Unit 4
Educational Methods And Materials
• Objectives
  Explain the common methods of transmitting health information
  Describe the advantages and disadvantages of interpersonal and mass media communication means
  Explores the role of counseling at the grass root level
  List major traditional as well as modern methods for group communications
  Explain common teaching aids used for effective communication
Individual and Family Health Education

1. Home visits
2. Health Counseling
3. Group Educational Methods
4. Group Health Education
1. Audio visual aids
   - Audio
   - Visual
   - Audio Visual

2. Methods of health communication
   - Individual / Family
   - Group
   - General public (Mass communication)
Projected Aids

1. Film & Film Projector
2. Film strips & Film strip Projector
3. Slides & Slide Projector
4. Episcope & Enidiascope
5. OHP
6. Television
7. LCD Projector
8. DPL Projector

Graphic Aids
1. Graphs
2. Diagrams
3. Posters
4. Maps
5. Cartoons
6. Comics
7. Flash Cards
8. Pictures & Photographs
9. Charts
10. Timeline

Display Boards
1. Black Board
2. Roll-up Board
3. Peg Board
4. Hook & Loop Board
5. Flannel Board
6. Magnetic Board
7. Plastigraph Board
8. Bulletin Board
9. Marker Board

3-D Aids
1. Models
2. Objects
3. Specimen
4. Diorama
5. Puppets
6. Globes

Non-Projected Aids

Audio Aids
1. Radio
2. Tape Recorder
3. Public Address System
Examples health education
Home Visits

Advantages
When people are in their home, they usually feel happier and
• more secure. You may find that people are more willing to talk in
• their own homes than when they are at the clinic.
It also gives an opportunity to see how the environment and the family
situation might affect a person’s behavior; thus, making observations and
any necessary suggestions for change right there.
Keeps a good relationship with people and families
Encourages the prevention of common diseases.
Enables detecting and improving troublesome situations early,
before they become big problems.
Enhances checking on the progress of a sick person, or on progress
towards solving other problems.
What information should be in the folder and kept up to date?

- The family name.
- The address and location of the house
- The date of the visit.
- The name and ages of all members of the house hold. (Be sensitive to local customs about collecting such information)
- Health problems
- Information discussed
- Ideas offered
- Agreements reached
- What you agreed to do
- Date of next visit
Counseling is essentially a process in which the counselor assists the counselee to make interpretations of facts relating to a choice, plan or adjustment which he needs to make.

- Glenn F. Smith

Counseling is a series of direct contacts with the individual which aims to offer him assistance in changing his attitude & behaviors.

- Carl Rogers
Elements of counseling

G: greet the clients and make them comfortable and give full attention.

A: ask/ascertain the needs/problem or reasons for coming.

T: telling different choices/options/methods to cope with problem.

H: help the client to make voluntary decisions.

E: explain fully the chosen decision/action/method.

R: return for follow-up visit.
Purposes of counseling

- To help individuals increase knowledge of self
- To encourage individuals or families to think about their problems and understand the causes.

- Help people commit themselves to take action on their own will to solve the problems.

- Help individuals to choose, but not forcing them to do so.
Principles in counseling

- Counseling requires establishing good relationship between the counselor and the client.
- Counselors should assist people identify their own problems.
- Counselors develop empathy (understanding and acceptance) for person’s feelings. It is thinking by putting self on the shoe of the others.
- Counselors should never try to persuade people to accept their advice. Rather help people to think about all the factors involved in their problems and encourage them to choose the solutions that are best in their particular situation.
- Counselors should always respect the privacy of the people they are helping. They never reveal information without specific permission.
Group Educational Methods

- It is needless to mention that much of the problem solving in the community has to be done by group work and cannot be attempted at individual level alone. Specifically, working with groups is a major activity in health education.
- When people get together to identify, define, and solve a problem, they have many more resources than when they work individually.
• **What is a Group?**
  • A group could be defined as a gathering of two or more people who have a common interest.
  • **Example of groups often found in a community:**
  • • A family
  • • A health committee
  • • People working at the same factory, business, or agency
  • • A class of school children
  • • A farmers’ cooperative
• A youth club
• People attending a religious ceremony together
• Some friends getting together to relax
• A gathering of patients at a clinic
• People riding together on a bus
Types of Groups - There are two main kinds of group
1. Formal groups
   • Groups that are well organized with some rules and regulations
   • E.g. Farmer’s – cooperative, Women’s Associations
2. Informal groups
   • Groups that are not well organized
   • E.g. People attending market on a particular day
   • People attending funeral ceremony
• Characteristics of formal group
  • Has a purpose or goal that everyone strives to achieve together.
  • There is a set membership, so people know who is a member and who is not.
  • There are recognized leaders who have the responsibility of guiding the group towards achievement of its goals.
• Characteristics of informal gatherings
• May have some features in common, but no special goal that they are trying to achieve together E.g. People riding together on a bus, no special membership or feeling of belonging
• Usually no special activity is planned by the people themselves
• E.g. People coming to watch a football match
• There is usually more concern for self, and less for the welfare of the other people
Common Methods Used for Group Education

- **a) Group discussions**
  - Health education has been quick to recognize that groups provide an ideal set-up for learning in a way that leads to change and action.
  - Discussion in a group allows people to say what is in their minds.
  - They can talk about their problems, share ideas, support and encourage each other to solve problems and change their behavior.
• **Planning a discussion**
• Planning a discussion involves:
  • Identification of the discussants that do have a common interest
  • E.g. mothers whose child suffers from diarrhea.
• Getting a group together
• Identification of a comfortable place and time:
Conducting the discussion

• Introduction of group members to each other
• Allow group discussion to begin with general knowledge
• E.g. any health problems they have ever faced
• Encourage everyone to participate.
• Have a group act out some activity (drama, role play)
• Have a villager report on a successful experience
• Limit those who talk repeatedly and encourage the quiet to contribute.
• Limit the duration of discussion to the shortest possible, usually 1-2 hrs.
• Check for satisfaction before concluding the session.
• E.g. Do they think that they are learning?
• Do they think the group should continue?
b) Meetings

Meetings are good for teaching something of importance to a large group of people. They are held to gather information, share ideas, take decisions, and make plans to solve problems. Meetings are different from group discussions. A group discussion is free and informal, while meetings are more organized. Meetings are an important part of successful self-help projects.

**Planning a meeting**

- It should be need based
- Determine the time and place
- Announce the meeting through one a week, or a month.
- Prepare relevant and limited number of agendas.
Methods of Group Health Education

- Lectures
- Demonstrations
- Discussion methods
Lectures

• carefully prepared oral presentation of facts, organized thoughts and ideas by a qualified person.
• Aids:

Demerits:
• students are involved to a minimum extent;
• learning is passive;
• do not stimulate thinking or problem-solving capacity;
• the comprehension of a lecture varies with the student; the health behavior of the listeners is not necessarily affected.
Discussion methods

- Group discussion
- Symposium
- Conferences
- Role play
- Colloquy
- Focus group discussion
- Panel discussion
- Workshop
- Seminars
- Brain storming
- Campaign
- Delphi method
Group discussion

- Group is an "aggregation of people interacting in a face to face situation"
- Very effective method of health communication.
- Provides a wider interaction among members than is possible with other methods.
Group discussion

For effective group discussion

- Group size - 6-12 members.
- The participants are seated in a circle, so that each is fully visible to all the others.
- Group leader - initiates the subject,
- Helps the discussion in the proper manner, prevents side-conversations, encourages everyone to participate and sums up the discussion in the end.
Group discussion

Rules for members

- express ideas clearly and concisely
- listen to what others say
- do not interrupt when others are speaking
- make only relevant remarks
- accept criticism gracefully and
- help to reach conclusions
His points are invalid

When will I get to speak

I am right, I know everything

I should change my view he could be right

I am not interested
Symposium

• Series of speeches on a selected subjects
• Each person or expert presents an aspect of the subject briefly
• No discussion among the symposium members.
• Chair person makes a comprehensive summary at the end
Work shop

• Consist of series of meetings, usually four or more with the emphasis on individual work, within the group with the help of consultants and resource personnel.

• Learning takes place in a friendly, happy and a democratic atmosphere, under expert guidance.
Role playing

- Socio-drama in which the situation is dramatized by a group.
- Audience is actively concerned with the drama.
- Sympathetic attention to what is going on, or suggest alternative solutions at the request of leader.
- The size of the group 25.
- Best for schools.
Seminars

• A group of persons gathered for the purpose of studying a subject under the leadership of an expert or learned person.

• They are normally identified with learning institutions.

• The participants bring with them a background of training and experience in the area.
Conference

- It composed of two to fifty persons representing several organizations, departments, or points of view within an organization, meet together exhibit a common interest and present two or more sides of their problems.
- They gather information and discuss mutual problems with a reasonable solution as the desirable end.
- The various phases of the problem may be presented by co-operative or hostile groups.
Brain storming

• It is a type of small group interaction designed to encourage the free introduction of ideas on a restricted basis and without any limitations as to feasibility.

• Participants are encouraged to list for a period of time all the ideas that come to their minds regarding some problem and are asked not to judge these ideas during the session.

• Judgment of the ideas will come at a later period in which all contributions will be sorted, evaluated and perhaps later adopted.
Focus Group Discussions (FGD)

• It is a group discussion of 6-20 persons guided by a facilitator during which group members talk freely and spontaneously about a certain topic or health problem.

• The purpose of a focus group discussion is to obtain in-depth information on concept, perceptions and ideas of group on a particular topic.
Good communication technique

• Source: credibility.
• Clear message.
• Good channel: individual, group & mass education.
• Receiver: ready, interested, not occupied.
• Feedback.
• Observe non-verbal cues.
• Active listing.
• Establishing good relationship.
Models of health education

Medical Model:
• dissemination of health information based on scientific facts.
• assumption was that people would act on the information supplied by health professionals to improve their health.
• In this model social, cultural and psychological factors were thought to be of little or no importance
Motivational model

STAGES IN ADOPTION OF NEW IDEAS AND PRACTICES

STAGE OF UNAWARENESS
Not aware of new idea or practice

STAGE OF AWARENESS
Gets some information but not know much

Motivation

STAGE OF EVALUATION
Find out advantages & Disadvantages in various situations

STAGE OF INTEREST
Shows interest to know more Listen, read

STAGE OF Acceptance / Rejection

STAGE OF action / adoption
Accepts new idea as beneficial to him & adopts it
**Motivational model**

- Limitation: ignored the fact that in a number of situations, the social environment which shapes the behavior of individual and the community.

- It is often found that people will not readily accept and try something new or novel until it has been "legitimated" (or approved) by the group to which they belong.
Research shows that those interventions "most likely to achieve desired outcomes are based on a clear understanding of targeted health behaviors, and the environmental context in which they occur".

For help with developing, managing and evaluating these interventions, health education practitioners can turn to several strategic planning models that are based on health behavior theories.
Social interventional model

- **Intra personal**
  - Rational model
  - Health belief model
  - Trans-theoretical model
  - Planned behavior theory
  - Activated health education model

- **Interpersonal**
  - Social learning (cognitive model)

- **Environmental**
  - Communication Theory
  - Diffusion of Innovations
• “Education for all and health for all” are inseparably linked.
• Teachers are the role model for the school children.
  - one hour or one period devoted to *Socially useful and Productive work (SUPW)*.
• Health education of both teachers and children is best done in groups.
Worksite Health Education Programs

- Physical activity and fitness
- Nutrition and weight control
- Stress reduction
- Worker safety and health
- Blood pressure and/or cholesterol education and control
- Alcohol, smoking and drugs
Success Stories
Impact of an IEC (Information, Education and Communication) intervention on key family practices of mothers related to child health in Jamshoro, Sindh

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Abstract

**Objective:** To determine change in practice of mothers having children less than five years of age in five key areas related to child health, growth and development including immunization, feeding during illness, appropriate home treatment for infections and care seeking behavior.

**Methods:** This was a community based interventional study of Information, Education and Communication (IEC) intervention in the UC Jamshoro, Taluka Kotri, district Jamshoro of 15 months duration from March 2011 to June 2012. Ninety five mothers having children less than five years of age were selected by systematic random sampling for house hold based survey by questionnaire designed by EPP evaluation and health section of UNICEF during baseline and post-intervention phases. Base line data was collected from the interventional area then health education messages were given through written and pictorial material by LHWs for 9 months. To measure the impact health education messages, data was again collected by same questionnaire are from the same union council during post-intervention phase.

**Results:** During baseline survey except immunization all other key family practices were poor. After 9 months of intervention of repeated heath education sessions through LHW during their routine visits all practices were improved with statistically significant difference. Regarding the comparison of the results between baseline and post-intervention surveys we found that except immunization which was already better, all those practices which requires mother’s knowledge and practice were improved after our intervention with significant P-values.

**Conclusions:** Improving the mother’s education level is very important, to empower the first care provider of child in the community. However, in the meantime, health educational messages related to the limited number of key family practices should be disseminated.

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Thank you!