

Practical Class 13

Health Culture and Health Behavior. Health Education

Conspectus topics (30, 31)

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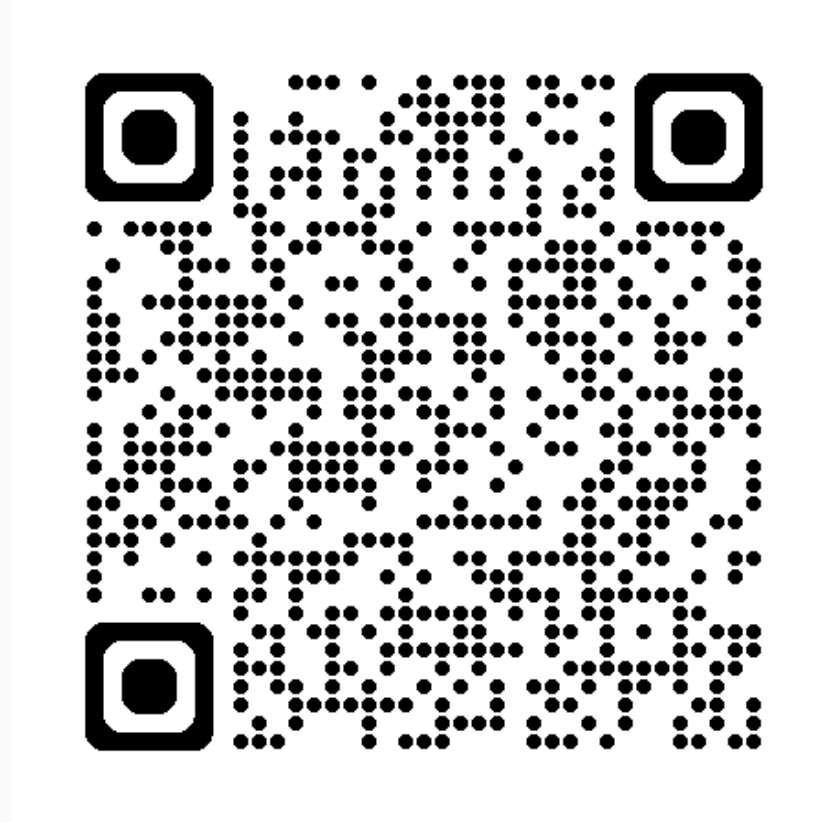
Academic Year 2025/2026

Department of “Social Medicine and Public Health”



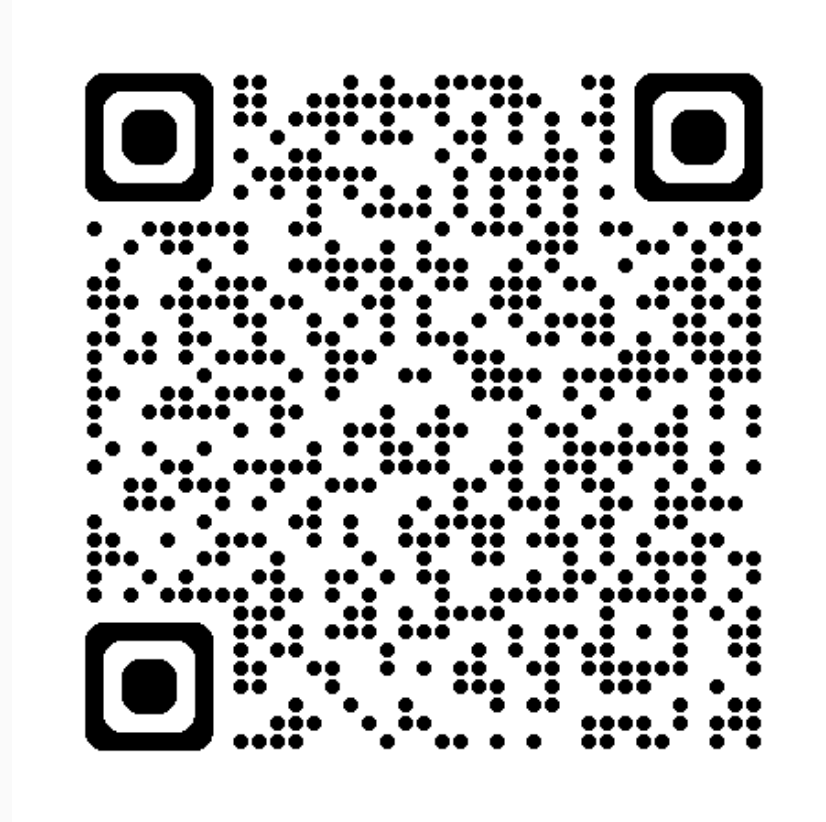
download the presentation from <https://tinyurl.com/social-med-class-13>

15-minutes reading assignment



<https://kostadinoff.github.io/learning.html>

Group tasks



<https://kostadinoff.github.io/tasks.html>

Outline

1. Health Culture
2. Health Behavior
3. Health Culture Development
4. Humanitarian NGOs
5. Health Education

Health Culture

Health Culture — Definition (30)

- **Health culture** is the comprehensive set of knowledge, beliefs, skills, habits, and behaviors that relate to the preservation and enhancement of personal and collective health.
- It constitutes an integral component of the broader cultural fabric of any society, encompassing both **material and spiritual** dimensions.

Key insight: **knowledge alone does not equal health culture**

- Knowledge must be internalized as genuine belief
- Belief must translate into attitudes and consistent behavior
- Example: physicians who continue to smoke despite full awareness of tobacco harms

Two Levels of Health Culture (30)

Objective (Public)	Subjective (Personal)
Collective norms, values, institutions	Internalized values and attitudes
Healthcare infrastructure and policy	Individual behavioral patterns
Health education systems	Personal engagement with health services
Social determinants at population level	Emotional orientation toward health

The two levels interact continuously – tensions arise when societal health expectations do not align with individual practices.

Six Dimensions of Health Culture in Social Relations (30)

- **Individual lifestyle** — nutrition, activity, sleep, substance use, stress management
- **Attitudes toward health of others** — supporting family, modeling healthy behaviors for peers
- **Response to own illness** — healthcare-seeking, adherence, self-care, coping
- **Collective response to individual illness** — social solidarity, mutual aid norms
- **Attitudes toward health services** — trust in providers, preventive service uptake
- **Attitudes toward hygiene and environment** — sanitation, conservation, environmental health action

Health Behavior

Health Behavior and Its Determinants (30)

- **Health behavior** is the practical expression of an individual's attitudes toward their own health and the health of others — manifesting health culture in observable actions.

Key determining factors:

- Awareness of the need for good health
- Position of health within the individual's **value hierarchy**
- Scope and nature of health knowledge
- Attitudes toward one's own health and the health of others
- Momentary emotional state — stress, anxiety, depression alter decision-making and override habitual patterns

Health Habits — Formation Mechanisms (30)

Health skills → refined through practice → **health habits** (automatic, low-effort, sustainable)

Three pathways to habit formation:

- **Repetition** — actions satisfying fundamental needs, repeated consistently, become automatic; e.g., regular sleep-wake schedules
- **Imitation** — observation of family, peers, and respected figures; explains clustering of health behaviors within social networks
- **Conscious understanding** — rational evaluation of harms and benefits; particularly crucial for breaking entrenched negative habits (e.g., tobacco cessation)

Motivational Foundations of Health Behavior (30)

- **Health-rational** — conscious awareness of risk; depends on perceived susceptibility, severity, efficacy; characteristic of adults and those with chronic illness
- **Psycho-physiological** — grounded in anticipated emotional or physical experience; fear of dental pain deters care; positive exercise experiences sustain activity
- **Aesthetic** — appearance-related concerns; can support or, in excess, undermine health (disordered eating, unrealistic body ideals)

Motivational Foundations of Health Behavior (30)

- **Socio-psychological** — social norms, peer and family influence; most powerful in adolescence, but persists across the life course
- **Moral** — humanitarian duty, solidarity; sustains blood donation, organ donation, volunteer health service
- **Economic** — financial resources shape access to nutritious food, preventive care, health-promoting environments

Health Culture Development

Why a Systematic Approach? (30)

Building health culture cannot rely on single, episodic interventions.

It demands a **comprehensive, multi-stage process** that:

- Engages diverse stakeholders at all levels of the socio-ecological system
- Addresses immediate behavioral targets **and** underlying social determinants
- Operates over extended timeframes — cultural change is incremental
- Measures not only individual behavior change but shifts in **community norms, institutional practices, and environmental conditions**

Five Steps for Health Culture Development (30)

1. **Assessment of cultural context and health determinants** — understand existing cultural frameworks, norms, belief systems, barriers, and community assets
2. **Community engagement and participatory approaches** — engage community leaders, trusted institutions, affected populations as **partners**, not passive recipients
3. **Designing culturally grounded interventions** — surface adaptations (language, imagery) and deep structural adaptations (values, social hierarchies, power relationships)
4. **Implementation and capacity building** — health literacy, shared values, supportive environments, training of community health workers and leaders
5. **Ongoing evaluation and adaptation** — continuous monitoring; disaggregated data; iterative refinement in response to community feedback

Humanitarian NGOs

Health Self-Activity and NGOs (30)

Health self-activity – active participation of individuals and communities in organized efforts to promote, preserve, and restore health.

Humanitarian NGOs bridge critical gaps between formal healthcare systems and community health needs:

- Provide organizational frameworks, training, and resources for volunteer health activities
- Emphasize **health promotion, prevention, and education** – where governmental facilities focus on curative care
- Enter communities through trust – achieving impact that professional systems often cannot
- Operate with flexibility to deliver community-based primary healthcare

$N\{countries\} > 191$; $quad V\{IFRC\}$ approx 16×10^6 text{ volunteers}

Bulgarian Red Cross — Overview (30)

Established **1885** — operates as an autonomous organization under its own statute, working in close cooperation with state authorities.

Multi-tiered organizational structure:

- Local units within municipalities and neighborhoods
- 28 regional organizations
- **General Assembly** — supreme governing body
- **National Council** — main executive and administrative body

www.redcross.bg

Core Objectives of the Bulgarian Red Cross (30)

- Increasing **health culture** through education, awareness campaigns, and skill-building
- Training the population in **first aid provision** — creates distributed emergency response capacity
- Supporting **voluntary blood donation** — twice-annual campaigns (spring and autumn) in cooperation with transfusion hematology centers
- Enhancing population **readiness for disaster response**
- Prevention and assistance related to **mountain and water accidents**
- Assistance to victims of **armed conflicts and natural disasters**, domestically and internationally
- Training and qualification of **personnel and volunteers**
- Collaboration with **civil defense authorities**

Fundamental Principles of the Red Cross Movement (30)

Principle	Core meaning
Humanity	Prevent and alleviate suffering; protect life, health, and dignity
Impartiality	No discrimination by nationality, race, religion, or political belief — need alone determines priority
Neutrality	Abstain from hostilities and partisan controversies to maintain access
Independence	Autonomy in decision-making even when assisting governmental authorities
Voluntary service	Assistance provided freely, motivated by humanitarian commitment
Unity	One society per country, accessible to all
Universality	All national societies with equal rights and obligations to assist one another

Specialized Divisions of the Bulgarian Red Cross (30)

- **Mountain Rescue Service** (est. 1933) — rescue operations and preventive activities in mountainous terrain; trail safety, emergency medicine, evacuation
- **Water Rescue Service** (est. 1964) — drowning prevention, water safety education, training of water rescuers for beaches, lakes, and rivers
- **Bulgarian Youth Red Cross** — humanitarian values education; reducing social and health vulnerability among young people; promoting tolerance and cultural diversity
- **Youth Emergency Team** — first aid at disasters and accidents; peer-led HIV/AIDS and substance abuse prevention; voluntary blood donation promotion; social assistance
- Medical posts in schools and workplaces — accessible first contact for health concerns; early identification and referral

Health Education

Health Information vs. Health Education (31)

Health Information	Health Education
Factual content about health topics	Comprehensive, interactive process
One-way communication	Bidirectional; fosters dialogue
Necessary but insufficient for behavior change	Builds motivation, skills, self-efficacy
Passive knowledge transfer	Active skill development and critical thinking
Raw material for health literacy	The pedagogical process that develops health literacy

Defining Health Education (31)

A **system of state, public, and medical measures** aimed at improving the health culture of populations through targeted and organized processes:

- Disseminating health knowledge
- Developing **motivation, skills, and behavioral capacities** for health maintenance
- Forming **subjective health culture** based on knowledge, beliefs, acquired habits, and behavioral models
- Systematically informing about risks and benefits of behavioral patterns
- Supporting behavioral change through **enhanced motivation and competence**

Fundamental Goals of Health Education (31)

- **Educational goals** — inform about how social, economic, and environmental conditions influence specific health processes; develop health literacy and critical awareness of structural determinants
- **Personal development goals** — motivate health-promoting choices; strengthen self-efficacy and decision-making capacity; support individual autonomy rather than prescribing behavior

Fundamental Goals of Health Education (31)

- **Preventive goals** — facilitate adoption of protective behaviors across primary, secondary, and tertiary prevention; evidence-based behavior change techniques
- **Radical-political goals** — raise societal awareness of policies countering health risks; develop critical consciousness; mobilize communities for collective action and advocacy

Core Principles of Health Education (31)

- **Relevance and specificity** — address genuinely felt needs; match content and format to cultural norms, religious beliefs, educational level
- **Scientific accuracy** — only verified, evidence-based facts; critical in an era of digital health misinformation
- **Accessibility and popularity** — everyday language, without jargon; accessibility must never compromise accuracy
- **Emotionality and optimism** — motivating, achievable framing; positive outcomes over fear appeals; self-efficacy over anxiety
- **Systematic implementation and continuity** — sustained, multi-channel reinforcement; single sessions rarely disrupt entrenched habits
- **Preventive orientation** — primary, secondary, and tertiary prevention; positive health strengthening, not disease management alone

Developmental Stages in Health Education (31)

Health education proceeds through sequential stages — each builds upon the preceding:

1. **Educational stage** — knowledge acquisition; cognitive foundation for subsequent change
2. **Changing attitudes, beliefs, and motivation** — deeper transformation of values; interactive methods; confronting contradictions between belief and behavior
3. **Habit formation** — transforming conscious health practices into automatic routines; environmental restructuring, behavioral cueing, graded skill development
4. **Comprehensive behavior change** — integration into lifestyle and self-concept; health behaviors as expressions of personal identity, not external obligation

Models of Educational Influence (31)

Feature	Authoritarian	Collaborative	Promotional
Communication	Unidirectional	Bidirectional	Bidirectional + peer exchange
Role of educated	Passive recipient	Active partner	Co-producer of solutions
Social context	Ignored	Acknowledged	Central to design
Best context	Emergencies, outbreaks	Individual counseling, chronic disease	Community health promotion
Primary risk	Resistance, paternalism	Resource intensity	Complexity of implementation

Approaches to Health Education Practice (31)

Health education operates at **three levels** corresponding to different intervention targets:

- **Individual approach** — secondary and tertiary prevention; one-on-one counseling, personalized risk profiling, tailored audiovisual materials; increasingly supported by digital technologies
- **Group approach** — primarily primary prevention; social learning, peer modeling, collective problem-solving; leverages social influences on behavior; peer-led programs often achieve exceptional credibility
- **Public health approach** — population-level norm and environment change; mass media, policy advocacy, built environment modification; addresses structural determinants of health

Classical Methods of Health Education (31)

- **Verbal** — health talks, lectures, individual discussions, Q&A sessions, radio programs, podcasts; efficient for rapid dissemination; limited retention compared to multimodal approaches
- **Printed** — leaflets, brochures, posters, health magazines, newspaper articles; supports self-paced review; requires literacy; higher production costs
- **Visual** — posters, photographs, anatomical models, slide presentations, exhibitions; engages visual memory; effective for limited literacy populations; strong emotional impact
- **Combined** — documentary films, educational entertainment, television, puppet theatre, multimedia; multiple sensory channels; superior learning outcomes; highest resource requirements

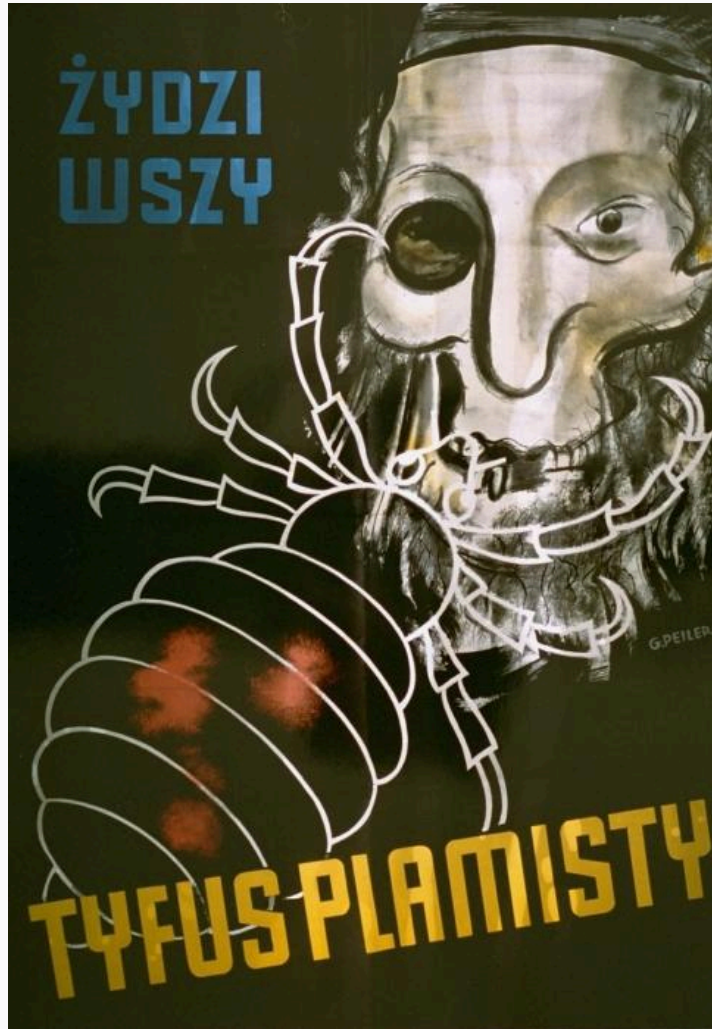
Modern Methods of Health Education

- **Social learning** Behavior is modeled by trusted or influential individuals; adoption occurs through observation and imitation
- **Diffusion of innovations** New behaviors spread through communities via leaders and follow stages: innovators → early adopters → majority → laggards
- **Social immunization** Early exposure to weak pro-risk arguments builds resistance to later persuasive messages
- **Mass media strategies** Use of digital and traditional media to shift norms at population level

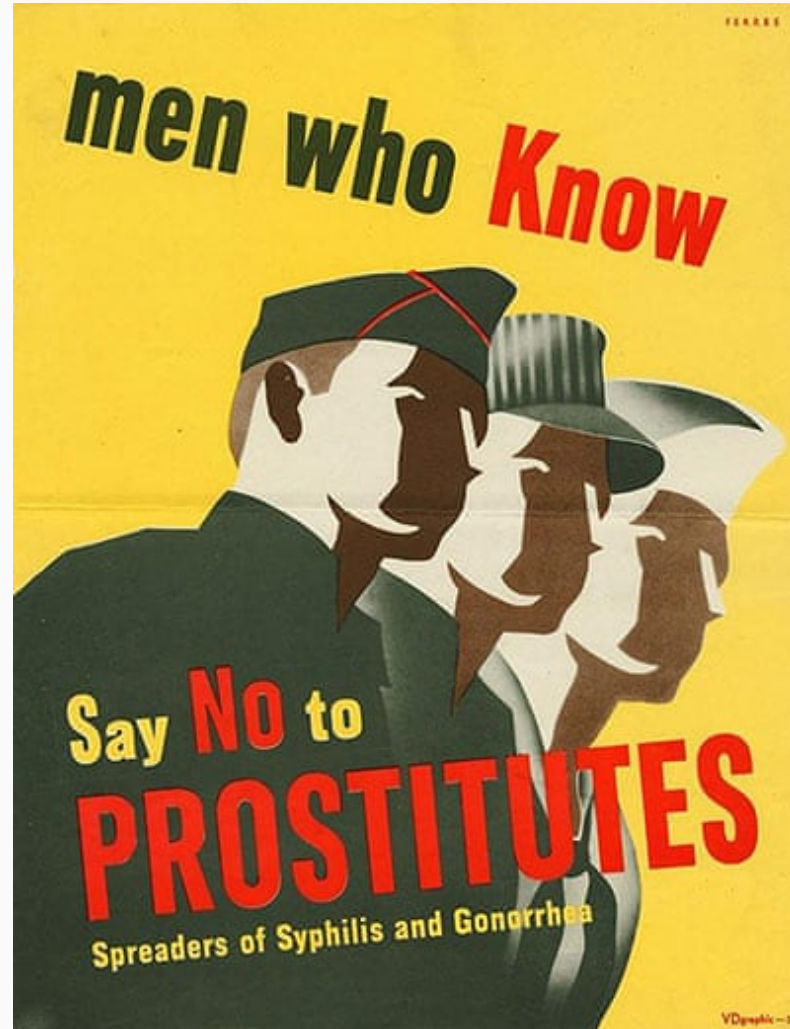
Historical and Contemporary Examples of Health Education (31)



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STOP COVID-19 PRECAUTIONS


Social Distancing.
Keep two meters apart.


Cough or sneeze into a tissue or the
bend of your arm, not your hands.


Wash your hands often with soap
and water for at least 20 seconds.


Avoid greetings that involve
touching, like handshakes.

 Shared health
Soins communs
Manitoba

 Manitoba

Factors Determining Selection of Health Education Methods (31)

- **Goals of intervention** — knowledge gain → verbal/printed; skill development → interactive with practice; attitude change → intensive interpersonal or group; behavior modification → comprehensive multi-component
- **Audience characteristics** — educational level, cultural background, age and developmental stage, health status, literacy
- **Direction of action** — primary prevention (mass media, group education); tertiary prevention (intensive individual instruction for self-management)
- **Educator competencies** — motivational interviewing, group facilitation, and participatory methods require specific training; method selection must match available skills
- **Available resources** — cost-effectiveness analysis should consider long-term health impact, not only immediate costs

The COM-B Model of Behavior Change (31)

Capability-Opportunity-Motivation-Behaviour (Michie, van Stralen, West 2011) — theoretical framework mapping determinants of behavior change interventions.

- **Capability** — psychological and physical capacity to engage in the activity; encompasses knowledge and skills
- **Opportunity** — external factors enabling behavior; includes physical and social environment
- **Motivation** — brain processes energizing and directing behavior; includes habits, emotions, and analytical decision-making

$$B = f(C, O, M)$$

Critical limitation: Model omits the role of **wanting** (Marks 2020). An individual may possess capability, opportunity, and objective need (motivation), yet still fail to act simply because they do not want to.

Thank you for your attention!