

Unit 1: Understanding Health and Health Education

Subject: Health Education-I

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(Concepts of Health • Factors Affecting Health • Health Education: Meaning/Definition/Objectives • Scope • Principles)

1.1 Concepts of Health

1.1.1 Meaning and definitions

- **Plain meaning:** Health is the **capacity to live well**—to adapt, self-manage, and participate in life with physical, mental, and social ease.
- **Classical (WHO, 1948):** “A state of complete physical, mental and social well-being and not merely the absence of disease.”
- **Holistic (Ayurvedic lens):**
“sama doṣaḥ samāgniś ca samadhātu-mala-kriyāḥ | prasannātmendriya-manāḥ svastha ity abhidhīyate ||”
One is healthy when the humors, digestion, tissues and wastes are in balance, and the self, senses, and mind are content.

1.1.2 Dimensions of health (wellness wheel)

Dimension	What it covers	Examples/Indicators	Yogic-Naturopathic links
Physical	Fitness, sleep, pain-free function	Resting pulse, BP, BMI, strength	āsana, walking, sun exposure, wholesome diet
Mental	Cognition, resilience	Attention, problem-solving	Breath awareness, journaling
Emotional	Mood regulation	Coping with stress, affect balance	Dhyāna, social support
Social	Relationships, belonging	Support networks, participation	Group practice, community kitchens
Spiritual	Meaning, values	Purpose, coherence	Svādhyāya, seva
Environmental	Safe air/water, green space	Exposure reduction	Clean water, waste segregation
Occupational/Academic	Work-study balance	Ergonomics, satisfaction	Posture hygiene, micro-breaks
Intellectual	Learning, curiosity	Skill growth	Lifelong learning plan

Key idea: Health is **dynamic**; people move along a continuum from illness to high-level wellness.

1.2 Factors Affecting Health (Determinants)

1.2.1 The “health field” model

Determinant	Typical items	What you can influence in practice
Biology	Age, sex, genetics	Risk awareness, screening adherence
Lifestyle/Behaviours	Diet, activity, sleep, tobacco/alcohol, stress	Counselling, habit design, peer support
Environment	Air/water, housing, climate, transport	Advocacy, safe water, clean cooking
Health Services	Access, quality, continuity	Referral pathways, service literacy
Social Determinants	Income, education, gender norms, social capital	Community mobilisation, inclusion

1.2.2 Risk vs protective factors

- **Risk:** ultra-processed diet, sedentary time, loneliness, unsafe water, tobacco.
- **Protective:** fruits/vegetables, daily movement, strong ties, vaccination, sanitation, restorative sleep.

1.2.3 Levels of prevention (where health education acts)

- **Primordial:** prevent risk factors (e.g., make water stations available).
- **Primary:** prevent disease onset (handwashing, helmets).
- **Secondary:** early detect (BP checks, breast self-exam).
- **Tertiary:** reduce complications (foot care in diabetes).
- **Quaternary:** avoid over-medicalisation; use least-harm options.

1.3 Health Education – Meaning, Definition, Objectives

1.3.1 Meaning & definition

Health Education (HE) is a **planned, learner-centred process** that builds **knowledge, skills, motivation, and supportive environments** for adopting and sustaining healthy behaviours—at **individual, family, and community** levels.

1.3.2 Objectives (SMART where possible)

- **Inform:** provide accurate, actionable information (e.g., salt limits, safe water steps).
- **Motivate:** strengthen **perceived benefits** and **self-efficacy**.
- **Skill-build:** demonstrate and practise (handwash steps, label reading, diaphragmatic breathing).
- **Facilitate:** link to services (vaccination, counselling, AYUSH clinics).
- **Sustain:** relapse planning, peer support, environmental cues.
- **Empower:** enable **informed choice** and participation (student health clubs).

1.3.3 Behaviour-change mini-toolkit (models at a glance)

Model	Core levers	How to use
Health Belief Model	Susceptibility, severity, benefits, barriers, cues, self-efficacy	Frame messages: “Why me? Why now? What helps?”
Stages of Change	Pre-contemplation → Maintenance	Match counselling to stage; celebrate small wins
Theory of Planned Behaviour	Attitude, norms, perceived control	Use role models; reduce barriers
Social-Ecological	Individual ↔ policy	Pair personal skills with supportive settings

1.4 Scope of Health Education

Setting	What it includes	Examples
Individual/Clinic	Brief counselling, decision aids, follow-up	5-A’s for tobacco; back-care micro-lesson
Family/Home	Caregiver training, kitchen hygiene, sleep	Family meal planning; screen-time rules
Schools/Colleges	Life-skills, hygiene, sexual/reproductive health, mental health	Menstrual health session; posture & backpacks
Workplaces	Ergonomics, stress, first aid, NCD risk	Stand-and-stretch breaks, stair prompts
Community	Sanitation, vector control, nutrition	Handwash stations; ORS demos
Media/Digital	IEC/BCC content, myth-busting	Short videos, WhatsApp infocards
Policy/Advocacy	Healthy canteens, smoke-free zones	Sugary-drink placement changes

IEC = Information-Education-Communication; BCC = Behaviour Change Communication.

1.5 Principles of Health Education (what makes it work)

Principle	Practical meaning	Examples
Relevance/Need-based	Start from local problems & beliefs	Diarrhoea village → water, ORS first
Participation	Learners co-create	Student peer-leaders demonstrate āsanās
Simplicity & Clarity	Plain language; one idea at a time	“Half plate vegetables” visual
Cultural Sensitivity	Respect norms; adapt tools	Female facilitator for girls’ session
Credibility & Accuracy	Evidence-based, consistent	One salt limit, not mixed messages
Two-way Communication	Listen, invite questions	“What might stop you trying this?”
Learning by Doing	Demonstration → practice → feedback	Handwash with glow-germ demo
Positive Reinforcement	Praise small steps; reminders	SMS nudges; habit trackers
Use of Aids	Flip charts, models, apps	Lung model to explain smoke damage
Feasible Actions	Make it easy & affordable	Low-cost iron-rich recipes
Follow-up & Evaluation	Measure, iterate	KAP survey; attendance; BP trends
Ethics & Respect	No blame/shame; confidentiality	Private counselling space

1.6 Mini-Charts & Checklists

1.6.1 Health vs wellness vs fitness

Term	Short definition	Measure example
Health	Capacity to adapt & function	BP, symptom burden
Wellness	Multidimensional thriving	Sleep quality, life satisfaction
Fitness	Physical work capacity	VO ₂ estimate, strength tests

1.6.2 Writing SMART objectives (template)

- **Specific:** “Teach **label reading** for salt/sugar.”
- **Measurable:** “≥80% students identify **3 red-flag ingredients**.”
- **Achievable/Relevant:** “15-minute demo before lunch hour.”
- **Time-bound:** “By **Week 3** of semester.”

1.6.3 Quick planning grid (one page)

Audience	Aim	3 Key messages	Method & Aids	Time	Measure
First-years	Reduce screen-time at night	Blue light, sleep debt, 1-hour rule	Peer talk + pledge card	20 min	Sleep diary, ESS score

1.7 Applied Examples (Yoga & Naturopathy context)

- **Stress & sleep campaign:** teach **4-7-8** or **4-6** breathing, device curfew, dark-cool room; evaluate with a 1-week sleep log.
- **Back-care micro-module:** neutral spine, hip-hinge, backpack fit; 5-minute drill after class.
- **Hydration & safe water:** demonstrate **boil-filter-store** steps; use visual posters in hostels.
- **Healthy canteen nudges:** fruit front-of-line, water at eye level, small plates for rice.
- **Menstrual health:** reusable products, anaemia prevention (iron-rich foods + vitamin C), pain-safe stretching.



Unit Summary

Health is **multidimensional and dynamic**, extending beyond disease absence to **physical, mental, social, spiritual and environmental** well-being. Determinants span **biology, behaviours, environments, services, and social conditions**. **Health Education** is a **planned, ethical, evidence-informed** process that builds **knowledge, skills, motivation, and supportive contexts**. Its scope ranges from **individual counselling** to **community and policy**. Effective HE follows clear **principles**: relevance, participation, clarity, credible content, feasible actions, reinforcement, and evaluation.

Key Terms

- **Wellness dimensions** • **Social determinants** • **Levels of prevention**
- **Health Education (HE)** • **IEC/BCC** • **KAP**
- **Self-efficacy** • **Stages of Change** • **SMART objectives**
- **Cultural sensitivity** • **Reinforcement** • **Follow-up**

Self-Assessment

A. MCQs

1. Which **dimension** is most directly addressed by **community belonging**?
a) Physical b) Emotional c) **Social** d) Occupational
2. In the **Health Belief Model**, the factor most improved by **role-model stories** is:
a) Perceived severity b) **Self-efficacy** c) Susceptibility d) Pathophysiology
3. A **SMART** objective must be:
a) Inspiring only b) **Specific, Measurable, Achievable, Relevant, Time-bound** c) Short d) Scientific
4. **Primary prevention** example:
a) Dialysis b) **Helmet use** c) Mammography d) Cardiac rehab
5. The **best principle** when designing a session for first-year students is to:
a) Use complex medical terms
b) Focus on one-way lecturing
c) **Keep messages simple, relevant, and participatory**
d) Avoid measuring outcomes

Answer key: 1-c, 2-b, 3-b, 4-b, 5-c

B. Short Answer

1. List **five determinants** of health with **one intervention** for each.
2. Write **two SMART objectives** for a hostel-based **sleep improvement** drive.
3. Distinguish **health education** from **health promotion** with two examples.
4. Outline **three principles** you will follow to plan a **hand-hygiene** campaign.
5. Using the **Stages of Change**, script one line you would say to a student in **pre-contemplation** about quitting tobacco.

C. Reflective/ Application

1. Choose one campus problem (e.g., sugary drinks). Draft a **20-minute HE plan** using the planning grid (audience, aim, 3 key messages, methods, measure).
2. Track your own **wellness wheel** for one week. Which dimension scored lowest? Plan **two feasible actions** to



improve it next week.

End of Unit 1: Understanding Health and Health Education

AYURVEDBHARATI.ORG