HEALTH PROMOTION

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MODULE COMPETENCE

- To enable the learner apply principles of health promotion in order to prevent illness, promote health in an individual, family and community.

Module outcomes

- By the end of the module, the learner should:
  - Utilize the methods and channels of health promotion in provision of health care.
  - Share targeted health messages to promote healthful living to patients/clients.

Course outline

1. **HEALTH PROMOTION:**

- Concepts
- Ottawa charter for health promotion
- Principles of health promotion, Aims
- Strategies of Health Promotion
- Approaches to health promotion
- Steps of an organized community dialogue.

Course outline ctd’

2. HEALTH EDUCATION:

- Definition
- Aims/objectives of health education
- Principles of health education
- Models of health education
- Theories of learning/health education
- Approach to health education
- Steps in carrying out a health programme
- Methods of health education
- Planning for a health education programme.
- Behaviour change and communication.
- Information, Education & Communication (IEC).

Reference materials

- Basavanthappa, B.T.,(2013).*Community Health Nursing. 2nd Ed* . New Delhi: Jaypee Brothers Medical Publishers.
- Clark, C.C.(2014).*Health promotion for Nurses: A practical guide* , Massachusetts: Jones and Bartlett publishers.
- Raingruber,B.(2017).*Contemporary health promotion in Nursing practice. 2nd Ed* . Massachusetts: Jones and Bartlett publishers.

Definition

- WHO, 1946: *'Health* is a state of complete physical, mental & social well-being and not merely the absence of disease or infirmity'.
- SMITH, TANG & NUTBEAM, 2006: ***'Wellness*** is the optimal state of health of individuals and groups (including) the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfillment of one's role expectations in the family, community, place of worship, workplace and other settings.'

- WHO definition in the globalised world as:

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  - The process of enabling people to increase control over their health and determinants and thereby improve their health (WHO 2006) in Bankok charter.

1984 WHO definition-

- The process of enabling people to increase control over and to improve their health ,it also advocated ,legislation, fiscal measures organizational change, community development and spontaneous local activities against health hazards as health promotion methods

What is health promotion?

- 1986 Ottawa charter for health promotion, WHO defined health promotion as *'the process of enabling people increase control over, and to improve their health .'*
- The above definition clearly states that individuals should be engaged in supporting their own health.
- Maville and Huerta (2002) define health promotion as any endeavor directed at enhancing the quality of health and well-being of individuals, families, groups, communities and/or nations through strategies involving supportive environments, coordination of resources and respect for personal choice and values

- In a document of 1979 called Healthy people, the surgeon General of the United States differentiates health promotion, health protection and preventive health services as:

- **Health promotion**: individual and community activities to promote healthful lifestyles e.g. improving nutrition, preventing alcohol and drug misuse, maintaining fitness and exercising.
- **Health protection**: actions by government and industry to minimize environmental health threats e.g. maintaining occupational safety, controlling radiation and toxic agents and preventing infectious diseases and accidents.
- **Preventive health services**: actions of health care providers to prevent health problems e.g. control of high blood pressure, control of STDs, immunization, family planning and health care during pregnancy and infancy.

Health promotion in Kenya;

- Started in 1953 and fully functional in 1955
- Aimed at educating Kenyan population on matters related to their health so that they can:-
  - Protect self from diseases
  - Promote health by adopting good health practices
  - Becomes aware of health services to be utilized
  - Adopt and practice environmental sanitation involvement and participation of community.

- Health promotion takes a wider perspective. For health promotion to be effective, it is essential that health workers begin by actively listening and finding out why people do things the way they do

Concepts of Health promotion

- There are three levels of health promotion:
  - **Primary prevention:** focuses of health promotion and protection against specific health problems. There4, primary preventive measures are directed towards the '**well**' individuals in the prepathogenesis period to promote their health and to provide specific protection from diseases e.g. immunization against diseases such as Diphtheria, tetanus, pertussis (DPT) AND Polio. The purpose of primary prevention is to reduce the risk of exposure of the individual or community to disease.

Secondary prevention

- Focuses on early identification of health problems and prompts intervention to alleviate health problems.
- Its goal is to identify individuals in an early stage of a disease process and to limit future disability.
- Secondary preventive measures are applied to diagnose or treat individuals in the period of pathogenesis.

Tertiary prevention

- Focuses on restoration and rehabilitation with the goals of returning the individual to an optimum level of functioning.
- Therefore, tertiary prevention addresses rehabilitation and the return of people with chronic illness to a maximal ability to function.

Background of Health promotion

- Health promotion received a big boost at the Alma Ata International Conference on Primary Health Care (PHC) in 1978.
- PHC was identified as an approach that would ensure health services are accessible, acceptable, affordable and available to all people in the world
- The Alma Ata declaration identified various key elements for PHC implementation, with health education being ranked as the most important approach for effective health promotion and disease prevention.

OTTAWA CHARTER FOR HEALTH PROMOTION

- Following Alma Ata declaration, the first international conference on health promotion was held in 1986 **in Ottawa, Canada**.
- The Ottawa charter for health promotion adopted by 38 countries was primarily a response to growing expectations for a new public health movement across the world
- The charter called for the active role of the community which emphasizes that people cannot achieve their fullest health potential unless they are able to take control of those things which determine their health

Definitions and scope of health promotion as per the Ottawa Charter.

- Ottawa charter defines health promotion broadly as *'the process of enabling people to increase control over and to improve their health'.*

Health promotion priority action areas identified in the Ottawa Charter include:-

- **Build healthy public policy-** health promotion policies include legislation, fiscal measures, taxation and organization change. This requires identification of obstacles to the adoption of healthy public policies in non-health sectors and the development of ways to remove them.
- **Create supportive environments-** the protection of the environments and the conservation of natural resources must be addressed in any health promotion strategy.

- **Strengthen community actions-** to develop systems for strengthening public participation in health matters. Requires full and continuous access to information and learning opportunities for health, as well as funding support.
- **Develop personal skills-** enabling people to learn and cope with chronic illness and injuries. Has to be facilitated in schools, home, work and community settings.
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- Re-orient health services- the role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services.
- Moving into the future- women and men should become equal partners in each phase of planning, implementation and evaluation of health promotion activities.

Principles of health promotion

- Empowering – enabling individuals and communities to ensure more power over the determinants of health
- Participatory – involving all concerned at all stages of the process
- Holistic – fostering physical mental and spiritual health
- Inter-sectoral – involving the collaboration of agencies from relevant sectors
- Equitable – guided by a concern for equity and social justice.
- Sustainable – bringing about changes that individuals and communities can maintain once funding has ended
- Multi-strategy – use of a variety of approaches including policy development organizational change community development, legislation (root man 2001)

Strategies of health promotion

- There are three main strategies used in the implementation of health promotion:

a) ENABLING

- In health promotion, enabling means taking action in partnership with individuals or groups to empower them, through the mobilization of human and material resources, to promote and protect their health
- Seeks to strengthen people's knowledge and the skills required to prevent ill health, enhance and protect healthy behavior. Achieved mainly through education, IEC and social mobilization interventions among individuals and communities.

b) Creating environments that are supportive of health

- In order to create and sustain environments that are supportive of health, health promotion facilitates mediation in society.
- Mediation- process through which the different interests of individuals and communities and different sectors, both public and private, are reconciled in ways that promote and protect health
- Achieved through legal, economic and environmental policies and legislation.

c). Advocacy to create the essential conditions for health

- Advocacy for health implies a combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health programme.
- Advocacy may be carried out through lobbying, social marketing, IEC and community organizing.

APPROACHES TO HEALTH PROMOTION

- Medical or Preventive approach
- Behaviour Change Approach
- Educational approach
- Self-Empowerment approach
- Societal Change approach

APPROACHES IN HEALTH PROMOTION

THE MEDICAL APPROACH

- Aim is freedom from medically-defined diseases and disability such as infectious diseases.
- Involves medical intervention to prevent or ameliorate ill-health
- Values preventive medical procedures and the medical profession's responsibility to ensure that patients comply with recommended procedures

APPROACHES IN HEALTH PROMOTION ctd,

THE BEHAVIOUR CHANGE APPROACH

- Aim is to change people's individual attitudes and behaviour so that they adopt a healthy lifestyle
- Examples include teaching people how to stop smoking, encouraging people to take exercise, eat the right food, look after their teeth etc
- Proponent of this approach will be convinced that a healthy lifestyle is in the interest of their clients and that they are responsible to encourage as many people as possible to adopt a healthy lifestyle

APPROACHES IN HEALTH PROMOTION ctd'

THE EDUCATIONAL APPROACH

- Aim is to give information and ensure knowledge and understanding of health issues and to enable well-informed decisions to be made
- Information about health is presented and people are helped to explore their values and attitudes and make their own decisions
- Help in carrying out those decisions and adopting new health practices may also be offered

THE EDUCATIONAL APPROACH (Cont'd)

- Proponent of this approach will value the educational process and respect the right of the individual to choose their own health behaviour
- Responsibility to raise with clients the health issues which they think will be in their client's best interests

APPROACHES IN HEALTH PROMOTION cntd'

THE CLIENT-CENTRED APPROACH (EMPOWERMENT)

- Aim is to work with clients in order to help them to identify what they want to know about and take action on and make their own decisions and choices according to their own interest and values
- Health promoter's role is to act as a facilitator in helping people to identify their own concerns and gain the knowledge and skills they require to make things happen

APPROACHES IN HEALTH PROMOTION cntd'

THE CLIENT-CENTRED APPROACH (EMPOWERMENT) (Cont'd)

- Self-empowerment of the client is seen as central to this aim
- Clients are valued as equal who have knowledge, skills and abilities to contribute, and who have an absolute right to control

APPROACHES IN HEALTH PROMOTION cntd'

THE SOCIETAL CHANGE APPROACH

- Aim is to effect changes on the physical, social and economic environment, in order to make it more conducive to good health
- Focus is on changing society not on changing the behavior of individuals
- Proponent of this approach will value their democratic right to change society and will be committed to putting health on the political agenda

SUMMARY OF AIMS AND METHODS IN HEALTH PROMOTION

AIMS AND METHODS IN HEALTH PROMOTION

AIM	APPROPRIATE METHOD
Health awareness goal Raising awareness, or consciousness, of health issues.	Talks, group work, mass media, displays and exhibitions, campaign.
Improving knowledge Providing information.	One-to-one teaching, displays and exhibitions, written materials, mass media, campaigns, group teaching.
Self-empowering Improving self-awareness, elf-esteem, decision making.	Group work, practising decision-making, values clarification, social skills training, simulation, gaming and role play, assertiveness training, counselling.
Changing attitudes and behaviour Changing the lifestyles of individuals.	Group work, skills training, self-help groups, one-to-one instruction, group or individual therapy, written material, advice.
Societal/environmental change Changing the physical or social environment.	Positive action for under-served groups, lobbying, pressure groups, community-based work, advocacy schemes, environmental measures, planning and policy making, organisational change, enforcement of laws and regulations.

APPROACHES TO HEALTH PROMOTION(THE EXAMPLE OF HEALTHY EATING)

APPROACH	AIMS	METHODS	WORKER/CLIENT RELATIONSHIP
Medical	To identify those at risk from disease.	Primary health care consultation, e.g. measurement of body mass index.	Expert led. Passive, conforming client.
Behaviour change	To encourage individuals to take responsibility for their own health and choose healthier lifestyles.	Persuasion through one-to-one advice, information, mass campaigns, e.g. "Look After Your Heart" dietary messages.	Expert led. Dependent client. Victim blaming ideology.

APPROACH	AIMS	METHODS	WORKER/CLIENT RELATIONSHIP
Educational	To increase knowledge and skills about healthy lifestyles.	Information. Exploration of attitudes through small group work. Development of skills, e.g. women's health group.	May be expert led May also involve client in negotiation of issues for discussion.
Empowerment	To work with clients or communities to meet their perceived needs.	Advocacy Negotiation Networking Facilitation e.g. food co-op, fat women's group.	Health promoter is facilitator. Client becomes empowered.
Social change	To address inequities in health based on class, race, gender, geography.	Development of organisational policy, e.g. hospital catering policy. Public health legislation, e.g. food labelling. Lobbying. Fiscal controls, e.g. subsidy to farmers to produce lean meat.	Entails social regulation and is top-down.

METHODS IN HEALTH PROMOTION

INDIVIDUAL

INDIVIDUAL METHOD

- Individual focus – the cradle of health promotion.
- One-to-one basis – individual advice, counselling
- Interactive nature of face-to-face communication allows better possibilities for success than perhaps any other communication medium
- Individual methods of health promotion are usually but not exclusively associated with secondary prevention or tertiary prevention

INDIVIDUAL METHOD

LIMITATIONS

- For a large population too labour intensive to reach everyone in this manner
- One-to-one individual methods not as appropriate in the area of primary prevention – cost-ineffectiveness among large target audiences, many of whom may not develop the specific disease
- Difficult to gain access to people and also health information competing with a myriad of other messages (often anti-health forces)

INDIVIDUAL METHOD

- As most information concerning health is so technical and complex, a translational process is necessary to transform scientific and medical jargon into information which can be understood and acted on by the general public

METHODS :

GROUPS

GROUP METHODS

- Group techniques offer an intermediary between one-to-one approaches and wider community appeals through media and whole community approaches
- Groups can range in size from 2-3 people to several hundreds and can be either homogenous or heterogenous in nature
- Health education methods in such groups can be classified as didactic (i.e. lectures, seminars) or experential (i.e. skills training, simulation/games etc)

GROUP APPROACHES

- Group methods have been used by health educators to empower individuals, organizations and communities in key ways.
- These include assisting individuals:
  - to modify or maintain health-related behaviour
  - to provide a supportive setting for individuals sharing a common goal or problem
  - to organize community to improve their capability to identify and solve their own problems (i.e. community organization)
  - to organize individuals and groups to undertake macro-level social change (e.g. training community leaders)

GROUP METHODS

- Group methods can also be used in a range of different settings, including those at which the level of prevention is mainly:
  - primary (schools, workplace, organizations)
  - secondary (medical practice, health centers, out-patient clinics, drug referral centers), or
  - tertiary (hospitals, rehabilitation centers, nursing homes)

SUMMARY OF GROUP METHODS IN HEALTH PROMOTION

DIDACTIC GROUP METHODS	
LECTURE-DISCUSSION	Best for knowledge transmission, motivation in large groups. Requires dynamic, effective speaker with more knowledge than the audience.
SEMINAR	Smaller numbers (2-20). Leader-group feedback. Leader most knowledgeable in the group. Best for trainer learning.
CONFERENCE	Can combine lecture/seminar techniques. Best for professional development. Several authorities needed.

EXPERIENTIAL GROUP METHODS

SKILLS TRAINING	Requires motivated individuals. Includes explanation, demonstration and practice, e.g. relaxation, childbirth, exercise.
BEHAVIOUR MODIFICATION	Learning and unlearning of specific habits. Stimulus-response learning. Generally behaviour specific, e.g. quit smoking phobia desensitisation.
SENSITIVITIY/ ENCOUNTER	Consciousness raising. Suitable for professional training and some middle-class health goals.
INQUIRY LEARNING	Used mainly in school settings. Requires formulating and problem solving through group co-operation.
PEER GROUP DISCUSSION	Useful where shared experiences, support, awareness are important. Participants homogeneous in at least one factor, e.g. old people, prisoners, teenagers.

SIMULATION	Useful for influencing attitudes in individuals with varying abilities. Generally in school setting, but of relevance to other groups.
ROLEPLAY	Acting of roles by group participants. Can be useful where communication difficulties exist between individuals in a setting, e.g. families, professional practice, etc.
SELF-HELP	Requires motivation and independent attitude. Valuable for ongoing peer support, values clarification, etc. Can be therapy or a forum for social action.

METHODS

GENERAL POPULATION

✓ MASS MEDIA

MASS MEDIA IN HEALTH PROMOTION

DEFINITION OF SOME TERMS

MASS MEDIA:

- Any printed or audio-visual material designed to reach a mass audience.
- This includes newspapers, magazines, radio, television, billboards, exhibition, display, posters and leaflets

MESSAGE

- A cultural communication encoded in signs and symbols

MARKETING:

- The sum total of all activities (the marketing mix) designed to persuade people to adopt certain behaviors

ADVERTISING

- One component of marketing mix

AUDIENCE SEGMENTATION:

- The division of a mixed population into more homogenous groups or market segments.
- Market segments are defined by certain shared characteristics which affect attitudes, beliefs and knowledge.
- Targeting specific market segments allows for more specific messages which will have a greater effect.

MASS MEDIA, ADVERTISING, MARKETING AND HEALTH PROMOTION -1

- Unrealistic expectations of media effectiveness due in part to a basic misunderstanding
- Health promoters assumed that advertising alone was responsible for the behaviour change achieved by commercial companies.
- They failed to appreciate that advertising is just one part of what is called “the marketing mix”

- Advertising a commercial product is very different from trying to sell health.
- Advertising typically mobilizes predispositions whereas health promotion typically tries to counter them
- Advertising is selling things in the here and now, to be immediately consumed and enjoyed.
- By contrast, health education messages are often about foregoing present enjoyment for future benefits

- Advertising spends large sums of money for relatively small shifts in behaviour. Health education spends a fraction of commercial budgets attempting to generate large shifts in behaviour.

WHAT THE MASS MEDIA CAN AND CANNOT DO

The mass media can:

- Raise consciousness about health issues
- Help place health on the public agenda
- Convey simple information
- Change behaviour if other enabling factors are present

WHAT THE MASS MEDIA CAN AND CANNOT DO cntd’

Using the mass media is effective if:

- It is part of an integrated campaign including other elements such as one-to-one advice
- The information is new and presented in an emotional context
- The information is seen as being relevant for “people like me”

WHAT THE MASS MEDIA CAN AND CANNOT DO cntd'

The mass media cannot:

- Convey complex information
- Teach skills
- Shift people's attitudes or beliefs. If messages are presented which challenge basic beliefs, it is more likely that the message will be ignored, dismissed or interpreted to mean something else
- Change behaviour in the absence of other enabling factors

FACTORS IMPORTANT TO MEDIA EFFECTIVENESS -1

- ✓**CREDIBILITY:** The source must be trusted and reliable
- ✓**CONTEXT:** The message should be relevant to the receiver
- ✓**CONTENT:** The message must be meaningful
- ✓**CLARITY:** The receiver must be able to understand the message
- ✓**CONTINUITY:** The message should be consistent without being boring
- ✓**CHANNELS:** The message must used the established channel of the receiver use the media
- ✓**CAPABILITY:** The receiver must be capable of acting on the message meaningful
- ✓**COLLABORATION:** Media professionals should be involved to determine how best to use the media

WHEN TO USE THE MEDIA IN HEALTH PROMOTION -1

- When a wide exposure is desired
- When public discussion is likely to facilitate the educational process
- When awareness is the main goal
- When media is on-side
- When accompanying on the ground back-up can be provided

WHEN TO USE THE MEDIA IN HEALTH PROMOTION -2

- When a generous budget exists
- When counter-argument is likely to be productive
- When the behaviour goal is simple
- When a hidden agenda is public relations

SUMMARY OF MEDIA METHODS

TYPE	CHARACTERISTICS
Limited reach media	
PAMPHLETS	Information transmission. Best where cognition rather than emotion is desired outcome.
INFORMATION SHEET	Quick convenient information. Use as series with storage folder. Not for complex behaviour change.
NEWSLETTERS	Continuity. Personalised. Labour intensive and requires detailed commitment and needs assessment before commencing.
POSTERS	Agenda setting function. Visual message. Creative input required. Possibility of graffiti might be considered.
T-SHIRTS	Emotive. Personal. Useful for cementing attitudes and commitment to program/idea.
STICKERS	Short messages to identify/motivate the user and cement commitment. Cheap, persuasive.
VIDEOS	Instructional. Motivational. Useful for personal viewing with adults as back-up to other programmes.

SUMMARY OF MEDIA METHODS

TYPE	CHARACTERISTICS
Mass reach media	
TELEVISION	Awareness, arousal, modelling and image creation role. May be increasingly useful in information and skills training as awareness and interest in health services.
RADIO	Informative, interactive (talkback). Cost effective and useful in creating awareness, providing information.
NEWSPAPERS	Long and short copy information. Material dependent on type of paper and day of week.
MAGAZINES	Wide readership and influence. Useful as in supportive role and to inform and provide social proof.

An organized Community Dialogue

Definition of Community Dialogue Concepts

Definition

- **A community dialogue** is a process of joint problem identification and analysis leading to modification and redirection of community and stakeholders' actions towards preferred future for all.
- A community dialogue is an interactive participatory communication process of sharing information between people or groups of people aimed at reaching a common understanding and workable solution. Unlike debate, dialogue emphasizes on listening to deepen understanding.
- It develops common perspectives and goals and allows participants to express their own views and interests.

Differences between debate and dialogue

Debate	Dialogue
Denying opposing views.	Allows expression of different views.
Participants listen to refute views of other people.	Participants listen to understand and gain insight.
Questions are asked from a position of certainty.	Questions are asked from a position of curiosity.
Participants speak as representatives of groups.	Participants speak with free minds.
Statements are predictable and offer little new information.	New information surfaces.

CONCEPTS AND PRINCIPLES OF COMMUNITY DIALOGUE

- Community dialogue is based on the following two main principles:

a) Problem based adult learning

- Individuals will go for things that are relevant to them.
- Individuals have a lot of knowledge, skills and experience, which can be built on or improved.
- People like to be respected and will eagerly participate in issues that affect their lives.

b) **Negotiation (*dialogue is a process of bargaining, give and take*)**

- Dialogue focuses on the problem to be solved together with all parties based on existing experience, capabilities and opportunities rather than pre-determined messages that must be communicated by one party and received by the other.
- All partners involved, service providers and the community may experience behavior change in the process of dialogue.

Other principles include the following:

- Sensitivity to local, family and community experiences: working by invitation and commitment and not imposition.
- Facilitation rather than intervention of experts.
- Use of participatory approaches with space for listening, inclusion, agreement and expressions of concerns.
- Respect for differences and mutual trust.
- Willingness of facilitators to engage in a process of self–development.
- Working in partnerships with non-governmental and community based organizations

Other principles include the following cntd':

- Belief that communities have the capacity to identify needed changes, own these changes and transfer change to other communities.
- A grounding in universal human rights.
- Gender sensitivity, a focus on participation and inclusion of women and girls.
- Mutual learning (facilitators with community, community with facilitators, community with community, among community members, organization to organization

Objectives for conducting community dialogue

- The main objective of community dialogue is to generate response from communities and individuals that result into commitment to addressing the identified problems (issues)/gaps in a participatory manner. Community dialogue aims at:
  - Generating deeper understanding of the nature of the epidemic among individuals and communities in order to influence change.
  - Surfacing common issues and the resources to address them, (helps identify barriers to positive change and uncover innovative ideas).
  - Building a pool of resource persons with transformative leadership abilities and facilitation skills to scale up the community response to HIV and other related development issues.

Objectives for conducting community dialogue cntd'

- Providing a forum for the unheard to be heard.
- Promoting social contacts among various groups in the community.
- Promoting self-esteem, self-confidence, tolerance, trust, accountability, introspection and self-management.
- Promoting ownership and accountability.

Characteristics and key components of a community dialogue

- It is firmly rooted in a common set of core values (inspiring, harmonizing).
- It is directed towards a freely agreed common purpose.
- It is based on mutual respect, recognition and care.
- It is enabled by a safe environment and based on integrity.
- It entails genuine listening and acceptance of feedback even if it is different from what is expected.
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Benefits of conducting community dialogue

- It helps to identify and enlist key individuals for sustainable partnerships.
- It helps solicit community participation, support and commitment in problem solving for sustainable behavior change.
- It promotes sharing of information and ideas between individuals of different cadres and backgrounds.
- It facilitates joint community assessment to identify community problems and effective solutions
- It promotes deeper understanding of communities, their situation, current practices, interests, existing opportunities and challenges for sustainable behaviour change.

Benefits of conducting community dialogue cntd'

- It promotes skills building of the facilitator in the development and maintenance of effective dialogue with the community in order to facilitate joint decision making and problem solving for sustainable behaviour change.
- It helps to generate local media attention.
- It helps leaders of all sectors to recognize their roles in building sustainable healthy communities.
- It promotes accountability and ownership of agreed interventions

A good dialogue offers those who participate the opportunity to:

- Listen and be listened to so that all speakers can be heard.
- Speak and be spoken to in a respectful manner.
- Develop or deepen understanding.
- Learn about the perspectives of others and reflect on ones own views.

Challenges of community dialogue

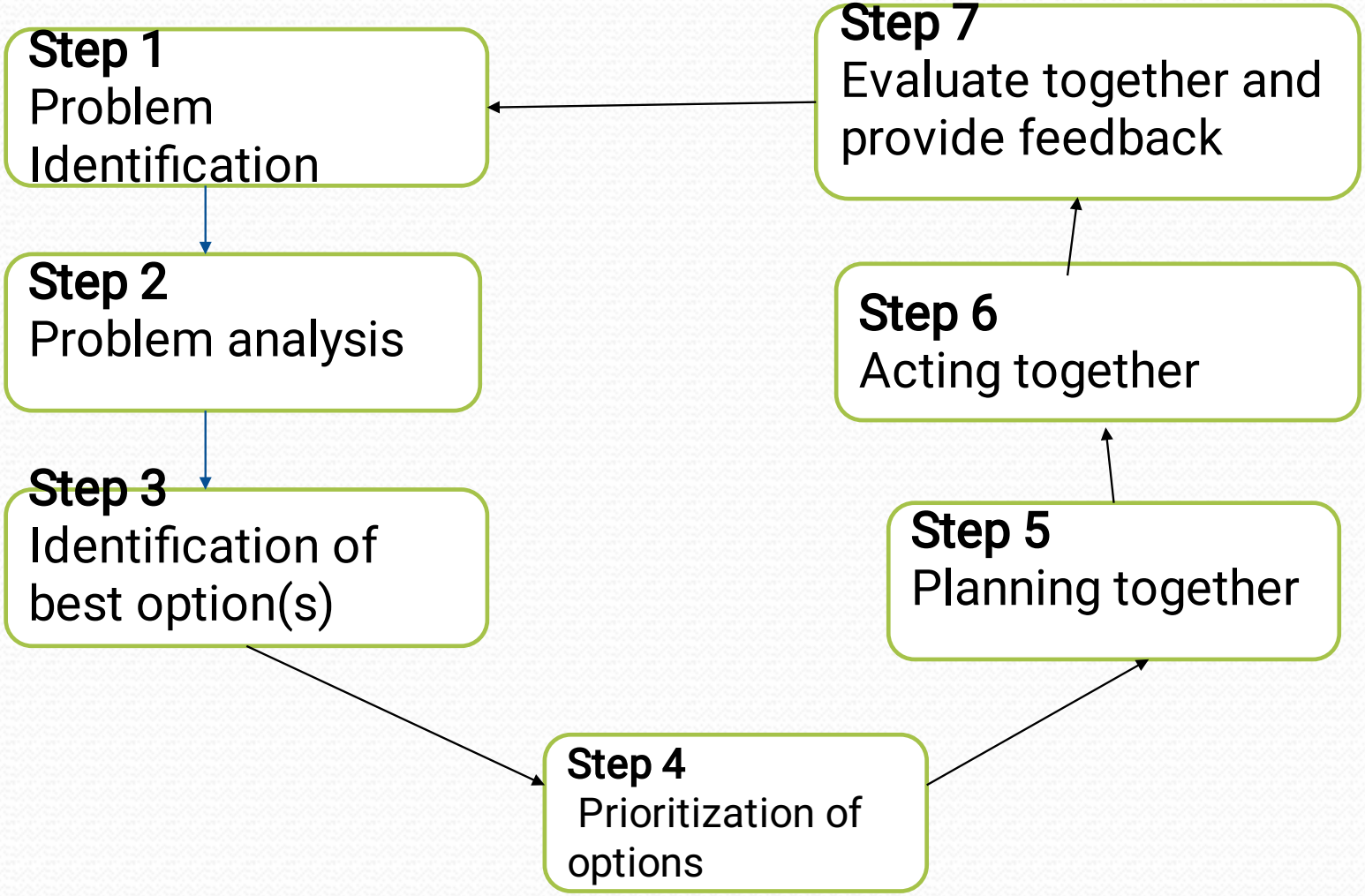
- Dialoguing is time consuming; therefore timing for dialogue should be appropriate.
- It requires good facilitating skills.
- It requires a good and suitable venue, which is free from any disruption and where the participants are comfortable.
- Poor preparation and planning affects the quality of discussions during dialogue sessions.

Where can a dialogue occur?

- A dialogue can take many forms. It can involve five people around a fireplace to a hundred or more people attending a village meeting. A dialogue can occur:
- At a school.
- At a market place.
- In a boardroom.
- In places of worship.
- During club meetings.
- In meetings of existing partnerships.

Steps for conducting an organized community dialogue

The Conceptual Framework for Community Dialogue



1. **Problem identification**

- The first step in conducting a community dialogue is to identify the problem or issue at hand. In this case the issue could be HIV and AIDS focusing on HIV testing and counselling (HTC), human rights or gender. It could be poor hygiene and sanitation due to lack of clean water and sanitary facilities.
- At this point the team will identify current problems/ issues. What the community is doing about these issues, whether the actions are giving the required outcomes and what are the constraints / challenges faced by the community.
- The gaps between the preferred behaviour and current practices will determine what will be required to address the problem.

2. Problem analysis

- Problem analysis involves a thorough analysis of the issue / situation at hand. Questions that can be asked under this section include:
- What are the causes of the problem /issue at hand?
- Is the issue /problem a shared problem in this community or it is perceived as a problem for only a few?
- How is the community responding to the problem? What is the community's current knowledge? What are current attitudes, practices and beliefs about the issue at hand?
- Has the community previously dialogued on the issue?
- Have traditional, religious and political leaders been involved in trying to address the problem /issue at hand?

NB:

- *Community members also have a wealth of knowledge, especially about local conditions and practices and should be allowed to contribute to the dialogue.*

3. Identification of the best options

- This section shall assist the user to identify the best options. In doing this, emphasis is placed on actions to be taken to achieve the intended behaviors and how to sustain them.
- Identified options are prioritized based on their effectiveness, feasibility, relevance and appropriateness within the community's context

Prioritization and Joint planning

- At this planning stage participants will examine the priorities set during the previous step before designing an appropriate Community or Village Action Plan. The plan will include the following elements:
- What will be done.
- When it will be done.
- Who will do what.
- Resources required and potential challenges.
- Measures or indicators of success.
- Participatory tools for monitoring and evaluating actions.

NB :

- *The plan should be developed collectively amongst the interest groups in order to collectively define results to be achieved and the activities to be carried out to achieve such results. This will help promote ownership of the projects amongst the members*

6. Acting together

- After collectively developing an action plan, implementation of the plan should be conducted in a participatory manner, with each member recognizing her/his role in the project.
- It is therefore important to build commitment of the various community members and stakeholders in order to ensure the success of the project.

7. Monitoring, evaluation and feedback

- Participatory evaluation involves a collective reflection of achievements, identifying what went well and why particular actions did not go well.
- Participatory evaluation creates a learning process for the program recipients, which helps them in their efforts.
- After the evaluation process the necessary feedback should be provided.
- This promotes ownership of the process and the will to do better next time.
- Reinforcement is also important to motivate participants to do better or sustain the desired behaviour.

Health Promotion summary video

HEALTH EDUCATION

HEALTH EDUCATION

Description

- Transmission of health messages to clients or patients through two way communication i.e. sharing health messages with clients/patients.
- A process of learning in an individual through which he alters his behavior or changes his altitude towards healthy practices as a result of new experiences he has gained

- Health Education concerns those experiences of an individual, group or community that influence beliefs, attitudes with respect to health and behavior with respect to health (KAP knowledge, Attitude and Practices)
  - **The first directive** of health education is to **inform** people or to disseminate scientific message about prevention of disease and promotion of health

- The **second directive** of health education is **motivation**. This is combination of forces which initiate, direct and sustain habits towards a particular behavior e.g. purifying drinking water
- The **third directive** of health education is that it requires to be conducted by a **variety** of personnel from health sector, education and communication. It should be conducted in a variety of **social settings** e.g. homes, schools, churches etc.
- Health education is the sum total of experiences which favorably influence habits, attitudes knowledge relating to individual, groups and community's health

N/B

- Information involves the provision and presentation of facts, education involves, in addition motivation experience and response. i.e. change in conduct.

PURPOSE/OBJECTIVES FOR HEALTH EDUCATION

- ✓To motivate people to change from unhealthy to healthy living habits .
- ✓To encourage people to use available resources to improve their health.
- ✓To make people responsible for their own health by learning new skills.
- ✓To help individuals adapt to new lifestyles as a result of illness i.e. helping the individual understand their condition so as to cope.

PURPOSE/OBJECTIVES FOR HEALTH EDUCATION CNTD'

- ✓To enlighten a client /patient on a procedure e.g. blood testing for glucose.
- ✓ To inform people or disseminate scientific message on prevention of disease and promotion of health
- ✓To guide the people who need the help to adopt and maintain healthy practices by identifying proper community resources.

TYPES OF HEALTH EDUCATION

- Continuing medical education for every health worker , from the senior specialist to the junior ward staff .
- Patient/client teaching -There is need for health ideas and procedures to be presented to people in talks and demonstration . The teaching could involve an individual, or a group of patients

PRINCIPLES OF HEALTH EDUCATION

- A principle is a fundamental truth or guide post on which you base your policies and actions
- Health education should be based on felt needs of the community (relevant needs)
- It should be based on the principle of active learning.
- Learning goals must be realistic
- Always start from the known to the unknown
- Identify the level of understanding , education or literacy of the audience. Use language and symbols which are easily understood by the people.
- Reinforce the message by repeating them using different methods.

Principles of Health Education cntd'

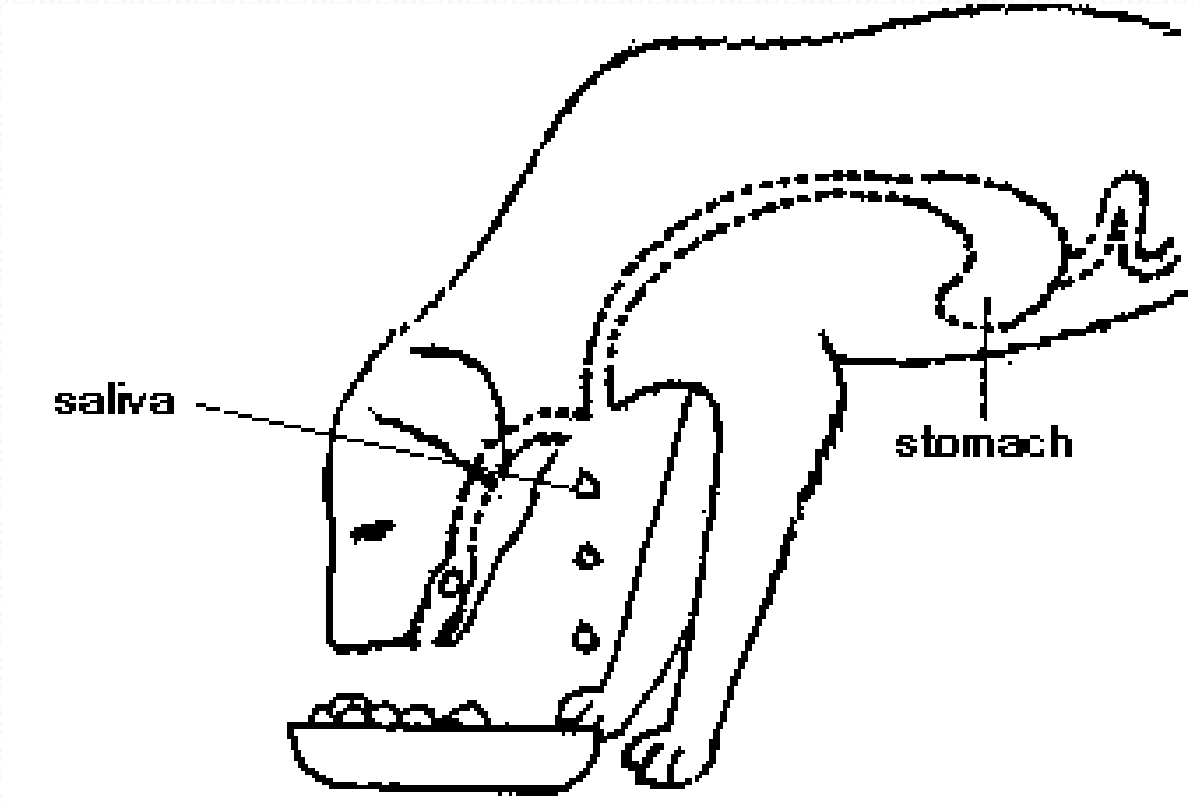
- Consider resources available to help motivate the people to desire a change in their practices.
- Provide opportunities for demonstration and return demonstration.
- Health workers should have prior knowledge of people's cultural background i.e. customs traditional practices, health seeking habits etc.
- Choose appropriate instructional strategy or approach e.g. one-to-one , group meetings in various settings etc.
- Maintain good human relations with the audience
- Community leaders must be involved in the programme.

Theories of Learning

- Classical Conditioning by Ivan Pavlov
- Operant Conditioning by B.F. Skinner
- Cognitive Learning by Jean Piaget
- Social Learning by Albert Bandura

Classical Conditioning

- By **Ivan Pavlov**,(1849-1936). Was a Russian Physiologist who experimented on dogs.
- Pavlov demonstrated that **dogs** could be conditioned to salivate in response to new stimulus, such as ringing bell or light, if this had been paired or presented together with food several times.
- The food is the **unconditioned stimulus** (US) & the bell is the **conditioned stimulus** (CS). Salivation is the **conditioned response** (CR).
- Bell + food led to salivation; Salivation on eating and smell of food; Later, salivation after ringing the bell without food, after several episodes where the bell preceded the food.


saliva
stomach

Operant conditioning

- B.F. Skinner studied the relationship between behaviour and their consequences.
- Animals and people learn to operate on the environment to produce desired consequences.
- Learning in this case is under the control of the individual, who operates or influences the environment, hence the term operant conditioning
- There is a reward or a punishment for behaviour, hence learning occurs.

Cognitive learning

- According to Jean Piaget, learning can occur without reinforcement of overt actions, a process he called ***latent learning*** .
- The proponents of this theory argue that human being is not a passive organism, but is capable of processing information and comprehending the relationship between cause and effect. The processed information is stored and may be retrieved later when required.
- One actively constructs knowledge through negotiation and social interaction with the immediate environment.

Social Learning Theory

- Albert Bandura.
- Considers how individuals learn through observing the behavior of others. i.e. most human behavior is learnt observationally through modeling.
- This theory proposes that people learn by imitating the behavior of other people. Other terms used are role modelling and identification.

LESSONPLAN

- Systemic planned summary of teaching/learning process which consist of the topic to be taught, objectives, content and teaching /learning resources

Learning objectives

- The description of the behavior expected of a client after instructions.
- Objectives are behavioral in nature and must be **SMART**
- SPECIFIC
- MEASURABLE
- ACHIEVABLE
- REALISTIC
- TIME BOUND

SIMPLE LESSON PLAN

Components of a lesson plan

1 Date and time of the day
2 Topic or subtopic
3 Venue
4 Audience
5 Language used
6 Method of teaching

5 Objectives or aims of the teaching
6 Content (body)
7 Evaluation –assess behavior change based on the set objectives
8 summary-highlighting the main points
9 Teaching/learning resources

Example of a simple lesson plan

- **Date & time:**
- **Venue**: Out Patient Department (OPD) waiting bay
- **Audience**: Out patients
- **Topic:** Balanced diet
- **Language:** English/Kiswahili/Kikuyu
- **Teaching /leaning methods:** Discussion, demonstration , lecture, role play
- **Teaching /learning resources**: Posters,notes,real objects , audio visual aids etc

Example of a simple lesson plan CNTD’

OBJECTIVES

By the end of the lesson ,the patient will be able to :

- Define a balanced diet
- Describe the components of a balanced diet
- Explain the importance of a balanced diet
- Give a return demonstration on a balanced meal

Example of a simple lesson plan CNTD’

Content

a) Introduction

- Definition of the topic and its importance
- Assess the patients’ knowledge on the topic

b) Body

- Describe the three classes of food i.e. proteins, carbohydrates & vitamins
- Demonstration & return on a balanced meal

Example of a simple lesson plan CNTD’

c) Evaluation

- Allow patients to ask questions or clarifications.
- Ask them a few questions to assess their new knowledge

d) Summary

- Briefly go through the main points

APPROACHES/STRATEGIES OF HEALTH EDUCATION

Individual teaching (one-to-one)

- At the personal level , teaching must be practical, realistic and appropriate to the actual problem that concerns the individual e.g. malnourished child.

Group teaching

- This involves sharing health messages with a group of people with similar problems e.g. diabetic patients , family planning clients etc.

Mass media

- Use of radio , TV sets to reach many people eg message on an important disease like cholera, HIV/AIDS etc

STEPS OF INITIATING A HEALTH EDUCATION PROGRAMME IN THE COMMUNITY

- Assessing individual and community health education needs
- Meeting the health facility staff to lay the strategies
- Interaction with community leaders
- Plan for collection of baseline data i.e. baseline survey
- Involve the SCHMT (Sub-County Health Management Team), as your supervisors to assist you with technical knowledge and material support e.g. medical supplies, logistics etc.

- Meeting with community members to decide the plan of action e.g. venue, dates & time.
- Identify the available community resources.
- Discuss the evaluation mechanisms .
- Preparation of teaching /learning resources
- Implementation of the programme
- Evaluation of the programme i.e. to assess the effectiveness of the programme
- Discuss with the community leaders any follow-up action required

Learning-teaching resources and learning experiences

Teaching Resources

- Audio- visual aids are more effective and provide lasting experience. They are more interesting with greater depth of learning e.g.
- Models
- Specimens
- Apparatus
- Television films Posters
- Photographs
- Flash cards, slides, overhead projector
- Radio and tape recorder
- Maps
- Diagrams and printed materials
- Real objects like food stuff

Learning experiences/Teaching methods

- Different ways of presenting the information to enhance learning include:
- Lecture Method.
- Discussion
- Demonstration
- Dramatization or role play
- Field trip
- Exhibitions
- Group work
- Assignments
- Story telling,
- Experiments

PROCEDURE OF GIVING A HEALTH TALK

Purpose

- To deliver a health message To enlighten a patient/client on a particular disease of their concern
- To teach a patient/client a procedure

Indications

- Inpatients /outpatients
- Family planning clients
- Antenatal mothers
- Community groups such as TBAs
- Patients on discharge
- Patients’ relatives
- Students in schools

Requirements

- Audience
- Comfortable place with enough sitting space (venue)
- Notes on the topic
- Relevant teaching/learning resources such as posters, models, photographs etc.

Procedure

- Greet your audience and introduce yourself
- Ensure the environment is conducive for learning
- Tell the group what your subject for discussion is and why it is important
- Find out what they know about the subject by asking them questions related to the topic.
- Give your presentation in simple and clear language-Present your message in more than one way i.e. use different methods of teaching and use of visual aids.

- Include all members of the group in the discussion. Comment on their answers in a positive way and avoid ridicule if wrong answer is given
- Give time for asking questions
- Evaluate by asking the audience questions or a return demonstration
- Give specific suggestions as to the expected behavior
- Summarize the topic by highlighting the main ideas
- Thank the audience for their co-operation

The responsibilities of a health educator

- Communicate and advocate for health and health education
- Implement or carry out health education strategies, interventions and programs
- Conduct evaluation and research related to health education
- Serve as a health education resource person (Facilitator)
- Administer or manage health education strategies, interventions and programs
- Assess individual and community needs for health education
- Plan health education strategies ,interventions and programs

STEPS IN DEVELOPING A HEALTH TALK

1 Assessment of client's needs

The nurse assess the client's specific needs e.g.

- What is the actual problem?
- How can the person be taught?
- Can I help the person change his/her attitude for better healthy living?

2 Planning and formulating learning objectives

- Objectives will depend on the problems or the needs identified in the individual or group of clients. They are behavioral in nature (SMART)
- Allocate adequate time for learning and ensure a conducive environment.
- Select suitable time for both the nurse and the clients.
- Select and prepare teaching resources i.e teaching aides to facilitate the teaching/learning process. Choose appropriate venue.

3 Implementation

- Organization at the venue
- Consider the content presentation. Do not keep the clients waiting for too long .
- Choose appropriate method for teaching e.g. discussions, role play, demonstrations and return demonstration

4 Evaluation and summary

- Allow clients to ask questions and clarifications
- Assess how much learning has taken place by asking the clients questions i.e. check for behavior and attitude change. Ask for a return demonstration where applicable.
- Summarize the topic by highlighting the important issues, or the main points.

PRIME HEALTH MESSAGES IN COMMUNITY HEALTH

1) Hygiene i.e. personal hygiene and food hygiene
2) Environmental sanitation i.e. vector control and pests, proper refuse and excreta disposal, proper housing, safe water supply, cleaning of homes and compounds.
3) Nutrition and feeding habits i.e. balanced diet, proper weaning, prolonged breastfeeding.
4) Immunizations to prevent the immunizable diseases (childhood) in order to reduce child morbidity and mortality rates.

SUMMARY OF HEALTH EDUCATION STEPS

1) **Initiating the session**

- Welcomes the patient/client and introduces oneself
- Determines expectations or objectives
- Determines and prioritizes problem/need
- Assesses the patient's starting point: prior knowledge and the extent of client's wish for information.

2) The process of giving information

- Gives information in a simple language
- Checks the understanding and uses patient's response as a guide on how to proceed.
- Gives a message which is timely, meaningful, acceptable and applicable to the situation.
- Involves patient by making suggestions rather than being directive or judgmental
- Encourage the patient to contribute ideas, suggestions, preferences, beliefs etc.
- Negotiates a mutually acceptable plan

3) Closing the session

- Asks the patient/client questions based on expectations / objectives
- Summarizes main points
- Arrange with client/patient for next steps
- Closes the session and thanks the patient /client.

End

Behavior Change and Communication (BCC)

Definition of BCC:

- It is a process at any intervention with individual communities & societies to develop communication that is oriented to change their behaviour.

Background of BCC :

- Providing people with information & teaching them , how they should behave , doesn't lead to desirable change in their response or behavior. However , when there is a supportive environment with information & communication (training) then there is a desirable change in the behavior of target group.

Contd..

- Thus, behavior change communication proved to be on instructional intervention which has a close interface with education & communication to perceive a desired changes in behavior of target group.

BCC Strategies :

- BCC is different from ordinary instruction method of communication & is target specific. A society consists of many sub-groups. The strategies for behavior change communication will vary from group to group.

Following points are important while considering the BCC :

- Vulnerability / risk factor of the target group.
- The conflict & obstacles in the way to desired changes in behavior.
- The vulnerability (risk-factor) of group which is to be addressed.

Contd..

- Type of message & communication media which can best be used to reach the target group.
- Type of resources available & assessment of existing knowledge of the target group about the issue which is going to be deal with.

Implications of Behavior Change Communication:

- BCC is an effective method for dealing with many community & group related problems. BCC has been adapted as an effective strategy for community mobilization health & environment education & various public outreach program.
- Enhanced knowledge about the behavior change process has facilitated the design of communication programs to reduce the risk of HIV transmission & AIDS.

Contd..

- A wide variety of health promotion strategies use communication as either on educational or norm forming strategy.
- In addition, specific strategies must be designed for risk groups such as women , young people , injecting drug abusers

, homosexuals & HIV positive groups.

Information, Education & Communication (IEC)

Welcome

INTRODUCTION

- The importance of health education has been increasingly realised during the last three decades so much that health education has emerged as a speciality in itself.
- The aim of health education is to bring about a change in health behaviour of the people in such a manner that the harmful health practices given up while good ones are reinforced.

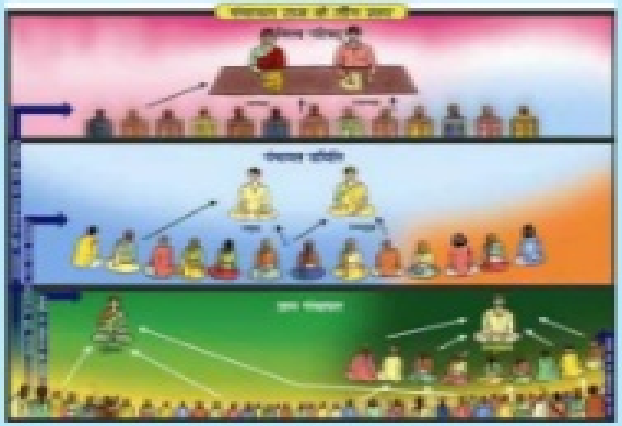
DEFINITION OF IEC

- Information Education and Communication is an approach which attempts to change or reinforce a set of behaviour in a target audience regarding a specific problem in a predefined period of time.

- It combines strategies, approaches and method that enable individuals, families, groups, organisations, and communities to play active role in achieving, protecting and sustaining their own health. embodied in IEC is the process of learning that empowers people to make decisions, modify behaviours and change social conditions.

OBJECTIVES OF IEC

- Increase reach of services .
- Improve the quality of services.
- Make supervision more oriented towards problem solving.
- Link supervision with training at various level.



- Concentrate on local field problems both for development of training material and their users.
- Combine interpersonal communication strategy with mass media appraoch.
- Improve performance level through continuous with village community volunteers.

IMPORTANCE OF IEC

1. It create awareness, increase knowledge and change attitudes
2. It is not expensive.
3. It ensures feedback mechanism.

MAJOR COMPONENT OF IEC

1. Visit schedule
2. Training
3. Supervision
4. Monitoring and evaluation

PLANNING AN IEC STRATEGY

- IEC success when it is planned with a comprehensive strategy.
- Gain knowledge and incorporate community tradition.
- There must be true dialogue.
- Everything cannot be changed at once and focus on relevancy.

- It should be cost effective.
- Campaign for preventive behaviour.
- Fear arousal needs to be used with caution.
- The timing should be appropriate.
- Information overload is to be avoided.

Implementation Strategies

- ✓ Needs support of the community leaders
- ✓ Actively involve the target audience
- ✓ Establish linkage and relationships with NGOs and other donors
- ✓ Establish mechanisms for active interactions between health workers and clients
- ✓ Use of multimedia campaigns
- ✓ Anticipate trouble and crisis and have a communication plan
- ✓ Monitoring and evauation

RESOURCES FOR IEC

- Print media

- Mass media

- Television

- Radio

- Internet

IEC IN NURSING

1.AT INDIVIDUAL LEVEL

- Provides opportunity to develop personality, knowledge, skills and confidence.
- It increase awareness.
- Reinforcement to sustain behavioural change.
- Communication is very important in nursing practice.

2.AT COMMUNITY LEVEL

The role of a nurse in family planning programs with IEC are:

- Informing
- Persuading
- Motivating
- Encouraging

"Education is the most powerful weapon which you can use to change the world."

- Nelson Mandela