

Harambee University Faculty of Health Department of Nursing

Module Title: **Health Promotion and Disease Prevention**

By Adanech B. (Bsc Nurse)

- **Module Title**: Health Promotion and Disease Prevention
- **Module Code: SPH 2122**
- **Module Duration:10 weeks**

Prerequisite: (1) Measurement of Health and Disease and

(2) Determinants of Health

- **Module Description:**

The module is designed to equip learners with the knowledge, skills and attitude needed to promote health and prevent disease in individuals, families and population.

Module Content

- History, concepts, aims and principles of health promotion and health education
- Application of health education theories and models in behavior change
- Health communication

- Planning, implementing and evaluating health education
- Health education in different settings
- Health promotion principles
- Nutrition and health

Module Objective

At the end of this module, the students will be able to:

- Apply principles and methods of health promotion to improving the health of a population
- Identify priority action areas for health promotion in Ethiopia
- Describe the models of disease prevention and health promotion
- Apply methods of nutritional assessment and interpret results
- Describe health promotion programs in Ethiopia
- Identify barriers for the implementation of health education in individuals and population groups, based on theories of diffusion and social change
- Apply communication and group dynamic strategies in interactions with individuals and groups

Teaching-Learning Methods

- Interactive lecture and discussion
- Small group learning activities: assignment, exercise, case study, role play
- Individual reading
- Student presentation

Assessment Methods

- **Formative assessment**
- Quiz (10 %)
- Peer assessment (10 %)
- Assignment and/or student presentation (10 %)
- **Summative assessment**
- Mid exam (30%)
- Final exam (40%)

Teaching-Learning Materials

1. Carl Fertman and Diane Allensworth. Health promotion programs: from theory to practice. 2010
2. Lawrence Green, Marshall Kreuter. Health program planning: an educational and ecological approach. Volumes 1-2. 2005
3. Jackie Green, Keith Tones.Health promotion: planning and strategies. 2010.
4. Mark Edberg. Essentials of health behavior: social and behavioral theory in public health. 2007
5. Richard D. Semba and Martin W. Bloem.Nutrition and health in developing countries. Human Press. 2008
6. Goeffrey P Webb. Nutrition. A health promotion approach. 3rd edition.
7. Michael J. Gibney , Prof. Susan A. Lanham , Aedin Cassidy , Hester H. Vorster. Introduction to human nutrition. 2nd edition. 2009
8. Denis M Medeiros, Robert E.C. Wildman . Advanced human nutrition. 2nd edition. 2011
9. Judith E. Brown. Nutrition through the life cycle. 4th edition. 2010.
10. Rosalind S. Gibson. Principles of nutritional assessment. 2nd edition. 2005
11. Michael Gibney, HESTER H VORSTER. Clinical nutrition. 2005
12. Berhane Y, Haile Mariam D, Kloos H. The epidemiology and ecology of health and disease in Ethiopia. Addis Ababa; Shama Books, 2006.
13. FMOH. National reproductive health strategy
14. FMOH. National nutrition strategy
15. Salem, R.M., Bernstein, J., Sullivan, T.M., and Lande, R. “Communication for Better Health,” *Population Reports*, Series J, No. 56. Baltimore, INFO Project, Johns Hopkins Bloomberg School of Public Health, January 2008.Available online: http://www.populationreports.org/j56/
16. Salem, R.M., Bernstein, J., and Sullivan, T.M. “Tools for Behavior Change Communication.” *INFO Reports*, No. 16. Baltimore, INFO Project, Johns Hopkins Bloomberg School of Public Health, January 2008. Available online at: http://www.infoforhealth.org/inforeports/
17. de Fossard, E., and Lande, R.“Entertainment-Education for Better Health,” *INFO Reports*, No. 17. Baltimore, INFO Project, Johns Hopkins Bloomberg School of Public Health, January 2008. Available online at: http://www.infoforhealth.org/inforeports/
18. IOM (Institute of Medicine).*Promoting Cardiovascular Health in the Developing World: A Critical Challenge to Achieve Global Health.* Washington DC: The National Academies Press.2010
19. AV aids (LCD and computer, writing board and marker)
20. Handouts of lecture materials
21. Logbooks for entry of community experience

Terminologies

Health:

- **A state of complete physical, mental, and social well-being not merely the absence of disease or infirmity. (WHO)**

1. Physical health:

- It is the absence of diseases or disability on the body parts
- It is the biological integrity and the physiological well-functioning of the human body
- It is the ability to perform routine tasks without any physical restriction.

2. Mental health

- Termed as psychological health and it is subjective sense of well-being.

- It has two major components:

A) Cognitive component

- It is the ability of an individual to learn, perceive and, think clearly.

E.g. A person is said to be mentally retarded if he/she cannot learn something new at a pace in which an ordinary person learns.

B) Emotional component

- Is the ability of expressing emotions (e.g. fear, happiness, and to be angry) in an “appropriate” way.
- It is the ability to maintain one’s own integrity in the presence of stressful situations (tensions, depression and anxiety).

E.g. if somebody gets into coma during an examination.

3. Social health

- Is the ability to make and maintain “acceptable” and “proper” interaction and communication with other people and the social environment; satisfying interpersonal relationship and role fulfillment.

E..g- to mourn when close family member dies, to celebrate festivals, to create and maintain friendship etc.

Health Promotion

- Health promotion and disease prevention programs often address social determinants of health which influence modifiable risk behaviors.
- Health promotion is directed towards improving control over the determinants of health

- ***Determinants are factors which determine whether*** or not a person will get a disease.
- Social determinants of health are the economic, social, cultural, and political conditions in which people are born, grow, and live that affect health status.

- Health promotion is the process of enabling people to increase control over, and to improve their health.
- Health promotion is an umbrella term that includes disease prevention, improvement of health, and enhancing well-being.

- Health promotion is concerned with promoting a healthy lifestyle and preventing illness and it includes social, psychological, political, and educational factors.

- Health promotion are designed to benefit and protect individual people’s health and quality of life by addressing and preventing the root causes of ill health, not just focusing on treatment and cure.

- Health promotion is a ***combination of educational and environmental supports for actions and condition of living conducive to health.”***

Combination:

- refers to the necessity of matching multiple determinants of health with multiple intervention or sources of supports.

Educational:

- refers to the communication part of health promotion. That is health education.

Environmental:

- Refers to the social, political, and economic, organizational, policy and regulatory circumstances influence behavior or more directly health

Disease prevention

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

- Disease prevention means to interrupt or slow the progression of disease.

Historical Development of Health Education

- 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.
- The declaration emphasized the need for individual and community participation and they come up with definition: “A process aimed at encouraging people to want to be healthy, to know how to stay healthy, to do what they can individually and collectively to maintain health, and to seek help when needed.”

- 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 /HE/

- Referrers to as the process by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance or restoration of health.

- It is a part of health care concerned with promoting healthy behaviors.

- Since individual's behavior can be the main causes of health problems, and it can also be the main solution.

- Through health education we help peoples to understand their behaviors and how it affects their health and encourage them to make their own choices for healthy life, without any coercion.
- Health education as aimed at bringing about behavioral changes in individuals, groups, and larger populations from behaviors that are presumed to be detrimental to health, to behaviors that are conducive to present and future health.
- The goal of health education is to promote, maintain and improve individuals and community health.

- Health education covers the continuum from disease prevention and promotion of optimal health to the detection of illness to treatment, rehabilitation, and long-term care.
- It includes infectious and chronic diseases, as well as attention to environmental issues.

- Therefore, Health Education is defined as:
- ***“Any combination of learning experiences designed to facilitate voluntary action conducive to health”***

Elaboration of the definition: -

Combination:

- *It emphasizes on the importance of matching multiple determinants of behaviors with multiple learning experiences or educational intervention*

Designed:

Distinguishes health education from incidental learning experiences as a systematically planned and organized activity.

Facilitate:

- Creating favorable condition such as predispose, enable, reinforce.

Voluntary:

With full understanding and acceptance of the purpose of the action.

Action:

Means behavioral steps taken by an individual, group or community to achieve an intended health effect.

Objectives of health education:

- To provide *appropriate knowledge: provision of correct knowledge, facts and* information. For example, facts about HIV/AIDS.
- To help develop *positive attitude: has a lot to do with changing opinions, feelings and beliefs of people.*
- To help exercise *health practice/behavior: concerned with helping people in decision-making and taking action. For example, helping people choosing alternatives (weather to abstain, be faithful, or use condom)*

Principles of health education

- The practice of health education is based on the assumption “that beneficial health behavior will result from a combination of planned, consistent, integrated learning opportunities and scientific evaluation of programs in different settings.”
- The following points are few *working principles of health education:*

1. Educational diagnosis

- The first task in changing behaviors is to determine its causes.
- If the causes of the behaviors understood health educator can intervene with the most appropriate and efficient combination of education, reinforcement and motivation be found for any given behaviors.

2. Participation

- The prospect for success in any attempt to change behaviors will be greater if the individuals, families, community groups, etc… have been participated in identifying their own needs for change and have selected the methods that will enable them to take action.

3. Planning and organizing

- Planning and organizing are fundamentals for health education which distinguishes it from other incidental learning experiences.
- It involves deciding in advance the when, who, what, how, what and why of health education.
- It also requires the planning for resources, methods and materials to be used, identification of target groups etc.

4. Facts

- *Health education is given based on scientific findings/facts and current knowledge. It is unthinkable to provide health education without scientific and knowledge related to the topic or issues to be addressed.*
- **5. Segmentation**
- Health education should be designed for a specific group of people/ specific target groups

6. Need based

- Health education is primarily educational, and its purpose is to ensure a desired health related behavior after real need identification.
- It should be need-based.
- Therefore, before involving any individual, group or the community in health education the felt need of the community should be ascertained and if there is no felt need the education will be wasted.

7. Culture

- *Health education should not consider as artificial situation or formal teaching –learning process. One should get into the culture of the community and introduce novel ideas with a natural ease and caution.*
- Health education should respect cultural norms and take account of the economic and environmental constraints faced by people

Targets of health education

- Depending on the type of the problem there are three broadly classified targets of health education programs.
- *Individuals: this includes clients of services (contraceptive or VCT users), patients and healthy individuals.*

E.g. diabetic or hypertensive patients.

- Groups: includes gatherings of two or more people who have a common interest.

E.g. a family planning service for a couple a youth club about HIV/AIDS

- *Community: include a collection of people who have common interests, a feeling of belongingness, and who usually share common values, culture, beliefs and interests.*

E.g. a village community about the dangers of FGM

Health education 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

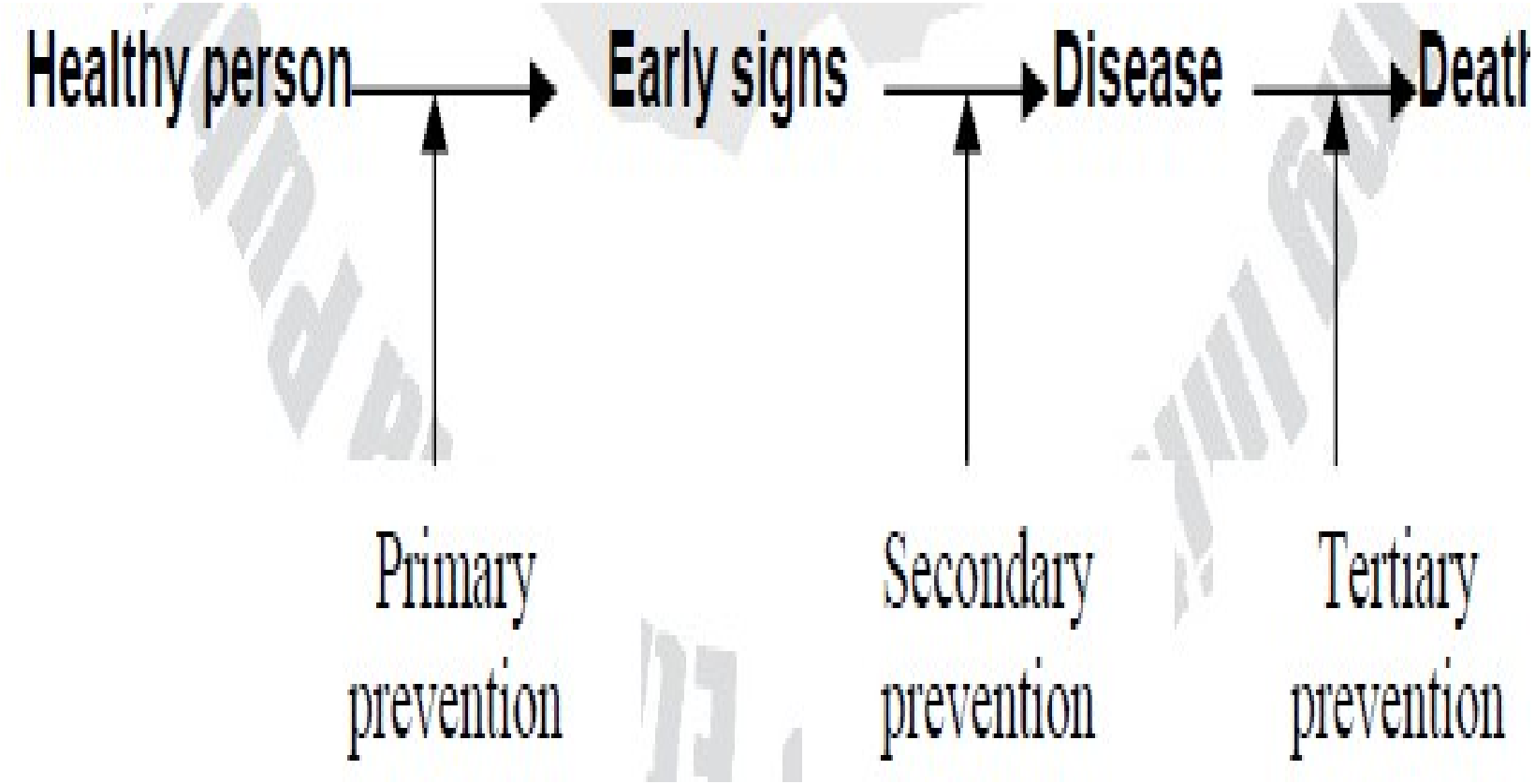
√ Schools

√ Prisons

√ Refugee camps …etc

Health Education in Disease prevention

There are three levels of prevention



1. Primary prevention:-

- **The main objectives of primary** prevention are promoting health, preventing exposure and preventing disease.

- Interventions carried out before a response or disease occurs; avoidance of an illness through health promotion activities and specific protective actions (nutrition, hygiene, immunizations, wearing safety belt, physical exercise, brushing one’s teeth, breast feeding)

- Primary prevention keeps the disease process from becoming established by eliminating causes of disease or increasing resistance to disease.

- Primary prevention has 3 components.
- These are **health promotion, prevention of exposure, and prevention of disease**.

A. Health promotion:-

- ***Consists of general non-specific*** interventions that enhance health and the body's ability to resist disease.
- Improvement of socioeconomic status, provision of adequate food, housing, clothing, and education are examples of health promotion.

B. Prevention of exposure:-

This is the avoidance of factors which may cause disease if an individual is exposed to them. Examples can be provision of safe and adequate water, proper excreta disposal, and vector control.

C. Prevention of disease:-

- ***Is the prevention of disease*** development after the individual has become exposed to the disease causing factors. Immunization is an example of prevention of disease.

- Immunization acts after exposure has taken place. Immunization does not prevent an infectious organism from invading the immunized host, but does prevent it from establishing an infection.

- If we take measles vaccine, it will not prevent the virus from entering to the body but it prevents the development of infection/disease.

2) Secondary prevention

The objective of secondary prevention is to ***stop or slow the progression of disease so*** as **to prevent or limit permanent damage.**

It focuses on the detection of symptoms and support of a positive reaction to an illness (Early treatment)

- Secondary prevention can be achieved through detecting people who already have the disease as early as possible and treat them.
- It is carried out before the person is permanently damaged. *Examples:*

-Prevention of blindness from Trachoma

- Early detection and treatment of breast cancer to prevent its progression to the invasive stage, which is the severe form of the disease.

3) Tertiary prevention

Targeted towards people with permanent damage or disability.

Involved with an illness and assisting an individual to achieve some stability.

- Purpose is to limit disability and to rehabilitate
- Tertiary prevention is needed when primary and secondary preventions have failed, or primary and secondary prevention are not effective.

It has two objectives:

-Treatment to ***prevent further disability or death and***

-To ***limit the physical, psychological, social, and financial impact of disability, thereby improving the*** quality of life.

- This can be done through ***rehabilitation,*** which is the retraining of the remaining functions for maximal effectiveness.

- *Example:* Educating after lung cancer surgery, working with the diabetes patients to ensure the daily Injections are taking.

Health And Human Behaviour

- Human behavior is among the major determinants of the health of individuals, families or communities.
- Healthy behaviors contribute to the overall health of individuals and communities and unhealthy behaviors adversely affect the quality of life people at different levels.

- **Behaviors is an action that has a specific frequency, duration and** purpose whether conscious or unconscious. It is what we “do” and how we “act”. People stay healthy or become ill, often as a result of their own action or behavior.

- The following are examples of how people's actions can affect their health:
    - Using mosquito nets and insect sprays helps to keep mosquito away.
    - Feeding children with bottle put them at risk of diarrhea.
    - Defecating in an open field will lead to parasitic infection.
    - Unsafe sex predisposes people to unwanted pregnancy, HIV/AIDS and other STDs
- In health education it is very important to be able to identify the practices that cause, cure, or prevent a problem.

Factors affecting human behavior

1. ***Predisposing factors:*** *provide the rationale or motivation for the* behavior to occur. Some of these are:
    - Knowledge
    - Belief
    - Attitudes
    - Values

E.g. For an individual to use condom, he has to have knowledge about condom and develop positive attitude towards utilization of condom.

2. ***Enabling factors:***

- *These are characteristics of the environment* that facilitates healthy behavior and any skill or resource required to attain the behavior.
- Enabling factors are required for a motivation to be realized.

Examples of enabling factors include:

- Availability and or accessibility of health resources
- Government laws, priority and commitment to health
- Presence of health related skills

- E.g. Enabling factors for a mother to give oral rehydration solution to her child with diarrhea would be:
  - Time, container, salt, sugar
  - Knowledge on how to prepare and administer it

3. ***Reinforcing factors:***

- They are important for persistence or repetition of the behavior.
- The most important reinforcing factors for a behavior to occur or avoid include:
    - Family
    - Peers, teachers
    - Employers, health providers
    - Community leaders
    - Decision makers


Thanks