Health Education and Social Change

With the help of certain effective techniques of communication and educational aids, the Public Health Nurse should be trained to view illness and health problems in the context of socio-cultural realities and living conditions in addition to the biological determinants, says M.C. SONDHI of Department of Sociology, Bareilly College, Bareilly, in his paper presented at the Community Health Nursing Conference.

HEALTH Education, like general education, is concerned with the change in knowledge, feelings and behaviour of people. In both the developed and developing nations throughout the world, there has been a noticeable increase on emphasis on the importance of the educational approach in the prevention of disease and promotion of health and medical care.

The cause and continuation of illness or the maintenance and improvement of health has been recognised as not to exclusively depend on adverse physical factors such as poverty, malnutrition, bad housing, overcrowding, but essentially on socio-cultural environment determining the goals, values, attitudes, habits, skills, knowledge and prejudices that shape individual behaviour throughout life. The realisation of the bearing of socio-cultural factors has arrested the attention of not only the medical personnel, but of all such disciplines that are connected with human welfare. The science of human behaviour has gained added importance in the entire field of medical and health care because it has been proved beyond doubt that medical and health services to be effective must incorporate education of the patient, his family and other persons significant to the patient. Workers in health and medical care programmes encounter numerous situations, in which it is apparent that people themselves must take personal, family and community action to solve their health problems.

Health Behaviour

Interest and effort have, therefore, to be converged on health behaviour of the people in order to involve and gain their participation. But all our efforts to produce a really healthy community are conditioned by the existence of an educated, interested and receptive public. It is beyond doubt that good health cannot be imposed by legislative measures. Its achievement depends on individual efforts, properly guided through complete knowledge of facts, presented in an easily assimilable form and telling clearly how the body works. What does it need to keep it fit, how do various external factors interfere with its normal functioning and what simple steps are needed to obviate the interference.

Health education should be such as to ensure greatest fulfilment of inherited powers of the body, mind and spirit. The establishment of adequate body reserves, the formation of goals, values and attitudes that guarantee a happy adjustment with the society in which one lives and the development of health habits and skills acquired through the acquisition of real knowledge will alone uplift a nation. It is, therefore, necessary to appreciate the importance of health and secure for it an honourable place in the value system of our nation. The emotional, spiritual and social aspects of health are hard to be isolated from physical health. It is enough that health should be thought worthwhile but it should be understood that health cannot be acquired by any magical means but earned through one's own way of living.

The population in India is heavily burdened with preventable ill health resulting in economic loss for the country. The modern trends to educate positively for citizenship participation in democracy has been receiving increasing attention in India, in common with many countries. But so many socio-cultural hinderances have emerged which have retarded the progress of health education in India. Any radical change has to encounter, always, certain resistance.

Socio-Cultural Barriers

Since social change is a continuous recurring process change is always there. People have changed their habits since they have a tendency to adopt new ideas and ways of doing things which they felt would benefit them. The possibility of a radical social change in our society is greater since we have begun to work within a democratic framework which provides facilities for group considerations and evolution of new forms for taking effective action. In India, several socio-cultural barriers have presented difficulty in changing the scene of national life. Some of the socio-cultural barriers discovered in the health-field are:

1. *New Object Shyness:* Sometimes originality and 'too many new ideas' come under critical eye of the society and it meets with discouragement when a person adopts new traits.

2. *Fatalism*: The failure of a person to attain wordly comforts and good health are ascribed to his past actions. Even an educated person from a village who approaches an allopathic doctor for treatment,

but does not get cured, believes that luck is the more important factor in this, other factors being subordinate.

3. *Modesty*: There is a widespread difficulty in persuading expectant mothers to submit to adequate gynaecological examinations which conflict with cultural difinitions of modesty.

4. *Religious Factors*: By and large, religious customs and taboos are favourable to maintenance of good health but the concept of ritual purity and cleanliness is unscientific and fraught with dangers.

5. *Family Structure*: The family pattern is changing from traditional joint families to nuclear families. There are more chances of improving the health of the members in smaller families by better food, education, etc.

6. *Suspicion of Governmental Programmes and Personnel:* Villagers still consider both the government and officials as agencies of imposition and control.

Besides these, factors like communication problems, faulty techniques of work and differential expectations also present difficulty.

The Medium

The first task of health education is to reach everybody and then to interest the people whom it aims to influence. It is most effective when it is carried on at a place where members of the community have gathered together primarily for reasons other than health education. It is better to seek existing audiences rather than to create them *ad hoc.* For this reason health education in hospitals, in industry and in special groups is more valuable.

The media of health education are numerous, like leaders, technical workers, demonstration, etc. But direct discussion, is the most effective approach for talking to individual person, in a friendly and personal manner. Person-to-person speech is most effective of all and is the medium which a medical worker can use best with his respondents.

Although a comprehensive programme of health education will entail the use of all available media and will aim at reaching members of the public wherever they may be, in face-to-face relations interaction should be preferred to put across the message. Whatever the medium the actual presentation should vary according to the probable intelligence, interests, background and circumstances of the audience.

Public Health Nurse and Social Change

No person is better suited than the Medical Officer, or the Nurse who attends, to act as a health "teacher" of the community, for it is they who can in addition to giving medical assistance, explain the relationship between cause and effect, what is happening and why, and make sure that the patient understands what he himself must do. The patient can thus be helped in recognising the causes, bodily or environmental, that have brought disability to him. He should be taught how to avoid or overcome adverse environmental factors or if this cannot be avoided he should know how to safeguard himself from the factors so that they no longer have such damaging effects on him.

Since a nurse gets more opportunity than the doctor to interact more with the patient, she can gain greater cooperation of the patient, review his previous pattern of living, bring to light unspoken fears and problems by discussing with him probable effects of illness on his work, his social and family life and his hopes, and in this way also helping him in removing the socio-cultural barriers to his health.

The nurse can also seize opportunities of advising the members of his family in taking hygienic measures to reduce the risk of infection to other patients. In this task the nurse can also take the help of his or her allies.

But this requires specialised training. The recognition that health education is a complex social product, the 'common sense approach' will not do. In living together, human beings participate in a variety of groups which spare certain sentiments, beliefs, purposes and ways of behaving. Therefore, for identifying and manipulating the non-biological behavioural factors, the public health nurse should receive training in concepts and theories of social siences and techniques of behaviour change.

With the help of certain effective techniques of communication and educational aids, the Public Health Nurse should be trained to view illness and health problems in the context of socio-cultural realities and living conditions in addition to the biological determinants.

But imparting of such knowledge is not enough. The Public Health Nurse should also be trained to effectively translate it, so that it becomes meaningful in terms of the lives of people and of what they consider important. Besides this, the Public Health Nurse should also be trained to learn to carry out such translation without 'social antagonism', otherwise even the best planned health programme may be doomed to failure.

For this the state Health Education Bureau should chalk out an effective training programme for Public Health Nurses on the above lines separately for their states, because whatever the advice and assistance given by the Central Health Authority, it is the State Health Directorates that ultimately translate them into action for the improvement in health of the peripheral communities. The creation and use of such "new types" of health nurses can meet all the new demands and dilemmas. But this is not possible without the exploration of training of new types to be able to respond to the need for change. It is my firm belief and conviction that if once we will have a committed and trained personnel with a social bias and understanding, a way will be paved for a radical social change.