority of elderly stay with their families and their educational needs are to be looked after in the community itself. Elderly themselves become the biggest resource for launching educational activities or community takes some responsibility for their care.

In the community setting, there is organized health infrastructure, which may reach some of the elderly but the educational activities are not a routine and regular feature in the system. Opportunities during routine home visits undertaken by the health worker/ health teams can be used to educate the elderly.

### 3.4 ADDRESSING THE BARRIER

- Identify the problem
- Find out the options to address the problem
- Choose the option
- Identify the group and implement the option
- Assess and get feedback for improvement

#### Check your Progress 1

1. What are the methods of conducting a health education?  
.....  
.....  
.....
2. List some educational material that can be used for imparting health education.  
.....  
.....  
.....
3. In which places can health education be imparted?  
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.....  
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### 3.5 LET US SUM UP

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In this chapter, you have learned as to how to conduct a group discussion for the elderly. You have also learnt organizing and conduction of health education activities for elderly in different situations like clinic, hospital, home and community. This chapter has also enabled you to choose appropriate method and material for education. Health education exercises developed and done by you in this chapter further enable you to prepare educational material for effective use. This chapter will also stimulate you for further exploration to enrich the contents.

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### 3.6 KEY WORDS

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**Health education :** It 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.

**Message :** The information that a health educator wishes to his audience to receive, understand, accept and act upon.

**Target group :** The audience or receivers of the message

**AV aids :** Audio and visual materials used as aid for health education or communication which will initiate or reinforce the learning

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### 3.7 ANSWERS TO CHECK YOUR PROGRESS

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#### Check Your Progress 1

- 1) The methods of conducting a health education are:
  - i. Face to face communication or counselling
  - ii. Group discussion
- 2) The educational material is:
  - i. Posters
  - ii. Pamphlets
  - iii. Flannel charts
  - iv. Transparencies
  - v. Radio talk
  - vi. Television or film show
- 3) Health education can be imparted in the:
  - i. Home/clinic or workplace
  - ii. Hospital/clinic
  - iii. Community

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### 3.8 REFERENCES AND FURTHER READINGS

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