
Quest For Promotion Of Health Education Programmes In School And Community

By

C. U. ATIATAH (Ph. D)

*Department of Physical & Health Education,
College of Education,
Afaha - Nsit*

Abstract

This paper discusses promotion of health education programmes in school and community. Keeping an eye on programme promotion as part of health education can provide immediate benefits. Health educators have seldom emphasized programme promotion. The current climate, however, demands that more attention be given to promotion of health education programmes. Budget cuts, scarce personnel, reduction or elimination of programmes and a continued failure of decision makers to appreciate the importance of health education combine to justify more emphasis on health education promotion. This is true for health education teachers, community health educators, and health educators working in all other settings. It is anticipated that as teachers use more community resources, cooperation between schools and community groups will increase in specific projects and activities based upon the commonalities of purpose, clientele, and community needs. The effort at cooperation is envisioned as merely a start to wider recognition that health education of the school age child should not be perceived as coming under conflicting jurisdiction of school health education and community health education programmes. These organizations and agencies should therefore establish partnership or alliance among themselves and with the schools, maintaining consistency and unity in providing for health education needs of the school age child.

Introduction

Traditionally, health education has been conducted on the basis of a dichotomy of school health education and community health education. Educational programmes took place in these two theatres of endeavour without any significant exchange of information or co-ordination between them. Those individuals contributing to health education efforts in these two areas were characteristically distinct educational species. Though the school setting is primarily educational and students may be considered a captive audience, the clients of the state or community health department are there voluntarily and usually for a particular service. Frequently, reluctance to participate in an educational process requires a strong promotional effort from health officials. This often influences and largely directs the types of goal sought and the methodologies used by health educators in this setting. Other perceived differences in these two theatres of endeavour have included the

The Coconut

clientele, the setting, the goals, the methodologies, and to some extent the types of emphases. The difference in emphases are related in large measure to the fact that the health educator in the state or community health department setting often are working in conjunction with other health professionals in a supplemental or support role to health department programmes. By contrast, the school health educator is required to be the expert in a self-contained sense. He or she plans and implement the health education curriculum without consultation with other health education specialists in as much as there are usually no other health education personnel employed within the school setting.

More recently, there has been a growing recognition of the need to cross over barriers separating these two areas of health education. More and more teachers have realized that many good and relevant resources are available from community organization and agencies. The teachers are also learning that these organizations and agencies are concerned, interested and actually want to be of assistance in their health education efforts (Barlett, 2002). In a similar vein personnel seeking to promote positive behaviours and prevent health problems are recognizing that health behaviour changes relating to lifestyle must be addressed in children and youth. If the concept of wellness and holistic living is to be adopted by succeeding generations, patterns of health behaviour favourable to good health must be established early. This implies making efforts to improve school health instruction and to focus attitudes of children and youth toward establishing and following their own lifestyles (Simmonds, 2006).

Many factors have contributed to these changes in attitudes and perceptions and have influenced in various ways this gradual, yet dynamic process. There is a growing awareness of the importance of health and the effects that such factors as exercise, weight, dieting, smoking and stress can have upon the quality of one's health, as well as upon longevity (Cruse, 2009). Many changes in the field health education have occurred over the last couple of decades. There has been a growing awareness of the need to go beyond merely the cognitive domain of health education to include greater emphasis upon the attitudinal or affective domain as well as the development of practices and skills which are part of the action domain. Today, in an increasing number of public schools and colleges, health courses are being offered where personal responsibility for decisions about one's health is the focal point of the course. Projects and activities should be included which require extensive student participation in learning situations which relate directly with the students personal health. Many of these activities involve the utilization of community organizations and agencies, their personnel or programme services in meeting individual health education needs.

The process of change in the planning and implementation of health education is leading to another perpetual change. The school age person is not merely a student with no other identifying characteristics. He is a person who exists many hours of the day outside the active influence of the schools. He is in daily contact with

a variety of forces that are intended to influence his actions and decisions. He is a target of the push and pull of many groups with which he identifies and whose acceptance he seeks and values. Not only is he a potential client for the health instruction which occurs within the school setting, but he may also be a recipient of health instructional efforts from many other community sources during those hours of the day when he is not in school. Therefore, the school age child should be considered as a potential client of both school and community health education efforts.

With this in mind it is appropriate that school and community health education efforts be co-coordinated, especially to the extent that basic health concepts are dealt with consistently (Den Boer, 2000). Resources should convey essentially the same body of knowledge, and materials should reflect similar levels of emphasis those knowledge, attitude and behavioural outcomes accepted in health education today. This is especially important today, when adolescents are confronted with pressures from sources which strive to influence their decisions about present health as well as future well being. All these theatres aim at the promotion of health education programmes.

Health educators have seldom emphasized programme promotion. The current climate, however, demands that more attention be given to the promotion of health education programmes. Budget cut, scarce personnel, reduction or elimination of programmes and a continued failure of decision makers to appreciate the importance of health education combine to justify more emphasis on health education promotion. This is true for health education teachers, community health educators and health educators working in all other settings. In its simplest sense, promotion could be defined as activities designed to help others better understand and support health education programmes (Bruess and Laing, 1993). This broad definition can include some of the simplest ideas, use of part of everyday activities, or it might include more elaborate ideas that take special efforts. Conversely, health (education) promotion is the provision of information and / or education to individuals, families, and communities that – encourage family unity, community commitment and traditional spirituality, that make positive contribution to their health status. In an attempt to be able to promote the health education programme, the following suggestions have been made: promotion as part of the professional preparation programme, internal promotion, community involvement, use of media, demonstration of the programme and programme results and creative ideas. After recognizing a need for programme promotion, the health educator must decide which strategies might be helpful in a given situation.

Internal Promotion

A key to developing a successful health education programme is the support of the staff and administrators with whom one works. While developing a health education programme, the health educator may be hard pressed to find time for anything but teaching; however, it is essential that one ventures out of the classroom

The Coconut

to develop a support system. Since health education is very new in many school systems we health educators need to take an assertive role in publicizing our programmes. Many teachers may resist the addition of health education classes because they feel these classes might threaten them and their programmes. Consequently, we need to educate these fellow teachers as to what we are trying to accomplish and why. So often resistance to change comes from lack of understanding or inaccurate information; so it is important that we dispel any myths and breakdown barriers. An informed group has a far better opportunity to be wise decision makers, make responsible recommendations, and become part of a support system. As health educators breaking into traditional programmes and looking for support systems, we need to provide a service to those with whom we work. This service will help improve their health and lifestyles and develop their support for health education. In providing services, whether they are health awareness sessions or completion of health risk profiles, we must remember that the experience must be enjoyable. The experience has to be a positive one for those involved, and every effort needs to be made to ensure this. Since sensitive areas may be covered in the presentation, it is important to be especially alert to feelings of participants. The goal is to gain supporters, not to make enemies.

If we choose to work on internal promotion, we would be wise to select activities that are experimental in nature. There is no way that people can fully appreciate the value of health without first experiencing its benefit effects. We also need to keep in mind that because of preponderance of information on health available to the public, there will be some inaccuracies. We need to be prepared to deal with that. An idea that has worked successfully in health awareness sessions. People will often welcome a change of pace during the workday. If schedule conflicts prevent this, we can present a plan to the administration to conduct an awareness session during a non-teaching day. It is essential that, in addition to providing the awareness session, we also provide information to people about how to accomplish these goals. There is probably no greater supporter than the administrator or teacher who has devoted his time in doing away with some lifestyles and is experiencing results of feeling good. This requires some amount of time and commitment, but the results are worth the effort.

Teachers should learn to be role models. Whether or not we choose to be role model, we are viewed as one by students, fellow teachers and administrators. Many will scrutinize our behaviour very carefully and fully the role of the perfect health model. Since as health educators, our credibility is closely linked to our behaviour, we should challenge ourselves to review personal practices and try to model the one we are espousing. Foods eaten by students during school hours should be modeled and selected for food vendors. An impact can be made if we are bold enough to try.

Community Involvement

The idea of health educators participating in community activities is not new. This could be done by carrying out health fairs, provide booths during seminars, workshops and conferences as well as visibly co-operating with community groups. All of these activities can have promotional benefits and should also be explored. For example, legislators and other decision makers can be informed of health activities. They can be invited to participate in some of the activities and even sponsor some health activities using their constituency votes, visit classes, speak to appropriate groups, and in this way become better informed of what we are trying to do in health education.

Community service groups and other community organisations are often looking for interesting, motivating and eloquent speakers. Many health educators could talk to people in the community by talking to business and community groups. These same people are parents, voters and decision makers in other ways. This could enhance financial support for worthwhile school or community projects. Students' projects can also provide promotional benefits. Senior Secondary School Students as well as college graduates should be made to clean up the community, monitor air pollution, demonstrate positive safety practices, or in other ways demonstrate activities related to health education can help community members better understand some of the things they are trying to do. Parents should be invited to assist in planning school health education programmes. As they help, they should be invited to attend some health education classes, these will enhance their understanding of the programme and become active supporters. Of course, we need to help them better understand our programmes and what is being done.

Particularly, in this time of economic recession and with declining resources, coalition could be an excellent means of promoting health education programmes. Bringing a variety of groups together can also result in many support groups and potential funding sources being together. This coalition includes medical groups, community health agencies, educational personnel, and the private sector. The coalition could decide that school health education can be given a high priority and set out to do something about it. They may help in seeing that teachers are better trained to teach health education (through-in-service activities) and schools have more of the materials they need to teach health education programmes. Many people working together have been able to accomplish things that any of them separately would never have been able to do.

Coalitions can be helpful in many ways but are only one important part of an overall emphasis on community involvement. Paying more attention to our total community can reap many benefits when it comes to health education programmes promotion.

The Coconut **Use of Media**

No discussion of promotional techniques for health education would be complete without a discussion of the use of the media. The media allow us to venture outside our classrooms and into the community and school system with a minimum of effort. Our school health education programme is to present the needs and interests of the community. Using the media allows us to share our activities with the community and with other professionals, this, in turn should promote better understanding and communication. One vehicle for promotion is the school newspaper. Most schools and colleges publish a newspaper on a regular basis. This provides a free way to share information on new activities as well as to describe innovative programmes. They are often enthusiastic about publishing articles on local events. The administration will enjoy the positive public relations that result from this type of activity.

Publishing a health newsletter at intervals could be an internal vehicle for health programmes promotion. Articles could be written by students and edited by the journalism students for publication. Since money has always been a factor, we might solicit a volunteer agency or a health-related business as a sponsor. If we choose to communicate via radio or television we should contact the stations to determine their policy submission requirements. Host of talk shows should also be engaged. One successful media that entails for more work than those described above involves the production of a video programme for television though they are expensive.

Demonstration of Programmes

One of the first things health educators learn is that demonstrations can be very effective, but we have not sufficiently used this basic teaching method for total programme promotion. Simple research studies have been used in some areas to show the needs and interests of students or knowledge changes as a result of a health education programme. These are not new ideas, but they still give us good mileage when promoting health education programmes. Parents and administrators ought to be impressed to know that students possess certain health needs and interest, that their knowledge related to these needs and interests can be drastically improve with a sound health education programme, and that we can help students learn to better deal with peer pressure and have sounder decision-making skills. These things can be demonstrated today, and we do not have to be fantastic researchers to do so. They can also be done in a rather simplistic fashion and can reap large dividends.

Another way to demonstrate what a health education programme is all about is to organize a model programme. In many parts of the country, there still are not good examples of health education programmes in schools or community agencies. Model programmes help community leaders see what a good health education programme is. Once they know, they are more likely to support additional programmes. Model programmes can also provide sites for students teaching as well as other benefits to those working to establish them. Bruess and Liang (1993) have come up with A-Maze-‘N Wellness demonstration programme, which they say is a

mobile resource exhibit that provides a health risk inventory and six learning stations on selected health topics. The “Maze” provides teachers with information on personal health status, educational materials to help reduce personal health risks, classroom learning activities and instructional resources, a list of local risk reduction programmes, and a chance to preview films that could be used in the classroom, as a result of seeing this mobile van, some teachers will provide more and better health education than they would have otherwise. An additional example of demonstration of programme results can be seen within the School Health Curriculum Project. One of the highlights of this project has been a culmination activity. At the end of the project, students are encouraged to think of creative ways to demonstrate what they have done and learned from the health education activities. Songs should be written, plays performed, projects undertaken and students taught of many ways to show teachers, administrators and parents, the value of health education for them. The idea of a culmination activity could be helpful in any health education curricular model as a means of showing others some of the benefits of health education. Demonstrating can be very effective.

Creative Techniques

Using creative techniques to promote health education may be considered a frill by some, but they make the difference in acceptance of the programme by students and community members. When we look at the technological influence school-aged children are exposed to, we should not be surprised that they show no interest in curriculum materials that lack creativity. If we are developing curricular for school-age children we must give those materials a professional appearance. This does not necessitate spending a small fortune on graphics, but it may entail enlisting teachers to do the lettering. When using creative techniques or gimmicks, consider the target audience and the techniques that will be beneficial to the learners. Explore a variety of ways to achieve objectives and consider cost of each alternative. Look for inexpensive ways to do the work. Do not hesitate to ask others for ideas or to look at promotional techniques that are successful in other arenas. People remember things that are clever and appealing. Obviously, the creative techniques used with a programme are not more important than the programme or whatever we are trying to promote, but they do provide a vehicle for acceptance. People may totally ignore an excellent curriculum, which is plain in appearance, adding some sparkle may turn it into a curriculum that commands attention.

Recommendations

Based on the discussions so far, it is hereby recommended that:

- a) There is need for internal promotion which entails the support of the staff and administrators with whom one works.
- b) There is also the need for community involvement, this could be done by carrying out health fairs, seminars, workshops and conferences as well as co-operating with community groups.

The Coconut

- c) There is the need to use the media, example, newsletters, articles, handbills, radio and television.
- d) Demonstration of programmes can be very effective in organizing a model programme, songs should be written, performed and plays performed.

Conclusion

Though the school setting is primarily educational and students may be considered a captive audience, the clients of the community health department are there voluntarily and usually for a particular service. By contrast the school health educator is required to be the expert in a self-contained sense. Teachers seeking to promote positive behaviours and prevent health problems are recognizing the health behaviour changes related to life style must be addressed in children and youth. This implies making efforts to improve school health instruction and to focus attitudes of children and youth towards establishing and following their own styles.

References

- Bartlett, E. E. (2002). The contribution of School health education to community health promotion: What Can We Reasonably expect? *American journal of public health* 71 (12) 1384 – 1391
- Bruess, C. E, & Liang, S. J (1993). Promotion of health education programme. *Health education*. 14. (2).
- Cruse, D., Hamrick, M. and Rosato, F. (2009). Emerging consciousness: Health, Wellness and a quality Lifestyle. *Health education* 28 (17): 124 – 128.
- Den Boer, J. (2000). *Promoting health: A source book*. Washington, U. S. Office of Health Information and Health Promotion.
- Simmonds, S. K. (2006). Emerging challenges in health education. *International journal of health education*. 29 (4) 277 – 282.