

# Health Education & Communication

## Sample Chapter (The Essentials of Community Medicine)

### Question Bank

#### Must know (60%)

1. Define health education. What are the various approaches towards health education?
2. Describe models and principles of health education.
3. What are the different methods of Health Education?
4. What is health communication? Describe the components and functions of health communication.
5. What are the barriers to effective Communication?
6. Explain Group discussion. Describe its limitation.
7. What are the aims and objectives of health education?
8. Describe behaviour change communication.
9. Describe the Communication model.
10. Describe the role of health education in disease prevention.
11. Explain the role of Focused group discussion (FGD) in health care.
12. Effective Communication.
13. Barriers to doctor-patient Communication.
14. Counselling as an education tool.
15. Difference between Health Education and Propaganda.
16. Difference between Panel discussion and Symposium.
17. Difference between Didactic and Socratic methods of health communication.
18. What is health promotion? Enlist the principles of health promotion and the Ottawa Charter of health promotion.

#### Nice to know (30%)

1. Socratic method of health education.
2. Communication Network
3. Counselling in HIV/AIDS
4. Components of Communication
5. Explain Symposium and Workshop.
6. Describe the sources of the health information system.
7. Describe the Delphi technique.
8. Breaking bad news

#### May know (10%)

1. Population education.
2. Discuss the relevance of the ROME program. Suggest measures for improvement.
3. Describe behaviour change communication.
4. Plan an IEC campaign for cancer prevention at the state level.
5. Explain the PRECEDE-PROCEED model.
6. Difference between Information, Education Communication (IEC), Behaviour Change Communication (BCC) and Social and behavioural change communication (SBCC).

## Problem Based Learning

1. Describe the method of conducting a health education campaign in your district to implement Pulse polio immunisation effectively.
2. You are a public health administrator. You are asked to implement a suitable model of health education activities related to RMNCAH+N at the district level.

## Theory

### Introduction

Communis (Latin) common, it is a process of exchange of ideas, information, and feelings.

Figure-7.1: Communication process

### Communication Process

- Health communication is a channel to promote improvements in health behaviour through the modification of human, social and environmental factors.
- The various components involved in the process of Communication are depicted in Fig. - 1.

### Components of the Communication Process:

The components of the Communication process are:

- **Sender:** Sender is the source of Communication.
- **Receiver:** also called the audience receiving the message sent by the sender.
- **Message:** This refers to the information to be passed. The message should be precise, accurate, and clear, and the content should be tailor-made per the target audience's needs and education status.
- **Medium:** The medium is the communication channel through which the message moves from the sender to the receiver. These include the various methods (lectures or exhibitions) and the "aids" (such as slides and slide projectors), which are utilised to communicate the message.
- **Encoding:** This process includes the language expression, gestures, and actions utilised to make the information intelligible to the receiver.

- **Decoding is the process by which the receiver understands or interprets the message.**

**Feedback:** It is the part of the receiver's response that the receiver communicates back to the sender.

Table-7.1: Types of Communication

Table-7.2: Verbal and Non-verbal Communication

### Other types of Communication:

- **Formal Communication:** This type of Communication follows the line of authority.
- **Non-Formal Communication:** It is also known as grapevine communication and is a way to express feelings and choices without speaking, writing, or signing.
- **Visual Communication:** It comprises charts, graphs, pictograms, tables etc.

**Barriers to health Communication:** Health communication can be affected by numerous factors, which are enlisted below. These barriers must be identified and removed for effective and successful Communication.

- **Physiological:** Difficulty in hearing and expression
- **Psychological:** It can be an emotional disturbance or a different IQ level
- **Environmental:** Certain Environmental factors like noise pollution can be barriers to health communication.
- **Cultural:** Due to certain customs, beliefs, attitudes, and religion.

### Functions of health Communication:

**Mnemonic:** **HIM PCR** (add E-Education) in last.

- **Health development and health organisation:** Communication helps overall health development. Communication is the life and blood of the organisation.
- **Information:** Health Communication acts as a tool for providing information
- **Motivation:** Health Communication influences behaviour and serves the purpose of motivating the community.
- **Persuasion:** It is the art of winning friends and influencing people.
- **Counselling:** Counselling is face-to-face Communication through which a person is helped to decide or solve a problem. It is different from advice since, in counselling, the choice is given to clients.
- **Raising morals:** Health communication helps in raising the morale of the community.
- **Education:** Health Communication acts as a tool for educating people

Table-7.3: Methods of Health Communication

## Counselling:

- Counselling is face-to-face Communication through which a person is helped to decide or solve a problem.
- Counselling helps clients make informed choices.

### Elements of Counselling: **GATHER** Approach

- **Greet:** Greet the clients.
- **Ask:** Ask about problems/reasons for coming.
- **Tell:** Tell different methods/options to solve the problem.
- **Help:** Help the client to make voluntary choices.
- **Explain:** Explain fully the chosen decision/action.
- **Return:** Return for a follow-up visit.

Table-7.4: Breaking bad news(Models)

## Health Education

### Introduction

- Public Health is the science and art of preventing disease prolonging life, and promoting health and efficiency through organised community efforts.
- However, stimulating and helping people assume responsibility for themselves requires understanding people's behaviours and the factors influencing them.
- Health education attempts to influence individuals' and communities' health-related knowledge, attitude, and behaviour.
- Health promotion is a broader thing that encompasses health education and considers enabling a suitable environment.

### Definition

- Health education is an intellectual, psychological, and social process relating to activities that increase people's abilities to make informed decisions affecting their personal, family and community well-being.
- Based on scientific principles, this process facilitates learning and behavioural change among both individuals & communities (1).

Table-7.5: Changing Concepts of Health Education

### Approaches to Health Education:

There are various approaches to health education which are as follows

- **Regulatory Approach:**

- It is defined as any government intervention. It is a coercive or legislative approach and is useful in times of emergency.
- The main drawback of the regulatory approach is that the cause of the disease cannot be eradicated by legislation. Secondly, Personal choices cannot be regulated in totality.
- **Service Approach:**
  - It means providing health services at people's doorstep. However, it is not based on felt needs
- **Health Education approach:** The health education approach has slow but enduring results
- **Primary health care approach:** This is a radically new approach. It involves community involvement and intersectoral coordination. It helps individuals become self-reliant in health.

### Models of Health Education:

- **Medical model:** This type of model is concerned with the disease defined by the doctor as opposed to the illness defined by the client.
- **Motivational model:** It is a three-stage process and involves awareness, motivation, and action.
- **Social intervention model:** It is based on the social environment, which shapes the behaviour of individuals and the community.

### Principles of Health Education:

***Mnemonic:** Arnab will drink **MILK** will, go to the hospital and do the **CPR** and **CSF** tap then he will go to his **LG** (Local guardian)*

- **Motivation:** It is awakening to a fundamental desire to learn. It can be primary (inborn desires like survival, hunger) or secondary, based on desires created by external forces like praise or rewards.
- **Interest:** Health educators must find out the real health needs of the people or community, and it should be based on the felt needs of the community.
- **Learning by doing:** It is based on imparting learning based on action.
- **Known to unknown:** It involves going sequentially, from simple to complex and basic to advanced level.
- **Credibility:** The degree to which the receiver perceives the message as trustworthy.
- **Participation:** It is the psychological principle of learning, creating a sense of involvement, personal acceptance and decision-making.
- **Reinforcement:** It is based on the fact that to prevent people from falling back to the pre-awareness stage, the message should be repeated at regular intervals in different ways. Repetition helps It remember and learn new things

- **Comprehensive:** Teaching should be within the mental capacity of the audience. Using easily understood words is the most important to break communication barriers.
- **Setting an example:** It is the following what you are teaching.
- **Feedback:** Health education must be followed up with feedback
- **Leader:** The leader should understand the needs and demands of the community and provide suitable guidance
- **Good human relations:** Health education should aim at maintaining a good human relationship

Table-7.6: Health Education vs Health Promotion

## Health Promotion

Health promotion is the phenomenon known to enable people to increase control over, and improve, their health.

**Prerequisites for health:** The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity. Health promotion focuses on the principles of advocating, to mediate and to enable.

- **Advocate:** To advocate means to defend, speak in favour of someone or something, sustain a cause against outside interests, or defend an idea.
- **Enable:** Health promotion concentrates on achieving equity in various health aspects and aims in ensuring equal chances and resources to enable all people to achieve their fullest health potential.
- **Mediate Health:** promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organisations, and by local authorities.

## Ottawa Charter principles for health promotion

- **Build healthy public policy**
  - Coordinated action leads to health, economic and social policies that foster greater equity.
  - It requires the identification of different barriers to adopting healthy policies in various non-health sectors and ways of removing them.
- **Create supportive environment**
  - The overall controlling principle for the world, nations, regions, and communities alike is the necessity to encourage reciprocal maintenance.
- **Strengthen community action**
  - Health promotion functions through definite and efficient community action in setting priorities, making decisions, planning strategies, and implementing them to achieve better health.

- **Develop personal skills**
  - Health promotion supports personal and social development by providing information and education for health and enhancing life skills.
- **Reorient health services**
  - The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments.

## Group discussion

A group is an aggregation of people interacting in a face-to-face situation. For an effective group discussion, it should have the following elements:

- Group size of 6-12 members.
- There should be one group leader who initiates the discussion, helps the discussion properly, prevents side conversations and encourages everyone to participate and sums up the discussion
- There should be one recorder which records and reports on issues discussed and agreements reached.

**Delphi Method:** Delphi is a group discussion method in which the experts in the panel are dispersed geographically. They deal with the problem without interactions among themselves and later form a group judgement.

### Advantages of Group discussion:

- A very effective method
- Well-co-ordinated group discussion is effective to change health behaviour and attitude.
- Permits learning through the free exchange of ideas, knowledge, and opinion.
- Provides a wider interaction among members.

### Limitations of Group Discussion:

- There is a chance of unequal participation as shy people may not participate in Communication while some may dominate the discussion.
- Some may deviate from the subject, making the group discussion irrelevant and unprofitable.

**Focussed group discussion:** It is a special type of group discussion in which 6-12 persons are involved. There is a group leader. A recorder is there to oversee the interaction between the participants. A sociogram can be made which depicts an interaction between participants.

Fig 7.2: Sociogram in Focussed group discussion

## Panel discussion

In this method of Communication, 4-8 persons qualified to talk about the topic sit and discuss a given problem/topic in front of a target group or audience. The panel comprises a chairperson or moderator and 4-8 speakers.

### Advantages of the Panel discussion:

- Flexible, Spontaneous, better understanding of various aspects
- It keeps the audience alert.
- Properly planned panel discussions can be an extremely effective method of Communication.

### Disadvantages of the Panel discussion:

- Needs thorough planning and preparation in advance.
- The audience is usually passive.
- Panellists need to be of enough experience.

### Demonstration:

- It is a carefully prepared presentation to show how to perform a skill or procedure.
- Demonstration occurs step by step in front of an audience and involves them.
- Advantages of demonstration include – upholding the principle of seeing, believing, and learning by doing, which can bring desirable changes in behaviour.

## Symposium

- A series of speeches/ lectures on a selected speech.
- Each person or expert presents an aspect briefly.
- There is **no discussion** among symposium members.
- The audience may raise questions in the **end**.
- Chairperson makes a **comprehensive summary** at the end of the Symposium.
- In an ideal symposium, there is no discussion between the presentation of speakers

### Advantages of the Symposium:

- Transfer concise information to the audience at one time.
- Audience remains alert
- Analysis of different aspects of a topic at one time.
- A good tool for integrating teaching

### Disadvantages of the Symposium:



- No discussions during the Symposium

## Workshop

- A series of meetings usually have more than four members.
- Emphasis on the individual within the group to impart training.
- Helps sought from consultants and resource personnel.
- A workshop may be divided into smaller groups, each having a chairperson and a recorder.
- Individuals solve the problem and contribute to group work and group discussion with concrete suggestions and a plan of action on the problem.

### Advantages:

- Learning occurs in a friendly, happy, and democratic atmosphere under expert guidance.
- Provides each participant with an opportunity to improve his effectiveness as a professional worker.

### Disadvantages:

- Needs a lot of baseline groundwork.
- Benefits a small number of people.

### Role play:

- The group dramatises a Situation.
- Group enact as if they observed/ experienced it.
- The audience is not passive and actively concerned with drama.
- Followed by a discussion of the problem
- The ideal size of the group is 25.
- Useful to discuss human relations problems and useful educational devices for school children.

## Behaviour Change Communication (BCC)

Behaviour is a series of acts and mannerisms made by humans or any organisms, systems, or artificial entities in conjunction with their environment. It includes the other systems or organisms and the physical environment.

### Techniques of BCC

- **Information:** Used with the belief that the audience lacks information. It is source dominated and one-way.

- **Education:** It focuses on applying knowledge. Skill-building techniques like demonstrations, skill practice, and do and learn are useful methods. It builds confidence and makes behaviours convenient.
- **Motivation:** It is the driving force to achieve something. It is used when information is established. Different appeals are instrumental for motivation, e.g., rationale appeal, emotional appeal, threat/fear appeal, joy/fun appeal
- **Reinforcement-** It is used to sustain behaviour change for repetitive types of behaviours. Need to be used with variations. Community-based resources/ mechanisms should be established to reinforce the message.
- **Social Pressure-** When a person in need of health services but not willing to undergo treatment is encouraged by near and dear ones to avail of health services.

Table-7.7: IEC VS BCC VS SBCC

## Health belief model

It is a psychological model that attempt to explain and predict health behaviour. The concept and definition of the health belief model are highlighted below:

Table-7.8: Concept and Definition of the Health belief model

## The Transtheoretical Model (Stages of Change)

The Transtheoretical Model (TTM) aims at the decision-making of the individual. It assumes that people do not change behaviours quickly and decisively. Rather, change in behaviour, especially habitual behaviour, occurs continuously through a cyclical process. The six stages of change are as follows:

1. **Precontemplation** - People do not intend to act in the foreseeable future (defined as within the next six months). People are often unaware that their behaviour is problematic or produces negative consequences.
2. **Contemplation** - In this stage, people intend to start healthy behaviour in the foreseeable future (defined as within the next six months).
3. **Preparation (Determination)** - In this stage, people are prepared to act within the next 30 days.
4. **Action** - In this stage, people have recently changed their behaviour (defined as within the last six months) and intend to keep moving forward with that behaviour change.
5. **Maintenance-** In this stage, people have sustained their behaviour change for a while (defined as more than six months) and intend to maintain it going forward.
6. **Termination** - In this stage, people are definite and do not need to return to their unhealthy behaviours.
7. They will not relapse.

Figure-7.3: Transtheoretical model (Stages of change)

## References

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