

**Health Education
&
Communication**

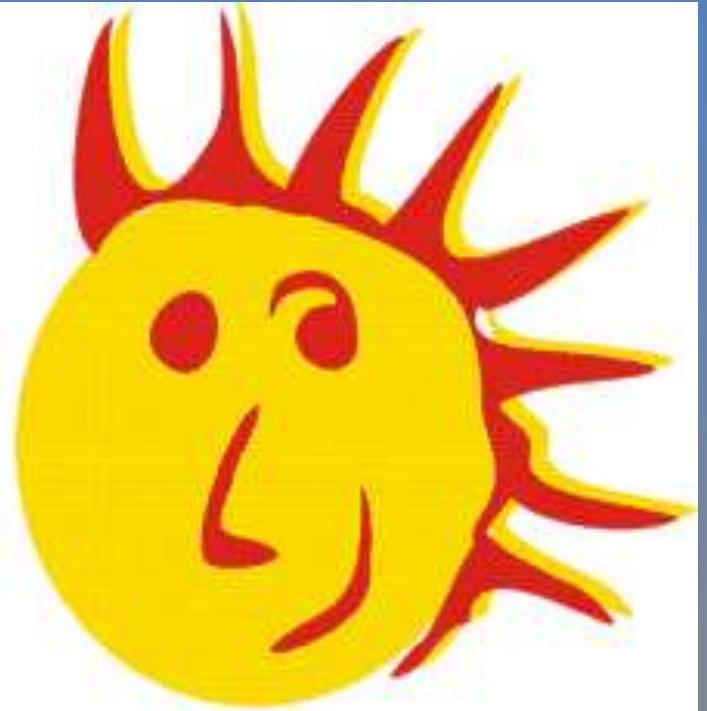
By

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Learning objectives

- By the end of this course students will be able to describe
 - Definition of Health education
 - Objectives & approaches to health education
 - Stages of health education
 - Communication & its types
 - Components of health communication and barriers

Health



Education

Health Education

A process that informs, motivates and helps people to adopt and maintain healthy practices and lifestyle, advocates environmental changes as needed to facilitate this goal and conducts professional training and research to the same end. (National conference on preventive medicine in USA)

Health Education

A process aimed at encouraging people to want to be healthy ,to know how to stay healthy, to do what they can individually and collectively to maintain health and to seek help when needed.(Alma – Ata declaration)

Objectives Of Health Education

1- Informing people

Create awareness of health needs, removes ignorance, prejudices and misconceptions about health pbls.

2- Motivating People

To change lifestyles

3- Guiding Into Actions

- To help people to maintain healthy life styles.
- GOVT. has major role & responsibility

Approaches to Health education

1-Regulatory approach:

Legal

Through enforcement of laws & regulations

2- Service Approach

Providing health services which are really needed by comm.

3- Educational Approach

- Major means for achieving change
- Not an order
- involves motivation, communication, and decision making

4-Primary Health Care Approach

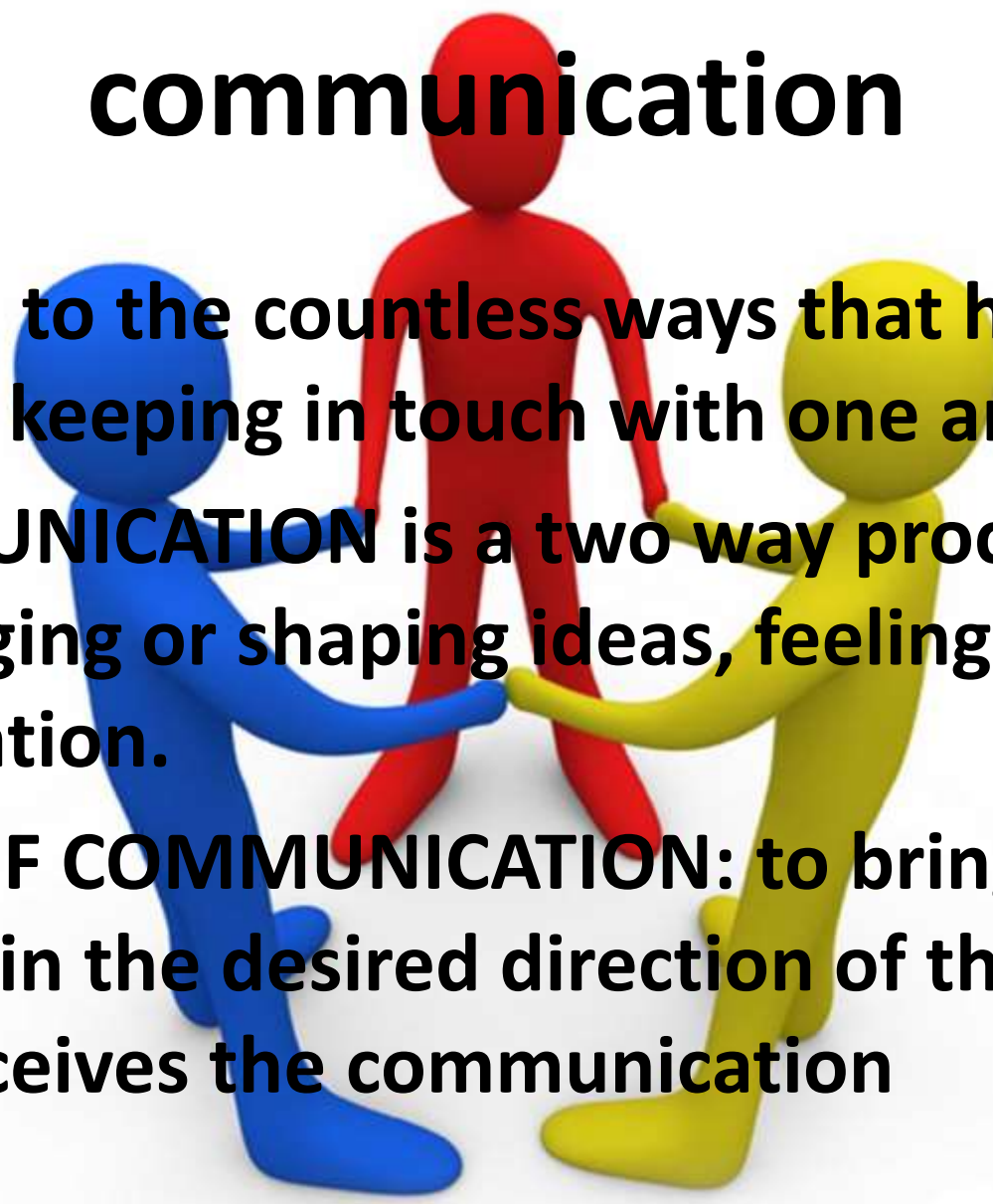
Starting from the people with their full participation & active involvement in planning & delivery of health services based on principals of primary health care

Stages /Phases of Health Education

- **Sensitization**
 - To sensitize about emergent issue e.g. polio can make person handicap
 - Approach should be positive
- **Publicity**
 - Media and all possible means of advertisement
- **Education**
 - 1st use local leaders then outside lecturers
- **Attitude Change**
- **Motivation and Action**
 - Once motivated action in the right place will take place
- **Community Transformation**
 - When above changes have taken place community is transformed into healthy 1

communication

- It refers to the countless ways that humans have of keeping in touch with one another
- **COMMUNICATION** is a two way process of exchanging or shaping ideas, feelings and information.
- **GOAL OF COMMUNICATION:** to bring about a change in the desired direction of the person who receives the communication



Communication

Levels of Change

- Cognitive
- Affective
- Psychomotor

Communication Skills

- ❖ Speaking
- ❖ Writing
- ❖ Listening
- ❖ reading
- ❖ Reasoning

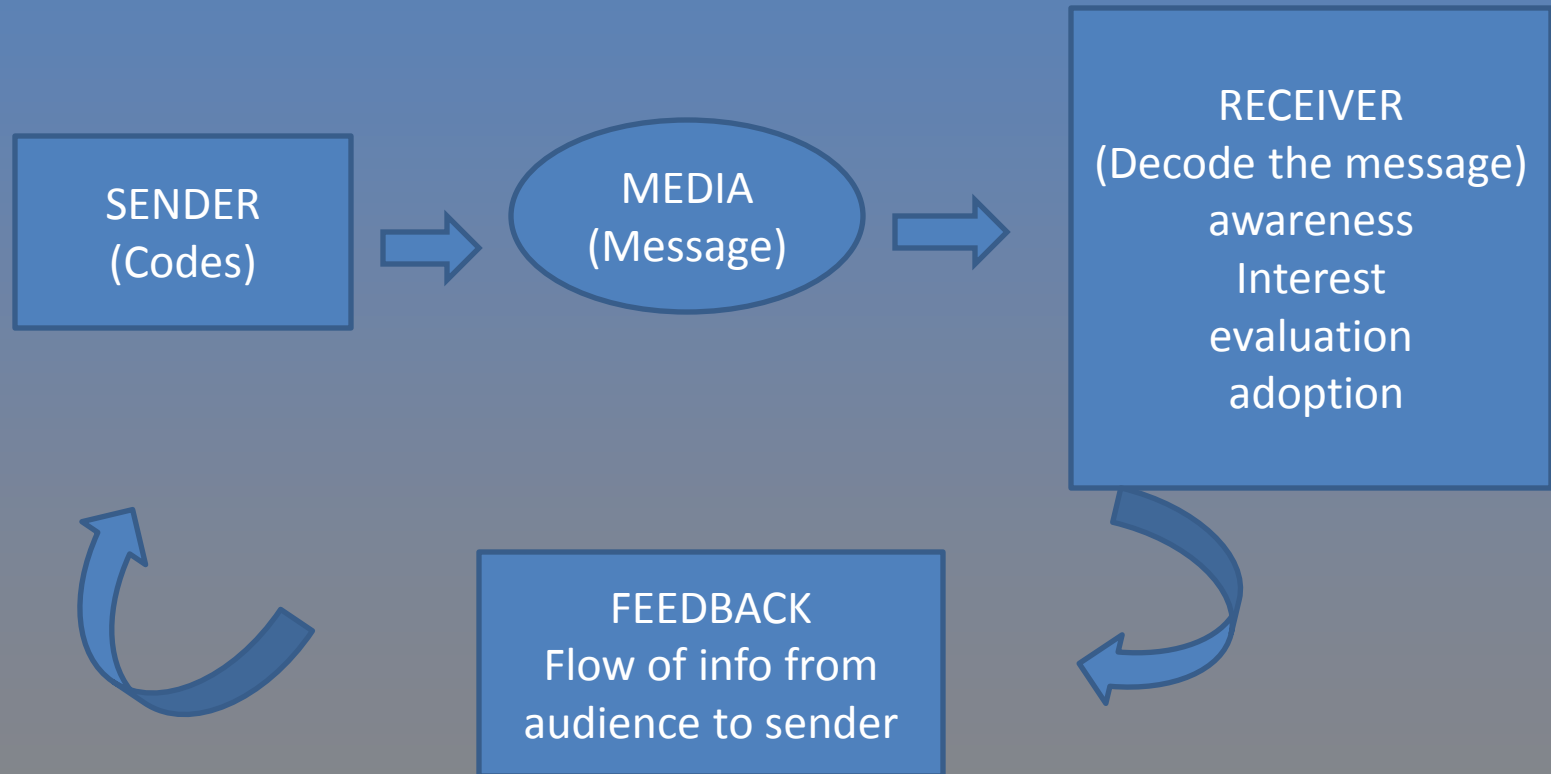
Communication Revolution

- Communication revolution is to put today 's health information at the disposal of families to help people to achieve health by their own actions and efforts.

Types of Communication

- Didactic (One-way).
- Socratic (Two-way).
- Formal and Informal
- Verbal.
- Non-Verbal.
- Visual
- Telecommunication and Internet

Shannon Weaver Communication Model



Components

- Sender----Source
- Message----Content
- Channel ----medium
- Receiver----audience
- feedback

Sender

- Clear in his objective
- Confident
- Creditable
- Concise message
- Knowledge, interest and needs of audience
- Command on channels of communication
- Prof. ability and constraints

Channels of communication

- Interpersonal communication
 - face to face(direct)
 - more effective, more persuasive
- Mass media
 - T.v, radio, newspaper, magazines, journals, any other printed information , internet
 - Covering relatively larger population in short time.
- Folk media
 - folk dances, folk singing, dramas.
 - Every community has its own network of traditional or folk media.

- Message

**RIGHT MESSAGE TO RIGHT PERSON AT
RIGHT TIME**

- Clear, understandable, meaningful and complete message

A good message must be

- In line with the objective
- Based on felt needs
- Specific and accurate
- Timely and and adequate
- Fitting the audience
- Interesting
- Culturally and socially acceptable

- **Receiver**

- Single person or a group of audience

- **Types of audience**

1. Controlled or homogeneous
2. Uncontrolled or free audience

- Phases of health education in receiver

- **Feed back**

- The flow of information from audience to the sender
- In inter personal communication, feedback is immediate.
- In mass communication, feedback is obtained through opinion polls, attitude surveys and interviews.

Communication barriers

1. **Physiological** (hearing diff)
2. **Psychological** (emotional disturbances, intelligence level, language or comprehension difficulties, neurosis)
3. **Environmental**
(noise, Invisibility, congestion)
4. **Cultural** (illiteracy, base line knowledge, customs, beliefs, linguistic, rural & urban, Regional& religious norms and values)

Learning objectives

By the end of this course students will be able to understand

- Functions of health communication
- Health education /propaganda
- Practice of health education
- Scope of health education

Functions of Health Communication

- Information
- Education
- Motivation
- Persuasion
- Counseling
- Raising Morals
- Health Development
- Organization

Functions of health communication

Information:

- Correct.
- Scientific.
- Eliminates social and psychological barriers.
- Increase the awareness of the audience so that they can perceive their health needs.
- **Unfelt needs become felt needs and the felt needs transform into their demands.**

Education:

- Brings changes in Life styles and the risk factors of the diseases.
- Education alone is **INSUFFICIENT** unless there is any progress in the access to the proven preventive measures.

Functions of health communication

Motivation:

- A power to drive a person to behave.
- Translation of health information into human behavior.
- Stages of motivation.

Persuasion:

- An art of winning friends
- A conscious attempt to influence the beliefs, knowledge, values and behavior in some desired way.

Counseling:

- It implies choice, not force.
- A counselor should be able to:
 1. Communicate information
 2. Gain the trust of the people
 3. Be sympathetic
 4. Understand the feelings of others
 5. Help people reduce their problems.

Functions of health communication

Raising Morale:

- The capacity of a group of people to pull together persistently or consistently.
- Communication –vertical or horizontal, internal or external is the first step in any attempt to raise the morale of group of people or health team.

Health Development:

- Judicial use of health communication media contributes to health development.
- Preparation of the masses for their roles for the health development of the community.

Functions of health communication

Health Organization

- Important source of INTER and INTRA-SECTORAL coordination.
- Communication is the **life and blood of an organization.**

Propaganda

- When persuasive communication is deliberately employed to manipulate feelings, attitudes and beliefs, it becomes **PROPAGANDA** or **BRAIN WASHING**

Health education & propaganda

education

- Knowledge & skills actively employed
- Makes people think for themselves
- Disciplines primitive desires
- Develops reflective behavior trains people to use judgement before acting.
- Appeals to reason
- Develops individuality, personality & self expression

propaganda

- Knowledge instilled into the minds of people
- Prevents or discourages thinking by readymade slogans
- Arouses & stimulate primitive desires
- Develops reflexive behaviour aims at impulsive
- Appeals to emotion
- Develops a standard pattern of attitudes & behavior

Health education &propaganda

- Develops individuality, personality & self expression
- Knowledge acquired through self reliant activity
- The process is behaviour centered-aims at developing favourable attitudes and habbits & skills
- Develops a standard pattern of attitudes & behavior
- Knowledge is spoon-fed & passively received
- The process is information centered no change of attitude or behavior designed.

Practice of Health education

individual & family health education

- Personal interviews
- Personal letters
- Home visits

Group health education:

- Lectures
- Group & panel discussions
- Symposium
- workshop
- Institute
- role playing
- Simulation exercises
- Demonstrations
- Programmed instructions
- Conferences and seminars

Education of general public

- TV
- Radio
- News papers
- Printed material
- Direct mailing
- Films
- Posters, billboards and signs
- Health exhibition
- Health museum
- Internet

Group health education

- **Lectures**

most widely used, one way, should not exceed 15-20 min, not more than 30.

used alone not effective, so combined with following AV aids

- films and charts (small group)
- flannelgraph
- exhibits
- flash cards

- **Group discussions**

useful when group has common interests and similar problems

group of 6-20, leader, reorder

rules

Cont

- **Pannel discussion** 4-8 qualified people sit and discuss a given problem in front of audience
role of chair man
- **Symposium** series of speeches on a selected subject by expert
in the end audience can raise questions
- **Workshop** name given to a novel experiment in education
Emphasis on indiviual work with the help of consultant and resource personal
- **Institute** series of meeting designed to convey specific particular areas of work
techniques used

Cont.

- **Role playing**

instead of expressing in words, situation is dramatized by a group

particularly useful for school children

group of 25, followed by discussion

- **Demonstrations (practicle)**

e.g using a tooth brush, feeding an infant

- **Programmed instructions**

socratic method of advancing by easy stages

- **Simulation exercises**

Learners are confronted to a learning situation that is close to real life

Mass media versus interpersonal communication

Mass media

- Reaches widest population
- Gets public attention
- More effective for those with above average educational level
- Gives support to concentrated programmes such as those for a week or month

Personal communication

- Capitalizes on warmth and understanding and knowledge of communication
- Provides the opportunities for involvement, for asking questions, expressing fears and learning more.
- More for average and below average educational level
- Changes in behaviour more readily, when reasonable explanations are presented

Individual and family health education



Group health education (lectures)



Group health education (small group discussion)



Group health education (group discussion)



Group health education (demonstrations)



Education of general public (posters)



Education of general public (posters)



Audiovisual aids

- **Auditory aids**

radio, tape recorder, microphones, amplifiers, aero phones.

- **Visual aids**

not requiring projections : chalk-board, leaflets , posters, charts, graphs, models, specimen etc.

requiring projections :slides , film strips.

- **Combined A-V aids**

TV, sound films (cinema), slide tape combination

Scope/Contents of Health education

1. Human Biology

at school level about structure and function of body, how to keep physically FIT, healthy lifestyles(exercise, sleep smoking)

2. Nutrition

educate about BALANCED DIET, nutritional problems. (weaning)

3. Hygiene(Personal & Environmental)

two aspects personal and environmental

1.domestic(air &vent, waste disposal)

2.community(water supply , housing,

pest control)

4. Family Health

early diagnosis &care of sick, esp. mother & child health(reproduction. Family planning, immunization)

Scope/Contents of Health education

5. Disease prevention & Control

e.g. STDs, leprosy, TB(comm), cardiac problems. prevention & control of locally endemic diseases is 1 of 8 essential. Activities of PHC.

6. Mental Health

critical moments, role of community

7. Prevention of Accidents

at home, road and work place

8. Use of Health services

inform people what is available & how to use

Health practitioner involvement in health education

- Explaining to patients and attendants
- Explaining prescriptions for treatment
- Advice on changing harmful health habits
- Hopefully-encourage civic action to provide a healthful environment

Methods of maintaining behavioral

- Support groups e.g weight management group
- Positive reinforcement
- Negative reinforcement e.g taking fine for smoking in smoking cessation programmes

Foundations of health education

- Behavioral sciences
 - psychology in health education is the capability to understand the process of cognition, learning and attitude development.
 - sociological approach tells educator about mechanism of social learning & social change.
 - anthropology helps to understand customs, taboos, & social environment of consumer
- Formal & informal education
- Public health
 - tools for public health (epidemiology, biostats, health education methods) help educator in developing, implementing & evaluating health education programmes

Learning objectives

By the end of this lecture students will be able to describe

- Key principles of health education
- Models of health education
- Past achievements
- Constraints of HEC programmes

Key Principles of Health Education

- Credibility
- Interest
- Participation
- motivation
- Comprehension
- Reinforcement repetition
- Learning by doing
- Known to un known
- Setting an example
- Good Human Relations
- feedback
- Leadership

Key Principles of Health Education

- CREDIBILITY

based on facts

- INTEREST

felt needs

- PARTICIPATION

- MOTIVATION

primary(inborn)

secondary(created by outside forces) MOTIVES

POSITIVE AND NEGATIVE INCENTIVES

Key Principles of Health Education

- **COMPREHENSION**

within the mental capacity of audience

- **REINFORCEMENT**

a booster dose

- **LEARNING BY DOING**

If I hear , I forget; if I see, I remember; if I do I know

- **KNOWN TO UN KNOWN**

- **SETTING AN EXAMPLE**

- **Soil, seed and sower**

Key Principles of Health Education

- GOOD HUMAN RELATIONS
- FEEDBACK
- LEADERS

local leaders

ATTRIBUTES OF A LEADER

- Understands the needs & demands of the community
- Provides proper guidance
- Takes the initiative
- Receptive to the views & suggestions
- Identifies himself with the community
- Selfless, honest , impartial, considerate, sincere, accessible
- Able to control the situations
- knowledgeable

Models of Health Education

- Medical model
- Motivational model
- AIETA model
- Continuation of steps model
- Social intervention model

Models of Health Education

1. Medical Model

- Recognition & treatment of diseases
- Concerned with diseases opposed to illness
- Social, cultural and other factors are given less value.

2. Motivational Model

- Awareness
- Motivation
- Action

3. AIETA Model

- Awareness
- Interest
- Evaluation
- trial
- Adoption

4. Continuation of Steps Model

- Health Consciousness
- Knowledge
- Self-awareness
- Attitude change
- Decision making
- Behavior change
- Social change

5. Social Intervention Model

- Social Environment is changed that shapes the individuals behavior
- Based on the precise knowledge of human ecology.

AIETA model

Most widely acc. model

1-Awareness

A person comes to know about new idea about which he has very general information.

2-Interest

Person seeks more detailed information.

3-Evaluation

A person weighs pros and cons.

4-Trial

When decision is put into practice.

5-Adoption

A person decides that new practice is good and adopts it.

Past Achievements of Health Educators

- H.E. Campaigns for EPI,ORT,Anti-Smoking,less use of sugar and Ghee e.t.c
- Film shows in slums
- Video cassettes for mass education
- Question Answer talks on Radio& T.V.
- Health Education program for Schools.
- Transport Advertisement planned.
- Articles for publication.
- Cinema slides for theatre.

Constraints of H.E. Programs

- Human resource constraints
- Financial resource constraints
- Lack of Organizational framework to integrate with other sectors.
- Un-coverage of Illiterate population.
- Absence of training in H.E. and communication
- Lack of research in the relevant field.
- Irresponsible Evaluation of Health Education programs.

Planning and management

- Collection of information on sp. problems as seen by the community
- Identification of the problem
- Deciding on priorities
- Setting goals and measurable obj.
- Assessment of resources
- Consideration of possible solution
- Preparation of a plan of action
- Implementing the plan
- Monitoring and evaluating the degree to which stated obj. have been achieved
- Reassessment of the process of planning. planning and evaluation are essential for effective health education.

Evaluation of program

- Evaluation is the process of inquiry into the performance of a program me
- Two major components
 - 1.formative evaluation
 2. summative evaluation

Evaluation of program

- FORMATIVE EVALUATION

a process that goes on all through the implementation phase of the programme

- SUMMATIVE EVALUATION

this evaluation is done at the end of the programme

Levels

- Activity
- Meeting minimum standards
- Efficiency of operation
- Effectiveness
- Outcome validity
- Overall appropriateness

Health Education In Pakistan

- Federal Ministry of Health Education
- Provincial Health Education cell
- Divisional Health Education Units
- Health Education Officers

contd

Responsibilities of health educators are to

- Guide & coordinate activities of over 1000 NGOs in health promotion & disease prevention.
- Produce limited health education , literature to facilitate mass health communication.

At medical colleges they

- Teach health education components to medical & allied students
- Prepare literature for students
- Organize counselling & advisory services .

contd

- At international level , there is INTERNATIONAL UNION FOR HEALTH EDUCATION with headquarters in Paris. Its task is to promote the creation of national societies for health education
- A new division of Health Education & Health Promotion has been established by WHO which will support regional offices of WHO in strengthening national capabilities, and develop & test new ideas & tools.

Hospital based health education

- General awareness of the importance of early diagnosis & t/m.
- Better communication b/w health care professional & members of the community.
- Increased community support
- Continued education after hospitalization to follow up.
- Accompanied relatives should be contacted.

Social marketing

“Social marketing is the practice of utilizing the philosophy, tools, and practice of commercial marketing for health and or social programs.”

Social marketing

- Social marketing is one of the key health communication tools.
- Its role is expanding today in achieving UN's millennium development goals
- Social marketers have targeted the citizen to bring about individual change as well as policy makers and stakeholders to bring about institutional and social change
- Practice in fields of substance abuse (tobacco control, traffic safeties) has changed as a result of influence

Social marketing

- Social marketing sells/promote behaviour change to the targeted audience
- It should be consumer centered according to their needs
- Accept a new behaviour
- Reject a potential behaviour
- Modify a current behaviour Abandon an old behaviour
- This is challenging to do so since change is voluntary

Factors in Social marketing

- Knowledge
- Attitude
- Behaviour
- Social norms and values
- Religion and cultures
- Ability
- Life style
- Influences

Process of social marketing

- Analyze the social marketing environment
- Select target markets
- Setting goals and objectives
- Understand target audience
- Determine strategies
- Evaluation & monitoring strategy
- Budget funding
- implementation

Stages of change

- **Pre contemplation**

Not aware of issue

- **Contemplation**

Concerned about issue

- **Preparation**

Looking for information

- **Action**

- **Confirmation**

committed leader/advocate

PROBLEM BASED SCENARIO

- A pregnant lady of 35 yrs of age came to RHC for antenatal at 8th month of her pregnancy . She is G6P4+1. On examination her B.P. is 150/90mm Hg, she has edema feet positive . Doctor in antenatal clinic advised her to get investigation and label her to be high risk pregnancy. She also advise her to have contraception after the delivery . How she should proceed while educating her for the family planning?

- Health department assigns a team of health workers to visit a flood hit area in Swat to address the displaced population regarding causes, prevention, treatment of diarrhea. The least effective method of communication in this situation is

a) Role playing

b) demonstrations

c) Announcement through loud speakers

d) Group discussions

e) lectures

THANKS

Learning objectives

By the end of this lecture students will be able to describe

- planning & management
- evaluation of programme
- health education in Pakistan
- social marketing