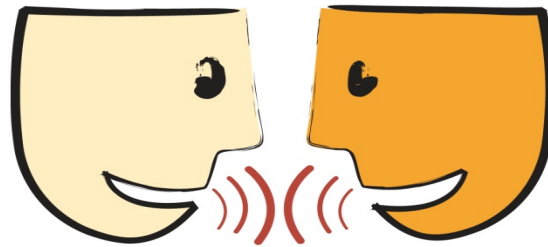


# **COMMUNICATION** **for** **HEALTH EDUCATION**



**Dr. NAVPREET**

Assistant Prof., Deptt. of Community Medicine  
GMCH Chandigarh

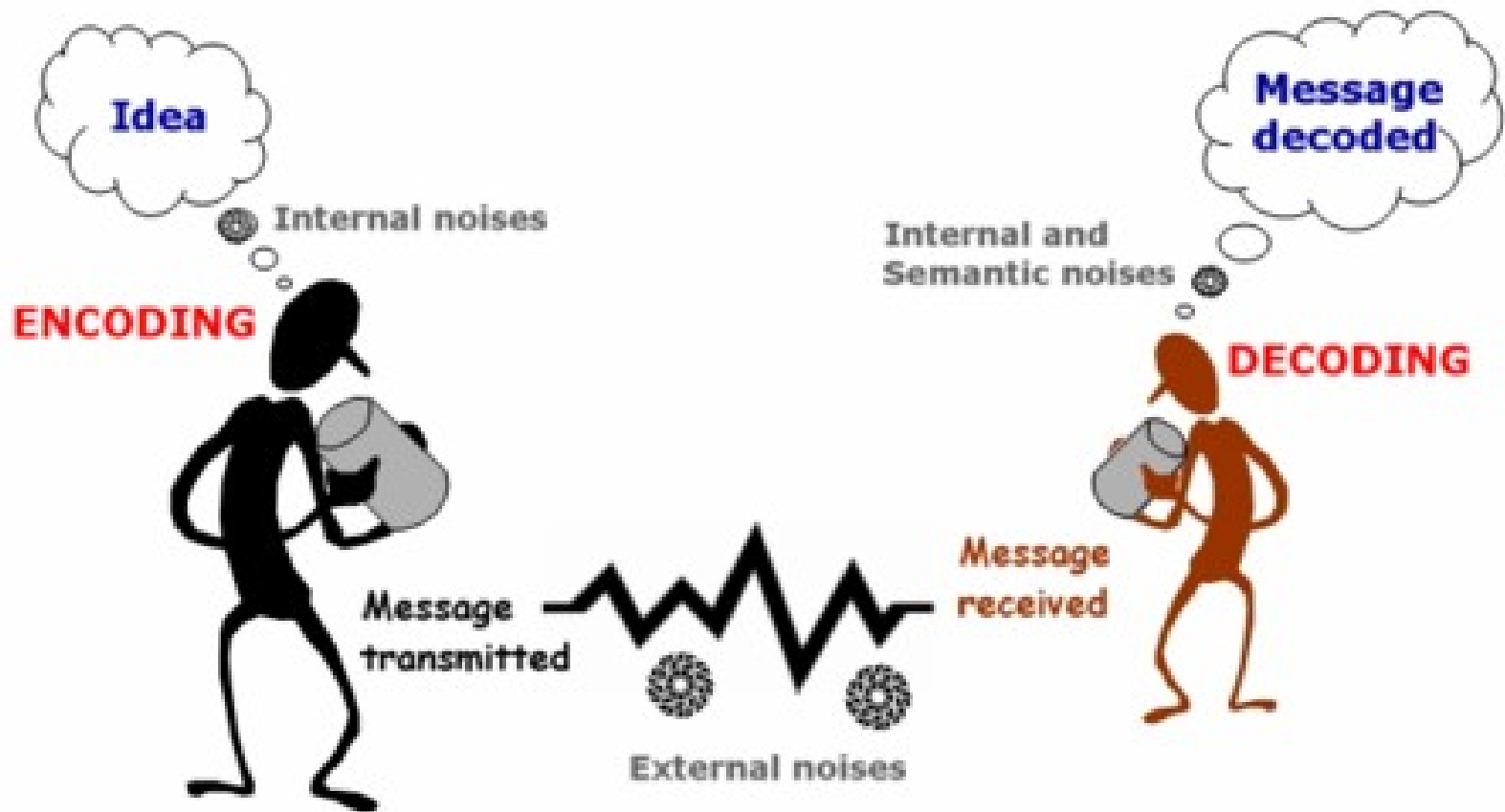
# What is communication?

- Is it Transfer, Conveying or Exchange?
- Communication is derived from 'communis' which means COMMONNESS or SHARING.



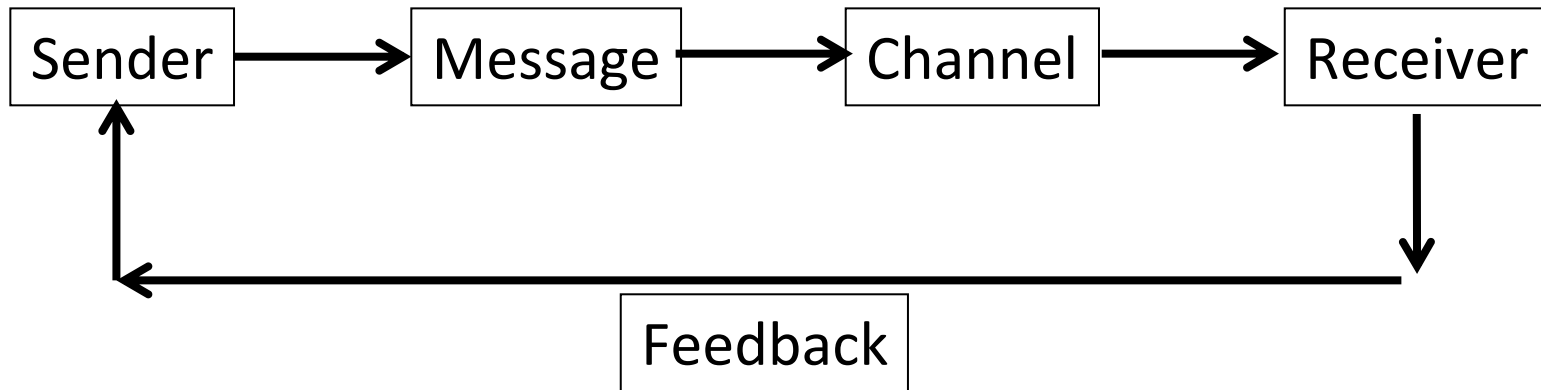
# What is Effective Communication?

- When a sender elicits an intended response from his/her receiver, communication is effective.
- When a sender elicits intended response repeatedly, he/she is not only an effective communicator but also a successful and influential communicator.



# Communication Process

## SMCR Model



# Sender

- Must know:
  - Objectives
  - Audience: interests & needs
  - Message
  - Channels of communication
  - Professional abilities
  - Limitations

# Receiver

- Single person or Group of people
- Controlled audience
- Uncontrolled audience

# Message

- Must be:
  - In line with the objective(s)
  - Meaningful
  - Based on felt needs
  - Clear and understandable
  - Specific and accurate
  - Timely and adequate
  - Fitting the audience
  - Culturally and socially acceptable



# Channel

- Interpersonal communication
- Mass media
- Traditional or folk media

# Feedback

- Flow of information from the audience to sender
- Opportunity to the sender to modify his message

# Objective of Communication

- To form and establish a relationship between a sender and a receiver.

# Steps to achieve the objective

1. Presentation of a stimulus
2. Perception of the stimulus by the receiver
3. Interpretation of the stimulus by the receiver
4. Trial response to the stimulus
5. Perception of the consequences of the trial response
6. Re-interpretation of the consequences, and the making of further responses
7. Development of a stable stimulus-response relationship.

# **Step-Models In Communication**

# A-I-D-A

Attention



Interest



Desire



Action

# A-I-E-T-A

Attention



Interest



Evaluation

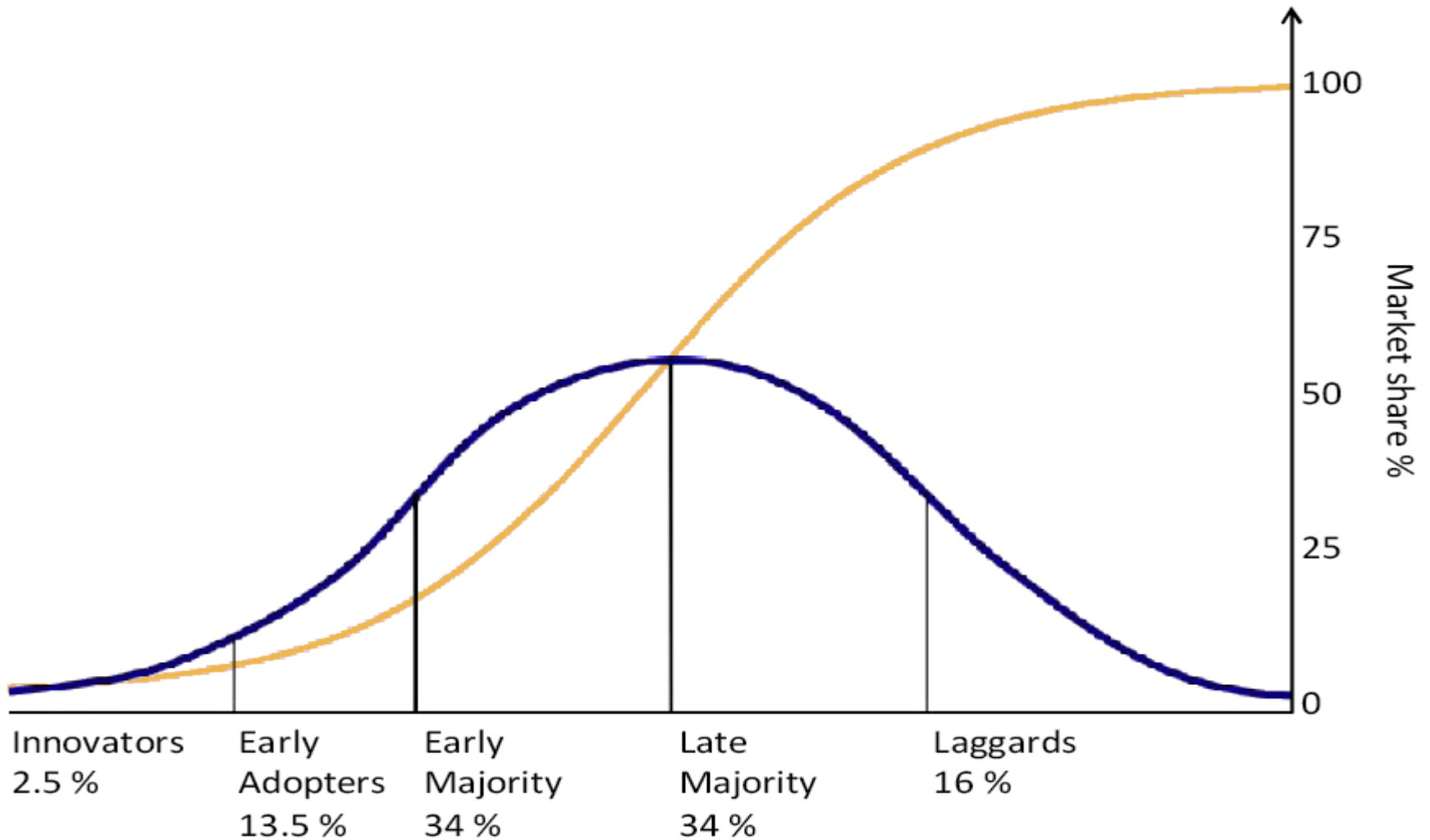


Trial



Adoption

# Diffusion of Innovation





# Types of Communication

- One-way communication (Didactic method)
- Two-way communication (Socratic method)
- Verbal communication: direct and non-direct
- Non-verbal communication
- Formal and Informal communication
- Visual communication
- Telecommunication and Internet

# Barriers of Communication

- Physiological barriers
- Psychological barriers
- Environmental barriers
- Cultural barriers

# Health Communication

- Information
- Education
- Motivation
- Persuasion
- Counseling
- Raising morale
- Health development
- Organization

# HEALTH EDUCATION

“Health education is the process by which individuals and group of people learn to “:

- Promote
- Maintain
- Restore health.

- Health education is defined as:

“Any combination of learning experiences **designed** to facilitate **voluntary** adaptation of behavior conducive to health”.
- The word “**voluntary**” is significant for ethical reasons.

(Educators should not force people to do what they don’t want to do )

i.e. All efforts should be done to help people make decisions and have their own choices.
- The word “**designed**” refers to planned, integral, intended activities rather than casual, incident, trivial experiences.

# 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.

# Aims & Objectives

- To encourage people to adopt and sustain health promoting life styles and practices.
- To promote the proper use of health services available to them.
- To arouse interest, provide new knowledge, improve skills and change attitudes in making rational decisions to solve their own problems,
- To stimulate individual and community self reliance and participation to achieve health development.

# **Approach to Health Education**

1. Regulatory Approach (Managed Prevention)
2. Service Approach
3. Health Education Approach
4. Primary Health Care Approach.



# Models of Health Education

- Medical Model
- Motivational Model
- Social Intervention Model

# Contents of Health Education

## 1. Human biology

- Understanding health demands an understanding of human biology.
  - Child spacing, breast feeding, safe motherhood, immunization, weaning and child growth, diarrheal disease, respiratory infections, house hygiene

## 2. Nutrition

To guide people to choose optimum and balanced diets.  
Remove prejudices and promote good dietary habits.

### 3. Hygiene

- Personal Hygiene.
- Environmental Hygiene.
  - Domestic
  - Community.



## **4. Family Health**

- Health promotion, Disease prevention, Early diagnosis, and Care of the sick.

## **5. Disease prevention and control:**

- Education of the people about locally endemic diseases.
- Drugs alone can not solve the problem.

## **6. Mental Health:**

- To help people to keep mentally healthy and to prevent a mental breakdown.
- Special situations: mother after child birth, decision about a future career, starting a new family etc.



## 7. Prevention of accidents:

- Three main areas: the home, road and the workplace.
- Safety education.



## 8. Uses of health services:

Availability of health services

When to seek medical services.



# Principles of Health Education

## 1. Credibility:

- Consistent and compatible with scientific knowledge, local culture, educational system.

## 2. Interest:

- Felt-needs



### **3. Participation:**

- Based on the psychological principle of active learning.
- Create a sense of involvement, personal acceptance and decision making; provides maximum feedback.

### **4. Motivation:**

- The need for incentives is a first step in learning to change.
- Carrot & Stick approach
- Motivation is contagious.

## **5. Comprehension:**

- Always communicate in the language people understand.

## **6. Reinforcement.**

## **7. Feedback.**

## **8. Learning by doing.**

## **9. Known to unknown:**

- Start where the people are and with what they understand and then proceed to new knowledge.

## **10. Good human relations.**

## **11. Setting an example.**

## **12. Leaders:**

- Agents of change.
- Try to penetrate the community through the local leaders.

# Practice of Health Education

- **Audiovisual Aids**

- 1. Auditory aids**

Radio, tape-recorder, microphone, amplifiers, earphones.

- 2. Visual aids**

Not requiring projection: Chalk-board, leaflets, posters, charts, models etc.

Requiring projection: Slides, film strips.

- 3. Combined A-V aids**

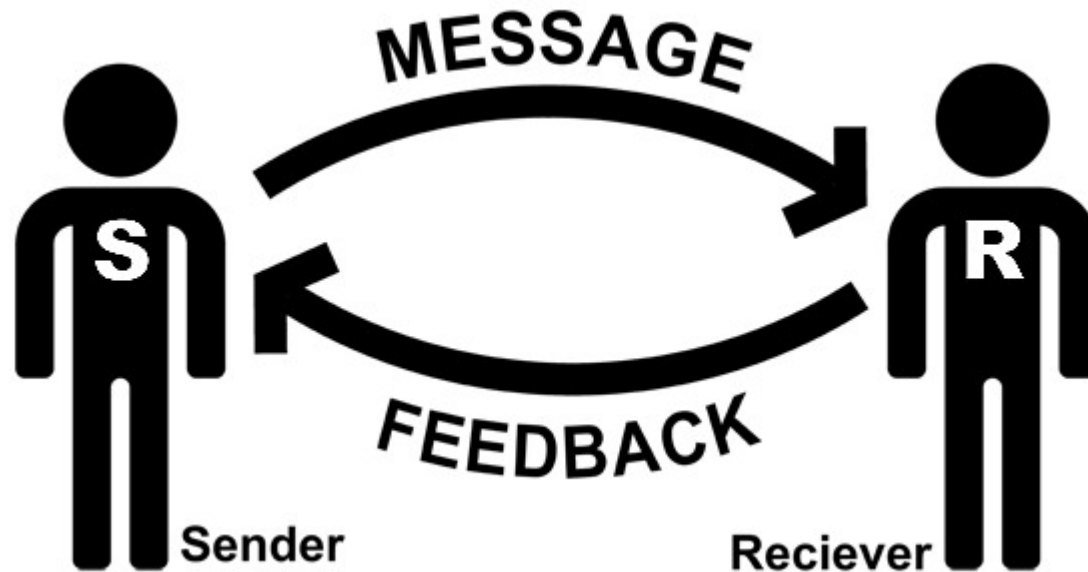
Television, slide-tape combination.

# Methods in Health Communication

- Individual approach
- Group approach
- Mass approach

# Individual Approach

- Interpersonal communication (IPC)



# **Group Approach**

## **1. Chalk and talk (Lecture)**

- a) Flipcharts
- b) Flannel graph
- c) Exhibits
- d) Films & charts



# Flipcharts



# Flannel graph





- Demonstrations
- Group discussion
- Panel discussion
- Symposium
- Workshop
- Role playing
- Conferences and Seminars

**2. Demonstration**

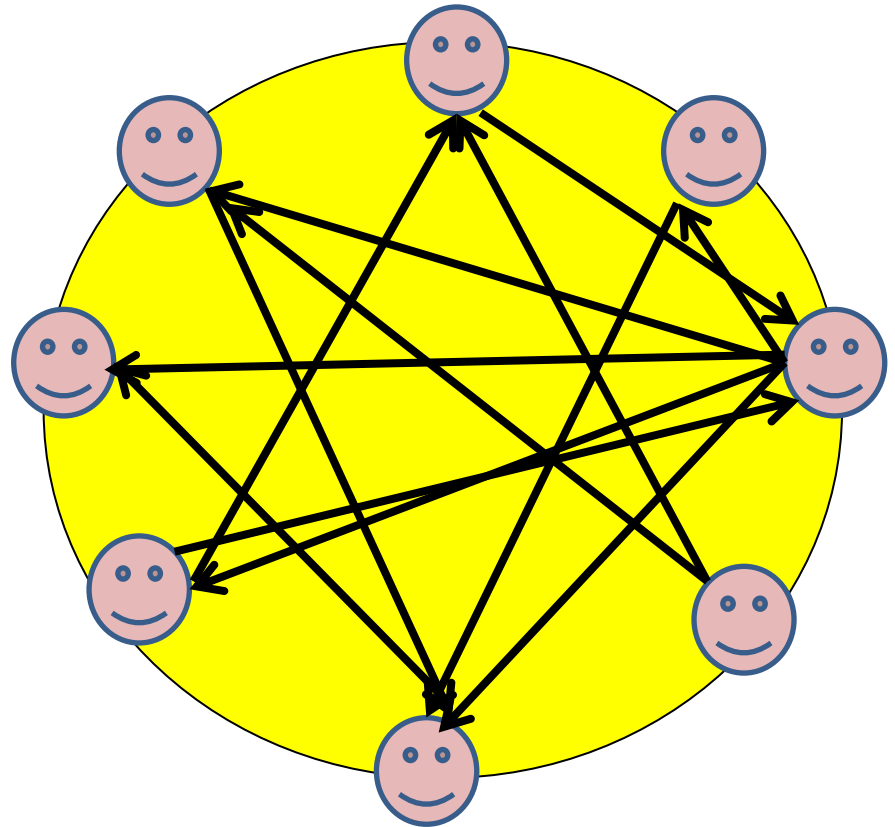
**3. Role play**



# 4. Group Discussion



**Sociogram**



**5. Panel discussion**

**6. Symposium**

**7. Workshop**

**8. Conferences and Seminars**

# Mass approach

- Television
- Radio
- Newspapers
- **Internet**
  - [www.mohfw.nic.in](http://www.mohfw.nic.in) , [www.who.int](http://www.who.int)
- Printed material
- Direct mailing
- Posters, billboards and signs
- Health museums and exhibitions
- Folk media













**THANKS for patience...**

