

## 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
<b>Physical</b>	Fitness, sleep, pain-free function	Resting pulse, BP, BMI, strength	āsana, walking, sun exposure, wholesome diet
<b>Mental</b>	Cognition, resilience	Attention, problem-solving	Breath awareness, journaling
<b>Emotional</b>	Mood regulation	Coping with stress, affect balance	Dhyāna, social support
<b>Social</b>	Relationships, belonging	Support networks, participation	Group practice, community kitchens
<b>Spiritual</b>	Meaning, values	Purpose, coherence	Svādhyāya, seva
<b>Environmental</b>	Safe air/water, green space	Exposure reduction	Clean water, waste segregation
<b>Occupational/Academic</b>	Work-study balance	Ergonomics, satisfaction	Posture hygiene, micro-breaks
<b>Intellectual</b>	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
<b>Biology</b>	Age, sex, genetics	Risk awareness, screening adherence
<b>Lifestyle/Behaviours</b>	Diet, activity, sleep, tobacco/alcohol, stress	Counselling, habit design, peer support
<b>Environment</b>	Air/water, housing, climate, transport	Advocacy, safe water, clean cooking
<b>Health Services</b>	Access, quality, continuity	Referral pathways, service literacy
<b>Social Determinants</b>	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
<b>Health Belief Model</b>	Susceptibility, severity, benefits, barriers, cues, self-efficacy	Frame messages: “Why me? Why now? What helps?”
<b>Stages of Change</b>	Pre-contemplation → Maintenance	Match counselling to stage; celebrate small wins
<b>Theory of Planned Behaviour</b>	Attitude, norms, perceived control	Use role models; reduce barriers
<b>Social-Ecological</b>	Individual ↔ policy	Pair personal skills with supportive settings

## 1.4 Scope of Health Education

Setting	What it includes	Examples
<b>Individual/Clinic</b>	Brief counselling, decision aids, follow-up	5-A’s for tobacco; back-care micro-lesson
<b>Family/Home</b>	Caregiver training, kitchen hygiene, sleep	Family meal planning; screen-time rules
<b>Schools/Colleges</b>	Life-skills, hygiene, sexual/reproductive health, mental health	Menstrual health session; posture & backpacks
<b>Workplaces</b>	Ergonomics, stress, first aid, NCD risk	Stand-and-stretch breaks, stair prompts
<b>Community</b>	Sanitation, vector control, nutrition	Handwash stations; ORS demos
<b>Media/Digital</b>	IEC/BCC content, myth-busting	Short videos, WhatsApp infocards
<b>Policy/Advocacy</b>	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
<b>Relevance/Need-based</b>	Start from local problems & beliefs	Diarrhoea village → water, ORS first
<b>Participation</b>	Learners co-create	Student peer-leaders demonstrate āsanās
<b>Simplicity &amp; Clarity</b>	Plain language; one idea at a time	“Half plate vegetables” visual
<b>Cultural Sensitivity</b>	Respect norms; adapt tools	Female facilitator for girls’ session
<b>Credibility &amp; Accuracy</b>	Evidence-based, consistent	One salt limit, not mixed messages
<b>Two-way Communication</b>	Listen, invite questions	“What might stop you trying this?”
<b>Learning by Doing</b>	Demonstration → practice → feedback	Handwash with glow-germ demo
<b>Positive Reinforcement</b>	Praise small steps; reminders	SMS nudges; habit trackers
<b>Use of Aids</b>	Flip charts, models, apps	Lung model to explain smoke damage
<b>Feasible Actions</b>	Make it easy & affordable	Low-cost iron-rich recipes
<b>Follow-up &amp; Evaluation</b>	Measure, iterate	KAP survey; attendance; BP trends
<b>Ethics &amp; Respect</b>	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
<b>Health</b>	Capacity to adapt & function	BP, symptom burden
<b>Wellness</b>	Multidimensional thriving	Sleep quality, life satisfaction
<b>Fitness</b>	Physical work capacity	VO <sub>2</sub> 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.

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*End of Unit 1: Understanding Health and Health Education*

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