

# Role of Education and Extension in the Promotion of Health and Well Being

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**Abstract**—In the major developing countries like India, Pakistan, Afghanistan etc. ill-literacy and lack of awareness are two major issues. In these countries illiteracy and lack of awareness not just about 3R's (reading, writing and arithmetic) but it is also about health, hygiene, sanitation, well being, social welfare programmes etc. The Government of India has been launched various programmes like social education, national adult education programme etc but these programmes are become valueless due to lack of knowledge and interest. Not only in the decade of 60s and 70s today also in 21<sup>st</sup> century adult people those are not literate or semi-literate do not want to change their mindset and culture.

In this situation "Extension" can play an important role to reduce it. "Extension" is the third dimension in the universities other than teaching and research. Extension is basically an intervention among community and university. Extension means to extend or to spread out or to disseminates useful information and ideas to people to bring out desirable changes in human behaviour. It brings changes in human behaviour.

Through extension we can solve various problems of India such as health, illiteracy, lack of awareness etc. Extension can helps to reduce various health problems in India. Various Indian universities working on extension, according to the guidelines of University Grants Commissions. Extension can help us in the promotion of health and well being, as well as it is important for the development.

**Keywords:** Health, education, extension, well being, health literacy, awareness.

## 1. INTRODUCTION

Health is a fundamental human right and that the attainment of the highest possible level of health is a most important worldwide social goal. Large number of world's people, perhaps more than half have no access to health care at all and for many of rest the care they receive does not answer the problem they have. Government have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. So government formulate national policies, strategies and plans of action to launch and sustain primary health care. Against this the 30<sup>th</sup> World Health Assembly resolved in May 1977 that the main social target of governments and WHO in the coming decades should be the attainment by all citizens of the year 2000 AD of a level of health that will permit them to lead a socially and economically productive life but by the end of

20<sup>th</sup> century, it was cleared that the goals of health for all by the year 2000 AD would not be achieved. After it the Millennium Developmental Goal (MDG) could not achieved. MDG meant to accelerate progress. MDG were set up by all Government leaders at the UN Millennium Summit, September 2000, and all UN organisations decide to be guided by MDGs in their future actions. And follow its guidelines and recommendations till 2015. Now UN and Governments are working on a sustainable Developments Goals (2015-2030)

But due to lack of information, knowledge, interest, biased and poor socio-economic development, discriminatory policies they are not successful. Now the health status of people in India not so good. Till today mostly people are suffer from various health problems. So, the Government of India adopt extension policies in their developmental plans. First of all the extension only used for agricultural activities but now it becomes popular in educational areas because education plays an important role in extension without extension education can not transmitted to the community people and education plays an important role to improve their socio-economic status.

## 2. HEALTH AND WELL-BEING

Health and wellbeing both terms are related with our life. In which health is the state of wellbeing in which all of the components of health are balanced, and wellness is broken down into six major categories those are known as the components of health. The major components of health are the physical health, mental or intellectual health, environmental health, emotional health, spiritual health and social health. Physical health refers to the way that your body functions. This includes eating right, getting regular exercise, and being at your recommended body weight. Physical health is also avoiding drugs and alcohol and being free of disease and sickness Social health is the quality of your relationships with friends, family, teachers, and others you are in contact with. Environmental health is keeping your air and water clean, your food safe, and the land around you enjoyable and safe. Emotional health is expressing your emotions in a positive, nondestructive way. Spiritual health is maintaining

harmonious relationships with other living things and having spiritual direction and purpose. This includes living according to one's ethics, morals, and values. Mental health is the ability to recognize reality and cope with the demands of daily life. And all components are affected by each other. Wellness is the achievement of a person's best in all six components of health.

According to **WHO** (1995) health is the state of complete physical, mental and social well-being and not merely the absence of disease and infirmity. According to the modern concept of health refers to Optimum Level Of Functioning (OLOF) of individuals, families and communities which is influenced by the eco-system through a myriad of factors.

### 3. EXTENSION AND EDUCATION

Extension is a most acceptable strategy for development in the developing and developed countries. Extension aims at bringing about a change in human behaviour where communication acts as an essential means of providing and exchanging ideas and facts. The first target of extension has been the rural people whose behaviour is changed in respect of knowledge, skills and attitudes and hence extension is a form of education for them.

Extension is an out-of-school system of education in which adults and young people learn by doing. According to Esminger (1957), extension is education and that its purpose is to change attitudes and practices of people with whom the work is done.

The concept of extension which started as out of school system of education for rural people has 'undergone changes in its aims, objectives and target population. It has been considered as a process, a method, a system and an art it is a social science for bringing out change in human behaviour. The major objective of extension is to change the knowledge, attitude, skills and practices of the rural people for increased production and income thereby, improving their standard of living. The principles of extension are governed by its philosophy on the one hand and the socio economic and political situation on the other.

Extension means to extend or to spread or to disseminate useful information and ideas to rural or community people do bring out desirable changes in human behaviour. It brings out three types of changes in human behaviour.

- a) Changes 'in knowledge or things known
- b) Changes in skills or things done.
- c) Changes in attitudes or things felt.

In the first type of change an increased amount of useful information or understanding is to the people. In the second type of change, new or improved skills, abilities and habits of the people are improved, such as how to avoid loss of vitamins' while cooking the vegetables. The third change is developing desirable attitudes and ideas in rural people, such as to make people believe that balanced diet is useful for

human body, changing attitudes towards girl child, widow remarriage, family planning etc.

We apply the term education to all the efforts at the transmission of knowledge, skills and understanding of all the activities of life. It is used more in the context of transmission of knowledge and culture other than through the family and neighbourhood environment. Education is a generic and very comprehensive concept which includes extension efforts also. By and large, it is more related, in the common parlance to learning processes through the educational institutions such as the schools, colleges and universities, though some of the universities may devote their entire educational effort through the extension process only. As far as concept of extension is concerned we consider extension as a specialised process of education addressed to specific adult groups in an informal situation.

Education is an integral part of extension. Extension is pursued in agriculture and many other disciplines to educate, motivate and change the behaviour of the people. This particular branch of science is also known as extension education.'

Extension Education is the strategy and method for achieving sustainable development. It is a system of service and education designed to meet the needs of the people. It is the democratic approach for development, which has been adopted in all democratic countries including India, where participation of the people in the development process is voluntary. The behaviour of the people, the knowledge, attitudes and skills have to be changed not by ordering or coercing, but by educating and motivating them for effective participation in development.

### 4. EXTENSION AND HEALTH

The Constitution of India makes health in India the responsibility of state governments, rather than the central federal government. It makes every state responsible for "raising the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties". The National Health Policy was endorsed by the Parliament of India in 1983 and updated in 2002. The National Health Policy is being worked upon further in 2017 and a draft for public consultation has been released. Extension as a practice focused on the dissemination of messages and information those are useful for community people, and the information may be related with health, livelihood, rights, programmes etc.

The health extension basically starts with the primary health care. The Alma-Ata conference defines primary health care as an essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individual and families in the community, through their full participation and at a cost that

the community and the country can afford (Alma-Ata Conference). The strategy of Primary Health Care (PHC) for Health for All (HFA), in conjunction with the Minimum Needs Programme (MNP) and other welfare interventions continues to aim at achieving the twin-objective of preventive health care and primitive care alongside hortative care (PHC in India: 1989). As a result, significant achievements have been recorded in controlling or eradicating diseases as is reflected by decreased death and morbidity rates and increased health status (HIS:1993). However, objective assessments of the outlined interventions show that the returns not commensurate with human, material and financial inputs. Consequently, current health status is less than satisfactory, particularly in rural areas (NHP: 1989). It is in this above context, that rigorous and usable health extension system and services becomes critically important both for assessing and meeting the health needs of the people and achievement of the larger objectives and goals of health.

According to Rifkin(1985), the following three major approaches of health extension are widely prevalent either individually or severally :

- Medical approaches: It looks at health as the absence of disease brought about by medical interventions based on modern science and technology and vies the role of the community as responding to directions given by the medical professionals.
- Health Planning Approach: Believes that health is essentially a product of appropriate delivery of health service. It focuses on allocation of resources and uses-pattern of services.
- Community (Health) Development Approach: Believes that community health improvements do not necessarily have to start with direct health related activities.

Education and income are examples seen as efforts to contribute to health improvement alongside health education, sanitation, etc. It relies on a decision-making process which focuses on Community and not planners needs community initiatives are envisaged, under this approach. Dually and from a pragmatic viewpoint, the third approach, viz., Community Health development Approach (CHDA) holds great promise. It revolves around five major issues, namely, the role of health services; views about community participation; role and training of extension staff; evaluation of programmes, and financial support. The CHDA is a means by which individuals groups can learn to develop their inherent potential through the extension intervention. Also, while it considers these services as a tool or educating people to participate not just in health but total development of community (an essential goal of Primary Health Care for Health for All), it also aims at developing a health are system which is based on 'felt needs' and 'self-reliance' community participation is regarded as the 'Heart of Primary Health Care' and has been dandified as a key element of community health programmes. However, the critical questions as to why participation? Who participates? and how to participate? These questions have to be understand

by the extension workers and they also form bases for community health. They need to be articulated Where, elaborated and practiced. Extension workers have a crucial and demanding role in this regard as much as the users of perspective of community health and what is required to make it meaningful and sustainable.

## 5. HEALTH LITERACY THROUGH EXTENSION

Health literacy is a relatively a new concept in the promotion of health which linked the literacy and health. The health literacy is a focus of national interest because poor health literacy is the hidden problem in our country, and health literacy is the ability to obtain, process, understand and use health information and services to make appropriate health decisions. The health literacy defined by World Health Organisation (WHO) as the cognitive and social skills which determine the motive and the ability of individuals to gain access to understand and use information in ways which promote and maintain good health(WHO, 1998). Normally three kind of health literacy can be seen those are basic health literacy, fundamental health literacy and critical health literacy. The basic health literacy implies a fundamental understanding of a health problem and the ability to comply with prescribed actions to remedy the problem. The functional health literacy involves more advanced knowledge and skills to function in everyday society and the ability to seek out information in order to respond to changing needs. The most advanced level of health literacy is critical health literacy. It implies a significant level of knowledge, personal skills and confidence to manage one's health and the ability to take action to change the determinants of health in the environment.

Generally basic literacy skills like reading, writing, arithmetic, functionality and awareness takes place in the whole extension process. Health literacy is also part of it. So now I big question enters in the mind why should we do extension work and for whom?

In India more than half people have no access to health care at all and for many of rest the care they receive does not answer the problem they have, those are basically marginalized. So it is important that extension should work for marginalised people to improve their socio-economic status and make them part of knowledge based society with the competence of sustainability and through extension we can add them in the mainstream of the society, so that they became able to participate in the democratic system of country and become able to understand and take benefits of various government plans those are launched specially for them but due to lack of knowledge and interest they does not able to take benefits of them.

Through extension we can help them to understand and adopt various good habits like before cooking wash hands with soap, keep clean yourself and your surroundings etc. so that they become able to adopt these habits in their life. We can make

them aware about policies and programmes those are specially launched for them, for their welfare and development. All of them collectively helps to improve their health status, as well as socio-economic status.

## **6. EXTENSION AS AN OUTCOME AND CONCLUSION OF HEALTH PROMOTION**

Extension as a practise focused on the dissemination of messages and information those are related with health and their socio-economic development. And education is an integral part of extension. Extension is one of working with people, not for them; of helping them become self reliant, not dependent on others; of making them the central actors in the development, not spectators. It is a problem-solving process to be understood by the educator and community together. It is pursued to educate, motivate and change the behaviour of the people. Extension work is to assist people through educational and service approach. Now extension used as the strategy and method for achieving sustainable development. It is a system of service and education designed to meet the need of people. It is the democratic approach for development, which has been adopted in all democratic countries including India, where participation of the people in the development process is voluntary. The behaviour of the people, the knowledge attitude and skills have to be changed not by ordering or coercing, but by educating and motivating them for effective participation in development. Through extension work, people are stimulated to make changes that result in more efficient production and marketing, conservation of natural resources, improved livelihood security, health and more satisfying family and community life.

Health promotion is the process of enabling people to exert control over the determinants of health and thereby improve their health (Nutbeam 1998). The health promotion outcomes represent those personal, social and structural factors that can be modified in order to change the determinants of health. These outcomes also represent the most immediate target of planned health promotion activities. These outcomes basically describes the result of efforts to enhance the actions and control of social groups over the determinations of health

illustrated by efforts to work effectively with to promote the health of marginalised group.

The health promotion actions includes education for health, efforts to mobilize people's collective energy, resources, skills towards the improvement of health and advocacy for health. A typical health promotion programme might consist of interventions targeted at all the factors those determined the factors as health promotion outcome.

As the outcome through extension is the living standard of marginalised people is improve and then they became able to enjoy a healthy life with the socio-economic development of them. And it make them able to participate in the democratic system of the country as well as in the development of country. So extension plays an important role in the development of the individual as well as for the community.

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