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Course Name: COMMUNICATION AND EDUCATION TECHNOLOGY

# INFORMATION, EDUCATION AND COMMUNICATION FOR HEALTH

LECTURE 02

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## Places For Delivering Health Education Technology

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- 1. Schools
- 2. Health institutions
- 3. Work places
- 4. Living areas and villages
- 5. Religious institutions
- 6. Traditional social meeting places

## Planning For Health Education

 Health education activities are carried out by proper assessment, monitoring and evaluation.

• First the problems are studied, identified and ranked in priority order.

## Steps of Planning For Health Education

#### 1. Data Collection

- Geographical data, climate conditions, circumstances land etc.
- Population data- gender, distribution, birth rate, fertility rate, death rate, migration rate, life expectancy.
- Livelihood and income data
- Socio-cultural data- living habits, norms, public views
- Education data-level of education, educational facilities
- Data health status

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- 2. Set the priority health issues
- Severity of health problems
- The number of people affected
- Increase in disease rates
- The desire of society (unmet needs of society)
- Social benefits if problem is solved
- Public concern
- Technology available
- Available resources
- Political support

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#### 3. Work Plan

- A plan of work is simply putting together all the components have worked out to deliver health education messages.
- A plan should specify the roles of the different people involved, the time in which particular activities have to be carried out.

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• When you have chosen how to overcome it, action plan is prepared

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The work plan should involve following aspects:

- The purpose of health education to be achieved.
- Health education methods to be used
- Health education materials that will be delivered.
- The methods and assessment criteria to be used.
- Develop an integrated plan.

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• 1. regulatory approach

#### Legal or Regulatory Approach

- Any governmental intervention, direct or indirect, designed to alter human behaviour,
- Eg: Child marriage act in India, Seat belts rule in cars etc.
- Advantages: Simple, Quick
- Particularly, be useful in times of emergency or in limited situations such as control of an epidemic disease or management of fairs and festivals

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• 2. servicing approach

#### Service Approach

- Intends to provide all the health facilities needed by the people at their door steps on the assumption that people would use them to improve their own health.
- Limitation :not based on the felt-needs of people

For example, when water seal latrines were provided, free of cost, in some villages in India under the Community Development Programme, people did not use them. This serves to illustrate that we may provide free service to the people, but there is no guarantee that the service will be used by them.

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• 3. Educational approach

#### **Educational Approach**

- Most effective
- · Gives autonomy towards their own lives
- Components:
  - 1. motivation
  - 2. communication
  - 3. decision making
- results slow, but permanent and enduring.
- Sufficient time for an individual to bring about changes and learning new facts as well as unlearning wrong information as well.

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Educational approach may be classified as follows:

- 1. Individual approach: it is done by health worker wherever and whenever he/she comes in contact with individuals who needs knowledge, guidance and counseling regarding individual health problems and needs.
- Individual health teaching can be done in hospitals, homes and health care institutions.
- Health teaching can be given on good food habits, regular exercise, proper sleep, personal hygiene, wearing clean cloths, washing hands, safe water, safe cooking practices.

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- 2. family approach- it can be done during home visits. family members can be taught how to look after the sick, how to prevent home accidents, food budgeting and planning, care of children, care of pregnant mothers.
- 3. group approach-this is organized to teach small groups which will facilitate discussions, exchange of ideas and clearing of doubts after teaching is over .

But better results are achieved when group of people with similar interests are selected eg: patients with similar problems or needs

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These are the methods in which we exchange ideas, feelings and information.

### Objectives of Communicating Health Messages

- To communicate health message in clear and concise manner.
- To exchange ideas and feelings and for reaching common understanding in order to take the desired health step.

# Elements Of Communicating Health Wessages

- 1. Transmitter Or Communicator Of The Message.
- 2. The Message To Be Continued.
- 3. The Receiver Of The Message

### Course Code: RSCN2005 Course Name: COMMUNICATION AND FDUCATION TECHNOLOGY Transmitter Or Communicator Of The Message

- The communicator should have adequate knowledge and practice, respectable and acceptable by the community.
- The health message communicated by communicator should be trustworthy, attractive and convincing.
- The communicator should have high position in the community.
- The communicator should be a person concerned with community problems, should have strong will to help health workers and willing to spend his/her spare time and known for doing good things for the community.

### Course Code: BSCN2005 Course Name: COMMUNICATION AND EDUCATION TECHNOLOGY Ine Message To Be Continued

• It should be clear, short, easy to understand, attractive, influencing and meeting the need and feelings of the receiver and considers the level of understanding of the receiver.

• Message should not be difficult to interpret into actions.

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The receiver or audience must be ready to:

- discuss,
- cooperate,
- ask questions,
- willing to know,
- right type of audience
- Eager to identify and solve their problems

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# Methods And Media For Communicating Person to person communication

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- Group discussion
- Peer learning methods
- Demonstration
- Role play
- Drama
- Traditional methods
- Occasions of health

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