



**AMREF INTERNATIONAL UNIVERSITY**  
**SCHOOL OF MEDICAL SCIENCES**  
**DEPARTMENT OF NURSING AND MIDWIFERY SCIENCES**  
**BACHELOR OF SCIENCE IN NURSING**  
**END OF SEMESTER EXAMINATIONS DECEMBER 2023**

**COURSE CODE AND TITLE: BSM 324 HEALTH PROMOTION AND ADVOCACY**

**Date: 4-DECEMBER-2023**

**Time: 2 Hours**

**Start: 2:00 P.M**

**Finish: 4:00 PM**

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**Instructions**

- 1) This paper has three sections: Section A, Section B and Section C
- 2) Answer **ALL** questions in Section A and Section B and C
- 3) Use the University examination booklets provided
- 4) Re-writing the questions on your answer sheet is unnecessary

1. To promote the client's committing to the behavior change goals, the nurse
  - a. encourages client to change her goals to what most people do
  - b. asks her to sign a formal, written behavioral contract
  - c. discusses the negative consequences that will occur if client doesn't follow through
  - d. none of the above
2. Before implementing the behavior change plan, the client should
  - a. decide who can help them succeed and how to contact them
  - b. set up a follow-up contact in a few months
  - c. decide whether the behavior change goals were met
  - d. all of the above
3. The public health nurse who does Blood Pressure screening and related health education is conducting activities in the level of
  - a. primary prevention
  - b. secondary prevention
  - c. tertiary prevention
  - d. focused prevention
4. The health educator who teaches proper body mechanics for bending and lifting is conducting activities in the level of
  - a. primary prevention
  - b. secondary prevention
  - c. tertiary prevention
  - d. focused prevention
5. A 22-year-old male client wants to start an exercise program, but he says he doesn't have the time or money to attend a fitness club. The nurse recognizes the behavior-specific cognitions and affect variable of
  - a. perceived self-efficacy
  - b. perceived barriers to action
  - c. interpersonal influences
  - d. situational influences
6. After developing a behavior change plan with a 50-year-old woman who wants to decrease cardiac risk, the nurse helps the client by
  - a. anticipating and planning for barriers
  - b. discussing environmental and interpersonal factors that support positive change
  - c. provide reinforcement for the client's efforts to change lifestyle
  - d. all of the above
7. Which of the following statements reflect the pre-contemplation stage of the behavior change model?
  - a. "I stopped using butter on my sandwiches to help lower my cholesterol."
  - b. "I think I will join a fitness club next month because exercise is going to reduce my risk of having a heart attack."
  - c. "I don't think I can change my cholesterol levels with my diet. High cholesterol runs in my family."

- d. "I don't worry about my cholesterol anymore. It has been controlled well with a low fat diet and exercise plan for 6 months."
8. Which of the following statements reflect the maintenance stage of the behavior change model?
- "I am learning more about low fat substitutions, and am trying them with my favorite recipes."
  - "I quit my diet a few weeks ago, and I plan to start it again after the holidays."
  - "I need to eat lots of fatty foods because I have a high metabolism."
  - I make low fat choices when I eat at home, but it is a little more difficult to find low fat meals when I dine out."
9. The nurse educator planning a smoking cessation program understands that the most basic type of health promotion program is
- utilizing a variety of media for information dissemination
  - conducting health risk surveys
  - providing counseling for lifestyle and behavior change
  - facilitating environmental control programs
10. Which of the following statements is correct?
- Health promotion can refer to any event, process or activity that facilitates the protection or improvement of the health status of individuals, groups, communities or populations.
  - The objective of health promotion is to prolong life and to improve quality of life.
  - Health promotion practice is often shaped by how health is conceptualized.
  - all of these
11. Which of the following charters defined health promotion as 'the process of enabling people to increase control over, and to improve, their health'.
- Charter of the United Nations (1945)
  - Tokyo Charter (1946)
  - Ottawa Charter (1986)
  - none of these
12. This approach to health promotion is based on the assumption that humans are rational decision-makers, this approach relies heavily upon the provision of information about risks and benefits of certain behaviors.
- behavior change approach
  - community development approach
  - biomedical approach
  - none of these
13. A systematic review of fear appeal research by Ruiter, Kessels, Peters and Kok (2014) concluded that \_\_\_\_\_.
- fear tactics are the most appropriate strategy to promote healthy behaviour
  - presenting coping information that increases perceptions of response effectiveness may be more effective in promoting healthy behaviour than presenting fear arousing stimuli
  - no conclusions can be made concerning the effectiveness of fear tactics in promoting healthy behaviour

- d. none of these
14. \_\_\_\_\_ refers to the application of consumer-oriented marketing techniques in the design, implementation and evaluation of programmes aimed towards influencing behaviour change.
- a. Health education
  - b. Social marketing
  - c. Consumer health
  - d. none of these
15. Which of the following is a criticism of the behaviour change approach to health promotion?
- a. It is unable to target the major causes of ill health.
  - b. The choice of which behaviour to target lies with ‘experts’ whose task it is to communicate and justify this choice to the public.
  - c. The behaviour change paradigm does not address the many variables other than cognitions that influence human actions.
  - d. all of these
16. Which of the following is a characteristic of the community development approach to health promotion?
- a. Improving individual attitudes and beliefs are key to successful health promotion.
  - b. There is a close relationship between individual health and its social and material contexts, thus are relevant when developing initiatives for change.
  - c. Individuals need to change personal behaviour rather than to change the environment to promote health.
  - d. all of these
17. Which of the following principle(s) is/are part of a patient-centered style of health communication?
- a. exploring both disease and experience
  - b. understanding the whole experience
  - c. incorporating prevention and health promotion
  - d. all of these
18. Which of the following is a general term used to refer to the application of digital information and communication technology to health care?
- a. digi-health
  - b. e-health
  - c. i-health
  - d. tech-health
19. The way messages are framed influences people’s intentions and willingness to change their behaviour. Which of the following refers to the type of message framing that gives information about a health behaviour that emphasizes the costs of failing to take action?
- a. gain-framed messages
  - b. loss-framed messages
  - c. neutrally-framed messages
  - d. none of these
20. Which of the following refers to the capacity to access, understand, appraise and apply health information and services, and to make appropriate health decisions to promote and maintain health?

- a. health accessibility
- b. health appraisal
- c. health literacy
- d. health promotion

**SECTION II: SHORT ANSWER ESSAYS (30 MARKS)**

- 21. Outline five social determinants of health (5 marks)
- 22. List five health challenges in Kenya that can be mitigated through health promotion intervention (5 marks)
- 23. Outline five steps you would follow to develop and test interventions while using the 'P process' model (5 marks)
- 24. Explain five goals of behavior Change Communication (5 marks)
- 25. Explain five ways in which family and peers can influence an individual's behavior towards health and wellness (5 marks)
- 26. Outline five prerequisites for good health (5 marks)

**SECTION III: LONG ANSWER ESSAY 20 (MARKS)**

- 27. Guided by the Transtheoretical Model developed by Prochaska and DiClemente, discuss the stages of behavior change (20 marks)

**AMREF INTERNATIONAL UNIVERSITY**

**COURSE OUTLINE**

**PROGRAM: BSc Nursing**

**UNIT CODE: BSN 324 HEALTH PROMOTION AND ADVOCACY**

**LECTURE HOURS: 45    PRE-REQUISITES: None    LECTURER: Dr BUTTO AMARCH LECTURER**

**CONTACTS: 0724 352**

**450**

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**1.0 COURSE PURPOSE:**

The purpose of this course is to enable the learner be able to acquire, store, retrieve and use health care information to foster collaboration among various health care providers.

**2.0 LEARNING OUTCOMES:**

By the end of this course, the learner should be able to:

- Define basic concepts in informatics
- Explain the intergrated health information system
- Apply informatics in nursing practice, education, research and community health.
- Manage health informatics ethical and security challenges

**3.0 COURSE OUTLINE**

<b>Week</b>	<b>Topic</b>	<b>Subtopics</b>	<b>Remarks</b>
1.	Introduction to health promotion	Definition of terms; Health informatics, electronic health records, electronic medical records, data, information, knowledge,	
2.	Introduction to health informatics	History of Medical Informatics; taxonomy of Medical Informatics;	
3.	Introduction to health informatics	Theoretical perspectives in anthropology,	
4.		Importance of health informatics; Informatics Skills; Communicating, Structuring, Questioning, Searching, Making decisions he Founding fathers of anthropology	
5.		CAT 1	
6.	Integrated health Information systems	Health Information; Sources, types, systems	
7.	Integrated health Information systems	Data collection methods, storage, analysis, Information utilization; applications, policy development, decision making	

Week	Topic	Subtopics	Remarks
8.	Application of health informatics	Health Informatics applications; Administrative applications, Practice applications,	
9.	Application of health informatics	Application in nursing education; application in nursing research;	
10.		CAT II	
11.	Application of health informatics	application in community health; tele-nursing.	
12.	Challenges of health informatics	Health Information Privacy and Security;	
13.	Challenges of health informatics	Health information ethics.	
14.		Revision/SDL	
15.		<b>End of semester exams</b>	

#### 4.0 TEACHING METHODOLOGY

Lectures, Group discussions, simulations, demonstrations, skills lab methodology, Practicals, Bedside teaching, clinical and plenary presentations

#### 5.0 INSTRUCTIONAL MATERIALS

LCD projectors, computers, White boards, Flip charts

#### 6.0 COURSE EVALUATION

CAT -30MARKS

END OF TRIMESTER- 70MARKS

PASS MARK 50%

#### 7.0 CORE READING MATERIALS

1. Wager, K. A., Lee, F. W. & Glaser, J. P. (2017). *Health Care Information Systems: A Practical Approach for Health Care Management*. John Wiley & Sons
2. Hersh, W. R. & Hoyt, R. E. (2018). *Health Informatics: Practical Guide* (7<sup>th</sup> Ed.). ISBN: 9781387642410
3. William, R.,H., & Robert, E. (2018). *Health Informatics: Practical Guide* (7<sup>th</sup> Ed.). USA: Lulu

#### 8.0 Further Reading Materials

1. Ramona, N., & Nancy, S.(2014). *Health Informatics: An Interprofessional Approach* ( 2<sup>nd</sup> Ed.) St. Lous Missaouri: Elseveir

2. Hoyt, R., & Yoshihashi, A., K. (2014). *Health Informatics: Practical Guide for Healthcare and Information Technology Professionals* (6<sup>th</sup> Ed.). UK: AMIA

## 9.0 E-Books

1. Botin, L., Bertelsen, P., & Nøhr, C. (2014). *Techno-Anthropology in Health Informatics: Methodologies for Improving Human-Technology Relations*. IOS Press
2. Mantas, J., Househ, M., & Hasman, A. (2014). *Integrating Information Technology and Management for Quality of Care*. IOS press
3. Courtney, K., Kuo, A., & Shabestari, O. (2015). *Driving Quality in Informatics: Fulfilling the Promise*. IOS press
4. Patricia, S., & Boicey, C. (2015). *Mastering Informatics: A Healthcare Handbook for Success*. Sigma Theta Tau International