**المحاضرة الثانية**

**لمادة تعزيز الصحة**

**I. Health Promotion**

Health promotion is the process of enabling people to exert control over the determinants of health and thereby improve their health.

**III. Components of Health education:**

1. Increasing knowledge.

2. Developing skills.

3. Changing behavior.

**Health education**

***- Health education:*** is a process that informs, motivates, in addition, help to adopt and maintain healthy practice and lifestyles, advocates environmental changes as needed to facilitate this goal.

- **Health education:** “communication activity aimed at enhancing positive health and preventing or diminishing ill-health in individuals and groups through influencing the beliefs, attitudes and behavior of those with power and of the community at large”

***- Health education*** is an approach for teaching patients and families to deal with past, present and future health problems. This knowledge enable them to make informed decisions, to cope more effectively with temporary or long term alterations in health and lifestyle, and to assume greater responsibility for health.

***-* It can be defined** as the principle by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance, or restoration of health.

***-*** Health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes.

**V. Domains of learning**

**A. Cognitive Domain**

The cognitive domain deals with the" recall" or recognition of knowledge and the development of intellectual abilities and skills.

The cognitive domain has six stages of hierarchy (remember, understand, apply, analyze, evaluate, and create)

**B. Affective Domain**

This domain describes changes in attitudes, values, and appreciation. In affective domain nurses influence what clients, families and student think, value, and feel.

It is difficult to change deep seated values, attitude, beliefs, and interests.

To make such changes, people need support and encouragement from those around them. Praise is helpful. Group support also reinforce learning new behavior.

**C. Psychomotor Domain**

This domain includes the performance of skills that require integration of mental and muscular ability.

**Three conditions must be met before psychomotor learning occurs:**

1. The learner must have necessary ability.

2. The learner must have sensory image of how to carry out the skill.

3. The learner must have the opportunities to practice the learning

Health education ultimately aims at adoption of new ideas and practice

**People pass through a series of changes before they adopt a new practice.**

**1) Stage of Awareness**

At this stage, the person come to know about new idea or practice. He has only a general information about it and knows little about its usefulness and applicability to him.

**2) Stage of Interest**

In this stage, the person seeks more information, he is willing to listen or read or learn more about it.

**3) Stage of Evaluation**

During this stage, the person weights the pros and cons of the practice and evaluates its usefulness to him and his family. It is a mental exercise results in decision to try or reject the practice.

**4) Trial Stage**

In this stage, education is put in to practice; he may experience the need for more information to solve the problems.

**5) Adoption Stage**

At this stage, person decides that new practice is good and adopts it. In a community, people may be in different stages of the adoption process. Adoption is usually slow in the initial stage.

**VI. Areas of Responsibilities for Health Educators**

I. Assess individual and community needs for health education

II. Plan effective health education programs

III. Implement health education programs

IV. Evaluate the effectiveness of health education programs

V. Coordinate the provision of health education services.

VI. Act as a resource person in health education

VII. Communicate health and health education needs, concerns, and resources

VIII. Apply appropriate research principles and techniques in health education

IX. Administer health education programs

X. Advance the profession of health education

**VII. BASIC VOCABULARY IN HEALTH EDUCATION AND HEALTH PROMOTION**

**Awareness:** refers to becoming conscious about an action, idea, object, person, or situation. An example of building awareness is a health educator screening a film about avian flu (bird flu) in a community in which there have been no cases of avian flu and no one knows about this disease.

**Information**

After becoming aware of the need to make a behavior change, the person starts to gather facts about the change. The collection of facts related to an action, idea, object, person, or situation is called information. Health educators provide information on various health topics through pamphlets, brochures, flyers, compact discs, videos, and so forth.

**Knowledge**

After gathering information for making a behavior change, the person needs to learn facts and gain insights related to the action, idea, object, person, or situation. These facts and insights are called knowledge. Knowledge is part of the cognitive domain.

**Skills**

Performing any action requires a set of psychomotor **skills**. Performance entails physical movement, coordination, and use of the motor skill.

**Psychomotor skills** are required in almost all health education programs. These are tested by demonstration and redemonstration. For example, in a cardiopulmonary resuscitation program, the instructor first shows the correct technique and then checks to see whether the participants have learned the technique correctly.

**health literacy:** “the capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways that are health enhancing.”

**Beliefs**: Are convictions that a phenomenon is true or real (Rokeach, 1970). In other words, beliefs are statements of perceived fact or impressions about the world. These are neither correct nor incorrect.

**Attitudes**: are relatively constant feelings, predispositions, or sets of beliefs directed toward an idea, object, person, or situation (Mucchielli, 1970).

Attitudes are usually measured by self-reporting scales, such as Likert scales.

**Behavior:** is any overt action, conscious or unconscious, with a measurable frequency, intensity, and duration.

***Health for all:*** *The attainment by all people of the world of a level of health that will permit them to lead a socially and economically productive life.*