

Health Education and Challenges

Saurabh Mishra¹

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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 workforce in health education, resources for information dissemination, and ability to conduct systematic needs valuations. Weaknesses of health education in India include knowledge-based interventions, failure to reach rural, dependence on print media, and weak areas, no quality assurance, no promotional opportunities for health educators, etc. Threats include disapproval as delivery of health education campaigns, and motivational manipulation, upright programs without building the infrastructure at the popular level.

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Authors:

1. Kasturba Medical College, Manipal University, Manipal, Karnataka, INDIA

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 largest country in South Asia. In India, the average range of population is 24 years with the population below 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 infant 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 issue of Public Health Reviews on the theme of "Education in Public Health" aims to provide a broad scope analysis of the history, current status, and challenges for future development of educational and accreditation systems for the public health workforce needed in the coming 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 divisions 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 governmental sector, several categories of functionaries are performed under Health education. From a survey of 410 professionals it was found that only 7.32% were undergraduates and other the remaining functionaries were graduates or postgraduates, but in health education, less than two-thirds were specifically trained. It is ironic that only 20.9% were placed 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 links more than 4,000 health care institutions 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 training and awareness.

Strengths

It was found that the most of health educators in India are postgraduate or graduates and trained in health education. The main strengths of the health education in India is an elegant multi-tier infrastructure of government and nongovernmental sector functionaries. The Central Health Education Bureau and its network with State Health Education Bureaus work are quite commendable on the other side the work of Voluntary Health Association of India and its network with State Voluntary Health Associations that link popular organizations is also admirable.

The other major strength of the health education in India is the strong importance of information

broadcasting. As India is very rich in his language heritance with 15 official languages and several hundred dialects 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 actually educate about health. The health education program in School has been among strengths of health education in India.

A search of recent health education articles indexed in CINAHL and MEDLINE revealed that knowledge, attitude, practice surveys are very common 11-15 Though most of these are not theory based and are relatively few given the magnitude of health and family planning problems in the country even then this is indicative that there are systematic attempts at accomplishing needs assessment function of health education.

Weaknesses

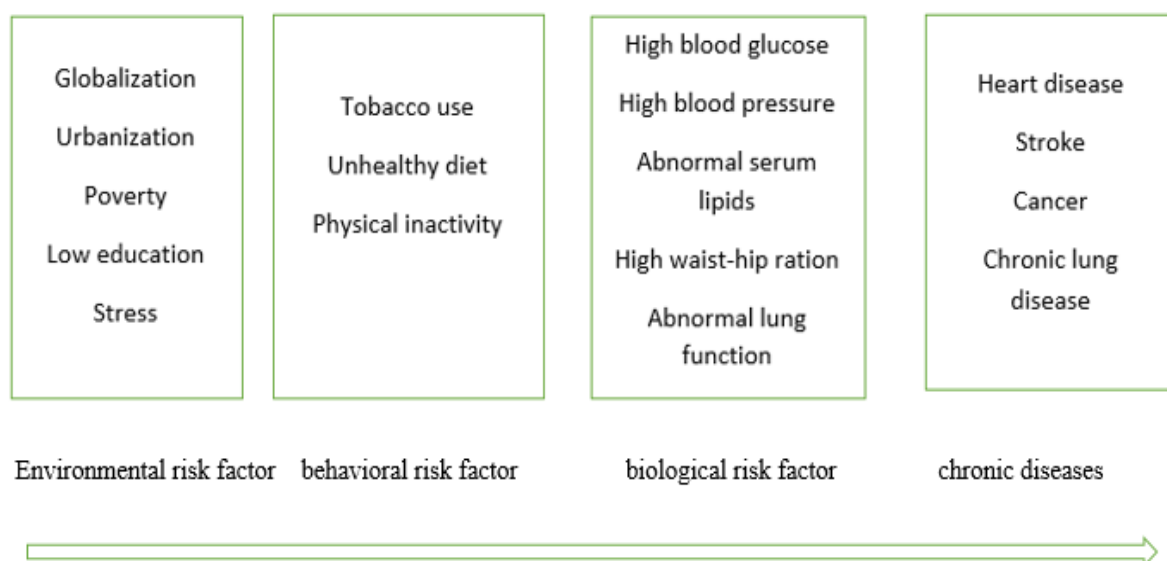
It was revealed in CINAHL and MEDLINE that most of the health education is knowledge-based. It is known that knowledge is necessary but it is not sufficient for behavioral change. For behavioral change and health promotions, there is a need for a more healthy theory which will influence the policies and organizational constructs. In most of the 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 fall short in reaching the weak section of the community.

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 placed at the rural level. Other weakness is quality assurance. Despite having a large workforce of functionaries that perform health education there is no quality assurance. The lack of modern educational theory is also one of the weaknesses of India. In health education, more importance on current theories in teaching needs to be done.

Threats

In developing countries like India, Health education become a threat, without health promotion or necessary policy, organizational, and regulatory changes has the potential. In the Indian context, health education has been criticized as “motivational manipulation.” As a Ford Foundation consultant Dorothy Nyswander worked in India and she wrote “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 control of diarrheal diseases, AIDS, tuberculosis, leprosy, malaria and many others have been a miserable failure. As these are not able to build the essential infrastructure at the public level. There is a strong need to ease poverty and improve basic infrastructure in order for health education to be successful.



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 large population and promoting multiple interventions. The proper designs and setting on this issue-based approach will work best. These promotional programs should be implemented in workplaces, workplaces, markets, residential areas, etc. the health problems such as behaviors, cultural beliefs, practices, etc. that operate in the places people live and work should be addressed properly by taking into account the complex health determinants

The population for any disease can be divided into four groups

- a) Healthy population
- b) Population with risk factors
- c) Population with symptoms
- d) Population with disease or disorder.

Each of these four population groups needs to be targeted with specific interventions to comprehensively address the need of the whole population.

Health promotion in India

The promotion 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 address the issue of lack of information 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 approach by relating health to determinants of good health such as parts of sanitation, safe drinking water, hygiene, nutrition 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, culturally and geographically appropriate models combining the issue-based and settings-based designs and ensuring community participation. The proper initiatives for successful health promotion and the good practices across the world 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 need to involve sectors outside

health and accept an approach of health in all policies for effective implementation rather than just the health policy.

Public Health Education in India Needs to Adapt to the Changing Environment

The shortage of public health personnel cannot only address by the public health professionals with a medical background. A public health system is not a work of one person it is a task of teamwork in which requires multidisciplinary field like input from social workers, psychologists, and others. Successful public health interventions involve a wide and continual assignation between the community and the health team. Fields like economics, equity, education, empowerment and social justice directly depend upon the Good health. Addressing these all multiple dimensions is not possible for any single profession and teamwork is required in policy formulation, administration, and service delivery to the beneficiaries.

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 include discriminations due to socioeconomic political factors, demographic changes, new patterns of consumption-related with food and communication, learning environments, 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 large trained workforce 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 organizational, policy and regulatory changes are made along with behavior change efforts. A multispectral, sufficiently funded, health promotion program is the need of the hour to positively modify the complex socioeconomic determinants of health.

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