

Lecture 5: Communication

Session Objectives

- By the end of this session you should be able to:
 - Define communication, health communication & health literacy
 - Define behavior change communication
 - Describe the components of communication
 - Discuss the types of communication
 - Review the barriers to communication
 - Discuss the behavior change communication process

Communication Definitions (I)

- **Communication:**

- It is a two-way process of exchanging ideas, feelings and information to bring about desired changes in human behavior.

- **Health communication:**

- It is a key strategy to inform the public about health concerns and to maintain important health issues on the public agenda.
- "The study and use of communication strategies to inform and influence individual decisions that enhance health." (CDC)

Communication Definitions (II)

Health Literacy:

- Learning about health fosters participation.
- Access to education and information about health is essential to achieving effective participation and the empowerment of people and communities.
- For “Health Promotion in the 21st Century”, the Jakarta Declaration identifies five priorities, one of which is:
 - *Increase community capacity and empower the individual*

Communication Definitions (III)

- **Behavior Change Communication (BCC):**
 - It is a set of specially designed communication interventions and activities aimed at influencing social and community norms in order to promote individual behavioral change or to maintain positive behavior for a better quality of life.
 - e.g.: Educating an individual who is living a sedentary lifestyle coupled with unhealthy dietary choices that their behavior may put them at risk of contracting NCDs

Components of Communication

The following are necessary for effective communication

- Sender
- Receiver
- Message
- Channels of communication
- Feedback

Sender

- The originator of the message who should
 - be knowledgeable about the needs and interests of the audience
 - know the message
 - know the appropriate channels of communication

Receiver

- The audience receiving the message
- May be a single person or group
- Two types of group:
 - ***Controlled***: the group is held together by a common interest
 - ***Uncontrolled***: A group that has gathered together because of curiosity

Message

- Information that is transmitted from the sender (communicator) to the receiver (recipient)
- A good message must be:
 - In line with the communication objective
 - Based on needs
 - Clear and understandable (use “**simple**” language NOT professional/technical “jargon”)
 - Specific and accurate
 - Timely and adequate
 - Interesting
 - Culturally and socially appropriate

Channels of Communication

- A '**communication channel**' is a medium through which a message is transmitted from the sender to the receiver.
- There are many different types of communication channels available for use
- However, the **main challenge** is to determine what type of communication channel to use in order to carry out effective communication

Choosing a Communication Channel

- The medium chosen should be:
 - Efficient in transmitting the message
 - Attractive or appealing to the audience
 - Easily understandable and appropriate for type of audience
 - Readily accessible
 - Effective in reaching and engaging audience
 - Able to bring about good response and interaction by the people (Allows feedback mechanisms)

Communication Channel Richness - I

Low Richness

- Impersonal
- One-way
- fast

High Richness

- Personal
- Two-way
- slow

Postings
E-Bulletins
Reports

Memos
Letters

E-mail
Intranets
Voice-mail

Telephone
Video
conferences

Face-to-face
Meetings
conversations

Richness of Communication Channel

Channels of Communication (I)

1. Interpersonal Communication (IPC)

- Person-to-person or face-to-face

2. Print media:

- Posters
- Newspapers
- Newsletters
- Pamphlets
- Leaflets/fliers
- Circulars
- Memos

Channels of Communication (II)

3. Electronic media:

- Radio e.g. Lessons, Spot messages, Talk show
- Television e.g. Spot messages, Documentaries
- Internet e.g. E-mail, other social media such as Facebook, Twitter, Instagram, LinkedIn, Blogs
- Films/movies

4. Traditional/Folk Media:

- Story-telling
- Song and dance
- Drama

Feedback

- Refers to the flow of information from the audience back to the sender (two-way communication)
- It provides the opportunity to modify the message
 - e.g.: Opinion polls, interviews and questionnaire surveys

Types of Communication

1. One-way and two-way communication

- One-way is from sender to receiver (*knowledge is imposed and learning is authoritative*)
- In two-way, sender and receiver participate (*learning is active/democratic and more likely to influence behavior*)

2. Verbal and non-verbal communication

- Verbal is by word of mouth (produces sound)
- Non-verbal is by bodily movements and facial expressions

3. Formal and informal communication

- Formal follows lines of authority
- Informal is conversing with friends and colleagues

Effective Communication Strategies

- Active Listening:
 - *No interruption, undivided attention*
- Be aware of non-verbal cues:
 - Eye movement, tone of voice, facial expressions, hand gestures
- **Create a comfortable environment:**
 - quiet place with no interruptions
- Be patient
- Consider communication preferences
- Be clear and simple

To Become an Active Listener

- Maintain eye contact
- Pay attention to non-verbal cues
- Avoid interruptions
- Respond to the questions in a warm empathetic manner
- Ask follow-up questions

Barriers to Communication

These may be both verbal & non-verbal.

There are four main categories

1. Psychological barriers
2. Physiological barriers
3. Environmental barriers
4. Cultural barriers

Psychological Barriers

- These include:
 - Emotional disturbances
 - Depression
 - Neurosis (mild mental disorder/stress)
 - Psychosomatic disorder (mind and body disorders)
- To address these barriers, special methods and care should be adopted to convey *tailored messages that are based on individual needs*

Physiological Barriers

- These include:
 - Difficulties with self expression
 - Difficulties with hearing
 - Difficulties with seeing
 - Difficulties understanding
 - Severe illness and/or acute pain
- **Channels of communication should be selective to address the unique barriers**

Environmental Barriers

- These include:
 - Excessive noise
 - Difficulties with vision
 - Congestion and/or crowding
 - Physical barriers/interruptions
- **Can be overcome by forming small groups and using appropriate channels of communication OR removing the barrier where possible**

Cultural Barriers

- Examples are:
 - Attitudes, beliefs and values
 - Customary habits, stereotypes/labels, prejudices & taboos
 - Language: different meaning of words/gestures
 - Behavioural differences: How close people can stand/sit next to each other
 - Emotional display: voice, tone & facial expressions
 - Religion
- **Addressing cultural barriers is more complex and may require intervening at a different level of influence**

Communication Approaches in Health Education

1. Individual approach

- Used when interacting one on one with an individual

2. Group approach

- Group/panel discussions, workshops, conferences, community dialogue, etc.

3. Mass approach

- When communicating to a community where people are gathered together and do not belong to a particular group

Communication Aids used in Health Education (I)

- Three types of aids typically used to transmit health education messages are :
 - Auditory aids
 - Visual aids
 - Audio-visual aids

Communication Aids.... (II)

Auditory Aids

- Based on the principles of sound, examples:
 - Radio
 - Tape recorder
 - Cassette player
 - Sound amplifiers
 - Podcasts

Communication Aids.... (III)

Visual Aids

- They are based on the principles of projection and help people to understand better.

Examples:

- Charts
- Blackboard
- Maps
- Pictures
- Textbooks

Communication Aids.... (IV)

Audiovisual Aids

- This combines sound and sight. Examples:
 - Television
 - Computer
 - Film/LCD projector
 - VCD player
 - Virtual classroom

Behavior Change Communication

- Behavior Change Communication (BCC) is a **process** of working with individuals, families and communities through different channels of communication to:
 - To promote positive health behaviors
 - To create and/or support an environment that enables individuals and the community to maintain positive behaviors

Why is it Difficult to Change Behavior?

- **Why?**
 - People may not understand the message
 - People may not consider themselves vulnerable
 - People may not trust the bearer(s) of the message
 - Irrelevance of the message
 - Some healthy choices are expensive – poverty?
 - Recommended behavior may conflict with cultural beliefs
- There is need for a well planned BCC strategy based on identified needs/gaps

BCC Strategy

- A well designed BCC Strategy should include:
 - Clearly defined objectives
 - Clearly defined target audience/participants
 - An overall concept or theme and key messages
 - Identification of channels of dissemination
 - Identification of partners for implementation
 - A monitoring and evaluation plan

BCC Strategy Development

- Steps in developing BCC Strategy/Intervention
 1. State program goals
 2. Involve stakeholders
 3. Identify target populations
 4. Conduct formative BCC assessments
 5. Segment target populations
 6. Define behavior change objectives
 7. Design BCC strategy including monitoring and evaluation (M&E) plan
 8. Develop communication products/materials
 9. Pre-testing
 10. Implement, Monitor and Evaluate
 11. Feedback, re-design and finalize

Role of BCC in HIV/AIDS

- Increase knowledge
- Stimulate community dialogue to create awareness
- Promote essential attitude change
- Advocate for policy development or changes
- Create a demand for information and services
- Reduce stigma and discrimination
- Promote services for prevention and care

Behavior Change Goals

- The following goals address *changes expected in the behavior* of the target population in the HIV/AIDS context above
 - Increase condom use
 - Increase STI care-seeking behavior
 - Delay sexual debut
 - Reduce number of sexual partners

Behavior Change Communication Goals

Realizing the behavior change goals requires achievement of the following behavior change communication goals:

- Changing attitudes towards condom use
- Increasing demand for services
- Creating demand for information on HIV/AIDS
- Creating demand for appropriate STI services

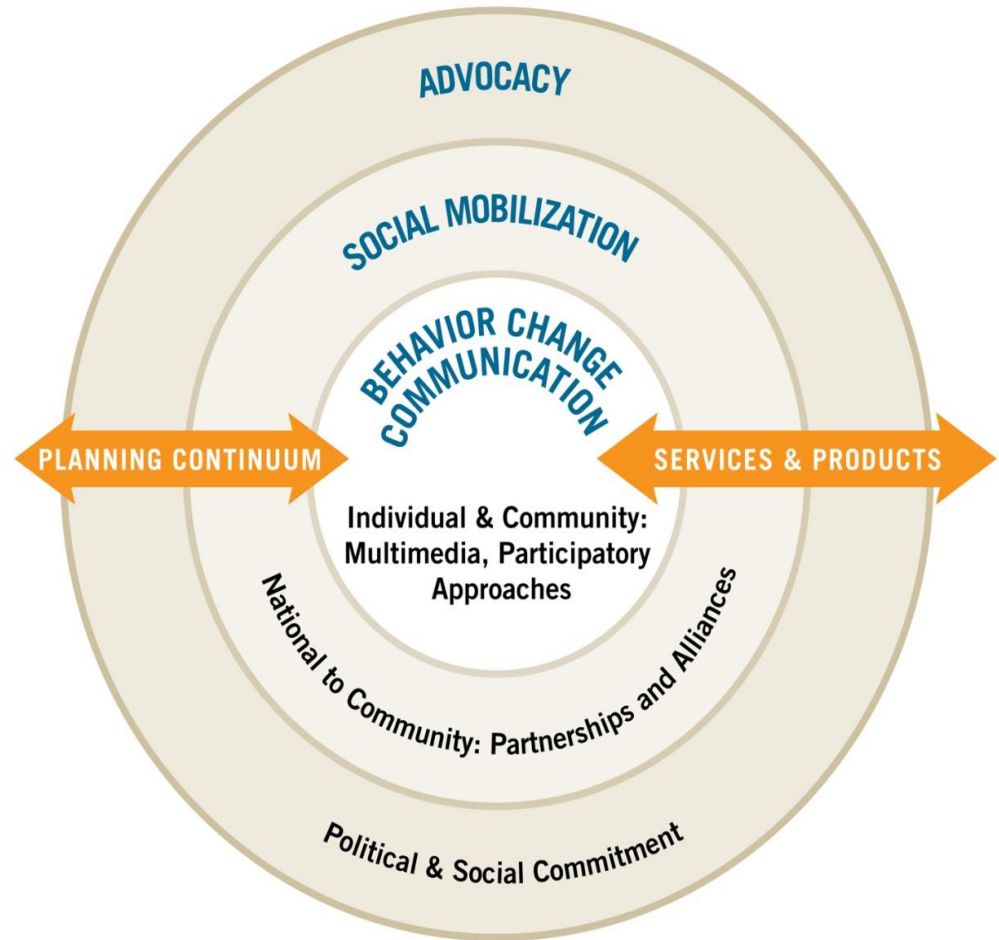
SBCC operates through three main strategies

Choice of appropriate mix of strategies to address change is based on the socio-ecological analysis:

Advocacy to raise resources and political and social leadership commitment for development goals;

Social Mobilization for wider participation and ownership, including community mobilization; and

Behaviour Change Communication for changes in knowledge, attitudes and practices of specific participants/audiences in programs.



Channel Types

Examples of Materials, Products, and Activities

Interpersonal:

Peer education, provider-client communication, counseling, telephone hotlines, etc.

- Series of site visits with leaders and politicians
- Coalition building meetings
- Peer education for HIV treatment adherence

Community-based:

Community dialogues, rallies, stop-and-go-drama, road shows, risk mapping, etc.

- Rallies in front of the parliament
- Community dialogues
- Road shows featuring a game show addressing couples

Mass Media:

Radio and TV spots, celebrity testimonies, serial dramas, game shows, newspaper articles, posters, brochures, etc.

- Email and letter campaign to the Minister of Health
- Call for new civil society network partners in the newspaper
- Radio soap opera with call in program and brochures

Interpersonal Channel

| | |
|----------------------------------|--|
| Examples | <ul style="list-style-type: none">• One-to-one communication, such as provider-to-client, peer-to-peer, and partner-to-partner exchanges• Social networks• Training and skills-building activities in small groups |
| Potential Benefits | <ul style="list-style-type: none">• Tailored communication• Interactive• Able to unpack complex information• Provides personalized assistance• Can build behavioral skills• Increase self-efficacy• Can increase intentions to act |
| Cost and Effort Estimates | <ul style="list-style-type: none">• Interpersonal communication activities, even though they are not expensive, are not one-off investments but need to be continuously supported by supervision and incentives in order to keep up the quality of the intervention. |

Community-based Channel

Examples

- Bulletin boards
 - Community meetings
 - Parent-teacher meetings
 - Church bulletin boards, posters, drama groups, cultural events, etc.
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Potential Benefits

- Can stimulate community dialogue
 - Can motivate collective solutions
 - Provides social support
 - Can increase intentions to act
 - Provides feedback to broader community
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Cost and Effort Estimates

- Community-based activities do not have to be expensive, especially if project ownership by the community taps into existing community resources and strength.
 - However their reach needs to be well planned and possibly linked with mass media in order to implement them at an effective scale.
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Mass Media

Examples

Television, radio, newspapers, billboards, transit advertising, etc.

Potential Benefits

- Extensive reach
- Efficient & consistent repetition of message

Cost and Effort Estimates

Mass media is expensive, but compared to the number of people they can reach at once, cost per person reached can be just at a couple of cents.

Questions?

