

Health Education

- First line of Prevention
- Skeleton of primary health care services.
- Essential for Health Promotion and Preventive Services.
- **Helping people to understand their behavior and how it may affects their health.**

Main goal of health education is:

- **To improve the quality of life individual and Community in all aspects: health, social, economic and political, taking in consideration that health is a state of complete physical, psychological and social well being and not the mere absence of diseases.**

Health promotion

- Health promotion encompasses a variety of activities aiming at improving the health status of the individual and the community . And if successful, it will affect the lives of people, so health promoters should be equipped with practical skills, and should understand the values and ethics implicit in their work.

Who is the health educator?

- **Specialist : person who is especially trained to do health education work**
- **Any health worker who is concerned with helping people to improve their health knowledge and skills**
- **Any person in the Community can participate in health education process, like teacher, mothers... etc.**

Health Education in Jordan

- In Jordan, health education (HE) is an important pillar of the work of the Ministry of health. Recently the HE division was promoted to a full directorate, where qualified experts develop their HE plans, based on priorities, community needs and information collected from different reports, surveys and studies. Their work also includes training of health workers and preparation of different HE media.

Each health directorate in the country sets

its own HE programmed separately according to their needs and available resources in addition to the integrated HE resources in the primary health centers.

Approaches of HE

- Specialists in the field of health promotion identify five approaches that can be used individually or in combination to achieve the desired goal:
- 1- The medical approach involves medical intervention to prevent ill health using a persuasive method and expects patients to comply with the recommended intervention.

- The educational approach provides information and helps people to explore their values and make their own decisions
- The change in behavior approach involves changing people's attitudes so that they adopt healthy life styles as defined by the health promoters.

- The individual -centered approach considered the individual to have a right to control his own health, so he should be helped to identify his concerns, and gain the knowledge he needs to make changes happen.
- - The change in society approach aims at changing the society rather than the individual by putting health on the political agenda at all levels, and by shaping the environment so that it becomes conducive to health.

- Unfortunately , the traditional health education approach used in Jordan , and many other countries, was aimed solely at changing people to fit the environment, and did little to make the environment a healthier place to live in.

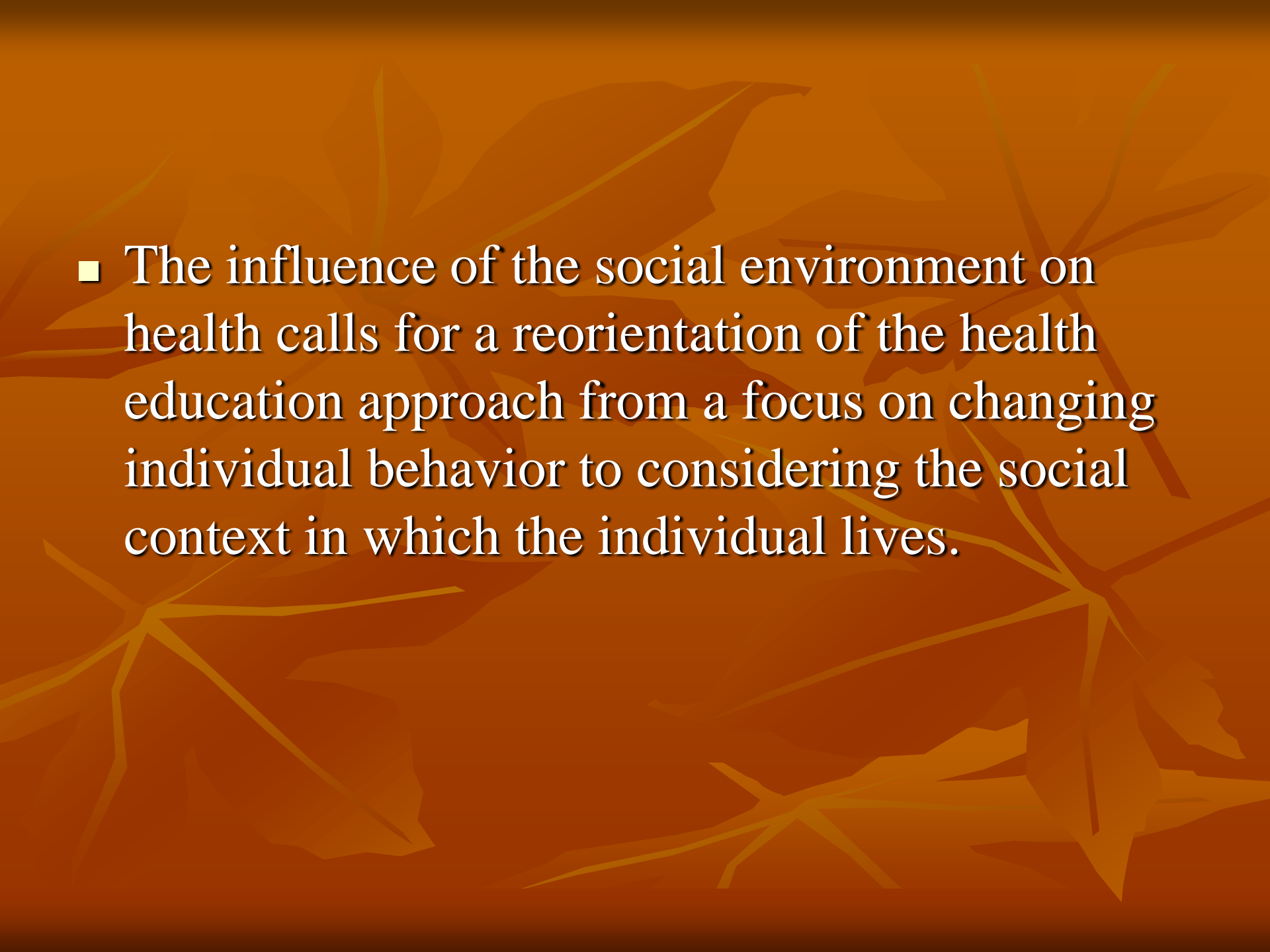
- A World Health Organization (WHO) Expert Committee on New Approaches to Health Education in Primary Health Care met in Geneva during October 1982 to review the current approaches in health education in order to bring these into full harmony with the principles of primary health care and to increase activities in that field.

- The WHO Seventh General Program of Work, covering the 1984-89 period, indicated that the role of information and education for health would be more prominent than ever before. In calling for new approaches to health education in primary health care, the Expert Committee recognizes that no aspect of health care is static. In the case of health education, in order to make it more effective, it is essential to attune it to the current lay and professional perceptions of health problems.

- In the reorientation that health education is now undergoing, new roles are emerging for health care providers. To perform these roles effectively, new forms of training will be required in line with the new strategies of working communities and with new concepts in education. This new approach should create in the health care providers a better appreciation of how research and evaluation can contribute to improving the effectiveness of health care activities.

- These issues are discussed in detail along with concepts, characteristics of the new approaches to health education in primary health care (a people oriented health technology, lay resources in health care, new approaches concerned with human ecology, and new roles for health care providers), and implications for health education practice (planning and management, ethical issues, information and communication, training, evaluation, and research).

- The new objective of health education goes beyond the provision of knowledge to seeking political and social backing for health and health care activities. In addition to teachers, 1 group of professionals that can make important contributions to health education are the media personnel.

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- The influence of the social environment on health calls for a reorientation of the health education approach from a focus on changing individual behavior to considering the social context in which the individual lives.

- The integration of health education goals in the planning and management of health programs requires a systematic approach at all stages, i.e., elaboration of policy, formulation of strategies, planning and management, implementation, and monitoring of progress.

Target groups for health education programs:

- Women: since All groups of Community, especially women, children, students.
- women have the role of raising children and teaching them practices and concepts as the personal hygiene and nutrition also women must be aware of the basics of preventive of health services. E.g. A.N.C., W.B.C, etc.
- Children: any concept learned in childhood will affect behavior in adult life major subjects in health education for children are sanitation, nutrition, personal hygiene and environment.
- Elderly.

Current Programs

- Psychological Counseling
- Cancer
- Diabetes
- Education and Support Groups
- Fitness and Exercise
- Health Screenings
- Nutrition and Weight Management
- Older Adults
- Parent Education

Personal Health and Wellness

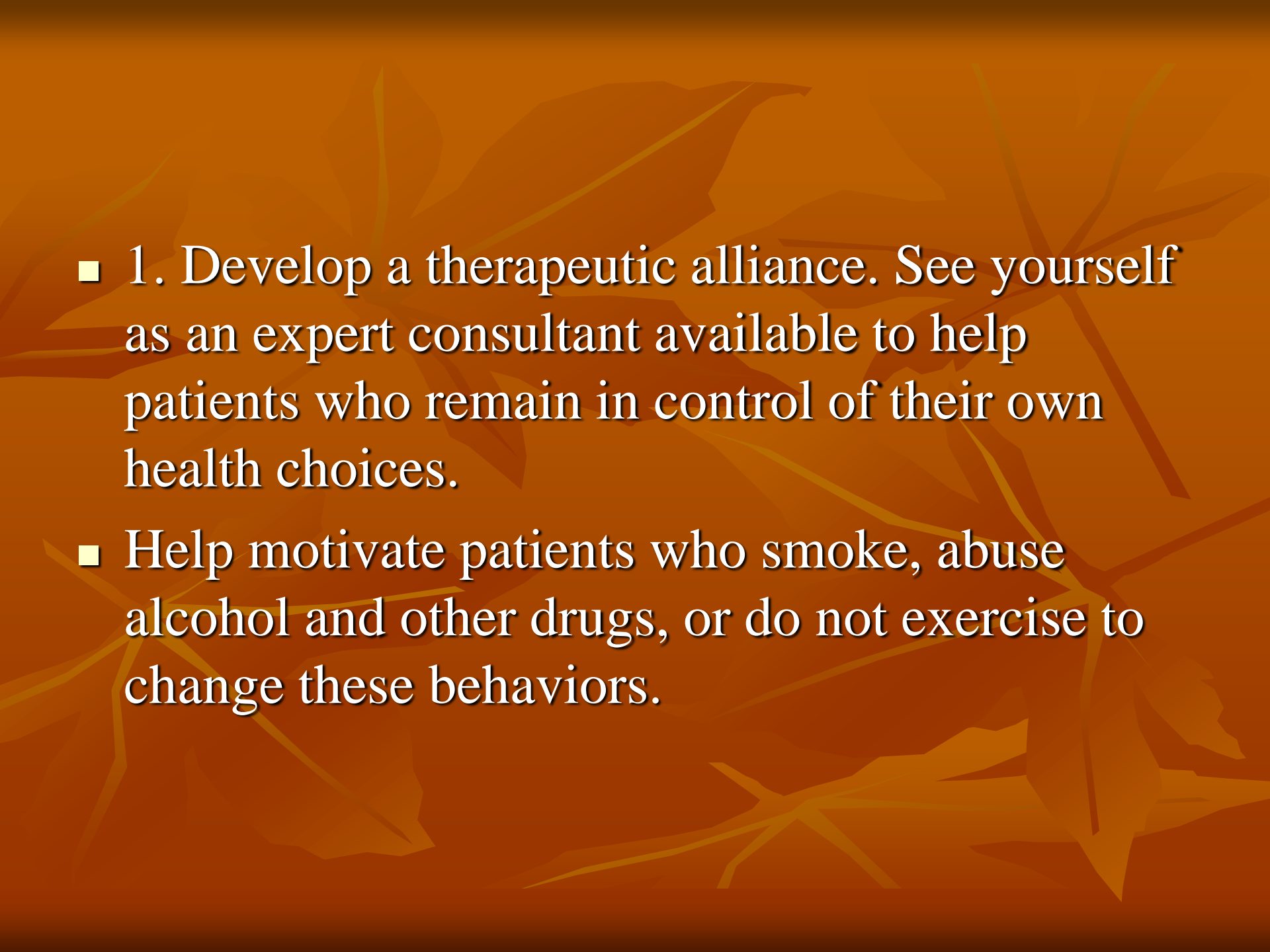
- Pregnancy and Childbirth
- Programs for Families
- Programs for Men
- Programs for Women
- Safety and CPR
- Sleep Disorders
- Special Programs
- Stress Busters

Conclusions:

- Health education is the translation of health knowledge into desirable individual and Community behavioral patterns by means of educational process.
- Health education is the skeleton of PHC system –since no other activity can be performed without health education.
- The needs and interests of individuals, families, groups, organizations and communities are at the heart of health education program.
- Health education is the responsibility of every person in the Community.

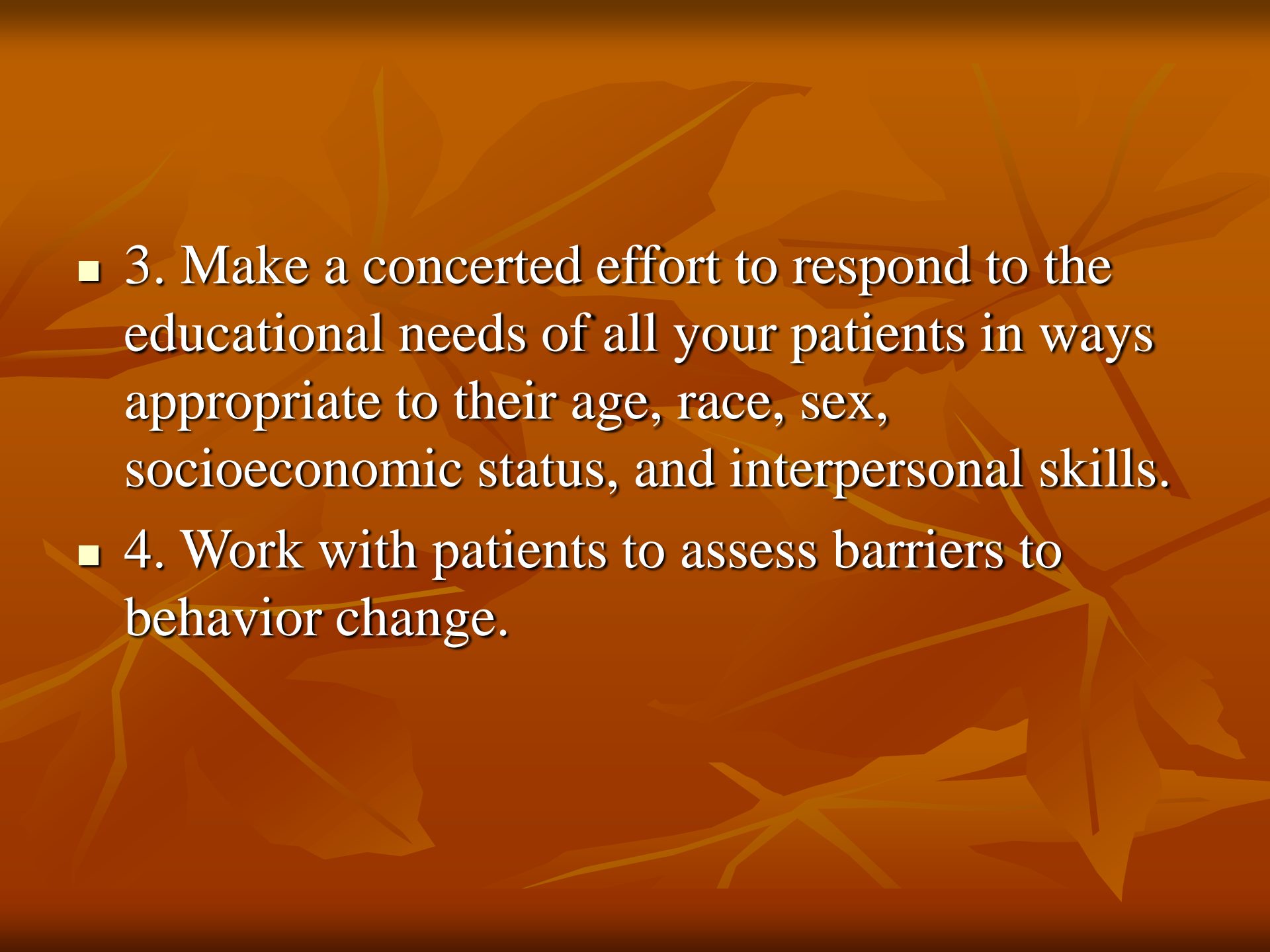
Recommendations for Patient Education and Counseling

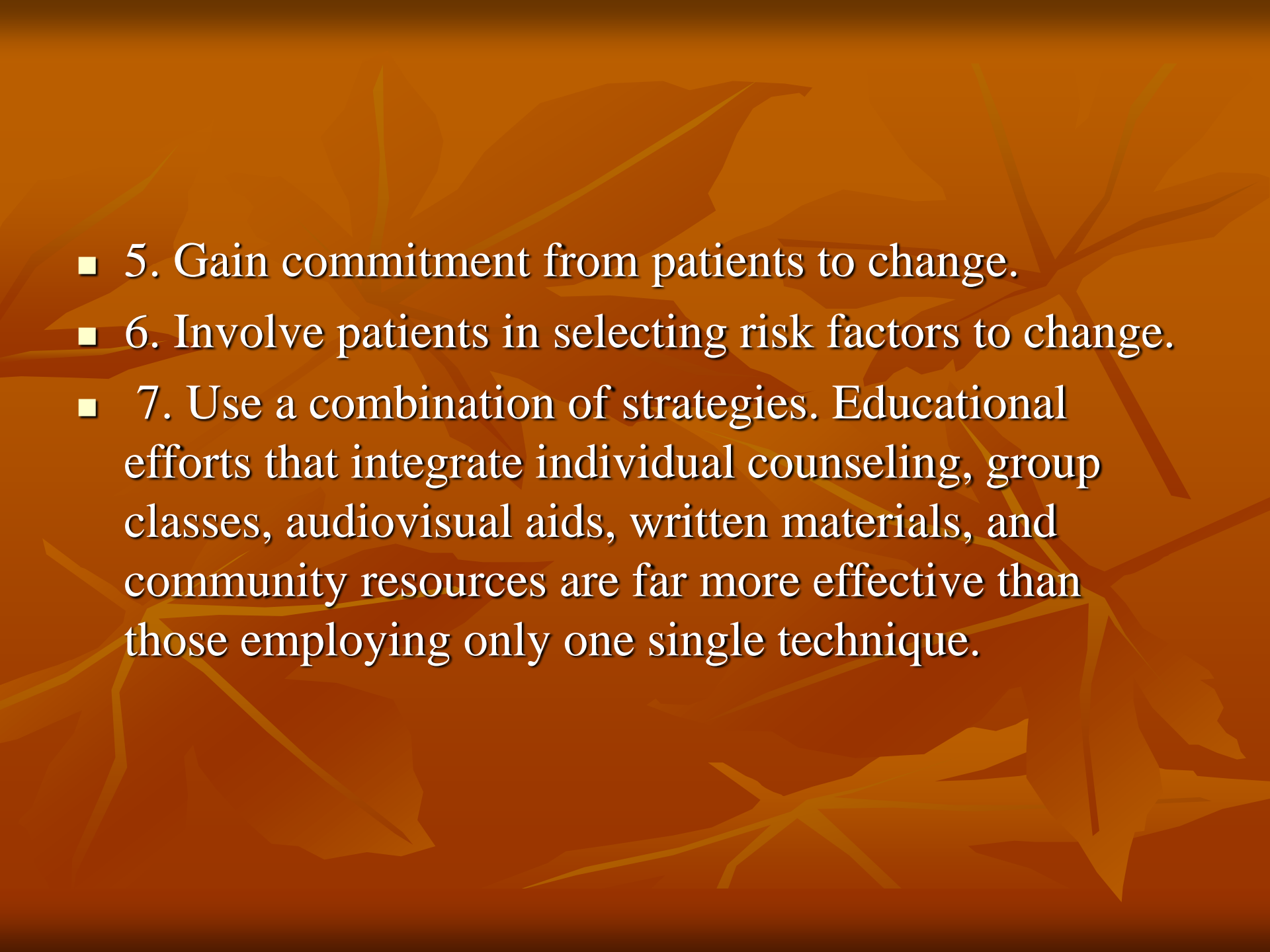
- Empirical research and clinical experience yield certain principles that clinicians can use to induce behavior change among patients. Attention to these key concepts should enhance the effectiveness of physician counseling concerning all behavioral changes recommended.


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- 1. Develop a therapeutic alliance. See yourself as an expert consultant available to help patients who remain in control of their own health choices.
 - Help motivate patients who smoke, abuse alcohol and other drugs, or do not exercise to change these behaviors.

2. Counsel all patients.

Make a concerted effort to respond to the educational needs of all your patients in ways appropriate to their age, race, sex, socioeconomic status, and interpersonal skills.

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- 3. Make a concerted effort to respond to the educational needs of all your patients in ways appropriate to their age, race, sex, socioeconomic status, and interpersonal skills.
 - 4. Work with patients to assess barriers to behavior change.

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- 5. Gain commitment from patients to change.
 - 6. Involve patients in selecting risk factors to change.
 - 7. Use a combination of strategies. Educational efforts that integrate individual counseling, group classes, audiovisual aids, written materials, and community resources are far more effective than those employing only one single technique.

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- 8. Design a behavior modification plan.
 - 9. Monitor progress through follow-up contact.
 - 10. Involve office staff.

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خطة التثقيف الصحي لعام ١٩٩٥

■ الايام الخاصة والبرامج المستمرة

- ١- يوم الاسنان
- ٢- يوم الصحة العالمي
- ٣- يوم المرور العالمي
- ٤- اليوم العالمي لمكافحة التدخين
- ٥- يوم الرضاعة الطبيعية
- ٦- يوم البيئة العربي والعالمي
- ٧- يوم الطفل العربي
- ٨- يوم الشلل الدماغي
- ٩- يوم الصحة النفسية
- ١٠- يوم المسنين
- ١١- يوم السكري العالمي
- ١٢- يوم المخدرات
- ١٣- الامومة والطفولة