



## HEALTH EDUCATION AND HEALTH PROMOTION IN RURAL INDIA

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**ABSTRACT:** For the overall development of rural India, education and health must be given precedence and a sizable portion of the investment must be bestowed for the strengthening of existing infrastructure. Education in regard to health care, sanitation and nutrition is a crucial tool to achieve the objective of a robust good healthcare system which in turn contributes towards the multifaceted development of rural areas. Health education and health improvement are effective ways to improve health and nutrition literacy, including improving knowledge and developing life skills that are conducive to individual and community health. The adoption and efficacious implementation of health education and health improvement strategies target the vulnerable sections in rural setup and addresses the issues concerned with them. The present paper is an attempt to emphasize the importance of integrating health education and health promotion into the existing edifice of development prevailing in rural areas.

**Key words:** - Health education, Health promotion, Strategies.

### INTRODUCTION :

Education is considered a vital element in the development of a society, a system, and a country. A well-supported, easily accessible education system is an efficient means to make people economically conscious, and thereby, make them actively participate in their economic prosperity and cultural development. Education is the first and the foremost in the service of democracy, which demands not only to be protected against decisions but to be a part of decisions that positively influence society. But education scenario in the rural landscape has witnessed gradual but sluggish growth. Due to this modest pace of development in rural India, awareness for the development of the healthcare system had remained subdued and as a result, the rural healthcare systems in place in rural areas are in a meek and fragile state.

An increase in the quality of education in rural areas can significantly impact the development of employment opportunities. With education,

individuals gain confidence, knowledge, skills, and experience — all factors that increase an individual's ability to effectively and efficiently lead a group of people towards success. Education can improve labor productivity in rural areas, thereby increasing the wealth of a region or area. An economically thriving village invests heavily in improving and creating the healthcare infrastructure of their village. Therefore achieve overall development of the rural space.

### Health Education:

Health education comprises consciously constructed opportunities for learning involving some form of communication designed to improve health and nutrition literacy, including improving knowledge, and developing life skills that are conducive to individual and community health.

Health education is not only concerned with the communication of information, but also with fostering the motivation, skills and confidence

(self-efficacy) necessary to take action to improve health. Health education includes the communication of information concerning the underlying social, economic and environmental conditions impacting on health, as well as individual risk factors and risk behaviours, and use of the health care system. Thus, health education may involve the communication of information, and development of skills which demonstrates the political feasibility and organizational possibilities of various forms of action to address social, economic and environmental determinants of health. In the past, health education was used as a term to encompass a wider range of actions including social mobilization and advocacy. These methods are now encompassed in the term health promotion, and a more narrow definition of health education is proposed here to emphasize the distinction. Health education presents information to target populations on particular health topics, including the health benefits/threats they face, and provides tools to build capacity and support behavior change in an appropriate setting. Examples of health education activities include Lectures, Courses, Seminars, Webinars, Workshops, and Classes etc.

#### **Health Education Strategies :**

- Participation of the target population.
- Completion of a community needs assessment to identify community capacity, resources, priorities, and needs.
- Planned learning activities that increase participants' knowledge and skills.
- Implementation of programs with integrated, well-planned curricula and materials that take place in a setting convenient for participants.
- Presentation of information with audiovisual and computer based supports such as slides and projectors, videos, books, CDs, posters, pictures, websites, or software programs.

- Ensuring proficiency of program staff, through training, to maintain fidelity to the program model.

#### **Health Promotion:**

Health promotion is the process of enabling people to increase control over and improve their health. Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health. Participation is essential to sustain health promotion action.

World Health Organization's Ottawa Charter for Health Promotion has been considered a seminal document and template for health promotion since its inception and is still seen as a “gold standard” for health promoters worldwide who wish to improve health and reduce inequalities], identifies three basic strategies for health promotion. These are advocacy for health to create the essential conditions for health indicated above; enabling all people to achieve their full health potential, and mediating between the different interests in society in the pursuit of health. These strategies are supported by five priority action areas as outlined in the Ottawa Charter for health promotion are: Build healthy public policy, create supportive environments for health, strengthen community action for health, Develop personal skills, and Re-orient health services.

#### **Barriers to Health Promotion and Disease Prevention in Rural Areas:**

Rural communities experience a higher prevalence of chronic conditions than their urban counterparts. Examples of chronic conditions include heart disease, cancer,

chronic respiratory disease, stroke, and diabetes. Rural communities also experience higher rates of mortality and disability than urban communities. Limited access to health promotion and disease prevention programs and healthcare services contribute to these health challenges. Some of the key barriers to health promotion are: Higher poverty rates, which can make it difficult for participants to pay for services or programs, Cultural and social norms surrounding health behaviors, Low health literacy levels and incomplete perceptions of health, Linguistic and educational disparities, Limited affordable, reliable, or public transportation options, Unpredictable work hours or unemployment, Lower population densities for program economies of scale coverage, availability of resources to support personnel, use of facilities, and effective program operation, Lack of access to healthy foods and physical activity options. These shared barriers provide context for the needs of rural communities and an understanding of the strategies that will be most effective to address rural barriers to care

### **Key Considerations for Sustainability Planning:**

Successful health promotion and disease prevention programs gather information on the target population by conducting a needs assessment for sustainable planning. The needs assessment allows programs to identify opportunities for health promotion and disease prevention efforts, potential barriers, and appropriate strategies to address them. This knowledge is integrated into program planning, development, and implementation. This module presents important implementation considerations for health promotion and disease prevention programs. When planning for sustainability, health promotion/disease prevention programs should focus on the following:

1. Identifying potential barriers to sustainability and strategies to address them.
2. Identifying potential opportunities to leverage and build upon existing priorities, strategies, and interventions.
3. Identifying and pursuing diverse funding opportunities early in the development phase.
4. Implementing data-driven decision-making processes.
5. Emphasizing the intrinsic motivation that can exist in programs that maintain participant behaviour change.
6. Identifying ways to demonstrate cost savings and cost-effectiveness.
7. Identify payment models that support and reward improvements in population health.
8. Considering which partner organizations are best positioned to run the program over the long-term and or that can assume certain programmatic responsibilities when necessary.
9. Exploring opportunities for partnering with existing federal, state, county, or community initiatives.

### **CONCLUSION:**

The approach of development in rural areas must integrate health education and health promotion into programs and policies adopted by the Government. The paper has tried to put forth a few suggestions or strategies to counter inherent issues rural underlying in rural setup. Successful health promotion and disease prevention programs gather information on the target population through need assessment planning for sustainable growth. With the scheme of things in place, the wheel of development in rural India can be accentuated and the benefits accrue from this development would create an equitable society.



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