




**HEALTH  
PROMOTION AND  
PRIMARY HEALTH  
CARE**

## **GENERAL OBJECTIVES:-**

At the end of seminar student will be able to gain knowledge about health promotion and primary health care.

## **SPECIFIC OBJECTIVES**

- At the end of the class the students will be able to
  - Define Health.
  - Explain about the health promotion.
  - Enlist the levels of disease prevention.
  - Explain about each level in detail.
  - Historical overview
  - Define primary health care.

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- ❑ State features of primary health care.
  - ❑ Outlines the characteristics of primary health care.
  - ❑ Explain the elements of primary health care.
  - ❑ Discuss the principals of primary health care.
  - ❑ List the level of primary health care.
  - ❑ Count the primary health care work force.
  - ❑ Describe the roles of nurse in primary health care.
  - ❑ Identify existing weakness of primary health care.

# HEALTH:- Definition

## HEALTH PROMOTION:-

- Health promotion is “the process of enabling people to increase control over, and to improve health”.
- It is not directly against particular disease, but is intended to strengthen the host through a variety of approaches (interventions).

# **Interventions are:-**

\*Heath Education

\*Environmental modifications

\*Nutritional Intervention

\*Lifestyle and behavior changes



- **Health promotion activities can be**

- ❖ **Passive or**

Ex. The fluoridation of municipal drinking water

- ❖ **Active**

Ex. Weight reduction and smoking cessation programs

# Levels of disease prevention

- Primordial prevention**
- Primary prevention**
- Secondary prevention**
- Tertiary prevention**

# Primordial prevention

- Primordial prevention, a new concept is receiving special attention in the prevention of chronic diseases.
- This is prevention of the emergence or development of risk factors in countries or population in which they have not yet appeared.



## □ Tertiary prevention

- Tertiary prevention occurs when a defect or disability is permanent and irreversible.
- Tertiary prevention can be defined as “all measures available to reduce or limit impairments and disabilities, minimize suffering caused by existing departures from good health and promote the patient’s adjustment to irremediable conditions”

The specific interventions are:-

a) Disability limitation

b) Rehabilitation

**a) Disability limitation:-**

Concept of Disability:

Disease → impairment → Disability → handicap

For example: - In leprosy we try to limit disability by early adequate treatment and plastic surgery. This is followed by rehabilitation.

## **b) Rehabilitation**

- Is defined as the combined and co-ordinate use of medical, social, educational, vocational measures for training and retraining the individual to the highest possible level of functional ability.
- It includes all the measures aimed at reducing the impact of disabling and handicapping conditions and at enabling the handicap and disabled to achieve social integration.



- The following area of concern in rehabilitation has been identified:-

I. Medical Rehabilitation- restoration of function

II. Vocational rehabilitation – restoration of capacity to earn livelihood

III. Social rehabilitation – restoration of family and social relationships

IV. Psychological rehabilitation- restoration of personal dignity and confidence

## **DEFINITION:-PRIMARY HEALTH CARE**

“Primary health care is an essential health care made universally accessible to individual and acceptable to them, through their full participation and at the cost the community and country can afford”.

# FEATURES

- Features of primary health care are- A number of country adopting new approaches to health care. There are 2 major objectives:-

(1) To design health services which can reach the majority of the people and

(2) To prevent & treat the preventable disease problems which are presently responsible for much ill health & mortality.

# CHARACTERISTICS:-

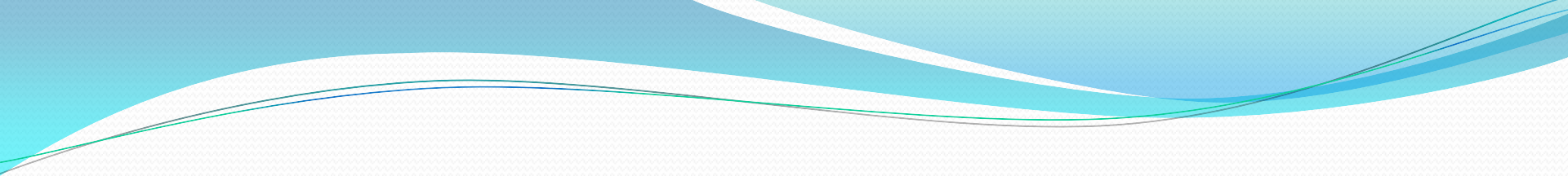
- It is essential health care which is based on practical, scientifically sound & socially acceptable method of technology.
- It should be rendered universally, acceptable to individuals and the families in the community through their full participation.
- Its availability should be at a cost which the community can afford to maintain at every stage of their development in a spirit of self – reliance & self development.
- It requires joint efforts of the health sectors & other health related factors for example food & agriculture, social welfare, animal husbandry, housing, rural reconstruction etc.

# THE PRIMARY HEALTH CARE PHILOSOPHY

- ❖ Health is fundamentally related to availability & distribution of resources, doctors, nurses, clinics, medicines, but also other socio economic resources such as education, water supply, & food supply.

Therefore PHC is concern with equity to ensure that available health and social resources are distributed with justice and due consideration for those whose needs are greatest.



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- ❖ Health is an integral part of overall development. Thus factors, which influence health, are social, cultural, and economic as well as biological, & environmental.
  - ❖ Achievement of better health requires much more involvement of people themselves, as individuals, families and communities, in taking action on their own behalf by adopting healthy behavior and ensuring a healthy environment.

# ELEMENTS:

1. Education concerning prevailing health problems and the methods of preventing and controlling them.
2. Promotion of food supply and proper nutrition
3. An adequate supply of safe water and basic sanitation
4. Maternal and child health care including family planning
5. Immunization against major infectious diseases
6. prevention and control of Local endemic disease
7. Appropriate treatment of common diseases and injury
8. Provision of essential drugs

# PRINCIPLES OF PRIMARY HEALTH CARE:

- I. Equitable distribution
- II. Community participation
- III. Appropriate technology
- IV. Multisectoral approach
- V. Focus on prevention

# THE PRIMARY HEALTH CARE WORK FORCE

The P.H.C. work force comprises a multidisciplinary team of health care providers. Team members include many professionals such as generalist & public health physician, nurses, dentists, pharmacists, optometrists, nutritionalists, community outreach workers, mental health counselors & other allied health professionals. Community members are also considered important to the team.

# ROLE OF NURSE IN PRIMARY HEALTH CARE

Collaborator

Adviser

Advocate

Preventer of illness

Promoter of health

Care Provider



Team leader

Observer

Potentiator

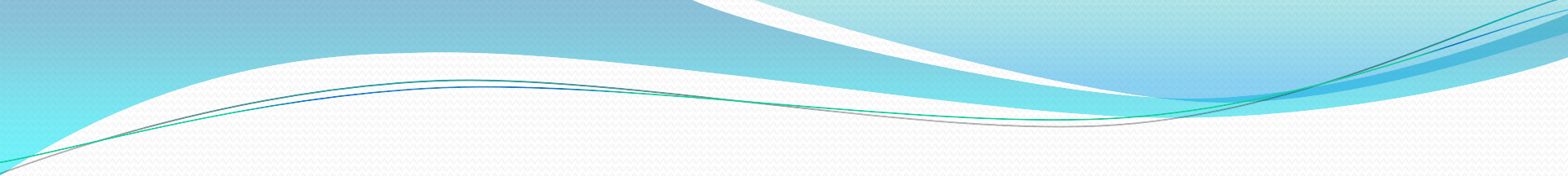
Manager

Participant

Practitioner

# EXISTING WEEKNESS IN IMPLEMENTATION OF PRIMARY HEALTH CARE

- 1) Minimal policy and organizational commitment
- 2) Poorly defined functions
- 3) Deficiencies in training and continuing education
- 4) Lack of support and supervision.
- 5) Uncertain working conditions.

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- 7) Lack of monitoring & evaluation.
  - 8) Lack of transport facilities.
  - 9) Insecurity of female staff.
  - 10) Inadequate supply of drugs and stationeries.
  - 11) Medical officers are not interested to work in rural areas.





# Summery

# BIBLIOGRAPHY

1. K Park, preventive and social medicine, 20<sup>th</sup> edition, Bhanot publication, page no. 37-40,741-742
  2. K.K. Gulani, Community Health Nursing principles and practice, Kumar publication house, page no. 574-587
  3. S Kamalam, essential in Community Health Nursing practice, 1<sup>st</sup> edition, Jaypee publication, page no. 160-165
  4. B.T. Basavanthappa, Textbook of Community Health Nursing, Jaypee publication, page no. 125, 149
- Stanhope, Lancaster, Community Health Nursing, Mosby, 4<sup>th</sup> edition, page-39-41.

- Brett J., Cassens, Preventive medicine & public health, 2<sup>nd</sup>, cap.-17, Williams & Winkins, page-387
- Sunita Patney, Textbook of Community Health Nursing, Modern Publisher, 2005, chap-2, 11-18.
- Stephanie S. Naughan & Gunn, Refugee Community Health Care, Oxford Medical publisher, 1988, 211-212.

# THANK YOU

