









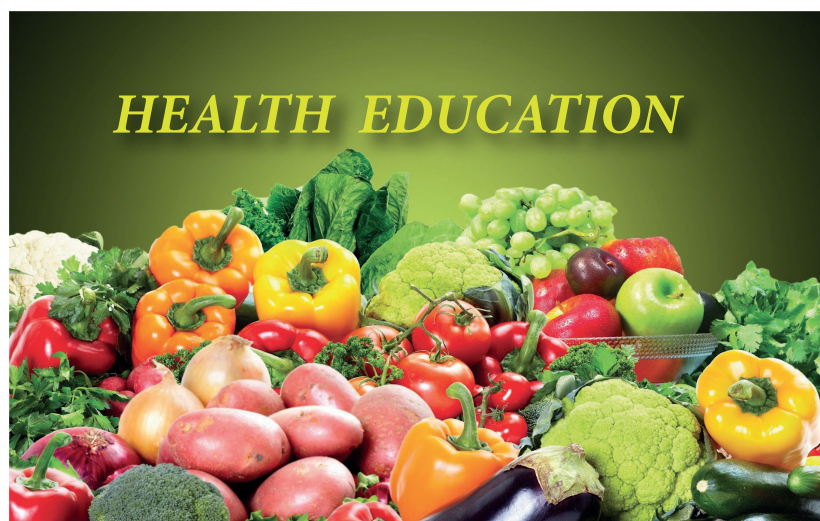
Health Education and Audio visual Aids



LEARNING OBJECTIVES

At the end of the unit, the students will gain adequate knowledge regarding Health Education and AV Aids and will develop desirable skill and positive attitude in following the principles for health educating the people by using appropriate AV Aid at all setting.

-  define the term health education
-  discuss the concept of health education
-  enumerate the goal of health education
-  list the objectives of health education
-  explain the principles of health education
-  extrapolate the roles and responsibilities of health educator
-  narrate the different methods and approaches to health education
-  brief out the various audio visual aids



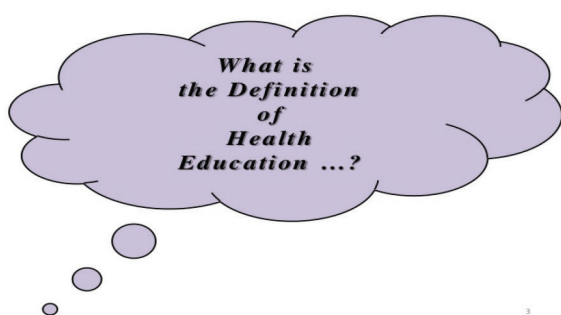
HEALTH EDUCATION AND AUDIO VISUAL - Aids

10.1 Introduction

Education brings change in behaviour of the individual in a desirable manner. Education can help to increase knowledge. It is often assumed that knowledge determines attitudes and attitudes determine behaviour.

**“Education
Is the
movement
from
darkness
to light.”**

Health education is a powerful and effective medicine in the treatment and prevention of illness. It is the cheapest but very effective tool. If administered with great awareness by every health worker, in any setting- hospital, school, health centre, home and community as a whole-it will be the best tool in promoting health. It is “to win friends and influence people” in order that they may attain the best of health.



10.1.1 Definition, Aims & Goal of Health Education

Definition

Health education is defined as “the process by which individuals and groups

of people learn to behave in a manner conducive to the promotion, maintenance, or restoration of health.

John M. Last

According to National Conference on Preventive Medicine in USA “Health education is a process that informs, motivates and helps people to adopt and maintain healthy practices and life style. Advocates environmental changes as needed to facilitate this goal and conducts professional training and research to the same end.

“A process aimed at encouraging people to want to be healthy, to know how to stay healthy, to do what they can individually and collectively to maintain health and to seek help when needed”.
-Alma-ata (1978)

10.1.2 Aims of Health Education

The definition adopted by WHO in 1969 and the Alma Ata declaration adopted in 1978 provided a useful basis for formulating the aims and objectives of health education which may be started as below;

1. To encourage people to adapt and sustained health promoting lifestyle and practices
2. To promote the proper use of health services available to them
3. To arouse interest, provide new knowledge, improve skills and change attitudes in making rational decision to solve their own problems.
4. To stimulate individual and community self-reliance and participation to achieve health development through individual and

community involvement at every step from identifying the problem to solving them.

10.1.3 Goal of health education

The goal of Health education is teaching people to live life to its healthiest – that is to strive towards achieving ones health potentials under given socio-cultural, geo-climatic conditions, at every opportunity a nurse gets to teach a client / patient.



10.2 Objectives of Health Education

10.2.1 Informing People

Dissemination of information to the people regarding prevention of disease and promotion of health. This creates awareness of health needs, problems, take away the barrier of ignorance and misconceptions about health and Disease.

10.2.2 Motivating People

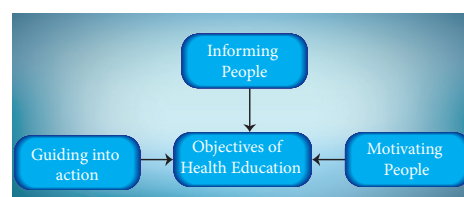
People should be motivated to change their ill habits, way of living as many diseases can be corrected by alteration of human behaviour or changes in

health practices which are detrimental to health.

10.2.3 Guiding into action

People should be motivated, communicated, and educated, to adopt and maintain health practices and lifestyle practices.

Health Education should be made an integral part of Education, Which will enable to change their life styles



1. These are the important hygiene practices a child has to inculcate.
2. Identify and carryout five hygiene practice in your school premises



10.2.4 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 in to the following divisions for the sake of simplicity

1. **Human biology;** The topics which may be covered include the structure and function of the body, how to keep physically fit, the need for the exercise, rest and sleep; the effect of alcohol, smoking and drugs on the body and first aid
2. **Nutrition;** Education in nutrition holds an important place in the fight against malnutrition. They should be educated about the nutritive value of foods; storage, preparation, cooking, serving and eating of food.
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, toilet, care of feet, nail, teeth; spitting, coughing, sneezing, personal appearance and inculcation of clean habits in the young. Environmental hygiene has a 2 aspects –domestic and community. Domestic hygiene comprises that of the home, use of soap and water, lighting, ventilation, food hygiene, control of rats and mice etc. In community hygiene, we teach the desirability of safe water, the benefits 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

10.3 Principles of health education

Health Education Principles and Concepts

Teaching process providing basic knowledge and practice of health, so as to be interpreted into proper health behavior.

Some basic principles that should be followed in imparting health education. (It can be summed up using a mnemonics –“MILK CPR LG CSF”)

M: Motivation

I: Interest

L: Learning by doing

K: Known to unknown

C: Credibility

P: Participation

R: Reinforcement

L : Leader

G : Good human relation

C : Comprehensive

S : Setting an example

F : Feed back

Students Activity

Divide students into groups and ask them to write slogans for world health days. The best slogan can be selected and awarded.



10.3.1 Motivation

In every person there is a fundamental desire to learn. Stimulation or awakening of this desire is called motivation. The two types of motives - primary and secondary motives. The primary motives are sex, hunger, survival; these are inborn desires. The secondary motives are praise, love, rewards, punishment and recognition.

10.3.2 Interest

It is well-known psychological principle, that unless people are interested, they will not learn. Health education should therefore relate to the interests of the people. All health teaching, in order to be effective, must be based on the health needs of the people.

10.3.3 Learning by doing

Learning is an action process. The following Chinese proverbs emphasizes the importance of learning by doing

***"IF I HEAR, I FORGET
IF I SEE, I REMEMBER
If i do, i know"***

10.3.4 Known to unknown

We must always go from "simple to complex"; from concrete to the abstract, from easy to difficult and from known to unknown. These are the rules of teaching. One should start educating people from what they know already and then expose them to new knowledge.

10.3.5 Credibility

It is the degree to which the message to be communicated is perceived as trustworthy by the receiver. It must be based on facts. It must be consistent, compatible with scientific knowledge and also with local culture, educational system and social goods.

10.3.6 Participation

It means taking part in or involving oneself or contributing towards something. It is one of the active principles in learning. It is better than passive learning. Personal involvement is more likely to lead to personal acceptance.

10.3.7 Reinforcement

Few people can learn all that is new in a single period. Repetition at intervals is necessary. If there is no reinforcement there is a possibility that the individual will forget what is taught.

10.3.8 Leader

We learn a best from people whom we respect and regard in the work of health education. We penetrate the community through local leaders. e.g. School teacher, Agents, etc. Leader understands the needs and demands of the community and provides proper guidance.

10.3.9 Good human relations

The health educator must be kind and sympathetic. People must accept him as their real friend. Good relationships that lead to good communication are of utmost importance in health education.

10.3.10 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.

10.3.11 Setting an example

The health Education should set a good example in the things he is teaching. e.g.

If he is explaining the hazards of smoking, he will not be very successful, if himself smokes.

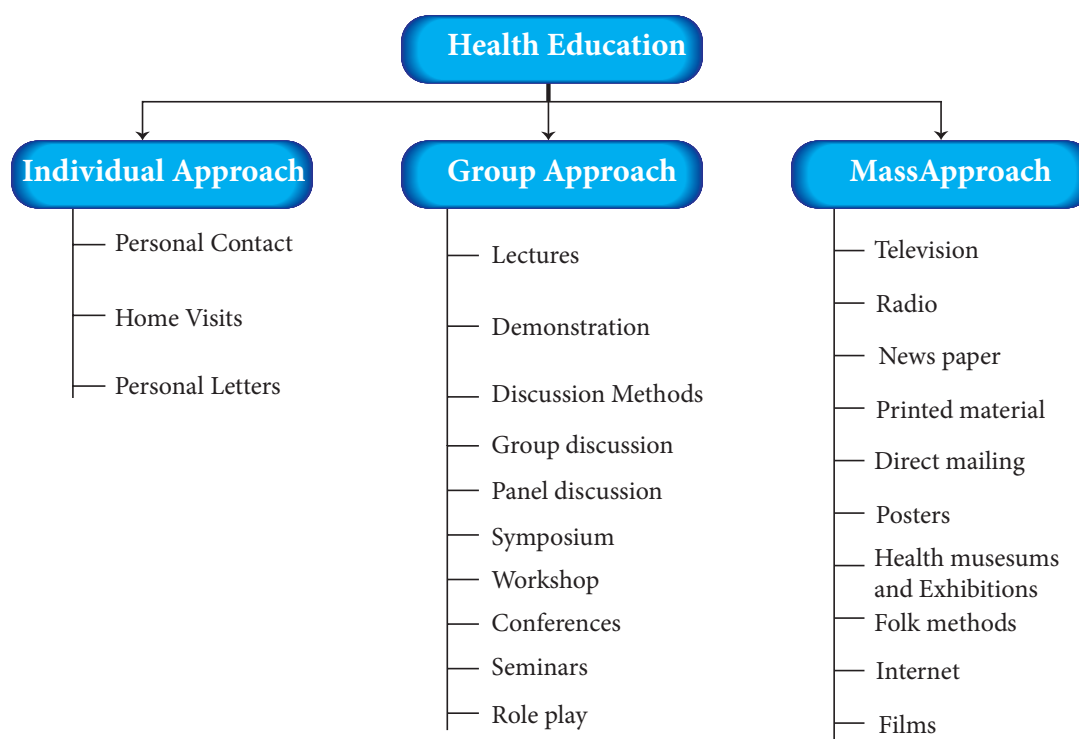
10.3.12 Feed back

It is one of the key concepts of the system's approach. For effective communication, feed back is of paramount importance.

**“FOR GOOD
HEALTH’S
SAKE,
RUN,
JUMP,
AND
SHAKE.”**



10.4 Methods & Approaches of Health Education



10.4.1 Methods of health education

Health education is carried out at 3 main levels;

- Individual Approach.
- Group Approach.
- General Approach/Mass.

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.

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.

10.4.2 Methods of Group Teaching

These have been classified as below:

- (i) One – way or didactic methods:

- Lecture
- Films
- Charts
- Flannel graph
- Exhibits
- Flashcards

1. Lectures:

Lectures are the most popular method of health teaching. In this, communication is mostly one-way, i.e., the people are only passive listeners; there is no active participation on their part in learning. How impressive and effective the lecture is, depends upon the personality and reputation of the speaker. A lecture does provide basic information on the subject, but it may fail to change the health behaviour of the people. Nevertheless lectures have an important place in the health education of small groups.

2. Films, charts & Puppets:

These are mass media of communication. They can be of value in educating small groups.

Suspense Charts:

Each section of the charts is covered and is exposed one by one to reveal the story or ideas without exposing the whole chart at a time.

Puppets:

Puppets are dolls made by hand and a story can be narrated using them it is a popular teaching aid to health teaching.

3. Flannel graph:

A flannel graph consists of a wooden board over which is pasted or fixed a



piece of rough flannel cloth or khadi. It provides an excellent background for displaying cut out pictures and other illustrations. These illustrations and cut out pictures are provided with a rough surface at the back by pasting pieces of sand-paper, felt or rough cloth, and they adhere at once, put on the flannel. Flannel graph is a very chief medium, easy to transport and promotes thought and criticism. The pictures must be arranged in proper sequence based on the talk to be given.

4. Exhibits:

These consist of objects, models, specimens, etc. They convey a specific message to the observer. They are essentially mass media of communication.

5. Flash Cards:

They consist of a series of cards, approximately 10 x 12 inches – each with an illustration pertaining to a story or talk to be given. Each card is “flashed” or displayed before a group as the talk is in progress. The message on the cards must be brief and to the point.

They are pictures arranged in sequence, which illustrate a story support the cards in front of the chest and practice in order to make the teaching effective. Use a Pointer so that the picture is not covered by your hand.

(ii) Two-way or Socratic Methods:

- Group discussion
- Panel Discussion
- Symposium

- Workshop
- Role playing
- Demonstration

1. Group Discussion:

Group discussion is considered a very effective method of health teaching. It is a two-way teaching method. People learn by exchanging their views and experiences.

To be effective, the group should comprise not less than 6, and not more than 12 people.

There should be a group leader who initiates the subject, helps the discussion in the proper manner, prevents side-conversations, encourages everyone to participate and sums up the discussion in the end.

The proceedings of the group discussion are recorded by a “recorder”, who prepares a report on the subject and agreements reached.

2. Panel Discussion:

Panel discussion is a novel method of health education. The success of the panel depends upon the Chairman.

The Panel consists of a Chairman or Moderator, and 4 to 8 speakers.

The Panel sits and discusses a given problem in front of a group or audience.

The Chairman opens the meeting, welcomes the group and introduces the panel speakers who are experts on the subject.

He introduces the topic briefly and invites the panel speakers to



present their points of view. There are no set speeches, but only informal discussion among the panel speakers.

It is said that the discussion should be spontaneous and natural.

After the subject has been discussed by the panel speakers, the audience is invited to take part. If properly planned and guided, panel discussion can be an effective method of health education.

3. Symposium:

A Symposium is a series of speeches on the selected subject by experts. There is no discussion on the subject by the experts. In the end, the audience may raise questions and contribute to the Symposium.

4. Workshop:

The Workshop consists of a series of meetings. The total workshop is divided into small groups, and each group will choose a Chairman and a recorder. Each group solves a part of the problem with the help of consultants and resource personnel. Learning takes place in a friendly, happy and democratic atmosphere under expert guidance.

5. Role Play:

Role Play or socio-drama is a particularly useful device for putting up problems of human relationship. The group members enact the roles as they have observed or experienced them, e.g. the expectant mother in an antenatal clinic, the public health nurse on a home visit, etc. The size of the group should not be more

than 25. Role play is followed by a discussion of the problem.

6. Demonstrations:

Practical demonstration is an important technique of the health education. We show people how a particular thing is done – using a tooth-brush, bathing a child, feeding an infant, etc. A demonstration leaves a visual impression in the minds of the people.

Education of the general public (Mass Approach) :

For the education of the general public, we employ ‘mass media of communication’ – Posters, health magazines, films, radio, television, health exhibitions and health museums. Mass media are generally less effective in changing human behaviour than individual or group methods. But however, they are very useful in reaching large numbers of people with whom otherwise there could be no contact. For effective health education mass media should be used in combination with other methods.

Individual Approach

Advantage	Disadvantage
<ul style="list-style-type: none"> ■ Credible ■ Permit 2 way discussion ■ Can be motivational, influential and supportive ■ Most effective for teaching, caring and helping 	<ul style="list-style-type: none"> ■ Expensive ■ Time Consuming ■ Limited Audience

Group Approach

Advantage	Disadvantage
<ul style="list-style-type: none"> ■ Familiar, trusted and influential ■ Provide Motivation / support more than media alone ■ Can be inexpensive ■ Offer shared experiences ■ Reach large intended audience in one place 	<ul style="list-style-type: none"> ■ May not provide individual personal attention ■ Needs approval from organization Can be costly and time consuming

Mass Approach

Mass Media	Advantage	Disadvantage
News Paper	<ul style="list-style-type: none"> ■ Reach broad intended audience rapidly ■ Can convey health news/ break thoughts more thoroughly than T.V ■ Intended audience has the chance to clip reread, en template and pass along materials 	<ul style="list-style-type: none"> ■ Larger circulating papers may take only paid advertisement ■ Exposure is limited only to one way ■ Article placement requires contacts and may be time consuming
Internet	<ul style="list-style-type: none"> ■ Reach large number of people rapidly ■ Updated and disseminated information ■ Control information provided ■ Tailor information specifically for intended audience can be interactive ■ Demonstration can be by individual and graphs ■ Can use banner advertisement to direct intended audience 	<ul style="list-style-type: none"> ■ Can be expensive ■ Many people do not have access to internet ■ Intended audience must be proactive ■ May require monitoring ■ May require maintenance over time

Radio	<ul style="list-style-type: none"> Range of intended audiences with known listening preference Opportunity for direct intended audience involvement Distribution is Expensive 	<ul style="list-style-type: none"> Reaches Smaller intended audiences than T.V Public service ads run infrequently and at low listening times Many stations have limited formats that may not be conducive to health messages Difficult for intended audiences to retain or pass on material
TV	<ul style="list-style-type: none"> Reaches potentially the largest & widest range Combination of Audio visual is effective in emotional appeals and demonstration of behaviours Can reach low – income audience Specific programmes can reach specific intended audience Opportunity for direct intended and audience involvement 	<ul style="list-style-type: none"> Advertisement is expensive to produce Running infrequently and in low viewing times Message can be observed by commercial culture Some stations reach small intended audience Promotion can result in huge demand Difficult to retain or pass on materials

10.5 Role and Responsibility of health educator

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

- It is essential for healthy life
- to find out the vital health statistics in community

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

- Address diverse audience in diverse settings
- Translates scientific language into understandable information
- Formulates and support rules, policies and legislation
- Advocate for the profession of health education

10.6 Audiovisual Aids

Audiovisual aids play an important role in health education. They can be classified into three groups – purely auditory aids, purely visual and a combination of both auditory and visual aids

Media or materials in health education can be used for different purposes and for different groups of

people. Learning and understanding seems to result when more senses, such as touch, sight and hearing are reached by the media.

If used properly they create interest and motivate people to learn. Learning is made more permanent because these aids supply a concrete basis for learning rather than abstract thinking.

10.6.1 Types of Audio - Visual Aids:

No health education can be effective without audio-visual aids. Audio-visual aids can be classified into 3 groups – (1) purely auditory;(2) Purely visual; (3) combined audio-visual.

(1) Auditory Aids



(2) Visual Aids



10.6.2 Combined Audio-Visual Aids

- Sound films
- Slide tape combination
- Television
- Computer & Internet
- A Knowledge of the advantages, disadvantages and limitations of each audio-visual and is necessary in order to take proper use of them. Audio-visual aids are means to an end; not an end in themselves.

10.6.3 Audio Visual Aids (Used in Mass Media:)

(1) Posters: Posters are intended to attract public attention. Therefore, the material needs artistic preparation. The message on the poster should be short, simple, direct and one that can be taken at a glance and easy to understand. The life of a poster is usually short and needs frequent replacement. As a medium of health, education, posters are not effective in changing human behaviour.

Posters should be colourful to catch the eye and convey the message clearly, Simple language and short sentences should be used. If used in the clinic, Outpatients department or health centers, they should be changed frequently. When possible explain the message to the learners and use them to supplement the teaching

(2) Health Magazines: A good health magazine can be an important channel of communication. The material needs expert presentation.

The Swasth Hind from Delhi and World Health from WHO are important health magazines. The health magazines stimulate awareness among people.

- (3) **Press:** Newspapers are the most widely distributed of all forms of reading material. They are an important channel of communication to the people.
- (4) **Films:** Films are very expensive to produce, and they get out-of-date very quickly. But film-shows attract large gathering.
- (5) **Radio and TV:** These are found nearly in every home. They are potent instruments of education. Radio talks should not exceed 15 minutes.
- (6) **Health Exhibitions:** If properly organized, health exhibitions can attract large numbers of people. Health exhibitions are used in connection with key points of interest – e.g., fairs and festivals, mass campaigns, etc.
- (7) **Health Museums:** A good health museum can be a very effective mass media of education, such as the one at Hyderabad in Andhra Pradesh.
- (8) **Indigenous Media:** Indigenous Media like katha-vartha, prabhat pheries, songs and dramas have roots in our culture. Health messages can be carried through these media.

10.6.4 Selection and uses of Audiovisual Aids

The following criteria are guides for the selection of the books and other printed

teaching materials. How each applies in a given instance depends upon the teaching objectives, which have been set up to meet particular needs.

Students Activity

Divide students into group and encourage each group to prepare different types of AV-aid like poster, flash card, etc.

Organize an AV- aid exhibition in your school and conduct interschool competition

DO YOU KNOW? The below has been given the benefits of bowling.

Now ask the students to identify the benefits of each activity



10.6.5 Criteria for selecting Audiovisual Aids

1. The facts should be scientifically accurate
2. Needed materials should be present
3. All the information should be pertinent
4. It should cover the entire requirements
5. All the ideas should be essential, significant and important to clear understanding.



10.7 Administration and Organization

- The Government of India established a Central Health Education Bureau at Delhi in 1956 to promote and co-ordinate health education work in the country. Many State Governments in India now

have health Education Bureau in their Health Directorates. There are also other special agencies in the country such as the Directorate of Advertising and Visual Publicity (DAVP), Government has a responsibility for the health education of the general public. Press Information Bureau, and the All India Radio (AIR), and TV which are active in health education work. At the International Level, there is the International Union for the Health Education, with headquarters in Paris, whose main task is to promote the creation of national committees and societies for health education.



SUMMARY

Health influences one's way of life, personal efficiency and helps the individual to attain the personal goals. Health education is a process aimed at encouraging people to want to be healthy, to know how to stay healthy and to maintain health.

The aim of health education is to help people to develop an awareness of health needs and problems.

In selecting audio visual aids for health education, the facts should be scientifically accurate, pertinent information and cover entire requirements and should be essential, important and clear to understand.



EVALUATION

I. Choose the correct answer

1. The following is not an objective of health education
 - a. Informing people
 - b. Motivating people
 - c. Guiding into action
 - d. Distracting people
2. The principle of awakening of fundamental desire to learn is
 - a. Interest



- b. Motivation
- c. Credibility
- d. Feedback
3. The more time-consuming approach of health education is
 - a. Individual approach
 - b. Group approach
 - c. Mass approach
 - d. Family approach
4. The pictures arranged in sequence which illustrates a story is known as
 - a. Posters
 - b. Puppets
 - c. Flash cards
 - d. Charts
5. The hand made dolls which narrates a story is known as
 - a. Puppets
 - b. Flash cards
 - c. Charts
 - d. Posters

II. Answer the following questions in one (or) two lines.

6. Define Health education.

7. Define audio visual aids.
8. List the criteria for selecting audio visual aids.
9. Enumerate areas of health education.

III. Write short notes

10. Differentiate the advantages and disadvantage of Group approach is health education.
11. List the methods of group teaching is health education.
12. Write about the Role and responsibilities of Nurse in health education.

IV. Write in detail

13. Describe the aims and objectives of health education.
14. Explain the principles of health education.
15. Classification of audio visual aids.
16. Describe the Stages in health Education.
17. Explain the methods of Group Teaching.

A-Z GLOSSARY

1. Concept (கருத்து) - an abstract idea
2. Comprehensive (விரிவான/பரந்த) - including or dealing with all or nearly all elements or aspects of something
3. Credibility (நம்பகத்தன்மை) - the quality of being trusted and believed in
4. Criteria (அடிப்படை/கட்டளை விதிகள்) - a principle or standard by which something may be judged or decided.

5. Panel discussion (குழு விவாதம்) - is a specific format used in a meeting, conference or convention
6. Reinforcement (வலுவூட்டல்) - the action or process of reinforcing or strengthening.
7. Residue (மிகுதி) - a small amount of something that remains after the main part
8. Restoration (மறு சீரமைப்பு) - the action of returning something to a former owner, place, or condition
9. Statistics (புள்ளி விவரங்கள்) - the practice or science of collecting and analysing numerical data in large quantities



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INTERNET LINKS

- www.smartbowler.com/about-smartbowler/
- <https://www.slideshare.net/draneesalsaadi/health-education-principles-and-concepts>
- <https://www.ncbi.nlm.nih.gov/pubmed/15275179>
- <https://www.ncbi.nlm.nih.gov/pubmed/11586870>