# Health communication and health education

**Dr. Md. Rahul Parvez**
**Lecturer (Community Medicine)**
**Rajshahi Medical College**

## Communication

- **Communication** can be regarded as a **two-way process** of exchanging or shaping **ideas, feelings and information**.
- It is a process necessary to pave way for **desired changes in human behaviour**, and informed individual and community participation to achieve predetermined goals.

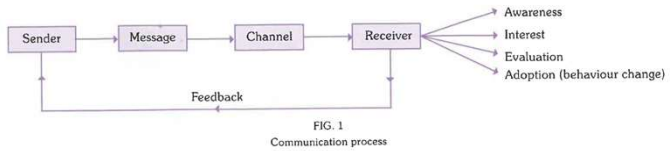


FIG. 1
Communication process



## Communication process

- **Sender (Source)** — Is the originator of the message
- **Receiver (Audience)** — This may be a single person or group of people
- **Message (Content)** — Is the information which the communicator transmits
- **Channels (Medium)** — Media of communication between the sender and the receiver
- **Feedback (Effect)** — Is the reaction of the audience to the message



## Channel of communication

- The total communication effort is based on **three media systems**:
  i. **Interpersonal communication:** The **most common channel of communication** is interpersonal communication or face-to-face communication.
  ii. **Mass media:** TV, radio, printed media, social media etc.
  iii. **Traditional or folk media:** Folk song, folk dance, puppet show

## Message of communication

- **A good message must be:**
  - ✓ in line with the objective
  - ✓ meaningful
  - ✓ based on felt needs
  - ✓ clear and understandable
  - ✓ specific and accurate
  - ✓ timely and adequate
  - ✓ interesting
  - ✓ culturally and socially appropriate



## Types of communication

- **One-way communication (Didactic method)**: Lecture
- **Two-way communication (Socratic method):** Active learning process
- **Formal and informal communication**
- **Verbal communication:** Spoken word
- **Non-verbal communication:** Bodily movements, gestures, postures, facial expressions (smile, raised eye brows, frown, staring, gazing)
- **Visual communication:** Chart and graphs, pictograms, tables, maps, posters
- **Telecommunication and internet**



## Barriers of communication

- **Physiological** Difficulties in hearing, expression
- **Psychological** Emotional disturbances, neurosis, levels of intelligence, language or comprehension difficulties
- **Environmental** Noise, invisibility, congestion
- **Cultural** Illiteracy, level of knowledge and understandings, customs, beliefs, religion, attitudes, economic and social class differences, cultural differences between foreigners and nationals



## Functions of health communication

- **Information**
- **Education**
- **Motivation**
- **Persuasion**
- **Counselling**
- **Raising morale**
- **Health development**
- **Organization**

## Functions of health communication

❑ **Information**

- The primary function of health communication is to **provide scientific knowledge or information** to people about health problems and how to maintain and promote health.
- Exposure to the **right kind of health information** can-
  - ✓ **eliminate social and psychological barriers** of ignorance, prejudice and misconceptions people may have about health matters;
  - ✓ **increase awareness** of the people to the point that they are able to perceive their health needs ; and
  - ✓ **influence people** to the extent that unfelt needs become felt needs, and felt needs become demands.



## Functions of health communication

❑ **Education**

- Education of the general public is an integral part of a prevention oriented approach to health and disease problems; and, the **basis** of all **education is communication**.
- Education can help to **increase knowledge**.
- It is often assumed that **knowledge determines attitudes** and **attitudes determine behaviour**
- Health education can **bring about changes** in life styles and risk factors of disease.
- Most of the world's major health problems and premature deaths are **preventable through changes in human behaviour** at low cost.



## Functions of health communication

❑ **Motivation** (প্রেরণা)

- It is the **power that drives** a person to act.
- One of the goals of health communication is to **motivate individuals to translate health information** into personal behaviour and lifestyle for their own health .
- Motivation includes the **stages of interest, evaluation and decision making**.



## Functions of health communication

❑ **Persuasion** (প্ররোচনা)

- Persuasion is the **art of winning friends and influencing people**.
- It is an art that does **not employ force or deliberate manipulation**.
- Persuasion is "a **conscious attempt** by one individual to change or influence the general beliefs, understanding, values and behaviour of another individual or group of individuals in some desired way".
- When persuasive communication is deliberately employed to **manipulate feelings , attitudes and beliefs**, it becomes **"propaganda" or "brain washing".**

## Functions of health communication

❑ **Counselling**

- Counselling is a process that can help people understand better and **deal with their problems and communicate better** with those with whom they are emotionally involved.
- It can **provide support** at times of **crisis**.
- It helps them **face up to their problems and to reduce** or solve them.
- Counselling is different from advising.
- It **implies choice, not force**.



## Functions of health communication

❑ **Raising morale (মনোবল বৃদ্ধি)**

- **Morale is** "the capacity of a group of people (or team) to pull together persistently or consistently".
- Communication -vertical and horizontal, internal and external is the first step in any attempt to **raise morale of the health team or a group** of people.

❑ **Health development**

- Communication can play a powerful role in **health development** by helping to diffuse knowledge in respect of the goals of development and preparing the people for the roles expected of them.



## Functions of health communication

❑ **Health organization**

- Communication is an important **dimension of health organization**.
- It is an important means of **intra - and intersectoral coordination**.
- Communication is the **life and blood** of an organization.
- There are **two major directions** in which communications within an organization flow.
- These are **vertical and horizontal communications**.



## Health education

- Health education is the process by which individuals and groups of people **learn to behave in a manner conductive** to the promotion, maintenance or restoration of health.
- The dynamic definition of health education is:

  A process aimed at **encouraging people to be healthy**, **to know how to stay healthy**, **to do what they can be individually and collectively** to maintain health and to seek help when needed.

## Aims and objectives of health education

- **To encourage people** to adopt and sustain health promoting lifestyle 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 through individual and community involvement at every step from identifying problem to solve them.



## Approach to health education

- **Regulatory approach (Managed prevention):** Any government intervention, direct or indirect, designed to alter human behaviour.
- **Service approach:** It aimed at providing all the health services needed by the people at their door steps on the assumption that people would use them to improve their own health.
- **Health education approach:** Health education for the cessation of smoking, intake of healthy diets, use of safe water supply etc.
- **Primary health care approach:** A new approach starting from the people with their full participation and active involvement.



## Models of health education

| | |
|---|---|
| • **Medical model** | • The medical model is primarily interested in the **recognition and treatment of disease** and technological advances to facilitate the process. |
| • **Motivational model** | • Health education emphasizing **"motivation" as the main force to translate health information** into the desired health action. |
| • **Social intervention model** | • An effective health education model is **based on precise knowledge of human ecology** and understanding of the interaction between the cultural, biological, physical and social environmental factors. |



## Contents of health education

- **Human biology**
- **Nutrition**
- **Hygiene**
- **Family health**
- **Disease prevention and control**
- **Mental health**
- **Prevention of accidents**
- **Use of health services**

## Principles of healthy education

- **Credibility**
- **Interest**
- **Participation**
- **Motivation**
- **Comprehension**
- **Reinforcement**
- **Learning by doing**
- **Known-to-unknown**
- **Setting an example**
- **Good human relations**
- **Feedback**
- **Leaders**



## Principles of healthy education

❑ ***Credibility*** (বিশ্বাসযোগ্যতা)

- It is the degree to which the message to be communicated is perceived as **trustworthy by the receiver**.
- Good health education is based on facts – that means it must be consistent and **compatible with scientific knowledge** and also with the local culture, educational system and social goals.
- **Unless** the people have **trust and confidence** in the communicator, no desired action will ensue after receiving the message.



## Principles of healthy education

❑ ***Interest*** (আগ্রহ)

- It is a psychological principle that people are **unlikely to listen** to those things which are **not to their interest**.
- The **public is not interested** in health slogans such as “Take care of your health” or “be health”.
- Health educators must **find out the real health needs** of the people.
- Psychologists call them **"felt needs"**, that is needs the people feel about themselves.
- If a health programme is **based on "felt needs"** people will gladly participate in the programme.



## Principles of healthy education

❑ ***Participation*** (অংশগ্রহণ)

- Participation is a **keyword** in health education.
- Health education should **aim at encouraging people** to work actively with health workers and others in identifying their own health problems.
- A **high degree of participation** tends to create a sense of involvement, personal acceptance and decision-making.
- The **Alma-Ata Declaration states**: “The people have a right and duty to participate individually and collectively in the planning and implementation of their health care”.

## Principles of healthy education

❑ ***Motivation*** (প্রেরণা)

- **Awakening fundamental desire** to learn is called motivation.
- In health education, motivation is an important factor; that is, the **need for incentives** is a first step in learning to change.
- The incentives may be **positive (the carrot) or negative (the stick)**.
- **To tell a lady**, faced with the problem of overweight, to reduce her weight because she might develop cardiovascular disease or it might reduce her life span, may have little effect; but to tell her that by reducing her weight she might look more charming and beautiful, she might accept health advice.



## Principles of healthy education

❑ ***Comprehension*** (উপলব্ধি)

- In health education we **must know the level** of understanding, education and literacy of people to whom the teaching is directed .
- One barrier to communication is **using words** which cannot be understood.
- A doctor asked the diabetic to **cut down starchy foods**; the patient had no idea of starchy foods.
- In health education, we should always communicate in **the language people understand** , and **never use words which are strange** and new to the people.



## Principles of healthy education

❑ ***Reinforcement*** (দৃঢ়ীকরণ)

- Few people can learn all that is new in a single period.
- **Repetition** at intervals is necessary.
- If there is no **reinforcement**, there is every possibility of the individual going back to the pre-awareness stage.

❑ ***Learning by doing***

- Learning is an action - process; not a **"memorizing"** one in the narrow sense.
- The Chinese proverb : **"If I hear, I forget; if I see, I remember; if I do, I know"** illustrates the importance of learning by doing**.**



## Principles of healthy education

- ***Known to unknown*** (পরিচিত থেকে অপরিচিত)
- In health education work, **we must proceed** "from the concrete to the abstract"; "from the particular to the general"; "from the simple to the more complicated"; "from the easy to more difficult" ; and "from the known to the unknown".
- These are the **rules** in teaching.
- We start **where the people are and with what they understand** and then proceed to new knowledge.
- We use the **existing knowledge** of the people **as pegs** on which to hang new knowledge.

## Principles of healthy education

❑ ***Setting an example***

- The health educator should set **a good example** in the things he is teaching.
- If he is explaining the **hazards of smoking**, he will not be very successful if **he himself smokes**.

❑ ***Good human relations***

- Sharing of information, ideas and feelings happen most easily between people **who have a good relationship**.
- **Building good relationship** with people goes hand in hand with developing communication skills.



## Principles of healthy education

❑ ***Feedback***

- For **effective communication**, feedback is of **paramount importance**.
- The health educator can modify the elements of the system (e .g., message, channels) in the light of **feedback from his audience**.

❑ ***Leaders***

- Psychologists have shown and established that we learn best from people whom **we respect and regard**.
- In the work of health education, we try to penetrate the community through the **local leaders - the village headman, the school teacher or the political worker.**



## Methods of health education/communication

- Methods of health education are the **techniques or ways** in which series of activities are carried out to communicate ideas, information and develop necessary attitudes and skills.
- There are **three types of methods**:
  - i. **Individual method:** Involves person to person communication.
  - ii. **Group method:** Involves a group of limited persons in the teaching learning situation.
  - iii. **Mass methods:** Involves large number of heterogeneous people.



## Methods of health education/communication

| | |
|---|---|
| • **Individual method** | Interview, Counselling |
| • **Group method** | Lecture, Demonstration, Group discussion, Pannel discussion, Seminar, Symposium, Workshop, Conference, Role play |
| • **Mass method** | Campaign, Exhibition, Folk methods, Public speech |

## Media of health education/communication

- Media are the **teaching aids** by which knowledge, information and ideas are communicated from source to the receiver.
- Media are the **tools or devices** that people use to communicate.
- Media are the **vehicles which carry the message** from source to the receiver.
- Media can be classified in many ways:
  - ✓ According to origin
  - ✓ According to the type of technology



## Media of health education/communication

- According to **the origin** media are of **two types**:
  - i. **Traditional media:** Folk song, folk dance, puppet show
  - ii. **Modern media:** Computer, internet, mobile, social media
- According to the **type of technology** media is of **three types**:
  - i. **Auditory aids:** Radio, tape-recorder, microphone etc.
  - ii. **Visual aids:** **Projected-** Overhead projector, slide projector; **Non-projected-** Picture, poster, flash card, flip chart, blackboard, white board, models, specimen etc.
  - iii. **Audio-visual aids:** Television, Cinema, Film etc.



## Stages of adoption of new ideas

- The **adoption of a new behaviour** or idea is not a simple act, it is a process consisting of **several stages** through which an individual is likely to pass before adoption.
- In this regard, sociologists have described **3 stages** in the process of change in behaviour-

| | |
|---|---|
| 1. Awareness | Interest |
| 2. Motivation | Evaluation<br>Decision-making |
| 3. Action | Adoption or acceptance |

FIG. 2
Adoption model



## Stages of adoption of new ideas

- **Roger's Diffusion of Innovation model** explains how new ideas ae adopted in the population.
- It identifies **5 stages of adoption process**.
  - ✓ **Awareness (Knowledge)**
  - ✓ **Interest (Persuasion)**
  - ✓ **Evaluation (Decision)**
  - ✓ **Trial (Implementation)**
  - ✓ **Adoption (Confirmation)**

## Continuing Medical Education (CME)

- **Continuing Medical Education (CME)** refers to **educational activities** that help medical professionals **maintain, develop, or increase the knowledge, skills, and professional performance** they need to provide effective patient care and stay up to date with the latest developments in medicine.
- As medicine is constantly evolving, CME ensures that professionals remain **competent and up-to-date** in their field.
- CME helps ensure **safe, effective, and evidence-based medical practice**.
- CME is delivered through **seminars, workshops, online courses, conferences, journals, and hands-on training**.



## Continuing Professional Development (CPD)

- According to Sargeant and colleagues, CPD 'encompasses **multiple educational and developmental activities** physicians undertake to **maintain and enhance their knowledge, skills, performance** and relationships in the provision of health care'.
- According to Alsop, Continuing professional development (CPD) is a term commonly used to denote the **process of the on-going education and development** of health care professionals, from initial qualifying education and for the duration of professional life, **in order to maintain competence to practise and increase professional proficiency and expertise.**



## Continuing Professional Development (CPD)

- It has been argued that the **ultimate goal of CPD** is to improve the quality of care and health outcomes of the public.
- CPD consisting of a range of **diverse elements** including:
  - ✓ **self-directed learning**
  - ✓ **the competencies across the medical education continuum**
  - ✓ **the relationship between maintenance of certification and professional development**
  - ✓ **team-based education**



## Refrences


- Park, K. (2023) Parks Textbook of Preventive and Social Medicine. 27th Edition, M/S Banarsidas Bhanot Publishers, Jabalpur.
- Continuing professional development in health and social care : strategies for lifelong learning /Auldeen Alsop. – 2nd ed.
- Understanding medical education : evidence, theory, and practice /edited by Tim Swanwick, Kirsty Forrest, Bridget C. O'Brien.- 3rd ed.