

PRINCIPLES OF HEALTH EDUCATION

Health education brings together the art and science of medicine and the principles and practice of general education.

GENERAL PRINCIPLES

1. *Community involvement in planning health education is essential.* Without community involvement the chances of any programme succeeding are slim.
2. The *promotion of self esteem should be an integral component* of all health education programmes.
3. Health education should *respect cultural norms and take account of the economic and environmental constraints* face by people.
4. Good *human relations are of utmost importance in learning.*

5. *Evaluation needs to be an integral part of health education.*

6. There should be a responsibility for *the accuracy of information* and the *appropriateness of methods used.*

7 *Voluntarism is ethical principle on which all health education programme should be built* without it health education programmes become propaganda.

8 Health education should not seek to coerce but should rather *aim to facilitate informed choice.*

- E.g –If a HE programme regarding control of COVID 19 outbreak is organised to aware common people then without their participation it will be totally failed.
- Aim of this programme is to aware people regarding the severity of the outbreak and adoption of precautionary measures for its control. People can only able to disseminate precautionary measures if they adopt and follow it properly.
- Importance of precautionary measures like avoidance of social gathering in religious places to control the outbreak must be properly explained by the Educator so that it does not produce negative impact on common people.

- Educator and receiver must reciprocate their feelings and share their difficulties faced during adoption of precautionary measures otherwise the aim of HE would be failed.
- A HE must be successful if it will be evaluated time to time like- to control COVID 19 outbreak does not involve only dissemination of precautionary measures but are the common people actually follow it ? or if they face any problem during adoption of these measures ? these need to be evaluated by health educator time to time.
- Precautionary measures like importance of hand washing ,its duration, how it should be done by everyone need to be explained by Health Educator by practical demonstration which produce greater impact compare to mere verbal instructions
- To make a Health education successful voluntary participation of administrator, community leaders are needed as they are much more aware of the difficulties of common people .e.g-Social awareness regarding control of COVID 19 outbreak need involvement of leaders ,NGOs as they can assure and convince people regarding need of adopting healthy practices like cleaning of hands,importance home isolation etc.
- A Health educator cannot compel or force anyone during awareness programme rather provide alternative choices e.g- cleaning of hands and use of mask is some precautionary measure to control the COVID 19 outbreak. But in rural and poor communities where there is a scarcity of mask and sanitizers as well as low purchasing capacity ,health Educator must provide alternative way like demonstration of home based mask preparation and use of simple soap instead of costly sanitizers.

SPECIFIC PRINCIPLES OF HEALTH EDUCATION

1.CREDIBILITY: it is the degree by which the message to be communicated is perceived as trustworthy by the receiver.It should be scientifically proven,based on facts and should be compatible with local culture and goals.

E.g- HE regarding control of COVID 19 outbreak must involve information about the fatality of the virus.Health Educator disseminate simple advice related to its control like use of hand - sanitizer ,soap and mask for prevention of this disease.

2.INTEREST:it is a psychological principle that people are unlikely to listen to those things which are not to their interest.If the health education topic is of interest to the people,they will listen to it.Health educator should identify the “felt needs”of the people and then prepare a program that they can actively participate in to make it successful.

E.g- HE regarding control of COVID 19 outbreak if involve the scientific complex mechanism and action of virus in our body then common people may lose interest ,rather if Health Educator provide general information regarding preparation of home made mask and sanitizer as he/she felt that there is a scarcity of it in local level then it may be more interesting.

3.PARTICIPATION: It is based on psychological principle of active learning,create a sense of involvement,personal acceptance and decision making:provides maximum feedback.

Health education should aim at encouraging people to work actively with health workers and others in identifying their own health problems and also in developing solutions and plans to work them out.Health Educator should encourage people to participate in the programme.Once the people are given a chance to take part in the programme it leads to their acceptance of the programe.Methods like group discussion,panel discussion etc provide oppurtunities for people's participation.

E.g HE regrding prepartion of home made mask and sanitizer to control COVID 19 must need participation of local people otherwise they cannot be able to make it for himself or for their family on emergency basis .Method demonstration must invole participation of people who dicuss,ineract and provide information regarding the availabilty of local raw materials required for home made sanitizer and mask manufacture .

4.MOTIVATION:The need for incentives is a first step in learning to change.It is contagious.It is “ the fundamental desire for learning in an individual”.Health education can be facilitated by the motivation provided by the desire to achieve individual goals.

E.g-for a teenager,esthetics might be a motive to take care of his health whereas for an adult ,the expenses of undergoing manufacture of mask and sanitizer.

5.COMPREHENSION:Health educator should always communicate in the language people easily understand.Principle of **comprehension** involve

- understanding level of the people who receive health education.
- Level of literacy of the audience
- Use of word familiar word instead of strange or new word
- Limited use of medical or technical term

E.g-(1) A statement saying to make sanitizer use “99%percent alcohol” may not be comprehensive to the common people. A better way of explaining would be “3/4th cup” along with showing the size of the cup size.

(2) A statement saying to prevent COVID 19 “eat food items that are immunity booster” and adopt “social distancing” may not be comprehensive to the common people.A better way of explaining would be “take food stuffs that are come in various natural colours like colorful fruits and vegetables,raw tea, low cost protein rich food like use of two pulses like green gram and lentil in making khichri”, “keping safe distance of 1to 2meter in crowded social environment like market”

6.REINFORCEMENT:This is the principle that refers to the repitition needed in health education.It is not possible for the people to learn new things in a short period of time.So

repetition is a good idea. This can be done at regular intervals and it helps people to understand new ideas or practice better. It acts like “Booster Dose” in Health Education.

E.g-(1) The method of home base sanitizer and mask preparation need to be repeated several times at regular intervals otherwise it is not possible for the people to learn this new concept.

(2) Does and Don'ts regarding control of COVID 19 outbreak need to be repeated several times at regular intervals and it helps people to understand new ideas or practice better like

C=Clean your hands

O=Off from gatherings

R=Raise Your Immunity

O=Only sick to wear mask

N=No to hand shake

A=Avoid Rumours

7.FEEDBACK: For any programme to be successful it is necessary to collect feedback to find out if any modification are needed to make the programme more effective.

E.g-The difficulties faced by the people during home base sanitizer and mask preparation like scarcity of raw materials is needed to be reported to the Health educator to make the programme successful.

8.LEARNING BY DOING: If the learning process is accompanied by doing new things it is better instilled in the minds of people. “If I hear, I forget; if I see, I remember; if I do, I know”.

E.g-Only verbal instruction of home made sanitizer preparation method may not provide greater impact on common people as they forget it easily. If Health Educator demonstrate it, 50% of the audience can be able to catch up the process, whereas if they prepare it in front of educator it is better instilled in their minds.

9.KNOWN TO UNKNOWN: Before the start of any Health Education programme, Health Educator should find out how much the people already know and then give them the new knowledge. The existing knowledge of the people can be used as the basic step up on which new knowledge can be placed.

E.g-(1) A Health Education Programme with the aim of introducing a Mask and sanitizer to a rural population will be better appreciated if the communicator start the programme with “what are you using to clean your hands frequently or cover up your mouth in social gathering at present” and then going in to details like “why are you using it now” and then connecting it to the utility of Mask and sanitizer and then providing the details about their mechanism of action and home based preparation method.

10.GOOD HUMAN RELATIONS: This principle states that the health educator should have good personal qualities and should be able to maintain friendly relations with the people. The Health Educator should have a kind and sympathetic attitude towards the people and should always be helpful to them in clarifying doubts or repeating what is not understood.

11.SETTING AN EXAMPLE: The health educator should follow what he preaches. He should set an example to others to follow

E.g-(1) A health Educator who participate in a campaign on control of COVID 19 outbreak programme highlighting the ill effects of improper hand sanitization (i.e less than 20 seconds) should not be seen hand sanitization in shorter time since it sends a wrong signal and seriousness of the situation is lost.

12.COMMUNITY LEADERS: Community leaders can be used to reach the people of the community and to convince them about the need for Health Education. Leaders can also be used to educate the people as they will have a rapport and will be familiar with the people of their community. The leader will have an understanding of the needs of the community and advice and guide them.

E.g-HE regrding control of COVID 19 outbreak if diseminate through community leaders then it will be much more acceptable as he/she know the people of his/her community.