

UNIT V

Communication management and health education

- **Introduction:**

Communication is the process of **sending, receiving, and understanding** messages or information between two or more people (or systems).

Definition: Communication is the process of exchanging information, ideas, thoughts, feelings, or messages between individuals or groups. This exchange can happen through various methods such as spoken or written words, gestures, body language, visual aids, or digital media.

- **Communication Process:**

The **communication process** refers to the **step-by-step flow** through which a message is **created, delivered, received, and understood** between two or more people.

1. Sender (Source)

The person or entity that originates the message.

They have an idea or piece of information to share.

2. Encoding

The process of turning the idea into **words, symbols, gestures, or other formats** so it can be understood.

For example: speaking, writing, using visual aids, or body language.

3. Message

The actual content or information that is being communicated.

This could be verbal (spoken/written) or non-verbal (gestures, tone, facial expressions).

4. Medium (Channel)

The **method or tool** used to send the message.

Examples: phone call, face-to-face conversation, text message, email, video, etc.

5. Receiver

The person or group who **receives and interprets** the message.

6. Decoding

The process by which the receiver **interprets and makes sense** of the message.

Effective communication depends on the receiver's ability to accurately decode what was intended.

7. Feedback

The response given by the receiver to show they **understood (or didn't understand)** the message.

Feedback completes the communication loop and helps the sender adjust if needed.

- **Types of Communication**

1. Based on the means of delivering the message
2. Based on the purpose of communication
3. Based on the levels of communication
4. Based on the pattern of communication

1. Based on the means of delivering the message:

Verbal Communication

Involves the use of spoken or written words. Examples: Conversations, speeches, phone calls, interviews, meetings.

Types: Oral Communication: Face-to-face, phone calls, video chats,

Written Communication: Emails, letters, reports, memos, text messages.

Non-Verbal Communication

- Communication without words.
- Relies on body language, facial expressions, gestures, eye contact, posture, and tone of voice.
- Example: Smiling to show friendliness, nodding to show agreement

2. Based on the purpose of communication

- **Formal communication:** Follows lines of authority occurs in organizations
- **Informal communication:** Informal communication does not follow line of authority. i.e. Families, peer groups, gossips in the office, etc.

3. Based on the levels of communication

- Intrapersonal communication: within an individual
- Interpersonal communication: Two or more people interact or exchange messages or ideas.
- Small group communication: Communicates to a small group
- Public communication: A person speaks to large group

4. Based on the pattern of communication

- One-Way Communication:
 - Information flows from sender to receiver with no feedback.
 - Examples: TV broadcasts, announcements, instructions.
- Two-Way Communication:

- Involves feedback and interaction between sender and receiver.
- Examples: Conversations, discussions, meetings.

❖ **Barriers of communication:**

- Physiological barriers: Poor retention due to memory problem, lack of attention due to illness, poor listening skills ,poor sensory perception.
- Psychological barriers: Misunderstanding, emotional disturbances, fear, anxiety, language difficulties.
- Environmental barriers: Noise, poor lighting, Uncomfortable seating, invisibility, unhygienic surrounding and bad odor, very hot or cold room, congested or over crowded room.
- Socio-cultural barriers: Economic and social class differences, knowledge, attitude, beliefs, language variations, cultural difficulties between the foreigners and nationals

❖ **Methods to overcome the barriers of communication:**

- Use simple and clear language
- Provide feedback and clarification
- Practice active listening
- Be culturally sensitive and inclusive
- Ensure the environment is free of distractions
- Encourage open and two-way communication

• **Behavioral change communication skills:**

Introduction:

- Behavioral Change Communication (BCC) is a strategic process that uses communication to promote positive health and social behaviors, and to influence individuals and communities to adopt or maintain beneficial habits.
- It's widely used in public health, education, development, and social work, and requires a set of specific communication skills to be effective.

Definition:

Behavior Change Communication (BCC) is a process of delivering tailored messages and engaging individuals or communities in ways that help them adopt and maintain healthier behaviors.

Supportive Techniques in BCC

Technique	Purpose
Storytelling	Makes the message relatable and memorable
Visual aids	Enhances understanding (e.g., posters, charts, videos)
Demonstration	Shows exactly how to perform a behavior (e.g., handwashing)
Role-playing	Lets people practice new behaviors in safe settings
Community involvement	Builds ownership and peer support for change

Example: BCC in Practice

- Imagine you're promoting handwashing in a rural school:
- Use simple language: “Soap kills germs.”
- Show a poster with handwashing steps.
- Demonstrate handwashing technique.
- Listen to concerns (e.g., water scarcity).
- Motivate: “Washing hands keeps your family healthy.”
- Follow up: Visit again in a week to check if the behavior continues.

- **HUMAN BEHAVIOR**

Human behavior refers to physical and emotional behavior of humans like biological, social, intellectual which influenced healthy by cognitive factors, environmental factors and behavioral factors.

Types of Health Behavior

- ✓ **Health-directed behavior:** Observable acts that are undertaken with a specific health outcome in mind.
- ✓ **Health-related behavior:** Those actions that a person does not may have health implications, but are not undertaken with a specific health objective in mind.
- ✓ **Preventive health behavior:** Action taken when a person wants to avoid being ill or having a problem. E.g., immunization of child.
- ✓ **Illness behavioral:** Action taken when a person recognize signs and symptoms that suggest a pending illness, e.g., mother gives her child cough medicine after hearing her wheeze.

- ✓ **Sick role behavior:** Action taken once an individual has been diagnosed (either self or medical diagnoses), e.g., Sick client/patient took treatment and obeys his doctor's advice.

FACTORS AFFECTING HUMAN BEHAVIOR

1. Biological factors: These are physical or genetic influences on behavior.

2. Psychological Factors: These are related to the individual's mind and mental processes.

3. Social and cultural factors: These involve the influence of other people and social structures.

4. Environmental Factors: These are external conditions and physical surroundings.

5. Situational Factors: These are temporary conditions or contexts that influence decisions and behavior.

STAGES OF BEHAVIOR CHANGE

According to the transtheoretical model of change, there are six steps of behavior change. In this, model changes occurs gradually and relapses may occur. In early stage, people resists for any kind of change. This model given us small gradual progression of steps towards goal.

- Precontemplation stage
- Contemplation stage
- Preparation or determination stage
- Action stage
- Maintenance stage
- Relapse stage

STAGES OF BEHAVIOR CHANGE:

1. Precontemplation (Not Ready)

- No intention to change behavior in the near future.
- The person may be unaware, in denial, or unmotivated.
- Example: "I don't need to stop smoking; I'm fine."

Goal: Increase awareness of the problem and consequences

2. Contemplation (Thinking About It)

- Aware of the problem and thinking about changing, but not yet committed.
- Example: "I know smoking is bad, but quitting sounds hard."

Goal: Encourage self-reflection and motivation to act.

3. Preparation (Getting Ready)

- Decided to change and is making small steps or plans.
- May gather resources, set a start date, or tell others.
- Example: "I've picked a quit date and got nicotine patches."

Goal: Help create a clear plan of action

4. Action (Making the Change)

- The person actively changes the behavior.
- Requires effort, willpower, and support.
- Example: "I've stopped smoking for 2 weeks now."

Goal: Provide support, encouragement, and strategies to maintain change

5. Maintenance (Sticking to It)

- Has sustained the new behavior for over 6 months.
- Focus is on avoiding relapse and reinforcing the habit.
- **Example:** "I haven't smoked in 8 months now."

Goal: Strengthen long-term commitment and prevent backsliding.

6. Relapse (Optional Step)

- A return to old behaviors after attempting change.
- It's common and not a failure, just part of the process.
- **Example:** "I smoked again at a party."

Goal: Learn from relapse, re-enter the cycle, and try again

GUIDING PRINCIPLES IN PLANNING BCC ACTIVITIES

- BCC activity should be initiated with the goal and objectives.
- Formative assessments should be carried out while developing BCC messages to improve understanding the need, and barriers for behavior change.
- In BCC development, target population must participate in all phases of the program development and implementation.
- Variety of communication channels can be used than one.
- In design stage of BCC, key and direct stakeholders need to be involved.

Steps of BCC

Many studies have revealed that IEC method of Communication have stop creating awareness in general population but in place of that BCC is characterized by its direct approach towards changing behavior. Audiences are carefully segmented, messages and materials are presented and both media and interpersonal channels are used to achieve behavioral objectives.

Steps of BCC are as follow:

- Analysis
- Strategic design
- Development and testing
- Implementation and monitoring
- Evaluation and re-planning.

1. Analysis

Purpose: Understand the situation, audience, and existing behaviors.

Activities:

- Conduct formative research (interviews, focus groups, surveys).
- Identify behavioral determinants (knowledge, attitudes, norms).
- Segment audiences (primary, secondary, influencers).
- Assess communication channels and stakeholders

2. Strategic Design

Purpose: Plan a targeted, effective communication strategy.

Activities:

- Set SMART behavior change objectives.
- Define key messages for each audience segment.
- Select appropriate communication channels (media, interpersonal, community-based).
- Develop a BCC strategy plan with timelines and roles.

3. Development and Testing

Purpose: Create and refine communication materials and messages.

Activities:

- Develop print, audio, video, digital, or interpersonal materials.
- Pre-test materials with target audiences.
- Revise based on feedback (clarity, appeal, comprehension).
- Finalize materials for production.

4. Implementation and Monitoring

Purpose: Roll out the BCC campaign and track its progress.

Activities:

- Train implementers (e.g., health workers, peer educators).
- Launch communication activities and media campaigns.
- Monitor reach, participation, and delivery quality.
- Adjust in real-time as needed based on monitoring data.

5. Evaluation and Re-planning

Purpose: Assess the impact and improve future efforts.

Activities:

- Conduct outcome and impact evaluations (knowledge, behavior change).
- Compare results with initial objectives.
- Identify what worked and what didn't.
- Use findings to redesign or scale-up interventions.

❖ Social and behavior change communication (SBCC)

Introduction: Social and behavior change communication is interactive process between individuals, group or community to develop and apply communication strategies to promote healthy issues and problems of them. If we provide supportive environment with information and communication then desired change can be brought in target group.

Definition: The social behavioral change communication is the systematic application of interactive, theory –based and research-driven communication process and strategies to address change at individual, community and societal levels.

Social and Behavior Change Communication (SBCC) is an evidence-based, interactive process that uses communication to promote and sustain changes in knowledge, attitudes, norms, and behaviors at individual, community, and societal levels.

- SBCC strategies go beyond individual behavior change by also addressing the **social and environmental factors** that influence health and well-being.

Goals of SBCC Strategies:

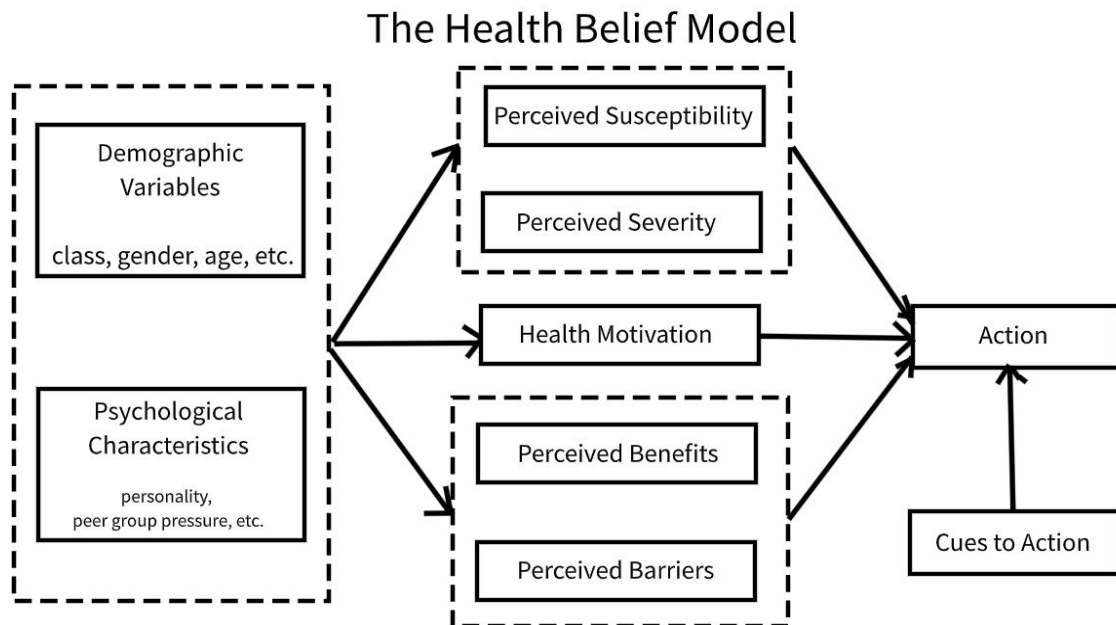
- Improve **health outcomes**
- Influence **social norms**
- Promote **positive behavior change**
- Create a **supportive environment** for change

Key Strategies

- 1. Mass Media Campaigns
- 2. Interpersonal Communication (IPC)
- 3. Community Mobilization and Engagement
- 4. Social Media and Digital Tools
- 5. Advocacy
- 6. Entertainment-Education (Edutainment)
- 7. Supportive Materials and Job Aids
- 8. Capacity Building

HEALTH BELIEF MODEL

Definition: Health belief model is a tool that is used to assess the preventive health behavior actions, guide health promotion and disease prevention programs, by focusing on the attitudes and beliefs of individuals.



HEALTH PROMOTION AND HEALTH EDUCATION

Health Promotion

"Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health."

— World Health Organization (Ottawa Charter, 1986)

Goals of Health Promotion:

- Improve **health literacy**
- Prevent **diseases and injuries**
- Promote **healthy lifestyles**
- Reduce **health disparities**
- Encourage **community participation**

Methods/Techniques of Health Promotion

- **Health education:** Providing information and knowledge about Healthy lifestyles, disease prevention, and the importance of regular exercise etc.
- **Behavior change:** Encouraging individuals to adopt and maintain Healthy behaviors through techniques such as goal setting, self-monitoring, social support, and incentives.

- **Community engagement:** Involving communities in health promotion activities through partnerships, grassroots initiatives, and Community-based Organizations.
- **Advocacy:** Promoting policies and regulations that support Healthy environments, such as smoke-free zones, healthy food access, and active transportation option.
- **Social marketing:** Using marketing Principles to promote positive Health behaviors

Role of Health Promotion in BCC

Health promotion in BCC is aimed at:

- **Raising awareness** of health issues.
- **Changing attitudes and social norms** around unhealthy behaviors.
- **Encouraging behavior change** (e.g., quitting smoking, using condoms, adopting vaccination).
- **Sustaining healthy behaviors** through supportive environments and continuous engagement.

Health Education

Health education is education to people about health concerned with communication of information, motivating people, develop skill and appropriate action to mold them.

Objectives of Health Education

- To cultivate required practices/habits in Community people.
- To develop knowledge of importance of health in school students and in Community people.
- To develop healthy attitude regarding health, health practices and importance of health in Community.
- To appreciate various health programs run by government and to improve the necessary materials required for the implementation of all these health related programs.
- To teach Community the importance of development of their physical, mental and emotional health.

Health Promotion vs. Health Education

Health Promotion	Health Education
Broad, includes environmental and policy changes	Focused on increasing knowledge and skills
Involves multiple sectors and levels	Primarily through communication and teaching
Empowers and enables	Informs and motivates

AUDIO-VISUAL AIDS/ INSTRUCTIONAL MATERIAL

“A-V aids are those aids which help in completing the process of learning”. They stimulate thinking, motivation and interest in learning experience more concreted and effective, more realistic and dynamic.

Health Education Approaches:

Individual	Group	Mass
<ul style="list-style-type: none">• Personal contact• Personal letter• Home visits	<ul style="list-style-type: none">• Lectures• Role play• Seminars• Conferences• Workshop• Symposium• Panel discussions• Group discussion• Demonstration	<ul style="list-style-type: none">• Television• Radio• Newspaper• Films• Internet• Folk methods• Posters• Direct mailing• Printed material• Health museums and exhibitions

Types:

On the basis of communication:

- Radio
- Television
- Films
- Charts
- Posters
- Recorded lectures
- Flash card
- Booklets
- Slides
- News paper
- Puppet show
- Role play
- Street play
- Folk song
- Drama

On the basis of technique used

1. Projected A/V Aids

These require a projector or electronic device to display content.

- Slides
- Film strips
- Overhead projector (OHP) transparencies
- LCD/Multimedia projector (PowerPoint)
- Videos and films
- Computer-based presentations

2. Non-Projected A/V Aids

These do not require any projection equipment.

- Charts
- Posters
- Flash cards
- Models
- Specimens
- Blackboard/Whiteboard
- Pictures and photographs
- Maps and globes

3. Audio Aids (sound-based technique)

Learning takes place mainly through hearing.

- Radio
- Tape recorder
- Podcasts
- Language labs

4. Visual Aids (seeing-based technique)

Learning takes place mainly through seeing.

- Charts
- Diagrams
- Graphs
- Pictures
- Maps
- Models

5. Audio-Visual Aids (combined technique)

Use both sound and sight together.

- Television
- Videos
- Educational films
- Multimedia lessons
- Smart boards

Principles of A.V aids :

- Principle of selection
- Principle of preparation
- Principle of handling
- Principle of presentation
- Principle of response
- Principle of evaluation

1) Principle of selection:

- Choose A.V. aids based on the **learning objectives, age group, and subject matter.**
- Consider the **type of learners** (visual, auditory, kinesthetic).
- Ensure the aid is **relevant, accurate, and appropriate.**

2) Principle of preparation:

- Prepare the A.V. aid **in advance.**
- Check for **clarity, simplicity, and visual appeal.**
- Align it with the **lesson plan** and ensure it complements the topic.

3) Principle of handling:

- Be familiar with how to operate the A.V. equipment.
- Practice using it to avoid technical issues during class.
- Handle with care to **maintain functionality and longevity.**

4) Principle of presentation:

- Present the A.V. aid **clearly and confidently.**
- Ensure **visibility and audibility** for all learners.
- Keep it **interactive and engaging.**

5) Principle of response:

- Observe learners' **reactions and understanding.**
- Encourage **questions and participation.**
- Modify your teaching based on the learners' feedback.

6) Principle of evaluation:

- Assess the **effectiveness** of the A.V. aid.
- Reflect on whether the **learning objectives were met.**
- Use learner feedback to **improve future use** of A.V. aids

Advantages:

- Makes learning process very effective and conceptual.
- Provides realistic approach and experience.
- Enhances energy level of teachers and students.
- Grabs attention of students.

Disadvantages:

- Need space
- Convenience
- Expensive
- Technical problems