



# **METHODS AND WAYS OF MEDICAL AND HYGIENIC EDUCATION OF THE POPULATION**

*Guidelines to the practical lesson  
for students in the specialties 222 "Medicine"  
and 228 "Pediatrics" on the course "Social Medicine,  
Public Health" (Public Health)*

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
Харківський національний медичний університет

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# **МЕТОДИ ТА СПОСОБИ МЕДИКО-ГІГІЄНІЧНОГО ВИХОВАННЯ НАСЕЛЕННЯ**

*Методичні вказівки  
до практичного заняття студентів  
спеціальностей 222 «Медицина» та 228 «Педіатрія»  
з дисципліни «Соціальна медицина,  
громадське здоров'я» (Громадське здоров'я)*

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Compilers        V. A. Ohniev  
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## LESSON METHODS

**The purpose of the lesson:** to study the organizational structure of the system of propaganda of a healthy lifestyle, as well as its principles, methods, forms and ways.

**Need to know:**

➤ **program issues:**

– health care institutions, departments and services involved in the formation of a healthy lifestyle; the tasks and content of the work of health centers, their interaction with other healthcare institutions; methods and ways of medical and hygienic training and education of the population, their features in various healthcare institutions; development of preventive strategies in connection with the reduction of the negative impact of morbidity and injuries on the health status of the population; development of questionnaires to study factors affecting public health; drawing up a lecture plan.

**Need to be able to:**

– compose and give lectures, conduct discussions on health education topics, develop questionnaires to study various factors affecting the health status of the population.

**Form of the lesson:** practical lesson.

**Lesson location:** training room of the department.

**Methodical support of the lesson:**

- methodological developments for classes;
- methodical literature: workbook for students (basic training);
- presentation materials;
- test items.

### Recommended literature

#### Basic literature

1. Little William Chapter 19. Health and Medicine // In: Introduction to Sociology, 1st edition. / W. Little. – Victoria: Rice University, 2014. – 32 p. URL: <https://opentextbc.ca/introductiontosociology/chapter/chapter19-health-and-medicine/>
2. Conrad P, Barker KK The social construction of illness: key insights and policy implications. J Health Soc Behav. 2010;51 Suppl:S67–79. Doi: 10.1177/0022146510383495. URL: <http://www.ncbi.nlm.nih.gov/pubmed/20943584>
3. Fran Baum The New Public Health. 4th edition / F. Baum. Oxford: Oxford University Press, 2016. – 720 p. URL: <https://global.oup.com/academic/product/the-new-public-health-9780195588088?cc=ua&lang=en&>

4. Talbot Lyn, Verrinder Glenda Promoting Health: The Primary Health Care Approach, 6th edition / L. Talbot, G. Verrinder. – Australia: Elsevier, 2017. – 400 p. URL:  
<https://elsevier.com/books/promoting-health/talbot/978-0-7295-4257-9>
5. Vivian Lin, James Smith and Sally Fawkes Public Health Practice in Australia. The organized effort / V. Lin et al. – Australia: A&U Academic, 2014. – 560 p. URL:  
<https://www.allenandunwin.com/browse/books/academic-professional/health/Public-Health-Practice-in-Australia-Vivian-Lin-James-Smith-and-Sally-Fawkes-9781743314319>
6. Methodical materials on the subject “Public Health”.
7. Summary of lectures in Social Medicine and Public Health / Kharkiv National Meedical University, Department of Public Health and Healthcare Management

#### **Additional literature**

1. Gebbie K, Rosenstock L, Hernandez LM Who Will Keep the public Healthy? Educating Public Health Professionals for the 21st Century / K. Gebbie et al. – Washington D.C.: National Academy Press, 2003. – P. 33–144.
2. Last John M. A Dictionary of Epidemiology 4th edition. Ed. by International Epidemiology Association / J. Last – New York, NY: Oxford, University Press, 2001. – 219 p. URL:  
[https://pestcontrol.ru/assets/files/biblioteka/file/19-john\\_m\\_last-a\\_dictionary\\_of\\_epidemiology\\_4th\\_edition-oxford\\_university\\_press-usa\\_2000.pdf](https://pestcontrol.ru/assets/files/biblioteka/file/19-john_m_last-a_dictionary_of_epidemiology_4th_edition-oxford_university_press-usa_2000.pdf)
3. Lorber, J. Women Get Sicker, but Men Die Quicker : Gender and Health / J. Lorber. / In Phil. Brown ed. Perspectives in Medical Sociology. – Illinois: Waveland Press, 2000. – P. 40–70.

#### **Information Resources**

1. U.S. National Library of Medicine – <http://www.nlm.nih.gov/>
2. University of West Florida – University libraries. LibGuides. Public Health. Statistics and Data  
<https://libguides.uwf.edu/c.php?g=435443&p=2968919>
3. Scientific Library of Kharkiv National Medical University –  
<http://libr.knmu.edu.ua/index.php/biblioteki>
4. Vernadsky National Library of Ukraine –  
<http://www.nbu.gov.ua/>
7. National Scientific Medical Library of Ukraine –  
<http://www.library.gov.ua/>
8. Korolenko State Scientific Library –  
<http://korolenko.kharkov.com>
10. Central Scientific Medical Library of Sechenov State Medical University in Moscow –  
<http://www.scsml.rssi.ru>

## **BASIC THEORETICAL MATERIAL FOR PREPARING FOR THE LESSON**

### **1. Medical and hygienic education and principles of a healthy lifestyle**

The basic principle of health care is its preventive focus. The most important section of preventive work is the medical and hygienic education of the population with the aim of forming a healthy lifestyle.

**Medical and hygienic education** – part of the state health care system, which includes the dissemination of medical and hygienic knowledge, the formation of a healthy lifestyle and the promotion of hygienic skills for the population in order to maintain and strengthen health, increase working capacity and active longevity.

**The main goal** of medical and hygienic education of the population is the formation of knowledge and ability to independently make decisions on the preservation and promotion of health.

Currently, there is a gap between hygiene knowledge and population behavior. Due to this, there is a need to transform knowledge into practical skills. Determining the direction of this work, it is necessary to speak not about health education, but about hygienic education and upbringing of the population.

**The most important tasks of healthcare institutions of medical and hygienic training and education of the population are:**

1. The formation of a healthy lifestyle among the population.
2. Promotion of hygiene and medical knowledge.
3. Popularization of the achievements of medical science.
4. Education of a conscious attitude of the population to the protection and promotion of health.

The work of medical and hygienic training and education is based on the **principles** of organization, leadership and planning of a healthy lifestyle promotion system, among which an important place:

1. *The state nature of the organization of a healthy lifestyle promotion system:*
  - development and implementation of state programs aimed at the prevention of diseases, strengthening and maintaining the health of the population;
  - creation and financing of organs and institutions promoting a healthy lifestyle;
  - measures of state legal and administrative regulation of the promotion of a healthy lifestyle.
2. *High scientific level of promotion of a healthy lifestyle:*
  - a reference to the modern achievements of medicine and other natural sciences in the field of prevention, etiology, treatment of diseases and other adverse factors;
  - scientific activities in the field of development of the theory and practice of sanitary propaganda;

– development of the scientific basis for evaluating the effectiveness of health education and the application of its modern means.

*3. Differentiated approach and orientation of healthy lifestyle propaganda to target groups:*

– by age groups (children of preschool age, children and adolescents of school age, the population of adulthood, the elderly and senile);

– for health reasons (healthy, people at risk of illness, sick);

– with specific needs in the field of health education (persons who are in special working and living conditions, women; pregnant women; women in childbirth; military personnel, workers in the food industry, food trade, public catering);

– Participating in the promotion of a healthy lifestyle (parents; preschool teachers, teachers, managers).

*4. Mandatory participation of the entire medical community in promoting healthy lifestyles.*

*5. The wide participation of the population and public organizations and their involvement in activities to promote a healthy lifestyle.*

During activities to promote a healthy lifestyle, it is very important to use various medical terms, such as:

**Hygienic knowledge** (element of sanitary culture) – the level of awareness in matters of health protection and promotion, which is determined by experience, the availability of information, factors and ideas about the norms of proper hygienic behavior.

**Hygienic behavior** – human actions and deeds that are aimed at strengthening, maintaining, restoring health. It provides for focused active and conscious activity to protect not only personal but also public health. Hygienic behavior includes actions and deeds that have a positive and negative impact on health.

**Hygiene skills** (element of sanitary culture) – actions aimed at fulfilling hygiene requirements and are characterized by a high degree of development, automation and a feigned lack of conscious control.

**Hygiene habits** (element of sanitary culture) – actions and deeds relating to the protection and promotion of health, which are regularly carried out and turned into a personal need. From a health perspective, habits can be good or bad.

## **2. Formation of healthy lifestyle**

**The promotion of a healthy lifestyle** is an integral and organic part of healthcare, which is a section of the work of medical institutions, research institutes, higher and secondary medical educational institutions, is the official duty of all medical workers.

**A healthy lifestyle** is a typical form and method of human daily life, strengthens and improves the adaptive and reserve capabilities of the body, ensuring the successful implementation of social and professional functions.

**Healthy lifestyle** is a leading generalized factor that determines the main trends in health change, is considered as a type of active human activity.

**A healthy lifestyle** is the activity of the population is aimed at maintaining (and strengthening) and improving health.

**Lifestyle** is a certain, historically determined type or mode of life in the material and intangible (spiritual) environments of society.

**Lifestyle is a complex concept and includes 4 categories:** economic – "standard of living"; social – "quality of life"; socio-psychological – "lifestyle"; socio-economic – "way of life".

*Standard of living* – characterizes the value of national income per capita, the total amount of goods and services consumed by the population for the year.

*Quality of life* – characterizes the quality side of living conditions – the quality of living conditions, nutrition, comfort level, satisfaction with work, communication, health status, etc.

*Lifestyle:* the term "lifestyle", as a rule, refers to the individual characteristics of human behavior, as one of the manifestations of its life and activity. This also includes the way of thinking, the style of thinking, etc.

*The way of life* is usually understood as the order of social life, culture, within the framework of which the life of the population takes place.

**The structure of a lifestyle with its medical and social characteristics includes:** labor activity and working conditions; household activities (type of housing, area, living conditions, time spent on household activities, etc.) recreational activities aimed at restoring physical strength and interaction with the environment; sociolizatory activities in the family (caring for children, elderly relatives) of family planning and the relationship of family members; the formation of behavioral characteristics and socio-psychological status; medical and social activity (attitude to health, medicine, attitude towards a healthy lifestyle).

We draw attention to the fact that among the factors determining a *healthy lifestyle, in most cases there are controlled factors, and they can be actively influenced:*

- *stressful situations;*
- *unbalanced, malnutrition;*
- *drug use and drug abuse;*
- *fragility of families, loneliness;*
- *smoking, tobacco use;*
- *alcohol consumption;*
- *low educational level.*

Thus, eliminating the adverse effects of negative lifestyle factors allows the population to improve their health.



**The promotion of a healthy lifestyle as an organizational system** is a complex of state, medical and public events aimed at improving the level of sanitary culture, promoting the principles of a healthy lifestyle in order to maintain and strengthen the health of the population, increase working capacity, and active longevity.

**Sanitary culture** – the sum of indicators characterizing the level of awareness in medical and hygienic issues and the hygienic behavior of a person, as well as the degree of its social activity in the field of health and environmental improvement.

**Health education** is a section of healthcare, the content of which is medical and hygienic training and education of the population.

Improving the level of sanitary and medical culture of the population, the implementation of measures that contribute to the preservation and strengthening of its health, should be based on a scientific basis, be truthful and objective, focused, consistent, systematic.

One of the most important areas of health education is the active formation of a healthy lifestyle. To achieve this, health education tools include:

- providing the population with the necessary information regarding factors contributing to the preservation and strengthening of health, and factors negatively affecting health: alcohol abuse, drug use, smoking, unhealthy diet, sedentary lifestyle;

- stimulation of activities of state bodies and public organizations to create conditions for a healthy lifestyle of the population;

- encouragement of all medical workers in health education and educational activities.

Medical workers must use all available and necessary means and methods of hygienic training and education in a qualified manner..

Work on hygienic training, education and the formation of a healthy lifestyle is mandatory in every health care facility. This is an integral part of the professional duties of all medical workers, regardless of specialty and position.

**Various institutions in the healthcare system take part** in the formation of a healthy lifestyle, which create a service for the formation of a healthy lifestyle among the population, these include:

- National organizational and methodological center of medical problems of health formation, hygienic education of the population;

- Ministry of Health of Ukraine;

- Ukrainian Institute for Strategic Studies of the Ministry of Health of Ukraine;

- health centers of various levels provide organizational and methodological guidance;

- medical and physical dispensary;

- cabinet promoting a healthy lifestyle of a medical institution;

- an office (department) of a healthy child;

- cabinet of health education of sanitary and epidemiological surveillance authorities;
- dental disease prevention cabinet in dental clinics.

### **3. Organization of the health center**

The main structural unit for the formation of a healthy lifestyle is the health center (add. 1), the organizational structure of which includes 5 departments (organizational-methodological, educational, consultative-sanitary, administrative, editorial-publishing).

Each of the departments is presented as follows:

- *in the organizational-methodological department* – a senior methodologist, methodologist doctors work, in addition to this, a methodological office, a stationary exhibition and a library are created;
- *in the educational department* instructors work, the department has its own lecture hall and lecture bureau;
- *in the consultative-sanitary department* there are rooms for diagnosing the level of health and correction of lifestyle, rooms for non-drug methods of healing, gyms: training, relaxation, auto-training and others;
- *in the administrative department* there is a mobile assistance fund and an expedition;
- *in the editorial-publishing department* are created the necessary conditions for the publication of printed materials.

Thus, the health center provides a set of measures for organizing and conducting medical and hygienic education and training of the population with the aim of creating a healthy lifestyle.

**The goal of the health center** is to increase the level of hygienic culture of the population, attracting its wide layers to the process of promoting health by creating a healthy lifestyle.

To achieve this goal it is envisaged to solve the following **main tasks**:

1. Development (adjustment) of the strategy of multilateral activities to strengthen public health, initiating the process of introducing the principles of a healthy lifestyle.
2. Creation of a normative, informational, organizational, methodological base conducive to activities aimed at creating a healthy lifestyle.
3. Coordination of efforts of medical, interested non-medical institutions and public organizations to create economic and material and technical prerequisites for strengthening a healthy lifestyle, organizing a movement to introduce the principles of a healthy lifestyle.
4. Organizational-methodological and informational support for healthcare, education, physical education, and mass media on improving hygiene culture and improving the general population.

5. The development by order of health authorities and institutions, interested non-medical departments and the implementation of measures that take into account the epidemiological situation, regional pathology, the spread of certain non-communicable diseases.

**The Health Center carries out its tasks with the help of:**

- systems of health facilities;
- systems of general and special education;
- industrial training systems;
- systems of cultural and educational institutions and the media;
- systems of health-improving, physical-health-improving complexes, recreational institutions, etc.

The ways to implement the goals of the health center can be national and regional intersectoral (interdepartmental) health programs, the formation of a healthy lifestyle; national and regional programs for WHO international projects “Health for all by the year 2000”, CINDI, “Cities of health”, the European network of health promotion schools, “Europe without tobacco”, etc.

**Based on the main tasks, the following functions are assigned to the health center:**

1. Studying and summarizing information on the state of work on the formation of a healthy lifestyle, hygienic education of the population and providing health authorities and other interested structures with proposals for its optimization;

2. Participation in the development and implementation of targeted comprehensive interdepartmental programs aimed at maintaining and strengthening public health;

3. Collection, processing, analysis, storage and reporting to the heads of government agencies, medical institutions, the main staff and freelance specialists of the health authorities of the information necessary for making managerial decisions to optimize the development of a healthy lifestyle, hygienic education of the population;

4. The study of the effectiveness of medical and hygienic education of the population with a view to its correction;

5. Implementation of public health improvement systems using technologies that primarily include the preservation and promotion of health;

6. Collection, processing, communication of information on various health problems (public health, epidemiological situation, causes of the disease, epidemic outbreaks, environmental protection, etc.) to the media in order to increase the level of awareness of this issue on the part of heads of government agencies, forming public opinion on solving medical problems, improving the level of hygiene culture;

7. Participation and advanced training of medical-pedagogical personnel, other specialists (physical education, the Red Cross community, etc.) on the formation of a healthy lifestyle, hygienic education and improvement of the population by non-drug methods;

8. Participation in the work of scientific congresses, symposia, conferences, seminars to highlight the issues of maintaining and promoting health;

9. The study and synthesis of best practices in the formation of a healthy lifestyle, hygienic education of the population, the effective use of non-drug methods of healing;

10. Development of teaching materials on the problem of maintaining and promoting health;

11. Participation in putting into practice the projects and programs of WHO, the Council of Europe, UNICEF ("Health for all in the 21st century", "Cities of health", "European network of health promotion schools", CINDI, "For Europe without tobacco", "European action plan on the fight against alcohol consumption ", " Reducing drug addiction in Europe ", etc.);

12. Organization and participation in the work to improve the level of hygiene culture of the population:

- in the process of general education and vocational training, in particular, the teaching of the subject "Valeology" in educational institutions;

- intended use of sanitary and epidemiological indications;

- the intended purpose of medical and health indications (in the process of patronage, health education at schools, universities, health lyceums, health groups, etc.);

- in the process of educational work among the general public (media, popular science literature, lectures, exhibitions, etc.).

13. Organization of the publication of popular science and visual materials for the preservation and strengthening of public health, disease prevention and participation in their preparation;

14. Collaboration with informal structures and the movement of the population for a healthy lifestyle, providing them with organizational and methodological assistance;

15. Participation in testing the latest and modernized methods for diagnosing health reserves, hygienic education of the population and summarizing their results;

16. Participation in testing and introducing into practice the work of medical and non-medical institutions models of the formation of a healthy lifestyle among various population groups (children of preschool age, students of secondary schools, students, adults) at the place of study, work, residence, etc.;

17. Organization and participation in educational companies devoted to urgent medical problems (according to epidemiological indications, WHO recommendations for World Health Days, non-smoking, tuberculosis control, etc.);

18. Participation in the development (amendment), testing and implementation of medical and economic standards for the quality of medical care for patients (inclusion of methods and forms of hygienic education in them);

19. Ensuring the planned and operational use of the social order of bodies, institutions and health services related to the organization and conduct of educational events (publication and distribution of popular science literature, teaching materials, radio and television broadcasts, publications in the press, film and video demonstration, propaganda companies, etc.), including for epidemiological indications;

20. Using of various methods of non-pharmacological, traditional and non-traditional recovery of the population (correction of the mobile regime, hardening, nutrition, mental state, sexual education, attitude to smoking, drinking alcohol, drugs, etc.).

The solution of the problems of sanitary propaganda is possible with the help of various methodological approaches. Methods are grouped by type of information transfer, their decisive criteria are:

- the nature of the relationship of persons participating in health education;
- the degree of activity of participants in health education.

#### **4. Methods, forms and means of medical and hygienic education of the population**

Medical workers should actively use various methods, forms and means of promoting a healthy lifestyle in their work. This activity requires the doctor not only knowledge of health education, but also deep knowledge in the field of deontology, hygiene, anatomy, physiology, pathological physiology and other fundamental disciplines.

In the modern educational system and the promotion of medical and hygienic knowledge, there are 3 methods of promoting a healthy lifestyle (*add. 1*), are:

- the method of individual health education;
- the method of group health education;
- the method of mass health education.

Each of the methods has its own implementation forms, among which an important place are:

##### **1. For the method of individual sanitary-educational propaganda:**

- individual conversation;
- individual hygiene briefing;
- sanitary-educational consultation;
- personal sanitary-educational correspondence;
- forms of indirect anonymous interpersonal communication (telephone and tape recorder service and telephone advisory service).

##### **2. For the method of group sanitary-educational propaganda:**

- sanitary-educational lecture;

- sanitary-educational conversation;
- group discussion;
- conversation at the round table;
- club in health education;
- sanitary-educational quizzes;
- course hygienic training.

### **3. For the method of mass sanitary-educational propaganda:**

- health education on television;
- health education in the cinema;
- health education in the theater;
- health education on the radio;
- sanitary-educational press;
- museum and exhibition business;
- sanitary-educational exhibitions.

The effectiveness of propaganda can be significantly improved through the use of **various means of sanitary-educational propaganda** (*add. 2*):

**Visual aids** – natural objects, artificial objects, imitations, models, transparencies, filmstrips, posters.

**Printed aids** – sanitary-educational slogans, leaflets, sights, brochures, newspapers, magazines, books, pictures for coloring.

**Technical aids** – audio-technical, projection, AV-technical, technical, means for modeling physiological processes, technical means for monitoring the assimilation of knowledge.

An important place in the conduct of medical-hygienic education is occupied by the sanitary-educational lecture, but the preparation of lectures is a thorough and responsible work. When constructing and compiling its compendium, special requirements must be observed.

### **5. Requirements for the compilation and execution of lecture notes and questionnaires**

Work on each lecture requires knowledge, skills, and the fulfillment of certain requirements. Starting a lecture, it is necessary to clearly formulate the topic and determine the purpose; to realize the target group for which the lecture is designed, and then draw up a plan, that is, a list of issues to be covered in the lecture in the order of their presentation.

Each lecture consists of three parts: introduction, main part and conclusions.

An introduction can be constructed in two ways. According to the first method, the lecturer reveals the relevance of the topic and informs the audience about the importance of this topic, so that students from the beginning understand the practical importance of obtaining knowledge and recommendations on this issue. The second way is the tie. The lecture begins with a statement of the fact,

event, episode related to the topic of the lecture, necessarily interesting in content, quite emotional, drawn from the practice of the lecturer or his colleagues, from medical or fiction. This technique allows you to attract the attention of the audience to this problem, create important associations and positive emotions. Regardless of the method of conducting a lecture, the lecturer needs to set students to actively perceive the material.

**The introduction** should be given 5–6 minutes for an hour lecture and 7–8 for a two-hour.

**Main part.** In this part, it is necessary to disclose the content of the topic, based on modern ideas and knowledge of this issue. The most common part of the presentation should be the disclosure of specific measures of primary or secondary prevention that are available for implementation, convincing students of the need to follow exactly the rules of behavior that the doctor recommends.

The lecture does not need to:

1. To describe in detail the etiology and pathogenesis of the disease (for example, all available theories of the origin of cancer);

2. To disclose the clinical picture of diseases to the terminal end (for listeners should be posted only the first signs of a disease or exacerbation, complications, so that the patient, having determined them, immediately consult a doctor);

3. To give ready-made recipes, name dosages of drugs, names of hard-to-reach drugs (to avoid self-medication);

4. To give incomprehensible medical terms (if they are necessary in the course of the presentation of the lecture, then give their well-known transcript and interpretation);

5. To give recommendations in which the lecturer doubts or they are not sufficiently verified.

**Conclusion** – a brief repetition of the main part, which was discussed in the lecture. The emphasis is on those preventive measures that are crucial in the formation of hygiene skills, habits.

The abstract has the form of a detailed plan, supplemented by various materials. Abstracts are answers to those questions that are the headings of the components of the plan, its individual sections, parts, chapters and paragraphs.

When compiling an abstract, it is recommended to adhere to the following technical rules:

1. An abstract must be written on separate numbered sheets, but not in a notebook;

2. The format of the sheets should not exceed  $\frac{1}{2}$  of the standard sheet;

3. You need to write only on one side of the sheet, leaving the margins on the left;

4. Each paragraph of the abstract should begin with a new line;

5. The main parts of the abstract should be numbered, minor – letters;
6. Abstract should be written or printed carefully;
7. Highlight especially important places in the abstract with the help of accent elements of the lecture, underlining with a colored pencil, framing the frames, or in other ways;
8. The actual material (figures, quotes) should be entered in the abstract or made a mark: see extras; see book, p., etc.;
9. When using visual aids in the abstract, it is necessary to make a note about the place of their demonstration.

In order to conduct a more effective lecture among students on medical and hygienic education and present the lecturer on the level of health education by the audience, it is advisable to conduct a survey if time and place allow this. An example of the questionnaire is given below.

### QUESTIONNAIRE

to study the awareness of young people in smoking

Dear respondent!

Please answer this anonymous questionnaire.

To answer the question, several answers are proposed.

Choose the answer that you think is right and circle its number.

Thank you in advance for your cooperation..

№ p/p	Question	Answer options	Code
1.	If you smoke, at what age did you start?	1. up to 10 years old 2. 11-13 years old 3. 14-16 years old 4. after 16 years old	
2.	How often do you smoke?	1. sporadically 2. daily	
3.	How many cigarettes do you smoke per day?	1. up to 5 2. 6-15 3. more than 15	
4.	Do your parents or one of them smoke?	1. yes 2. not	
5.	How do teachers feel about your smoking?	1. indifferent 2. negative	
6.	Do you know that smoking is a bad habit for your health?	1. yes 2. not	
7.	Do you want to get rid of this bad habit?	1. yes 2. not	
8.	If "yes", who do you think can help you?	1. own willpower 2. parents 3. teachers 4. health workers 5. friends	



№ p/p	Question	Answer options	Code
9.	Where do you usually smoke?	1. in an educational institution 2. at home 3. on the street	
10.	Why do you smoke?	1. from boredom 2. tribute to fashion 3. per company 4. an example of adults	
11.	Specify your gender	1. male 2. female	

Specify your age \_\_\_\_\_  
 " \_\_\_\_\_ " \_\_\_\_\_ 20\_\_ y. \_\_\_\_\_

### **PRACTICAL TASK**

Based on the following lecture topics and an example questionnaire to study public awareness, each student is encouraged to develop a thematic lecture abstracts and questionnaire. Topics of essays are given to students for 2–3 classes preceding the main one.

After analyzing the main issues of the topic, the teacher selects one or two essays prepared by students for listening and further discussion. After listening to lecture abstracts, students ask questions to the lecturer, then everyone acts as a reviewer, noting the positive and negative points in the lecture.

At the end of the lesson, the teacher summarizes the discussion of the lecture, points out the shortcomings and positive aspects in the organization and conduct of the lecture.

### **THEMES OF ESSAYS WITH A PROPAGANDA OF A HEALTHY LIFESTYLE:**

1. Smoking is a bad habit.
2. Annual medical examination and its importance for public health.
3. The harm of self-medication.
4. Abortion and its consequences.
6. Modern science of good nutrition.
8. Scientific and technological progress and health.
9. Prevention of childhood infectious diseases.
10. The principles of maternal and child health in Ukraine.
11. Prevention of sexually transmitted diseases.
12. Care for newborns.
13. Hygiene of the girl.
14. Cardiovascular diseases and measures for their prevention.

15. Peptic ulcer and its prevention.
16. Neuroses and their prevention.
17. Prevention of dysentery.
18. Hygiene of mental labor.
19. Healthy teeth and care for them.
20. Tuberculosis and its prevention.
21. Prevention of injuries.
22. Hygiene of the student.
23. Rickets and its prevention.
25. Oncological diseases and measures for their prevention.
26. The effect of alcohol on health.
27. Alcoholism and offspring.
28. Social aspects of alcoholism.
29. Cholera and its prevention.
30. AIDS is the plague of the 21st century.

### TEST TASKS

**1.** Medical and hygienic training and education of the population is an integral part of the doctor. With the transition to family medicine, the significance of this work has significantly increased. Which is the principle of medical and hygienic education of the population from the following?

- |                             |   |
|-----------------------------|---|
| <i>A. State character.*</i> | <i>D. Health management optimization.</i> |
| <i>B. Directivity.</i>      | <i>E. Territorial character.</i>          |
| <i>C. Heredity.</i>         |   |

**2.** With the transition to family medicine, the importance of medical and hygienic training and education of the population significantly increases, is one of the main tasks in the work of a family doctor. Which of the following can be one of the principles of this work?

- |                                   |   |
|-----------------------------------|---|
| <i>A. High scientific level.*</i> | <i>D. Health management optimization.</i> |
| <i>B. Directivity.</i>            | <i>E. Territorial character.</i>          |
| <i>C. Heredity.</i>               |   |

**3.** Medical and hygienic training and education of the population is an integral part of the doctor. With the transition to family medicine, the significance of this work has significantly increased. Which is the principle of medical and hygienic education of the population from the following?

- A. Directivity.*
- B. Differentiated approach based on target groups.\**
- C. Heredity.*
- D. Health management optimization.*
- E. Territorial character.*

4. Medical and hygienic training and education of the population is based on a number of principles. Determine which of the following concepts is one of the principles of medical and hygienic education.
- Directivity.*
  - Heredity.*
  - Mandatory participation of the entire medical organization in these events.\**
  - Health management optimization.*
  - Territorial character.*
5. The system of medical and hygienic education performs certain functions. Which of the following are these functions aimed at?
- Health management system optimization.*
  - Primary health care provision.*
  - Improving the quality of medical care.*
  - Better health financing.*
  - Healthy lifestyle formation.\**
6. Various health care institutions are involved in health education and upbringing. Which of the following institutions do this work?
- Forensic bureau.*
  - Medical institutions.\**
  - Organizational and methodological centers of regional hospitals.*
  - Organizational and methodological rooms of central district hospitals.*
  - Medical statistics centers.*
7. The implementation of programs for the formation of a healthy lifestyle is carried out by various healthcare institutions. Identify which of the following institutions are involved in these programs?
- Forensic bureau.*
  - Organizational and methodological centers of regional hospitals.*
  - Organizational and methodological rooms of central district hospitals.*
  - Sanitary facilities.\**
  - Medical statistics centers.*
8. Various health care institutions participate in the implementation of programs for the formation of a healthy lifestyle. Which of the following institutions do this work?
- Forensic bureau.*
  - Organizational and methodological centers of regional hospitals.*
  - Organizational and methodological rooms of central district hospitals.*
  - Sports and fitness complexes.\**
  - Medical statistics centers.*
9. Various health care institutions are involved in health education and upbringing. Which of the following institutions do this work?
- Forensic bureau.*
  - Organizational and methodological centers of regional hospitals.*
  - Organizational and methodological rooms of central district hospitals.*

*D. Health centers of various levels.\**

*E. Medical statistics centers.*

**10.** Health education and upbringing is not only the task of healthcare institutions. Which of the following institutions are involved in this work?

*A. Forensic bureau.*

*B. Organizational and methodological centers of regional hospitals.*

*C. Organizational and methodological rooms of central district hospitals.*

*D. Educational institutions.\**

*E. Medical statistics centers.*

**11.** Medical and hygienic education of the population is carried out by various methods. Which of the following is one of the methods of hygienic education of the population?

*A. Graphic.*

*D. Statistical.*

*B. Combined.*

*E. Expert method.*

*C. Individual method of sanitary propaganda.\**

**12.** Medical and hygienic education of the population is carried out by various methods. Which of the following is one of the methods of hygienic education of the population?

*A. Graphic.*

*C. Group method of sanitary propaganda.\**

*B. Combined.*

*D. Mass method of sanitary propaganda.*

*E. Expert method.*

**13.** Medical and hygienic education of the population is carried out by various methods. Which of the following is one of the methods of hygienic education of the population?

*A. Graphic.*

*C. Mass method of sanitary propaganda.\**

*B. Combined.*

*D. Group method of sanitary propaganda.*

*E. Expert method.*

**14.** Solving the problems of promoting a healthy lifestyle is possible with the use of appropriate means. Determine which of the following is one of the means of sanitary-educational propaganda?

*A. Graphic aids.*

*C. Mass media.*

*E. Teaching aids.*

*B. Combined means.*

*D. Visual aids.\**

**15.** Solving the problems of hygienic education of the population is possible by using appropriate means. Determine which is the following one of the means of sanitary-educational propaganda?

*A. Graphic aids.*

*C. Mass media.*

*E. Teaching aids.*

*B. Combined means.*

*D. Technical aids.\**

**16.** Solving the problems of hygienic education of the population is possible with the help of appropriate means. Which of the following is a means of sanitary-educational propaganda?

*A. Graphic aids.*

*C. Mass media.*

*E. Teaching aids.*

*B. Combined means.*

*D. Printed aids.\**

**17.** Health education of the population is based on a number of basic principles. Which is the following one of the principles of this teaching?

- A. Free of charge.*
- B. Directive in conducting health education.*
- C. Public health education.\**
- D. Conducting preventive examinations.*
- E. The territorial nature of health education.*

**18.** Among the basic principles of medical and hygienic education of the population are its educational character, mass character, and scientific nature. Determine which is the following also applies to the principles of health education:

- A. Free of charge.*
- B. Directive in conducting health education.*
- C. The optimistic nature of health education.\**
- D. Conducting preventive examinations.*
- E. The territorial nature of health education.*

**19.** Medical and hygienic education of the population is carried out with the aim of improving the sanitary-epidemiological state of the region, preserving and strengthening the health of the population, and increasing its performance. Determine which is the following also the purpose of public health education?

- A. Achievements by the population of active longevity.\**
- B. Health management optimization.*
- C. Health planning.*
- D. Propaganda for specialized care.*
- E. The territorial nature of health education.*

**20.** Medical and hygienic education of the population involves a number of tasks. Determine which is the following one of the most important tasks of this teaching?

- A. Health management optimization.*
- B. Health planning.*
- C. Propaganda of healthy lifestyles.\**
- D. Propaganda for specialized care.*
- E. The territorial nature of health education.*

### **CONTROL QUESTIONS**

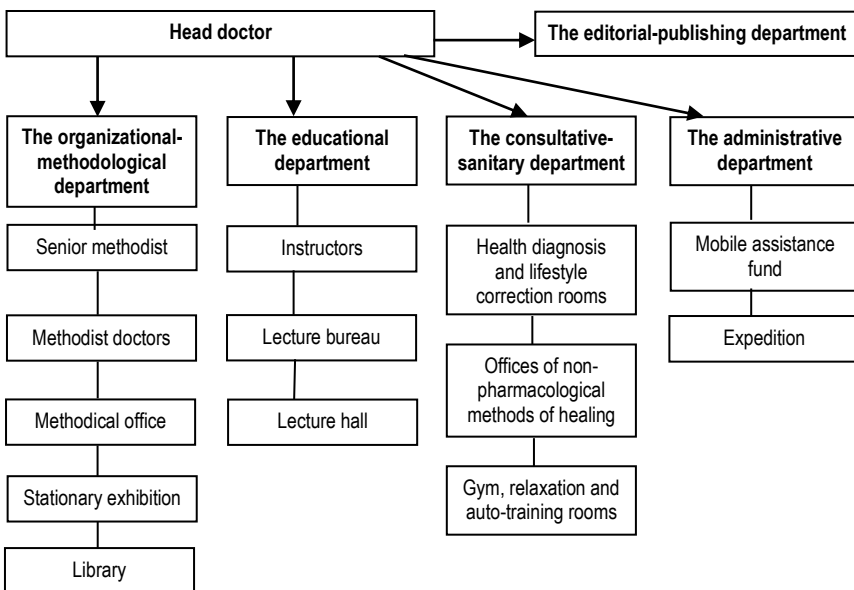
1. Health education and medical prevention: their characteristics and types.
2. Describe the medical examinations, their types and purpose.
3. Define a system for promoting a healthy lifestyle.
4. Goals and objectives of promoting healthy lifestyle.
5. List and characterize the principles of promotion of a healthy lifestyle.
6. Describe the target groups by age, state of health and other criteria for differentiated healthy lifestyle.
7. What are the institutions included in the system of propaganda of a healthy lifestyle, their structure, functions.

8. The organizational structure of the system of promotion of a healthy lifestyle.
9. List and give a brief description of the main methods of promoting a healthy lifestyle.
10. List the main forms of the method of individual sanitary-educational propaganda. Their characteristic.
11. List the main forms of the method of group sanitary-educational propaganda. Their characteristic.
12. List the main forms of the method of mass sanitary-educational propaganda. Their characteristic.
13. List the main groups of health education facilities.
14. What is the difference between a lecture, a presentation and a conversation?
15. The basic requirements for the organization and conduct of health education lectures among the population.
16. Organization of propaganda of a healthy lifestyle by doctors in the clinic.
17. Organization of propaganda of a healthy lifestyle by doctors in hospitals.
18. Define the concept of "sanitary culture".
19. The same concepts of "hygienic knowledge", "hygienic skills", "sanitary culture"? Justify your answer.

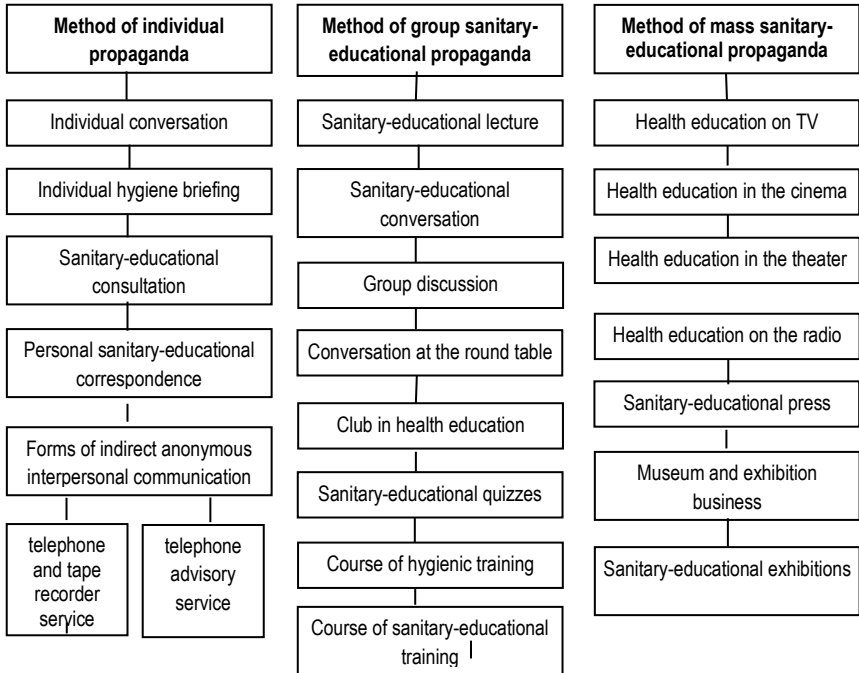
## ADDITIONS

### Addition 1

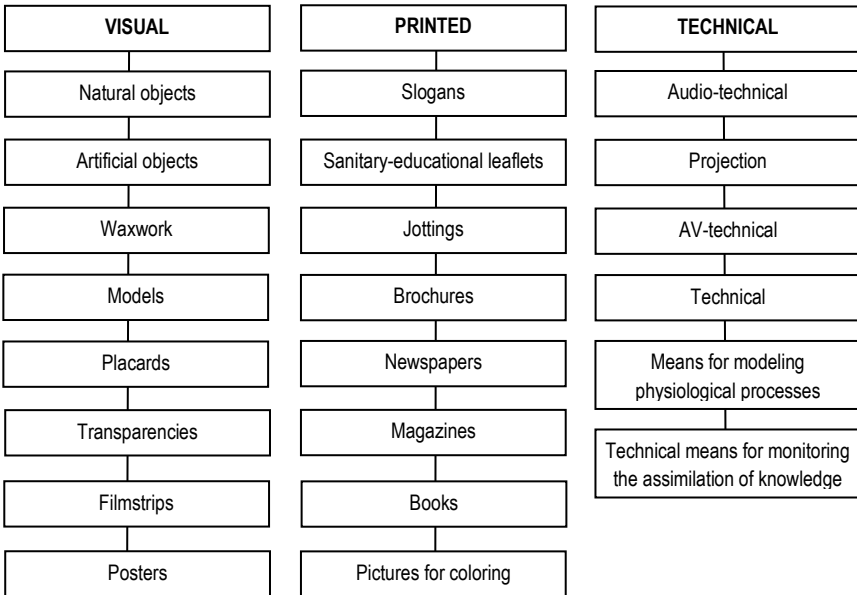
### HEALTH CENTER STRUCTURE



**METHODS AND FORMS OF PROPAGANDA  
OF HEALTHY LIFESTYLE**



**MEANS OF PROPAGANDA OF HEALTHY LIFESTYLE**



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*Навчальне видання*

# **МЕТОДИ ТА СПОСОБИ МЕДИКО-ГІГІЄНИЧНОГО ВИХОВАННЯ НАСЕЛЕННЯ**

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