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UNIT -V	Health Education and Health programmes in India – WHO programmes – government and voluntary Organizations and their health service – Precautions first Aid and awareness on sporadic diseases.
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HEALTH EDUCATION

Health education is an essential tool of community health. Every community health worker, be it a doctor or nurse, is a health educator. The object of health education is "to win friends and influence people" in order that they may attain the best of health.

Health education has been defined as a process which effects changes in the health practices of people and in the knowledge and attitudes related to such changes. A great deal of illhealth in this country is due to ignorance of simple rules of personal health or indifference to their practical application. Health education aims at bridging the gulf between the health knowledge and health practices of the people.

Aims of Health Education :

The WHO has formulated the aims of health education as follows :

- (1) to ensure that health is valued as an asset in the community;
- (2) to equip the people with skills, knowledge and attitudes to enable them solve their health problems by their own actions and efforts; and
- (3) to promote the development and proper use of health services.

Objectives

Health education, as a broad movement, is concerned primarily with three major objectives. First, to provide the public with **information** to create awareness and dispel misconceptions, doubts and ignorance. The second objective is to "help people achieve health by their own actions and efforts". That is people are **motivated** to face problems intelligently and take rational decisions concerning such problems and to follow them up with appropriate, effective action. This requires a sincere desire and active efforts on the part of the individual to

change his habits or behaviour, which is always not very easy. The *third* objective is to **induce** people to make use of the health services available in the community. Either due to indifference or ignorance, people do not avail themselves of the community health services to the desired extent. National Health Programmes like the National Malaria Eradication Programme and National Family Planning Programme all require active community participation for their successful implementation. Health education has been described as "cement" that binds together the "bricks" of the health programme.

Health Education is not Health Propaganda :

Health education is not health propaganda. To *educate* means to cause learning; propaganda means to spread a particular doctrine. The differences between health education and health propaganda are listed in Table 1.

TABLE 1

Health Education versus Propaganda

Education	Propaganda or Publicity
1. Knowledge and skills actively acquired.	Knowledge instilled in the minds of people
2. Makes people think for themselves.	Prevents or discourages thinking by ready-made slogans.
3. <u>Disciplines</u> primitive desires.	Arouses and stimulates primitive desires.
4. Develops reflective behaviour. Trains	Develops reflective behaviour, aims at

people to use judgement before acting.

impulsive actions.

5. Develops individuality, personality and self-expression.

Develops a standard pattern of attitudes and behaviour according to the mould used.

Areas of Health Education :

Health education is as wide as community health. Every aspect of community health has an educational component. In practice, the content of health education may be divided into the following divisions for the sake of simplicity :

(1) *Human Biology* : The structure and functions of the body are always a marvel to the layman. Ignorance in this field can be removed only by health education. The topics which may be covered include the structure and functions of the body; how to keep physically fit, the need for exercise, rest and sleep; the effects of alcohol, smoking and drugs on the body and first aid. Reproductive biology, i.e., how conception takes place is another area of human biology which is of current interest.

(2) *Nutrition* : Education in nutrition holds an important place in the fight against malnutrition. People are ignorant about balanced diets and optimum nutrition. They should be educated about the nutritive value of foods; storage, preparation, cooking, serving and eating of food. In nutrition education, the primary aim is to remove prejudices and impart good dietary habits.

(3) *Hygiene* : There are two aspects of hygiene - personal and environmental. Both are important areas for health education. Personal hygiene includes bathing, clothing, washing hands and toilet, care of feet, nails and teeth; spitting, coughing, sneezing, personal appearance and inculcation of clean habits in the young. Environmental hygiene has 2 aspects - domestic and community. Domestic hygiene comprises that of the

home, use of soap and water, lighting and ventilation, food hygiene, control of rats and mice, etc. In community hygiene, we teach the desirability of safe water, the benefit of drainage, good housing, town planning - in short, everything about the environment in which people live.

(4) *MCH and Family Planning* : The fears of the mother about pregnancy and childhood can be dispelled only by health education. Mothers need to be taught about balanced diets, baby care, infant feeding, weaning and immunization; family planning. The care of mothers and children is an important area of health education. If we educate the mothers, we educate the whole family.

(5) *Prevention of Communicable Diseases*: Information is given about the mode of spread of common communicable diseases (e.g., polio, diphtheria, typhoid fever) and protection by immunization against these diseases. People should be encouraged to participate in the national programmes of disease control and eradication.

(6) *Prevention of Accidents* : Accidents occur in three main areas - the home, the road and the place of work. Safety education should be directed to these areas. The chief underlying factor in accidents is carelessness, and the problem can be solved only by health education.

(7) *Use of Health Services* : One of the declared aims of health education is to educate people, to make the best use of the community health services. Many people in India, particularly in the rural areas, partly because of ignorance and partly because of indifference, do not avail themselves of the existing community health services (e.g., medical care, mother and child health services, family planning services). This requires appropriate health education. Further, people should be encouraged to participate actively in the various national health programmes.

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(8) Mental Health } An area of increasing importance is mental health. Alcoholism, drug dependence, juvenile delinquency, crime and violence are on the increase in many countries. These are special areas needing health education of the people.

Principles of Health Education :

Health education is not something that is vague and airy; it is based on certain principles of psychology and education. These are :

(1) Interest : It is a well-known psychological principle that unless people are interested, they will not learn. Health education should therefore relate to the interests of the people. The Health Educator must find out the "health needs" of the people. All health teaching, in order to be effective, must be based on the health needs of the people.

(2) Participation : It is a key word in health education. Participation is based on the psychological principle of active learning; it is better than passive learning. Group discussion, panel discussion, workshop all provide opportunities for active learning. Personal involvement is more likely to lead to personal acceptance.

(3) Comprehension : In health education, we must know the level of understanding, education and literacy of the people to whom the teaching is directed. The teaching should be within the mental capacity of the people.

(4) Communication : Education is primarily a matter of communication. In health education, we should never use words which are strange and new to the people. Simple words with which people are familiar should be used.

(5) Motivation : In every person there is a fundamental desire to learn. Stimulation or awakening of this desire is called motivation. There are 2 types of motives - primary and secondary. The primary motives are sex, hunger, survival; these are inborn desires. The secondary motives

are praise, love, rivalry, reward, punishment and recognition. In health education, we try to motivate individuals and groups to accept new ideas (e.g., vasectomy, tubectomy operation).

(6) Reinforcement : Few people can learn all that is new in a single period. Repetition at intervals is necessary.

(7) Learning by doing : Learning is an action process. The following Chinese proverb emphasizes the importance of learning by doing :

"If I hear, I forget
If I see, I remember
If I do, I know".

S. N. Hemavati G.

(8) Good Human Relations : The health educator must be kind and sympathetic. People must accept him as their real friend. Good human relations, therefore, are of utmost importance in health education.

Stages in Education :

Sociologists have described 3 stages in the process of a change in human behaviour :

- (1) Awareness
- (2) Motivation : Interest, evaluation, decision-making
- (3) Action, adoption or acceptance

The individual first goes through AWARENESS or getting firsthand knowledge or information about the subject.

In health education, we must first create awareness of health needs and problems. Mere awareness is not of much value unless it leads to motivation. MOTIVATION includes the stages of interest, evaluation and decision making. The individual begins to take interest in the subject. He then *evaluates* the information received, if necessary, by consulting others. He finally *decides* whether or not he wants to adopt it. Conviction leads to ACTION, adoption or acceptance of the idea.

The above stages are not rigid. They may overlap, or they may not even be followed at all by some individuals in adopting new ideas.

COMMUNICATION

Communication can be regarded as a process by which two or more persons exchange or share ideas, facts, feelings or impressions. The important word is **sharing**. The sharing process is called communication.

The purpose of communication is to educate the public or certain specific groups towards the development of attitudes and behaviours that are likely to promote health and welfare. Communication is the core of all community health activities. The purpose of communication may be classified under three heads:

- (i) information
- (ii) propaganda
- (iii) entertainment

For example, the spirit of communication in family planning is to provide information, not propaganda. However, these three categories are not mutually exclusive.

Communication is essential to all human association. All of us are engaged most of the time in receiving or communicating information. Our ability to influence others depends upon our ability to communicate. Good communication is the essence of good leadership; politicians excel in this skill. Students who can communicate effectively are more likely to score higher marks in the examination than those who cannot communicate. In rural areas of India, communication is more important to provide the villagers information and thereby more knowledge required to perform tasks and make decisions necessary in present day living.

Communication is a complex process. It

includes the whole process of learning. Every communication has four components:

- the message
- the person who sends the message (communicator)
- the person who receives the message (individual or audience)
- channels of communication

1. The Message

A message is the information a communicator wishes his audience to receive, understand, accept and act upon. A good message must be:

- in line with the objective
- tailored to the job required
- clear and understandable
- specific, accurate, timely and appealing
- based on felt needs

2. Communicator

He is the originator of the message. To be an effective communicator, he must know:

- his objectives, clearly defined
- his audience - its needs and interests
- his message
- channels of communication

3. Audience

The audience may be:

- total population
- target groups

The audience may accept or reject the message; remember or forget it.

4. Channels of communication

A channel may be anything used by the sender of the message to connect him with the receiver or audience. Common channels of communication are: TV, radio, books, newspapers, personal contact, organized tours, etc. An attempt must be made to provide variety in selecting channels of communication.

Communication barriers

These may be :

- (a) Physiological : Difficulties in hearing or expression.
- (b) Psychological : Emotional disturbances, nervousness, fear, anxiety, etc.
- (c) Environmental : Noise; invisibility
- (d) Cultural : Customs, beliefs, religion, attitudes and levels of knowledge.

METHODS OF COMMUNICATION

1. One-way communication

The flow of communication is one-way, that is from the sender to the receiver. There is no feedback; learning is passive. The great disadvantage of this method is that there is no participation of the receiver in the learning process. In short, education is "authoritative". The most commonly used one-way communication is the lecture in class rooms.

2. Two-way communication

In this method the learner listens to the message. He may raise questions to be sure he understands. He may add his own information, ideas and opinions. This is called feedback.

In two-way communication, there is participation of the audience. The process of learning is active. Therefore it is more effective than the one-way communication. In short, learning is "democratic". The "mass media" cannot provide two-way communication; group discussion does.

3. Verbal communication

The verbal means of communication includes the use of language - whether spoken or written. Written communication may not be as persuasive or personal as the spoken word.

4. Non-verbal communication

It includes a whole range of gestures, facial expressions (e.g., smile, raising eye brows, winking, staring, gazing), postures, bodily movements, and even silence. For example, silence is a non-verbal communication; it can speak louder than words.

Listening

Many educators spend more time in talking, and less in listening. Listening is not simply hearing, but hearing with understanding. The ability to listen carefully with understanding is a communication skill. This kind of listening requires concentration. Two-way communication depends upon listening. Listening is the key to effective communication.

AUDIOVISUAL AIDS

No health education can be effective without audiovisual aids. Audiovisual aids can be classified into 3 groups : (1) purely auditory; (2) purely visual, and (3) combined audiovisual.

1. AUDITORY AIDS :

- Taperecorders
- Microphones
- Amplifiers
- Earphones

2. VISUAL AIDS :

- Blackboard
- Flannelgraph
- Models
- Specimens
- Posters
- Slides
- Film strips
- Epidiascope
- Overhead projector

3. COMBINED AUDIOVISUAL AIDS :

- Sound films
- Slide tape combination
- Television
- Computer & Internet

A knowledge of the advantages, disadvantages and limitations of each audiovisual aid is necessary in order to make proper use of them. Audiovisual aids are means to an end; not an end in themselves.

Practice of Health Education

Health education is carried out at 3 main levels :

- (I) Individual
- (II) Group
- (III) General public

I. Individual Health Education

Doctors and nurses, who are in direct contact with patients and their relatives have opportunities for much individual health education. The topic selected should be relevant to the situation. For instance, a mother who has come for delivery should be told about child birth - not about malaria eradication. The biggest advantage of individual health teaching is that we can discuss, argue and persuade the individual to change his behaviour. The disadvantage is that the numbers we reach are small.

II. Group Health Education

The groups are many - mothers, school children, patients, industrial workers - to whom we can direct health teaching. The choice of subject in group health teaching is very important: it must relate directly to the interest of the group. For instance, mothers may be taught about baby care; school children about oral hygiene; a group of TB patients about tuberculosis, and industrial workers about accidents.

Health programmes in India

* Reproductive, Maternal, Neonatal, Child and Adolescent health

- Janani Shishu Suraksha Karyakaram
- Rashtriya Kishor Swasthya Karyakaram
- Rashtriya Bal Swasthya Karyakaram
- Universal Immunisation programme
- Mission Indradhanush / Intensified Mission Indradhanush
- Janaki Suraksha Yojana
- Pradhan Mantri Surakshit Matritva Abhiyan
- Nayaaat Shishu Suraksha Karyakaram
- National programme for Family planning.

* National Nutritional programmes

- National Iodine deficiency disorders control programme
- Mother's Absolute Affection programme for Infant and Young Child Feeding
- National programme for prevention and control of Fluoride
- National Iron plus Initiative for Anaemia Control
- National vitamin A prophylaxis programme
- Integrated child Development Services
- 191-Day meal programme

* Communicable diseases

- Integrated Disease Surveillance programme
- Revised National Tuberculosis control programme
- National Leprosy Eradication programme
- National vector Borne disease control programme
- National AIDS control programme
- Pulse polio programme
- National Viral Hepatitis control programme
- National Rabies control programme
- National programme on containment of Anti-Microbial Resistance

* Non-Communicable diseases

- National Tobacco control programme
- National programme for prevention and control of cancer, Diabetes, Cardiovascular diseases & Stroke
- National programme for control Treatment of occupational Diseases
- National programme for prevention and control of Deafness
- National Mental Health programme
- National programme for control of Blindness & visual impairment
- Pradhan Mantri National Dialysis programme
- National programme for the Health care for the Elderly
- National programme for prevention & Management of Burn Injuries
- National Oral Health programme

* Health system Strengthening programmes

- Ayushman Bharath Yojana
- Pradhan Mantri Swasthya Suraksha Yojana
- Laashya programme (Labour Room Quality Improvement Initiative)
- National Health Mission
- Nation Digital Health Mission

3. Lepira Society

* This society works to empower people affected with leprosy. It also fosters the healthcare of victims of lymphatic filariasis.

* Lepira society success encouraged them to extend a helping hand to victims of other maladies as well. Today they also work towards helping patients of malaria, tuberculosis and AIDS. They also help the Indian government in the National Anti-Malaria programme and have extensive contribution to eye care and prevention of needless blindness.

4. Smile Foundation

* They began working from scratch to bring about a difference in the lives of underprivileged families and communities.

* Since urban slum dwellers lack the education to be aware of disease and healthcare, they do not approach hospitals for checkups out of risking a day's wages.

* Smile has a two-fold approach to tackle this problem. The first bring quality healthcare services within easy access of the needy. The second step is to promote healthcare awareness and encourage the poor to seek help.

5. Rural Health care Foundation

* It has a well laid out structure. Each clinic has 4 departments, namely General Medicine, Optometry, Homoeopathy and dentistry.

- The patients are offered diagnosis and medicine supply for a week.
- The centre also arranges for cataract surgeries and cleft lip surgeries
- The doctors are given free food and accommodation
- Spectacles, wheel chairs, crutches and blankets are also distributed.