

Topic 14. How to promote, communicate and advocate for health?

A hand out from the project on “Integrated management of public health programmes at district level”

This Project is developed by incorporating ideas, suggestions and contribution from an interactive participatory process of dialogue and consultation involving public health and multidisciplinary resource network drawn primarily from mainstream institutions and the civil society network in India.

A draft manual evolved covering concepts and values Roles, Skills and Challenges and an Integrated Paradigm for the Public Health Management at District level. It also elaborates on, making a district diagnosis; organizing a health management information system; evolving a district plan; organizing an epidemiological surveillance system; responding to an epidemic and managing an outbreak; managing health programmes; managing human resources; organizing materials management; monitoring and evaluation; leading and building a health team; promoting, communicating and advocating for health; promoting and sustaining community partnerships; and building and sustaining partnerships with the educational sector; civil society, private sector and promoting an inter-sectoral collaboration.



**Developed by
Centre for Public Health and Equity, and its
associates, for the Society for Community Health
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Preface

This document is intended to serve as an evolving conceptual **framework for district level public health managers** in the health systems of the South East Asian countries. These managers, their knowledge, skills, attitudes, and openness to new challenges and new paradigms will remain one of the key determinants of the success of countries in reaching the **“Health For All”(HFA) vision** and the **Millennium Development Goals(MDG’s)**.

This document is a practical do it yourself workbook that draws upon some of the wealth of experience and resources in the past and present and tries to help district level managers address the complexities of today’s challenging global, national and local health situation and the emergence of new challenges and reemergence of older ones.

Readers are advised not to treat this document as a comprehensive manual but as **an evolving compilation of concepts in public health management**. This conceptual framework contains suggestions to tackle some of the problems, that the district level public health managers meet in their daily life as they lead, assess, respond, evaluate and learn from numerous health systems challenges. Where possible and feasible it directs the managers to other resources and materials that will provide them additional perspective and details (*see CD accompanying the manual*)

The authors/ facilitators have extensively worked in the community and have had decades of experience in supporting capacity building for public health/ community health in the main stream and civil society linked alternatives sector. They have also tried to draw upon the experience and the field-oriented perspectives of a network of public health capacity builders and trainers from the mainstream public health institutions and civil society training centers (*see list of contributors*).

This is **a work in progress**. The conceptual framework will, we expect, evolve into a guidebook that gets used and adapted by district level public health managers, trainers and supervisors of district level public health programmes. The document is expected to continue to evolve with the feedback from users making it more relevant, responsive, context specific and focused.

We see this document as the beginning of a new journey - **a journey of strengthening district level public health management**.

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14. How to promote, communicate and advocate for health? ¹

The most important challenge for communication in Public Health Management is:

- To inform the community and new partners
- To change knowledge, attitude and practices and
- To build skill, confidence, capacity and trust.

This process is called by different names in different programmes; Health education programme; Information campaign; Awareness building initiatives; IEC activities (Information, Education and Communication) and now more commonly also health promotion and advocacy for health.

What is communication?

In a simple language, communication is explained as a process of transferring message from the sender to the receiver through a certain channel. Basically, the sender has to express idea or thought in the form of symbol(s) such as language or picture or sound or anything that could be transferred through communication channel. The process of putting thought into symbol is called "encoding". The set of symbol(s) that is transmitted by the sender is called "message". The receiver will receive the symbol(s) or message(s) and will assign meaning to the symbol(s) sent by the sender. The process of assigning meaning to the symbol is called "decoding". The receiver will make response(s) to the message(s), a set of reactions that the receiver has, after being exposed to the message(s). The receiver may give a "feedback", a part of the receiver's response(s) that the receiver communicates back to the sender. Many times, there are found unplanned distortion during communication process, resulting in the receiver receiving a different message from that the sender intended. This is called "noise". Therefore, a communication to be successful should be really planned.

Why communication is needed for individual /community change?

Communication in the context of health is not only sharing new knowledge but carried out with the planned intention of changing attitudes and habits or practices of people in the community to more health promotive as well as the people involved in the programme, health providers and other stakeholders. The communication in the context of the role of the Health is intended to motivate the people and community respond with positive behaviour changes, in line with expected roles, tasks, activities, behaviours, habits in the prevention and control ill health and promote healthy life styles and environment in their own community.

Change at individual/community level is not a simple process. Obtaining new positive knowledge does not guarantee individual to obtain new positive attitudes.

Many other factors influence individual to change attitudes, such as value system in the society. Having positive attitudes does not also guarantee individual to practice positive behaviour. Other factors, such as non availability of facility, may hamper to practice new behaviour.

If community has to be encouraged and involved in home and community level health actions and participate actively in community initiatives, then communication activities must form the core of all *District Level Public Health Management* efforts.

What are communication channels?

There are two major channels of communication viz., mass media and interpersonal communication. Mass media communication will consist of different types of information materials used to reach messages to a community such as:

- Posters and charts
- Hand bills or handouts
- Flash cards and flipcharts
- Booklets and pamphlets
- Video cassettes
- Audio cassettes
- Radio and television programmes
- Educational films
- Newspapers, magazines and local media.

Interpersonal communication consists of face-to-face communication with individuals and groups. Interactive communication in groups will also need to be evolved and utilized in the process. These could be:

- Role plays
- Street theatres
- Folk songs / folk media
- Exhibitions
- Puppet shows
- Village events like fairs / festivals events

Principles of communication

Whether mass media information materials are used or interactive communication methods are utilized some general principles for health communications must always be kept in mind. These include:

- a. Communication should be a two-way process between communicator and target group
- b. Language should be simple, in local vernacular (mother tongue); jargon free; and with colloquial expressions and usage's
- c. Local events, positive beliefs and lives of well-known people should be used in communication. Local cultural / folk stories can be adapted and used.

- d. Communicators should be encouraged to listen to what the community says, feels or does before planning messages.
- e. Communication must be focussed on all the four phases of awareness knowledge, attitude and practices.
- f. It should be learner or audience oriented not teacher or communicator oriented
- g. Role-plays and real life situations should be utilized as far as possible to help people understand how they can change in the way they do things.
- h. While communication is a significant skill, it can be taught to health workers and community volunteers by those who have done it themselves.
- i. Planning communication must focus not only on content but also on the process of interactive and participatory methodology.
- j. Innovative methods of communication need to be evolved and experimented with all the time. Some recent examples are :
 - o Colouring books or sheets on health for little children.
 - o Educational toys and models around the theme of health..
 - o Activity modules for science experiments and science through interactive activity.
 - o Adaptation of folk media and folk arts to spread health messages.

Where communication can help ?

Communications for District Level Public Health Managers should explore all the above methods and approaches and build on the principles outlined. Content must be based on the need of the target audiences/populations and relate to the strategic steps being taken/implemented.

- Health promotion: what can people, volunteers, local health workers do for all the above.
- Early diagnosis and management at home and community level and at health centre: what can people, volunteers, local health workers do for all the above
- Early referrals of severe and complicated cases: what can people, volunteers, local health workers do for all the above
- What communication can be done to support the following and how:
 - A community programme;
 - School health initiatives;
 - Community campaigns;
 - home based health action

Note :The emphasis in all communication must always be that health action is a responsibility for every person and that the availability of health care services is also everyone's right.

– How can every member of the community develop this responsibility?

– How can every member be empowered to assert this right?

How to evolve an effective IEC programme?

The main steps to evolve an effective communication (IEC) programme for behaviour change in a community are as follows:

- Learn about the existing knowledge, beliefs and behaviour of groups in the community.
- Find out more about all the sources of information on health for the community groups in your district, which are the sources they believe in most? Or who influences them most.
- Review all the communication channels, media and methods and decide on which are the most useful or capable of reaching all the community groups.
- Identify whom in the community you wish to reach and with what specific or general messages.
- Define clearly what ideas you are trying to promote or what actions you want people to take in the community.
- Design your messages building on knowledge and beliefs that are supportive to all health related initiatives and programmes.

Some methods / media may be better for some community groups

Interactive channels
Doctors, nurses, community health workers and volunteers, women and youth organizations, religious and community leaders, school teachers and school children, development workers, union leaders, NGO's government staff and civic society organizations.

Mass media

Local newspapers, magazines, radio, television

Small media

Posters, charts, booklets, pamphlets, flashcards, flip charts, videos, audio cassettes, small displays and exhibitions

Traditional folk media

Puppet shows, dramas, street theatre, songs, folk story telling sessions, and folk dances.

a) Decide on content of the messages to be used in the programme. These must definitely include:

- I. Information that the community needs but does not have

- II. Actions that the community group may need to take
- III. Suggested ways to overcome obstacles to taking action
- b) Create messages for different information channels selected in (3) some may be short messages and slogans. Others may have many messages. This will depend on each channel.
- c) Pretest the messages that you select, on small groups to check whether:
 - I. They understand the message
 - II. Is it culturally acceptable and appropriate
 - III. Is it relevant to the community group
 These can be found out by focus group discussions and interviews and the messages can be suitably modified by community feedback.
- d) Produce and distribute the materials
 - i. Production should as far as possible be local decentralized and low cost.
 - ii. Sometimes special skills and equipment may be required.
 - iii. These may be identified in the district or elsewhere.
 - iv. Requirements should be estimated realistically.
 - v. Distribution channels and means should be clearly identified.
- e) Coordinate your communication programme and services with different partners to reach as many members of the community as possible.
- f) Evaluate the effect of your messages (Also look at the strengths and weaknesses of all the methods and the activities).
- g) Repeat and adjust the messages and methods at frequent intervals by active learning from the field and through experimentation.
- h) Develop a new schedule, and plan for conducting your communication programmes based on your evaluation (k) and (l).

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Further Reading on communication and health promotion
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