

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

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