

# TEACHING HEALTH EDUCATION

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## INTRODUCTION

For the past three years the subject Theory and Practice of Health Education has been offered to prospective community health nurses by the Department of Nursing Science at the Medical University of Southern Africa (Medunsa). The purpose of introducing this course was to promote the practice of health education — an integral part of health care and thus of community nursing care — by guiding community health nurses to

- synthesise appropriate and applicable theoretical concepts from various fields of science including education, anthropology, psychology, sociology and nursing as a premise on which to base health education
- apply theoretical concepts gleaned from various fields of science to the field of health education
- develop reasonable skill in selecting, planning, preparing, utilising and evaluating teaching/learning aids
- evolve a favourable attitude towards health education
- undertake simple studies related to health behaviour
- identify authorities concerned with health education on local, national and international level and know their contributions.

The subject called Theory and Practice of Health Education includes 120 lesson periods over two semesters.

Practica undertaken in addition to lesson periods requires students to

- structure, conduct and interpret an interview with a limited number of persons, belonging to a pre-selected target group, regarding their needs for health education
- plan\* a short health education programme comprising a minimum of five topics to meet the needs for health education
- direct or conduct teaching/learning/evaluation experience
- visit a number of institutions/persons to learn more about where to obtain and how to make and use audio-visual material

\* planning includes formulation of objectives, selection of teaching/learning/evaluation strategies and audio-visual aids, structuring each teaching/learning/evaluation experience and producing the chosen audio-visual aids

## OPSOMMING

Die vak Teorie en Praktyk van Gesondheidsvoorligting word vir gemeenskapsverpleegstudente aan Medunsa aangebied. 'n Vraelys is aan hierdie studente versprei om hulle houding teenoor verskeie aspekte van die vakgebied te bepaal.

Response het onder andere getoon dat dit 'n interessante en belangrike vak is en dat die studente se motivering om gesondheidsvoorligting te doen oor die algemeen verhoog is. Voorbeelde van programme wat studente opgestel het word gegee om hulle inisiatief en vordering te illustreer.

## DETERMINING THE SUCCESS OF THE SUBJECT

A questionnaire was compiled to determine how students doing the subject Community Nursing Science felt about the various aspects of health education. Seventeen respondents each received and completed a questionnaire.

### The subject

An analysis of the responses (see table 1) regarding the Theory and Practice of Health Education as a subject, indicated that

- fourteen (82 %) respondents agreed that it is an interesting subject and that it should be undertaken by all registered nurses following a nursing course at a university
- fifteen (88 %) respondents agreed that it should be included in medical courses offered at Medunsa
- twelve (70 %) respondents agreed that it should be included in all courses offered at Medunsa.
- while eleven (65 %) respondents agreed that the subject is necessary, three (18 %) were doubtful and three (18 %) disagreed
- in addition to two respondents not replying, the larger number (11 out of 15) were doubtful (4 = 24 % or disagreed (7 = 41 %) that it was necessary for the subject to contain more theory
- eleven (65 %) respondents were doubtful (6) or disagreed (1) strongly, that more time should be spent on self activity

- ten respondents (59 %) agreed that the subject was interesting while the others found it doubtful or disagreed and one did not respond
- none of the respondents felt that the subject is unnecessary as there was no time for health education in the respondent's working situation.

### The practice of health education

With regard to health education in practice

- eight respondents strongly agreed and seven agreed (total 88 %) that registered nurses, wherever they work, have opportunities to undertake health education. One was, however, doubtful and one disagreed that such opportunities existed.
- eight respondents (47 %) agreed, while five disagreed and four strongly disagreed (53 %) that registered nurses avoid their responsibilities with regard to health education.

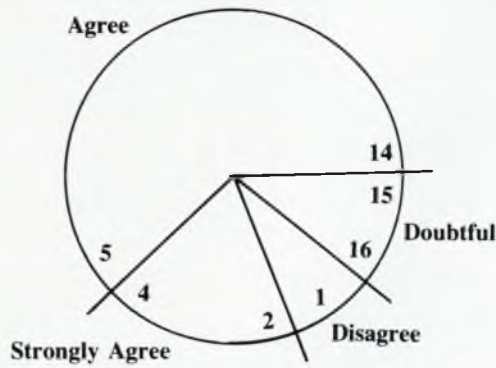
Concerning motivation to undertake health education, thirteen respondents (76 %) indicated that they were more motivated than before coming to Medunsa. Two students were doubtful and two disagreed that their motivation had increased.

The largest group of the respondents (13 = 76 %) will be returning to work in nursing colleges as tutors while two will be working as clinical tutors, one as a ward sister and one as a matron.

**Table I: Analysis of responses to a questionnaire on the Subject Theory and Practice of Health Education**

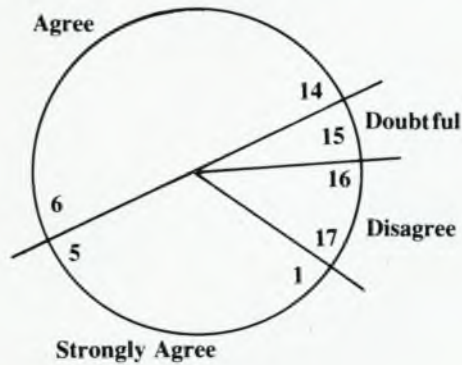
Participants in Research: 17

**Question 1** Theory & Practice of Health Education is an interesting subject

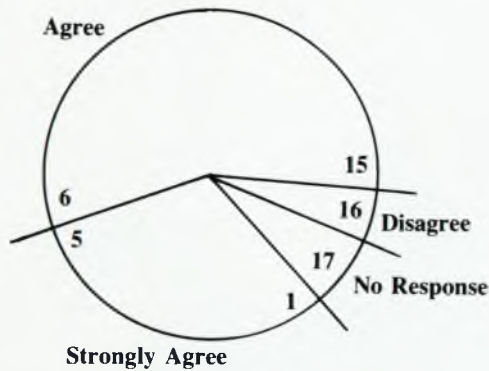


Theory & Practice of Health Education as a subject should be . . .

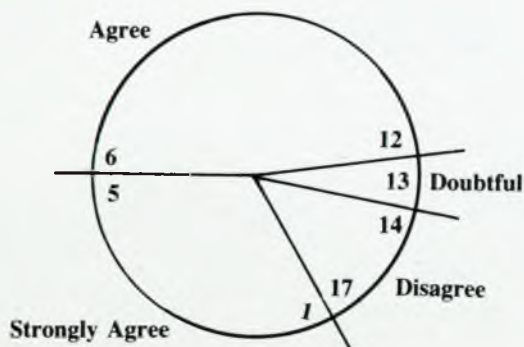
**Question 2** — undertaken by all registered nurses following a nursing course at a university



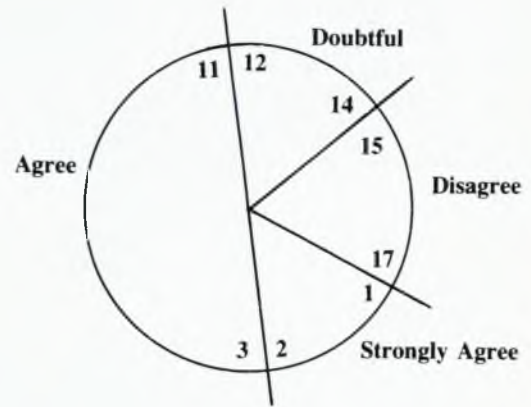
**Question 3** — included in medical courses offered at Medunsa



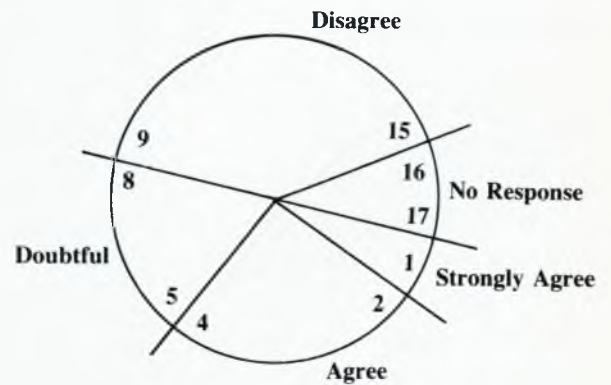
**Question 4** — included in all courses offered at Medunsa



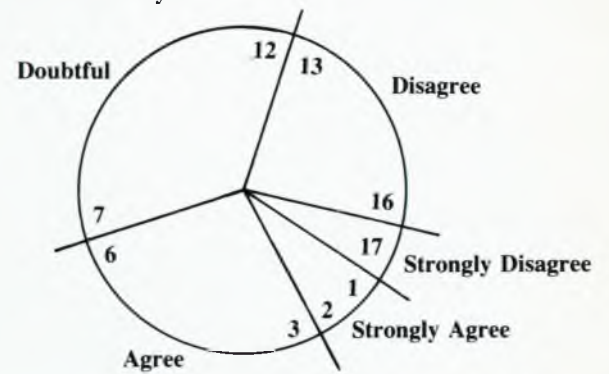
**Question 5** — is necessary



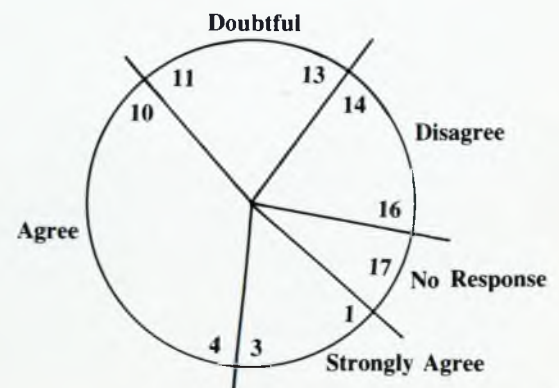
**Question 6** — should contain more theory



**Question 7** — requires more time to be spent on self-activity



**Question 8** — is interesting



Some of these respondents however, would rather have liked to work in other positions than those they expected to occupy. While eight of the thirteen returning as tutors to nursing colleges were satisfied, the other nine respondents indicated a wish to occupy a different position. The respondents who would rather have liked to spend their time working in a different position indicated that they would have liked to be:

- a health educator :1
- a college tutor: 9
- a ward sister and tutor: 4
- a ward sister and health educator: 2
- a matron: 1
- a medical doctor: 1

It is interesting to note that none would prefer to be clinical tutors.

### General comments

An open-ended question on viewpoints or feelings regarding the Theory and Practice of Health Education as a subject elicited the following comments:

- it should be integrated with Community Nursing Science (5 respondents)
- more practical experience is required such as facing the community (although the impossibility of increasing practice due to a lack of time was acknowledged (5 respondents)
- less time is needed for this subject as it is not a new subject and was included in a basic course (2 respondents)
- more practice and more detail on communication and communication skills are necessary (2 respondents)
- too little time is available for practice due to other commitments; a course in Community Nursing Science and Theory & Practice of Health Education should be offered separately from the course in Nursing Education or Nursing Administration (2 respondents)

Comments made by individual (single) respondents although not all were clear, are as follows:

- health education should be a subject in the school curriculum
- a separate course for health educators is required

## Illustration 1: Learning objectives for a group of mothers of epileptic children

### INTRODUCTION

The needs of the target group, that is mothers with children suffering from epilepsy, were determined by a structured interview. Thereafter objectives for five learning experiences were formulated.

### IMMUNISATION

At the end of the learning session mothers of epileptic children should be able to:

- Explain** the purpose of receiving a full course of immunization
- Tell** when to take the children for immunization
- Manage** their children when ill-effects occur after receiving immunization
- Report** delay in progress of milestones
- Educate** other mothers about immunization

### MANAGEMENT OF SEIZURES

At the end of the learning session mothers of epileptic children should be able to:

- Recognise** the onset of seizures
- Act** quickly to limit injuries
- Support** the head during a seizure
- Show** how they will allow free jerking movements
- Position** the child after seizure when in a deep sleep

### TREATMENT

At the end of the learning session mothers of epileptic children should be able to:

- Explain** the importance of continuous taking of medications
- Carry out** instructions given with medications
- Recognise** side-effects and what action to take
- Tell** about the dangers of overdosage
- Report** any doubts about treatment

### BEHAVIOUR

At the end of the learning session mothers of epileptic children should be able to:

- Describe** different ways in which their children show emotion about their disturbances
- Explain** the difficulties their children find in associating with other children
- Suggest** ways of coping with the disturbed child
- Tell** how they will prevent interpersonal pressures and tensions in the home
- Explain** how they will encourage their children to play with others

### REHABILITATION

At the end of the learning session mothers with epileptic children should be able to:

- Prevent** their children from becoming invalids
- Tell** how they will protect children from sustaining injuries
- Keep** children constructively occupied
- Supervise** them in their respective occupations
- Tell** how they will encourage children to function independently

**Illustration 2 Game to teach children how to care for their ears**

<p><b>VALUING MY EARS</b></p> <p><b>FILL IN THE BLANKS</b></p> <p>I use my _____ for hearing</p> <p>Excessive _____ in my ears affects my hearing</p> <p>To hear well I have to _____ my ears</p> <p>I clean them carefully with _____</p> <p>I must not introduce _____ and dirty instruments into my ears</p> <p>I must report _____ and _____ from my ears to the nurse at the clinic immediately.</p> <p>My ears give spice to happy _____</p> <p>I therefore _____ and value my ears</p> <p>For my ears mean more than _____</p>	<p><b>KEYWORDS</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">EARS</td> <td style="width: 33%;">PAIN</td> <td style="width: 33%;">DISCHARGE</td> </tr> <tr> <td>WAX</td> <td>LIFE</td> <td></td> </tr> <tr> <td>CLEAN</td> <td>LOVE</td> <td></td> </tr> <tr> <td>EARBUDS</td> <td>GOLD</td> <td></td> </tr> <tr> <td>SHARP</td> <td></td> <td></td> </tr> </table>	EARS	PAIN	DISCHARGE	WAX	LIFE		CLEAN	LOVE		EARBUDS	GOLD		SHARP		
EARS	PAIN	DISCHARGE														
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	<p><b>EVALUATION</b></p> <p>The method of Evaluation is TRUE or FALSE</p> <p>Ears are used for talking</p> <p>One does not hear very well when one's ears have excessive wax in _____</p> <p>It is correct to use sharp instruments for removing excessive wax from one's ears</p> <p>Pain and discharge from ears is normal</p> <p>I must report pain and discharge from ears immediately at the clinic</p>															

- all categories of health workers should give health education in their respective fields such as dietitians on food, nutrition, and so on
- health education is an unmanageable field if it is the responsibility of nurses only
- theory and practice of health education as a subject should be offered in basic nursing courses
- theory and practice of health education as a subject should be compulsory for medical students
- the nurse tutor functioning in a college set-up should be required to correlate the theory she teaches with practice in the clinical setting which means that she should accept total responsibility for preparing a group of nurses
- theory and practice of health education as a subject is unnecessary for those persons who do a diploma course in nursing education
- lecturers from all faculties at Medunsa should first learn to be good role models in health education before they accompany students to the clinical area

Comments aimed at the way in which the subject was presented included the following:

- the theory and practice of health education as a subject should be
  - taught in the clinical situation
  - part of every topic dealt with
- students should be involved in planning the curriculum for the subject Theory and Practice of Health Education
- other disciplines should be included in the health education projects which community nurses have to undertake
- projects are necessary to implement the health education skills learnt
- the theory of health education is fine but the practice is difficult to understand and apply
- the technology and method of health education is not understandable
- a more practical and motivating way of teaching projects is necessary
- learning and practising to give organised talks and conduct meetings and join in community activities should be a part of the theory and practice of health education

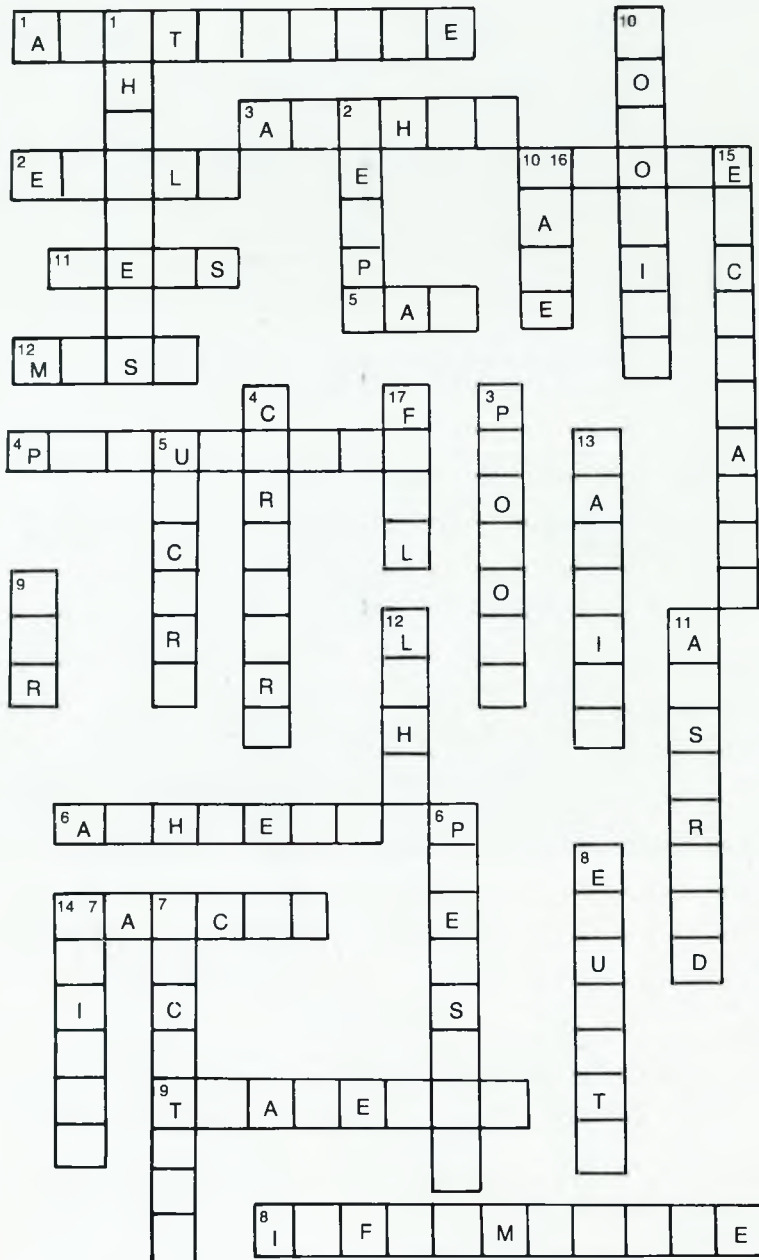
- clinics should be used more often and clinic sisters involved in order to practice the skills of health education
- more use should be made of films and video to illustrate techniques and methods of health education
- health education must be process-oriented because successful health education depends on how people were taught, that is the approach, the manner and the ability of the educator to motivate people.
- health education is impracticable.

**CONCLUSIONS BASED ON THE FINDINGS**

Conclusions based on the findings are that

- nurses have opportunities for health education although these are not always utilised
- the theory and practice of health education is an important and interesting subject which could well fit into medical courses and to a lesser extent all courses offered at Medunsa

### Example 3 A crossword puzzle for health education



7. The national ..... association is concerned with cigarettes
8. Smoking in places where ..... liquids are stored is dangerous and may cause industrial accidents
9. .... are not to smoke in front of school children
10. Health workers must not ..... in public
11. Health services would benefit from ..... expenditure in treating smoking related diseases
12. Harmful constituents of cigarette smoke ..... be reduced

#### DOWN

1. Cigarette smoking ..... life
2. Parents who leave cigarettes lying around at home may indirectly ..... their children to smoke
3. No smoking zone ..... non smoking
4. Women who smoke and use contraceptives have a considerable risk to develop ..... heart disease
5. Smoking delays healing of peptic .....
6. Group ..... encourages smoking
7. .... is one of toxic substances in tobacco
8. Best way of fighting smoking problem is to ..... school children
9. .... carries oxygen that we breathe
10. Carbon ..... is a dangerous gas found in cigarette smoke
11. Oxygen ..... in the lungs
12. .... cancer is a common disease affecting smokers
13. .... on cigarette packs must be done
14. Smoking withdrawal ..... helps in reducing smoking
15. Restriction of smoking in public places ..... smokers to stop smoking
16. Tobacco ..... promotions to be reduced
17. A substantial ..... in smoking could also reduce the business of small shops

#### CLUES

##### ACROSS

- ..... from smoking improves life expectancy
- The risk of lung cancer is greater in smokers who start smoking ..... in life

- Smoking aggravates .....
- Babies of mothers who smoke are prone to ..... during their first year of life
- Cigarettes with more than 15 mg of ..... are dangerous
- An ..... is adversely affected by smoking

— the theory content of the course seems to be adequate or even more than adequate

— on the one hand a need for more practical experience is indicated while on the other hand a lack of time is suggested as a reason for not being able to benefit optimally from the subject. The value of increased

self-activity is also doubted. This is a paradox as more practical experience will of necessity require increased self-activity

— motivation to practice health education is generally increased by learning more about it

— towards the end of the course, with which students were busy, fifty per-

cent felt that they would prefer to occupy posts different to those they were returning to

— some basic nursing courses contain a larger component of health education than others

— communication and communication skills require more attention

#### Illustration 4 A Poem

##### UMVANDEDWA — NDONCEDWA NGUBANINA? (AMAZWI OMNTU OPHUNGUKE INGGONDO)

Ndili lolo  
Ndise Ntshutshisweni  
Ndise Bumnyameni  
Ndise Ntsunguzini  
Ndise Zintshabeni

Ezweni lee ntlungu  
Ezweni lamazwi  
Ezweni lo mona  
Ezweni loku zenzela  
Ezweni lee ntshaba

Ndoncedakala phi na?  
Ndothuthuzeleka phi na?  
Ndohlobana nabani na?  
Ndokokelwa ngubani na?  
Ndocetyiswa ngubani na?

Yiza kuthi sikukokele wethu  
Yiza eluxelengweni (ekliniki)  
Wethu  
Yiza kubahlobo wethu  
Yiza kubongikazi wethu  
Yiza kumagqira wethu

Thina siya kukunceda  
Thina suya kukutuzela  
Thina siya kukueebisa  
Thina siya kukukokela  
Thina Siya kuhlobana nawe

Sikuse ezweni lokonwaba  
Sikuse ezweni lexihlobo  
Sikuse ezweni lokwenyani  
Sikuse ezweni loxolo  
Sikuse ezweni likukanya

P N Malumane

##### WHO WILL HELP ME? A MELANCHOLY — FROM A SCHIZOPHRENIC PATIENT

I am rejected  
I am persecuted  
I am lonesome  
I am friendless  
I am in darkness

In a world of pain  
In a world of voices  
In a world of enemies  
In a world of jealousy  
In a world of fantasy

Who will help me?  
Who will comfort me?  
Who will befriend me?  
Who will guide me?  
Who will advise me?

Come we will lead you  
Come to the clinic  
Come to the friends  
Come to the nurses  
Come to the doctors

We will help you  
We will comfort you  
We will advise you  
We will befriend you  
We will guide you

To a world of friends  
To a world of light  
To a world of reality  
To a world of comfort  
To a world of acceptance

P N Malumane

— there are different viewpoints on the educational level at which the theory and practice of health education as a subject should be introduced in nursing courses

— a need exists to include other categories of health professionals in and prepare them for providing effective health education

— in order to plan changes in the subject Theory and Practice of Health Education cognisance should be

taken of student comments which indicate the areas needing change

#### PROGRESS MADE

Although changes in the Theory and Practice of Health Education should be considered it does not indicate an absence of success and progress during 1983. Actually students achieved well and displayed initiative in developing their individual programmes. Methods such as slide-tape programmes, quizzes, picture story books, group discussions,

role plays in the form of dramatic skits, pamphlets, posters, poems, games, demonstrations and songs were selected to prepare short programmes each including five learning experiences on a variety of topics such as pulmonary tuberculosis, environmental health, personal hygiene, epilepsy, smoking, behaviour of adolescent girls, gastroenteritis, avoiding accidents (school children) alcoholism, antenatal care and others. The examples provided will serve to better illustrate individual effort (see illustrations 1-5)

**Illustration 1:** this example shows the objectives, that is what a group of mothers with children suffering from epilepsy should be able to do, after five learning experiences.

**Illustration 2:** this shows the planning for a game aimed at teaching young children how to care for and value their ears. Each child receives a set of words and a board with spaces allowing them to fit a word in each space. After the children (with help) have fitted the correct words to the spaces they are given five true/false type questions to enable the school nurse to undertake additional teaching if necessary

**Illustration 3:** this example shows a crossword puzzle which school children can complete. Correct completion makes it possible to win a prize. *Across and down* questions are asked. Correct answers have been noted for evaluation purposes.

**Illustration 4:** in this example a poem is used to invite persons who hear strange voices and experience strange feelings to make use of the health services, the doctors and nurses.

Time and space unfortunately do not permit inclusion of more examples. The ones provided will serve to indicate increased awareness of the needs for health education and the many ways in which snatches of information and bits of education can be conveyed to clients, patients, families and the community by the efforts of nurses who have learnt to transmit some of what they know, with initiative and skill, to those who know less.

**Illustration 5:** this is a pamphlet or brochure to be folded in four parts and to be given to mothers of epileptic children. Two languages are used as well as brightly coloured pictures.

**A DIET FOR EPILEPTIC CHILDREN**

Like all growing children give them a well balanced diet. During an aura avoid lumps of meat and give a light diet with mince meat to avoid suffocation if an epileptic fit occurs during meals



**ISONDLO SA-BANTWANA ABAMESIFO SOKUWA**

Mnike Ukudla okunazo zonke iintlobo ezilugele umzimba wakhe xa ubona ingathi uzakuwa, mnike ukutya okulhambileyo okunenyama esiliweyo ukuze angaraxwa xa athe wawa ngexe sha atyayo

**TYPES OF FOOD THAT MAKE A BALANCED DIET**

**Proteins**  
One type from these kinds of food can be given per meal. Proteins are necessary for growth and health of bones and milk helps in development of healthy teeth



**PROTENI**

Nika lubelunye uhlobo lokukudla ekutyeni kwakhe. Ziyilungele impilo yamathambo namazinyo akhe kanti ziyamkhulisa

**VITAMINS**

protect the child from infections and regulate the stomach



**LIVILAMINI**

Zikhusela umntwana wakho kwintlobo eziminzi zezifo zincipha isisusakhe ukuba sisebenze kakuhle

**CARBOHYDRATES AND FATS**

These foods give your child heat and energy



**IIFATS**

Zinika umntwana wakho amandla nomzimba wakhe uhlale ufudumele

**THE RIGHT FOOD IN RIGHT AMOUNTS**

**AT THE RIGHT TIMES**

**KEEP YOUR CHILD HEALTHY**



**UKUTYA OKULUNGILEYO**

**OKWANELEYO**

**NGAMAXESHA AFANELEKILEYO**

**KUMGCINA EPHILILE UMNTWANA WAH**

**VOLTOOIDE NAVORSING COMPLETED RESEARCH**

**DIE MOEDER-KIND-VERBINTENIS IN DIE NEONATALE TYDPERK — 'N VERPLEEGKUNDIGE STUDIE**

**LUCIA SUSAN PELSER**  
**Magister Curationis (Verloskundige en Ginekologiese Verpleegkunde)**  
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Met die studie is gepoog om aan die hand van 'n empiriese ondersoek asook 'n literatuurverkenning riglyne bloot te lê waarvolgens vroedvroue die moeder-en-kindverbintenis in die neonatale tydperk binne die huidige struktuur van verloskunde in Suid-Afrika kan optimaliseer. Die oogmerk is om die nadelige gevolge van moedersorgsteurnisse te voorkom en om die gebeure rondom die geboorte vir sowel die moeder as die baba sinvol te maak.

Om hierdie doel te bereik, is aandag geskenk aan die behoeftes en interaksiepotensiaal van die pasgeborene,

moederlikheid, die moeder-en-kind-verbintenis en die effek van skeiding van die moeder en die kind. Verskeie kliëntestudies is onderneem om die rol van die vroedvrou in die optimalisering van die verbintenisgebeure te konstrueer.

Uit die ondersoek blyk dit dat interaksie tussen die moeder en die pasgeborene noodwendig die moeder-en-kindverbintenis voorafgaan. Die huidige praktyk, met die hospitaal as plek waar die geboortegebeure afspeel, inhibeer die vroeë interaksiegebeure tussen die moeder en die kind, ongeag of die skeiding fisies, psigies of chemies van aard is. Hierbenewens is daar weinig sprake van vader-en-kindinteraksie en is die peuters van die gesin totaal uitgesluit by die gebeure.

Die vroedvrou kan deur die uitskakeling van hierdie nadelige praktyke, hoogs instrumenteel fungeer in die bevordering van die moeder-en-kind-verbintenis.