

## Access to Health Education - A Review

\*Roshin Mathew Philip<sup>1</sup>, Anu Susan Philip<sup>2</sup>, Dr. Philip Mathew<sup>3</sup>,  
Dr. Rahul Tiwari<sup>4</sup>, Dr. Jisha David<sup>5</sup>, Dr. Heena Tiwari<sup>6</sup>.

<sup>1</sup>MBBS Student, Jubilee Mission Medical College and Research Institute, Thrissur, Kerala.

<sup>2</sup>MBBS Student, Amala Institute of Medical Sciences, Thrissur, Kerala.

<sup>3</sup> President AOMSI & HOD, Department of Oral & Maxillofacial Surgery and Dentistry, Jubilee Mission Medical College Hospital and Research Institute, Thrissur, Kerala..

<sup>4</sup>Fellowship in Orthognathic Surgery, Department of Oral & Maxillofacial Surgery and Dentistry, Jubilee Mission Medical College Hospital and Research Institute, Thrissur, Kerala.

<sup>5</sup>Registrar, Department of Oral & Maxillofacial Surgery and Dentistry, Jubilee Mission Medical College Hospital and Research Institute, Thrissur, Kerala.

<sup>6</sup>Government Dental Surgeon, Community Health Centre, Makdi, Kondagaon, Chhattisgarh.

Corresponding Author: \*Roshin Mathew Philip

---

**Abstract:** The higher health education and the preparation of wellbeing experts has been protest of a few wrangles about. In this manner, there are prominent exchanges on the new learning procedures to prepare wellbeing experts, with capacities and aptitudes past the specialized scientific zone and furthermore ready to make, plan, execute and assess wellbeing approaches and activities and, in the meantime, take care of issues. Dynamic learning techniques, for example, problem-based learning, are utilized with the motivation behind important learning procurement and not only mechanical as the customary educating for a long time executes. Generally examines confirm beneficial outcomes of new showing systems and bolster the requirement for changes in higher wellbeing instruction. The aspiration behind this review is to recollect scientific health education, problem-based learning and meaningful learning which will help the budding researchers to step up and enhance their knowledge in the field to health education.

**Keywords:** Problem-Based Learning; Health Education; Public Health; Learning; Speech, Language and Hearing Sciences

---

Date of Submission: 27 -11-2017

Date of acceptance: 09-12-2017

---

### I. Introduction

The practice of instructing people and communities in the principles of hygiene and in ways of avoiding disease is a very ancient one. An elementary study of the history of medicine reveals that since time immemorial it has been considered a necessity to instruct communities in health matters for their protection and survival. The objectives of health education elicits to explain the concept of health and basic principles. Before discussing about health education, it is imperative to conceptualize what health itself means. Health is a highly subjective concept. Good health means different things to different people, and its meaning varies according to individual and community expectations and context.<sup>1</sup> many people consider themselves healthy if they are free of disease or disability. However, people who have a disease or disability may also see themselves as being in good health if they are able to manage their condition so that it does not impact greatly on their quality of life. Who defined health as “a state of complete physical, mental, and social wellbeing and not the mere absence of disease or infirmity.”<sup>2</sup> physical health refers to anatomical integrity and physiological functioning of the body. Mental health is ability to learn and think clearly. A person with good mental health is able to handle day-to-day events and obstacles, work towards important goals, and function effectively in society. Social health is ability to make and maintain acceptable interactions with other people. E.g. To feel sad when somebody close to you passes away. The absence of health is denoted by such terms as disease, illness and sickness, which usually mean the same thing though social scientists give them different meaning to each. Disease is the existence of some pathology or abnormality of the body, which is capable of detection using, accepted investigation methods.<sup>3</sup> illness is the subjective state of a person who feels aware of notbeing well. Sickness is a state of social dysfunction: a role that an individual assumes when ill. Health education is the process by which individuals and group of people learn to promote, maintain, and restore health. Health education is defined as: “any combination of learning experiences designed to facilitate voluntary adaptation of behavior conducive to health”.

### History of Health Education

Health education is the process by which individuals and group of people learn to promote, maintain, and restore health. 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. 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. It does not stretch the imagination too far to begin to see how health education first took place during pre-historic era. Some 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. At the time of Alma Ata declaration of primary health care in 1978, health education was put as one of the components of phc and it was recognized as a fundamental tool to the attainment of health for all.<sup>4</sup> Lawrence Green defines individual terms “combination, designed, facilitate and voluntary action” to have significant implications in the definition. 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 without the use of force, i.e., with full understanding and acceptance of purposes.<sup>5</sup> most people use the term health education and health promotion interchangeably. However, health promotion is defined as a combination of educational and environmental supports for actions and conditions of living conducive to health. Various terms used for communication and health education activities information, education and communication (IEC) is a term originally from family planning and more recently HIV/AIDS control program in developing countries. It is increasingly being used as a general term for communication activities to promote health. Information: a collection of useful briefs or detailed ideas, processes, data and theories that can be used for a certain period of time. Education: a complex and planned learning experiences that aims to bring about changes in cognitive (knowledge), affective (attitude, belief, value) and psychomotor (skill) domains of behavior. Communication: the process of sharing ideas, information, knowledge, and experience among people using different channels. Social mobilization is a term used to describe a campaign approach combining mass media and working with community groups and organizations.<sup>6</sup> Health extension is an approach of promoting change through demonstration, working with opinion leaders and community based educational activities. Nutrition education is education directed at the promotion of nutrition and covers choice of food, food-preparation and storage of food. Family life education refers to education of young people in a range of topics that include family planning, child rearing and childcare and responsible parenthood. Patient education is a term for education in hospital and clinic settings linked to following of treatment procedures, medication, and home care and rehabilitation procedures. Behavior change communication (bcc): is an interactive process aimed at changing individual and social behavior, using targeted, specific messages and different communication approaches, which are linked to services for effective outcomes. Advocacy: refers to communication strategies focusing on policymakers, community leaders and opinion leaders to gain commitment and support. It is an appeal for a higher-level commitment, involvement and participation in fulfilling a set program agenda.<sup>7</sup>

### **Aims and Principles of Health Education**

Credibility means consistent and compatible with scientific knowledge, local culture, and educational system. Interest - felt-needs, participation - based on the psychological principle of active learning. Create a sense of involvement, personal acceptance and decision making; provides maximum feedback, motivation - the need for incentives is a first step in learning to change, carrot & stick approach, motivation is contagious. Comprehension - always communicate in the language people understand. Reinforcement, Feedback, Learning by doing, Known to unknown - start where the people are and with what they understand and then proceed to new knowledge, Good human relations, Setting an example, Leaders - agents of change. Try to penetrate the community through the local, Leaders. 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. 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. Health education aims at change of behavior. Therefore multidisciplinary approach is necessary for understanding of human behavior as well as for effective teaching process. 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.<sup>8</sup> 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. 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. Health education is based on scientific findings and current knowledge. Therefore a health educator should have recent scientific knowledge to provide health education. 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.<sup>9</sup> 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. 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. 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. The health educator should use terms that can be immediately understood. Highly scientific jargon should be avoided. 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.<sup>10</sup> Effective drug education is based on the principles of harm minimization and is consistent with the national principles for school drug education. Schools should deliver 10 hours of drug education per year level, per year. Regional senior program officers provide assistance with planning and delivery. Schools should ensure that teachers, canteen managers, parents and students work together and support a whole-school approach to building a culture in which students actively choose nutritious foods as part of a healthy lifestyle. All health education learning and teaching programs should aim to build student resilience and peer support practices to promote a student's ability to look after oneself, recognize and be aware of one's needs in others, and awareness of appropriate supports in school and in the community. Promoting healthy minds for living and learning web page provides materials to support school staff create environments conducive to mental health. Comprehensive, inclusive sexuality education is a compulsory part of a school's health education curriculum, taught and assessed by teachers. The promotion of sexual health is a responsibility shared between schools, the local health and welfare community, and parents. School-based sexuality education programs are more effective when they are developed in consultation with parents and the local community. Learning and teaching in sexuality education should be developmentally appropriate. A parent/care may decide not to allow their child to participate in the sexual health component of the school's health education.

### **Contents of Health Education**

Human biology - understanding health demands an understanding of human biology. Child spacing, breast feeding, safe motherhood, immunization, weaning and child growth, diarrheal disease, respiratory infections, house hygiene. Nutrition - to guide people to choose optimum and balanced diets. Remove prejudices and promote good dietary habits. Hygiene - personal hygiene, environmental hygiene, domestic, community. Family health - health promotion, disease prevention, early diagnosis and care of the sick. Disease prevention and control - education of the people about locally endemic diseases. Drugs alone cannot solve the problem. Mental health: to help people to keep mentally healthy and to prevent a mental breakdown. Special situations: mother after child birth, decision about a future career, starting a new family etc. Prevention of accidents - three main areas: the home, road and the workplace, safety education. Uses of health services - availability of health services, when to seek medical services.

### **Approaches to Health Education**

There are different types of approaches to health education which are termed as 1. Legal or regulatory approach (managed prevention), 2. Administrative or service approach, 3. Health education approach, 4. Primary health care approach. 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 many health educators feel that instead of using persuasion it is better to work with communities to develop their problem solving skills and provide the information to help them make informed choices. However in situations where there is serious threat such as an epidemic, and the actions needed are clear cut, it might be considered justified to persuade people to adopt specific behavior changes. 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.<sup>11</sup> When considering the range of health education interventions, they are usually described in relation to different settings. Settings are used because interventions need to be planned in the light of the resources and organizational structures peculiar to each. Thus, health

education and promotion takes place, amongst other locations, in communities, health care facilities, work sites, schools, prisons, refugee camps etc. Health education is the duty of everyone engaged in health and community development activities. Health extension workers are primarily responsible in working with the families and community at a grass root level to promote health and prevent disease through provision of health education. If health and other workers are not practicing health education in their daily work, they are not doing their job correctly. When treating someone with skin infection or malaria, a health worker should also educate the patient about the cause of the illness and teach preventive skills. Drugs alone will not solve the problems.<sup>12</sup> without health education, the patient may fall sick again from the same disease. Health workers must also realize that their own personal example serves to educate others. Role of health educator is 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 at 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. The Models of health education includes Medical model, motivational model and social intervention model.

### **Communication**

Communication is derived from 'communis' which means commonness or sharing. What is effective communication? When a sender elicits an intended response from his/her receiver, communication is effective. When a sender elicits intended response repeatedly, he/she is not only an effective communicator but also a successful and influential communicator. There are various types of communication process like one-way communication (didactic method), two-way communication (Socratic Method), and verbal communication: direct and non-direct, non-verbal communication, formal and informal communication, visual communication, telecommunication and internet barriers of communication, physiological barriers, psychological barriers, environmental barriers, cultural barriers. Health communication factors include information, education, motivation, persuasion, counselling, raising morale, health development and organization. Types of communication - one-way communication (didactic method), two-way communication (Socratic Method), verbal communication: direct and non-direct, non-verbal communication, formal and informal communication, visual communication, telecommunication and internet barriers of communication - physiological barriers, psychological barriers, environmental barriers, cultural barriers. Health communication - information, education, motivation, persuasion, counseling, raising morale, health development, organization. The different methods are regulatory approach (managed prevention), service approach, health education approach, primary health care approach.<sup>13</sup> The various models of health education are medical model, motivational model, and social intervention model. Human biology, nutrition and hygiene are the major aspects. Understanding health demands an understanding of human biology. Child spacing, breast feeding, safe motherhood, immunization, weaning and child growth, diarrheal disease, respiratory infections, house hygiene. It is important to guide people to choose optimum and balanced diets. Remove prejudices and promote good dietary habits. Maintain personal hygiene and environmental hygiene.

### **Methods in Health Communication**

Auditory aids - radio, tape-recorder, microphone, amplifiers, earphones. Visual aids - not requiring projection: chalk-board, leaflets, posters, charts, models etc., requiring projection: slides, film strips. Combined A-V aids - television, slide-tape combination. Individual approach, group approach, mass approach, individual approach, interpersonal communication (IPC) group approach, chalk and talk (lecture) - a) flipcharts, b) flannel graph, c) exhibits, d) films & charts, flipcharts, flannel graph, demonstrations, group discussion, panel discussion, symposium, workshop, role playing, conferences and seminars, sociogram. Mass approach - television, radio, newspapers, internet, printed material, direct mailing, posters, billboards and signs, health museums and exhibitions, folk media. Based on principles of sound, electricity and magnetism - megaphones, public addressing systems or microphones, gramophone records, tape recorders, radios, sound amplifiers, visual aids. Based on principles of projection - projected aids - needs projection from a source on to a screen- films or cinemas, film strips, slides, overhead projectors, epidiascopes, transparencies, bioscopes, video cassettes, silent films. Non-projected aids - do not require projection, blackboard, pictures, cartoons, photographs, posters, flashcards, charts, brochures, models. Other aids - traditional media which makes use of light and sound stimuli - folk dances and folk songs, puppet shows, dramas. Combination of audio-visual aids, modern media available, sound & sight combined together to create a better presentation, televisions, tape and slide combinations, video cassette players and recorders, motivation pictures or cinemas, multimedia computers.<sup>14</sup> Mass communication literally means communication that is given to a community where the people gathered together does not belong to one particular group. Advantages are large no. Of people can be reached, people of all socio-economic status irrespective of their caste, creed and religion, medias televisions, radios, posters, newspapers, etc. There are

several hindrances or barriers in process of health education like Psychological barriers, emotional disturbances, depression, neurosis, physiological barriers, difficulties in self-expression, difficulties in hearing or seeing, difficulties in understanding, environmental barriers, excessive noise, difficulties in vision, congested areas, cultural barriers, persistent patterns of behavior, habits, beliefs, customs, attitudes, religion, etc.<sup>15</sup>

## II. Conclusion

In a field such as health, it is natural that “helping people to help themselves” should be as important as direct service. As it is said that a healthy mind is healthy body so are both interconnected to each other. Health education should be given the prime importance for development of society and every individual must take part in this improvising activity. For the service and betterment of society reinforcement should be in continuous practice and compulsorily be implemented in every educational institutions in individual, mass gathering and community basis.

## References

- [1]. John hubley. Communicating health, an action guide health education and health promotion, 2002.
- [2]. Who, education for health. A manual on health education in primary health care, 1988, Geneva, who.
- [3]. Jannie n., jane w. Health promotion foundations for practice, 2nd edition, uk, 1995.
- [4]. Lramachandran, tdharmalingam. Health education, a new approach, new delhi 1998.
- [5]. Epha. Public health code of ethics for ethiopia, july 2003.
- [6]. Ayele f., argaw h., g/mariam a., kaba m., t/mariam s. Training of trainers guide on communication and social mobilization for health communicators, jimma institute of
- [7]. Health sciences, department of community, jimma, ethiopia, 1997.
- [8]. Reidulf k.molvaer. Education for better health: a manual for senior health educators, unicef/moh addis ababa, ethiopia, 1989.
- [9]. Peace corps information collection and exchange manual m-8, 1978. Community health education in developing countries; prepared by american public health association, september 1981.
- [10]. Urban jonsson. Human rights approach to development programming, published by unicef, 2003.121
- [11]. Getnet mitike. Health education for health science students, addis ababa university, department of community health, january2003.
- [12]. Challi jira, amsalu feleke, getnet mitike. Health service management for health science students, jimma university, faculty of public health, 2003 january.
- [13]. Randall r. Cottrell, james t. Girvan and james f. Mckenzie. Principles and foundations of health promotion and education. Publishers: allyn and bacon, 1999.
- [14]. Koh gch, khoo, he, wong ml, koh d. The effects of problem-based learning during medical school on physician competency: a systematic review. Cmaj. 2008;17(1):34-41.
- [15]. Tronchin dmr, goncalves vlm, leite mmj, melleiro mm. Instrument of student assessment based on nursing managerial competences. Acta paul. Enferm. 2008;21(2):356-60.
- [16]. Cotter le, chevrier j, el-nachef wn, radhakrishna r, rahangdale l, wiser sd et al. Health and human rights education in u.s. Schools of medicine and public health: current status and future challenges. Plosone. 2009;4(3):1-6

\*Roshin Mathew Philip. “Access to Health Education - A Review.” IOSR Journal of Dental and Medical Sciences (IOSR-JDMS) , vol. 16, no. 12, pp. 77–81.