INTRODUCTION TO HEALTH EDUCATION

HISTORICAL DEVELOPMENTS

- While the history of health education as an emerging profession is only a little over one hundred years old, the concept of educating about health has been around since the dawn of humans.
- Some one may have eaten a particular plant or herb and become ill.
 That person would then warn (educate) others against eating the same substance.
- Conversely, someone may have ingested a plant or herb that produced a desired effect. That person would then encourage (educate) others to use this substance.

DEFINITION OF HEALTH EDUCATION

- Lawrence Green defined it as "a combination of learning experiences designed to facilitate voluntary actions conducive to health."
 - Combination: emphasizes the importance of matching the multiple determinants of behavior with multiple learning experiences or educational interventions.
 - Designed: distinguishes health education from incidental learning experiences as systematically planned activity. Facilitate means create favorable conditions for action.
 - Voluntary action means behavioral measures are undertaken by an individual, group or community to achieve an intended health effect with out the use of force, i.e., with full understanding and acceptance of purposes.
 - Health promotion is defined as a combination of educational and environmental supports for actions and conditions of living conducive to health

AIMS OF HEALTH EDUCATION

- Motivating people to adopt health-promoting behaviors by providing appropriate knowledge and helping to develop positive attitude.
- Helping people to make decisions about their health and acquire the necessary confidence and skills to put their decisions into practice.

1. All health education should be need based. Therefore before involving any individual, group or the community in health education with a particular purpose or for a program the need should be ascertained. It has to be also specific and relevant to the problems and available solutions.

2. Health education aims at change of behavior. Therefore multidisciplinary approach is necessary for understanding of human behavior as well as for effective teaching process.

3. It is necessary to have a free flow of communication. The two way communication is particularly of importance in health education to help in getting proper feedback and get doubt cleared.

4. The health educator has to adjust his talk and action to suit the group for whom he has to give health education. E.g. when the health educator has to deal with illiterates and poor people, he has to get down to their level of conversation and human relationships so as to reduce any social distance.

5. Health Education should provide an opportunity for the clients to go through the stages of identification of problems, planning, implementation and evaluation. This is of special importance in the health education of the community where the identification of problems and planning, implementing and evaluating are to be done with full involvement of the community to make it the community's own program.

6. Health Education is based on scientific findings and current knowledge. Therefore a health educator should have recent scientific knowledge to provide health education.

7. The health educators have to make themselves acceptable. They should realize that they are enablers and not teachers. They have to win the confidence of clients.

8. The health educators should not only have correct information with them on all matters that they have to discuss but also should themselves practice what they profess. Otherwise, they will not enjoy credibility.

9. It must be remembered that people are not absolutely without any information or ideas. The health educators are not merely passing information but also give an opportunity for the clients to analyze fresh ideas with old ideas, compare with past experience and take decisions that are found favorable and beneficial.

10. The grave danger with health education programs is the pumping of all bulk of information in one exposure or enthusiasm to give all possible information. Since it is essentially a learning process, the process of education should be done step-by-step and with due attention to the different principles of communication.

11. The health educator should use terms that can be immediately understood. Highly scientific jargon should be avoided.

12. Health Education should start from the existing indigenous knowledge and efforts should aim at small changes in a graded fashion and not be too ambitious. People will learn step by step and not everything together. For every change of behavior, a personal trail is required and therefore the health education should provide opportunities for trying out changed practices.

APPROACHES TO HEALTH EDUCATION

- The persuasion approach –deliberate attempt to influence the other persons to do what we want them to do (DIRECTIVE APPROACH)
- The informed decision making approach -giving people information, problem solving and decision making skills to make decisions but leaving the actual choice to the people. E.g. family planning methods

TARGETS FOR HEALTH EDUCATION

- Individuals such as clients of services, patients, healthy individuals
- Groups E.g. groups of students in a class, youth club
- Community E.g. people living in a village

Health education settings

- Communities
- Health care facilities
- Work sites
- Schools
- Prisons
- Refugee camps ...etc

ROLE OF HEALTH EDUCATOR

- Talking to the people and listening of their problems
- Thinking of the behavior or action that could cause, cure and prevent these problems.
- Finding reasons for people's behaviors
- Helping people to see the reasons for their actions and health problems.
- Asking people to give their own ideas for solving the problems.
- Helping people to look as their ideas so that they could see which were the most useful and the simplest to put into practice.
- Encouraging people to choose the idea best suited to their circumstances.