



HEALTH EDUCATION

Jumde T.S.

Research Scholar

Abstract:

Health Education is one strategy of health promotion and is focused on helping individuals learn and use health-enhancing skills. Health education is often very visible and tangible (i.e., it's what most health education programs are "known for"), and it may often include educational programs, activities and skill-building group or individual sessions. Health education is part of health promotion, but health promotion is more than health education.

This lesson is going to educate you about health education! Come on, you know it's fun to learn stuff, especially learn stuff about learning! Health education is a type of education designed for individuals or the public at large to gain the knowledge, skills, value, and attitudes necessary to promote, maintain, improve, and restore their, or another person's, health.

The Role of Health Education Specialists

From the late nineteenth to the mid-twentieth century, the aim of public health was controlling the harm from infectious diseases, which were largely under control by the 1950s. By the mid 1970s it was clear that reducing illness, death, and rising health care costs could best be achieved through a focus on health promotion and disease prevention. At the heart of the new approach was the role of a health educator [5] A health educator is "a professionally prepared individual who serves in a variety of roles and is specifically trained to use appropriate educational strategies and methods to facilitate the development of policies, procedures, interventions, and systems conducive to the health of individuals, groups, and communities"

(Joint Committee on Terminology, 2001, p. 100). In January 1978 the Role Delineation Project was put into place, in order to define the basic roles and responsibilities for the health educator. The result was a Framework for the Development of Competency-Based Curricula for Entry Level Health Educators (NCHEC, 1985). A second result was a revised version of A Competency-Based Framework for the Professional Development of Certified Health Education Specialists (NCHEC, 1996). These documents outlined the seven areas of responsibilities which are shown below.



Responsibility I: Assessing Individual and Community Needs for Health Education

- Provides the foundation for program planning
- Determines what health problems might exist in any given groups
- Includes determination of community resources available to address the problem
- Community Empowerment encourages the population to take ownership of their health problems
- Includes careful data collection and analysis

Responsibility II: Plan Health Education Strategies, Interventions, and Programs

-Actions are based on the needs assessment done for the community (see Responsibility I)

-Involves the development of goals and objectives which are specific and measurable

-Interventions are developed that will meet the goals and objectives

-According to Rule of Sufficiency, strategies are implemented which are sufficiently robust, effective enough, and have a reasonable chance of meeting stated objectives

Responsibility III: Implement Health Education Strategies, Interventions, and Programs

-Implementation is based on a thorough understanding of the priority population

-Utilize a wide range of educational methods and techniques

Responsibility IV: Conduct Evaluation and Research Related to Health Education

-Depending on the setting, utilize tests, surveys, observations, tracking epidemiological data, or other methods of data collection

-Health Educators make use of research to improve their practices.

Responsibility V: Administer Health Education Strategies, Interventions, and Programs

-Administration is generally a function of the more experienced practitioner

-Involves facilitating cooperation among personnel, both within and between programs

Responsibility VI: Serve as a Health Education Resource Person

-Involves skills to access needed resources, and establish effective consultative relationships.

Responsibility VII: Communicate and Advocate for Health and Health Education

-Translates scientific language into understandable information

-Address diverse audience in diverse settings

-Formulates and support rules, policies and legislation

-Advocate for the profession of health education

Tips For Teacher

- 1) Don't tell the student "slow down" or "just relax."
- 2) Don't complete words for the student or talk for him or her.
- 3) Help all members of the class learn to take turns talking and listening. All students — and especially those who stutter — find it much easier to talk when there are few interruptions and they have the listener's attention.
- 4) Expect the same quality and quantity of work from the student who stutters as the one who doesn't.
- 5) Speak with the student in an unhurried way, pausing frequently.
- 6) Convey that you are listening to the content of the message, not how it is said.
- 7) Have a one-on-one conversation with the student who stutters about needed accommodations in the classroom. Respect the student's needs, but do not be enabling.
- 8) Don't make stuttering something to be ashamed of. Talk about stuttering just like any other matter.

Teaching Health Education in School

Many parents are keenly interested in the basic academic education of their youngsters—reading, writing, and arithmetic—but are not nearly as conscientious in finding out about the other learning that goes on in the classroom. A comprehensive health education program is an important part of the curriculum in most school districts. Starting in kindergarten and continuing through high school, it provides an introduction to the human body and to factors that prevent illness and promote or damage health.

The middle years of childhood are extremely sensitive times for a number of health issues, especially when it comes to adopting health behavior that can have

lifelong consequences. Your youngster might be exposed to a variety of health themes in school: nutrition, disease prevention, physical growth and development, reproduction, mental health, drug and alcohol abuse prevention, consumer health, and safety (crossing streets, riding bikes, first aid, the Heimlich maneuver). The goal of this education is not only to increase your child's health knowledge and to create positive attitudes toward his own well-being but also to promote healthy behavior. By going beyond simply increasing knowledge, schools are asking for more involvement on the part of students than in many other subject areas. Children are being taught life skills, not merely academic skills.

It is easy to underestimate the importance of this health education for your child. Before long he will be approaching puberty and adolescence and facing many choices about his behavior that, if he chooses inappropriately, could impair his health and even lead to his death. These choices revolve around alcohol, tobacco, and other drug use; sexual behavior (abstinence, prevention of pregnancy and sexually transmitted diseases); driving; risk-taking behavior; and stress management. Most experts concur that education about issues like alcohol abuse is most effective if it begins at least two years before the behavior is likely to start. This means that children seven and eight years old are not too young to learn about the dangers of tobacco, alcohol, and other drugs, and that sexuality education also needs to be part of the experience of elementary-school-age children. At the same time, positive health behavior can also be learned during the middle years of childhood. Your child's well-being as an adult can be influenced by the lifelong exercise and nutrition habits that he adopts now.

Health education programs are most effective if parents are involved. Parents can complement and reinforce what children are learning in school during conversations and activities at home. The schools can provide basic information about implementing healthy decisions—for instance, how and why to say no to alcohol use. But you should be a co-educator,

particularly in those areas where family values are especially important—for example, sexuality, AIDS prevention, and tobacco, alcohol, and other drug use.

Many parents feel ill-equipped to talk to their child about puberty, reproduction, sex, and sexually transmitted diseases. But you need to recognize just how important your role is. With sexual topics—as well as with many other areas of health—you can build on the general information taught at school and, in a dialogue with your youngster, put it into a moral context. Remember, you are the expert on your child, your family, and your family's values.

Education seminars and education support groups for parents on issues of health and parenting may be part of the health promotion program at your school. If they are not offered, you should encourage their development. Many parents find it valuable to discuss mutual problems and share solutions with other parents. Although some parents have difficulty attending evening meetings, school districts are finding other ways to reach out to parents—for instance, through educational TV broadcasts with call-in capacities, Saturday morning breakfast meetings, and activities for parents and children together, organized to promote good health (a walk/run, a dance, a heart-healthy luncheon).

In addition to providing education at home on health matters, become an advocate in your school district for appropriate classroom education about puberty, reproduction, AIDS, alcohol and other substance abuse, and other relevant issues. The content of health education programs is often decided at the community level, so make your voice heard.

As important as the content of a health curriculum may be, other factors are powerful in shaping your child's attitudes toward his well-being. Examine whether other aspects of the school day reinforce what your youngster is being taught in the classroom. For example, is the school cafeteria serving low-fat meals that support the good nutritional decisions encouraged by you and the teachers? Is there a strong physical education program that

emphasizes the value of fitness and offers each child thirty minutes of vigorous activity at least three times a week? Does the school district support staff-wellness programs so that teachers can be actively involved in maintaining their own health and thus be more excited about conveying health information to their students.

References:

- 1) (Circular HC(79)8.)Department of Health and Social Security. **Primary Health Care: Health Centres and Other Premises.** D.H.S.S., London; 1979.
- 2) Stephen, W.J. **Primary Medical Care: An International Study.** Cambridge University Press, ; 1979. by W. J. Stephen.)Godber, George. **Foreword to Primary Medical Care: An International Study.** ; 1979.
- 3) Whitfield, M.J. Journal of the Royal College of General Practitioners. 1974; 24:529–536.
- 4) Brockington, C.F. **The Health of the Community.** in: Churchill, Edinburgh; 1965:133
- 5) Hobbs, P., Eardley, A., Thornton, M. **Health Education with patients in hospital.** Health Education Journal. 1977;36:40.
- 6) Fletcher, C.M. in: A.E. Bennett (Ed.) **Recent Advances in Community Medicine.** Churchill Livingstone, Edinburgh; 1978:100–101.
- 7) in: **Royal Commission on the National Health Service Report.** H.M.S.O., London; 1979:46.
- 8) Clarke, W.D., Engel, C.E., Jolly, B.C., Meyrick, R.Ll. **Health Education in the doctor's waiting room.**Health Education Journal. 1976;35:140.
- 9) Clarke, W.D., Devine, M., Jolly, B.C., Meyrick, R.Ll. **Health Education with a display machine, in the surgery.** Health Education Journal. 1977; 36:103. Clarke, W.D., Devine, M., Jolly, B.C., Meyrick, R.Ll. **Health Education with a display machine, in the surgery.** Health Education Journal. 1977;36:113.
