



NATIONAL OPEN UNIVERSITY OF NIGERIA

SCHOOL OF SCIENCE AND TECHNOLOGY

COURSE CODE: CHS 524

**COURSE TITLE:
HEALTH EDUCATION AND HEALTH PROMOTION**

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COURSE TITLE HEALTH EDUCATION AND HEALTH PROMOTION
COURSE DEVELOPER/WRITER DR. OLABODE O. KAYODE
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CHS 524

HEALTH EDUCATION AND HEALTH PROMOTION

(3 Course Credits)

By the end of this course, the student would have learnt about.....

- Principles and rationale of Health Education
- Various Information, Education and Communication (IEC) media
- General principles of communication
- Designing health promotional activities to address health needs of the community
- Processes in planning, implementing, monitoring and evaluating health education programmes in the community
- Development and use of health instructional materials
- How to organise and deliver health educational activities
- Setting up of health promotion clubs in the community, schools and workplaces

@ 3 Units each (x7) = 21 Units (5 modules)

UNIT. 1 SCOPE OF HEALTH EDUCATION

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Definition of Health Education
 - 3.2 Principles and Rationale of Health Education
 - 3.3 Structures of Health Education
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and Reading Materials

UNIT. 2 FOUNDATION THEORIES AND PRINCIPLES OF HEALTH EDUCATION

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Factors influencing Health Behaviour by Godffrey Hochbaum
 - 3.2 Abraham Maslow's Theory of Motivational Needs
 - 3.3 Social Learning Theory by Albery Bandura/Theory of Reasoned Action by Ajzen & Fischbein
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and Reading Materials

UNIT. 3 PRINCIPLES OF LEARNING IN HEALTH EDUCATION

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Learning process in Health Behaviour
 - 3.2 Conditons which facilitate learning
 - 3.3 Learning to grow
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and Reading Materials

UNIT. 4 SCOPE OF INFORMATION, COMMUNICATION AND EDUCATION (IEC)

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Health Information and Health Messages in behavioural change
 - 3.2 Health Communication
 - 3.3 Education in health
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and Reading Materials

UNIT.5 VARIOUS MEDIA IN INFORMATION, COMMUNICATION AND EDUCATION (IEC)

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Types of media in health communication
 - 3.2 Uses of media in health communication
 - 3.3 Impact of media in health communication and health education
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 8.0 References and Reading Materials

UNIT. 6 GENERAL PRINCIPLES OF COMMUNICATION IN HEALTH EDUCATION

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Process of communication
 - 3.2 Steps of communication
 - 3.3 Indicators of effective communication
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and Reading Materials

UNIT. 7 DESIGNING HEALTH PROMOTIONAL ACTIVITIES: 1

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Planning health promotional programme for the community
 - 3.2 Types of health needs
 - 3.3 Setting the goals and objectives
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and Reading Materials

UNIT. 8 DESIGNING HEALTH PROMOTIONAL ACTIVITIES: II

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Identifying the target group(s) in the community
 - 3.2 Assessing levels of readiness
 - 3.3 Mobilization of Resources: Materials & manpower
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and Reading Materials

UNIT. 9 IMPLEMENTATION OF HEALTH PROMOTIONAL ACTIVITIES

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Types of Health Teams
 - 3.2 Steps in community mobilization
 - 3.3 Takin action in the community
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and Reading Materials

UNIT. 10 EVALUATION OF HEALTH PROMOTIONAL ACTIVITIES: I

1.0 Introduction

2.0 Objectives

3.0 Main Contents

3.1 Evaluation: Concept & Types

3.2 Concept of Process Evaluation: Input, Processor, Output

3.3 Components of the processor

4.0 Conclusion

5.0 Summary

6.0 Tutor Marked Assignment

7.0 References and Reading Materials

UNIT. 11 EVALUATION OF HEALTH PROMOTIONAL ACTIVITIES: II

1.0 Introduction

2.0 Objectives

3.0 Main Contents

3.1 Monitoring & Supervision of health promo activities

3.2 Output indicators of effective health promotional activities

3.3 Impact of health promotional activities: short, medium and long terms

4.0 Conclusion

5.0 Summary

6.0 Tutor Marked Assignment

7.0 References and Reading Materials

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1.0 Introduction

2.0 Objectives

3.0 Main Contents

3.1 Types of feedback in health promotional activities

3.2 Feedback to the community

3.3 Feedback to the health team (implementers of the activities)

3.3.1 Feedback to policy makers (e.g. federal, state or local government authorities)

3.3.2 Feedback to stakeholders (e.g. other collaborators or sponsors...NGO, CSO, etc)

4.0 Conclusion

- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and Reading Materials

UNIT. 13 HEALTH INSTRUCTIONAL MATERIALS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Types of instructional materials
 - 3.2 Testing and application of instructional materials
 - 3.3 Indicators of effective instructional materials
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and Reading Materials

UNIT. 14 MEDIA AND METHODS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Conventional media and methods in public health
 - 3.2 Improvising where there are no instructional materials
 - 3.3 Role of ICT in health promotional activities
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and Reading Materials

UNIT. 15 ISSUES IN MEDIA AND METHODS: I

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Socio-cultural issues in media and methods
 - 3.2 Socio-political issues in media and methods
 - 3.3 Ethical issues in media and methods

- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and Reading Materials

UNIT. 16 ISSUES IN MEDIA AND METHODS: II

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Concept of Locus of Control in media and methods
 - 3.2 Crisis in media and methods
 - 3.3 Crisis management in media and methods
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and Reading Materials

UNIT. 17 ORGANISATION AND DELIVERY OF HEALTH EDUCATIONAL ACTIVITIES

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Steps in organisation of health educational activities
 - 3.2 The Work Plan
 - 3.3 Monitoring, supervision and Evaluation (MSE) of health educational activities
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and Reading Materials

UNIT. 18 HEALTH PROMOTION CLUBS (HPC) IN SCHOOLS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Types of health promotional Clubs
 - 3.2 Programmes and Activities of HPC

- 3.3 Monitoring, Supervision and Evaluation (MSE) of HPCs
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and Reading Materials

UNIT. 19 HEALTH PROMOTION CLUBS (HPC) IN THE COMMUNITY

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Types of HPCs in the community
 - 3.2 Programmes and Activities of HCPs
 - 3.3 Impact of HPCs: Monitoring, Supervision and Evaluation (MSE)
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and Reading Materials

UNIT. 20 HEALTH PROMOTION CLUBS (HPC) IN PRIVATE WORKPLACES

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Types of HPCs in private workplace
 - 3.2 Programmes and Activities of HCPs in **private** Workplace
 - 3.3 Sustaining Impact of HPCs: Monitoring, Supervision and Evaluation (MSE)
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and Reading Materials

UNIT. 21 HEALTH PROMOTION CLUBS (HPC) IN PUBLIC WORKPLACES

1.0 Introduction

2.0 Objectives

3.0 Main Contents

 3.1 Types of HPCs in **public** workplace

 3.2 Programmes and Activities of HCPs in **public** Workplace

 3.3 Sustaining Impact of HPCs: Monitoring, Supervision and Evaluation (MSE)

4.0 Conclusion

5.0 Summary

6.0 Tutor Marked Assignment

7.0 References and Reading Materials

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1.0 INTRODUCTION

Health Education is the *process of helping people to learn what to do and how to do it correctly* in order to improve their health status. Health Promotion is the process of enabling or empowering people to increase control over their health and its determinants in order to sustain a desired health status. Both are core functions of public health and they jointly contribute to task of combating communicable and non-communicable diseases and other threats to health and collective survival.

The *goal* of Health Education and Promotion is to sensitize and enlighten the individual, group and community on health issues which are of priority to them and empower them to take informed health actions voluntarily towards finding solutions to such health issues. In this process, an appreciable level of health can be attained and healthy lifestyles can be acquired and sustained by the individual, group or community.

The general aims of Health Education and Promotion are to mobilise people and involve them in the process of providing health care services. They include also, the persuasion of people to utilise the available health services judiciously. The focus of health education and promotion therefore is people and activities which affect their health.

2.0 COURSE AIM AND WHAT YOU WILL LEARN

Course CHS 524 is a three (3) credit unit course to be offered by students in the programme for the award of Bachelor of Science (B.Sc) degree in Community Health. It is arranged into 4 Modules with 21 study units. It will introduce the students to foundation theories and principles of health behaviour. It will distinguish between three (3) basic types of behaviour: *instinctive, reflex and learned behaviour*. By the end of the course, the student will be able to relate the process of learning health habits to promotion of desirable health habits. Technical terms in health education and promotion are included to underscore appropriate usage in public health practice. The learner is expected to demonstrate clear understanding of health education and its application to the promotion of healthy and sustainable lifestyle in the home, neighbourhood, schools and community.

The Course Guide is structured such that you can learn on your own and meet all expectations of the Course. Tutorial sessions are provided for the support you may need to succeed.

3.0 COURSE OBJECTIVES

In order to achieve the course aim and what you should learn, the course has specific objectives. Each Unit has objectives set at the beginning of the contents. You are strongly advised to read and note these objectives before settling into the contents. This will help you to assess how well you have achieved the bench marks and value your progress. At the end of each unit therefore, review the objectives.

- Upon successful completion of this course, the learner should be able to...
Identify the principles and rationale of health education .

- Describe the components of information, education and communication (IEC) flow
- Discuss the general principles of communication
- Design health promotional programmes and activities to address health needs of the community
- Identify, discuss and apply the processes of planning, implementing, monitoring and evaluating health education programmes in the community
- Describe the development and appropriate use of health instructional materials
- Discuss how to organise and deliver health educational activities; and
- Understand the detailed process of setting up health promotion clubs (HPCs) in the community, schools and workplaces.

4.0 WORKING THROUGH THIS COURSE

You are required to study through all the Units, the recommended textbooks and other relevant materials. Each Unit contains self-assessment practice questions and tutor marked assignments. Note that at some point in this course, you are required to submit the Tutor Marked Assignment. In addition to this, there will be an end-of-term examination.

5.0 COURSE MATERIALS

The following are the components of this course:

- Course Guide
- Study Units
- Textbooks
- Assignment File
- Presentation Schedule

6.0 STUDY UNITS

This course is made up of 21 Study Units in 3-5 modules as follows:

- **Module 1: Principles and Rationale of Health Education**
Unit 1: Scope of Health Education
Unit 2: Foundation Theories and Principles of Health Education
Unit 3: Principles of Learning in Health Education
- **Module 2: Information, Education and Communication and Design of Health Promotion Activities**
Unit 4: Scope of Information, Education and Communication (IEC)
Unit 5: Various Media in IEC
Unit 6: General Principles of Communication in Health Education
Unit 7: Designing Health Promotional Activities: I
Unit 8: Designing Health Promotional Activities: II
- **Module 3: Implementation and Evaluation of Health Promotional Activities**
Unit 9: Implementation of Health Promotional Activities

Unit 10: Evaluation of Health Promotional Activities: I
Unit 11: Evaluation of Health Promotional Activities: II
Unit 12: Feedback Mechanism in Health Promotional Activities

- **Module 4: Health Instructional Materials, Media and Methods in Health Promotion**

Unit 13: Development of Health Instructional Materials
Unit 14: Media and Methods
Unit 15: Issues in Media and Methods: I
Unit 16: Issues in Media and Methods: II

- **Module 5: Health Educational Activities and Health Promotion in the Community**

Unit 17: Organisation and Delivery of Health Educational Activities
Unit 18: Health Promotion Club (HPCs) in Schools
Unit 19: Health Promotion Club (HPCs) in the Community
Unit 20: Health Promotion Club (HPCs) in Private Workplaces
Unit 21: Health Promotion Club (HPCs) in Public Workplaces

7.0 RECOMMENDED TEXTBOOKS FOR THIS COURSE

Last, John M., (Ed., 1983) A Dictionary of Epidemiology. Oxford Medical Publications
A Handbook Sponsored by the International Epidemiological Association, Inc.
Oxford University Press; Oxford, New York, Toronto.

Sommer, R. & Sommer, B.B. (1980) Practical Guide to Behavioural Research: Tools & Techniques. "Rating Scales" Chapter 12; pp 135-153. Oxford University Press.
Oxford & New York.

Mico, PR & Ross, HS., (1975) Health Education and Behavioural Science. Third Party
Associates, Inc., Oakland, California, USA.

Adebisi, S. A. (Ed.); A Textbook on Community Based Medical Education of the University of Ilorin Medical School. "Enhancing Community participation in COBES" by Kayode, OO; Chapter. 3; pp. 32-38. College of Health Science, University of Ilorin, Ilorin. University of Ilorin Press, 2006.

Moronkola, O.A. (2003) Essays on Issues In Health Royal People (Nigeria) Limited.
Ibadan, Nigeria.

Ademuwagun, Z. A.; Ajala J. A.; Oke, E. A.; Morokola, O. A. & Jegede, A. S. (2002)
Health Education and Health Promotion. Royal People (Nigeria) Limited, Ibadan,
Nigeria

Gbefwi, N. B. (2004) Health Education and Communication Strategies: A Practical Approach Publishers, Ilupeju Industrial Estate, Ilupeju, Lagos.

8. ASSIGNMENT FILE

The assignment file will contain the Tutor Marked Assignments (TMAs). These will form part of the Continuous Assessment (CA) of this course. There are 21 assignments in this course. Each unit has activity/exercise for your use in order to facilitate learning and comprehension at individual level.

9. PRESENTATION SCHEDULE

On this schedule, you will find important dates for the completion of TMAs. Please note that there are deadlines and you are required to meet them. Failure to do these may attract sanctions and delay satisfactory completion of the course.

10. ASSESSMENT

There are two aspects to the assessment of the course. These are the Tutor Marked Assignment (TMAs) and written examination. In tackling the assignment, you are expected to apply information, knowledge and strategies gathered during the course. The assignments must be turned into your tutor for formal assessment in accordance with the stated presentation schedule. The assignments you submit to your tutor for assessment will count for 40% your total course work.

11. TUTOR MARKED ASSIGNMENT (TMAS)

There are four (4) TMAs in each of the units of this course. You are advised to attempt to work through all the assignments at your own pace. You should be able to complete them, given the information and materials contained in the recommended reading list. There are other activities contained in the instructional material meant to facilitate your learning. Try to attempt all. Feel free to consult any of the references, even on-line, to provide you with broader view and deeper understanding of the course.

12. FINAL EXAMINATION AND GRADING

The final examination of CHS 524 will be of 3 hours duration and carry a value of 60% of other total course grade. The examination will consist of questions which have bearing with the attempted self-assessment exercises and TMAs which you would have previously encountered. Furthermore, all areas of the course will be evaluated. Make sure that you give enough time to revise the entire course materials way before this final examination.

13. COURSE MARKING SCHEME

Table 1: The table shows the assessment grouping and valued marks obtainable.

| ASSESSMENT | MARKS |
|-------------------|--|
| Assignment 1-15 | 20 assignments for the best 4 Total (10% x 4) = 40% |
| Final examination | Overall course marks obtained = 60% |
| Total | (40 + 60) % = 100% |

14. COURSE OVERVIEW

Table 2: The table below shows the Units per Module, title of work from Course Guide, duration and mode of assessment.

| S/N | Unit/ Module | Title of work per Course Guide | Week of activity | Remarks e.g. mode of assessment |
|-----|-----------------|---|------------------------|------------------------------------|
| 1 | 1:1 | Scope of Health Education and Promotion | 01 | Student to commence work |
| 2 | 2:1 | Foundation theories and principles | 02-03 | |
| 3 | 3:1 | Principles of learning in Health Education | 04 | Submit assignment 1,2,3 |
| 4 | 4:2 | Scope of IEC | 05 | - |
| 5 | 5:2 | Various media in IEC | 06 | Submit assignment 4 |
| 6 | 6:2 | General principles of Communication | 07 | - |
| 7 | 7:2 | Designing Health Promotional Activities: I | 08 | Submit assignment 5 |
| 8 | 8:2 | Designing HPA:II | 08 | Submit assignment 6 |
| 9 | 9:3 | Implementation of HPA | 09 | - |
| 10 | 10:3 | Evaluation of HPA –I | 09 | Submit assignment 7 |
| 11 | 11:3 | Evaluation of HPA –II | 10 | - |
| 12 | 12:3 | Feedback mechanism in HPAs | 10 | Submit assignment 8 |
| 13 | 13:4 | Health instructional materials | 11 | |
| 14 | 14:4 | Media and Methods | 11 | Submit assignment 9,10 |
| 15 | 15:4 | Issues in media and methods: I | 11 | |
| 16 | 16:4 | Issues in media and methods: II | 11 | Submit assignment 11,12 |
| 17 | 17:5 | Organisation and delivery of H/E Activities | 12 | Start work on mini project |
| 18 | 18:5 | Health Promo Clubs (HPCs) in schools | 13 | - |
| 19 | 19:5 | HPCs in the community | 13 | Complete mini project |
| 20 | 20:5 | HPCs in private workplaces | 14 | Submit assigns 13,14,15 |
| 21 | 21:5 | HPCs in public workplaces | 14 | Final exam. |

15 HOW TO GET THE BEST OUT OF THIS COURSE

In *distance learning*, such as this, the study units replace the university lecture. This is one of the greatest advantages of distance learning. You can read at ---give you your workplace through specially designed study materials, all at your own pace, time and place that suits you best. Think of it as reading the lecture as opposed to listening to it. In the same way that a lecturer may give you a reading task, the study units tell you when to read your other material. Just as a lecturer might give you an in-class exercise, your study units provide exercises for you to at appropriate points. The difference is the discipline that you need in distance learning.

Consider the following twelve (12) practical steps to achieving success in this course.

1. Read the course guide thoroughly
2. Organise a study schedule
3. Stick to the study schedule with passion
4. Read every introduction and objectives thoroughly
5. Assemble the study materials ab initio
6. Work diligently through the unit
7. Believe and always remember that you will learn a lot by doing all your assignments
8. Review the stated objectives
9. Do not proceed to the next unit until you are sure you understand the previous unit
10. Keep to your schedules of study and assignments strictly and religiously
11. Review the course and prepare for the final examination
12. Seek for help as and when necessary.

16 TUTORS AND TUTORIALS

There are twelve (12) hours of effective tutorials provided in support of this course. Details will be communicated to you together with the name and place. Your Tutor will work and comment on your assignments. Keep a close watch on your progress and any difficulties you might encounter and also the assistance provided to you. You must ensure that you submit your assignments as and when due. You will get a feedback to the assignment from the tutor as soon as possible. Do not hesitate to contact him or her or the study centre on phone or by e-mail in case of any of the following circumstances.

1. That you do not understand any part(s) of the study units, the readings or assignments
2. That you have difficulty with the self-test or exercises
3. That you have questions or problems with an assignment, tutorial comments or grading of an assignment.

You are encouraged to attend the tutorials to allow for face-to-face contacts with your tutor and ask questions to which you needed answers immediately. It is also an opportunity to discuss any grey areas with your tutor. You can equally prepare questions to the tutorial classes for meaningful interactions. You are sure to gain a lot from active participation in the discussions.

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UNIT 1: SCOPE OF HEALTH EDUCATION

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main contents
 - 3.1 Definition of Health Education
 - 3.2 Principles and Rationale of Health Education
 - 3.3 Structures of Health Education
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignments
- 7.0 References and Reading Materials

1.0 Introduction

The course guide has described the general overview of this unit and how it is linked specifically to this course. This unit will expose you to the basic concept of health education and its place in public health practice. Now, let us identify what you should learn in the unit as described in the following specific objectives.

2.0 Objectives

At the end of this unit, you should be able to:

- Define health education
- State clearly, the principles and rationale of health education
- Identify the structures of health education

3.0 Main Content

3.1 Definition of Health Education

There are various definitions of health education as applicable to community or public health practice. However, each of them has focused on *learned* behaviour as contrasted from *reflex* or *instinctive* behaviour.

Sommer and Sommer (1975), Moronkola (2003) and Gbefwi (2004) summarily defined health education as “a process of influencing voluntary behaviour change which would lead to improved health status...”. The World Health Organisation (WHO, 1967) summed it up as “...the process of helping people to learn what to do and how to do it right in order to achieve improved health status.” Summarily therefore, health education is an *on-going process* and through it, the learner(s) is helped to acquire or improve on health practices and consequently, the health behaviour being addressed. New skills may be learned through which the improved practices, hence behaviour can be sustained.

3.2 Principles and Rationale of Health Education

Primary Health Care (PHC) can be described as a collection of methods for attaining specific objectives which require health workers and people to work effectively together.

There are essential health needs to be met and cost must be minimal if most, if not all, should benefit from PHC. In other words, health workers must provide quality services but it also includes what individuals and families and communities can do for themselves. For these reasons, health education must be involved in the overall process of PHC.

Principle 1: *All health, disease or illness state whose etiology is well known, have a behavioural components.* This means that, the actions which people take do contribute to the onset and development of any disease or illness. By the same reasoning, certain actions contribute to restoration of healthy status.

Principle -2: *People are more committed to the actions and change process which they choose for themselves.* This means that people will perform maximally and satisfactorily, any line of action(s) to which they are committed and passionate. Learning is by experience. It can lead to change.

Principle -3: *Learning can best be accomplished in an environment where both the teacher and learner are comfortable and can communicate effectively.* This means that an enabling environment is necessary and sufficient for effective learning to take place and be sustained. Learning is developmental.

3.3. **The Structures of health education and promotion** are in 3 categories of people:

- The individual
- The family
- The community

By inference, these are the 3 levels where health education intervention strategies are often applied. Each is a *structure* in the sense that tools can be applied to make it change and be improved in the similar way that a mechanical structure (such as wood or iron) can be re-shaped. The differences are the contents of the structures and the time it would take to accomplish the improvement or change. The contents of individual, family and community structures are similar. They are called human behaviour. Health education occurs at these levels differently.

3.3.1 **The Individual** is the basic member of a family. The individual could be an off-spring or an adopted member of the family. He/she is the learner

3.3.2. **The Family** is the basic Unit of the community or society. The membership could be social or biological. It is the first place (or environment) where learning begins.

3.3.3 **The Community** is where the family and the individual claim and lives physically. It influences the health practices and culture of the individual and the family based on the facilities and activities acceptable as socio-cultural practices.

4.0 **Conclusion**

This unit, as a general introduction, to the place occupied by health education and health promotion in community health. This helps you to conceptualise and anticipate the roles it must play if the identified needs of individuals, families and the community must be met in order for PHC to succeed

5.0 This unit has introduced to be broad concept of PHC with particular reference to the definition of health education. It described the rationale and principles of health education. It identified the main structures as the individual, the family and the community. With these, the scope and focus of health education and promotion have been delimited.

6.0 Tutor Marked Assignment

Write short notes on the following. Limit your answers to one page (typed, and double spaced) per question.

1. Define health education with reference to public health
2. What are the structures of health education and health promotion?
3. State correctly, the three (3) principles of health education practice.

7.0 References

Sommer, R. & Sommer, B.B. (1980) Practical Guide to Behaviour Research Tools & Techniques. "Rating Scales" Chapter 12: pp 135 – 153, Oxford University Press, Oxford & New York.

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UNIT 2 FOUNDATION THEORIES AND PRINCIPLES OF HEALTH EDUCATION

1.0 Introduction

2.0 Objectives

3.0 Main contents

3.1 Functions of the Family to the individual

3.2 Godfrey Hochbaum's theory of Factors which influence Learning Process

3.3 Abraha, Maslow's Theory of Motivational Needs

4.0 Conclusion

5.0 Summary

6.0 Tutor Marked Assignments

7.0 References and Reading Materials

1.0 Introduction

There are three main types of behaviour which are observable in every human being. These are the Reflex, the Instinctive and the Learned Behaviours. Of these; Learned behaviour is the focus of health education:

Basically, the family performs five functions on each individual from birth till the locus of such individual is established in the community where he lives. The functions are: Educational, Economics, Socialisation and Stabilization, Sexuality Orientation and Pro-creational. The question, however is, how does the individual acquire the habits and behaviour which eventually influence his life style.

Now, let us identify what you should learn in the unit as described in the following specific objectives.

2.0 Objectives

At the end of this unit, you should be able to:

- Describe the functions of the family
- State clearly, each of the foundation theories of health education
- State the principles of learning in health education

3.0 Main Content

3.1 Functions of the Family

The key function of the family to the individual are:

- Educational: teaching and learning new health concepts and skills through the application of perception and experience
- Economic: provision of good health, feeding, clothing, shelter and other social facilities which guarantee survival of the individual.
- Socialisation and stabilisation: the individual imbibes the acceptable practices of developing and sustaining relationships within the cultural setting. However,

when there is conflict or crisis, the individual is assisted to solve or resolve such through learned experiences. The tools for doing these endure several generations.

- Sexuality Orientation: development of orientation and required public practices through which the individual identifies and accepts responsibilities for his or her gender. At puberty, for example, a girl comes to realise the relationship between the experiences and child bearing or parenting
- Pro-creation: the individual relates gender responsibilities to population growth and human development. The human society grows as a result of activities approved by the family and community. A couple assumes responsibilities for bringing on the next generation and there is succession rather than extinction:

Note that, in each of the foregoing circumstances, the following takes place:

- Health habits or practices are learned and acquired by the child (the learner). These, eventually lead to a pattern of behaviour. For the individual, family and groups, repetition of the approved habits help to establish the belief that it is the correct way of doing things. This will only change if new (or better) ways are introduced to the child as he or she grows:
- The child (learner) will respond differently to new concepts about health and living and lifestyle at different stages
- The environment will play a significant role in the process of learning new concepts about health. This is from the influence of socio-cultural practices over which the individual has no control and must adopt.

Examples of areas where socio-cultural practices are firmly established for the child include...

- Birth and naming ceremony
- Child raising practices
- Marriage patterns and ceremonies as rites of passage to adulthood
- Death, dying and burial rites
- Beliefs about life events as anchored in the culture and influence of others
- Religion and concept of God and gods are often used to explain causes of disease, illness, faith and healing. Concept of prevention, control and cure.

For discussion

- What are the consequences of these practices on the health of the individual
- What are the implications for health education intervention

3.2 Godfrey Hochbaum's theory of factors which influence learning process

Hochbaum postulate that...

Human habits are associated with the priority needs for performing health actions. In this process, health habits emanate directly from the attitude formed as a result of what the learner's belief. There is a sequence whereby *Awareness* relates to Knowledge, Understanding, Belief, Attitude and Habits (Practices).

The six (6) major factors, according to Hochbaum, relate in this sequence. To analyse the process of learning new health concept or any concept for that matter, it is important to start with the level of awareness. In other words, the habits you have acquired and therefore exhibit (or practice) began with your awareness of them. Health habits are the building blocks of health behaviour. A collection of habits produces a behavioural pattern. If for example, Juvenile Delinquency (JD) is a behavioural pattern, what are the peculiar habits or practices associated with it?

From all cross-cultural records, a JD does the following with known frequency: Stealing, Telling lies, Abusing drugs, Poor personal hygiene, Fighting, Truancy, etc However, an adult who exhibits the same habits is called a *criminal*.

Like JD, there are other behavioural patterns which are not necessarily bad or anti-social. For example, the following are pro-social behavioural patterns.

A Good Community Leader (GCL)

A Disciplined Student (DS)

A Promising Politician (PP)

Can you analyse these behavioural patterns by listing the *habits* (into the rows) which constitute each, using the following table?

TYPES OF BEHAVIOURAL PATTERNS (IN COLUMNS)

| S/N | GOOD COMMUNITY LEADER (GCL) | DISCIPLINED STUDENT (DS) | PROMISING POLITICAN (PP) |
|-----|-----------------------------|--------------------------|--------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

3.3. Abraham Maslow’s Theory of Motivational Needs

There is a concept of Casual factors to the Functions of the Family.

This means that functions are performed where certain needs are established for them. The casual factors referred to are therefore types of needs required and found to be necessary for individual; particularly at the point of entry into a family and the society.

MASLOW’S THEORY OF MOTIVATIONAL NEEDS

Abraham Maslow (1954) was a social psychologist who provide explanation for the types of priority needs which the individual requires and are found necessary throughout life. They have been found to determine and compliment the functions of the family.

Maslow identified five (5) types of motivational needs found to be common to all human beings irrespective of cultural background. In ascending order, the needs are...

1. **Physiological:** required for nourishment, growth and development. These include good food, water, fresh air, health care.
2. **Safety:** required for protection and prevention from injury to the individual so that survival can be guaranteed. These shelter and friendly relationships.
3. **Love & Belonging:** required for sustainability of emotional state of the individual, hence mental health.
4. **Self Esteem:** ...required for repetition of desired and beneficial actions by and for the individual. Required to keep the individual wanting to achieve greater things; even heights. As Alfred Adler, the great psycho-analyst, would claim in his theory of Drum Major Instinct: "...the desire to be up-front, to surpass others, to achieve distinction, to lead the parade..."
5. **Self Actualisation:** ...required to signify a level of satisfaction, hence the desired gratification from a pursuit and accomplishment. It is at the apex of all expectations and largely subjective.

Principles of Learning

The following are the basic principles or rules of learning used in health education practice.

- It is an experience which occurs inside the learner
- It is a behavioural change as a consequence of experience
- It is a cooperative and collaborative process between teacher and learner
- It is sometimes a painful process for both teacher and learner
- It is both emotional and intellectual

4.0 Conclusion

Learned behaviour is the focus of health education practice in public health. This can be differentiated from two other types of human behaviour: the reflex and the instinctive. There are theories which explain the path of learning and the factors which influence learning have been identified by Godfrey Hochbaum. The desire by the child to learn have also been identified by Abraham Maslow as motivational needs of the individual. For the purpose of intervention, health education uses basic guiding principles of learning.

5.0 Summary

Unit 2. Has described the functions which a family performs on each member throughout life. While performing these functions, the child learns and acquires certain habits. These are practices which become the behavioural pattern of the child, whether good or bad.

Each of the behaviour is acquired relative to the culture of the child's environment. Socio-cultural practice therefore have influence on the health of the individual, family or community. Health education is a developmental process which can be used for intervention during behavioural change. As such, it is guided by certain rules or principle of learning.

6.0 Tutor Marked Assignment

List and explain briefly, the Functions of the Family

What are the similarities with Abraham Maslow's theory of Motivational Needs?

7.0 References

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UNIT 3 PRINCIPLES OF LEARNING IN HEALTH EDUCATION

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
 - 3.1 Learning process in behavioural change
 - 3.2 Conditions which facilitate learning
 - 3.3 Changes in behaviour
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References and Reading Materials

1.0 Introduction

Learning is a systematic process of acquiring knowledge and skills for the purpose of becoming informed and familiar with the circumstances or issue. It includes the stage of memorizing, understanding and comprehending. This process must accompany change in behaviour and it is the strategy often employed by health education.

Learned behavior rules the world of all living things. Most animal behavior is learned; that is, it is changed by experience. This can be seen, especially in the young of a species as they play and experiment in the environment that surround them. Various types of learned behavior are recognized.

Now, let us identify what you should learn in the unit as described in the following specific objectives.

2.0 Objectives

At the end of this unit, you should be able to:

- Describe the Principles of learning
- Discuss Conditions which facilitate learning for behavioural change
- Relate Changes in behaviour to learning and growth

3.0 Main Contents

3.1 Principles of learning

You will recall the following basic principles or rules of learning used in health education practice from Unit 2, that learning is ...

- An experience which occurs inside the learner
- A behavioural change as a consequence of experiences
- A cooperative and collaborative process between teacher and learner.
- It is sometimes a painful process for both teacher and learner
- It is both emotional and intellectual

1. Learning is Unique to the Learner

Learning occurs inside the learner and it is activated by the learner. When a learner receives information, he interprets it into messages which are re-coded and stored for the purpose of recall. In actual sense, it is the individual who teaches himself anything of significance. People tend to forget most of the content taught to them and retain those which they consider relevant to their needs. The state of health of the learner is pre-requisite for effective learning.

2. Behavioural Change Occurs As A Consequence Of Experiences

An individual receives several information, learns many skills and observes many demonstrations all in the process of learning. Both positive and negative experiences add up as the next state in which the individual is found. This is the state of behavioural change.

3. Learning Occurs Through Cooperation And Collaboration

Learning occurs best through interactive and interdependent process. If the learner is able to interact freely with other sources of information and can compare valuable messages, he learns better and effectively.

4. Learning Can Be A Painful Process (For Both The Teacher And Learner)

Failure and success are the components of experience. The challenges faced by the learner and teacher sometimes result into frustration and crisis. The way forward must involve both and sometimes enabling environment.

5. Learning Is Emotional And Intellectual

The attitudinal predisposition of the learner influences or moderates what he comprehends in the process of learning. The most important attitudinal element which the learner relies on is his emotional state. Emotion can be described as a state of arousal which is duly expressed voluntarily or involuntarily in reaction to a set of information or messages. Hope and optimism are examples of positive expression of emotion. Despair and fear are examples of negative expressions of emotions. Effective learning under emotion can only occur when the learner applies intellectual skills particularly to analyse and synthesize information and messages. In other words, control of the learner's emotions results in effective learning.

3.2 Conditions which facilitate learning for behavioural change

In addition to the qualities of the teacher and learner, there must be an enabling environment. This helps to ensure adequate but sufficient intake of information and messages by the learner. It lowers all forms of externally induced stress which can affect learning in negative ways. It helps both learner and teacher to focus on the purposes of learning. Examples are:

1. It must encourage the learner to be active and pro-active. Learner must be actively involved in the learning process. Must not be pushed out but allowed to propel self from within.

2. Learner must be able to search and discover ideas through reasoning. It helps to reveal the expressed needs and what is unique about the learner. Differences in ideas must be accepted if differences in people are to be considered and accepted.
3. It must recognise the rights of the learner to make mistakes Growth and change are facilitated when error is accepted as a natural part of the learning process.
4. It must ensure that evaluation is done as a cooperative process with emphasis on self-evaluation. Learning should be a personal process where the individual needs the opportunity to formulate the criteria to measure self progress. It anchors self-trust.
5. The learner must feel and believe that he is respected throughout the process of learning. It affirms in the learner that he is accepted (as he or she is), cared for and valued.

3.3. Relating Changes in behaviour to learning and growth

Recall the one of the conditions for learning is to ensure that evaluation is done as a cooperative process with emphasis on self-evaluation. Learning should be a personal process where the individual needs the opportunity to formulate the criteria to measure self progress. It anchors self-trust. Note the key phrases in this condition as follows:

- Cooperative process: for as long as there is cooperation between the teacher and learner, there will be effective learning and growth.
- Self evaluation: the learner must develop an internal mechanism which must be expressed in the process of learner. Bench-marking must be both internal and external
- Self trust is the key to dynamic growth and must come from the learner. It helps the learner to focus and checkmate distractions particularly in failed attempts to make progress. It helps the learner to “see the fork on the road”

4.0 Conclusion

There are principles specified for effective learner. They must be identified, recognized and accepted by the teacher and the learner right from the start of the relationship. Based on these principle, the enabling environment for learning which will bring about growth must be created. This will sustain the change process as it occurs.

5.0 Summary

There is a fundamental relationship between behavioural change, the learning process and growth. There are bench marks within and outside the learner for measuring the points and degree of change in the process of learning. The dynamism in individual change is anchored by cooperative process, self evaluation and self trust.

6.0 Tutor Marked Assignment

State and briefly discuss (in maximum five pages typed)...

- a. Two (2) principles of learning
- b. Two (2) conditions which facilitate learning

7.0 References and Reading Materials

Mico, P R & Ross, H. S. (1975) Health Education and Behavioural Science. Third Party Associates, Inc., Oakland, California, USA.

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