

COURSE CODE: (*PSYC 448*)
COURSE TITLE: (*Community Psychology*)

SESSION#: (*Session 9*) – TITLE: (Health Promotion)

LECTURER: (*Prof. Charity S. Akotia and Dr. Enoch Teye-Kwadjo*)

DEPARTMENT: (*Psychology*)

(Contact Information: cakotia@ug.edu.gh/eteye-kwadjo@ug.edu.gh)



UNIVERSITY OF GHANA

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Course Information

Provide the following information:

Course Code:

PSYC 448

Course Title:

Community Psychology

Course Credit

3 Credits

**Session Number &
Session Title:**

Session 9: Health Promotion

Semester/Year:

Insert Semester / Year

Course Instructor's Contact

Provide the following information:

Course Instructor(s) Name	<i>Prof. Charity S. Akotia and Dr. Enoch Teye-Kwadjo</i>
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Office Location	<i>School of Social Sciences Department of Psychology</i>
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Office Hours	<i>By Appointment (Charity) Monday, 10:00am-12:00pm (Enoch)</i>
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Phone	
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E-mail	
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Prof. Charity S. Akotia & Dr. Enoch Teye-Kwadjo

cakotia@ug.edu.gh (Charity)

eteye-kwadjo@ug.edu.gh (Enoch)

Slide 3

Session Overview

- Health promotion is a process aimed at encouraging people to engage in health-enhancing behaviour.
- Health-enhancing behavior refers to actions undertaken by individuals and community members to enhance or maintain good health. This session introduces you to health promotion approaches and their relevance in community settings.

Session Outline

The key topics to be covered in the session are as follows:

- Topic One: Health promotion
- Topic Two: Approaches to Health Promotion
- Topic Three: Promotion of Wellness
- Topic Four: Principles of Effective Promotion of Programmes
- Topic Five: Venues for Health Promotion
- Topic Five: Barriers to Health Promotion

Session Learning Outcomes

At the end of the session, the student will be able to:

- Define health promotion
- Explain approaches to health promotion
- Explain the promotion of wellness
- Design health promotion programmes
- List the principles of effective promotion programmes
- List and explain barriers to health promotion
- Be able to advocate for health promotion in his or her school or community

Session Activities and Assignments

This week, complete the following tasks:

- **Log onto the UG Sakai LMS course site:**
 - <http://sakai.ug.edu.gh/XXXXXXXXXX>
- **Read** Chapter 9 of Recommended Text – Kloos et al. (2012). *Community psychology: Linking individuals and communities*. Pp. 293 – 298 and Lyons & Chamberlain (2006). *Health psychology. A critical introduction*, pp 70-105.
- **Watch** the Videos for Session – e.g. Health promotion
- **Review** Lecture Slides: Session – e.g. Health promotion
- **Visit the Chat Room** and **discuss** the **Forum question** for Session 9
- **Complete** the **Individual Assignment** for Session

Reading List

- Kloos, B., Hill, J., Thomas, E., Wandersman, A., Elias, M. J., & Dalton, J. H. (2012). *Community Psychology. Linking Individuals and Communities*. New York: Wadsworth.
- Lyons, A. c., & Chamberlain, K. (2006). *Health Psychology. A Critical Introduction*. Cambridge: Cambridge University Press. Pp. 70 - 105

Topic One

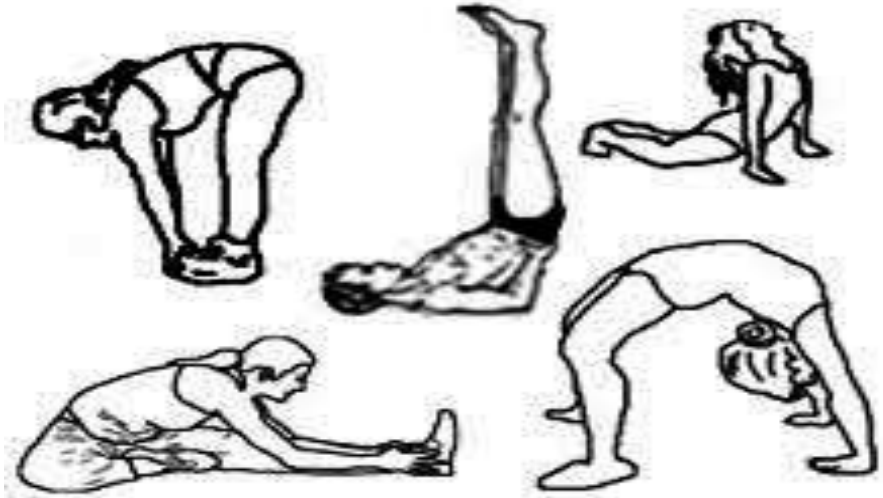
HEALTH PROMOTION



Health Promotion

- Health behaviours can be described as actions undertaken by healthy individuals to enhance or maintain their good health (Tailor, 1995).
- It can also be described as efforts that are made to encourage people to engage in health-enhancing behaviours (e.g., eating a healthy and balanced diet, exercising, using condoms, drinking potable water, etc.).
- Some of the recommendations for good health are eating healthy meals and exercising

Health Promotion



Health Promotion

- In the long past, people were dying of infectious diseases. However, with advancement in science, those diseases have been taken care of by the introduction of strong antibiotics.
- In recent times, people are dying due to diseases that we bring upon ourselves due to our lifestyle (Lyons & Chamberlain, 2006). Such diseases are called lifestyle diseases. Examples include diabetes, heart-related diseases, HIV/AIDS, etc.
- Health promotion therefore aims to change people's unhealthy attitudes to healthy ones.

Health Promotion

- What kind of lifestyle do you have? Do you think your lifestyle can affect your health? If yes, in what ways?
- The term “lifestyle” has been used in many contexts and refers to the way in which an individual lives his or her life, including specific behaviours he or she engages in (Lyons & Chamberlain, 2006).
- How we live and what we do affects our health. Public health initiatives indicate that improving sanitation and promoting the drinking of clean water improved the health of populations.

Health Promotion

Check yourself on the following healthful behaviours.

- I sleep 7 or 8 hours a day
- I eat breakfast almost everyday
- I rarely eat between meals
- I am at or near the appropriate weight for my height
- I never smoke cigarette
- I drink alcohol rarely or moderately
- I regularly get vigorous physical activity.

How do you find yourself on these? Well, research shows that if you engage in more of these behaviours now, your health is likely to be better in later life.

Health Promotion

- Generally, health promotion programmes also persuade people to change their current health-compromising behaviours:
 - Smoking
 - Eating too much salt or sugar
 - Sexual risk behaviour
 - Distracted driving
 - Non-use of seat belt/helmet
 - Lack of exercise
 - Binge eating and drinking

Health Promotion

- The concept of health promotion in community psychology goes beyond the prevention of illness and includes the promotion of competencies, skills and positive coping.
- Cowen (2001;2005) argued that it is not enough to prevent illness/disorder and that we need to focus on the promotion of skills and competencies.
- Promotion of disorder/disease and community problems and the promotion of wellness and competence go hand in hand.
- For example, in promoting healthy sexual behaviours, we are also preventing sexually transmitted diseases such as HIV/AIDS.

Health Promotion

- In Cowen's (2001) view, we engage in everyday prevention efforts. For example, parents try to help children learn how to care for themselves, educationists encourage learning in different forms and road signs exist to avoid getting lost (Kloos et al., 2012).
- These examples focus on building competencies, skills and abilities.
- Cowen (2001) thus coined the term "wellness" as a more fitting goal for community psychologists.

Health Promotion

- The goal of community psychologists therefore is to prevent illness/disorders and also promote health.
- We can categorize health promotion activities into two broad categories.
- These are the a) promotion of healthy behaviours among persons who are healthy and b) the promotion of competencies, skills and positive social support.
- We will look at these two categories one after the other.

Topic Two

APPROACHES TO HEALTH PROMOTION



Approaches to Health Promotion

- Behaviour change and lifestyle modification activities can be grouped into three main categories:
 1. Individualist approaches
 2. Structural-collective approaches
 3. Social Ecological Approach

Individualist Approaches

- The main assumption underlying the individual approach to health promotion is that health is an individual's responsibility
- Health promoters who use this approach therefore aim at identifying why people behave the way they do and use this understanding as a basis to design interventions to change health-compromising behaviours and promote positive ones.
 - The goal is to increase people's knowledge based on the assumption that having adequate knowledge will lead to changes in behaviour.

Individualist Approaches

- For example, why do individuals throw garbage in gutters? Why do they eat unhealthy foods? Why do they not exercise regularly? If we know this, then we can plan health promotion programmes to encourage them to engage in healthful behaviours.
- If, for example, we find that people eat unhealthy foods because they do not have adequate knowledge about their consequences, then we can focus on awareness creation and also increase their knowledge about unhealthy foods.

Individual Approaches

- Individual approaches focus on intrinsic factors such as **personality, learning, socialization, and cognitive factors** that influence health attitudes.
- Among these, cognitive factors have received the most attention.
- Some examples of cognitive factors include attitudes and belief systems

Individualist Approaches

- Individual approaches focus on intrinsic factors such as personality, learning, socialization, and cognitive factors that influence health attitudes. Among these, cognitive factors have received the most attention.
- Theories form the basis for individual-based approaches. Examples include the:
 1. Health Locus of control
 2. Health belief model (HBM)

Individualist Approaches

1) Health Locus of Control

- This theory is based on Rotter's (1966) theory of locus of control. It assumes that individuals who believe they have control over their health (**internal locus of control**) will be more likely to behave in ways that are health promoting.
- On the other hand, those who believe that control over their health lies outside their means (**external locus of control**) will not behave in ways that will promote their health.

Individualist Approaches

- For example, a person who has an internal locus of control is more likely to exercise, eat healthily and avoid smoking. The opposite will happen to someone who has an external locus of control.
- Knowing whether a person has an internal or external locus of control helps the interventionist to plan effective health promotion programs.

Individualist Approaches

2) Health Belief Model (HBM)

- The health belief model is one of the attitude models that help predict healthful behaviours. The assumption is that attitudes, beliefs, knowledge and perceptions play a central role in determining health behaviour.
- Thus, whether a person will act in a healthful manner or not depends on specific types of cognitions including for example, his or her beliefs about a disease.

Individualist Approaches

- The model generally focuses on whether an individual values his or her health or not (**general health values**), whether he/she perceives some threat to health or not (**perception of threat to health**), whether he/she perceives him/herself as vulnerable or not (**perception of vulnerability**), whether the person believes he/she can do something about his/her health or not (**self-efficacy**), and whether the person believes that if action is taken, he/she will achieve the desired result or not (**response-efficacy**).

Individualist Approaches

- A person is likely to change his/her unhealthy health behaviours to healthy ones if they value their health, perceives some threat to health, perceives personal vulnerability, has self-efficacy and response efficacy.
- An individual is not likely to change his or her unhealthy behaviours if they do not value their, perceive some threat to health, perceive personal vulnerability, lack self-efficacy and response efficacy.

Individualist Approaches

Individual approaches make use of the following to appeal to individuals to change their health behaviours:

- Use of informational appeals or persuasion (provision of adequate information)
- Use of fear appeals in communication (introducing some element of fear in the persuasion package)
- Message framing (stressing gains when one engage in healthful behaviours and the losses that would occur if they do not engage in such behaviours).
- Counselling (counselling individuals)

Individualist Approaches

- However, individual approaches have been a failure as they have not been consistent in predicting behaviour or changing it.
- They have also been criticized for being too simplistic.

Structural-Collective Approaches

- The main assumption of the structural-collective approaches is that health is a collective responsibility.
- Hence the social system and environment are part of the causes of ill-health. Consequently, they focus on social and environmental conditions to improve health. They also focus on both local interventions and broader legislative ones.

Structural-Collective Approaches

- Those who use this approach thus aim at:
 - Improving social and environmental conditions. For example, they may focus on environmental factors such as sanitation and how to address them in order to promote health.
 - Intervening on broader legislative levels. For example, they may advocate for policies to be formulated and/or enforced in a way that will enhance health.
 - Community empowerment and collective action is another strategy that is used. Here, community members are empowered to take control of their own environment and ensure that the environment, for example, is clean and healthy for everyone.

Structural-Collective Approaches

- The structural-collective approaches have been useful in reducing harmful health behaviours. For example, through legislation, there is a reduction in tobacco use all over the world.
- Many countries have also been able to reduce road accidents through laws on use of seat belts.

Individualists vrs Structural-Collective Approaches (Lyons & Chamberlian, 2006)

Approach	Individualist	Structural-Collective
1. Focal points	Individual, community, nation top-down, authoritative	Community, bottom-up, participatory
2. View on disease causation	Illness caused by individual behaviours (e.g. smoking, lack of exercise)	Illness caused by structural (social, economic) inequities (poverty, unemployment)
3. Goals	To change individual behaviour through health education and knowledge	To improve people's health through modifying social, economic structures
4. Personnel involved	Health professionals (e.g. doctors, nurses, psychologists, media, etc)	Community and pressure groups, community psychologists, etc
5. Examples of interventions	Mass media campaigns, use of pamphlets	Legislation, immunization programmes

Social-Ecological Approaches

- This approach is based on Bronfenbrenner's social-ecological model which basically emphasize the interrelatedness of environmental conditions and human behaviour and well-being.
- They also emphasize the interconnections between multiple settings.
- For example, in planning health promotion programmes, one's place of residence, neighbourhood, workplace, and community at large are all taken into account.

Topic Three

PROMOTION OF WELLNESS



Promotion of Wellness

- As indicated earlier, the promotion of wellness is another way in which health can be promoted. How do we help people develop competencies and skills that would promote health?
- The following describes some strategies that have been used by community psychologists and other health promoters:
 - Promoting parental and physical health (home visits, parenting programmes, etc are effective in reducing maternal depression)
 - Promoting good parenting skills
 - Providing school-based mental health interventions (reduce violence, conduct behavior, etc)

Promotion of Wellness

We can also promote wellness among older people. This can be achieved by the following:

- Providing psychosocial interventions
- Providing high social support during adversity
- Prevention of social isolation
- Engaging in poverty reduction
- Providing psycho-educational interventions for carers
- Promoting strength and resilience
- Promoting more community connectedness

Topic Four

PRINCIPLES OF EFFECTIVE PROMOTION PROGRAMMES



Principles of Effective Promotion Programmes

- To make promotion programmes work, there are various principles that must be followed (Kloos et al., 2012). The programme:
 1. Must be theory driven and evidence-based (must have a theoretical justification and must be grounded in research)
 2. Must be comprehensive (must promote health in multiple settings and address interrelated goals)
 3. Must be appropriately timed (must be given before the onset of a disorder)

Principles of Effective Promotion Programmes

4. Must be culturally relevant (must be culturally sensitive and have respect for cultural norms)
5. Must have sufficient dosage (must be of a sufficient length and intensity to ensure the desired outcomes)
6. Must be a second change (must focus on changes in setting and community, in policies and specific practices)
7. Must have support for programme staff (must provide training for staff and ongoing support to ensure effective implementation)
8. Must incorporate programme evaluation (periodic evaluations are imperative to ensure continuous effectiveness)

Topic Five

VENUES FOR HEALTH PROMOTION



Venues for Health Promotion

- Schools
- Self-help/mutual help groups
- Workplace
- Community
- Mass media



Venues for Health Promotion

- **Schools:** Many health promotion programs have been implemented in schools. It is generally assumed that many children go to school and it is the right place to get through to them.
- Also, for such a young population, interventions can take place even before they develop bad health habits.
- it is assumed that when children are taught good health behaviours early, they will form habits out of them and can continue to keep themselves healthy as they grow.

Venues for Health Promotion

- **Self-help/mutual help groups:** These are groups in which members who have a common concern/challenge (e.g. persons living with HIV/AIDs or alcoholics) come together to support each another and also through experiential knowledge, teach each other how to deal with the challenge
- Many people are now becoming more comfortable modifying their health behaviours through self help groups rather than through private therapists or physicians.

Venues for Health Promotion

- **Workplace interventions:** include the provision of on-the-job health promotion programs to help employees practice better health behaviours.
- **Community-Based interventions:** These programs can be used to reach large numbers of people in communities. Various methods such as door-to-door campaigns, use of the media to create awareness on healthful behaviours, could be employed.
- **Mass media:** this is a very useful approach to promoting health as it reaches as many people as possible (e.g. using the radio or TV to reach out people).
- However, one has to be very careful about which specific mass media to use at each point in time.

Topic Six

BARRIERS TO HEALTH PROMOTION



Barriers to Health Promotion

Despite the beneficial effects of health promotion, interventionists face several barriers during their work. These include:

1. Individual factors: these are factors about a person which influence health promotion in negative ways. For example, an individual's personality may serve as a barrier to health promotion. Additionally, a person's belief system and their views about life more generally can influence negatively health promotion.

Barriers to Health Promotion

2. Cultural beliefs: Certain cultural beliefs also constitute a barrier to effective health promotion. For example, when people hold the belief that pregnant women should not eat egg, this can serve as an obstacle to health promotion.

3. Inadequate resources: Inadequate resources (e.g. personnel and logistics) can serve as a barrier to health promotion. In Ghana, we have few personnel who work to promote health. As such, there is a limit to which health promotion programmes can be implemented.

Sample Questions

1. Assume that you are the president of the Parent-Teacher Association at your child's school. The city council has given you a grant to investigate ways of promoting health among school children. Identify any two health-related problems in the school and draw a health promotion programme to address these challenges.

2. Differentiate between individualist and structural-collective approaches to health promotion. How feasible are the use of these approaches in the Ghanaian socio-cultural context?

References

- Kloos, B., Hill, J., Thomas, E., Wandersman, A., Elias, M. J., & Dalton, J. H. (2012). *Community Psychology. Linking Individuals and Communities*. New York: Wadsworth.
- Lyons, A. c., & Chamberlain, K. (2006). *Health Psychology. A Critical Introduction*. Cambridge: Cambridge University Press. Pp. 70 - 105