

## Health Education and Challenges

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Available online at: [www.xournals.com](http://www.xournals.com)

Received 2<sup>nd</sup> September 2018 | Revised 8<sup>th</sup> October 2018 | Accepted 12<sup>th</sup> December 2018

### Abstract:

*Presently India is facing many public health challenges in terms of chronic diseases, the emergence of infectious diseases, and health systems related issues. To address these challenges the strengthening of health systems through improvements and refining capacities of health workforce is important. As it is well known recognized that India has a lack of critical mass of public health professionals. To respond to this gap, efforts of development or improvement is taken in which the quality and quantity of health professionals are improved. In this paper, the strength, weaknesses, threats, and health promotional is analyzed. In strength analysis well-trained staff in health learning, capitals for data distribution, and capability to meet methodical requirements requires valuations. Feebleness of health learning in India contain knowledge-based intrusions, failure to reach rural, dependence on print media, and weak regions, zero quality guarantee, no persuasive opportunities for health instructors, etc. Threats include disapproval as delivery of health education campaigns, and motivational manipulation, upright plans without constructing the arrangement at the popular standard.*

**Keywords:** Health, Promotion, Diseases, Strength

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## Introduction

Adam Smith says that "the capacities of individuals depend on their access to education," thus reiterating a strong relationship between the health workforce and public health education.

The target of world health organization "Health for All" aim to provide individuals to take responsibility for an education that enables the person to develop and protect their health during the lifetime. As the population of India is the second largest population in the world and it is the biggest nation in South Asia. In India, the average range of population is 24 years with the population less than 14 years is 32%. Health education is compulsory for the generation to live a healthy life. Health education offers planned opportunities for the development of life skills for the improvement of community or individual health. To promote healthy lifestyle behavior it is important that the professionals who work in a primary health care institutions have the necessary experience and knowledge. It is also important they have skills to promote health and have to inform society through a campaign or by proper counseling.

Health education is defined as the process related to social, psychological and intellectual dimensions which increase the ability of a person to make an informed decision which will directly affect the family, personal and community wellbeing. It is based on the scientific principles which simplify learning and behavioral changes in both consumers and personnel and also include both youth and children.

In an aging population, the economic and social impact of chronic diseases is increasingly growing. In India, the life expectancy is only 64 years and newborn mortality rate is 58 per 1000 live births. The numbers of risk factors for chronic diseases are increased by the changing of demographics condition mostly in developed countries, so it is a necessity for the health system to grow in order to meet with new growing challenges.

This matter of Public Health Reviews on the theme of "Education in Public Health" purposes to offer an extensive scope examination of the past, present position, and trials for forthcoming progress of scholastic and certification classifications for the public health staff desired in the approaching decades.

## Health Education in India

The integration of health education into health services is less than fifty years old but health education has a long history. The top institution for

health education in India is Central Health Education Bureau (CHEB) which was built in 1956. The Bureau has seven technical sections namely, (1) training, (2) media, (3) editorial, (4) health education services, (5) research and evaluation, (6) field study & demonstration center, and (7) school health education division. The Bureau conducts a one-year postgraduate diploma in health education (DHE). Different divisions have different work in the field of health education. For the inclusion of health education subject informal as well as informal education, the Central Health Education Bureau coordinates with National Council of Educational Research and Training (NCERT) & Central Board of Secondary Education (CBSE).

In India, after the Central Health Education Bureau, Most of the states have state health education bureaus. In Mumbai, a Family Welfare Training and Research Centre (FWTRC) was established in 1957 which was the first family planning training center in India. The main objectives of the Institute are:

1. By providing post-graduate training develop the healthy manpower.
2. Conduction of research for various health diseases or problem in the community.
3. In rural or slum area support service should be provided.
4. Various support and guide programs should be supported at a national level.

In the administrative sector, numerous groups of functions are performed under Health education. From an assessment of 410 professionals it was found that only 7.32% were undergraduates and the other remaining functionaries were graduates or postgraduates, but in health education, less than two-thirds were precisely skilled. It is ironic that only 20.9% were employed at the rural level because only 26% of the population is urban and the rest is rural.

A non-governmental sector apex institution for health education in India is Voluntary Health Association of India (VHAI). It was established in 1970 which connects more than 4,000 health care foundations and many popular health care programs. This organization also has state units which will publish health education material, conduct training programs and deals with other health-related issues. Many other health education NGOs are center for teaching and consciousness.

## Strengths

It was found that the most of health educators in India are postgraduate or graduates and trained in

health education. The main assets of the health education in India is an elegant multiple-tier structure of governmental and nongovernmental sector functionaries. The Central Health Education Bureau and its system with State Health Education Bureaus work are quite commendable on the other side the work of Voluntary Health Association of India and its system with State Voluntary Health Associations that connect popular establishments is also admirable.

The other major asset of the health education in India is the robust importance of information broadcasting. As India is very rich in its language heritage with 15 official languages and some hundred vernaculars so it is difficult to reach the masses. But in spite of this challenge the health education campaigns broadcast the information regarding health and diseases.

Incorporation of health education many health programs have been designed including for the students in schools. An innovative approach has also been implemented in which children educate each other about health care the program is the child to child program -- where children really teach one another about health. The health education program in School has been among one of the strongest assets of health education in India.

An exploration of recent health education articles indexed in CINAHL and MEDLINE exposed that awareness, approach, exercise investigations are very common 11-15 Though most of these are not theoretically based and are comparatively little given the extent of health and family planning problems in the nation, even then this is suggestive that there are methodical efforts at achieving necessities valuation task of health education.

### Weaknesses

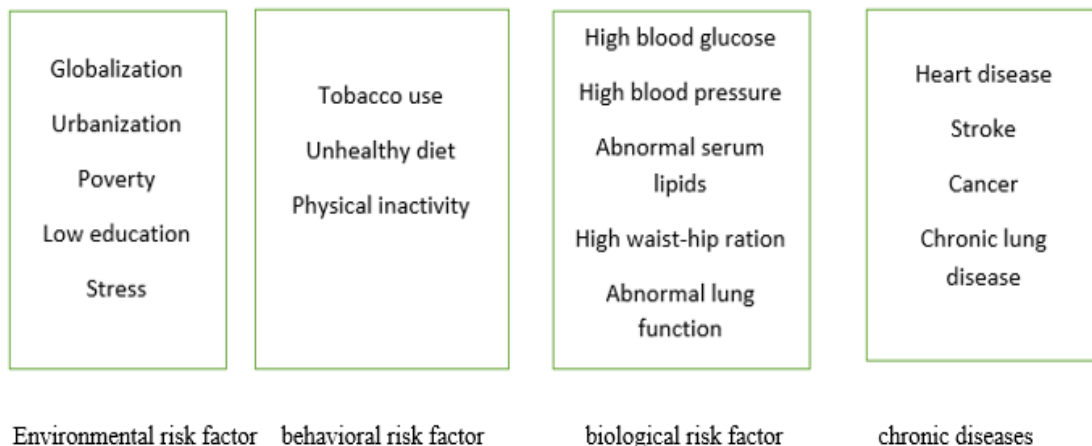
It was revealed in CINAHL and MEDLINE that maximum of the health education is learning-based. It is identified that knowledge is essential but it is not adequate for developmental revolution. For behavioral change and health promotions, there is a need for a more healthy theory which will influence the strategies and administrative infrastructures. In

maximum campaigns, the main source of promotion is newspaper, posters, and pamphlets but in India, 40% of the population are illiterate, which is one of the major weakness. Therefore the information broadcasting campaigns turn out to be less in meeting the needs of the weaker section of the society.

On the other side, the campaign of mass media has not been successful in reaching rural populations mostly in susceptible areas. It was found that only one-fifth of health education officials from the government sector were engaged at the rural level. Other weakness is quality assurance. In spite of having a huge staff of representatives that execute health education there is a dearth of quality guarantee. The lack of modern educational theory is also one of the weaknesses of India. In health education, more importance on present philosophies in educating requires to be done.

### Threats

In developing countries like India, Health education become a threat, without health advancement or essential strategy, structural, and governing alterations has the probability. In the Indian background, health education has been slated as "motivational manipulation." As a Ford Foundation consultant Dorothy Nyswander worked in India and she penned "My efforts were expanded in working out the symptoms of closed societies, the basic conditions giving rise to the symptoms were untouched. Have I actually helped to maintain the status quo in these situations? Have I not taught people to accept those gifts approved by the establishment which would make life more bearable but which would not threaten the power of establishment itself?" it was also pointed out that delivery of several programs such as controlling of AIDS, diarrheal diseases, tuberculosis, malaria, leprosy, and many others have been a miserable disaster. As these are not able to construct the crucial arrangement at the public level. There is a strong requirement to ease scarceness and progress elementary substructure in order for health education to be efficacious.



Lifestyle-related issues contribute to increasing in non-communicable diseases

**Approaches to Health Promotion**

The efforts of promoting Health is focused toward the condition of good health in which it involves huge populace and endorsing manifold involvements. The proper designs and setting on this issue-based method will work the finest. These promotional programs should be executed in workrooms, marketplaces, domestic regions, etc. the health troubles like as activities, cultural beliefs, practices, etc. that function in the spaces people live and work should be addressed properly by taking into consideration the complicated health factors.

The population for any disease can be divided into four groups

- a) A population with sound health
- b) A population with threat issues
- c) A population with indications
- d) A population with sickness or syndrome

Each of these four population communities' requirements to be targeted with specific interferences to systematically discourse the necessity of the entire population.

**Health promotion in India**

The advancement of health is built with the concept of all national health programs which is based on the principle of community participation, reasonable distribution, appropriate technology and many more its implementation imagined through the primary healthcare system. To discourse the problem of dearth of info or knowledge the government always struggled which is one of the major barriers to maximize the convenience of health care system.

The National Rural Health Mission (NRHM) target the attitude by linking health to elements of good health like as parts of safe drinking water, sanitation, nutrition, hygiene, and by energizing local traditions Ayurveda, Unani, homeopathic system of medicine to enable health care.

The components of health promotion need to be supported by simple, innovative, cost-effective, customarily and geologically applicable representations merging the issue-based and settings-based designs and confirming public involvement. The proper initiatives for successful health promotion and the good performs across the globe or the country need to be evaluated. To build up healthy settings like hospital, schools, workplaces, and etc. many efforts needs to be initiated. There is a requisite to involve segments outside health and accept an attitude of health in all strategies for effective implementation rather than just the health policy.

**Public Health Education in India Necessities to Acclimate to the Rapidly Modifying Situation**

The shortage of public health personnel cannot only address by the public health professionals with a medicinal background. A public health system is not a work of one person it is a task of teamwork in which requires multidisciplinary field like participation from psychologists, social workers, and others. Prosperous public health involvements involve a wide and incessant assignation amidst the public and the health team. Fields like equity, economics, education, social justice and empowerment directly depend upon the good health.

Talking about these all numerous scopes is impossible for any single vocation and thus, teamwork is required in strategy preparation, management, and facility distribution to the recipients.

### Conclusion

In India, it is found that the health structure for health education is adequate but need to focus on distribution of information regarding health. Today, a lot of factors are determined to the global acceptance of health and social well-being, which contain discriminations because of the political, socioeconomic factors, demographic changes, fresh arrangements of consumption-related with food and communication, learning situations, the culture and social fabric of societies, family patterns, etc. There

is the high frequency of both communicable and non-communicable diseases and behavior change involvements would be quite useful for the country. In health educator, there is a huge skilled staff but they are not organized properly. In schools and community health education is being practiced in India. It could be beneficial by extending the health services in all sectors in India. Therefore, in the environment of health promotion health education needs to be practiced where administrative, strategy and supervisory variations are made along with performance alteration determinations. A multispectral, sufficiently funded, health promotion program is the necessity of the hour to optimistically change the complicate socioeconomic elements of health.



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