COMMENTARY

Prevention and Health Education : How Recent Advances in the Science and Art of Health Education have been Applied in Practical Ways within Medical and other Settings for Prevention and Public Health*

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Abstract

The terms health education, patient education, self-care education, school health education, and health promotion are distinguished from each other as follows. Health education is a subset or strategy within each of these but is the primary and dominant strategy in health promotion. Health education occurs through the health care providers in various settings: worksites, medical, community agencies and schools. Nurses and midwives are the most important health care providers to train people for health promotion and cancer prevention. We appreciate the importance of the "Fight against Cancer" movement in the primary health care centre and its health care providers who inform people about cancer and its symptoms, how to find lesions and early stages, and how to avoid hazardous factors. This is as process of continuous information transfer by in-service education. Primary prevention should encompass all actions aimed to reducing the occurrence of cancer. In reviewing recent advances in science and how the art of health education has been applied in practical ways within medical and other settings for prevention and public health, we can point ot the necessity for facilities like an APOCP Training Centre as a venue for scientific courses.

Key Words: Health education – cancer prevention – public health

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Cancer in the Global Context

The latest results based on the most recent available international data from the IARC , show that there were 10 million new cancer cases, 6 million deaths, and 22 million people living with cancer in 2000. In 2000 there were slightly more new cases (53%) and deaths (57%) occuring in developing than in developed countries. The profile varies greatly in different populations, and the evidence suggests that this variation is mainly a consequence of different lifestyles and environmental factors, which should be amenable to preventive interventions (Vainio 2002)

To day, the prime focus is on promotion of an increased awareness in all areas of cancer prevention and on stimulation of practical intervention approaches.

The importance of the environment and the chemical compounds to which human beings are exposed for cancer development is widely recognized. From the first demonstration by Pervical Potts, of an elevated risk of scrotal cancer in cheemny sweeps, a body of data has accumulated pointing to specific environmental factors and cancer development. To day, the prime focus is on promotion of an increased awareness in all areas of cancer prevention and on stimulation of practical intervention approaches. (Fukushima 1999).

Chemotherapy, surgery and radiation are three major therapeutic modalities for a variety of cancers. Besides these three choices, gene therapy and new immunotherapy will be used more effectively in the 21st century (Tajima 2001).

The two areas within the area of lifestyle which have received most attention are diet and physical exercise, these undoubtedly impacting on cancer development in a major fashion. Other areas such as psychological well-being and avoidance of stress may be related (Fukushima et al., 1999).

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From various pieces of evidence, the causes of increase in cancer deaths were closely related to changes in daily life, including diet, alcohol comsumption, medicaments and hazard in the working places, most of which were avoidable (Aoki 2001)

Now we need innovative, comprehensive and multidisciplinary ideas to build up new prevention strategies fight against cancer

We human beings have established our own cultures adapting to the given environment in each area in the world. Unfortunately, in some cases, this has had a negative outcome in generating culture-specific diseases. Now we need innovative, comprehensive and multidisciplinary ideas to build up new prevention strategies fight against cancer (Tajima 2001).

Fight Against Cancer with Knowledge

The terms health education, patient education, self-care education, school health education, and health promotion are distinguished from each other as follows. Health education is a subset or strategy within each of these but is the primary and dominant strategy in health promotion (Last &Wallace 1992).

Health promotion must necessarily include health education but may require more structural, financial, technological, and even coercive interventions to influence behavior when its deemed that such behavior threatens the health of others-as with reckless driving, irresponsible alcohol or drug abuse, marketing or harmful food products to young children, or smoking in crowded public places (Last &Wallace 1992). In general there is a need for open discourse, founded on an efficient public education system and shared decision-making

The Training Centres (i.e., APOCP Training Centre) are essential in order to provide courses in practical aspects of cancer prevention periodically

The primary prevention should be taken all actions aimed to reducing the occurrence of cancer. Primary health care centres were not sufficient to follow recent advances in the science and art of health education have been applied in practical ways within medical and other settings for cancer prevention. They are more interested in primary health care; antenatal care, parental education, family planning, health information and education than cancer controls. So, the training centres are essential in order to provide courses in practical aspects of cancer prevention periodically

Behavioural research with respect to cancer prevention clearly is a high priority

No laboratory scientific research but only epidemiological investigations is planned to carried out population behaviour, life habits and work exposure fight cancer with knowledge. Behavioural research with respect to cancer prevention clearly is a high priority (Aoki 2001)

Cancer Screening: Particular Attention to Areas for Future International Research Efforts

Increasing knowledge of the risk factors for cancer development in different organs imply more effective screening for early malignancies in high risk populations and the associated increase in the predictive value should mean that early intervention will result in a marked decrease in the mortality and morbidity due to a wide range of major cancers. Women who were health conscious (ate a lower fat diet and performed regular exercise) were more likely to have used the screening service (mammogram, pap-smear test) and performed breast-self examination Health education occurs through the health care providers in various settings: worksites, medical, community agencies and schools (Hiroyuki and Moore, 2002).

Opportunities and burdens for nurses and midwives working in primary health care settings: An example the role from the population-based cancer screening programs to the public education on cancer prevention.

Some study results indicate factors (high perceptions of quality of care, high ratings of perceived knowledge, health care provider's attitudes towards cancer and screening programs and several aspects of psychosocial care,) associated with the use of breast and cervical cancer screening services (Widmark et al., 1998)

Higher levels of self-reported psychological well-being were found among the women who had extra midwifery contact. These results indicate that more attention to psychosocial aspects might optimize the screening program (Tishelman et al, 2002).

Many women working in the area of women's health had a "laissez-faire" attitude towards their own cervical cytology. Overall 80% qestionnaires were returned completed-72% from gynaecologists, 68% from GPs and 100% from midwives. 60%of those who returned completed questionnaires were "up-to-date", 21% were "late" and 19% had never had a cervical smear (Lyons et al, 2000).

Women who were health conscious (ate a lower fat diet and performed regular exercise) were more likely to have used the screening service (mammogram and pap-smear test) and performed breast self-examination. Staff manner, privacy and cost were the most common contributing factors for respondent's desire for future use of the screening service. Respondents showed a preference for doctors (70%) over nurses (30%), and females (80%) over males (20%) as their service providers. The findings suggest the need to

disseminate appropriate information on screening services among the public to dispel misconceptions about the preference for doctors over nurses and females over males. Improving clinicians – and other staff patient communication would be important for breast and cervical screening programs (Abdullah et al, 2001 - Maaita et al, 2002).

Some women's expectations that they could address a range of health concerns with female health providers were stymied by structural barriers that prevented staff from addressing issues beyond those directly related to cervical screening. Cross-case analysis revealed three key elements of women-centered care: respectful and culturally appropriate interactions between women and health providers, the importance of providing acceptable alternatives for women, and the need for comprehensive health services (Bottorf et al, 2001 – Maaita et al, 2002)

It's well known that the statewide screening program improved detection of breast and cervical cancer and helped reduce the incidence of advanced stages of breast cancer in a relatively short time period (Escobedo et al, 2002). Staff manner, privacy and cost were the most common contributing factors for respondent's desire for future use of the screening service.

Nurses and midwives have strong role in public health. So, the course of public health and it's content is well designed in our university for the nurse and midwife students according to the advance scientific and medical knowledge in primary prevention and early diagnosis and updates in aspects of cancer prevention. But, midwives have more emloyed than nurses in primary health care settings in Turkey. In the primary health care system today, the domain of the Turkish midwife includes care of the woman throughout her reproductive lifecycle and, in certain instances, the midwife even meets women after menapouse. According to the national guidelines in Turkey, there are five main areas of practice for the midwife in primary health care; antenatal care, parental education, family planning, health information and education. Health information and education, not only for individual women but also within families and communities.

Conclusions

Physical, economic and sociocultural factors are major determinants of behaviour relevant to cancer. Cancer is a typically a lifestyle related disease and we should define the risk and protective factors in each targeted group. The main measures are education and motivation to achieve dietary improvement and increase exercise. To reach the widest possible range of people, the workplace and public institutions are important, with full use of available communication media and the support of governing bodies. In order to give a comprehensive background the medical, nurse and midwife schools are the prime target with courses aimed at both undergraduates and graduates.

In the new millenium cancer control program the emhasis is on regional cancer control programs, i.e., ethnic group-specific and/or geographic area-specific (Tajima & Moore 2002). Cancer control comprises five components; prevention, early detection and screening, treatment, rehabilitation and palliative care. The World Health Organization (WHO) has developed the concept of national cancer programs has the goals of preventing future cancers, diagnosing cancers early, providing curative therapy when available, ensuring freedom from suffering and reaching all members of the population (Vainio 2002).

The scientists, responsible for cancer control programs, should focus on public education to promote all aspects of campaign against cancer throughout the country; to assist in the development of public understanding of the matters of primary prevention of cancer; to organize epidemiological researches on people's knowledge and attitude towards cancer; to improve the staff – patient/client communication to encourage the people to participate in programs for early diagnosis. And also, the scientists should work in collaboration with international associations (APOCP, IARC, UICC and etc.,) and its regional representatives to apply the standart practical ways for prevention and public health.

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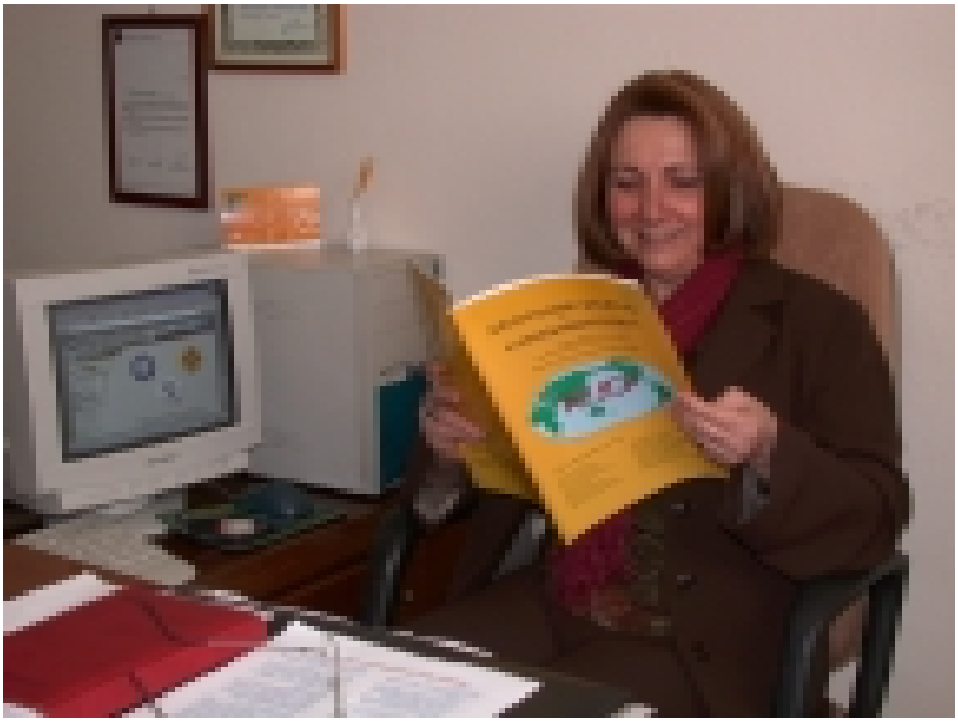

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