Yilikal Assefa Teferi

ID: UD75252HPU84431

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Contents

1.Introduction

Before discussing about health promotion and education, it is imperative to conceptualize what health itself means. Health is a highly subjective concept. Good health means different things to different people, and its meaning varies according to individual and community expectations and context. Many people consider themselves healthy if they are free of disease or disability. However, people who have a disease or disability may also see themselves as being in good health if they are able to manage their condition so that it does not impact greatly on their quality of life.

WHO defined health as "a state of complete physical, mental, and social wellbeing and not the mere absence of disease or infirmity."

Physical health – refers to anatomical integrity and physiological functioning of the body. To say a person is physically healthy: All the body parts should be there, all of them are in their natural place and position, none of them has any pathology, all of them are doing their physiological functions properly, and they work with each other harmoniously.

Mental health - ability to learn and think clearly. A person with good mental health is able to handle day-to-day events and obstacles, work towards important goals, and function effectively in society.

Social health – ability to make and maintain acceptable interactions with other people. E.g. To feel sad when somebody close to you passes away.

The absence of health is denoted by such terms as disease, illness and sickness, which usually mean the same thing though social scientists give them different meaning to each.

Disease is the existence of some pathology or abnormality of the body, which is capable of detection using, accepted investigation methods.

Illness is the subjective state of a person who feels aware of not being well.

Sickness is a state of social dysfunction: a role that an individual assumes when ill

2.Health Education

Historical development

While the history of health education as an emerging profession is only a little over one hundred years old, the concept of educating about health has been around since the dawn of humans. It does not stretch the imagination too far to begin to see how health education first took place during pre-historic era. Someone may have eaten a particular plant or herb and become ill. That person would then warn (educate) others against eating the same substance. Conversely, someone may have ingested a plant or herb that produced a desired effect. That person would then encourage (educate) others to use this substance.

At the time of Alma Ata declaration of Primary Health Care in 1978, health education was put as one of the components of PHC and it was recognized as a fundamental tool to the attainment of health for all. Adopting this declaration, Ethiopia utilizes health education as a primary means of prevention of diseases and promotion of health. In view of this, the national health policy and Health Sector Development Program of Ethiopia have identified health education as a major component of program services.

Health education has been defined in many ways by different authors and experts. Lawrence Green defined it as “a combination of learning experiences designed to facilitate voluntary actions conducive to health.”

The terms “combination, designed, facilitate and voluntary action” have significant implications in this definition.

Combination: emphasizes the importance of matching the multiple determinants of behavior with multiple learning experiences or educational interventions. Designed: distinguishes health education from incidental learning experiences as systematically planned activity. Facilitate means create favorable conditions for action. Voluntary action means behavioral measures are undertaken by an individual, group or community to achieve an intended health effect without the use of force, i.e., with full understanding and acceptance of purposes.

Most people use the term health education and health promotion interchangeably. However, health promotion is defined as a combination of educational and environmental supports for actions and conditions of living conducive to health.

3.Various standings used for communication and health education activities

Information, Education and Communication (IEC) is a term originally from family planning and more recently HIV/AIDS control program in developing countries. It is increasingly being used as a general term for communication activities to promote health.

• Information: A collection of useful briefs or detailed ideas, processes, data and theories that can be used for a certain period of time.

• Education: A complex and planned learning experiences that aims to bring about changes in cognitive (knowledge), affective (attitude, belief, value) and psychomotor (skill) domains of behavior.

• Communication: the process of sharing ideas, information, knowledge, and experience among people using different channels. Social mobilization is a term used to describe a campaign approach combining mass media and working with community groups and organizations.

Health extension is an approach of promoting change through demonstration, working with opinion leaders and community based educational activities.

Nutrition education is education directed at the promotion of nutrition and covers choice of food, food-preparation and storage of food.

Family Life Education refers to education of young people in a range of topics that include family planning, child rearing and childcare and responsible parenthood.

Patient education is a term for education in hospital and clinic settings linked to following of treatment procedures, medication, and home care and rehabilitation procedures.

Behavior Change Communication (BCC): Is an interactive process aimed at changing individual and social behavior, using targeted, specific messages and different communication approaches, which are linked to services for effective outcomes.

Advocacy: refers to communication strategies focusing on policy makers, community leaders and opinion leaders to gain commitment and support. It is an appeal for a higher-level commitment, involvement and participation in fulfilling a set program agenda.

4.Aims and principles of health education

Aims

• Motivating people to adopt health-promoting behaviors by providing appropriate knowledge and helping to develop positive attitude.

• Helping people to make decisions about their health and acquire the necessary confidence and skills to put their decisions into practice.

Basic Principles

• All health education should be need based. Therefore, before involving any individual, group or the community in health education with a particular purpose or for a program the need should be ascertained. It has to be also specific and relevant to the problems and available solutions.

• Health education aims at change of behavior. Therefore, multidisciplinary approach is necessary for understanding of human behavior as well as for effective teaching process.

• It is necessary to have a free flow of communication. The two-way communication is particularly of importance in health education to help in getting proper feedback and get doubt cleared.

• The health educator has to adjust his talk and action to suit the group for whom he has to give health education. E.g. when the health educator has to deal with illiterates and poor people, he has to get down to their level of conversation and human relationships so as to reduce any social distance.

• Health Education should provide an opportunity for the clients to go through the stages of identification of problems, planning, implementation and evaluation. This is of special importance

in the health education of the community where the identification of problems and planning, implementing and evaluating are to be done with full involvement of the community to make it the community's own program.

• Health Education is based on scientific findings and current knowledge. Therefore, a health educator should have recent scientific knowledge to provide health education.

• The health educators have to make themselves acceptable. They should realize that they are enablers and not teachers. They have to win the confidence of clients.

• The health educators should not only have correct information with them on all matters that they have to discuss but also should themselves practice what they profess. Otherwise, they will not enjoy credibility.

• It must be remembered that people are not absolutely without any information or ideas. The health educators are not merely passing information but also give an opportunity for the clients to analyze fresh ideas with old ideas, compare with past experience and take decisions that are found favorable and beneficial.

• The grave danger with health education programs is the pumping of all bulk of information in one exposure or enthusiasm to give all possible information. Since it is essentially a learning process, the process of education should be done step-by-step and with due attention to the different principles of communication.

• The health educator should use terms that can be immediately understood. Highly scientific jargon should be avoided.

• Health Education should start from the existing indigenous knowledge and efforts should aim at small changes in a graded fashion and not be too ambitious. People will learn step by step and not everything together. For every change of behavior, a personal trail is required and therefore the health education should provide opportunities for trying out changed practices.

5. Approaches to health education

• The persuasion approach –deliberate attempt to influence the other persons to do what we want them to do (directive approach)

• The informed decision-making approach-giving people information, problem solving and decision-making skills to make decisions but leaving the actual choice to the people. E.g., family planning methods many health educators feel that instead of using persuasion it is better to work with communities to develop their problem-solving skills and provide the information to help them make informed choices. However, in situations where there is serious threat such as an epidemic, and the actions needed are clear cut, it might be considered justified to persuade people to adopt specific behavior changes.

Targets for health education

• Individuals such as clients of services, patients, healthy individuals

• Groups E.g. groups of students in a class, youth club

• Community E.g. people living in a village

Health education settings

When considering the range of health education interventions, they are usually described in relation to different settings. Settings are used because interventions need to be planned in the light of the resources and organizational structures peculiar to each. Thus, health education and promotion takes place, amongst other locations, in:

• Communities

• Health care facilities

• Work sites

• Schools

• Prisons

• Refugee camps …etc

Who is responsible for health education?

Health education is the duty of everyone engaged in health and community development activities. Health Extension Workers are primarily responsible in working with the families and community

at a grass root level to promote health and prevent disease through provision of health education. If health and other workers are not practicing health education in their daily work, they are not doing their job correctly. When treating someone with skin infection or malaria, a health worker should also educate the patient about the cause of the illness and teach preventive skills. Drugs alone will not solve the problems. Without Health Education, the patient may fall sick again from the same disease. Health workers must also realize that their own personal example serves to educate others.

Role of health educator

• Talking to the people and listening of their problems

• Thinking of the behavior or action that could cause, cure and prevent these problems.

• Finding reasons for people's behaviors

• Helping people to see the reasons for their actions and health problems.

• Asking people to give their own ideas for solving the problems.

• Helping people to look as their ideas so that they could see which were the most useful and the simplest to put into practice.

• Encouraging people to choose the idea best suited to their circumstances.

6.Urban Issues in Health Promotion Strategies

The powerful influence of behavioral choices on health status is well established. The implications and challenges for urban populations are formidable. Understanding urban environments will better prepare health promotion professionals to deal effectively with the forces affecting health related behaviors. In thinking about urban health promotion in the United States, researchers often distinguish between two frameworks contending with urbanization, which affects most of us, and another contending with inner-city environments, where many of the deepest needs are. Urbanization confers both benefits and liabilities, but the single greatest challenge for health promotion may lie in reestablishing positive social connections. In contrast, two key features of the inner-city environment may be the negative ecological forces within neighborhoods and the

lack of control over one's fate. Too often, prescriptions for the inner city stereotype its problems and ignore its strengths. For the inner city, important foundation stones for the fixture include ways to build on these strengths through positive connections and increased community control through coalition building.

These are exciting times for health promotion and disease prevention in urban environments of the United States, The Healthy Cities movement has prompted awareness of and momentum for the creativity with which problems might be addressed and has catalyzed the dissemination of information about health promotion through the Internet, new models are emerging that include urban dwellers as partners in problem solving in the interest of greater relevance and sustainability, most positive is the potential for the booming US economy to enhance our ability to engage problems that were seemingly intractable features of poor inner-city neighborhoods. There is general agreement that we need better models for health promotion that encompass the scope and complexity of urban problems, in their absence, public health may be missing important opportunities to intervene for improved health and to advocate effective health policies. In this commentary, we examine how health promotion frames the problems of urban health its definition, analysis, identification of important and modifiable behaviors, and interventions to change behavior.

7.Targets concerning risk factors and activities for health promotion

7.1. The reduction of tobacco distribution

Smoking has been regarded as one of most important risk factors for cardiovascular diseases, cancers, respiratory diseases and infants' health. Despite the achievement of successes in the reduction of tobacco usage in Poland in the 1990s health benefits resulting thereof, it should be remembered, that to a higher extent this problem was related to men than women and also to the better educated (and richer) than worse educated (and poorer) segments of society. Big differences in the frequency of smoking among men and women are starting to efface, especially in metropolitan centers. Moreover, the socio-economic differentiation of attitudes towards this problem is increasing. In the light of the situation presented above, a number of tasks have been identified. It has been decided to make an effort to eliminate smoking among pregnant women and to popularize educational programs preventing smoking among children and youth. Moreover,

steps to guarantee all the employees in Poland places free of tobacco smoke have been taken and "World Health Organizations' Framework Convention about Tobacco Control" has been introduced. By way of the achievement of the above-mentioned targets, it is expected to keep the decrease rate of the cigarettes smoked daily on the annual level 1-3% and to eliminate smoking among children and youth. Consequently, the frequency of health problems among children resulting from the forced exposure to tobacco smoke should decrease and so should decrease the number of new diseases and untimely deaths caused by the tobacco smoke inhalation.

7.2. The reduction and change of alcohol consumption structure and the reduction of health problems caused by alcohol

In the recent years high-percentage alcohol consumption in Poland has increased, which was caused mainly by the reduction of excise tax in 2002. In the years 2002-2004 the registered consumption of alcohol increased by 15%, from 7 to 8 liters per one polish inhabitant. Surveys conducted by The State Agency for the Prevention of Alcohol-Related Problems (PARPA) show that in the years 2003-2005 the consumption of alcohol has increased by 30%. This has entailed a number of unfavorable occurrences, such as the increase in admissions to the sobering-up stations, the increase in the reported cases of police intervention in the case of domestic violence caused by alcohol by 8% a year, the increase in the number of cases of driving under the influence of alcohol. Also, a significant increase in admissions to detoxification treatment plants has been observed; between 2003 and 2004, the number of patients in such institutions increased by 7.5 thousand and the number of patients in ambulatories by 15 thousand. The goal is to reduce alcohol consumption and the cases of drunken driving and to increase the number of trainings entailing the prevention of alcohol usage at schools and in other educational and cultural institutions. The achievement of the targets presented above is possible by means of the reduction of access to alcohol and the limitation of illegal alcohol trade. There are plans to create and popularize preventive programs for children, youth, teachers and parents. It is expected that the number of deaths caused by chronic liver diseases and psychical and behavioral disorders connected with alcohol will decrease. It is also expected that health harms caused by alcohol (including risky sexual contacts) will be limited.

7.3. The improvement of population's nutrition and food quality, the reduction of obesity occurrence

Both in the developing and developed countries, the occurrence of chronic noncommunicable diseases is increasing, among which dominant are cardiovascular diseases, some kinds of malignant tumors and diabetes type 2. Chronic non-communicable diseases were in 2001 the reason of almost 60% deaths in the world and constituted 47% of all diseases. The most important risk factors are in this case: high blood pressure and high concentration of serum cholesterol. These diseases are caused by the following: too little fruit and vegetable consumption, overweight and obesity, lack of physical activity and tobacco smoking. Therefore, WHO upon a request of member states has drawn up a document "Global strategy on diet, physical activity and health" which was authorized on 57th World Health Assembly. Having approved this strategy member states are obliged to define, implement and evaluate activities promoting healthy diet and physical activity and decrease the occurrence of chronic non-communicable diseases whose causes are generally the same in all countries. The strategy emphasizes activities taking into account all aspects of diet problems. These are: the problem of both too lavish meals and malnutrition, matters connected with nutrition safety, quality and safety of food and the promotion of solely breast-feeding during the first six months of an infant's life. Moreover, activities to popularize the rules of proper nutrition will be launched at schools and the knowledge about ingredients and nutritional value of food products and about food labelling will be popularized to enable consumers making an aware choice. Thanks to this it is expected that the occurrence of the risk and frequency of chronic non-communicable and nutrition-dependent diseases will be reduced, average men and women life expectancy will increase, the rate of deaths caused by the diseases connected with defective nutrition will be reduced and the risk and frequency of diseases associated with inadequate quality of food will decrease.

7.4. The increase in the population physical activity

Polish society is characteristic for low physical activity. It is estimated, that only 30% of children and youth and 10% of adults do some forms of sport which fulfils the physiologic needs of the human organism. In the light of the situation presented above, it has been planned to inspire headmasters of all types of schools to introduce additional physical education lessons, both within the obligatory curriculum and within extracurricular activities and to introduce modern programs

of physical education. The aim is also to introduce attractive forms of motivating people to increase their own physical activity and to form habits of keeping thereof. It is important to promote certain forms of physical activity in the treatment of civilization diseases as a support for pharmacotherapy and medicinal treatment. Thanks to these actions it is expected to increase the level of society fitness and physical efficiency, improve society's psychical condition, diminish the occurrences of obesity, musculoskeletal diseases, and cardiovascular diseases as well as limit pathologic occurrences, especially among youth.

7.5. The limitation of the usage of psychoactive substances and the harms connected therewith

Among older youth and young adults, it becomes more and more popular not only to use cannabis extract but also synthetic drugs, especially amphetamine and ecstasy. The popularity of heroine intended to smoke is also increasing. Health problems resulting from the occasional drugs usage have more and more significance. Therefore, it is expected that the increase rate of the number of people using psychoactive substances will slow down, the access to different forms of help and treatment, especially substitutable and ambulatory treatment, will increase and the increase rate of the number of children and youth using psychoactive substances will be reduced. The achievement of the targets is planned inter alia by means of creating new medical and rehabilitation facilities and new substitutable treatment programs as well as increasing the number of substitutable medicines. It is also planned to create social readaptation programs for problematic users of psychoactive substances which would consider the problems of occupational re-adaptation. The support for people keeping abstinence and for early intervention programs addressed to occasional users of psychoactive substances is also very important. It is also intended to intensify the activities against illegal market of psychoactive substances.

7.6. The reduction of the exposure to harmful factors in the life and work environment.

The prevention of environment contamination is usually a long-term activity. Due to the fact that the elimination of all destructive factors from the environment is impossible, it is necessary to limit these factors. This idea has been advocated by the European Union. Despite the permanent improvement of the environment status, the situation in Poland is still unsatisfying and requires the intensification of repairing actions. Air pollution in workplaces and flats, atmospheric air

pollution, drinking water contamination, surface water contamination, soil and food contamination cause many medicinal disorders. This increases the risk of the evolution of illnesses, especially chronic diseases: of respiratory and digestive systems and also cancers, spontaneous abortions, perinatal deaths and birth defects. Present NHP program continues the existing programs and introduces new long-term programs from environmental health. The above-mentioned targets concern also the elimination or modernization of technologies which cause air pollution in workplaces, flats and public facilities and the restructuring of agricultural production in the areas having their soils excessively contaminated with toxic substances. The main expectations from the above-mentioned activities are: the decrease of the emission of the range of dangerous substances to the atmosphere and the improvement of surface waters used for public supply and public bathing waters. Thanks to that, the decrease in the rate of deaths caused by respiratory diseases and cardiovascular diseases, the decrease of the incidence of acute and chronic respiratory diseases and occupational diseases, as well as the decrease in the incidence of certain cancers will follow.

8.Mental Health Promotion in Public Health

Positive mental health is a resource for everyday living and results from individual and community assets. The health promotion theories, methodologies, and populations available through public

health partners offer greater reach for positive psychology practitioners to implement and evaluate their interventions across diverse sociodemographic subgroups and community settings that currently receive little attention. Likewise, the asset-based and affirmation paradigms of positive psychology offer additional strategies for mental health promotion. Mental health promotion and positive psychology offer the public an updated way of thinking about mental health that provides for the richness of human experience, additional ways to describe and value the full spectrum of mental health to lessen the stigma associated with mental illness and to initiate conversations about mental health, enhancement of psychological screening, and evidence-based individual, community, and social interventions that can enhance positive mental health. Ultimately, greater synergy between positive psychology and public health might help promote positive mental health in innovative ways that can improve overall population health.

9.Health Communication

Communication is an essential part of human life; all meaningful social interaction can be labelled 'communication'. Without communication an individual could never become a fully functioning human being. Reading, writing, listening, speaking, viewing and creating images are all acts of communication. There are also many more subtle communication activities that may be conscious or unconscious. These include expression, gesture and 'body language'. Through communication people transfer facts, ideas, emotions, knowledge, attitudes, and skills to make informed decisions about their health and summarized as follows;

1. Communication is the process by which two or more people exchange ideas, facts, feelings or impressions so that each person gains a common or mutual understanding of the meaning and the use of the message.

2. Health communication is the art and technique of informing, influencing, and motivating individuals, institutions and large public audiences about important health issues.

3. All health communication is aimed at achieving four objectives: to be received, understood, accepted and if possible to get action (a change of behavior).

4. Health communication plays a significant role at all levels of disease prevention and health promotion.

5. Part of the role of health communication is to increase knowledge and awareness of a health issue and to influence beliefs and attitudes, as well as showing the benefits of behavior change.

6. In order to bring about the desired behavioral changes, health communication should be targeted at several levels.

7. Health Extension Practitioners should know the basic principles of communication. If the flow of information from the sender to the receiver is one-way the communication will be dominated by the sender's knowledge.

8. Two-way communication, where information flows from the sender to the receiver and back again, is reciprocal and is therefore more appropriate for problem solving and probably for achieving behavioral change.

10.Health Promotion and Disease Prevention

It seems the idea of health promotion is not something new. Health promotion is not a new discipline. It is an integration of the existing knowledge base in areas such as community development, health education, social work, political science and social marketing.

However, in the past years and even today, the term health promotion has have a variety of meanings and many of them are based on different philosophies. The reason for this uncoordinated terminology is that terms are taken over from different other scientific fields and/or created according to historical needs and circumstances in different professions, countries, etc.

Very often, health promotion as a term is associated with health education. Historically, there has been a shift from health education to health promotion. The aim of health education in its early days was to make people aware of the health consequences of their behavior. People were considered as "empty vessels" that process information in a logical manner and subsequently act accordingly. Changes in individual opinion attitudes and behaviors were seen to result of information and knowledge. The line of thought was that if you provide people with knowledge, they could make good decisions regarding their health. In the seventies the insight grew that providing knowledge alone was not enough. To be able to live a healthy life, individual motivation, skills, and the influence of the social environment were recognized as very important determinants as well. Just informing people is not enough. They also must be encouraged, educated, trained and facilitated in order to be able to improve their health and change the environment they live in. In addition to this, it become recognized that individuals cannot be isolated from their social environment and that a single behavior cannot be isolated from the context. The approach of the health professionals changed from an educational into a more health promotional one.

In Health Promotion Glossary, Health education is not only concerned with the communication of information, but also with fostering the motivation, skills and confidence(self-efficacy) necessary to take action to improve health. Health education includes the communication of information concerning the underlying social, economic and environmental conditions impacting on health, as well as individual risk factors and risk behaviors, and use of the health care system. Thus, health education may involve the communication of information, and development of skills

which demonstrates the political feasibility and organizational possibilities of various forms of action to address social, economic, and environmental determinants of health. In the past, health education was used as a term to encompass a wider range of actions including social mobilization and advocacy. These methods are now encompassed in the term health promotion, and more narrow definition of health education is proposed here to emphasize the distinction. However, in some contexts and languages the term “promotion” is considered synonymous with “marketing” and “selling” rather than “enhancement” and “empowerment”.

Additional challenge is the relationship between public health and health promotion, particularly in the South Eastern Europe. Public health (very often translated from English to maternal tongue as a public health care) rose from the past hygiene, preventive, and social medicine disciplines with a strong emphasis on the state responsibility for the care of population/nations health, mainly in the hands of health sector and medical professionals. During the political, social, and economic transitions, the term «new public health» was becoming increasingly used by a new wave of public health activists who were dissatisfied with the rather traditional and top-down approaches of “health education” and “disease prevention”. Majority of professionals in this part of the Europe are still linking closely health education and health promotion or accepting health promotion as a tool within public health aiming to facilitate changes.

11.Conclusion

Health promotion and illness prevention action has significant positive impacts on population health. Evidence based health promotion and illness prevention initiatives result in major cost-savings and deliver public return on investment for governments and the community. Individuals and communities, especially those more at risk, need support to be healthy. Evidence-based and innovative programs and services developed in partnership with communities and individuals with lived experience can assist in increasing individuals’ skills, attitudes and knowledge, support health literacy, influence attitudes and behaviors, build personal skills, strengthen communities, change social norms, and address health risks. Health communication strategies that enable dialogue and development of shared meanings are more likely to effective, compared with unidirectional transmission of information. Local government, non-government agencies and

community groups are important partners for the health promotion and illness prevention workforce in implementing the range of strategies.

12.Recommendation

Good practice health promotion and illness prevention requires a multifaceted, population approach underpinned by strong leadership. Addressing the underlying causes of ill-health and inequity is essential to creating social and physical environments that will promote and protect health. Research, evaluation, and monitoring are essential tools for ensuring support of an effective portfolio of health promotion and illness prevention programs and policies and require a strategic, comprehensive and ongoing approach including workforce capacity building.

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