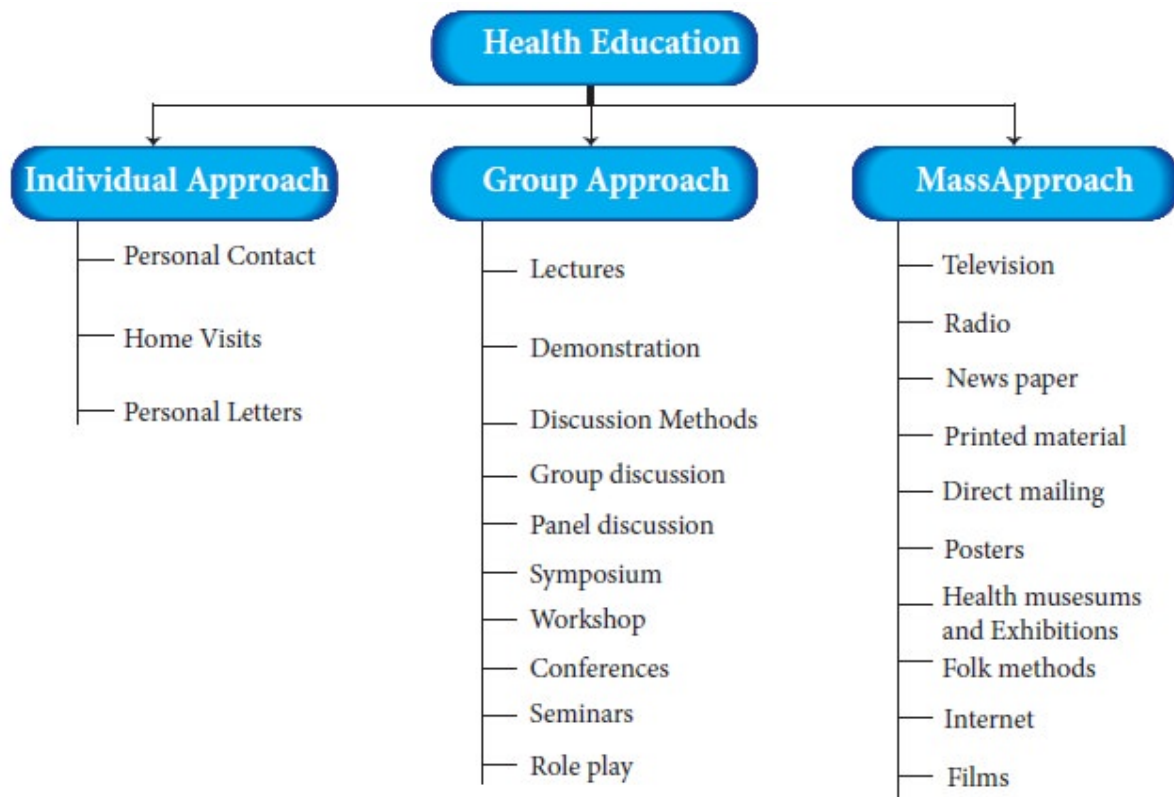


Methods & Approches of Health Education



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.

Methods of Group Teaching

These have been classified as below:

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.

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.

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, email and pass along materials 	<ul style="list-style-type: none"> ■ Larger circulating papers may only paid advertisement ■ Exposure is limited only to way ■ Article placement requires contact 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 of 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 audience 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 viewing times ■ Message can be observed in commercial culture ■ Some stations reach smaller intended audience ■ Promotion can result in high demand ■ Difficult to retain or pass on material