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THE POSITIVE IMPACT OF HEALTH EDUCATION ON PHYSICAL AND MENTAL HEALTH

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Abstract.

Health education is a crucial consideration in the healthcare system and has the potential to improve global health. Recently, researchers have expressed interest in streamlining health education, utilizing digital tools and flexible curriculums to make it more accessible, and expanding beyond disease and substance abuse prevention. They have also expressed interest in promoting global health through health and safety promotion programs. Amidst the COVID-19 pandemic, climate change, the refugee crisis, and overpopulation, healthcare crises are erupting all over the world. A lack of health education has and will continue to have a profound impact on community healthcare indicators, particularly in low-income nations. Current priorities within the health education sector include digitization, equity, and infectious disease prevention. Studies and data from university journals and other academic databases were analyzed in a literature review. Health education programs have a significant positive impact on attitudes and behaviors regarding global health. Improving upon these programs by digitizing them and expanding upon the scope of health education will help ensure that such interventions and programs make a significant difference.

Health education is one strategy of health promotion and is focused on helping individuals learn and use health-enhancing skills. Health education is often very visible and tangible. and it may often include educational programs, activities and skill-building group or individual sessions. Health education is part of health promotion, but health promotion is more than health education. The main focus of health education is to make the community people aware about the prevalent disease and its preventive methods or educating individual people about their illness and helping them to take

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care of their health. The health education mainly involves computerized graphical video that helps people to understand better about their sickness and its preventive measures.

Materials and Methods

Studies and data from PubMed and Medline, as well as university journals and other academic databases, were analyzed in a literature review encompassing current innovations in health education. The criteria for the studies used were as follows: studies had to (1) be published in English; (2) focus on implementing health education programs and interventions or designing them; (3) be published in or after 1990 to ensure relevance; and (4) be relevant to emerging research in the field of health education. Findings were synthesized into suggestions for future studies in particularly pressing areas.

Past progress and the current situation

The positive impact of health education on physical and mental health is measurable. Meheba Refugee Settlement in Zambia was established in 1971 and hosts tens of thousands of refugees. In the early 2000s, the United Nations High Commissioner for Refugees (UNHCR) implemented a health education initiative in the camp with a focus on preventing the spread of HIV. The UNHCR volunteers engaged with the local community, provided refugees with resources, and taught them how to take advantage of what was available to them to prevent the spread of HIV. Participants were also encouraged to educate others about the dangers of HIV and help teach those around them about potential prevention strategies. These efforts reduced levels of HIV infection; now, the camp has far lower HIV infection rates than the surrounding areas of Zambia, proving the effectiveness of the program[1] . Similar results were observed in schoolchildren in Thailand who engaged in a health education program to prevent the instance of head lice[2] . Six schools were selected for participation in the study, and children (who were all females) were divided into control groups and intervention

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groups [Figure 1]. Baseline data on the presence of head lice was collected. After two months, the intervention group had significantly higher scores on a KAP (knowledge, attitudes, and practice) test, and the percentage of those with pediculosis (caused by a lice infestation) decreased from 59% to 44%. The control group, however, experienced no significant changes.

pact of a targeted health education program on the lifestyle habits of middle-aged women at risk of osteoporosis.[8] The study concluded that the women in the intervention group who received a health education program had increased levels of physical activity, an increased daily calcium intake, and increased levels of general knowledge of osteoporosis. Although the progress of the study participants was not tracked in the long term, it is plausible that these changes in lifestyle habits could have delayed or even prevented the onset of osteoporosis in some of these women. Engaging citizens with predispositions to such diseases using programs for diabetes, obesity, and even cancers could be extremely beneficial in both the short and long term.

A 2019 review analyzed studies focused on health education programs designed to promote maternal and child health.[9] The study focused on 23 articles on various educational methodologies or program designs and technologies. Educational programs focused on various topics, including breastfeeding and pediatric dentistry. The programs yielded an abundance of positive results, including increased confidence, increased birth weight and gestational age at birth, increased prenatal visits to ensure fetus health, and higher rates of safe behaviors during pregnancy (avoiding alcohol, nicotine, drugs, etc.). The review concluded that continued health education programs led to improved outcomes for both the mother and child.[9]

This study conducted a systematic search of PubMed and Medline databases to identify 42 studies that were published after 1990 in English, and that focused on implementing novel health education programs. Priority was given to studies that had digital components, focused on cognitive science, or focused on rehabilitation and recovery rather than disease prevention (although some studies discussed also focused

on disease prevention). Many of the studies used were discussed in an in-depth literature review, and findings were synthesized into suggestions for future work to streamline, modernize and greatly improve health education practices.

Conclusion

Health education programs and advocates can help change the way we approach healthcare by championing preventative care to minimize the risk of chronic illnesses, outpatient care, and infections. They can also help reverse some of the negative effects associated with addiction and aging. Digitizing programs and utilizing flexible curriculums is particularly beneficial. As the world recovers from the COVID-19 pandemic and the current healthcare system is reevaluated, health education programs are a crucial consideration that can have a tremendous positive impact on the lives of citizens around the world.

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