Editorial

Is Health Education Based on Objective or Subjective data?

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What is gained through knowledge is the production of science and technology, which is achieved by attention to and reflection on the numerous data created by the Almighty God. Human being has ever been engaged in the investigation and recognition of these data and the relationship between them through the gifted senses. Development of science and different disciplines are also influenced by discovering the relationship between the data and the study phenomena. Therefore, productions, creations, inventions, discoveries and scientists have always been the result of having knowledge on the relationships between phenomena. Explored phenomena in one view can be considered macro-data (earth, planets, stars, numerous known and unknown galaxies and the exact order, arrangement and relationship among these systems) and micro-data (creatures' and especially human's sperm, body cells and the relationships among them, systems, genes, and tiny creatures, and the beautiful and wonderful role the tiny creatures play). All human beings (whether the lay people or the nobles), are able to reflect on these data. In the disciplines of the health sciences that consider the role of recognition of behavior and its change and adjustment very important, naturally, knowledge and analysis of behavior are very complex and need in-depth studies. Understanding some of these data is possible by industrial and general instruments. Moreover, objectivity of these data is possible through standard tools with desirable sensitivity and specificity so that changes in the people's life style or quality of life that has always been considered by health education specialists is possible when these phenomena are assessed by valid and optimal instruments. Therefore, through the model processing and adapting appropriate strategies, the challenges of the life style and quality of life are refined. This approach to health education is developed by inductive (knowledge and analysis from specific to general) bases because it takes into consideration the objective and observable data that are assessed by instruments. The experts'

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analyses are concentrated on the findings influenced by the instruments assessing the studied phenomena. However, there is no doubt that human's explanation of experiences and conceptions of the conceived phenomena cannot easily be assessed by ordinary instruments, and it is of the kind of subjective data being influential in the process of desirable or undesirable behavior production so that studying the process of dealing with addiction, healthy nutrition, healthy life style, process of gaining or losing weight, prevention from diseases, etc. is in need for going to the depth of life experiences and understanding the related phenomena. In addition, knowledge of these experiences and understandings is naturally considered very important by health education specialists, and the deductive approach (knowledge and analysis from specific to general) is indeed of a special status in this section. Therefore, it seems that complete achievement in health education, change in undesirable behaviors, and retaining and promoting desirable behaviors are possible when there is a comprehensive and realistic knowledge. That is, it should be studied and considered by health education specialists with the integrative approach of the analysis of objective and subjective data on different phenomena because instruments principally deal with objective data superficially with no details. Data analysis through deductive approach, however, can analyze data more deeply, and can result in deeper knowledge. Consideration of a data integration approach is always a prudent approach, and can bring about stability in behavior refinement in the health education discipline.

References

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