



## GROUP ACTIVITY – WE ALL HAVE HEALTH BELIEFS

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### Health Beliefs

This activity can be done as a large group if there are fewer than 20 audience members. Otherwise, break audience into small groups of 5-8 people. Ask them to discuss one or both of the following.

◆ **Familial Folklore & Pregnant Women**

When you were growing up, what did you hear that a pregnant woman should never do? Why not?

◆ **The Common Cold**

When you were growing up and you caught a cold, what were you told about why you caught cold, and how you should treat it?

Allow about 5-10 minutes. Reconvene the entire audience and ask each group to share examples. If the time is short limit each group to 2-3 examples.

### Discussion Guidelines for Trainers

1. Probe for the underlying health belief in each situation. For example, if the prohibition for pregnant women is not drinking alcohol, discuss whether this is based on a scientific set of beliefs or other beliefs. If the prohibition is that the mother should not eat strawberries or the baby will have a strawberry birthmark, discuss the underlying belief that the mother's daily experiences during pregnancy are transmitted to the baby. If the cause of a cold is going out with wet hair, identify how being chilled is a cause. Ask questions to illuminate how these beliefs might impact health promotion messages. For example, if someone believes that getting chilled causes colds, how would a message about frequent hand-washing be heard? Use a flip chart to record these different types of beliefs.
2. Many times, audiences want to discuss how a particular belief has an actual scientific basis. This is a good opportunity to talk about how we see our own belief system as correct and rather than simply accepting the beliefs of others, we want to translate them into our belief system to validate them. Note that this perspective can interfere with planning and implementing health promotion training in several ways. First, it may limit our ability to develop training that takes into account the health beliefs of others. Second, it can communicate a lack of respect for the health beliefs of the population intended to

receive the health promotion messages. Share with the audience the following:  
Sometimes trainers present information that is commonly believed about a topic in contrast to scientific findings about the same issue. When this information is presented as myths (commonly held community beliefs) vs. truth (scientifically based beliefs), the trainer is not reflecting respect for the diversity of beliefs. The same information can be presented as a dialogue between the two perspectives.”