

**COURSE  
GUIDE**



**B.Sc (Ed) Health Education**

**HED103  
INTRODUCTION TO HEALTH EDUCATION**

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## **Introduction**

Have you ever imagined the strategic importance of health education in equipping people with the required knowledge and skills to function effectively in the society? In different parts of the world, efforts are being made to ensure that people live productive lifestyles and this could easily be achieved through quality health education. This necessitates the need to introduce a course like HED 103 to ensure that you are equipped with relevant knowledge and skills to become productive members of the society. Introduction to Health Education (HED 103) is a preliminary course in the field of Health Education that introduces you to the subject matter entailed in the field of Health Education. HED 103 is a two (2) credit units compulsory course with four (4) modules and sixteen (16) units. It is aimed at giving a broad knowledge and skills in the area of Health Education.

## **Course Competencies**

### **Course Objectives**

To achieve the aim set above, there are objectives. Each unit has a set of objectives presented at the beginning of the unit. These objectives are stated to give you what to concentrate/focus on while studying the unit. Read the objective(s) before studying the unit and during your study to check your progress.

The comprehensive objectives of the Course are given below. By the end of the course, you should be able to:

- define the terms health education and health promotion
- describe the concept of health education
- discuss the scope of health education
- discuss historical perspective of health education
- give account of key concepts and terminologies in health education
- explain interrelationship of the concepts and terminologies in health education
- explain communication methods used in health education
- identify tools and resources used in health education
- evaluate the assessment methods in health education within the context of Nigerian education system

## **Working through this Course**

To successfully complete this course, you are required to study each unit, read the textbooks and other materials provided by the National Open University of Nigeria and consult the referenced materials to have a deeper understanding. Each unit has self-assessment exercises which you are advised to take; at certain periods during the course you will be required to submit your assignment for assessment. There will be a final examination by the end of the course. The course should take

you about 16 study hours to complete. This course guide will provide you with all the components of the course and how to go about studying. You should allocate your time proportionately to each unit in order to finish on time and successfully.

## Study Units

### **Module 1 Broad View of the Scope of Health Education**

- Unit 1 Various Definitions of Health Education and Health Promotion
- Unit 2 Historical Background of Health Education
- Unit 3 The Scope of Health Education

### **Module 2 Key Concepts and Terminologies in Health Education**

- Unit 1 Understanding Health Instruction
- Unit 2 Understanding Health Services
- Unit 3 Understanding Healthful Living Environment
- Unit 4 Understanding Personal Health
- Unit 5 Understanding Community Health

### **Module 3 Interrelationship of the Concepts and Terminologies in Health Education**

- Unit 1 Health Instruction in Relation to Health Services
- Unit 2 Health Instruction in Relation to Healthful Living Environment
- Unit 3 Personal Health as Relates to Community Health
- Unit 4 Health Services and Community Health Interrelatedness

### **Module 4 Communication Strategies in Health Education**

- Unit 1 Communication Methods in Health Education
- Unit 2 Tools in Health Education
- Unit 3 Resources Used in Health Education
- Unit 4 Assessment Methods in Health Education

## **References and Further Readings**

The references and suggestion for further readings are provided at the end of each module.

## **Presentation Schedule**

There is a time-table prepared for the early and timely completion and submissions of your TMAs as well as attending the online facilitation. You are required to submit all your assignments by the stipulated time and date. It is better to write in positive terms. No need for over emphasis in the negative form.

## Assessment

Assignments	Marks
Assignments 1 – 3	Three assignments at 10% each = 30% of course marks. End of course examination = 70% of overall of course marks
<b>Total</b>	<b>100% of course materials</b>

Unit	Title of Work	Weeks Activity	Assessment (End of Unit)
	<b>Course Guide</b>	<b>Week</b>	
1	<i>Various Definitions &amp; concepts of Health Education and Health Promotion</i>	Week1	Assignment 1
2	<i>Historical Background of Health Education</i>	Week 1	Assignment 1
3	<i>The Scope of Health Education</i>	Week 2	Assignment 2
4	<i>Understanding Health Instruction</i>	Week 2	Assignment 2
5	<i>Understanding Health Services</i>	Week 3	Assignment 3
6	<i>Understanding Healthful Living Environment</i>	Week 3	Assignment 3
7	<i>Understanding Personal Health</i>	Week 4	Assignment 4
8	<i>Understanding Community Health</i>	Week 4	Assignment 4
9	<i>Health Instruction in Relation to Health Services</i>	Week 5	Assignment 5
10	<i>Health Instruction in Relation to Healthful Living Environment</i>	Week 5	Assignment 5
11	<i>Personal Health as Relates to Community Health</i>	Week 6	Assignment 6
12	<i>Health Services and Community Health Interrelatedness</i>	Week 6	Assignment 6
13	<i>Communication Methods in Health Education</i>	Week 7	Assignment 7
14	<i>Tools in Health Education</i>	Week 7	Assignment 7
15	<i>Resources Used in Health Education</i>	Week 8	Assignment 8
16	<i>Assessment Methods in Health Education</i>	Week 8	Assignment 8

## How to get the Most from the Course

In Open and Distance Learning, the study units replace the university lecturer. This is one of the huge advantages of Open and Distance Learning mode; you can read and work through specially designed study materials at your own pace and at a time and place that suit you best. You can study two units per week to be able to complete the course material in eight weeks. Think of it as reading from the teacher, the study guide tells you what to read, when to read and the relevant texts to consult. You are provided with exercises at appropriate points, just as a lecturer might give you an in-class exercise.

Each of the study units follows a common format. The first item is an introduction to the subject matter of the unit and how a unit is integrated with the other units and the course as a whole. Next to this is a set of learning objectives. These learning objectives are meant to guide your studies. The moment a unit is finished, you must go back and check whether you have achieved the objectives. If this is made a habit, then you will significantly improve your chances of passing the course. The main body of the units also guides you through the required readings from other sources. This will usually be either from a set book or from other sources.

In-text questions and Self-assessment exercises are provided throughout the unit, to aid personal studies and answers are provided for the in-text questions. You are to try to provide answers for the self-assessment questions and cross-check if you are correct from the course material. Working through these self-tests will help you to achieve the objectives of the unit and prepare you for tutor marked assignments and examinations. You should attempt each self-test as you encounter them in the units.

### **The following are practical strategies for working through this course:**

1. Read the Course Guide thoroughly.
2. Organise a study schedule. Refer to the course overview for more details. Note the time you are expected to spend on each unit and how the assignment relates to the units. Important details, e.g. details of your tutorials and the date of the first day of the semester are available. You need to gather together all these information in one place such as a diary, a wall chart calendar or an organiser. Whatever method you choose, you should decide on and write in your own dates for working on each unit.
3. Once you have created your own study schedule, do everything you can to stick to it. The major reason that students fail is that they get behind with their course works. If you get into difficulties with your schedule, please let your tutor know before it is too late for help.
4. Turn to Unit 1 and read the introduction and the objectives for the unit.
5. Assemble the study materials. Information about what you need for a unit is given in the table of contents at the beginning of each unit. You will almost always need both the study unit you are working on and one of the materials recommended for further readings, on your desk at the same time.
6. Work through the unit, the content of the unit itself has been arranged to provide a sequence for you to follow. As you work through the unit, you will be encouraged to read from your set books.
7. Keep in mind that you will learn a lot by doing all your assignments carefully. They have been designed to help you meet the objectives of the course and will help you pass the examination.

8. Review the objectives of each study unit to confirm that you have achieved them. If you are not certain about any of the objectives, review the study material and consult your tutor.
9. When you are confident that you have achieved a unit's objectives, you can start on the next unit. Proceed unit by unit through the course and try to pace your study so that you can keep yourself on schedule.
10. When you have submitted an assignment to your tutor for marking, do not wait for its return before starting on the next unit. Keep to your schedule. When the assignment is returned, pay particular attention to your tutor's comments, both on the TMAs form and also that written on the assignment. Consult you tutor as soon as possible if you have any questions or problems.
11. After completing the last unit, review the course and prepare yourself for the final examination. Check that you have achieved the unit objectives (listed at the beginning of each unit) and the course objectives (listed in this course guide).

### **Facilitation**

Online facilitation would be provided to enhance seamless interaction among the students and between you and your facilitator. This would be 1 hour session per week and you would be adequately informed and guided by your facilitator.

### **Course Information**

Course Code: HED 103

Course Title: Introduction to Health Education

Credit Unit: 2

Course Status:

Course Blub:

Semester:

Course Duration:

Required Hours for Study

### **Course Team**

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**Ice Breaker:** Hello students, you are welcome to HED 103, Introduction to Health Education. The course is meant to expose you to the basic knowledge and skills in health education and before we go on, kindly share your opinion on health education with other members of the class.

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## **Module 1: BROAD VIEW OF THE SCOPE OF HEALTH EDUCATION**

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### **Module Introduction**

This module consists of 3 units. The areas to be covered in the module are as follows:

Unit 1	Concept of Health Education and Health Promotion
Unit 2	Historical Background of Health Education
Unit 3	The Scope of Health Education

### **Unit 1: CONCEPT OF HEALTH EDUCATION AND HEALTH PROMOTION**

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3.2	Concept of Health Education
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3.4	Comparison of Health Education and Health Promotion
3.5	Some Terminologies in Health Education
4.0	Self-Assessment Exercise(s)
5.0	Conclusion
6.0	Summary
7.0	References/Further Readings



#### **1.0 Introduction**

This unit focuses on understanding the definitions and concepts in health, health education, health promotion and differentiating health education from health promotion. Also, concepts of health instruction, health services, healthful living, personal health, community health will be discussed.





## **2.0 Intended Learning Outcomes (ILOs)**

By the end of this unit, you will be able to:

- explain the concept of health
- describe the concept of health education and health promotion
- differentiate between health education and health promotion
- describe the concept of health instruction
- describe the concept of health services as relate to the Nigerian health system
- describe the concept of healthy living
- explain personal health
- discuss the concept community health.



## **3.0 Main Content**

### **3.1 Definition and Concept of Health**

The concept of health had been widely discussed among scholars across the globe with strong emphasis on the need to ensure that individuals display acceptable health practices to function effectively in the society. Further, health has been given various definitions by several authorities, however, the most acceptable definition up till date is the one put up by the World Health Organisation (WHO) in 1948: Health is a state of complete physical, social and mental well-being and not merely the absence of disease of infirmity.

Alex Jadad and Laura O’Grady in 2009 have defined health as “the ability to adapt and self-manage” in the face of social, physical, and emotional challenges. The ability to adjust and cope with physical, mental and social challenges all through life truly makes one healthy. This new definition seems to be well accepted by a lot of people because it is perceived as not being disease oriented.

The WHO definition was further analysed by Brussow (2013) as follows: with respect to physical health, the term of ‘allostasis’ was introduced – the maintenance of physiological homeostasis through changing conditions. In the field of mental health exhibiting a sense of coherence such as consistency was identified as defining criterion. Social health included people's capacity to fulfill their potentials and responsibilities, the ability to manage their life and to participate in social activities as well as doing their work.

#### **3.1.1 Limitations of World Health Organisation’s Definition of Health**

- Health is dynamic, not a state
- The dimensions are inadequate
- The definition is subjective
- Measurement is difficult
- The definition is idealistic rather than realistic
- Health is not an end but a means
- The definition lacks a community orientation.

Health is the most important thing in life without which we cannot do anything. The popular saying ‘health is wealth’ is very true because health issues that make people limited to do things that can make them financially successful. There are mainly five dimensions to health: Health is not just about physical and medical; health is also about how people deal with emotional, mental and relationship health. At any stage in our lives, we must take care of our health; we must also learn to take life easy and live life to the fullest.



Fig. 1: Health Triangle

Source: Adapted from Agota Kun

[https://www.researchgate.net/publication/263505081\\_Health\\_stress\\_well-being\\_and\\_positive\\_affectivity/figures?lo=1](https://www.researchgate.net/publication/263505081_Health_stress_well-being_and_positive_affectivity/figures?lo=1)

In-Text Question(s)

Why do you think health occupies a central stage in the lives of people in the society?

- (a) Health deals with social, emotional and psychological conditions of human beings.
- (b) Health will improve population level of a country.
- (c) It is an important factor in education sector.
- (d) Health will reduce the rate of divorce in the society.

### 3.2 Concept of Health Education

To fully understand the concept of health education, it is necessary to know the meaning of education. Education is the process of facilitating learning, or acquiring knowledge, skills, values, beliefs, and habits after studying particular subject matter or experiencing life lessons that provide an understanding of something. Education requires some sort of instruction from an individual or composed literature.

According to World Health Organisation (WHO), health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes. Health education provides knowledge on health-related aspects and develops the attitude of people to maintain sound health. Among the major factors affecting health as put by WHO (2019) are:

- The social and economic environment,
- The physical environment, and
- The person's individual characteristics and behaviours.

The crust of health education lies in assisting individuals and communities to control these factors. Health Education is an important and integral role of public health.

#### In-Text Question (s)

What are the three main factors affecting health which the health education has to assist in ensuring?

Answer:

- The social and economic environment,
- The physical environment, and
- The person's individual characteristics and behaviours.

### 3.3 Concept of Health Promotion

According to WHO (2016), health promotion helps people to intensify control over their own health. It covers a extensive range of social and environmental interventions that are designed to benefit and protect individual people's health and quality of life by addressing and preventing the root causes of ill health, not just focusing on treatment and cure.

There are three key elements of health promotion as highlighted by WHO (2016):

#### START

##### 1. Good governance for health

Health promotion requires policymakers across all government to make general policies that consider health implications in all decisions taken. Such policies must be prioritised and prevent people from becoming sick and protect them from injuries. These policies need to be supported by regulations that match private sector incentives with public health goals. For example, by aligning tax policies on unhealthy or harmful products such as alcohol, tobacco, and food products which are high in salt, sugars and fat with measures to boost trade in other areas. And through legislation that supports healthy urbanisation by creating walk able cities, reducing air and water pollution, enforcing the wearing of seat belts and helmets.

## 2. Health literacy

Educating people to acquire knowledge, skills and information to make healthy choices is necessary; for example, people should have knowledge of the nutrients in the food they eat and healthcare services that they need; this will enable them to make good choices. They also need to be given assurance of an environment in which they can make a demand for additional policy actions to further improve their health.

## 3. Healthy cities

Cities have a vital role to play in good health promotion. Strong leadership and commitment at the community level is essential to healthy urban planning and to build up preventive measures in communities and primary health care facilities. Healthy countries can grow from healthy cities and eventually, a healthier world.



Fig. 2: The Three Pillars of Health Promotion.

<https://www.who.int/healthpromotion/conferences/9gchp/resources/en/>

Source: World Health Organisation

### In-Text Question (s)

What is health literacy?

Answer: health literacy is educating people to acquire knowledge, skills and information to make healthy choices.

## 3.4 Comparison of Health Education and Health Promotion

At this juncture, it is important to differentiate between Health Education (HE) and Health Promotion (HP). Health Education and Health Promotion have multiple influences from several disciplines. The primary influence on health education stemmed from behavioural sciences, and health promotion is firmly fixed in the social sciences.

Health education is defined as: “Any combination of learning experiences designed to facilitate voluntary adaptation of behaviour conducive to health.” while Health Promotion “Is any combination of educational, organisational, economic and environmental support for behaviours and conditions of living conducive to health.” Therefore, health education and health promotion have influence on peoples’ health behavioural change by educating them on the need for change and helping them to practicalize activities for change in schools and communities. The two concepts are two sides of the same coin as they are complementary in action and need each other to succeed.

#### In-Text Question (s)

1. A strategic process that is put in place to improve health conditions of the citizens could be referred to as .....

Answer (Health Education)

2. .... is a kind of intervention that is meant to promote healthy living among the people.

Answer: Health Promotion

- a. Education
- b. Technology revolution
- c. Health promotion
- d. Health intervention

#### 3.4. Some Terminologies in Health Education

##### i. Health Instruction

Health instruction is a formal form of interaction where concepts of health (content to improve knowledge, attitude and practice) are taught with the intention of positively influencing these domains of learning to ensure that people are well equipped with relevant information and behave positively in matters of health. Health instruction takes place mostly in schools. School Health Instruction (SHI) is the instructional aspects of school health programme. It provides information on important health issues to school children who are still in their formative years.

##### ii. Health Services

Health Services are centered on making accessible, high quality, and patient-centered health care. Health services serve patients, families, communities, and populations. They take care of emergency, preventative, rehabilitative, long-term, hospital, diagnostic, primary, palliative, and

home care. In a nutshell, Health educators provide preventive health services in schools and communities.

### iii. Healthful Living

'Healthy living' means maintaining a healthy lifestyle as well as introducing habits that improve one's health. Combining health education and physical education leads to Healthful living. The two courses should complement each other.

### iv. Personal Health

Personal health refers to the wellness of the individual. It is the ability to take charge of one's health by making conscious decisions to be healthy. It is not only refers to the physical wellbeing of an individual but also involves the wellness of emotional, intellect, social, economic, spiritual and other areas of life.

### v. Community Health

According to Green and Ottoson (1999), a community was defined as "a group of inhabitants living in a somewhat localised area under the same general regulations and having common norms, values, and organisations". "Community Health refers to the health status of a defined group of people and the actions and conditions put in place, both private(individual/communal and public (governmental), to promote, protect, and preserve their health" (McKenzie et al., 2005).



## 4.0 Self-Assessment Exercise(s)

- a. Briefly explain the concept of health
- b. Differentiate between health education and health promotion



## 5.0 Conclusion

This unit has been able to take a broad view of health education and health promotion. Important concepts like health, health education, health promotion, comparison of health education and health promotion, health instruction, health services, healthful living, personal health and community health had been extensively discussed to provide you with understanding and skills on health-related issues.



## 6.0 Summary

We have been able to learn the definition of health and examine the weaknesses of WHO definition of health. We have studied major factors affecting health; we also studied 3 key elements of Health Promotion. We have examined various concepts and definitions used in some of relevant areas of health education and promotion.



## **7.0 References/Further Readings**

Anonymous. (2019). Studying health education, career opportunities for health education graduates in Nigeria. Available at <https://ngcareers.com/course/368/health-education> Accessed September 5, 2019.

Brüssow, H. (2013). What is health? *Microb Biotechnol.*; 6(4): 341–348. doi: 10.1111/1751-7915.12063

Godlee, F. (2011). What is health? *BMJ*; 343 doi: <https://doi.org/10.1136/bmj.d4817> *BMJ* .

Green, L.W. & Ottoson, J.M. (1999). *Community and Population Health*, Eighth edition. Vol. 4. Boston: WCB/McGraw-Hill: pp. 41–42.

McKenzie, J.F., Pinger, R.R. & Kotecki, J.E. (2005). *An introduction to community health*. Boston: Jones and Bartlett Publishers; p. 5.

World Health Organisation (2016). What is health promotion? Available at <https://www.who.int/features/qa/health-promotion/en/> Accessed 30th August, 2019.

World Health Organisation (2019). The determinants of health. Available at <https://www.who.int/hia/evidence/doh/en/> Accessed 10th August, 2019.

## **Unit 2: Historical Background of Health Education**

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- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
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- 4.0 Self-Assessment Exercise(s)
- 5.0 Conclusion
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### **1.0 Introduction**

In the last unit, we have been able to establish the relationship among various health-related concepts like health promotion, health education, health services among others. In this unit, you will study a brief history of Health Education. Health Education (HE) exists for one reason: to support the delivery of excellent healthcare and health improvement to individuals and communities.



### **2.0 Intended Learning Outcomes (ILOs)**

By the end of this unit, you should be able to:

- give a brief historical perspective of health education



### **3.0 Historical Perspective**

The concept of educating about health has been everywhere since the beginning of humans. The history of health education dates back to the 19th century. By the 1940s, the field began evolving as a distinct discipline. Over time, health education's theory and practice base have widened from focusing on one-to-one and mass media behavioural interventions to incorporate responsibility for policies, systems, and environments that affect population health. At the time of Alma Ata Declaration of Primary Health Care (PHC) in 1978, health education was put as one of the components of PHC and it was recognised as a major tool to the attainment of health for all. Since then, many countries in Africa utilise health education as a primary means of prevention of diseases and promotion of health. In the United States which represents the western, the U.S. Department of Health and Human Services reported that health education in the United States dates back to the 1798, when a federal network of hospitals was established to assist ill seamen. In the early 21st century, the terms health education and health promotion (i.e., health promotion include an ecological approach) are often used interchangeably in the United States, while at international scale health promotion is used as an overarching concept that includes health education.



Health education is a mature profession which has developed a distinct body of knowledge, defined competencies, a certification system for individuals, a code of ethics, a federal occupational classification, and recognised accreditation processes in higher education. Health education is generally aligned with the behavioural and social sciences as one of the core dimensions of public health study and practice.

#### In-Text Question(s)

Since when did Africa utilise health education as a primary means of prevention of diseases and promotion of health?

.

Answer:

At the time of Alma Ata Declaration of Primary Health Care (PHC) in 1978, health education was put as one of the components of PHC and it was recognised as a major tool to the attainment of health for all.

Additionally, the field draws from theories and models from education, health studies, communications, and other various areas. The unique combination of these knowledge areas forms the basis for health education competencies. Health educators employ a core set of competencies, irrespective of the various practice settings in which they work (i.e., schools, universities, health departments, community-based organisations, health-care settings, worksites, and international organisations). The discipline is organised around major areas of health education practice, such as assessing, planning, implementing, managing, and evaluating health education or health promotion programmes, services, and interventions. It includes historical and philosophical foundations, and development of its professionalism and ethics.

The discipline holds both qualitative and quantitative methods, community-based participatory research, health communication and social marketing principles, as well as policy and media advocacy to accomplish programmes objectives. Health educators are stalwarts in the fight for social justice and believe that the health of a population should be the main concern in any society. Thus, health education is a major component of programme services (adapted from Auld & Gambescia, 2016; Etyang, 2019).



#### 4.0 Self-Assessment Exercise(s)

What competencies do health educators employ in any setting they work?



#### 5.0 Conclusion

Health education has existed for about two centuries; it however became a distinct discipline almost 70 years ago. It is a major component of programme services. Health educators are stalwarts in the fight for social justice and believe that the health of a population should be a priority in any society. This is why the discipline embraces both qualitative and quantitative methods, community-based participatory research, health communication and social marketing principles, and policy and media advocacy to accomplish programmes objectives.



## 6.0 Summary

Health education as a discipline embraces both qualitative and quantitative methods. In the early 21st century, the terms health education and health promotion are often used interchangeably. Internationally, health promotion is used as an overarching concept that includes health education. Many countries in Africa utilise health education as a primary means of prevention of diseases and promotion of health.



## 7.0 References/Further Readings

Auld, E & Gambescia, S.F. (2016). Health education. Available from <https://www.Oxfordbibliographies.com/view/document/obo-9780199756797/obo-9780199756797-0044.xml> DOI: 10.1093/obo/9780199756797-0044. Assessed 30th August, 2019.

Etyang, J. (2019). Health education historical development. Available from [https://www.academia.edu/23212744/Health\\_Education\\_Historical\\_development](https://www.academia.edu/23212744/Health_Education_Historical_development) Assessed August 30, 2019.

World Health Organisation (2019). Health education. Available from [https://www.who.int/topics/health\\_education/en/](https://www.who.int/topics/health_education/en/) Accessed 19th August, 2019.

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  - 3.2 Purpose of Health Education
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- 7.0 References/Further Readings



### **1.0 Introduction**

The scope of health education is extensive. It touches all branches of human life, specifically; personal life, school life, as well as community life. Health education may be a science-based course. It could be a social science that draws from the organic, natural, mental, physical, and restorative sciences to advance health and avoid sickness, incapacity, and premature death through education-driven intentional conduct alter exercises. The points of Health education include; to supply information and abilities to enable individuals to lead ways of life and to require duty for the health and health of others as well as the environment. Another key point of the program is to supply people (students, the common open) with the openings to create and hone great health propensities and states of mind.



### **2.0 Intended Learning Outcomes (ILOs)**

By the end of this unit, you should be able to:

- highlight areas covered by health education
- explain the purpose/importance of health education
- discuss the principles of health education
- enumerate the functions of health educators
- discuss job opportunities and career prospects for health education graduates in Nigeria
- state the admission criteria to study health education.



### **3.0 Main Content**

#### **3.1 Areas covered by Health Education**

The general scope of health education are listed below:

- Family/community involvement,
- Health promotion,
- The healthy school environment, school health services
- Counselling,
- Psychological and asocial services,
- Physical education
- Food and nutrition
- Certain common diseases, their prevention, and control
- First aid safety measures
- Mental health and personal hygiene
- Water and Air - Pollution and purification
- Good health habits and posture
- Sleep, rest, recreation, and relaxation.

### **3.2 Purpose/ Importance of Health Education**

The most important reason of health education is to positively impact the health conduct of people and communities as well as the living and working conditions that affect their health. Health education builds students' information, aptitudes, and positive demeanors towards health. Health education lessons cover ranges, such as physical, mental, enthusiastic, and social health. Advance, It persuades students to make strides and keep up their fitness, anticipate illness, and diminish practices that seem to put them at the chance.

Health education curricula and instruction offer assistance students learn aptitudes that will be of utility to them in making solid choices all through their lifetime. The conclusion result of the viable educational module is positive changes in conduct that decrease understudy dangers around liquor, tobacco, and other drugs, damage avoidance, a mental and passionate health, sustenance, physical action, avoidance of infections as well as sexuality and family life.

Health education advances learning results in other subjects. A study appeared that perusing and arithmetic scores of students who got comprehensive health education were altogether higher than those who did not. In general, healthy students learn better. Previous studies have shown that more healthy students tend to do better in school. They have higher participation, better grades, and perform better on tests.

Health education propels individuals to receive health-promoting practices by giving legitimate information and making a difference to create a positive demeanor. It makes individuals form choices around their health and have confidence and aptitudes to put their decisions into practice.

#### **In-Text Question**

Why do you think health education is necessary for individuals in society?

- a. Health education generally promotes healthy living among people in society.
- b. It reduces that rate of divorce among couples
- c. Health education reduces crisis among the youth
- d. It improves the rate of migration

Answer: a. Health education generally promotes healthy living among people in society.

### **3.3 Basic Principles of Health Education**

All health education ought to be need-based. Therefore, including any person, people or the community in health education programme must be with a specific reason or purpose. The requirements ought to be set up. It must be significant issues and accessible arrangements must be made. Health education basically points to behavioral changes. Subsequently, the multidisciplinary approach is vital for the understanding of human behavior as well as for successful health education. It is crucial to have a free flow of communication for successful health education undertaking. The two-way communication is especially significant in health; a message is sent from the sender to the receiver and vice-versa.

In-Text Question (s)

Why is the two-way communication important in health education?

Answer: Two-way communication is important because the educator will be able to appreciate better if the people are clear about health instruction given. The people will also be able to express their fear and anxiety; the teacher and the learner will be on the same page.

### **3.4 Functions of Health Educations (What Trained Health Educators Do)**

Health educators teach people about behaviours that promote wellness. They are change agents (positive behaviour change)They also:

- teach health education in schools
- assess individual and community needs
- plan health education programs
- develop health education programs
- coordinate health education programs
- implement health education programs
- manage health education programs and personnel
- evaluate health education programs
- write grants
- build coalitions
- identify resources
- make referrals
- develop social marketing and mass media campaigns
- organize/mobilize communities for action
- handle controversial health issues/content
- advocate for health-related issues
- encourage healthy behavior
- use a variety of education/training methods
- develop audio, visual, print and electronic materials
- conduct research
- write scholarly articles.

In-Text Question (s)

What is the main work of health educators?

Answer: Health educators teach people about behaviours that promote wellness; they are change agents (positive behaviour change).

### 3.5 Job Opportunities and Career Prospects for Health Education Graduates in Nigeria

#### 1. Specialist Careers in Health Education:

##### □ **Certified Education Specialist**

The certified health educational master, or CHES, works to assist patients in progressing their everyday health and quality of life through healthcare-related instructive programs. Whereas their work is just as centered on the entire community as that of other masters. The healthcare education professionals has more center intelligent with individual people in traditional clinical situations, in this way, making the world a better place, one individual per time.

##### □ **Healthcare Information Analyst**

The information analyst works with healthcare providers to raise broadly-focused educational campaigns. Their work is vital to distinguishing existing, far-reaching issues in clinical healthcare settings, as well as in pinpointing current deficiencies in existing open mindfulness activities. Whereas they may take part effectively in specific outreach programs, their part is fundamentally within the gathering and examination of essential data. For that reason, they may plan overviews, surveys, and interviews, as well as program planning, to assemble vital information over time.

##### □ **Community Promotion Specialist**

This specialization, inside the entire field of healthcare and open mindfulness, centers basically on general community mindfulness. Their community may be an expansive association, a government body, a metropolitan range, or a few other comprehensive statistics; ordinarily, it incorporates thousands of different people unless their center is on a specific racial, ethnic, or other narrowly-defined statistics. The objective of the CHPS position is to collate and examine healthcare-related data, report on their findings, and plan campaigns to assist the foremost fundamental data reach the whole community.

##### □ **Product Development Specialist**

The corporate world offers expanding opportunities for healthcare educational and promotional experts. One of the foremost sweeping career opportunities accessible to the public with this capability is that of the item improvement master. They incorporate a vast extend of obligations, but what it sums to in a nutshell could be a two-pronged approach to open wellness: the specialist helps within the design process, decreasing potential health dangers, and is additionally capable for creating materials relating to the right utilize of an item or service.

##### ○ **Healthcare Promotional Specialists (HPS)**

A promotional specialist is something of a general practitioner within this profession's range of careers, and who they interact with in terms of how they associate as well as who they connect with. A few may work with huge associations or other communities, whereas others might take a patient-by-patient approach. They tend to center on specific areas of concern.

There are HPS professionals who concentrate on a wide range of growing concerns today, from the spread of sexually transmitted diseases to contagious viral organisms, to dental problems in children within a particular county or state.

2. Other Careers include;
- Health educator in schools (primary, secondary and universities)
  - Community development worker
  - Further education teacher
  - Health service manager
  - Health Counselor.

\*The above is not exhaustive.

(Adapted from <https://ngcareers.com/course/368/health-education>).

In-Text Question (s)

List three Specialist Careers in Health Education

Answer:

- Health Educator in schools
- Community Promotion Specialist
- Health Counselor

### **3.6 Admission to Study Health Education in Nigeria**

In Nigeria, to study health education, the person must possess the minimum of West African Examination Council (WAEC) result, or it is equivalent; s/he must have passed WAEC with a minimum of five credits at not more than two sittings in science-related subjects. Usually, the person should pass the Joint Admission Matriculation Board (JAMB) examination in the standard acceptable to the University of Choice. However, the JAMB pass is exempted for admission to the National Open University of Nigeria (NOUN). Students admitted at 100 level with credit passes in WAEC in relevant subjects in the sciences, but admission could be at 200 level with other qualifications as necessary (NCE, RN, passed Advanced Level Certificate, etc.).



#### **4.0 Self-Assessment Exercise(s)**

1. Discuss three career prospects for health education in Nigeria
2. What is the admission criteria to study health education in the university?



#### **5.0 Conclusion**

Health education is to certainly impact the health behavior of people and communities as well as the living and working conditions that impact their health. It could be an exceptionally wide disciplines that touches all branches of human life. Health education ought to be based on needs and must be specific and significant to the issues and accessible solutions. There are numerous ranges of specialization in health education, with various career opportunities.



## **6.0 Summary**

This unit examined the general scope of health education, its importance, basic principles, functions of health educators, opportunities, and career prospects as well as its admission criteria in Nigeria.



## **7.0 References/Further Readings**

Anonymous. (2019). Studying health education, career opportunities for health education graduates in Nigeria. Available from <https://ngcareers.com/course/368/health-education>. Accessed 28th August 2019.

World Health Organisation (2019). Health education. Available from [https://www.who.int/topics/health\\_education/en/](https://www.who.int/topics/health_education/en/) Accessed 19th August, 2019.

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## **Module 2: Understanding Key Concepts and Terminologies in Health Education**

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### **Module Introduction**

Introduction: Module 1 had exposed you to the basic principles and importance of health education intending to promote healthy lifestyles among the people in the community. Module 2



further explains the key concepts and terminologies in health education. The concepts to be discussed are as follows:

Unit 1	Understanding Health education
Unit 2	Understanding Health Services
Unit 3	Understanding Healthful Living Environment
Unit 4	Understanding Personal Health
Unit 5	Understanding Community Health

## **Unit 1: Understanding Health Instruction**

### Contents

1.0	Introduction
2.0	Intended Learning Outcomes (ILOs)
3.0	Main Content
3.1	Definition of Health Education
3.2	Purpose of Health Education
3.3	How to Carry Out Health Education
3.4	Areas to Cover during Health Education
4.0	Self-Assessment Exercise(s)
5.0	Conclusion
6.0	Summary
7.0	References/Further Readings



### **1.0 Introduction**

Setting up healthy practices amid childhood is less demanding and more viable than attempting to alter unfortunate practices during adulthood. The school may be a place where education and health programs can have their most remarkable effect.



### **2.0 Intended Learning Outcomes (ILOs)**

By the end of this unit, you should be able to:

- define health education
- state the purpose of health education
- Demonstrate how to carry out health education
- explain areas covered during health education.



### **3.0 Main Content**

### **3.1 Definition of Health education**

Health education may be a formal type of interaction where health concept (a substance to move forward information, state of mind and hone) is instructed to emphatically impact these spaces of learning to guarantee that individuals are equipped with pertinent information and act independently in things pertaining to health

### **3.2 Purpose of Health Education**

Health education offers assistance to students to learn skills and develop abilities they will utilize to form solid choices all through their lifetime. Schools ought to teach all children and youth in things relating to health and cleanliness. The School Health Education (SHI), directs the angle of School Health, and it includes well arranged and organized learning encounters for the school children beneath the control and supervision of instructors or licensed health staff. Teachers and school children may serve as specialists in altering and restoring the poor condition of health in their different communities. Health educators also work in other settings in the community to help individuals to make informed choices about their health.

In-Text Question(s)

In a nutshell, why is health education necessary?

Answer: Health education helps individuals to learn skills and develop abilities they will utilize to form solid choices about their health all through their lifetime.

### **3.3. How to Carry out Health Education**

Carrying out compelling health education requires human and fabric assets. There must be the accessibility of guidelines, materials, abilities, and inspiration of the teachers who might be the educator or certified health staff. There must be the utilization of fitting instructive strategy, and the quality of the substance of the health education ought to be of high quality. Chalkboards, audio-visual offers bits of help, outline charts, pictures, blurbs, maps, and course readings might not necessarily make the learning of health information simple but make them longer within the memory of students.

### **3.4 Areas to covered during Health Education**

The content of health education varies according to the situation and is vast in practice. Typically, the content of health education may be classified as follows:

1. Human - Normal structure and function of the body, sexuality education, etc.
2. Family Welfare - Family health, family planning, Service child care, maternal care, and health, etc.
3. Nutrition - Nutrition needs at all ages, health and illness prevention of deficiency disease, etc. Food selection and its importance in the development of the human body and health
4. Hygiene - personal and environmental hygiene and ways of healthful living. Regular health examinations, early correction of defects, protection of water, and safe disposal of refuse.
5. Various ailments and diseases. Their causes and ways and means of their prevention and cure. Control of - Disease-causing organisms, mode of entry, prevention of spread, disease treatment, and control of infectious disease, the role of immunization, etc.
6. Mental Health - maintenance of mental health, Healthy attitudes

7. School health - personal hygiene, good food, prevention of infectious diseases, etc. Provide health information to parents and families through educational materials sent home and involvement in school-sponsored activities.

8. Emergency, first aid, and safety education - prevention of accidents in homes - hospitals, schools, and industries, health hazards due to physical, biological, and mechanical causes and ways to prevent them.

9. Health importance of water, air, light, physical exercise, recreation, rest and sleep, etc.

In-Text Question(s)

List 4 contents of health education

Ans: 1. School health

2. Nutrition

3. Family welfare

4. Various ailments and diseases

\*The others are in the text (note, 9 listed in the text).



#### **4.0 Self-Assessment Exercise(s)**

How do you carry out health education?



#### **5.0 Conclusion**

Schools ought to teach all children and young people things relating to health and cleanliness. teachers and instructors are specialists that should help furnish and get them prepared with health education. Appropriate education procedure and the quality of the information of the health education must be guaranteed to have a positive impact



#### **6.0 Summary**

This unit examined the definition of health education, the purpose of health education, how to carry out health education, and areas to cover during health education.



#### **7.0 References/Further Readings**

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## **Unit 2:        Understanding Health Services**

### Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
  - 3.1 Types of Health Services
  - 3.2 Importance of Health Services
  - 3.3 Barriers to Assessing Health Services
  - 3.4 Consequences of the Barriers to Accessing Health Services

### 3.5 Objectives of Health instructors in Health Services

- 4.0 Self-Assessment Exercise(s)
- 5.0 Conclusion
- 6.0 Summary
- 7.0 References/Further Readings



#### **1.0 Introduction**

Health service importance has been defined as an approach to improve the personal satisfaction of individuals in the general public. Health service helps to give preventive and clinical treatment to the general population or a group. Access to high, quality health care services is significant for wellbeing support, prevention and advancement, avoidance and the series of illness, decrease of avoidable disability and untimely death, as well as accomplishing good health service for all.



#### **2.0 Intended Learning Outcomes (ILOs)**

Before the finish of this unit, you should be able to:

- explain obstacles to getting health services
- discuss the objectives of health educators in health services
- list and clarify different types of health services
- highlight the significance of health services



#### **3.0 Main Content**

##### 3.1 Types of Health Services

- **People-based:** Involves clinical gatherings and also includes attention to the health of people in their communities including their essential role in shaping health strategy and health services. Countries are being helped by WHO in the move towards universal health coverage through improving the productivity and viability of their health service delivery systems.

- Patient-based: This type of health services most of the times center around the individual searching for care (the patient).

### 3.2 Importance of Health Services

- Service delivery systems is concerned with the range of care from health promotion and prevention to diagnostic, rehabilitation and palliative care
- Health services are critical for moving towards universal health coverage.
- Service delivery systems are liable for giving health services for patients, individuals, families, communities and populations by and large, and not just consideration for patients.
- All levels of care are considered by service delivery systems including self-care, home care, community care, primary care, long-term care, hospital care, in order to provide integrated health services throughout the life course.
- Health service delivery systems that are protected, available, high quality, individual-based, and incorporated assistance to reduce illness occurrence

#### In-Text Question(s)

Two types of health services are ----- and -----

Answer: People based and Patient based

### 3.3. Barriers to getting Health Services

- Poor access to services
- high cost of care
- insufficient or no insurance coverage
- unavailability of culturally adequate care.

### 3.4 Consequences of the Barriers to Accessing Health Services

These barriers to accessing health services lead to:

- preventable hospitalisations
- inability to get preventive care services
- delays in accessing suitable services
- increased financial loads
- unfulfilled health needs

### 3.5 Objectives of Health instructors in Health Services

Health Education makes arrangement for population-based essential health care services. Health Education help to increase quality health services through the school health system and community intervention. The health services are provided through the school health services. The main focuses of the health educator is the School Health Services (SHS). Since school children are still developing and can without much of a stretch learn and structure preferences that can stay with him all through life. World Health Organisation in promoting School Health Services (SHS) launched in 1995 initiated The Global School Health Initiative. To bring about the goals of school health services, health instructors and other health personnel are needed to achieve the goals. The SHS is to be implemented on the four pillars for Health Promoting Schools:

- school -based health and nutrition services.
- safe and adequate learning condition,
- health advancing school strategies
- skills -based health education

The following objective are met through health education in school health services:

- Objective 1: Provide a system of evaluation of the assessment of the school health programme.
- Objective 2: Provide a healthful and safe school environment that facilitates learning.
- Objective 3: Provide thorough and suitable health education.
- Objective 4: Provide platform for gathering evidences and arrangement of students' health and educational problems.
- Objective 5: Provide mandated screening and vaccination monitoring.
- Objective 6: Provide a system for managing emergency clinical situations.
- Objective 7: Ensure access to Primary Health services.

In-Text Question(s)

List the four pillars for Health Promoting Schools

Answer:

- school -based health and nutrition services.
- safe and adequate learning condition,
- health advancing school strategies
- skills -based health education



#### **4.0 Self-Assessment Exercise(s)**

1. What is the significance of health services?
2. list 4 obstacles to getting health services



#### **5.0 Conclusion**

Health Services helps to; make health care accessible, high quality, and client-based. The health instructor actualises health services significantly through the schools and communities.



#### **6.0 Summary**

You have studied the types of health services, the importance of health services, the obstacles to accessing health services, results of the barriers to accessing health services, objectives of health education in school health and health services.



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## **Unit 3: Understanding Healthful Living Environment**

### **Contents**

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
  - 3.1 What is Healthy Living?
  - 3.2 How to Achieve Healthy Living: the Role of Health Educator
- 4.0 Self-Assessment Exercise(s)
- 5.0 Conclusion
- 6.0 Summary
- 7.0 References/Further Readings





## 1.0 Introduction

In this unit, we are going to examine healthy living so we will teach people and community what they have to learn so as to stay healthy. We are going to examine what healthy living is, and also the role of the health educator in promoting healthy living.



## 2.0 Intended Learning Outcomes (ILOs)

By the end of this unit, you will be able to:

- discuss the role of health educator in promoting healthy living.
- explain what healthy living means



## 3.0 Main Content

### 3.1 What is Healthy Living?

At a population level, healthy living is practices of population groups that are in line with supporting, improving, maintaining and/or enhancing health.

On individual basis, healthy living is the indulgence in health-enhancing behaviours, or simply put, living healthy. It implies the physical, mental and spiritual ability to create healthy choices (Public Health Agency Canada (PHAC), 2013).

Living healthy is to assist people to assume the responsibility and observe choices to help their health in the area of diet, their environment, adopting a healthy lifestyle has become a serious concern in modern-day Nigeria. Environments (physical, sociocultural, economic, and political) are identified by recent findings as a vital consideration in promoting healthy lifestyles. Many folks don't consider their living environment as a part of their overall health and wellness plan. The living environment can have an enormous impact on long-term health. Staying healthy requires a holistic approach; not only eating well or exercising but by also taking into consideration the environmental impacts on health. It's also good to understand that healthy home has a great impact on individual's health.

#### In-Text Question(s)

Healthy living is approached from two levels, ----- and -----

Answer: Population and Individual

### 3.2 How to Achieve Healthy Living: The Role of Health Educator

The Health Educator is to give adequate information to high school children and people within the communities on the most things needed to be healthy in their environment and develop a healthy lifestyle. The Health Educator is to coach people on the way to optimise and create living environments that are balanced, comfortable, and healthier. The Health Educator is to give counselling and advocacy strategies that promote physical activity (PA) and reduce sedentary time in children, adolescents and their families. Three main areas of information on healthy living to attain their roles are:

- Diet
- Physical activity (exercise)
- Healthy environment
- Mental health.

#### 3.2.1 Diet

Diet is among the key concerns to market healthy living. This is often to concentrate on foods with low fat, high fibres, also encouraging reduced tobacco, coffee and alcohol intake, and increased intake of natural foods, fruits and vegetable. There's a desire to balance caloric intake with physical activity to avoid excessive weight gain throughout the life cycle. The aim of eating good diet is to be healthy, achieve and maintain a good health status at every stage in life.



**Fig. 3: A Photo of a Woman promoting Healthy Lifestyle.**

**Source:**<http://www.hyperactivz.com/importance-living-healthy-lifestyle/>

#### 3.2.2 Physical activity (exercise)

Health educators should give advice on the requirement for physical activity (PA). PA choices should be integrated into daily activities in ways, which make them enjoyable, easy, natural and desirable. Parents must be included as agents of change for young children.

Physical activity (PA): is said to be any type of body movement that works muscles increasing resting energy.

Exercise: could be a planned, structured and repetitive PA to work out any part of the body.

It is important to still lay emphasis on PA in schools and houses because outdoor education programmes can increase youth self-esteem, the motivation to be articulate, conflict resolution and problem-solving skills. Ten minutes of moderate-to-high impact activities (such as running and jumping) performed two to a few days/week can have a modest positive effect on bone mineral density. Team sports can build new skills, raise self-confidence and cause new friendships. It's usually advised that:

- Children and adolescents: participate in a minimum of an hour of moderate to vigorous physical activity per day for a minimum of 5 days per week.
- Adults: engage in a minimum of half-hour of moderate to vigorous physical activity, above usual activities, on 5 or more days of the week.

The WHO recommends a healthy school-community model for older children, where PA is promoted in multiple settings. Research demonstrates that a multifaceted school-based programme that addresses PA, sedentary time and nutrition are very good, once they are implemented in multiple settings and have parental support.

#### In-Text Question(s)

What is the aim of eating good diet?

Ans: The aim of eating good diet is to be healthy, achieve and maintain a good health status at every stage in life.



#### 4.0 Self-Assessment Exercise(s)

What is healthy living?



#### 5.0 Conclusion

Many factors affect health. Healthy living may be a daily effort; it's only consistency which will make it achievable. Maintaining a healthy lifestyle won't only improve an individual's life quality but also increases their lifespan.



#### 6.0 Summary

By taking steps toward healthy living, you'll be able to help reduce your risk of diseases and enhance your life expectancy. During this unit, we've examined what healthy living is and factors that help to promote healthy living: diet, exercise, environment and psychological state.



## 7.0 References/Further Readings

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## Unit 4: Understanding Personal Health

### Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
  - 3.1 What is Personal Health?
  - 3.2 Importance of Personal Health
  - 3.3 The Role of Health Educator in promoting Personal Health
  - 3.4 Effects of Poor Hygiene
- 4.0 Self-Assessment Exercise(s)
- 5.0 Conclusion
- 6.0 Summary
- 7.0 References/Further Readings



## 1.0 Introduction

Several professionals in health education had advocated the importance of promoting healthy practices among different classes of individuals within society. It enables people live healthy lifestyles and become productive members of society. This is the rationale behind the advocacy as a strategic constituent of health education. Personal health refers to the healthy living of individuals. Personal health is extremely vital, and without it, we tend not to feel well; there can be tiredness or weariness, digestive problems, and perhaps sharp limitations on the pleasurable (physical activities), and array of health problems. This can increase amounts of money spent on treatments and health as well as time and money spent for doctors' consultations and hospitals.



## **2.0 Intended Learning Outcomes (ILOs)**

By the end of this unit, you should be able to:

- explain the meaning of personal health
- explain the importance of personal health
- discuss the role of Health educator in promoting personal health
- list the effects of poor hygiene.



## **3.0 Main Content**

### **3.1 What is Personal Health?**

Personal health is the ability to take responsibility for health, by making conscious choices efforts to be healthy. It does not solely refer to the physical wellbeing of a person; however, contains the wellbeing of emotional, intellectual, social, economic, spiritual, and other areas of life.

The majority of individuals understand that doctors should be consulted for major diseases, even as the over the counter (OTC) drugs we use for the short term and minor ailments, therefore the health educator is supposed to recommend to people at risks during this period, the need to go for a consultation before taking medication no matter how minor they assume the ailment is. Drug complications could escalate a mild ailment to a more severe ailment. Studies have confirmed the poor knowledge of individuals regarding drug interaction.

#### **In-Text Question(s)**

What is personal health?

Ans: Personal health is the ability to take responsibility for health, by making conscious choices efforts to be healthy, including the wellbeing of emotional, intellectual, social, economic, spiritual, and other areas of life.

### **3.2 Importance of Personal Health**

Staying healthy physically also assist individuals to remain healthy emotionally. Eating the right food and keeping fit makes the body healthy, helps one address stress, and additionally fight diseases. Getting regular sleep is another essential way to keep healthy. Additionally, having good personal health is to develop good personal habits and hygiene. Good personal hygiene are directly associated with fewer illnesses and better health. Poor personal hygiene habits, will result in some minor side effects, like body odor and greasy skin. It can also lead to awkward or maybe severe issues. Poor hygiene conduct can also affect an individual's self-esteem.

### **3.3 The Role of Health Educator in promoting Personal Health**

Community members should be advised by the health educator to develop good hygiene and practices to stay healthy. However, considering that school children are nevertheless very young,

and in their formative years, health educators should teach them a great deal of hygiene in their schools through health talks and demonstrations directed at developing healthy habits (personal hygiene) to help them to stay healthy throughout life. The instructions should consist of the following:

- Toilet hygiene: handwashing with water and soap after using the toilet. In the absence of water and soap, hand sanitizer with at least 60% alcohol in it can be used.
- Shower: at least daily or twice a day. When bathing, take special care of folds; Armpits, neck, groins, in between toes, belly, elbows, knees, etc.
- Wash hair with soap every other day if you wear a low cut or short hair. If you braid your hair, every fourth night should be considered.
- Teeth hygiene: Brush teeth twice daily; morning and last thing at night before going to bed. Use toothpaste with fluoride brushing up to two minutes each time of brushing.
- Nail hygiene: trim nails regularly to keep them short and clean. Brush them with a nail brush or washcloth to rinse away buildup, dirt, and germs.
- Hand washing before and after meals must be encouraged.

The under-listed are some of the outcomes of neglecting personal health (hygiene).

#### 3.4 Effects of Poor Hygiene

- Scabies
- Pubic lice
- Head lice
- Body lice
- Body odor
- Greasy skin
- Diarrhea
- Athlete's foot
- Ringworm
- Pinworms
- Swimmer's ear
- Hot tub rash.

#### In-Text Question(s)

What is the effect of poor personal hygiene habits?

will result in some minor side effects, like body odor and greasy skin. It can also lead to awkward or maybe severe issues. Poor hygiene conduct can also affect an individual's self-esteem.



#### 4.0 Self-Assessment Exercise(s)

What is the role of the health educator in promoting personal health?



## **5.0 Conclusion**

"Prevention is usually better than cure" therefore, taking personal health seriously is a fundamental way to forestall illness and promote longevity.



## **6.0 Summary**

In this unit, we have studied the meaning of personal health, the importance of personal health, the function of the health educator in promoting personal health, and the effects of poor hygiene, which emanates from not paying attention to personal health.



## **7.0 References/Further Readings**

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## Unit 5: Understanding Community Health

### Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
  - 3.1 What is Community Health?
  - 3.2 Scope of Community Health
  - 3.3 Role of Health Educators in Community Health
  - 3.4 Impact of Community Health
  - 3.5 Improving Community Health
- 4.0 Self-Assessment Exercise(s)
- 5.0 Conclusion
- 6.0 Summary
- 7.0 References/Further Readings



### 1.0 Introduction

A community emerged as a group of people with varied traits who are connected by social ties, share common views, and are engaged in joint action in geographical locations or settings. Community health is the intersection of healthcare, economics, and social interaction. According to the Centre of Disease Control (2019), "Working at the community level promotes healthy living, helps prevent chronic diseases as well as brings the greatest health advantages to the greatest number of people in need."



### 2.0 Intended Learning Outcomes (ILOs)



By the end of this unit, you should be able to:

- define community health
- explain the scope of community health
- explain the role of the health educator in community health
- discuss the impact of community health
- explain how to improve community health



### **3.0 Main Content**

#### **3.1 What is Community Health?**

Community health is a medical specialty that centers on the physical and mental wellbeing of individuals in a particular geographical area. This vital segment of public health includes initiatives to assist community members in maintaining and improving their health, forestall the spread of infectious diseases, and prepare for natural disasters. Individuals' health outcome are affected by a healthy community; Living in a community that is not healthy makes it difficult for an individual to be healthy. This is because, community is an ecosystem or environment where individuals live.

#### **3.2 Scope of Community Health**

Community health covers a wide range of healthcare interventions, such as health promotion, sickness prevention, and treatment. It also involves management and administration of care. Community Health Workers (CHWs) are often frontline professionals with expertise and knowledge of the unique characteristics and development of the community. They are most times members of the community themselves and play a crucial role ensuring a functioning of community care.

#### **In-Text Question(s)**

Define community health?

Community health is a medical specialty that centers on the physical and mental wellbeing of individuals in a particular geographical area.

#### **3.3 Roles of Health Educators in Community Health**

The health educator functions in the community to:

- Assess the needs of the people and communities they serve
- Develop programs and events to educate people concerning health topics
- Educate individuals on ways to address or manage existing health conditions
- Evaluate the effectiveness of programs and educational materials
- Assist people to find health services or information
- Offer training programs for other health professionals or community health workers
- supervise workers who implement health education programs
- Learn about their audience and improve programs and services by collecting and analyzing data
- Advocate for improved health resources and policies that promote health.

### 3.4 Impact of Community Health

The effect of community health is incredibly vast and extensive. The effect of community health cuts across educational achievements, safety and crime, people's ability to work and be financially healthy, life expectancy, happiness, leisure activities, civic duties, social functions, and more.

- Community health can be used to reduce inequality and health gaps among residents.
- Neglecting community health can cause an increase in crime rate and safety issues.
- If a community's overall wellbeing is suffering, chronic diseases such as diabetes, obesity, and heart failure can increase as well as other health challenges.
- Controlling infectious diseases may also be very tasking, putting vulnerable populations like the elderly and children at higher risk.
- Emergencies are more challenging to control if it occurs in the community; for example, in the case of a natural disaster and infections,, more resources will be needed to control spread in a community.

### 3.5 Improving Community Health

- Cooperation between health educators (public health workers), local government, volunteers, and average citizens is essential in improving community health and ensuring beneficial outcome.
- Health education becomes essential in maintaining community health, particularly teaching individuals the consequences of tobacco smoking, correcting poor nutrition through nutrition education and increased physical activity, and raising general awareness on healthy lifestyles.
- School health is additionally centered on all health education because schools are major part of the community where formation ought to begin early to have a decent and health community.

#### In-Text Question(s)

What is the importance of school in improving community health?

Answer: School health is additionally centered on all health education because schools are major part of the community where formation ought to begin early to have a decent and healthy community.



#### **4.0 Self-Assessment Exercise(s)**

Enumerate the roles of health educators in community health



#### **5.0 Conclusion**

Community health is central to the promotion of healthy lifestyles among completely different classes of individuals within society. It's a collective responsibility that should be supported by governments at all levels so that healthy population could contribute to the growth and development of the general society. Thus, health educators need to collaborate with stakeholders in the health sector to enhance community health and promote the wellbeing of people within society.



#### **6.0 Summary**

In this unit, we have studied the meaning of community health, the scope of community health, the role of health educators in community health, the impact of community health, and how to improve community health.



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## Module 3: Interrelationship of the Concepts and Terminologies in Health Education

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### Module Introduction

The previous module exposed you to the key concepts and terminologies in health education to ensure that you can understand these concepts and apply them to real-life situations. This module focuses on the interrelationship that could exist among these concepts and terminologies in health education. It will allow you to understand the similarities and differences among these concepts in health education. The module comprises the following units:

- Unit 1 Health Instruction about Health Services
- Unit 2 Health Instruction about Healthful Living Environment
- Unit 3 Personal Health as Relates to Community Health
- Unit 4 Health Services and Community Health Interrelatedness

### Unit 1: Health Instruction about Health Services

#### Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
  - 3.1. The Concept of Health and Health Instruction
  - 3.2. Health Services as a Concept in Health Education
  - 3.3. Relationship between Health Instruction and Health Service
- 4.0 Self-Assessment Exercise(s)
- 5.0 Conclusion
- 7.0 Summary
- 7.0 References/Further Readings



#### 1.0 Introduction

In the last unit, you learned assessment methods in health education. In this unit, you will learn about health instruction as it is concerned with health services. This unit will expose you to the concept of health and health instruction, health services as a concept in health education and the connection between health instruction and health service.



## **2.0 Intended Learning Outcomes (ILOs)**

By the end of this unit, you expect to have the ability to:

- discuss the concept of health and health instruction
- describe health services as a concept in health education
- clarify the connection between health instruction and health service.



## **3.0 Main Content**

### **3.1 The Concept of Health and Health Instruction**

Comprehension of health is the premise of all health care. Health is not seen in the same direction by the entire members of a community, including several expert groups (like biomedical scientists, social scientists, health administrators, ecologists), which brought about complexity about the concept of health (Reddy, 2019).

Health has advanced over hundreds of years from the concept of individual concern to a global social goal.

The various changing concepts of health are as follows:

1. Biomedical concept
2. Ecological concept
3. Psychosocial concept
4. Holistic concept.

#### **3.1.1 Biomedical concept**

Generally, health is considered as an absence of diseases, and if a person is free from disease, then that individual is considered healthy.

This concept is known as a biomedical concept, and its base on the "germ theory of the disease."

Health means the "absence of disease." The medical profession saw the human body as a machine, and disease is an outcome of the breakdown of the machine, and one of the doctor's roles was to fix the machine. This idea has decreased the job of the environment, social, and cultural determinants of health.

Advances in clinical and social sciences prompted the conclusion that the biomedical concept of health was inadequate.

### 3.1.2 Ecological Concept

Insufficiencies in the biomedical concept brought about other concepts. The ecologists presented the concept of the ecological concept. Ecologists considered health to be a dynamic equilibrium between man and his environment, and the disease as the inability of humans to adjust in the environment.

### 3.1.3 Psychosocial Concept

Developments in social sciences uncovered that health is not only a biomedical phenomenon but one that is influenced by individuals' social, psychological, cultural, economic, and political factors. These factors must consider in defining and measuring health. Therefore health is both a biological and social phenomenon.

#### In-Text Question(s)

What is the holistic concept of health?

Answer: The holistic concept recognizes the power of social, economic, political, and environmental influences on health. It has variously portrayed as a multidimensional process involving the wellbeing of the individual as a whole. The accentuation is on health promotion and protection.

### 3.1.4 Holistic Concept

The holistic approach is a blend of all the above concepts. The holistic concept recognizes the power of social, economic, political, and environmental influences on health. It has variously portrayed as a multidimensional process involving the wellbeing of the individual as a whole. The accentuation is on health promotion and protection.

The holistic model implies that all segments of society have an impact on health, in particular, agriculture, animal husbandry, food, industry, education, housing, public works, and other sectors. Thus, the World Health Organisation (WHO) definition of health as a "state of total physical, mental, and social wellbeing, not just the absence of disease or infirmity" (WHO, 1947).

## 3.2 Some of the Best Practices for Schools about Health Education

1. The best practices for schools on health education ought to provide skills-focused instruction that follows a comprehensive, sequential, culturally appropriate curriculum that addresses the required minimum standard.
2. Address the following in Health education instruction:
  - Assessing individual vulnerability to health risk-taking;
  - Accurately assessing health risk-taking of peers;
  - Investigating the influence of family, peers, culture, and the media on health behaviors, as well as connecting with others who support and strengthen health-promoting norms, beliefs, and behaviors.
3. Ensure that Health education instruction focuses not only on teaching content knowledge but on teaching skills, which include:

- Decision-making,
  - Problem-solving,
  - Accessing reliable health information
  - Goal-setting,
  - Communication,
  - Negotiation and refusal,
  - Assertiveness, and
  - Advocacy skills.
4. Have at least one person who supervises or facilitates health education.
  5. Involve parents and families in health education.
  6. Make sure that the health education curriculum is planned, sequential, and developmentally appropriate to address better the entire results of health instruction (required content areas).
  7. Providing health information to parents and families through educational materials sent home and involvement in school-sponsored activities.
  8. Provide opportunities for health educators to coordinate instruction with educators of other subjects and include health into other content areas, mainly science, physical education, and family as well as consumer sciences.
  9. Reviewing and updating the curriculum regularly - at the maximum, once in five years.

#### In-Text Question(s)

Enumerate any four of the Best Practices for Schools about Health Education.

Answer:

1. Have at least one person who supervises or facilitates health education.
2. Involve parents and families in health education.
3. Make sure that the health education curriculum is planned, sequential, and developmentally appropriate to address better the entire results of health instruction (required content areas).
4. Reviewing and updating the curriculum regularly - at the maximum, once in five years.

\*Others are within the text.

### 3.3. Relationship between Health Instruction and Health Services

The responsibilities, skills, and knowledge required of the health education/instruction specialist, depicted above, can be displayed in numerous diverse ways in servicing the community to improve their health. Contingent upon the setting and the necessities of the institution, consumers, or community, the education specialist may fit in as a consultant to other health professionals or a community. For instance, she may work with public health nurses in setting up an educational program in a health care center for mothers and infants; or with doctors and nurses in a renal care unit to create materials for patients' families.

Furthermore, she may assume the role of a public health professional or medical care team in a hospital or clinic. For example, a team for educating patients with chronic non-communicable diseases might include a physician, nurse, dietitian, and a health educator; or a public health team

concerned with pollution of a river could include an environmentalist, a toxicologist, a public health physician, and a health educator.

However, the health educator may be the only health professional working with a community to help them comprehend why bushes around the environment must be cleared, small pools of stagnant water to a drain, and device strategy with the community on the best way to go about it. As the definition of health education suggests, the crucial role of the health education specialist is to facilitate the learning process and help the individual or community to make informed choices about health/disease issues. The health educator, therefore, never works alone but always together with individuals, groups, or communities to help them take care of health/disease issues and to make learning easy.



#### Case Study

For example, Mrs Oni is concerned about using antimalarial drugs during pregnancy. Health education is necessary for her to know the risks of malaria during pregnancy before implementing drug treatment or directing her to medical care. She may even have undisclosed taboos about malaria in her present state which will further dispose her to risks as she may not be willing to go for care. The health educator has to give counseling to Mrs Oni (Psychotherapy) and list the possible complications of malaria in pregnancy e.g. loss of the pregnancy. This will make her to make informed decision. Hopefully, she allows herself to be treated and she is well and happy. Thereafter, preventive measures to avert future occurrence must be explained to her. This is a good example of how health instruction helps to complement health services.

#### In-Text Question(s)

The crucial role of the health education specialist is to facilitate the learning process and help the individual or community to make-----

Answer: Informed decision.



#### 4.0 Self-Assessment Exercise(s)

State the conclusion of medical and social sciences on the biomedical concept of health.



#### 5.0 Conclusion



Health is not viewed by every member of a community the same way, including different experts (such as biomedical scientists, social scientists, health administrators, ecologists, etc.), giving rise to complexity about the concept of health. The primary role of the health education specialist is to make the learning process easy and help the individual or community make informed decisions about health/disease issues.



## 6.0 Summary

In this unit, you have learned that health education or instruction is any combination of learning experiences tailored to help individuals, groups, and communities improve their health, by expanding their insight or influencing their attitudes. Learning about health avails individuals the ability to create an action plan based on healthy eating, working out, and being proactive about their health care. The health education specialist may work as a consultant to other health professionals or a community.



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## Unit 2: Health Instruction about Healthful Living Environment

### Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
  - 3.1. Environment as a Concept in Health Education
  - 3.2. Healthy Living Environment
  - 3.3. Relationship between Health Instruction and Healthful Living Environment.
- 4.0 Self-Assessment Exercise(s)
- 4.0 Conclusion
- 6.0 Summary
- 7.0 References/Further Readings



### **1.0 Introduction**

Having learned health instruction and how it relates to health services in the last unit, you will learn health instruction about the healthful living environment in this unit. This unit will expose you to topics such as; environment as a concept in health education, healthy living environment, and the relationship between health instruction and healthful living environment.



### **2.0 Intended Learning Outcomes (ILOs)**

By the end of this unit, you should be able to:

- discuss the environment as a concept in health education
- demonstrate the basic procedure involved in the healthy living environment as obtainable in your local environment
- describe a healthy living environment
- give an account of the relationship between health instruction and healthful living environment.



### **3.0 Main Content**

#### **3.1 Environment as a Concept in Health Education**

The environment is the composite of physical, chemical, and biotic factors (like climate, soil, and living things) that act upon an organism or an ecological community and, in the long run, is the determinant of its structure and survival.

### 3.2 Types of Environment

Biologically, all environments in the Universe can be classified into any of these three types: uninhabitable, uninhabited habitat, or inhabited habitat.

The uninhabitable environment: This has the temperature that is over the upper limit of which life can exist.

Habitable environment: This is the type of environment that can support the activity of at least one known organism.

Uninhabited habitat: This refers to a place that can support the activity of a known organism (or organisms) but contains no such organism (Cockell et al., 2012a).

These environments are uncommon on earth yet can be found, for instance, in fresh lava flows (Cockell, 2014b). These environments could exist in greater abundance on different planets where the hydrological regime is less energetic than on earth, or where the atmosphere is increasingly outrageous (e.g., high UV radiation fluxes on anoxic planets), such that new habitats are isolated from contemporary inhabited environments.

#### In-Text Question(s)

Describe any of the three types of environments.

Answer: Habitable environment: This is the type of environment that can support the activity of at least one known organism.

### 3.3. Importance of Environment

Everything comes under the environment that is air which we breathe all the time, the water we use for our daily routine, plants, and animals around us. The environment assumes an imperative role in the healthy living of humans. It is the source of natural aesthetics, and it is essential for proper physical and mental health. The environment is imperative because it is the only home that humans have, and it provides air, food, and other needs. The entire life-support system of humanity depends on the wellbeing of all the environmental factors.

### 3.4 Healthy Environment

A surrounding or condition that provides the means and opportunity to achieve physical, social, and mental wellbeing refers to a healthy environment (NCI Thesaurus). Allergists claim that up to 50 percent of infirmity is caused (or compounded) by indoor pollution. The federal Environmental Protection Agency (EPA) was also of the opinion that 65 percent of our homes or buildings are polluted – sometimes six to ten times higher than city air pollution.

Some health risks are preventable when there is knowledge about them and decide to prevent the risk. However, some other health risks we simply choose to accept because to do otherwise would unacceptably restrict our capacity to live our lives in the manner that we wish.

Furthermore, Environmental pollution is one of the dangers we do not know much about which we might decide to stay away from if we had the chance to make a choice. In the most recent decade, a growing body of scientific evidence has shown that our homes and workspaces can be more seriously polluted than urban outdoor areas. Because we now spend about 90 percent of our time indoors, this pollution can cause serious health challenges. This ought not to be viewed as an exceptionally awful and hopeless situation, but instead, we should put forth attempts to educate ourselves to live a healthy and productive lives.

An effort made in developing the organization known as the International Institute of Building Biology and Ecology (IBE), to address the vast need for informed choices about worsening indoor environment health concerns. Currently, Building Biology is an essential aspect of European design and architecture. It is now becoming popular in some advanced countries as they struggle to provide healthy environments in a growing indoor lifestyle. A certified Building Biologist has studied the relationship between the built environment and health and uses this knowledge of living and working spaces to achieve natural solutions that provide a healthy environment.

### 3.5 Ways to Promote a Healthy Living Environment

Some of the fundamental ways to promote a healthy living environment, otherwise known as **the Seven Ways to Better Indoor Air Quality (IAQ)** include:

1. **Reduce dust mites and animal dander**
  - Wash sheets weekly at 130°F.
  - Vacuum mattress, chairs, and carpeting.
  - Replace pillows every five years.
  - Install solid surface floors in bedrooms.
2. **Control moisture sources**
  - Vent bathrooms, kitchens, clothes, dryer, stove hood, and toilets directly outdoors.
  - Fix water leaks and clean up after floods.
  - Ventilate in cold weather.
3. **Eliminate combustion gases**
  - Use outdoor air supply for fireplaces, wood stoves.
  - Use outside vented stove hood when using a gas stove.
  - Use sealed and power vented water heaters and furnaces.
4. **Eliminate toxic pesticides**
  - Eliminate highly toxic pesticides.
  - Discard synthetics exposed to pesticides.

5. **Eliminate volatile compounds**

- Store toxic/volatile compounds out of the living space.
- Use safe paints and sealers (No VOCs).
- Open windows to handle high polluting events, such as the use of non-eco home cleaning products, hobbies, painting.

6. **Reduce particulates**

- Replace filters regularly – use high and efficient filter as much as possible.
- Use hard floor surfaces rather than wall-to-wall carpet.
- Use the right HEPA (High-Efficiency Particulate Air) filter equipped vacuum cleaner.

7. **Ventilation**

- Open windows every day.
- In highly polluted areas, provide a minimum amount of outside air by using whole-house mechanical ventilation.
- Much of an indoor environment may emit gasses due to chemical construction from cabinets, furniture, carpet made of synthetic toxic compounds (formaldehyde, PVC, etc.).

3.6 Relationship between Health Instruction and Healthful Living Environment

Health education courses and instructions equip students' knowledge and skills that will assist them in making healthy choices all through their lifetime.

Health instruction is vital for students as it assists in building their knowledge and attitudes about health. It does not only focus on being physically healthy. It also looks at emotional, mental, and social health too. Educating students on the importance of health inspires them. As a result, they endeavour to maintain good health, prevent diseases, and avoid risky behaviour. Imparting the significance of good health in schools helps students to maintain a healthy environment by making healthy life choices when they grow older and continue doing so all through their lives. It can be likened to a popular saying 'catch them young' It helps them to understand the dangers of an unhealthy lifestyle, such as using illicit drugs, smoking, and drinking alcohol. It helps prevent various injuries, diseases, such as obesity and diabetes, as well as sexually transmitted diseases.

The relationship between health and education is, without a doubt, a close one. Health education builds students' knowledge, skills, and positive attitudes about health. Health education teaches about physical, mental, emotional, and social health. It propels students to improve and maintain their health, prevent disease, and reduce risky behaviors.

Health education or instruction is a process that informs, motivates, and helps individuals to grasp and maintain healthy practices and lifestyles; advocates environmental changes as needed to facilitate this goal as well as conducts professional training and research for the same purpose.

In health education, everyone knows a fact about health and the knowledge of health influences lifestyle, which invariably leads to healthy living and good health.

## In-Text Question(s)

(a)What is health instruction?

Answer: Health instruction is a process that informs, motivates, and helps individuals to grasp and maintain healthy practices and lifestyles.



### **4.0 Self-Assessment Exercise(s)**

Discuss the relationships between health education and health instruction



### **5.0 Conclusion**

Health instruction is fundamental for students as it builds their knowledge and attitudes about health. It does not just focus on being physically healthy. It likewise centers around emotional, mental, and social health too. Educating students on the need for health builds their motivation. As a result, they endeavor to maintain good health, prevent diseases, and avoid risky behavior. Instilling the importance of good health in schools helps students to maintain a healthy and safe environment by making healthy life choices when they grow older and continue to do so all through their lives.



### **6.0 Summary**

In this unit, you have learned that the environment is the complex of physical, chemical, and biotic factors that act upon an organism or an ecological community and ultimately determine its form and survival. You also learned that all environments in the Universe could be classified into any of these three types: uninhabitable, uninhabited habitat, or inhabited habitat from a biological point of view.

You were exposed to the fact that a healthy environment is a surrounding or condition that provides the means and opportunity to achieve physical, social, and mental wellbeing. The ways to maintain a healthy living environment and the relationship between health instruction and healthy living were also exposed in this unit.

Further, you likewise discovered that health instruction helps individuals understand the dangers of an unhealthy lifestyle, such as using illicit drugs, smoking, and drinking alcohol. It helps prevent various injuries, diseases, such as obesity and diabetes, as well as sexually transmitted diseases.



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### **Unit 3: Personal Health as Relates to Community Health**

#### **Contents**

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- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
  - 3.1 Promoting Personal Hygiene
  - 3.2 Protecting Community Health through Health Education
  - 3.3 Relationship between Community Health and Personal Hygiene
- 4.0 Self-Assessment Exercise(s)
- 5.0 Conclusion
- 6.0 Summary

## 7.0 References/Further Readings



### 1.0 Introduction

In the last unit, you learned health instruction as it relates to the healthful living environment. In this unit, you will gain knowledge about personal health and its relationship with community health. This unit will not only open your eyes to the ways of promoting personal hygiene, but it will also expose you to ways of protecting community health through health education and how community health and personal hygiene relates



### 2.0 Intended Learning Outcomes (ILOs)

By the end of this unit, you should have the ability to:

- describe how to promote personal hygiene
- explain ways of protecting community health through health education
- discuss the relationship between community health and personal hygiene.



### 3.0 Main Content

#### 3.1 Promoting Personal Hygiene

Hygiene is not just being clean, and it could be defined as the many practices that help people appear neat and maintain good health. In a nutshell, every step taken by a person or persons to keep clean and healthy is referred to as hygiene

#### 3.2 Why it is Wise to Practice Good Personal Hygiene

The essential facts about hygiene are given below:

As human beings, we must ensure that we are neat and healthy. Hygiene helps to keep and promote the health of people, including that of the community. There are hygienic living habits every person should try to follow. One of these hygienic habits is cleanliness. We can protect ourselves from many infectious diseases such as typhoid, Cholera, non-specific diarrhea, and many others by the simple act of washing hands after visiting the toilet and before taking meals. Every 30 seconds, a child dies of diarrhea globally. However, the risk of diarrhea infection can be reduced by 47 percent through the simple act of washing hands with soap. Some simple habits like good dental hygiene



and changing underclothes help us remain clean and healthy in the long term too. Proper training is also a personality indicator.

### Personal, Domestic and Community Hygiene

Good hygiene is an essential barrier to many infectious diseases, including fecal, oral diseases, and it promotes better health and wellbeing. To enjoy the most significant health benefits, improvements in hygiene should be done at the same time with improvements in the water supply and sanitation, and should also integrate with other interventions, such as improving nutrition and income increase.

### 3.2 Ways to Improve Personal and Community Hygiene Practices that Help to Prevent the Spread of Faecal and Oral Diseases

- Effective disposal of wastewater: Proper disposal of wastewater will not only prevent the breeding of mosquitoes but also prevent adults and children from slipping and falling in muddy wet patch while walking and playing, respectively.
- Regular proper hand washing: Washing hands regularly and properly is one of the most effective ways of preventing the spread of diarrhoeal diseases. Pathogens are not visible on the hands, and water alone is not always sufficient to remove them. Soap and wood ash are both cleansing and disinfecting agents when used with water and use to kill pathogens on hands and utensils.
- The most critical times that hands should be wash with soap and water are: After defecating, after cleaning a child who has defecated and before eating or handling food.
- Promoting good personal hygiene often requires mobilization of the community towards this goal and raising awareness on how to achieve it. It is important to note that hygiene education programs should do more than merely telling people to wash their hands; otherwise, they will become sick because of disease-causing organisms that they cannot see. Scary messages in this manner do not work very often. Instead, education programs should try different methods to maximize community participation

### 3.4 Some Methods for Promoting Hygiene and Health

Some of the methods for promoting hygiene and health are:

- To encourage hand washing to become part of the daily routine, suitable facilities must be situated near places such as restrooms and kitchens, where they will be required. If running water is available, the facilities should include a tap and a sink as well as soap.
- Hands may be washed at a tap stand as well as shown in Figure.1 of Module 4. If running water is unavailable, an oil can or bucket fitted with a tap is an easy way to provide handwashing facilities; the bigger the container, the less frequently it will need refilling.

- Bathing regularly and laundering are essential for cleanliness and good personal appearance. It also prevents hygiene-related diseases such as scabies, ringworm, trachoma, conjunctivitis and louse-borne typhus
- Children's faces, in particular, should be washed regularly and thoroughly.
- If a child has trachoma, a unique towel or tissue should be used to wipe or dry the child's face; the towel should never be used for other children because of the risk of transmitting the disease.
- Ideally, programs that promote bathing should combine with a program to reduce the numbers of flies, which spread trachoma and other diseases and to increase sanitation.
- For individuals to bathe thoroughly, sufficient water must be utilized, but if the water supplies are irregular, it may be challenging to promote the use of more water for washing.
- Moreover, many conventional bathing practices do not use water efficiently, and guaranteeing cleanliness may be difficult.
- By adjusting existing practices, such as by encouraging the use of water containers with taps, it may be possible to improve the efficient use of water.
- Community shower units, with separate facilities for men and women, can also become income-generating enterprises in larger villages, but the facilities require cautious upkeep and must be located conveniently.
- To promote washing of clothes and bedding, laundry slabs, or sinks could be constructed near water points. They should be large enough to wash bedding and other bulky items and be situated so that water drains away from the laundry area and away from the water source.
- Locating laundry places in natural water bodies, streams, and irrigation canals should be avoided if possible since this practice can contribute to the transmission of schistosomiasis.

### 3.5 Relationship between Community Health and Personal Hygiene

Some community health habits that promote hygiene include:

- water source protection,
- proper disposal of solid waste and excreta,
- wastewater drainage,
- controlling animal rearing and market hygiene.

Individual community members play a significant role in community hygiene and have an obligation to their neighbours and the community to promote good health and a clean environment. For example, everyone in the village has the obligation of keeping their houses and compounds

clean, because a messy house can affect many conscientious neighbours and contribute to the spread of disease. Community leaders can promote cleanliness in the home by consistently keeping an eye on village households and by using by-laws to encourage household maintenance. Markets are often health hazards because foodstuffs may not be stored properly for the fact that markets may lack essential services, such as water supply, sanitation, solid waste disposal, and drainage. Ideally, markets should have several taps to provide buyers and sellers with ready access to safe washing and drinking water. Many vegetable and fruit sellers regularly sprinkle their produce with water, and they must have access to clean water for this. The sanitation facilities should also be suitable for the number of people who will visit the market, with separate facilities for males and females.

Foodstuffs sold at the market should be inspected daily by health officials. It is particularly important for meat and fish, which should be inspected before they are sold to ensure that they have been prepared according to national regulations and that they do not contain pathogens or other contaminants.

A lot of solid wastes are usually generated from the market and must be disposed of properly to prevent pests such as rodents and insects from feeding and breeding among them. The layout of market stalls should thus allow easy access for vehicles that collect waste and clean the area. Solid waste should be collected and discarded daily, and preferably more often. Strategically located waste bins (often concrete bunkers) can make this more effective. Market areas should also be drained to prevent flooding and insect breeding.

Animals are also sources of poor hygiene especially ‘animal rearing’ In many communities, animal rearing is a means of generating food rich in protein content and nutritional value, and for generating additional income. Animals can also provide many other products, such as leather and fuel, which improve the quality of life. However, if it is not practiced safely, animal rearing can have adverse effects on the health of the community. Animals should always be kept away from households, especially cooking regions and drinking-water sources, since their feces contain pathogens that can contaminate food and water. Preferably, animals should be kept in compounds not less than 100 meters from water sources and 10 meters from houses. Animal waste should be disposed off properly, away from homes and water sources, or use as fertilizers. It is also best for animals to be slaughtered away from households and water sources, the garbage and wastes may introduce contamination. Slaughtering must be carried out by qualified individuals who follow the country laws governing slaughter practices. Some disease vectors prefer animal hosts to humans. Pigs for example, can be reservoirs of Japanese encephalitis, dogs can be reservoirs of leishmaniasis, and some mosquitoes prefer to feed on cattle rather than humans.

#### In-Text Question(s)

Some disease vectors prefer animal hosts to a human! Discuss.

Answer:

This is because some animals act as reservoirs for disease causing organisms. Pigs for example, can be reservoirs of Japanese encephalitis, dogs can be reservoirs of leishmaniasis, and some mosquitoes prefer to feed on cattle rather than humans.

Promoting nutrition: a healthy and well-balanced diet is essential for good health. When there is insufficient food, or if the diet does not contain the right balance of foodstuffs, people become more prone to illness and may become hungry or malnourished. Children, in particular, are vulnerable to poor nutrition. Undernourishment and malnourishment can lower their resistance and make them progressively vulnerable. Often, children will eat only small amounts of food if it is spicy, even if it is nutritious, and it is essential to make children's food less spicy than adult food. Also, considering that their stomachs are small, children can eat only small portions and require feeding more frequently than healthy adults. It is also essential that children are fed not just foods high in starch or carbohydrate (for instance, rice or cassava). Although these foods can quickly make a child satisfied, he or she may become malnourished if other essential nutrients are not eaten. A well-balanced diet usually contains all the food nutrients in the adequate proportion. Foods from protein (such as beans, peas, meat, fish or eggs), carbohydrates (such as maize, potatoes, cassava, rice, and many other staple foods), vitamins (such as vegetables, fish, fruits or milk), and some fats or oils (such as cooking oil). Sometimes not all these foods are available, and community members must ask health workers how to make the best use of available foods in a balanced manner. In many situations, nutrition can improve by changing agricultural or gardening practices. Often, even small plots of land may provide nutritious food provided that the right crops are grown. Health workers, agricultural extension workers, and other stakeholders can ask for advice about which crops to produce to provide community members with well-balanced diets.

#### In-Text Question(s)

A \_\_\_\_\_ usually contains all the food nutrients in the adequate proportion.

Answer: well-balanced diet.



#### 4.0 Self-Assessment Exercise(s)

1. Why is it essential to make children's food less spicy than adult food?
2. Mention the diseases that could be prevented by a simple act of hygiene.



#### 5.0 Conclusion

Hygiene is what keeps and promotes the health of people and the community. There are clean living habits everyone should try to follow. Let us learn the importance of cleanliness. Lives can be saved from many infectious diseases like typhoid, Cholera, non-specific diarrhea, and so on by proper handwashing after visiting the toilet and before taking our meals. Globally, diarrhea causes the death of one child every 30 seconds. However, 47 percent of the risk of diarrhoeal infection can be reduced by the simple process of washing hands with soap. Some simple habits like good dental hygiene and changing underclothes help us remain clean and healthy in the long term too.



## 6.0 Summary

In the last unit, you learned health instruction about the healthful living environment. In this unit, you have learned personal health as relates to community health. This unit has exposed you to the fact that hygiene is beyond just being clean, which is define as the many practices that help people to be and stay healthy. You also learned personal hygiene, community hygiene, and how to promote them. The relationship between personal and community hygiene has also been explained to you in this unit.



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### Unit 4: Health Services and Community Health Interrelatedness

#### Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
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#### 1.0 Introduction

In Unit 3, you learned personal health as it relates to community health. In this unit, you will learn about health services and community health interrelatedness. You will also be exposed to community health services, assessment of community health status as well as community health as a function of health service availability.



#### 2.0 Intended Learning Outcomes (ILOs)

By the end of this unit, you will be able to:

- describe community health services
- explain how to assess the health needs of a community
- discuss how health service availability affects community health.



### 3.0 Main Content

#### Community Health Services

Community health services are services that many of us take for granted from the beginning to the end. They provide a wide range of care, such as supporting patients to manage long-term conditions and treating those who are seriously sick with complex chronic health conditions. Most community healthcare takes place in people's homes. Team of nurses and therapists coordinate care, working with professionals, including General practitioners and social care workers. Additionally, community health provides preventative and health improvement and promotion services, often with help from the local government. Although less visible than hospitals, they deliver an extensive and varied range of services and also employ so many staff.

#### In-Text Question(s)

State any two professionals that form part of the Community Health Services team.

Answer:

1. General practitioners
2. Social care workers

#### 3.2 Assessment of Community Health Needs

Community assessment is a systematic and comprehensive process of data collection, analyzing, and reporting information on a specific community. Community assessments identify the strengths, resources, and assets, not just the needs of the community. Assets may be human, material, or economic strengths of the community, such as strong community coalition, existing health services infrastructure, or high employment rates.

Community assessments are action-oriented; they involve practical actions in addressing issues. It employs a participatory approach, which increases sustainability and ensures action. Community assessment has value as both a product and a process. The product is the information collected and documented about the community. The process is the work is done, which is driven by community action, where team members learn about their community and become interested in working for change. The range of community assessment varies from broad to narrow. Community profiling is the broadest type of community assessment. A need assessment is more focused and only seeks to understand the needs that is specific to one issue.

### 3.3 Reasons to Conduct a Community Assessment

Reasons to conduct a community assessment include:

- providing a comprehensive picture of the community;
- identifying new, or understanding known community public health issues;
- identifying factors associated with a particular issue;
- developing an understanding of particular groups in the community;
- assessing the community's readiness to proceed with action;
- understanding available resources within the community;
- establishing community priorities and developing action plans; and
- gathering data to develop an intervention, including baseline data.

### 3.4 How Models can be used in Community Assessment

One or more theories or models can be selected to guide the community assessment and outline underlying assumptions. Models are useful to showcase the aim and purpose of the assessment, to aid in interpretation of the findings, or to develop responses/programs/initiatives based on the findings.

The model should be selected based on its appropriateness for use in the selected community, the types of data needed, and the usefulness of the data for planning. The community might already be using a model for community development that can be applied to community assessment. Community assessment looks at more than the individual factors that influence health. The selected model should provide a framework for the assessment of interpersonal, organizational, community, and public policy factors that can play a role on health.

### 3.5 The Process of Community Assessment

A comprehensive community assessment process has seven phases:

- establishment of a community team,
- determination of the purpose,
- plan the community assessment,
- conduct the community assessment,
- report results and recommendations,
- evaluate the community assessment process, and
- community action.

Community assessment is a dynamic and interactive process. The process should be adapted to meet the needs, ideas, and timelines available.

Community assessment is usually conducted through partnership. These partnerships were carefully made to achieve the established purpose. This phase targets developing community partnerships and establishing formidable team. Community assessment requires community engagement and community members' involvement in the decisions that affect them. Before starting a community assessment, an understanding of the people, structures, and dynamics of the community is required. Identifying and engaging stakeholders and community members early in the process helps to build relationships and establishes trust. In some cases, relationships and a community group should always already exist. To successfully conduct a community assessment; the community of interest must be identified and defined.

A community can be defined as any group of people sharing something in common. A community may be defined by geography or by an attribute within a geographically defined community, such as faith, race/ethnicity, school, profession, or culture. A community exists when a group of people is aware of its identity as a group.

Participation by members in the community is necessary for a community assessment. The team should represent all stakeholders, have a variety of skills represented, and mirror diversity of the community. The historical context and underlying assumptions or viewpoints of partners must be clearly understood. On the other hand, stakeholders are groups or individuals who can affect or are affected by the issues and those with a vested interest in the results of the actions. The team should include a mix of professionals, community members, community leaders, and significant decision-makers.

To identify stakeholders, identify who the organizers, leaders, community-influencers are and who will use the results. Team members need to define and understand their roles and duties. A sensitive, open, and inclusive process encourage community participation. Some community members may not be willing to participate if they have had negative experiences in the past.

Genuine intentions are to actively include, listen, and respond to the results of the community assessment increases participation. The team must demonstrate to community members the value of participating in the process. The community team should collaboratively determine the focus and purpose of the community assessment. It builds support for the assessment and the subsequent action. The purpose must be clear and agreed upon by the community team.

The purpose should include a focus on the assets and strengths of the community. The purpose determines the methods and approaches. The available resources influence the size and scope of the assessment. The community assessment plan outlines the model/theory underlying the community assessment, the partners involved, and how the team plans to collect the data, analyze the data, document and communicate the results, and evaluate the process.

### 3.6 Community Action

The result of community assessment normally informs action. The community team or the community itself determines the next course of action. Community action may lead to further community assessment of new issue that has arisen or to assess a different aspect of the community.



### 3.7 Methods used for Community Assessment

The methods used in community assessment depend on the objective of the assessment, the resources available, the skills or expertise of those involved, and the timeline. The team determines if the skills required to collect data exist within the team, if team members are trained, or if external resources will be required. Community assessment may include primary or secondary data analysis. Qualitative and quantitative data collection methods used in community assessments. Community assessments often use two or more data collection methods.

### 3.8 Data Collection Methods

**Description Survey:** Collecting information through a standard questionnaire of open or closed-ended questions – by mail, phone, face to face, or online  
**Key-informant interviews, One-to-one interviews** to gather information from individuals with unique insights regarding the community

**Focus groups:** Series of small group discussions focused on a specific topic and led by a trained facilitator.  
**Community forums** Public meetings focused on a defined topic led by a moderator. Community members discuss issues, identify problems, and engage in problem-solving deliberations.

**Observation:** direct or direct participant observation is an assessment by an outsider looking into the community. Participant observation is done by the community members or by someone engaging in the life of the community.

**Windshield or walking surveys:** It is the driving or walking through a community to observe and assess specific aspects of the community.

**Asset mapping:** Collecting an inventory of assets or strengths in the community and plotting the assets on a geographic map or other visualization.

**Photovoice:** Qualitative data collection process where people use photos or videos to share information about their community or point of view.

#### In-Text Question(s)

Series of small group discussions focused on a specific topic and led by a trained facilitator is referred to as \_\_\_\_\_

Answer: Focus groups

### 3.9 Community Health as a Function of Health Service Availability

Community health services provide support across a range of needs and age groups but most often used by children, older people, those living with infirmity or chronic health conditions, and people who are close to the end of their life. Community services often support people with multiple,

complex health needs who depend on many health and social care services to meet those needs. They, therefore, work closely with other parts of the health and care system, such as general practitioners, hospitals, pharmacies, and home care. The increasing numbers of people living with long-term conditions point to the fact that more people are likely to need support from community health services in the future.

Beyond NHS services, a much more extensive network delivers care and support to people in their homes and communities. It includes pharmacies, hospices, nursing homes, home care agencies, voluntary sector services, and care homes.

Barriers to health services include:

- The high cost of care.
- Inadequate or no insurance coverage.
- Lack of availability of services.
- Lack of culturally competent care.

#### 4.0 Self-Assessment Exercise(s)

1. What is community Health Care?
2. What are the barriers to community health care?

#### 5.0 Conclusion

Community Health provides preventative and health improvement services, often with partners from local government and the third sector. Although less visible than hospitals, they deliver an extensive and varied range of services employing so many staff. Community services often support people with multiple, complex health needs who depend on many health and social care services to meet those needs. They, therefore, work closely with other parts of the health service and care system, such as General practitioners, hospitals, pharmacies, and care homes. The increasing number of people living with long-term conditions means that more people are likely to need support from community health services in the future.

#### 6.0 Summary

In this unit, you have learned that community assessment is a systematic and comprehensive process of collecting, analyzing, and reporting information on a defined community. Community assessments identify the strengths, resources, and assets, not just the needs of a community. You have also learned the reason for community health services and its relationship to community assessment is a systematic and comprehensive process of collecting, analyzing, and reporting information on a defined community. Community assessments identify the strengths, resources, and assets, not just the needs of community health. This unit has also exposed you to the process of community health assessment and the steps to be taken during a community health assessment.

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## **Module 4: Communication Strategies in Health Education**

### **Introduction**

The previous module explained the interrelationship that exists among the concepts and terminologies in health education intending to understand the interaction patterns and how to ensure effective communication among different stakeholders in the health education system. This module highlights the communication strategies in health education as well as the tools that could be used in facilitating health education programs in society.

Unit 1 Communication Methods in Health Education

Unit 2 Tools in Health Education

Unit 3 Resources Used in Health Education

Unit 4 Assessment Methods in Health Education

### **Unit 1: Communication Methods in Health Education**

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3.3 Advantages and Disadvantages of the Major Communication Method in Health Education

4.0 Self-Assessment Exercise(s)

5.0 Conclusion

Summary

## 7.0 References/Further Readings



### **1.0 Introduction**

Having gone through the interrelationship of the concepts and terminologies in health education, you will be exposed to the communication methods in health education. Communication is an essential aspect of health education. This unit will expose you to the meaning of communication in health education, various communication methods used in health education, the advantages and disadvantages of each communication method used in health education.



### **2.0 Intended Learning Outcomes (ILOs)**

By the end of this unit, you will be able to:

- define communication in health education
- explain various communication methods used in health education
- identify the advantages and disadvantages of each communication methods in health education.



### **3.0 Main Content**

#### 3.1 Definition of Communication in Health Education

According to the Centre for Disease Control and the National Cancer, health communication is the strategy of informing and influencing individual choices that improve health through communication.

Health communication can be described as the skill and practice of enlightening, prompting, and encouraging persons, groups, or the general public about the imperative of health issues. The act or process of transferring health protection and promotion information between health professionals and clients in public health crusades and health education to promote positive changes in attitude and behaviours is referred to as health communication. The reason for spreading information about health is to affect the health of individuals and the community through an increase in health awareness and knowledge. In a nutshell, communication in health education means health communication.

#### 3.2 Effective Health Communication

Effective communication means oral speech or other information disseminating methods that pass the message across. Effective communication is said to have taken place when audience listens keenly, grasps the points, and understands it.

Effective health communication is vital because it prepares the public with the tools and knowledge to respond correctly to health crises such as outbreaks of influenza, Ebola, malaria, etc. Some characteristics of effective health communication include;

- i. High impact health communication message that speeds up behavioural changes on a societal level; it stimulates entire communities into action, encouraging them to live a healthy lifestyle by taking the necessary measures to prevent disease and to protect, maintain and improve their health, such as adequate nutrition, regular moderate exercise, responsible sexual behaviour, avoiding destructive behaviours such as cigarette smoking, drug abuse, overindulgence in alcohol, etc.
- ii. Health communication should disseminate appropriate health content that satisfies the following criteria, as recommended by the Centre for Disease Prevention and Health Promotion, for it to be impactful.

**Accuracy:** The message should be useable and free from errors of fact, interpretation, or verdict.

**Availability:** The information should be made available to or placed where the audience can have access to it. The audience, complexity of the message, and purpose, ranging from interpersonal and social networks to billboards and mass transit signs to prime-time TV or radio, to public kiosks (print or electronic), to the Internet determine the placement.

**Balance:** The content of effective health communication should present the benefits and risks of potential actions or identify different and useful sides on the matter.

**Consistency:** The information should be regular, reliable, and also be consistent with information from other sources.

**Cultural Competence:** The approach, implementation, and evaluation procedures should take into consideration unique issues with selected individual groups as well as literacy levels and disability. Ethnic, tribal, and language are some of the cultural know-how to be considered in health communication.

**Evidence-based:** Formulation of practice guidelines should be based on suitably reviewed scientific ideas, measures of competence, benchmarks for the review, and technology evaluation for the use of technological innovation to link health care providers to patients remotely.

**Reach:** The message should reach as many people as possible within the target group.

**Reliability:** There should be a credible source of information, and the message should always be available.

**In-Text Question(s)**

Why is effective health communication vital?

Answer:

Effective health communication is vital because it prepares the public with the tools and knowledge to respond correctly to health crises such as outbreaks of influenza, ebola, malaria, etc.

Repetition: The message and its accessibility should be continuous and guaranteed, respectively. Repeating the message over time helps to both reinforce the impact with a given audience and to reach new generations.

iii. Furthermore, a competent health communication plan must take a multi-pronged approach, coupling with other interventions, such as policy changes, improvements in health delivery systems, etc. If a policy level does not support the health communication initiative, the effectiveness and influence are much less predictable than if it has institutional backup.

iv. In developing health communication initiatives, it is important to consider the socio-cultural environment of the target audiences regarding their habits, language inclinations, and media disposition. For example, the health communication program that targets primarily individuals who are either technologically illiterate or simply do not have access to the internet should not be done online/through the website.

### 3.3. Various Communication Methods used in Health Education

Communication methods are a means of conveying information to achieve the expected behavioural changes in the targeted group. Deciding what to do, who to do it, and at what time it should be done is not sufficient in health education; we still need to decide in what way it should be done, which takes us to the method.

Health Communication Methods: These are approaches that could be used to ensure effective communication to influence the attitudes, behaviors, or decisions of the target audience. Furthermore, health communication strategies are those plans adopted by the health educator/benefactor to inform and influence people to bring about change in behavior in terms of knowledge and attitude. The ability of the health educator to competently implement these plans gives a solid foundation to a healthy life as not passing correct information give rise to risky behaviour. Insel and Roth (2014) viewed wellness as optimal health and liveliness, comprising physical, emotional, intellectual, spiritual, interpersonal, and social and environmental well-being.

Programs that disseminate information uses many media to make available information about the risk of a particular lifestyle, choices, and personal behaviour as well as the benefits of changing the behaviour and improving the quality of life to the public. The use of communication strategies is crucial to ensure optimum utilisation of health information provided by the health educators so that individuals and communities may observe healthy living practices and seek appropriate medical help in due time.

Noar, Benac, and Harris (2007) described some health communication approaches to include campaigns, entertainment advocacy, media advocacy, new technologies, and interpersonal communication. Health communication campaign or crusade directly offers education to people

who anticipate to embrace or change to healthier behaviour and lifestyle. The campaign reaches a broad audience and influences the population to maintain and improve their health status.

Centre for Rural Health (2015) enlisted the health communication strategies to include; Radio, Televisions, Newspapers, Flyers, Brochure, Internet, and Social Media. Furthermore, Rural Health Information Hub (2017) expressed that effective health information communication strategies include; use of Research-Based Strategies. In this, the peoples' cultures, settings, and languages are given priorities. Wisdom is applied in archiving this. Also, another factor to be considered is the people's health literacy. That is to know if the people are knowledgeable about risky health behaviours. The health educators consider the accessibility of the Internet, media exposure, as well as the cultural competency of the target population.

Furthermore, development of materials such as brochures, billboard radio commercials, television broadcast, newspaper articles, public service announcement, newsletter, pamphlets, videos, digital tools, case studies, group discussions health fairs, field trips, and workshops helps to increase, influence social norms, increase the availability of support or improve their health conditions.

### 3.4 Approaches to Health Communication

#### Traditional and rural-based communication

Traditional and rural-based communication addresses the unique problem of rural developers. Before the multiplication of modern technologies, communities developed their strategies of communicating among themselves. In this age of media creation and advanced communication technology, rural communities do not have access to computers and the Internet, and most of them still rely on traditional means of communication. It is worthy to note that some of these rural communities have evolved in terms of embracing certain aspects of modern media for community mobilization for health campaigns. It includes children immunization, political sensitization, among others. Town crier, age-grade meetings, and many more are examples of traditional communication.

**Town crier:** It is a form of communication strategy that had surpassed generations of these days rural dwellers. The town crier is a significant village "broadcaster" who summons villagers or decision-makers on issues concerning the community." Even in modern times, town crier still plays a pivotal role in health advocacy and sensitization.

**Age grade/gender meeting:** It is another effective strategy utilized in the communication of health-related issues to community members. Different groups have specific days/ months for meetings and can, therefore, provide an opportunity for health educators to give her health-related messages.

#### Broadcast media tools (Radio and Television)

Broadcast media use to reach a broad audience within a defined time frame. Broadcasting is a transmission of audio and video messages via electro-magnetic waves to reach millions of homes almost the same time. It is the most expedient means to transmit information immediately to the broadest possible audience. The broadcast consist of the Television and the radio media channels and both have been effective in carrying successful health campaign. Health is achieved through



health communication. It explains medical jargon, ill-informed messages, and corrects general educational gaps.

Radio broadcast: Radio programmers are more pocket-friendly than most television programs and so an excellent choice for low-cost budget. A large number of audiences turn and listen to their radios every day. Unlike Television, most radio stations are mobile and design to measure audience response.

Television: Television has comprehensive geographic coverage and broad audience reach. It records success for promoting health campaigns and health advocacy messages. Television programs are always costly, especially for those considering a low-cost campaign, no immediate feedback, especially with news programs or documentaries because they always pre-record, and there is no way to determine how the larger population or audience will absorb the message.

Public service announcement (news programs): Most health communications air during prime time news programs. In this way, the campaign about health conditions gets to the target audience within a stipulated time. It applies to both television and radio stations. For example, it is the breaking news about the Monkey pox outbreak in Bayelsa state and suspected persons on Rivers state.

Newsletter/journals: Through journals, high awareness is creating on health-related issues. Newsletters are print reports containing information about activities or health problems and sent by mails. They are always to refer to in case of any doubt.

Billboards/posters: They cover a high population. They serve as a great medium to cover health messages. Messages on billboards/posters allow the audience to reach the target audience on the move.

Social media/internet: The Internet has brought us several new mainstream communications tools and changed the communication landscape. It is described as the communication revolution; internets have saved us time in the creation and development of messages. Examples are e-mail, SMS, instant messaging (Yahoo, MSN messages), video conferencing, Facebook, WhatsApp, Twitter, and others (Merrian-Webster.com).

### 3.5 Advantages and Disadvantage of the Major Communication Methods used in Health Education

#### Advantages of Traditional Media

- Most useful in human communication.
- Specialized training or technology is not needed
- They are mostly embedded in one's own culture and tradition.
- They are part of our lives.
- Feedback is immediate and known
- There is flexibility in changing the form and content for the existing context. For example, songs were written for a social cause without changing the forms and style
- They can be cost-effective

- They are usually very easy to remember and can quickly attract the masses
- most intimate with the masses in all the regions of the country
- primary appeal is to the emotions rather than the intellect
- commands an immense variety of forms and themes to suit the communication requirements of the masses
- local and live, and able to establish a direct rapport with the audience.
- Readily available to their audience.
- Flexible to accommodate new themes
- enjoyed and approved by all the people from different age groups, and they are low-cost media as compared to the sophisticated electronic media.

#### In-Text Questions

\_\_\_\_\_ and \_\_\_\_\_ communication address the unique problem of rural developers.

Answer: Traditional and rural-based

### 3.6 Advantages of Electronic Media

The advantages of electronic media include:

- The reach is more, and audiences are heterogeneous.
- Messages are communicated within a short time.
- Messages are communicated to a large number of people at a time.
- A variety of audio, video, text can be used in one single medium.
- High possibility of recording and archiving the content for future use.
- There is possibility of making this medium interactive.
- With the advent of live programming, distance is no longer a hindrance in communication.

### 3.7 Disadvantages of Traditional Media

Disadvantages of traditional media are:

- restricted to the place of performance.
- reach is limited
- limited scope for archiving the performance
- can cater only to a limited audience.

### 3.8 Disadvantages of Electronic Media

The disadvantages of electronic media include:

- less intimate
- feedback mechanisms are slow
- expensive medium
- specialized training required to make programs
- limited access to rural area

#### In-Text Question(s)

What are the disadvantages of traditional media in health education?

Answer:

1. They are restricted to the place of performance.
2. Traditional media can only reach limited number of people
3. There is limited scope for archiving the performance
4. They can cater only to a limited audience.

#### 4.0 Self-Assessment Exercise(s)

1. Describe traditional media in health education
2. What are the advantages of traditional media in health?  
Education?

#### 5.0 Conclusion

Health communication helps to increase audience knowledge and awareness of health issues. It influences individual behaviors and attitudes towards health matters. Health communication acts as a medium in which healthy practices are established, demonstrates the benefits of behavior changes to public health outcomes, advocates a stand on health matters or policy, and increases the demand or support for health service.

#### 6.0 Summary

In this unit, we have described health communication as the skill and practice of enlightening, prompting, and encouraging persons, groups, or the general public about the imperative of health issues. The act or process of transferring health protection and promotion information between health professionals and clients in public health crusades and health education to promote positive changes in attitude and behaviours is also referred to as health communication.

We have also discussed the five components of communication among which are; the sender and receiver, the medium that carries the message, contextual factors, the message itself, and feedback.

## **Unit 2: Tools in Health Education**

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- 7.0 References/Further Readings



### **1.0 Introduction**

Having gone through communication in health education, you will be exposed to the tools used in health education. Tools are special materials that help to disseminate health information. This unit will make you understand the tools used in health education, their uses, advantages and disadvantages.



## **2.0 Intended Learning Outcomes (ILOs)**

By the end of this unit, you should be able to:

- describe health education tools
- identify various tools used in health education
- state the advantages and disadvantages of each tool.



## **3.0 Main Content**

### **3.1 Meaning of Tools in Health Education**

Health education tools are health learning materials or strategies such as posters, leaflets, and games that could be used to aid teaching in the classroom. Program and support materials such as radio spots and flyers can also be used for social mobilization and advocacy at a further campaign or community level. In other words, health learning tools are those teaching aids that give information and instruction about health specifically directed to a clearly defined group or audience.

### **3.2 Identifying the Various Tools used in Health Education**

The wellbeing learning materials that can be utilized in wellbeing training and advancement are generally extensively grouped into four classifications: printed materials, visual materials, audio, and audiovisual materials.

#### **Printed materials**

Printed health learning materials can be utilised as a medium in their privilege or as help for different sorts of media. Some printed health learning materials that you will be conversant with as of now include posters, leaflets, and flip charts.

#### **Posters**



Fig. 1: Posters do not always have to be dangerous to catch the eye and transmit essential messages. (Picture demonstrating handwashing technique)

In recent years, the use of posters in communicating health messages has increased dramatically (Figure 1). Since a poster consists of pictures or symbols and words, it communicates health messages both to well-read and illiterate people. It has high value to communicate messages to illiterate people because it can serve as a visual aid.

The primary purposes of posters are to strengthen knowledge or remind people of a message received through other channels, and to provide information and advice — for example, to advise people to learn more about handwashing. They also function to give guidelines and instructions for actions, such as a poster about practical hand washing techniques. Posters can also serve to publicise important events and programs such as World Environmental Health Day.

Visual aids like posters explain, enhance, and emphasise key points of health messages. They allow the audience to see ideas in pictures and words. Below are some tips on preparing posters.

In-Text Question(s)

Mention any two printed media used in health education

Answer:

1. Posters
2. leaflets

Preparing a poster

- Written messages should be synchronised with pictures or symbols.
- All words in a poster should be in the local language or two languages.
- The words should be few and simple to understand. A slogan might contain a maximum of seven words.

- The symbols used should be understandable by everyone, no matter their educational status.
- The colors and pictures should be 'eye-catching' and meaningful to local people.
- Only put one idea on a poster. If there are several ideas to be passed across, use a flip chart (see below).
- The poster should encourage or ensure the practice of action oriented messages.
- It is better to use real-life pictures if possible.
- It should attract attention from at least 10 meters away.

### Flip chart

Flip charts are valuable to present several steps or sides that are relevant to a central theme, such as demonstration of the proper use of mosquito nets or how HIV is transmitted. When you use the flip chart in health education, you must discuss each page entirely before you turn to the next and then make sure that everyone understands each message. By the end, you can go back to the first charts to review the subject and help people remember the ideas.

### Leaflets

Leaflets are the commonly recognized method of using print media in health education. They can be helpful logistics for individual and gathering/meetings. They are used for special subjects, for example, sexual health education training. At the point when individuals are too shy to even think about asking for an appeal, or help, they can get a handout and read it secretly. Regarding content, handouts, booklets, or leaflets are best when they are brief, written in essential words, and justifiable language. An appropriate location ought to be incorporated at the back to demonstrate where individuals can get additional data.

Contemplate on how you can see printed materials used for health education messages. Consider posters that have been productive and affected lives, reflect on how other health educators have made use of flip charts. So you can generally copy the way others do things. On your own try to explore different avenues of using banners and flip outlines (Figure 2).



Fig. 2: Eating Right During Pregnancy  
Reviewed by Sarah Klemm, RD, CD  
Published January 8, 2019

#### Visual materials

Visual materials are perhaps the most strongest technique for communicating messages, mainly where literacy is low among the populace. They are acceptable when they go with intuitive techniques. It is said that an image tells a thousand words. real objects, audios, and videos do likewise. They are quick and incredible, and individuals can play with them.

#### Audio and audiovisual materials

Audio material incorporates anything heard, for example, the verbally expressed word, a health talk, or music. Radio and sound tapes are good instances of audio aids. As the name suggests, various media materials combines both seeing and listening. These materials incorporate TV, films or videos which provide a wide range of interest and can convey messages with high motivational appeal. They are good when they are accompanied by interactive methods. Audio-visual health learning materials can stimulate interest of the audience if they are of high quality and provide a clear mental picture of the message. They may also increase and enhance understanding or inspire active thinking and learning as well as help develop memory.

#### In-Text Question(s)

Radio and \_\_\_\_\_ are good examples of audio aids

Answer: sound tapes

### 3.3. Advantages and Disadvantages of each Health Education Tool

#### Advantages of posters in health education include:

- Since a poster consists of pictures or symbols and words, it communicates health messages both to well-read and illiterate people.
- It has high value to communicate messages to illiterate people because it can serve as a visual aid.
- It reminds people of message received through other channels
- It gives information and advice on best health education practice
- Posters can also serve to announce important events and programmes
- Visual aids like posters explain, enhance, and emphasise key points of your health messages.
- They allow the audience to see your ideas in pictures and words.

#### Disadvantage of posters in health education

- Has limited coverage

#### Advantage of flip charts in health education

- Flip charts present several steps or aspects that are relevant to a central topic



#### Disadvantages of Flip chart in health education

- There might be difficulties in understanding all the messages if there are many charts.
- People may not remember the ideas in the first charts by the time it gets to the end.

#### Advantages of Leaflets in health education

- They can be a useful reinforcement for individual and group sessions in health education
- Serve as a reminder of the main points of the information passed.
- They are also helpful for conveying sensitive subjects such as sexual health education.
- When people are too shy to ask for advice they can pick up a leaflet and read it privately.

#### Disadvantage of leaflets in health education

- Communicates health messages to mainly educated people.

#### In-Text Question(s)

State the disadvantage of posters in health education

Answer;

Posters have limited coverage



#### 4.0 Self-Assessment Exercise(s)

Enumerate the disadvantages of Flip char in health education



#### 5.0 Conclusion

Health learning tools include posters, flip charts and leaflets, visual materials such as real objects, and audio-visual material such as TV, films and videos. Often, more than one approach is more effective than a single type of activity. Using the learning tools for the right target group in your health education programme helps you to convey effective messages to individuals and communities. This stands the best chance of bringing about health-related behavioural change.



#### 6.0 Summary

In this unit, you have learnt that health learning tools are those teaching aids that give information and instruction about health specifically directed to a clearly defined group or audience. The health learning materials that can be used in health education and promotion are usually broadly classified into four categories: printed materials, visual materials, audio and audio-visual materials. Printed

health learning materials can be used as a medium in their own right or as support for other kinds of media. Some printed health learning materials that you will already be familiar with include posters, leaflets and flip charts. In terms of content, leaflets, booklets or pamphlets are best when they are brief, written in simple words and understandable language.



## 7.0 References/Further Readings

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## Unit 3: Health Education Method

### Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
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  - 3.1 Definition of Health Education Method
  - 3.2 Identifying different Health Education Methods
  - 3.3 Description, Uses of the Various Health Education Methods, their Advantages, and Disadvantages
- 4.0 Self-Assessment Exercise(s)
- 5.0 Conclusion
- 6.0 Summary
- 7.0 References/Further Readings



## 1.0 Introduction

In the previous unit, we looked at health education tools. This unit aims to introduce you to the meaning, advantages, and disadvantages of health education methods, an important area of health education.



## 2.0 Intended Learning Outcomes (ILOs)

By the end of this unit, you should be able to:

- define health education method
- identifying different health education methods
- discuss the uses of the various health education method, advantages, and disadvantages.



## 3.0 Main Content

### 3.1 Health Education Methods

Health education methods are ways the general public are exposed to health messages aimed at behavioural changes. Health education includes what will be done, by whom, when, and how it will be done.

### 3.2 Health Education Methods

Health education can be carried out in three levels: individual, group, and mass method. They are as follow:

1. Individual method:
  - Counseling
  - Interview
  
2. Group method:
  - Group discussion
  - Roleplay
  - Brainstorming
  - Workshop/seminar
  - Demonstration
  - Mini lecture
  - Problem-solving

- Panel discussion
- Field trip/ educational tour
- Symposium.

3. Mass method:
- a) Lecture
  - b) Exhibition.

In-Text Question(s)

\_\_\_\_\_ can be carried out in three levels

Answer: Health education

### 3.3 Description of Health Education Methods, their Advantages, and Disadvantages

#### 1. Individual Method

This particular method provides an opportunity for one on one communication of ideas, knowledge, and information. There are various ways individual health education can be given either through a personal interview, counseling in the consultation room through the doctor, in the health services center, or the home of the people.

**Counseling:** Counselling is a way of helping a person through purposeful conversation. Counselling is done to make patients aware of the cause and nature of the illness, ways of prevention through personal and environmental hygiene. A physician, pharmacist, staff nurse, or other health care personnel can play the role of a counsellor. The counsellors play a massive role because patients tend to listen and adhere well to their counsells than printed words.

Counselling differs from client to client as it is specific to the needs, issues, and circumstances of each client. It is an engaging, collaborative, and respectful process. Counselling focuses on achieving a particular goal, developing action plans for clients after considering their interpersonal situation, socio-cultural context, and readiness to change. Counselling ensures clients are ready to take responsibility for their health. Counsellors ask questions and use the information in developing options and giving advice.

Advantages of counselling method:

- The class of clients counselled determines the counselling topics and how health information is framed and delivered.
- It allows a two-way communication process.
- It is easy to conduct with less cost and limited facilities.
- It is easy to make follow-up studies based on counselling records.
- Counselling aids can be used in counselling to demonstrate the process.
- Counselling helps people to feel listened to and supported.
- Counselling helps people to understand their situation more clearly.
- Counselling helps people to identify a range of options for improving the situation.
- Counselling helps people to weigh different choices and choose which will be convenient.

- It helps put people in charge of their health.
- It helps people cope better with problems.

Disadvantages of counselling method:

- It is time-consuming
- It is challenging to cover a wide range of target people with a limited workforce.

### **Interview Method**

An interview is a method of finding an internal view on health-related problems through the investigation of disease diagnosis as well as giving health education.

The primary purpose of the interview is:

- To gain information on the social and psychological background through face to face conversations with the client.
- To perform some hypotheses.
- To collect personal data for quantitative purposes.

Advantages of Interview method:

- It helps gain information on an individual's knowledge, attitude, and behaviour.
- Easy to conduct at less costly and limited facilities.
- Helpful to reach a better conclusion for the solution to the problem.
- Easy to make follow-up studies based on the interview to find out the impact of tutoring.
- Health information is structured to the level of understanding of the client.

Disadvantages Interview method:

- Time-consuming
- It requires a lot of workforce to cover a wide range of target people.

### **Individual Method**

Advantage of Individual Method: Individual method of health education provides an avenue for discussing, arguing, and persuading the individual to change his/her behavior. It also allows the client to ask the question, express fears, and learn more.

The disadvantage of Individual Method: A limitation of this particular method is that only a small number of people can be given health education, and the clients only include those that come in contact with the counsellor.

## **2. Group Method**

A society consists of various groups, like school children, mothers, industrial workers, patients, etc. The group to be given health education determines the choice of subject. For example, school children may be taught about oral hygiene, while factory workers could be educated about accident.

There are different methods of group teaching. These are:

Group Discussion: this is when not less than six, and not more than twelve people come together to interact and exchange their views and experiences on a topic. Group discussion is mostly useful when group members have common interests and similar problems. A group discussion consists of a group leader who initiates the subject, helps coordinate the discussion correctly, prevents side conversation, encourages everyone to participate, and sums up the discussion in the end. It is necessary to record whatever was discussed and the agreement reached.

In a group discussion, it is crucial for the members to:

- Express their ideas clearly and concisely.
- Listen to others' opinions.
- Do not interrupt when others are speaking.
- Make only remarks relevant to the topic of discussion.
- Be open to learning.
- Help reach conclusions.

In-Text Questions

Describe the individual health education method

Answer:

Individual method of health education provides an avenue for discussing, arguing, and persuading the individual to change his/her behavior.

Advantages of group discussion:

- It helps build a member's creativity, confidence, and ability to judge.
- Help members collectively make decisions and solve their problems. A group decision is better than an individual decision.
- It helps members to become active learners and learn new knowledge, ideas, and experiences about their subject of concern through a cooperation process.
- It helps strengthen communication among group members through the exchange of ideas and experiences. Gives room for group members' potentials to be explored during the discussion. Person-to-person influence in a small group is the stepping stone to change or develop an attitude.
- It helps the health educator make a closer study of group member's needs, interests, attitudes, ability, and other potentials.
- It helps health educators identify real problems and come up with solutions.

Disadvantages of group discussion:

- Shy people find it challenging to share their ideas for fear of disapproval from other group members.
- It takes a longer time to come to a conclusion or decision.
- Some group members may not participate well in the group discussion and may not feel personally responsible for the final decision.

Role Play: Role playing or socio-drama is based on the assumption that many messages in a situation cannot be expressed in words making communication more effective if group members dramatise the situation. It is the act of communicating messages by acting out a real person, problem, or

situation by own knowledge, ideas, and experiences. By acting out a situation, people can better understand the cause of their problems and the result of their behaviour.

Advantages of the role-playing method:

- It allows learners to express their ideas based on a real-life situation and learn from each other.
- It helps build a careful listening habit.
- It is not expensive and can be done effortlessly in different situations.
- It helps group members to see things through the eyes of others.

Disadvantages of role-playing method:

- Not all group members can act, due to shyness, lack of experience, lack of confidence, and expression skills.
- Role-playing may turn into a recreational activity and not achieve its educational objectives.

**Brain Storming:** This is a way of drawing out participant's ideas on current problems and their views on the solution. Participants are encouraged to make a list of all the ideas that come to their mind regarding some problem during brainstorming. The list of ideas is then passed to the chairman or secretary of the group, selected persons, then discuss the various ideas and try to get the best idea for the solution of problems. This means that ideas of the persons involved are not criticised.

Advantages:

- It is easy to come up with a lot of useful ideas in a short time.
- Enable individuals to think and respond quickly.
- Decision made by group thinking is better than decision made by individual thinking.

Disadvantages:

- Ideas pulled out may not always be relevant and helpful to make a group decision. It may happen, especially with the new learners.
- It might take some longer time and may not be appropriate for the packed programme.

**Workshop:**

A workshop is based on the theme of working and learning from practical experience. The total workshop participants may be divide into small groups, and each group has a chairman and recorder. The workshop is a series of meeting with emphasis on individual work within a group with the help of consultants and resource personnel that contribute to the group work for solving problems. A workshop provides a friendly, happy, and democratic atmosphere for learning under expert guidance.

Advantages:

- It helps to develop people's skills in working in a group and provide up-to-date knowledge.

- Provide varied learning experiences like listening, speaking, discussion, etc.
- It enhances the participant's power of thinking and critical learning.

Disadvantages:

- Takes a long time to organise the workshop. It might take weeks or even months.
- It needs more money, materials and physical facilities.
- It is sometimes difficult to get an appropriate consultant.

Seminar: A seminar is where several experts from different disciplines meet to deliberate on a particular field. Participants of the seminar exchange views on current problems share their problems, experiences, and new encounter experiments with others. Seminars are conducted by research institutions or organisations that are interested in pooling experiences, and this method does not find much applicability in the usual type of health education.

Demonstration: A demonstration is a carefully prepared step by step presentation carried out before an audience to show how to perform a skill or procedure. The audience must understand the demonstration. The demonstration is found to leave a visual impression on the mind of people and is more effective than the printed words, especially in high educational value programs like environmental sanitation (construction of sanitation latrine), mother and child health (demonstration of oral rehydration therapy).

Advantages of demonstration method:

- It involves varied learning experiences like seeing, hearing, feeling, tasting, and smelling depending upon the subject of demonstration, making it an effective method.
- It is an active learning process making learning exciting and drawing the attention of learners.
- It helps to develop knowledge, attitude, and skills for required work performance.
- It gives a more lasting impression because it provides concentration and realistic visual picture.

Disadvantages of demonstration method:

- Sometimes it may be challenging to get the necessary equipment and materials for specific demonstrations.
- It is not appropriate for some subjects, especially when there will be only cognitive gain.

Problem Solving Method: A problem is any obstruction or difficulty that does not allow an individual to reach a goal easily. In this method, participants identified the problem and are allowed to think, express, and exchange their ideas and experiences freely for them to come up with different methods to solve the problem collectively. Problem-solving is the purposeful activity that helps remove difficulty through a process of reasoning.

The seven steps of problem-solving methods are:

1. Selection of a problem



2. Definition of the problem
3. Collection of data
4. Interpretation of data
5. Drawing conclusion
6. Applying the conclusion to the solution of the problem
7. Evaluating the result.

Advantages of the problem-solving method:

- It takes a shorter time to reach the goal and solve the problem because of collectively reasoning.
- Participants have an equal chance to express themselves freely.

Disadvantages of the problem-solving method:

- It may be difficult to get solutions because sometimes methods collectively chosen to solve a problem might not solve the problem effectively.
- It is sometimes difficult to get the appropriate problem-solving panel

Discussion: A panel discussion is a conversational exchange of ideas by selected participants on a topic, problem, question, or issues. The panel comprises a presiding officer from the 4-8 speakers who opens the meeting, welcomes the group, introduces the panel speakers, and introduces the topic briefly. The panel speakers are the persons qualified to talk about the topic in front of a large group or audience. After the panel speakers explore the main aspects of the subject, the audience takes part. The audience reacts to the views given by the panel speakers.

Advantages of panel discussion method:

- Learners exposed to varied knowledge, ideas, and experiences on the topic of concern.
- It is exciting and draws the attention of the audience or learners.
- Learners get the opportunity to ask questions and pass comments which help in the teaching-learning process.

Disadvantages of panel discussion method:

- Sometimes it is difficult to get the appropriate experts.
- Challenging to set a definite time to suit the experts.

Symposium: A symposium is a series of speeches on a selected subject. Each person or expert presents an aspect of the subject briefly. In the symposium, there is no discussion among the members, but in the end, the audience may raise questions. The chairman makes a comprehensive summary by the end of the entire session.

Advantages of symposium method:

- It is exciting and draws attention.
- Helps student speakers develop the techniques of finding information and presentation technique.
- It allows students to explore their potentials.

- It provides an opportunity for students to learn from concerned experts and get up-to-date knowledge.
- It helps build listening and critical thinking skills.
- It does not require a special kind of materials and equipment.

Disadvantages of symposium method:

- Difficult to get the appropriate experts.
- It is time-consuming.
- Difficult to adjust the time at the convenience of the experts.

### 3. Mass Method:

Lecture: Lecture is an oral presentation of information and ideas by a person to a large group of people or mass. It is a popular method of health education. Lectures organized for people that come together for a common purpose. Though it is a face to face presentation, there is no opportunity for interpersonal relationships between the speaker and the audience.

Techniques for giving lecture effectively:

- The subject of the lecture should be related to the needs and interests of the target audience.
- The speaker should get a thorough and up to date knowledge of the content.
- The language should be correct, simple, clear, and understandable. Avoid monotony in voice.
- The speaker can raise his voice while expressing essential points.
- The lecturer should try to know the feedback of the audience by watching their gestures.
- The speaker should be sincere, pleasing, and appropriately dressed up.

Health Museums: An excellent museum can be an instrumental media for health education since it displays material covering various aspects of health. One of the best famous health museums is Chhauni, near Buddha temple, Kathmandu, in Nepal.

### 3.4 Health Education Media

Media are the teaching aids that help communicate knowledge, information, and ideas. It provides varieties of learning experiences. It is used in different situations of individuals, groups, and mass teaching. Media are of different types. It is audio aids, visual aids, and audio-visual aids.

#### 1. Audio aids

In this type, learning occurs by hearing. Conventional audio aids include radio, tape recorder or cassette player, etc. Radio is most widely used in mass teaching where cassette player is used in individual and group teaching. Audio aids are less useful for providing health education.

#### 2. Visual aids

Visual aids are the media that help people learn by seeing. They include the poster, bulletin board, flannel graph, slides, pamphlets, diagram, etc. Visual aids are more effective than audio because learning by seeing is better than learning by hearing.

Visual aids generally are categorised into two:

Non-projected: Chalkboard, bulletin board, blackboard, whiteboard, leaflets, posters, flip charts, flannel graphs, specimens, flashcards, newspapers, magazines, photographs, etc.

Projected: Overhead projector, slide projector, film strips, bell and howl projector, etc.

### 3. Audio-Visual aids

In this type of media, learning occurs both by seeing and hearing. Televisions, Video Tape, Movie film with sound, etc. are examples of audio-visual aids. These are more effective in giving health education than audio or visual media alone because of the process of hearing and seeing takes place at a time.

Non-projected: Drama, puppet show, role play, etc

Projected: Television, cinema (sound film), documentary/videos, etc.

4. Auditory aids: Radio, tape recorder, microphones, amplifiers, earphones.

**Tape recorder:** Tape recorder could be a little portable machine or hardware which worked with the assistance of power from electricity or batteries. A circular tape can be recorded with the essential message and played with the assistance of the tape recorder. It utilized for the reason of giving health education to a group of people. Cassettes can be labeled by the title of the subject to distinguish appropriate cassette. A tape recorder can be used for health education and then discussion can come after. In the beginning, the health instructor ought to deliver the should give the introduction about the subject to be taught. During the teaching periods, instructors should pause the tape when necessary to explain important point. The program should not exceed more than 30 minutes.

In-Text Question(s)

Chalkboard, bulletin board, blackboard and whiteboard are examples of \_\_\_\_\_

Answer: Non-projected visual aids

### **Advantages of a tape recorder:**

- It used to open a discussion that gives health education to a group.
- It played at the learner's speed of learning by stopping in between or by playing repeatedly as needed.
- The recorded message can be presented before using for actual teaching and make the necessary alteration to meet the need and interests of the target people.
- It played with the help of batteries where there is no electricity supply.
- Message can be recorded and played easily at various locations such as home, office, school, community place, etc.
- It is portable and easy to carry at different places of teaching and kept without any difficulty.

### **Disadvantages of a tape recorder:**

- Management for recording may take more time.
- Learning by hearing is not adequate.
- Cassette player or tape recorder may be a little costly to afford. There is an added problem of repairing.
- Break of electricity supply or lack of batteries might cause a problem.

**Radio:** Radio is the audio aid through which messages is relayed to a heterogeneous and large group of people. It is a mass media that provide one-sided communication. Sometimes the concerned audience is informed and asked to attend the broadcast at a particular time and place. The audience can be encouraged to have some discussion after listening to the program to avoid doubts and confusion. The health educator can encourage them to put into practice what they have learned from the program. From radio, health messages can be relayed in the form of a lecture, story, song, news, dram, or dialogue, etc.

### **More on visual aids**

**Poster:** A poaster maybe a picture or drawing planned for the open show to communicate message on a specific subject. A poster must contain four essential parts

- Caption
- Picture
- The course of action suggested
- Logo (official symbol or name of the office for the validity of the poster).

In some cases, the poster can be made indeed without a picture, but they are not valuable for ignorant people. A good poster ought to carry as it was one unit of a message. A coloured poster is more common, attractive, and clear to understand. posters are more often than not shown on the sidewalls of active lanes, community centres, waiting lobbies or places, school complex, and other open gathering places.

### **Advantages of posters**

- Pictorial and colored posters are attractive and useful.
- Posters can be carried easily from one place to another to distribute and display widely.
- Many people (both literate and illiterate) can learn something from a limited number of posters on display.
- It is used to motivate or to open discussion on health education.
- It helps to develop creativity in the learners by involving them in designing and making posters.
- It helps to communicate ideas quickly.

### **Disadvantages of posters**

- The poster provides only one-way communication.
- It may create misunderstanding and confusion.
- It takes time to print on a large scale.
- Colored posters are expensive to print.
- Printing services may not be available in rural places and small towns.
- One cannot be sure if the intended group has seen or read the display posters.

**Pamphlet:** Flyers are visual media that is considered as mass media of health education. It gives a brief description of the different viewpoints of a specific topic. Pamphlet can be made in form of

leaflets or flyers in which organizers will use in communicating the message. Flyers can be dispersed to the learners of a training group, to family members, in a clinic, recuperating center , OPD, etc.

### **Advantages of pamphlet**

- Helps in propagating message rapidly on the mass scale through full distribution.
- People can read them in their free time and understand the message well.
- The first reader can pass the read pamphlet to the others.
- It could be kept for re-reading, which serves as the remainder of the message.
- More comfortable to prepare and produce on a large scale at a low cost.

### **Disadvantages of pamphlet**

- Provide only one-way communication.
- Not useful for illiterates.
- Printing services may not be available in rural places and small towns.
- I can't be sure if the intended group has read and understood the distributed pamphlet.

c) **Flashcards:** Flashcard could be a set of visual aids. It comprises a straightforward message passed in an arrangement of steps or sequence of continuously displayed pictures that pass a specific message on a particular subject. For instance, the kind of vitamins and their sources, the steps of making a pit toilet, etc. Flashcards are utilised in group education for the illiterates in particular. It could serve as health education media in numerous circumstances such as household visiting, classroom education, community bunch training, the community gathers instruction, clinic, healing center, etc.

### **Advantages of Flashcards**

- It is interesting and attractive, especially when the pictures are coloured.
- It is easy to carry and use at different teaching situations like home, school etc.
- Limited number of sets will be enough for group teaching and won't be expensive.
- Useful and effective even for uneducated audience.

### **d) Flip chart:**

Flip chart: It is also called flip book or turnover chart. It consists of a series of sequential charts which are fastened together at the top so that as one chart is viewed it can be flipped back to see the next one. The flip chart as a whole describes about a subject or topic. As set of flip chart normally consists of six to eight, the number may slightly vary depending upon the message to be conveyed.

### **Advantages of flip chart**

- It is helpful to make a systematic presentation.
- It helps to show general information visually.
- A pictorial explanation is better and more effective.
- It is easy to carry from one place to another for providing health education in a different situation – clinic, classroom, community group, etc.
- A health educator can make a flip chart by himself.

### **Disadvantages of flip chart**

- Expensive to produce on a large scale.
- There may be a problem with withdrawing an appropriate picture.
- Some readymade flip chart may not suit the objective.

e) **Flannelgraph:** A wool chart comprises of a wool board and an arrangement of cut pieces or set patterns. It arranged by the health educator himself in case a readymade wool chart isn't accessible, which can help to demonstrate the focuses of education.

### **Advantages of flannelgraph**

- The pictorial explanation is exciting and attractive.
- Organized and systematic display of cut pieces can make the teaching impressive and effective.
- It is easy to carry the sets of cut pieces and a sheet of flannel cloth to distance places.
- It is not expensive to make a flannel graph and can use it again and again to give health education.

### **Disadvantages of flannelgraph**

- There may be a problem of drawing appropriate pictures.
- Also, the appropriate picture may not be available in the magazine for cutting.
- Sometimes the cut pieces may not properly stick on the flannel board and fall. It happens especially with the repeatedly used flannel graph.

f). **Chalkboard:** A wellbeing teacher can give wellbeing messages to the group of onlookers with the assistance of a chalkboard. The chalkboard can offer assistance to supply a visual clarification of important wellbeing messages in various forms such as charts, flow-chart, diagrams, etc. to make the message more straightforward. The wellbeing teacher can write the critical focuses of the message on the board, may also represent cycle of disease on the board using pie chat, etc. Chalkboards are commonly utilized in bunch education.

### **Advantages of chalkboard**

- Cheap to make and durable.
- It is used in schools and training centers.
- Can compose and eradicate things quickly based on the need.
- Students and coaches can go to the chalkboard, write down actualities and procedures for proper explanation.

### **Disadvantages of chalkboard**

- Takes time in composing on the chalkboard.
- Difficult to move from one point to the another.
- It may not be available for every kind of teaching outings like in community places, home, etc.
- The message written on the board will be wiped out and cannot store for future use.

- g. **Model:** Model is the representation of original reality. It helps to provide health education effectively, so it is commonly used by health educator. Different models like model of an apple, model of a well, the model of an ideal village etc.

#### **Advantages of model**

- It is the representation of the real object, and so provides clear and concrete knowledge of the object.
- It is attractive and exciting, so it helps to draw the attention of the learners.
- There can be better retention of what learned through the use of the model.

#### **Disadvantages of model**

- Sometimes it may be a problem to make or collect or purchase the appropriate model.
- Some models may be expensive to make or purchase.

- h) **Photographic slides:** A photographic slide is a negative picture cut out from a 35mm filmstrip and mounted on a cardboard or plastic frame. Photographs or written message can be snap shot with the help of a camera. Then each snap shots are separated from the film strip to make individual slide. A slide set will normally have twenty to thirty pictures prepared in series for teaching purpose. The slides are loaded on a projector serially and are projected on a screen to teach about something.

#### **Advantages of photographic slide**

- It could be projected and explained for the desired time. The speed of the presentation can be adjusted.
- Colored pictures are attractive and give a clear picture of what is presented, causing good learning and retention.
- Slides can be explained verbally or with the help of a tape recorder.
- Discussion can be made between the slide show, or by the end of the presentation.
- It can be kept safe for future use.

#### **Disadvantages of photographic slide**

- There may be a problem with obtaining the projector, appropriate slide set.
- It cannot be arranged where there is no electricity supply and also has a problem with getting the batteries.
- It is expensive and challenging to prepare color slides.
- Colour films and developing services are not available in many towns.

**Film strip:** Film strip may be a nonstop strip of the film comprising of an arrangement of individual pictures or messages organized to communicate a particular message. The negative pictures or messages anticipated on the screen with the assistance of the projector. The pictures and messages are commonly clarified orally

#### **Advantages of film strip**

- The speed of the presentation can be adjusted according to the learner's speed of interpretation and understanding.
- The sequence of the picture can skip if needed.

- The systematic and pictorial presentation of the message makes it exciting and useful.
- It can provide an opportunity for questions and answers on the subject of teaching.
- The film strip can be prepared at a low cost and can be stored safely for the future.

### **Disadvantages of film strip**

- No sound with pictures.
- There may be a problem with obtaining appropriate filmstrips, projector, electricity or batteries, etc.
- It may be a problem to make a filmstrip in terms of the period available, money, etc.

j) **Transparency:** This is a transparent plastic sheet on which words and pictures can be written by special marking pen or can be printed to get the required materials. Transparencies are very often used in educational classes or training sessions. Simple message are written on transparencies and projected on the screen with the help of an overhead projector.

### **Advantages of transparency**

- Message can be planned and written on the transparencies ahead of time.
- Written messages can be wiped out when needed and other appropriate messages can be written.
- Written transparencies can be saved for future use.
- Keeps the teacher in a comfortable situation and helps him/her to explain the message systematically.

### **Disadvantages of transparency**

- There may be a problem with obtaining the overhead projector or transparencies.
- It is expensive to maintain.
- Even the bulb of the projector is expensive and rare.
- It is not useful where electricity is not available.

## **3. Audio-Visual Aids**

1. **Film:** Film consists of a series of negative pictures which are prepared to convey information by projecting them on the screen with sound and motion. Because of its motion, film is also called movie or motion picture. It can be made black and white or coloured. Though it is expensive, colour film is attractive and provides natural view of things as they look. Documentary films are generally made for educational purposes. They are different from commercial entertainment films. Educational film is made short of about 30 minutes. The length of time may vary slightly depending upon the nature of health topic.

### **Advantages of films**

- The motion pictures can be presented naturally and represent reality. It provides education through a real-life situation with actions and reactions of people, natural process.
- A film provides learning through hearing and seeing.
- It can present different kinds of activities and events in a short period, which otherwise takes a long time to learn. For example, a pattern of water pollution in the river, the construction procedure of a well, etc.



- It is interesting, attractive, and useful, especially when the film is colored.
- Carefully prepared films for a select group of people may be self-explanatory and so will be useful even for illiterates.
- It can be kept for future use.

### **Disadvantages of films**

- It is difficult to prepare a film in terms of time, money, appropriate situation.
- Needs different kinds of equipment like projector, screen, generator or electricity supply, etc. which may be difficult to obtain and conduct the show.
- The film mostly provides only information and idea but not teach them which need real observation and practice.
- Difficult to transport hard-ware like film reels, projector, and loudspeakers.

### **5.0 Conclusion**

A specific strategy of wellbeing instruction or media may fall flat to realize its instructive objective basically since of its unseemliness and impracticability in certain circumstances. The fittingness of a specific strategy or media ought to decide within the light of certain criteria. Criteria such as; possibility or practicability, nature of the group of onlookers, People's state of mind and conviction on the strategy or media, availability and subject or reason of lessons ought to consider in choosing and applying a specific strategy or media.

### **6.0 Summary**

You have learned in this unit that wellbeing instruction are carried out in three levels: person, gather, and mass strategy. This unit has moreover recognized the different wellbeing instruction strategies in each level which incorporate Directing and Meet at person wellbeing instruction sort; Bunch dialog, Roleplay, Conceptualizing, Workshop/seminar, Exhibit, Scaled down the address, Problem-solving, Board dialog, Field trip/educational visit, and symposium at gathering strategy were the wellbeing instruction sorts whereas Address and Show were the mass strategy instruction sorts. The employments, focal points, and impediments of each strategy recorded over have been examined broadly in this unit.

### **7.0 References/Further Readings**

Adapted from: <http://pmofpublichealth.blogspot.com/2012/05/health-education-method.html>

## Unit 4: Assessment Methods in Health Education

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- 1.0 Introduction
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- 4.0 Self-Assessment Exercise(s)
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### **1.0 Introduction**

Having gone through health education methods and media in the last unit, you will be exposed to the assessment methods in health education in this unit. Assessment method plays a very essential role in learning outcome. You will be exposed to the assessment method used in health education and the importance of assessment.

### **2.0 Intended Learning Outcomes (ILOs)**

By the end of this unit, you should be able to:

- define assessment in health education
- describe the types of assessment methods used in health education
- enumerate the advantages and disadvantages of each assessment method in health education.

### **3.0 Main Content**

#### **3.1 Meaning of Assessment in Health Education**

Learning assessment may be a technique of teaching and learning that produces feedbacks that helps to improve students' learning outcome. This makes students to get more involved in the learning process and from these gain confidence in what is expected of them to learn and to the standard. Learning assessment helps to breach the gap between the current levels where the learner is and level the learner should be to achieve good learning outcome.

Learning assessment is the method of gathering data or facts. importantly, evaluation is the way teacher collect fact about their teaching as well as students' learning (Hanna & Dettmer, 2004). The data or information gives a range of activities utilizing various forms of appraisal, such as pre-tests, perceptions, and examinations. Once this information is collected, the student's performance can then be assessed. Assessment, in this manner, draws on one's judgment to decide the general outcome based on the appraisal of the information obtained. It is within the decision making that plan are made on ways to make identify shortcomings, gaps, or paucities.

An assessment gives to prove that students are learning and are building capacities to contribute to reliable behavioural results in which the health educator and learning procedures are contributing to students' accomplishment of health education principles. For schools to be effective in accomplishing anticipated health education results, it is necessary to evaluate students learning guidelines, learning environment, and programs.

### In-Text Question(s)

Define learning assessment

Answer: Learning assessment may be a technique of teaching and learning that produces feedbacks that helps to improve students' learning outcome.

### **3.2 Assessment Methods Used in Health Education**

Conventionally, health education appraisal is centered on testing students learning through-organized examination. Whereas this has been valuable in making a difference to survey what a student knows, it has served as a destitute pointer of the student's level of understanding of health-related concepts, their capacity to illustrate health aptitudes, and their capacity to apply conceptual learning and aptitudes in ways that promote their health.

The current approach to health education evaluation, teachers, set scholarly guidelines, or learning targets, demonstrating what students ought to know (substance) and be able to do (aptitudes) as a result of the instruction. With this approach, the student's objective isn't to compete with and "beat" other students, but or maybe, to reach capability in assembly the target measures and desires. The teacher's objective isn't to sort and rank, but to evaluate students, work extra minutes and give graphic criticism, so that students can have the opportunity to improve and succeed.

It is the progressing evaluation of students learning, related to designated guidelines that give the instructor, students, and parent the essential data to move the students toward competence. A successful classroom appraisal handle activities over time, incorporates an collection of strategies, offers a personalized record of students accomplishment, and gives convenient and expressive input to the students. It is fundamental that the students know the learning goal (measures) and the appraisal criteria (e.g., a rubric or execution checklist), and have persistent prove competence. Students will have the score they got to take responsibility for their learning, and teachers will have the data detail to improve teaching.

An exemplary health education curriculum should include two essential aspects:

1. multiple strategies for assessing student performance in meeting the standard (knowledge and skill expectations)
  2. instructional and learning activities developed to help the student meet the standard (knowledge and skill expectations) – all aligned to promote maximum student learning.
- It is essential to consider the depth and extent to which student assessment is included when appraising a health education curriculum.

### **3.3 Importance of Assessment in Health Education**

Assessment is important to assist teachers' direct changes in health instruction arrangement and teaching (educational modules and instruction). To guarantee that students develop lifelong healthy lifestyle, instead of simply learn health education truths, assessment keeps the focus on what is important. Assessment in health education energises, educates student to improve Intellect. Health literacy is the capacity of a person to get, decipher, and get it fundamental health data and administrations and the competence to utilise such data and administrations in ways that are health-enhancing.

### **3.4 Types of Assessment**

There are three types of assessment: diagnostic, formative, and summative.

Though these three generally referred to as assessment, there are distinct differences between the three.

### **1. Diagnostic Assessment**

Diagnostic assessment can help you identify students' current knowledge of a subject, their skill and capabilities, and to clarify misconceptions before teaching takes place (Just Science Now). Knowing students' strengths and weaknesses can help you make a better plan on what to teach and how to teach it. Among the various types of Diagnostic Assessments are;

- Pre-tests (on content and abilities)
- Self-assessments (identifying skills and competencies)
- Discussion board responses (on content-specific prompts)
- Interviews (brief, private, 10-minute interview of each student).

### **2. Formative Assessment**

Formative assessment provides feedback and information during the instructional process, while learning is taking place, and while learning is occurring. Formative assessment measures student progress but it can also assess your own progress as an instructor. There are three types of evaluation: diagnostic, formative, and summative implementing a new action in the lesson, you will through perception and studying the students, decide whether or not the activities should be repeated again (or adjusted). A main focus of formative assessment is to identify areas that may need improvement. These assessments ordinarily are not evaluated and act as a gage to students' learning advances and to decide viability instruction strategies.

#### **In-Text Questions**

\_\_\_\_\_ measures student progress but it can also assess your own progress as an instructor.

Answer: Formative assessment.

In another example, By the end of the third week of the semester, you can informally ask students questions that might be on a future exam to see if they truly understand the material. An exciting and efficient way to survey students' grasp of knowledge is through the use of clickers. Clickers are interactive devices that can be used to assess students' current knowledge of specific content. For example, after polling students, you see that a large number of students did not correctly answer a question or seem confused about some particular content.

At this point in the course, you may need to go back and review that material or present it in such a way to make it more understandable to the students. This formative assessment has allowed you to "rethink" and then "redeliver" that material to ensure students are on track. It is a good practice to incorporate this type of assessment to "test" students' knowledge before expecting all of them to do well on an examination. Types of formative assessment include;

- Observations (during in-class activities) of students' non-verbal feedback during the lecture.
- Homework exercises as a review for exams and class discussions).
- Reflections journals that are reviewed periodically during the semester.
- Question and answer sessions; formal—planned and informal—spontaneous.

- Conferences between the instructor and student at various points in the semester.
- In-class activities where students informally present their results
- Student feedback collected by periodically answering a specific question about the instruction and their self-evaluation of performance and progress.

### 3. Summative Assessment

Summative assessment takes place after the learning has been completed and gives data and criticism that sums up the instructing and learning process. Regularly, no more formal learning is taking place at this stage, other than incidental learning, which might take place through the completion of projects and assignments. Rules regularly created before students commence work on assignment and projects, can be utilised for summative assessment. Rubrics can be given to students same time they start working on a specific project so they know focus of formative assessment is to identify area which will require improvement. It is good practice to incorporate this type of assessment to “test” students’ knowledge before expecting all of them to do well on an examination. Rubrics, moreover, can assist you to be more objective when determining a last, summative review by taking after the same criteria students utilised to total the project. High-stakes summative assessments typically are given to students. By the end of a set objectives during by the end of the semester to assess what has been learned and how well they have been learned. Grades are usually an outcome of summative assessment: they show that student has an acceptable level of knowledge-gain, however, is the student able to progress to the next part of the class effectively? To the next course in the curriculum? To the next level of academic standing?

Summative assessment is more goal-oriented and assesses the final outcome, whereas formative assessment focuses on the process toward achieving the goal. Once the project is completed, no further revisions are made. However, if students are allowed to make revisions, the assessment becomes formative, hence, students are given the opportunity to improve.

The following are the types of summative assessment:

- Examinations (major, high-stakes exams)
- Final examination (a truly summative assessment)
- Term papers (drafts submitted throughout the semester would be a formative assessment)
- Projects (project phases submitted at various completion points could be formatively assessed)
- Portfolios (could also be assessed during its development as a formative assessment)
- Performances
- Student evaluation of the course (teaching effectiveness)
- Instructor self-evaluation

In-Text Question(s)

\_\_\_\_\_ is more goal-oriented and assesses the final outcome, whereas formative assessment focuses on the process toward achieving the goal.

Answer: Summative assessment.



Case Study

Mrs. Jude has just been transferred from the village to the city. She took her seven year old daughter who was in primary two with her to the city. On reaching the city, she enrolled her daughter in a primary school very close to her office. After the continuous assessment Mrs. Jude realized that her daughter would need a lesson teacher to be able to cope with the academic activities in her new school. She now decided to engage a lesson teacher who used diagnostic assessment to pinpoint her daughter's specific areas of deficit or need. The lesson teacher's assessment revealed that the daughter had problem with spellings and reading. Then the lesson teacher started to teach the girl and she was able to learn how to read and write words correctly. During the next assessment Mrs. Jude's daughter became one of the top ten in her class. This an example of diagnostic assessment.



#### **4.0 Self-Assessment Exercise(s)**

Why should learners be assessed?



#### **5.0 Conclusion**

Assessment evaluates the manner students are learning, and if the approaches are truly conveying the messages intended. Variety of assessment methods should be created to ensure that all sides of the knowledge transferred are understood by the students. Therefore, instead of separating developmental and summative assessments, it may be more beneficial to arrange assessment processes and measures in line with the objectives and goals at the beginning of the semester and ensure actualising them all through active participation of students throughout their industrial experience. The choice of suitable assessments methods should also in line with the nature of the course and program objective, this might be essential for program accreditation (Hanna & Dettmer, 2004).



#### **6.0 Summary**

In this unit, you have learnt that assessment is the procedure of gathering information or facts. Specifically, assessment is the ways instructors collect facts about their teaching and their students' learning. You also learnt that assessment is important to help educators guide improvements in health education planning and delivery (curriculum and instruction) To ensure students develop lifelong health skills, rather than merely learn health education facts Assessment keeps the focus on what is important. You also learnt that there are three types of assessment: diagnostic, formative, and summative.



#### **7.0 References/Further Readings**

Hanna, G. S., & Dettmer, P. A. (2004). *Assessment for effective teaching: Using context-adaptive planning*. Boston, MA: Pearson A&B. Just Science Now! (n.d.). Assessment-inquiry connection. <http://www.justsciencenow.com/assessment/index.html>