
UNIT 2 HEALTH EDUCATION

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2.0 OBJECTIVES

After going through this unit, you should be able to:

- discuss the steps in planning and organisation of a health education programme;
- plan and organize a health education programme/health talk in your own set up;
- explain the steps involved in conduction of a focus group discussion and role play; and
- plan and conduct a role play or focus group discussion on a relevant subject at your work place.

2.1 INTRODUCTION

You have already learnt in Block 4 of Course 1 on Preventive MCH about the concepts and principles of health education including communication process. You will appreciate that the focus of health education/IEC activities is on changing the undesirable health practices to desirable health practices. Bringing about this change through effective health education programmes/IEC activities requires an in-depth understanding of the community and various steps for planning and conducting health education programme. Health advertisement is an advanced and highly skilled method of education used in mass media e.g. advertisement on television for iodised salt or polio vaccine recently broadcasted.

In this unit, you will learn about the various steps involved in planning and implementation of a health education programme.

2.2 HOW DO ADULTS LEARN

The adult learning process is not similar to that of learning at younger age. The younger age have specific methods of learning either by lecture (unidirectional) or by discussion/demonstration (bi directional). There are no specific specialized prescriptive methods how adults learn. These are some dynamic where, it has been explained to you as to, how do adults learn. All of these methods may not be applicable in all places. You have to make a decision what, when and how much to render and more so as “what not to do”. You being

trained in RCH must know some of them. As practicing health education is easily said than done, please familiarise yourself with each of the following before they start so that you can practice it and enter in log-book.

Learning Based on their Previous Experience

Adults learn best when the learning is based on their experience. So, a major source of learning is the rich individual and collective experience of the participants. For example, the resistant eligible couples are likely to accept birth control methods if your discussion is based on their experiences or perceptions or those of others they know who have used one or more birth control measures.

Recognition of their Set Habits and Strong Beliefs and Liking

Adults learn when the learning environment accommodates as many of their habits, beliefs, and liking as possible. For example, explain them curds, bananas are not cold food and egg is not hot food even in summer seasons. At this stage, they will be willing to consider the possibility that eating banana does not lead to common cold.

Allowing Pride in their Responsibilities to Grow

Adults learn when they feel that their efforts are recognized and appreciated and the new learning will help them do their job better.

Varied Response to Authority

A dominating attitude will not allow adults to express their ideas and opinions freely and is therefore detrimental to learning. At times you may feel the need to exercise authority to keep the group focused. However, whenever possible let the group regulate itself. Be sensitive to the way people react to authority and used it accordingly.

Learn what is Relevant to their Immediate Needs

Effective learning environment tends to be centered around the reality of the participants. These problems should be what the participants face in their life. For example, mothers of children who suffer from frequent episodes of diarrhoea will be more receptive to learning about home available fluids and use of oral rehydration solution than about immunization.

Recognition and Acceptance of Responsibilities Outside of Learning Situation

Effective learning environment is sensitive to several preoccupations of the adults. For example a training programme for TBAs will not be effective if it is scheduled on the day of the weekly market in the village.

Respect for Personal Values and Attitudes

It is very important to respect and trust values and attitude of the adults. If you ridicule pregnant women's choice of traditional nutritious foods, they will not be willing to learn the importance of IFA tablets. Effective learning environment does not demand that adults change their attitude or values. Assist them to review their values, attitudes and tendencies in the perspective of their women goals and then change behaviour.

Reinforcement Relevant to their Perceived Needs

You may have to undertaken repeated frequent counselling sessions on the importance of birth spacing on the health of the mothers, young child and the unborn child will help young mothers to review their decision to plan for the next child at the earliest. Just do not expect that your educational process will bring instant or permanent change. Infact it may yield nothing, if done only once.

Mutual Trust and Respect

If you trust and respect others, they will trust you too. They need to trust your respect for them. Similarly, you need to trust them and their respect for your experience.

Interested in their Learning and/or Welfare

Explain and made them understand and believe that you do not gain anything and it is for their benefit you are interested.

Share Risk of Failure

Telling a TBA how to make decisions for referral of a complicated labour if you were to accompany her on a visit to a complicated case and observe her skills, she will be more receptive to learning.

Ability to Change Adults Can Change and Therefore Learn

This is the most important faith on which effective learning environment is built. If action does not follow learning, it does not improve performance. Effective learning environment helps the participants to recognize that they have the ability to change and adopt new learning with their own will and actions.

2.3 PLANNING AND IMPLEMENTATION OF A HEALTH EDUCATION PROGRAMME

As mentioned earlier, planning and implementation of a health education programme requires understanding of the community needs, perception, their cultural values and beliefs. Whenever you think of conducting a health education programme at your work place, an indepth community diagnosis needs to be undertaken by you as it will form the basis for development of an action plan for a health education programme.

2.3.1 Steps of Planning and Implementation

The Academic Counsellor at PSC will explain you the steps in planning and conduction of a Health Education Programme and demonstrate the planning and implementation of a Health Education programme on a selected topic. He will also help you in identifying;

- The problem area
- The target group
- The messages to be communicated
- The media/tools to be used
- The methodology for implementation

Based on these, you should be able to develop a plan of action for implementation and a Health Education Programme at your work place.

You must record the details of activities undertaken by you for planning and conduction of the programme and get it signed by the Academic Counsellor.

- 1) **Community diagnosis:** As stated earlier, in order to make a health education programme effective you ought to know the health problems, cultural practices, values, beliefs, socio-economic backgrounds and the health facilities available. This can be achieved by doing a community diagnosis. You can do this by:
 - Interacting with formal and informal community leaders
 - Interacting with local residents, beneficiaries of various health facilities in the area
 - Gathering information through questionnaires and interview schedules
 - Gathering information from records available at various places within the community such as health facilities, panchayats, BDO office etc.

- 2) **Selecting the problem area:** After making a community diagnosis, you should be able to identify few of the important problem areas where health education interventions are really needed. Some of the suggested problem areas and their indicators are shown below with the topics for health education:

Indicators/Parameters	Area of education (Topic)
Infant immunization	People need reorientation
Reduction in diarrhoeal deaths by promoting use of ORT	People do not know HAF/ORS prevents diarrhoeal death
Reduction in infant mortality	Why infants die and how to prevent it
Reduction in maternal mortality	Knowledge (may be) about IFA, TT and 5 cleans
Promotion of breast feeding	Exclusive breast feeding within 1/2 an hour of delivery
Prevention of neonatal tetanus	Maternal TT and 5 cleans
Prevention of RTI/STI and HIV/AIDS	Safe sex

Similarly you can develop your own list and select one particular problem area depending upon the need and relevance to your area.

- 3) **Selecting the target group:** After selecting the problem area, you must be able to identify the target group i.e. whom the health education need to be imparted for bringing about the desired impact. The possible target groups which need your urgent attention could be:
- Pregnant women and mothers in the reproductive age groups
 - School going children
 - Adolescent girls
 - School teachers and community leaders
 - Anganwadi workers
 - Women participating in Mahila Mandal or Mahila Swasthya Sangh
 - Health staff e.g. ANMs/LHVs/Medical offices of PHCs etc.
- 4) **The messages to be communicated:** Once you have identified the problem area and target group, you need to develop certain messages which need to be communicated. While selecting the messages you must keep in mind the background of the target group including the literacy level. Your messages should be in accordance with the understanding level of your target group, simple, clear and precise.
- 5) **The media/tools to be used:** You have already learnt in the theory that selecting the right kind of media/tools plays a vital role in communication process. Therefore, to make your health education programme effective, you must select the appropriate media. You may refer to Block 4 of Course 1 (Preventive MCH) on IEC for the selection of media/tools which have been described in details there.
- 6) **The methodology for implementation:** After selecting of the suitable media you must develop an action plan for actual implementation of health education programme. The implementation can be done through health talks, group discussions and demonstrations etc. You may also use a combination of various methods to make it more effective. The details of action plan can be discussed with academic counsellor at PSC before you finalise your action plan. You may also refer to Block 4 of Course MME-101 (Preventive MCH) on IEC.
- 7) **Evaluation of the health education programme:** In order to see the effectiveness of your health education programme, you must make an attempt to evaluate the health

education programme which you have conducted. This can be done through a pre and post test questionnaire/discussion method. Remember, your health education process might not show any change. Do not get frustrated because social changes do come very slowly.

2.3.2 Health Education Methods

While planning about health education also plan about aids or method. Learn planning process from the management unit of this course. Some selected health educational aids/methods are stated below:

A. Posters

Poster is a picture with a message or caption or slogan written not only to explain but to catch the attention of the passers by. Very occasionally posters may have more written matter without picture or drawing.

A poster is a visual presentation of a single idea on a large-size paper or board. A poster on its own should be able to communicate effectively without assistance from any external source. They can be effectively used in transmitting nutrition and health messages where they can act as frequent reminders.

Materials Required

Chart paper, sketch pens, paint, brush, pencil etc.

Guidelines for planning a poster

- i) Keep it simple.
- ii) Make the message on the poster clear and simple.
- iii) If words are used, they should be clearly written and easy to read.
- iv) The poster should be made on an idea or topic that relates to the subject matter of the lesson.
- v) Make sure that the poster presents the idea or topic that is well adapted to local customs and beliefs.
- vi) The message of the poster must be immediately understood.
- vii) Care should be taken to make the message understood correctly and presented through a few eye-catching words and/or easily understood illustrations.
- viii) A poster should be large enough to be seen from a distance.

Procedure for use

Posters can be placed at strategic places where they can be seen easily by the target group. Poster can also be displayed in exhibitions.

Advantages

- Posters are widely used in public places to catch and fix the attention of the public.
- They are cheap and can be taken to a distant places.

Disadvantages

- Posters may become monotonous and stale if not changed frequently.
- As they are displayed in public places, they may be damaged easily.

B. Group Discussion

Group discussion is an educational method where members of the group discuss among themselves for the purpose of understanding or enlightenment or for problem-solving through group action and with group goals. In a group discussion, the members of the

group exchange thoughts, ideas, information, opinions and experiences relevant to the achievement of some objectives.

How to conduct group discussions

- i) Since group discussions are held for solving some specific problems, members have to share willingness to find out the solution and not discuss at cross-purposes. Participants should mutually reinforce learning.
- ii) Participants should show some degree of respect for each other.
- iii) If the subject to be discussed is large, it should be divided into sub-topics, and each sub-topic should be discussed by a group. At the end of the discussions, all the groups should be able to project the thinking in that particular area.
- iv) Before the groups break for discussions, the facilitator should present the subject with a great deal of clarity so that the groups are able to hold their discussions in the right perspective.
- v) Within each group, the group leader should set the time and bring the discussion on a proper track, and there should be no attempt to force a decision on the members.
- vi) The group members should discuss the topic assigned to them systematically and the conclusions drawn should not be a sum-total of individual thinking.
- vii) A few individuals should not be allowed to dominate the group, and no member should be passive.
- viii) The group members should be objective and open-minded because a group discussion is a cooperative endeavour.
- ix) For effective discussion the number of group members should not exceed ten.
- x) Each group should be given a fixed time for discussion depending upon the topic and the time available.
- xi) At the end of the group presentation the facilitator should summarize the deliberations meaningfully.

C. Interpersonal Communication

The basic purpose of interpersonal communication is to treat it as a process of defining feeling, providing unbiased information and empowering client to make their decisions.

The successful Interpersonal Communication leads to change in feeling, attitudes and beliefs. These are essential in bringing about a change in behaviours of the individual and the communities.

It is more personal—that is less public—more private. Although some interpersonal discussion is primarily for assessment and relaxation, much of it is very serious talk about personal interest and problems. During interpersonal communication, ‘Verbal Communication’ takes place more often.

2.4 SPECIAL EDUCATION AND LEARNING METHODS

In the previous section, you were trained to develop the practical skill regarding the usual methods followed by people. Most often than not, people follow these methods without assessing the need of the community as regards their knowledge, what more they need to know or by what methods. There are many other special methods which produce special after effects and are more strong in transferring the knowledge to the community theoretically. If ‘k’ is knowledge and ‘c’ is community, after a special educational method the knowledge is defused (\approx) in such a way that the community acquires it. And mathematically it is:

$$K + C \approx C^k$$

Some special methods are explained to you hereunder. There can be many more methods other than those which are explained in this unit. Such as Nukkad Natika, workshops, folk programmes, flip charts, cinema and many more. They are different, time consuming and expensive as well as beyond the scope of this unit.

2.4.1 Role Play

Role play consists of acting the various roles in a situation which occurs in life in order to create a deeper understanding of its implications and the relationship involved in it. The technique brings a situation to life for those who are acting or for those who are watching it. It is creative and brings forth insights into the problem. There are two types of role play: preplanned and spontaneous. The preplanned role play is actually a short case study.

Points to remember

- i) The problem presented for role-play should be such that it helps prepare the group for a new situation or to tackle difficult situations. Therefore, the problem selected should be related to the experience of the participants or the facilitator.
- ii) It should be simple and informal without having predetermined text.
- iii) It should be spontaneous, unlike drama where the script is predetermined.
- iv) After the role-play has been presented, it should be analysed and discussed.

Processing the role play

- 1) Ask the “actors” how they felt, what they liked or disliked about their performance.
- 2) Ask individual audience members what their response is.
- 3) Try to determine the group’s resolution to the problem.

Advantages of a role play are:

- The role play is an action-oriented process which allows the participants to practice skills in problem solving. It allows the others the chance to watch a problem being resolved.
- The role play can help the participants to understand the effects or their behaviour on other group members.

Disadvantages of a role play are:

- Some people do not like to role play and have a problem with being a participating member or refuse to participate altogether.
- The situation might be viewed as one-sided and artificial.
- The role play is a time consuming exercise.

Use

A situation where role-play can be used in Mahila Mandal Meeting, Immunization Days, Health Workers Meeting, Baby Shows, Antenatal Clinics, Post Natal Clinic Days etc.

2.4.2 Focussed Group Discussion

This is a participatory technique where small groups share their views with each other in small discussion groups, which takes place simultaneously.

How to conduct focussed group discussion

- i) The trainer should introduce the topic for discussion.
- ii) About 15 to 20 minutes are allotted for the discussion.

- iii) The members of the main group should be asked to form small groups, which can be conveniently done without shifting places.
- iv) Since the group is very small, the members should exchange their views and seek clarifications about each other's views.
- v) When the time is up, they should be asked to turn back to their original position.
- vi) Each small group should present to the main group what they have discussed.
- vii) This should be followed by discussions, wherein the facilitator will provide the necessary clarifications on the subject.

Use of Group Discussions

A group discussion is useful when participants have to understand and absorb information, exchange experiences, analyse facts, study problems, correct misconceptions, formulate attitudes and discuss an action plan. It can be used in any situation when the trainer wants to get a clear picture of trainees level of information.

2.4.3 Fish-Bowl Technique

The fishbowl is a powerful group involvement method. The fishbowl consists of an inner ring which is the discussion group, surrounded by an outer ring which is the observation group.

The inner group is given a task to discuss possible solutions to a problem and tries to arrive at the best feasible options within a limited time. While the inner groups are discussing, the outer group observes silently. Before the discussion starts, the outer group reviews the guided observation checklist and divides the sections among themselves. After the inner circle's time is up, the process is reversed. The inner group comes out and the outer groups go in to carry out the similar function. In this way, each group is involved in discussion and observation twice.

Fish bowls are not effective if the groups are large. This is because, if there are more people, all of them will not have time and/or opportunity to express their opinions and views satisfactorily. You should therefore limit the group size to about ten people.

Use of Fish-bowl

The fishbowl has many uses. Some important uses relevant to your work as explained below.

- 1) **As a problem solving tool:** when one group listens and reviews discussion of the other group, they are able to view the problem from more than one angle. There is thus more interaction and stimulating and relevant discussion.
- 2) **For team building:** This method is very effective in getting people to open, to generate different views, and allow these views to be analysed by the group.
- 3) **For improving inter-group communication and relations:** You can resolve conflicts by bringing together different groups with different and strong opinions.
- 4) **To learn group behaviour:** You can study different dimensions of the group such as leadership, membership, decision making, communication processes. You can give feedback to the group on their group processes so that the group grows more effectively.
- 5) **To identify purpose of an activity:** In many situations it may be necessary to clarify the purpose of a group. For example, the members must know what is the purpose of the group and what they hope to achieve. The fishbowl can effectively clarify possible confusion and misconceptions about the purpose of various programmes such as RCH programme.

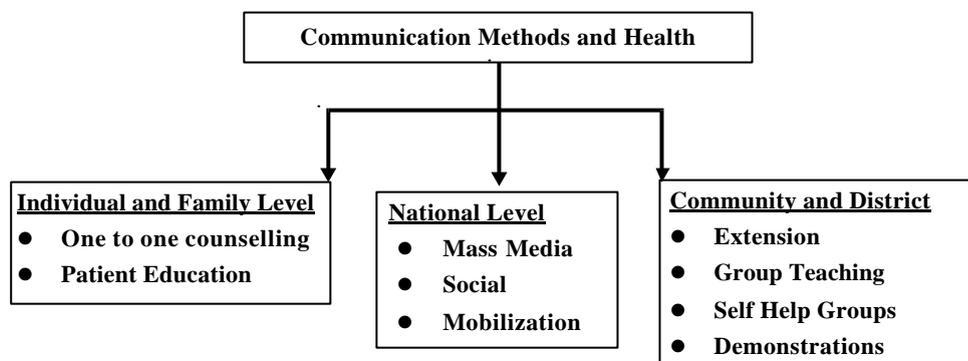
2.4.4 Participatory Learning for Action

Participatory learning for action (PLA) has been theoretically explained to you in MME-101, Block 4. What is necessary here is to practice PLA in the field and see the effect. Your

counsellor of the PSC will demonstrate you the PLA technique. First go round the village and talk to the people, then prepare the map of the village (Transact Map). Call the village group you want to talk, just discuss with them and do not record anything in pen and paper. Understand their problem, find out some solution for them and make them learn about health and health care which they will help and participate. The resources has to be shared by the community also. They must be made to understand that it is their health so it has to be done or achieved with their participation. The PLA can be conducted towards any special components of the health care. To give some example, you can have it on medical care, antenatal registration, referral for complication in pregnancy, tetanus toxoid immunization, institutional delivery or training the TBA. If possible, conduct a PLA session in field practice area of the community medicine department in presence of your counsellor and record this in your log-book.

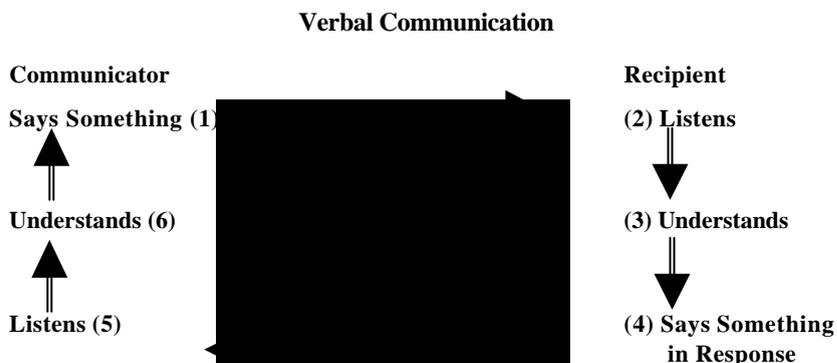
2.5 COMMUNICATION PROCESS

It is a difficult process than thought of. The model of communication at different level is given below with suggested method.



Verbal Communication

Generally 7 steps are involved.



Advantages of Language

We use Language to inform or persuade or entertain or substitute actions or hide facts or even learn.

Characteristics of a Good Communicator

He knows his objectives, audience, message, channels, how to organize and present, his professional abilities and limitation

Characteristics of Poor Communicators

- 1) Fail to present ideas that are useful to audience
- 2) Forget that time and energy are needed to prepare material

- 3) Feel they are always clearly understood
- 4) Refuse to adjust to 'closed' minds
- 5) Talk while others are not listening
- 6) Get to recognize other viewpoint
- 7) Fail to understand that communication is a two-way process
- 8) Fail to recognize other viewpoint
- 9) Let their own biases over influence the presentation
- 10) Disregard the values, customs, habits of people with whom they attempt to communicate
- 11) Fail to speak with respect to people's knowledge, skill, interest and need.

Communication Gap

Communication gap refers to the difference between what the speaker communicated and what the audience has actually received. Desirable action cannot take place if there is a large communication gap.

The nature of communication gap are of two types

- a) The message does not reach the target
- b) Message fails to produce the desired impact

Where the message does not reach the target

- i) Communication must be made available
- ii) Communication must be need based
- iii) Communication must be in time
- iv) Use more than one channel of communication (minimum three channels must be used simultaneously)
- v) Involve existing resources
- vi) Train the key personnel
- vii) It has to be simple, specific, practicable, acceptable and pragmatic.

Where the message fails to produce the desired impact

- i) Use credible (trustworthy and competent) channels of communications
- ii) Repeat the message (at least thrice at suitable intervals)
- iii) Take precaution against distortion of message (repeat and use printed media)
- iv) Increase understandability of message
- v) Help in maintaining the equilibrium
- vi) Give new ideas to create and sustain audience interest.

Moreover, the communicator must keep time factor in mind and should plan and initiate action well in advance so that the intended message reaches the audience in time.

Communication and its behavioural psychology

Good and bad communication is the result of our behaviour. Your power and what you say or the way behave could raise or bring down someone. This behaviour comes unconsciously due the position we occupy. In addition, our nature, likes and dislikes, actions, experiences, education, determine our behaviour.

It is important that you accept what you really are and not what you would like to be. You have to improve the nature in you with which you are dissatisfied and improve the qualities with which you are happy.

Try this experiment to analyze your 'true self'. It is called the **SWOT** analysis.

Strength (S): Make a list of positive characteristics in you personality (eg.) good listener good planner.

Weakness (W): Make a list of negatives e.g. lack of confidence

Opportunity (O): You might be able to utilize opportunities for development or promotion in you organization.

Threat (T): You might have to overcome various threats in your career or relationships. You should not think yourself to be inferior in anyway to others.

Try to convert your weaknesses into strengths and threats into opportunities. Try to have great aspiration and motivation and accept yourself as you are and regard yourself as worthy good and acceptable. In the process of developing yourself, you will become an effective communicator as you are building a positive self.

The type of communication you will be engaged most of the time during your lifetime will relatively be short, and simple which includes communication between parent and child, teacher and student, employee and employer etc.—the type of Communication in real sense 'the comment of society'.

So, develop your communication skill by choosing the right media of communication keeping in mind the listener's attitudes, body language and behaviour so that you can bring out the best in others and be a good leader.

2.6 LET US SUM UP

In this unit, you have learnt about the practical aspects of health education. You have learnt how to plan, organise and conduct a health education session on a selected topic. You have also learnt about a relatively newer technique of Focus Group Discussion which is used by health managers and programme designers to know about perception and practices of prospective health beneficiaries. You have also learnt that how you can conduct mobility on a selected theme in your own set up.