University of Gondar,
College of Medicine & Health Science,
Department of Health Education and Behavioral Sciences

Course – Health promotion and disease prevention

Student: Pediatric and child health nursing

Instructor – Simegnew H. (Bsc , MPH)

Cont'd...

- **Course Description**

  This course introduces students about Health Education as an important public health tool of disease prevention and control. It also describes the different theories and models.

- **Course Objectives**

After completion of this course, the student will be able to

✓ Explain the objective and basic principles of health education.

Cont'd...

- ✓ Describe the role of human behavior in health.

- ✓ Explain the principles of communication.

- ✓ Differentiate different models and theories in health promotion

- ✓ Describe the skills and methods required in health teaching.

- ✓ Explain methods of counseling

Cont'd...

Teaching and Learning Methods

- Illustrated lectures and discussion
- Group activity and discussion

Teaching and Learning Materials

- Print handout
- Computer/LCD projector

Cont'd...

- **Evaluation**
  - ❖ Attendance and participation -10%
  - ❖ Presentation-20%
  - ❖ Field activities and portifolio -20%
  - ❖ Written Exam -40%

Course contents

1. Introduction to Health Education and promotion
   - 1.1. Definition of Health &Health Education
   - 1. 2. Aim & principles of Health Education
   - 1.3. Primary health care (PHC) concepts

2. Health & Behavior
   - 2.1. Define Behavior
   - 2.2. Factors affecting behavior
   - 2.3. Principles of learning

Content...

3. Theories of Health Education

    3.1. Health Belief Model (HBM)

    3.2. Theory of Reasoned Action (TRA)

    3.3. Theory of Planned Behavior (TPB)

    3.4. Transtheoretical Model (TTM)

    3.5. PRECEDE-PROCEED framework

4. Communication

    4.1. Define Communication

    4.2. Components of Communication

    4.3. Types of Communication

    4.5. Barrier of communication

    4.6. Theory on stages in adoption &diffusion of Innovation

    4.7. Counseling

Content…

5. Teaching Methods & Materials

    5.1. Types of Teaching Methods

    5.2.Types of Teaching Materials

6. Group Dynamics

    6.1. Definition

    6.2. Types of Group

    6.3. Group Behaviors

    6.4. Conflict

    6.5. Group Training

Content...

7. Health Team

    7.1. Value of Team

    7.2. Factors affecting Teamwork

    7.3. Leadership styles

8. Organizing a health campaign

9. Research in Health Education

    1. Definition

    2. Types of Research

    3. Data collection in qualitative research

10. Patient Education

Chapter One: Introduction to Health Education and Promotion

Simegnew H. (BSc, MPH in Health Education and Promotion)

Brainstorming

What is HEALTH?

Introduction

Concept of Health

The concept of health is often difficult to define and measure.

✓ It is a broad concept and experience.

✓ Its boundary extends beyond the "sick". It is often difficult to put a clear-cut demarcation between the "sick" and the "not sick". It depends on:

1) The perception of individuals
2) The threshold - e.g. pain
3) The ability to recognize symptoms and signs

Cont'd...

➢ *Most individuals define health as the following(Lay man definitions):*

❖ Being free of symptoms of disease and pain

❖ Being able to be active and able to do what they want do

❖ Being in good spirits most of the time.

Definition

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

✓ This definition may seem very attractive but still has lots of drawbacks.

✓ Difficult to conceptualize and standardize

✓ Lacks clear-cut attributes and criteria for measurement.

Cont'd...

Therefore Health may be regarded as

➢ A balance of physical, mental and social aspects of life

➢ State of being well and using every power the individual possesses

➢ *"Health is not a condition, it is an adjustment. It is not a state, but a process. The process adapts the individual not only to our physical, but also our social environments" (President's Commission)*

Aspects of Health

1. **Physical health**–anatomical integrity and physiological functioning of the body.

- ✓ All the body parts should be there.
- ✓ All of them are in their natural place and position.
- ✓ None of them has any pathology.
- ✓ All of them are doing their physiological functions properly.
- ✓ They work with each other harmoniously.

Cont'd...

- **Mental health-** individual's emotional and psychological well-being.

✓ WHO defines mental health as:
- – individual realizes his or her own abilities
- – can cope with the normal stresses of life
- – can work productively and fruitfully, and
- – able to make a contribution to his or her community

Cont'd…

- **Social health** – ability to make and maintain acceptable interactions with other people.

  ➢ E.g. To feel sad when somebody close to you passes away.

Extended definition

Emotional Health

✓ Emotional health is part of our overall health concerned with the way we *think* and *feel*.

✓ It refers to our sense of well-being and our ability to cope with life events.

✓ Emotional health is ability to acknowledge and respect our own *emotions* as well as others.

✓ The ability of expressing emotions in the appropriate way

Cont'd...

✓ For example, to fear, to be happy, and to be angry.

✓ The response of the body should be congruent with that of the stimuli.

Cont'd...

Spiritual Health

✓ Spirituality is unique to each individual.

✓ It is the innermost part that allows to gain *strength* and *hope*.

✓ It is discovering the sense of meaningfulness in life and knowing a purpose to fulfill.

✓ For some, spirituality may be equated with traditional religions such as Christianity, Hinduism or Buddhism.

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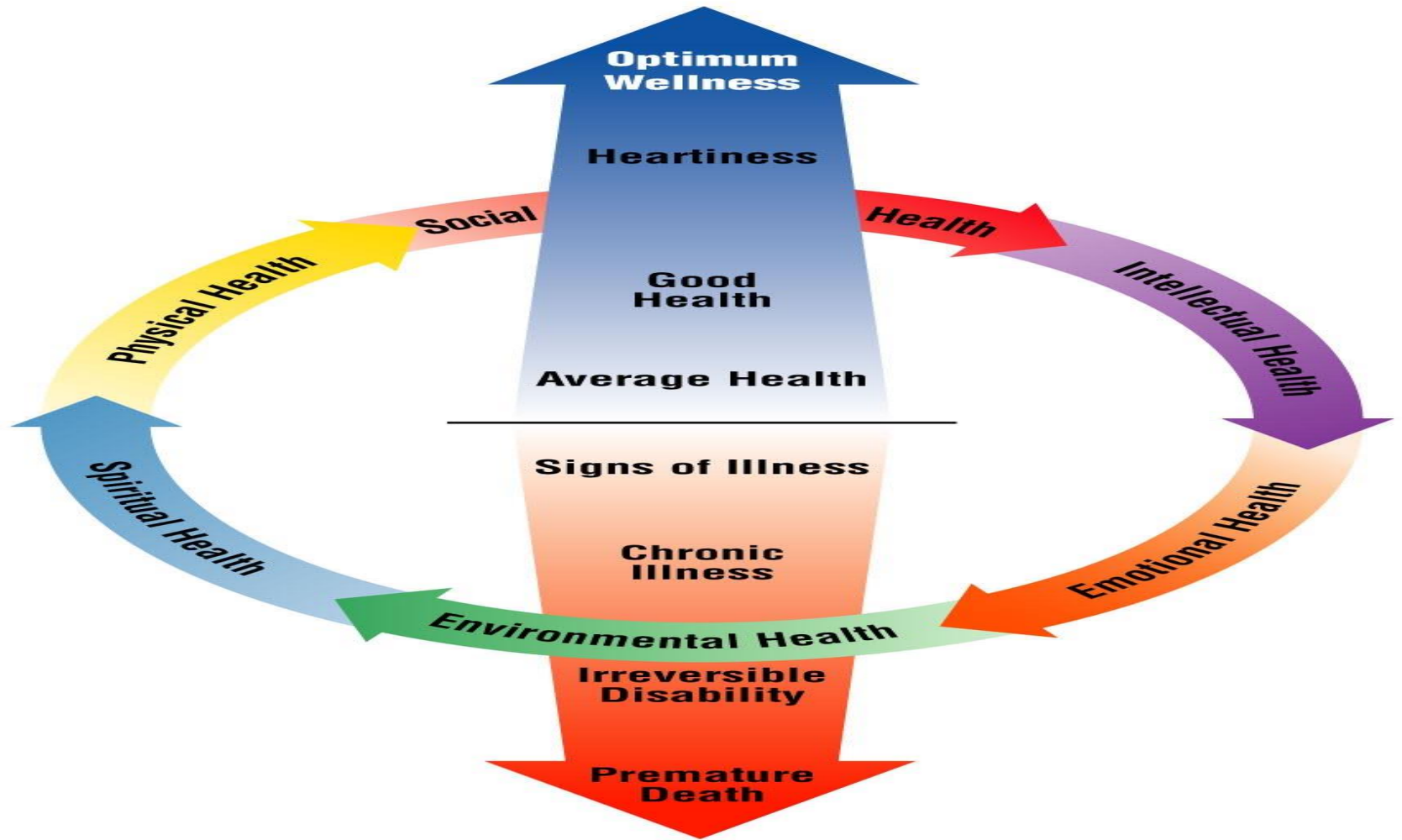
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The absence of health is denoted by such terms as disease, illness and sickness,

- Disease is the existence of some pathology or abnormality of the body, which is capable of detection using accepted investigation methods.

- Illness is the subjective state of a person who feels aware of not being well.

- Sickness is a state of social dysfunction: a role that an individual assumes when ill.

Determinants of health

• There are four general determinants of health. These are

❖human biology,

❖Environment,

❖Lifestyle, and

❖Healthcare Services.

Cont'd...

✓ The context of people's lives determines their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate.

✓ Individuals are unlikely to be able to directly control many of the determinants of health

Cont'd...

❖Determinants- things that make people healthy or not—includes:

1.Income and social status - higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.

2.Education – low education levels are linked with poor health, more stress and lower self-confidence

Cont'd...

3. Physical environment –safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health.

✓ Employment– people in employment are healthier,

4.Social support networks – greater support from families, friends and communities is linked to better health.

✓ Culture - customs and traditions, and the beliefs

Cont'd...

5.Genetics-inheritance determines lifespan, healthiness and likelihood of developing certain illnesses.

- ❖ Personal behavior and coping skills –eating, smoking, drinking, and dealing with stresses and challenges all affect health.

6. Health services - access and use of services

7. Gender - Men and women suffer from different types of diseases at different ages.

Education

❖Education is the process by which learning is facilitated.

❖It is a process in which an individual or group of people are in the facilities or opportunities by an agent or educator to learn.

Objectives of education:

Blooms taxonomies of   educational objectives

A.Cognitive Domain

B. Affective Domains

C. Psychomotor Domain

Cognitive Domain

Cognitive...

- It has its own components

❖ *Knowledge:* It involves the recall of specifics and universals, and of methods & processes

➢ Remember of a patterns, structure or setting.

❖ *Comprehension:* It includes grasping communication accurately putting it into a different form of presentation,

➢ recognizing material in summary form without changing the central meaning

Cognitive...

❖*Application-* use of general ideas, principles or methods to new situation.

❖*Analysis-* breakdown of material into its constituent parts, and detection of the relationships of the parts & their way of organization.

❖*Synthesis-* It is the ability to put parts or elements together to form a coherent whole.

Cognitive...

❖*Evaluation: -* making of judgments about the value of ideas, works, solutions, methods, and material.

✓Use of criteria and standards for appraising the extent to which particulars are accurate or satisfying.

Affective Domain

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Affective...

- There are five categories
- ❖ *Receiving or Attending: -* Sensitivity to the existence of phenomenon or stimulus, and awareness.
  - ❖ It also includes willingness to receive, or attention.
- ❖ *Responding: -* learner is sufficiently involved in a subject, or will seek it out & gain satisfaction from working with it or engaged in it.

Affective...

❖ *Valuing: -*behavior is consistent & stable. It involves acceptance of a value & commitment (conviction) for preference for a value.

❖ *Organization: -* learner constructs a value system which guides his behavior.

❖ *Characterization by value or value complex:- a* stage of internalization the values already have a place in the individual's value hierarchy.

Psychomotor Domain

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Psychomotor...

There are 5 categories

❖ **Imitation**- Observing and patterning behavior after someone else. Low performance quality.

Example: Copying a work of art.

❖ **Manipulation**- Perform an action according to instruction and not only on the bases of observation

Example: Creating work after taking lessons, or reading about it.

❖ **Precision**- Refining, becoming more exact. Few errors are apparent.

Psychomotor…

❖**Articulation**- coordination of a series of acts by the establishment of an appropriate sequence (internal consistence)

Example: Producing a video that involves music, drama, color, sound, etc.

❖ **Naturalization**- Having high level performance become natural, without needing to think much about it.

Examples: Michael Jordan playing basketball, Nancy Lopez hitting a golf ball, etc.

Health Education

❖In the simplest terms, health education is the process of educating people about health.

❖Health Education is "a ***process*** of intellectual, psychological and social dimensions relating to activities that increase the abilities of people to make ***informed decisions*** affecting their personal, family and community ***well-being*** (Hubley, 1993).

Health Education…

From the above definition

1. HE engages the intellectual, psychological and social processes of people.

2. HE encourages **learning new things** and performing them.

3. HE fosters **people's decision making abilities** on their own and others' health and act on these.

4. HE helps people to organize personal and social **resources** to make decisions and to act on these decisions.

Health Education...

Health education is a **combination** of learning experiences **designed** to **facilitate voluntary actions** conducive to health. (Green, 1991)

- **Combination** emphasizes on matching multiple determinants of behavior with multiple learning experiences or educational interventions.
- **Designed** a systematically planned activity.

Health Education...

- **Facilitate** means, predispose, enable, and reinforce

- **Voluntary** means without coercion and with full understanding and acceptance of the purposes

- **Action** means behavioral steps taken by an individual, group or community to achieve an intended health effect.

Health Education...

- **So, Health education** is the principle by which individuals and groups of people **learn to behave** in a manner **conducive** to the promotion, maintenance, or restoration of Health.

- The ultimate aim of health education is positive behavioural modification

Health Promotion

Simegnew H.

Health Promotion

❖Any planned combination of educational, political, environmental, or organizational mechanisms that support actions and conditions of living conducive to the health of individuals, groups, and communities.

- *Combination:* matching multiple determinants of health with multiple interventions

- **Educational**: health learning

- **Environmental**: the dynamic social forces and the physical services.

Health Promotion

E.g. Social, political, economic, organizational, policy, and regulatory circumstances bearing on behaviour or directly on health

- **Living conditions**: the complex web of culture, norms and socioeconomic environment associated with lifestyle

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

(Ottawa Charter, 1986)

Health Promotion...

❖ Health is, therefore, a resource for everyday life, not the objective of living.

❖ Health is a positive concept emphasizing social and personal resources, as well as physical capacities.

❖ Therefore, health promotion goes beyond healthy lifestyles to well-being. (WHO, 1986).

Health Promotion...

- In 1986 of the Ottawa Charter identified five key themes or health promotion actions:
  - Building a healthy public policy
  - Creating supportive environment
  - Developing personal skills through information and education in health and life skills
  - Strengthening community action
  - Reorienting health services towards prevention and health promotion

Basic Strategies for Health Promotion

Advocate

➢ Good health is a major resource for social, economic and personal development and an important dimension of quality of life.

➢ Political, economic, social, cultural, environmental, behavioral and biological factors can all favor health or be harmful to it.

➢ Health promotion action aims at making these conditions favorable is through **advocacy** for health.

Health Promotion...

Enable

➢ Focuses on achieving equity in health.

➢ Health promotion aims at reducing differences in health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential.

E.g. Supportive environment, access to information, life skills and opportunities for making healthy choices.

➢ To achieve fullest health potential people should able to control things which determine their health.

Health Promotion...

- **Mediate**
- ➢ Is a process through which different interests of individuals, communities and sectors reconciled in ways that promote and protect health.
- ➢ The prerequisites and prospects of health cannot be ensured by health sector alone.
- ➢ Health promotion demands coordinated action by all concerned
  - ❖ Governments, health and other social and economic sectors, nongovernmental and voluntary organization, local authorities, industry and media.

Health Promotion...

➢ Professional and social groups have a major responsibility to **mediate** between differing interests in society for the pursuit of health

➢ Health promotion is one of the important tool for disease prevention.

Health Information

- MacDonald (1992) HI is a series of messages transmitted to the public focusing on the basic facts related to the health.

Characteristics of HI

➢ Base line information or data is not required.

➢ The assumption is people are rational &make predictable use of information available to them.

➢ Unhealthy behaviors is due to knowledge gap and knowledge alone leads to action

Health Information...

➢ Appropriate for newly emerging health problems and during epidemics

➢ Blind to the reason behind behaviors

➢ People blamed/Responsible for unhealthy behaviors

➢ May not use a variety of methods

What is BCC??

❖BCC is process of changing social and individual **attitude** and **behavior** by providing them with relevant information and motivation through appropriate channel.

❖Is an interactive process with communities designed to develop **tailored messages** and **approaches** to develop positive behaviors to promote and sustain behavior change

BCC…

❖ Behavior change communication has many aliases

    ❖ IEC

    ❖ Health promotion

    ❖ Health education

    ❖ Behavior change

    ❖ Social and behavior change communication

Common elements

Most of them include attempts to **change behavior through communication** in different stages and methods

What is IEC??

❖ Is a process of developing communication strategies to promote positive behaviors which are appropriate to different settings.

Difference b/n BCC & IEC

❖ BCC need supportive environment

❖ It Moves People From Awareness to Action

❖ It is more "outcome oriented"

❖ It includes role of **participatory methods** and motivation in the behavior change process

Rationale for health E/P

1. 40-70% of all premature death, 1/3 of acute disability and 2/3 of chronic disability are caused by behavioural and lifestyle risk factors
2. Continued existence and spread of communicable diseases such as malaria, TB, HIV/AIDS
2. About 75% of childhood illnesses are preventable

   e.g. Measles, malnutrition and diarrhea

Rationale...

3. Increasing threats among youth from new and harmful behaviors. E.g., tobacco use, teenage pregnancy ,substance abuse

4. Health education is the only practical option for some diseases in order to contain the spread of disease. e. g., HIV/AIDS

5. The cost of health care is rising. E.g. treatment and hospitalization costs

6. The increase in magnitude of chronic conditions (diseases) E.g. hypertension.

Rationale...

7. MDGs/SDP and H/E

4. Reduce child mortality

5. Improve maternal health

6. Combat HIV/AIDS, malaria, TB,

7. Ensure envl sustainability

Is that possible to achieve the MDGs without H/E (behavior change)???

Rationale…

8. Health Education and PHC

❖One of the elements of PHC

❖Cross cutting issue in the other elements

Rationale...

9. H/E as a public health tool

❖Public Health is the science and art of preventing disease, prolonging life and promoting health through organized efforts and informed choices of society, organizations, public and private, communities and individuals.

❖**Core function:** Assessment, policy development, and assurance

Rationale…

10. The Health policy of Eth.

- **Priorities of the Policy**

1. "IEC of health shall be given appropriate prominence to enhance health awareness and to propagate the important concepts and practices of self-responsibility in health"

Rationale...

General Strategies of the Health Policy

4.**"Health Education** shall be strengthened generally and for specific target populations through the mass media, community leaders, religious and cultural leaders, professional associations, schools and other social organizations for..."

5. **"Promotive and Preventive** activities...."

Rationale...

11. Health Extension package and HSDP

✓ IEC is 1/8 HSDP-III health care components.

✓ H/E is 1/16 Health ext. packages

✓ Cross-cutting issue in the other packages

✓ Health promotion and disease prevention directorate

Rationale...

12. It is the Recommendation Part of Most Public Health Researchers and Findings

- ....Awareness raising is needed....

- ....IEC/BCC intervention is needed....

- ....Health education is needed....

- ....health information is needed...

Rationale summary

❖We must recognize that most of the world's major health problems and premature death are preventable through **changes in human behaviors** at low cost.

Aims of Health Education

❖The aim of health education is to help individual, family and community to exercise their right to achieve **harmonious development** of their physical, mental and social potential.

❖Promote health, prevent illnesses and minimize avoidable deaths.

Aims...

1. **To provide appropriate knowledge:** is to give specific knowledge and information.

2. **Helping develop positive attitude:** concerned with opinions of people, their feeling and beliefs.

3. **Decision making:** Involves both "knowing" and "feeling" objectives

   ❖ Concerned with deciding what to do in the future about health

Aims...

4. Helping to exercise healthy behavior: is concerned with carrying out a decision and actually doing something about a health matter.

5. Social change: Goal of changing the physical and social environment so that people are encouraged to adopt healthier behaviour.

Disease prevention

Prevention can be divided into three levels for comparison.

✓ **Primary prevention** directed toward preventing the initial occurrence of disorders

✓ **Secondary prevention** seeks to retard existing disease and its effects

✓ **Tertiary prevention** seeks to reduce the occurrence of relapses.

Levels of Health Education in Health-illness continuum

1. **Primary health education**

✓ Directed at healthy people

✓ The primary aim is to prevent occurrence of ill-health.

✓ It is a focus of health promotion programs

   E.g. Health education programs on good nutrition, immunization, and breastfeeding

Levels...

2. Secondary Health Education

✓ Educating patients about their condition and what to do about it.

✓ The aim of this level is to stop the progress of diseases to the severest form.

✓ At this level complete recovery from the diseases is possible, but if neglected complications may occur.

 e.g. Early treatment of Malaria, Tuberculosis treatment

Levels…

3. Tertiary health education

✓ Used in patients whose ill-health can not be completely cured.

✓ It is concerned with educating the person or his or her relatives about how to make the **remaining potential** for healthy living and had to avoid unnecessary hardships, restrictions and complications.

Challenges in health education

1. People are usually preoccupied with many important daily activities;

2. There is a failure to see the value of health teaching by many health professionals;

3. Health education is not considered important during normal life.

4. Largely related to behaviour; changing health behaviour is conditioned by many factors: social, psychological, economic, cultural, accessibility and quality of services, political environmental, etc.

Principles of Health Education

- **Principle of Definite Objectives:** what we want to accomplish as a result of our educational process.

- **Principle of Credibility:** based on facts and consistent and compatible with scientific knowledge.

- **Principle of Participation** –It is based on the principle of active learning

- **Principle of Interest** – the felt need of the community should be ascertained.

Principles...

- **Principle of Motivation -** in every person there is a fundamental desire to learn. Arousing this desire is called motivation.

- **Principle of Comprehension** - the level of understanding or literacy of the people

- **Principle of Reinforcement** –repetition is necessary and those who act should receive positive feed back

- **Principle of Learning by Doing** – learning is an action process; doing help better

Principles...

- **Principle of Known to Unknown** –from the concrete to the abstract; from the specific to the general

- **Principle of role model-** health educator must set a good example

- **Principle of Good Human Relations-** a good relations facilitate education.

- **Principle of Feedback-** two way communication

Principles…

- **Principle of Successful Experiences-** people tend to adopt practices that give them satisfaction and reject those with unhappy experiences

- **Principle of Cumulative Learning-** Behavior is the sum of a lifetime of personal and cultural experiences.

- **Principle of Multiple Targets-** Individuals' knowledge, attitudes and behavior are intermediate to the final goals of a program.

PHC and HE

- **Alma-Ata in 1978 Conference defines as:**

✓ PHC defined as essential health care on *practical*, *scientifically sound*, and *socially acceptable* methods, and technology made, *universally accessible* to individual and families in the community through their full participation and at a cost that the community and country *can afford* to maintain at every stage of their development in the spirit of self-reliance and self-determination.

PHC Principles

Inter-sectoral Collaboration

✓ Components of PHC cannot be provided by the health sector alone

✓ Joint concern and responsibility,

Community Participation

✓ Strengthening the capacity of the communities to determine their own needs and take action,

✓ Should not be passive recipients of services

PHC Principles...

❖**Appropriate Technology**

Criteria for appropriateness:

1. Effective: must fulfill its purpose

2. Culturally acceptable and valuable.

3. Affordable - cost-effective.

4. Locally sustainable.

5. Evolutionary capacity: further benefits.

6. Environmentally accountable: harmless or at least minimally harmful.

PHC Principles…

7. Measurable: proper and continuing evaluation

8. Politically responsible.

Equity

✓ Health services must be shared equally irrespective of ability to pay

✓ More equitable distribution of health resources.
- Equal health
- Equal access to health care according to need
- Equal utilization of health care according to need.

PHC Principles...

Focus on prevention and promotion

- Readjust allocation of resources to preventive and curative care

- Enhancing resources for prevention and promotion

Decentralization

- Bringing decision making closer to the communities served

- Enhance resources availability and lead efficiency in service provision.

PHC Strategy

A. Change in the health care system

- Total coverage of essential health care.

- Integrated systems

- Involvements of communities.

- Use and control of resources

- Reorientation of health human resources

- Legislative changes

- Design, planning, and management of health system.

PHC Strategy...

B. Individual and collective responsibility for health

- First –Decentralization of decision making.

- Second– self realization personal responsibility

- For both aspects it is important to have informed and motivated public.

C. Inter-sectoral action of health

"Elements" of PHC

- **E**ducation for health
- **L**ocally endemic disease control
- **E**xpanded program of immunization
- **M**aternal and child health
- **E**ssential drugs
- **N**utrition
- **T**reatment of communicable disease
- **S**afe water and sanitation

Cont'd...

There are additional six components

✓ Mental health

✓ Oral health

✓ HIV/AIDS

✓ ARI (acute respiratory infection)

✓ Traditional Medicine

✓ Occupational health

Cont'd...

✓ Since the declaration of PHC, Health education was identified as a primary means of "Health for All."

✓ Its central role is in improving *community participation* and *building capacity* of communities to make decisions.

✓ Therefore, health education should aim at enabling people to make choices.

Chapter Two:
Health and Human Behaviour

Simegnew H (BSc, MPH)

Learning Objectives

At the end of the session students will be able to;

- Identify determinants of health

- Describe the role of human behavior in health

- Describe factor affecting human behavior

- List the most commonly used behavioral models

- Apply models to practical exercises

What is behavior?

- Behavior- is an **action** that has specific **frequency, duration,** and **purpose**, whether conscious or unconscious.

- It is both the act and the way we act.

To say a person has drinking/smoking behavior
- ✓ **Action** – drinking/smoking
- ✓ **Duration** –is it the time spent since the action started.
- ✓ **Frequency-** how it is repeated?
- ✓ **Purpose** –is he/she doing consciously or not

Behavior...

➢ Behavior can be conscious or unconscious, overt or covert, and voluntary or involuntary.

➢ The acceptability of behavior is evaluated relative to **social norms** and regulated by various means of social control.

Behavior…

- The study of human behavior is how people behave and why they behave

- It will be influenced by culture, attitudes, emotions, values, ethics, authority, relationship, persuasion(influence), coercion and/or genetics.

Behavior...

- **Life style, Customs and Traditions** are different words of the same thing.

- ❖**Life style:** refers to the **collection of behaviors** that make up a person's way of life-including diet, clothing, family life, housing and work.

- ❖**Customs:** It represents the **group behavior**. It is the pattern of action shared by some or all members of the society.

- ❖**Traditions:** are behaviors that have been carried out for a long time and handed down from parents to children.

Behavior components

A) **Cognitive domain:** stored information

B) **Affective domain:** cognition +feeling

C) **Psychomotor domain**

Health Behavior

➢ **Utilization behavior: -** utilization of health services such as antenatal care, child health, immunization, family planning...etc

➢ **Illness behavior: -** recognition of early symptoms and timely self referral for treatment.

➢ **Compliance behavior: -** following a course of prescribed drugs such as for tuberculosis.

➢ **Rehabilitation behavior: -** what people need to do after a serious illness to prevent further disability

Behavior...

➤ **Healthy behavior**

- Behaviors that can enhance health status of peoples

  E.g. Physical exercise, BF, seeking treatment

➤ **Unhealthy behavior**

- Behaviors that can harm health status of individuals and community as a whole.

  E.g. Smoking, chat chewing, unsafe sex, etc.

Behavior...

➢Basic assumption of health behaviour study:

➥Substantial proportion of mortality and morbidity is caused due to **modifiable** pattern of behaviour
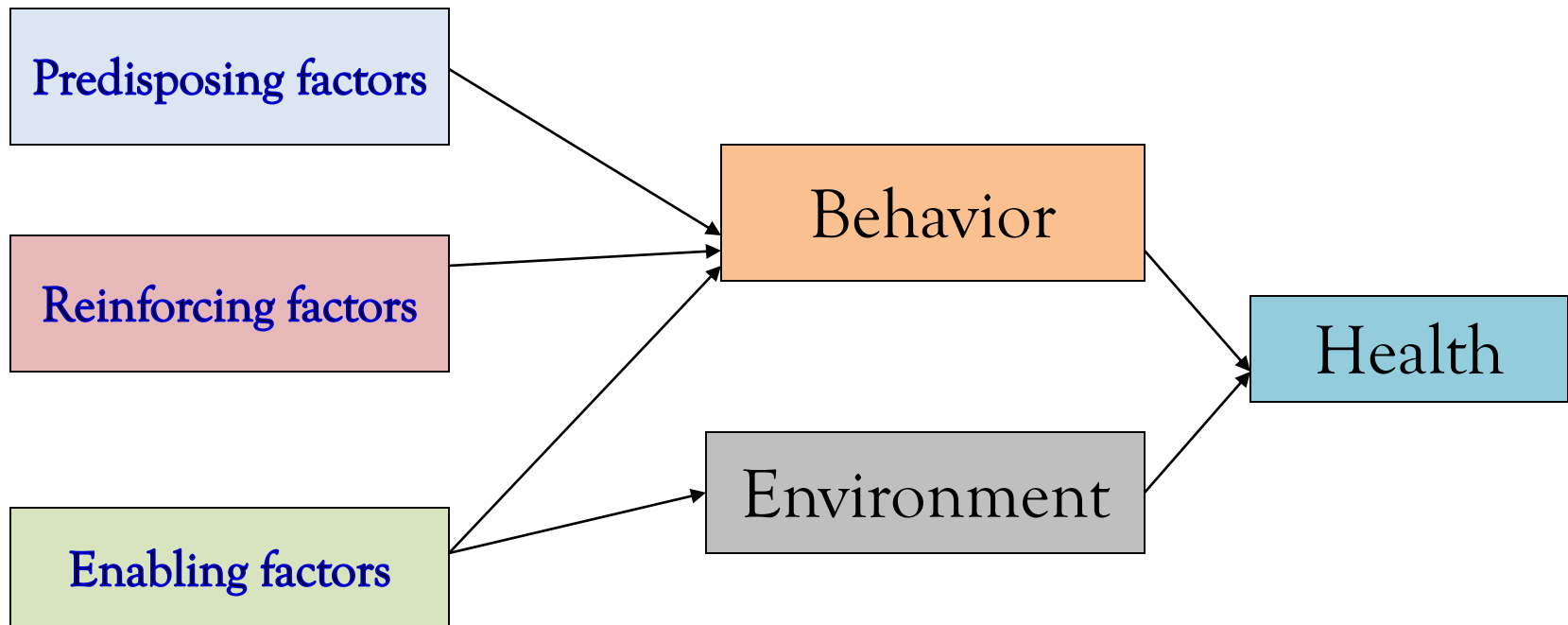
➥Individuals are the major contributors of their health

Cont'd...

Research on health behaviour is based on two main aims:

⮊To design interventions to improve health compromising behaviours.

⮊To gain understanding of reasons why individuals perform a variety of behaviours

Factors affecting human behavior

Factors...

1. Predisposing factors

✓ Are factors antecedents or prior to behavior that provide the *rationale or motivation* for the behavior to occur.

✓ Knowledge, beliefs, attitudes, confidence, values, perceptions.

✓ **Facilitate or hinder** a person`s motivation to change behavior

✓ Can be altered through direct communication

Factors...

2. Enabling factors

✓ These are **barriers or vehicles** created mainly by societal forces or systems.

✓ Factors antecedents to behavior that enable a **motivation to be realized**

✓ They help individuals to **choose**, **decide** and **adopt** behaviors

✓ Are barriers and assets needed for behavior changes

Factors...

For example,

❖Availability,

❖Resources.

❖Accessibility of health resources;

❖Community, government laws, rules, priority and commitment to health

❖Health related skills

Factors…

3. Reinforcing factors.

✓ Are factors **subsequent** to behavior that provide incentives for the behavior to be **persistent and repeated.**

✓ Feedback and rewards received after behavior change either to **encourage or discourage** the continuation of the behavior.

✓ Family, peers, teachers, employers, health providers, community leaders, decision-makers, self or others who control rewards.
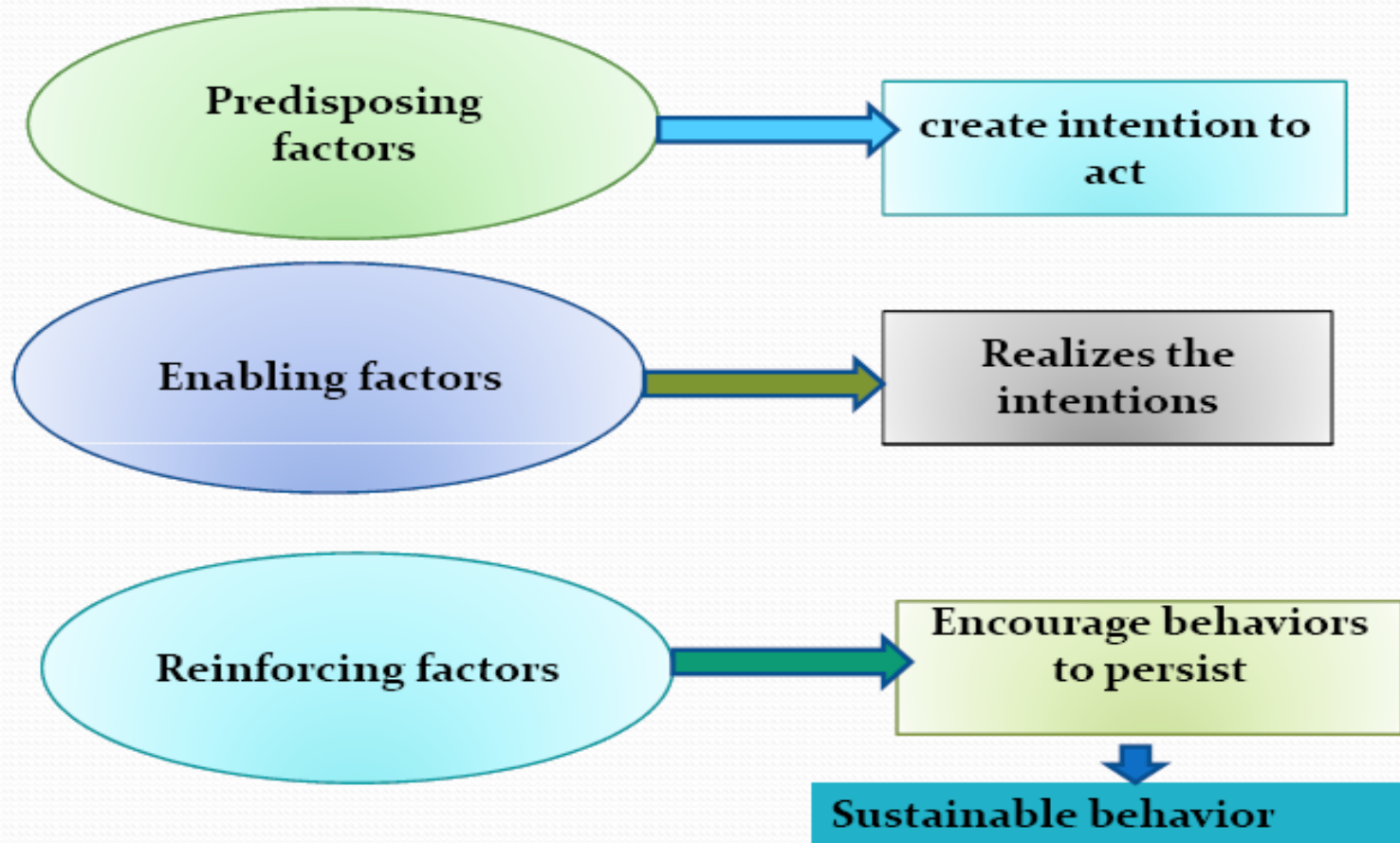
Factors...

✓ Social benefits such as recognition, appreciation, or admiration;

✓ Physical benefits like convenience, comfort, relief of discomfort or pain;

✓ Tangible rewards such as improved appearance, self-respect, are all reinforcing factors.

E.g. 1. The woman does not adopt FP because her husband disapproves.

2. The young man who starts smoking because his friends encourage him to do so.

Summary of factors affect human behaviors

Predisposing factors → create intention to act

Enabling factors → Realizes the intentions

Reinforcing factors → Encourage behaviors to persist → Sustainable behavior

Remember: Any given behavior can be explained as a function of the collective influence of these three factors

Definitions of factors affecting Behaviors

Knowledge

✓ Is the perception and cognition of oneself, the environment and the universe as a whole.

✓ Is a relationship between an individual and reality

✓ Is the collection and storage of information or experience. (Stored memory)

✓ The state of being aware of something which comes from experience/information

Perception + Storage of information in the brain = Knowledge

E.g. knowledge about disease transmission

Factors…

Attitudes

✓ The degree to which the person has a favorable or unfavorable evaluation of the behavior in question

✓ It is relatively constant feeling toward a certain category of objects, persons and situations.

✓ It is collection of beliefs that include an evaluative aspect.

✓ They often come from experience

Knowledge + Feeling/ sense of like or dislike = Attitude

E.g. attitude towards PLWHA

Factors...

Beliefs

✓ Is a conviction that a phenomenon or object is true or real (accepted as true).

✓ Statement declared intellectually and/or emotionally accepted as true by a person or group.

✓ They are usually derived from parents, grandparents and other people we respect

✓ People usually do not know whether they are true or false.

Example belief of many people that cold may cause respiratory problems.

Factors...

Values

✓ Every individual gives a relative worth to every thing around. This worth or **preference or judgment** is known as *value.*

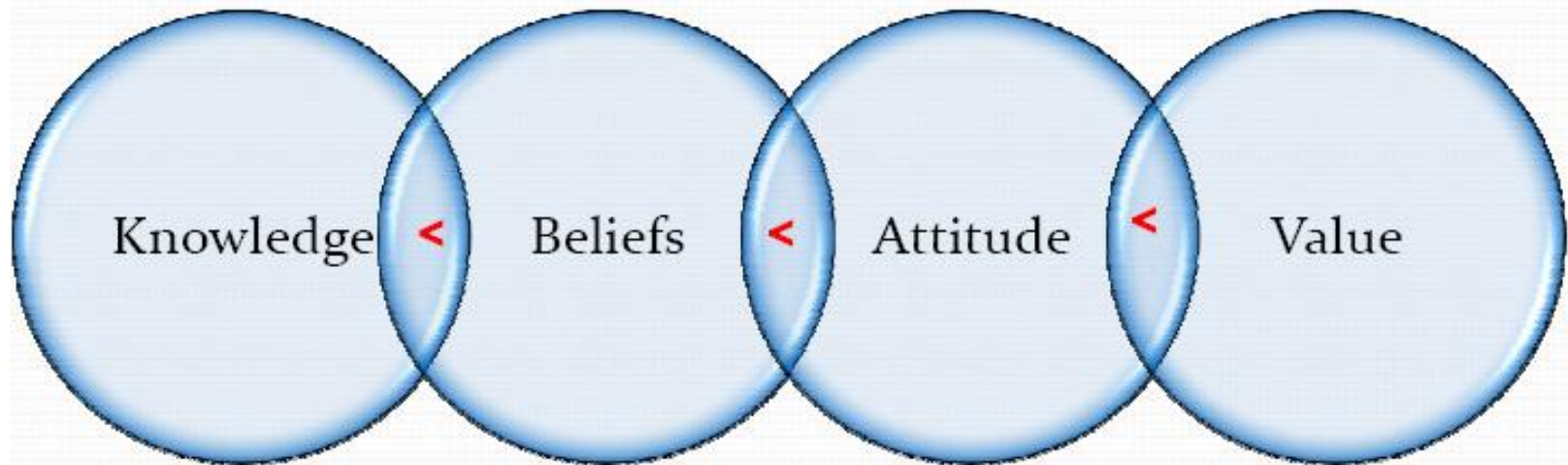✓ They are the basis justifying one's actions in moral or ethical terms.

   E.g. Being modern

❖ Being healthy

❖ Being a good mother

❖ Having many children/cattle

❖ Being attractive to opposite sex

Factors…

Difficult index;
In terms of difficulty of changing:
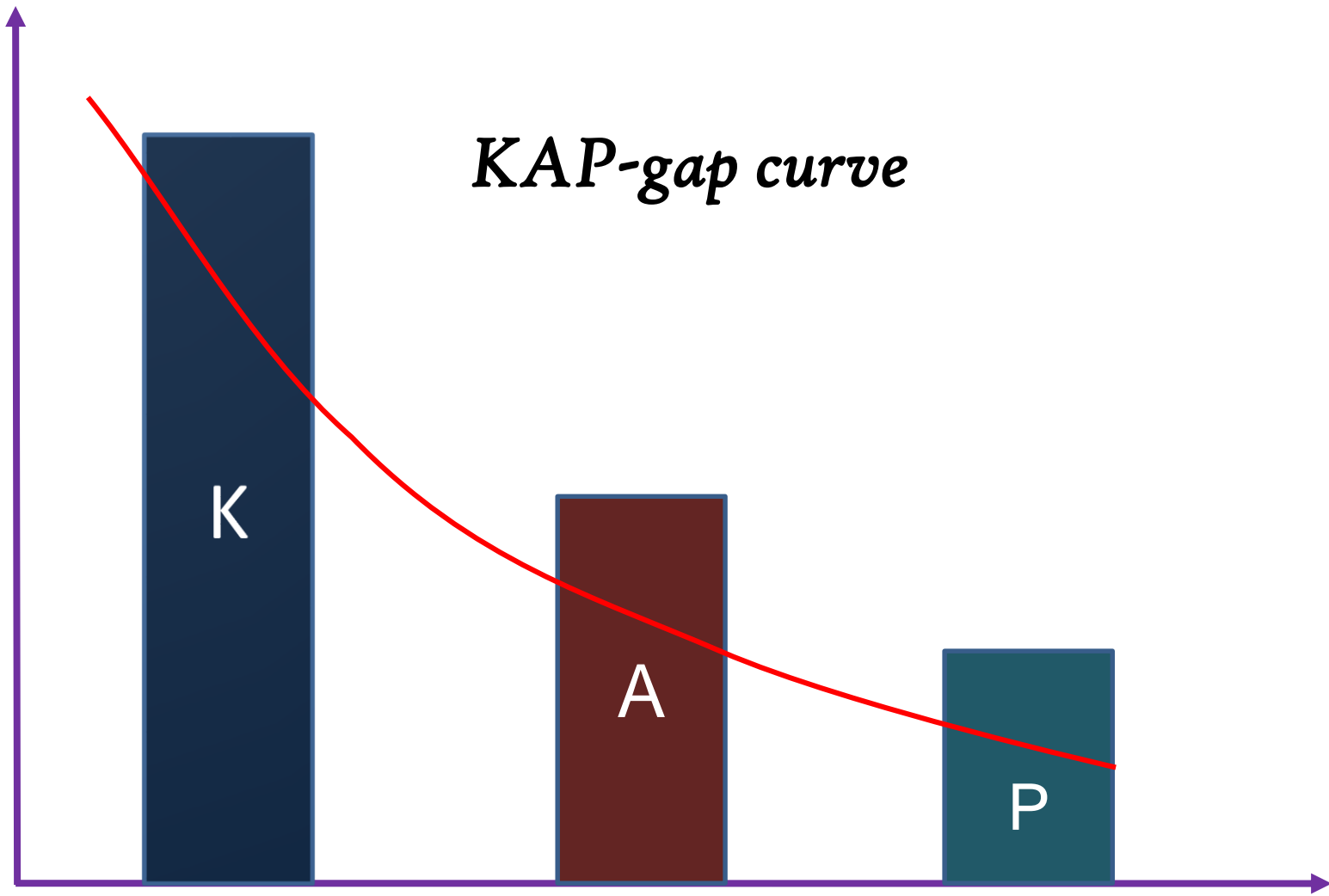
Knowledge < Beliefs < Attitude < Value

Factors...

Sequential relationship among KAP

- The general trend among KAP is that knowledge (K) is followed by attitude (A) and is followed by practice (P).

- But this rule is not universally applicable to every behavior.

A	P	K
P	K	A
K	P	A

When P or A precedes K, it is due either to an imitation (modeling) or compulsion.

KAP-gap curve

Factors…

Skills
✓ Is a person's ability to perform the tasks that constitute a health related behavior.
E.g. giving IV injection

Culture
✓ The normal forms of behavior, beliefs, values and use of resources form a pattern or way of life. E.g. FGC

Lifestyle:
✓ Consciously chosen, personal behavior of individuals. E.g. Urban Vs rural life style

Factors...

Social Norms

✓ The influence of social pressure that is perceived by the individual to perform or not perform a certain behaviour.

Perception:

✓ A process by which individuals organize and interpret their sensory information in order to give meaning to it.

✓ Perception is a means of acquiring knowledge.

✓ And it is highly subjective

Simegnew H.

Factors...

Perceived Behavioral Control

✓ The individual's belief concerning how easy or difficult performing the behaviour will be.

Important others

✓ People who are important to us greatly influence our behavior. Examples: parents, elders, friends, teachers, etc.

Resources:

✓ Facilities, money time, labor services, skills, materials and their distribution and their location affect behavior. Example: availability

Behavior Change

Can be natural or planned changes.

❖ **Natural change** Our behavior changes all the time.

✓ Some changes take place because of natural events or processes such as age-sex related behaviors. E.g. eating clay during pregnancy.

❖ **Planned change** – We make plans to improve our lives or to survive and we act accordingly.

✓ It can be faster or slower depending on the response of the acceptor and adapter of the behavior.

✓ Example: plan to stop smoking or drinking

Behavior Change approach

- *Persuasion Approach*: is the deliberate attempt to influence the other person to do what we want them to do.

  - Used during serious threat like **epidemics** and **natural disasters**

- *The informed decision making approach*: Giving people information, problem-solving and decision-making skills to make decision but leaving the **actual** choice to the person.

  - 'open' or 'non judgmental' approach.

Remember

Stage of Change Continuum

- Knowledge & unsatisfied need first
- Motivation and interest
- Help decision be consistent
- Provide enabling factors
- Help the behavior to be sustainable

| Advocacy |
| Practice |
| Intention |
| Approval |
| Knowledge |
| Pre knowledge |
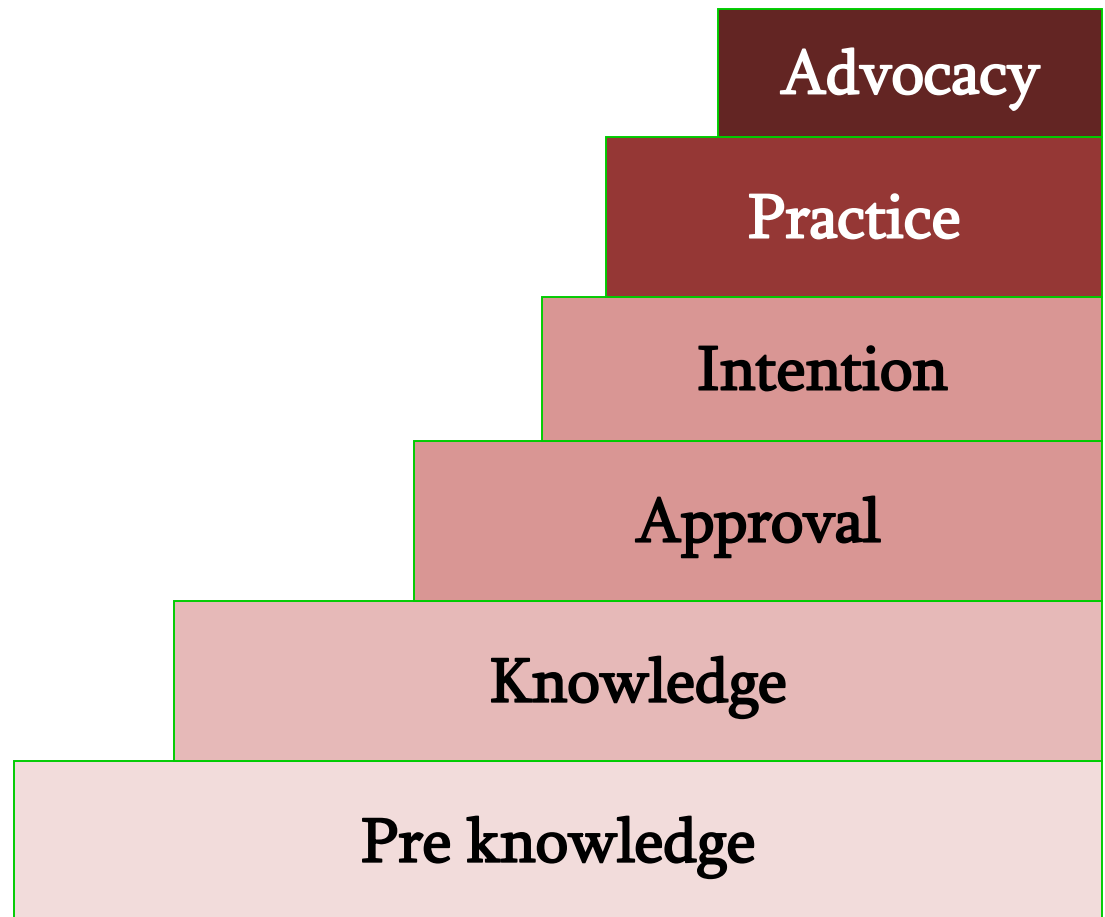
Learning

➤Is relatively permanent change in behavior as a result of knowledge, experience or practice.

➤Is acquiring new knowledge, behaviors, skills, values, understanding, and may involve synthesizing different types of information.

➤The ability to learn is possessed by humans and animals.

Learning...

➢ Learning may occur as a result of habituation or classical conditioning,

➢ So, learning is the modification of behavior through practice, training, or experience.

➢ Five important components of learning

Learning...

1. **Learning involves change**

   ➢ A change may be for good or bad.

2. **Not all changes reflect learning**

   ➢ To constitute learning, change should be *relatively permanent.*

   ➢ Temporary changes may be only reflective and fail to represent any learning.

   ➢ This rules out behavioral changes caused by fatigue or drugs

Learning...

3. **Learning is reflected in behavior**

➤ A change in an individual's thought process, not accompanied by behavior, is not learning.

➤ This clarified that learning needs to result in behavior change.

4. **The change in behavior should occur as a result of experience, practice or training:**

➤ Behavior caused from maturity, disease, or physical damages does not constitute learning.

Learning...

5. **The practice must be reinforced in order for learning to occur:** if reinforcement does not accompany the practice or experience, the behavior will eventually disappear.

There are three theories which explain how learning occurs. They are

1. Classical conditioning
2. Operant conditioning
3. Cognitive theory

Principles of learning

There are three principles of learning:

1. **Learning by association** - Connection between events in time, place, etc.
 ❖It is the most important part of learning.
 ❖ It is first formed in the physical environment.

 Examples,
 ❖ If we see lightening we expect thunder
 ❖ When we see a needle, we think of injection
 ❖When we see pregnancy we expect delivery

Principles...

2. Learning by Reinforcement & punishment

➢Reinforcement and punishment play a key role in learning process.

➢Reinforcement is used to enhance desirable behavior; punishment is employed to minimize undesirable behavior.

Principles...

Reinforcement: is the attempt to develop or strengthen desirable behavior. There are two types

a. Positive reinforcement strengthens and enhances behavior by the presentation of positive reinforcers.

➢ There are primary reinforcers and secondary reinforcers.

➢ **Primary reinforcers** satisfy basic biological needs and include food and water. However, primary reinforcers do not always reinforce.

  E.g. food may not be a reinforcer to someone who has just completed a five course meal.

Principles...

➤ **Secondary reinforces**: include benefits such as money, status, grades, trophies and praise from others.

➤ These become positive reinforcers because of their associations with the primary reinforcers and hence are often called conditioned reinforcers.

b. **Negative reinforcement**, an unpleasant event that precedes a behavior is removed when the desired behavior occurs.

Principles…

➢ This procedure increases the likelihood that the desired behavior will occur.

➢ Thus, when we perform an action that allows us to escape from a **negative reinforcer** that is already present or

➢ to avoid the threatened application of one, our tendency to perform this action in the future increases.

Principles...

➢ Thus, both positive and negative reinforcement are procedures that strengthen or increase behavior.

➢ Positive reinforcement strengthens behavior by the presentation of **desirable consequences.**

➢ Negative reinforcement strengthens behavior by the threat of and the use of an **undesirable consequence.**

➢ Negative reinforcement is sometimes confused with punishment, because both use **unpleasant stimuli** to influence behavior.

Principles…

➢ However, negative reinforcement is used to increase the frequency of a desired behavior,

➢ Where as punishment is used to decrease the frequency of an undesired behavior.

E.g. Driving in heavy traffic is a negative condition. You **leave home earlier** than the usual morning, and don't run into heavy traffic. You leave home earlier again the next morning and again you avoid heavy traffic. Your behavior of leaving home earlier is strengthened by the consequence of the avoidance of heavy traffic.

Principles...

Punishment

➤ Is the attempt to eliminate or weaken undesirable behavior. It is used in two ways.

➤ First is to apply a negative consequence called **punishers** – following an undesirable behavior.

E.g. A football player who is excessively offensive to an official (undesirable behavior) may be ejected from a game (punished).

➤ The other way to punish a person is to **withhold** a positive consequence following an undesirable behavior.

Principles...

➢ For example, a sales representative who makes a few visits to companies (undesirable behavior) is likely to receive less commission at the end of the month.

❖ Reinforcement increases the likelihood of the occurrence of the situation.

❖ It increases the association between the response and stimulus.

❖ Reinforcing tools (reinforcers): Asking , Praising, Encouragement, Advice, Checking, and Listening.

Principles...

C. Learning by Motivation

➤ The concept of motivation is basic because, without motivation learning does not take place or, at least, is not discernible.

➤ Motivation may be seen at different levels of complexity of a situation.

➤ A thirsty rat will learn the path through a maze to a dish of water; it is not likely to do so well, or even more purposefully at all, if it is satiated.

➤ On a broader level, a college student must have the need and drive to accomplish a task and reach a specific goal.

➤ An individual who is not motivated will gain or learn nothing i.e. it can affect the learning process

Theories and Models in Health Education

Introduction

What is Theory?

✓ A theory is a set of interrelated concepts, definitions, and propositions that present a **systematic view** of events, in order to explain and predict the events.   (Kerlinger, 1986)

✓ Is a systematic *explanation* for the observations that relate to a particular aspect of life (Babbie, 1989)

✓ Theories explain what, why, when and how a particular behavior occurs.

Introduction...

✓ It is a *symbolic depiction* of aspects of reality that are discovered to describe, explain, and predict events, situations, or relationships.

 E.g screening service use

✓ It can be applicable to a broad variety of situations.

✓ It can be tested, modified, or replaced, or they can become obsolete.

✓ Like empty coffee cups

Introduction...

Concepts

✓ Are the building blocks and primary elements of a theory

✓ Generalized notion related to aspect of phenomena. E.g severe diseases threat people

Constructs/dimensions :

✓ Are concepts developed or adopted for use in a particular theory. The **key concepts** of a given theory.

Variables:

✓ Are the operational forms of constructs.

✓ They define the way a construct is to be measured in a specific situation.

Introduction...

✓ **MODELS** are generalized, hypothetical descriptions, used to analyze or explain something.

✓ It provides a plan for investigating and/or addressing a phenomenon.

✓ It is diagrammatic representation of a phenomenon

✓ At least a model should explain 50% the situation.

Classification...
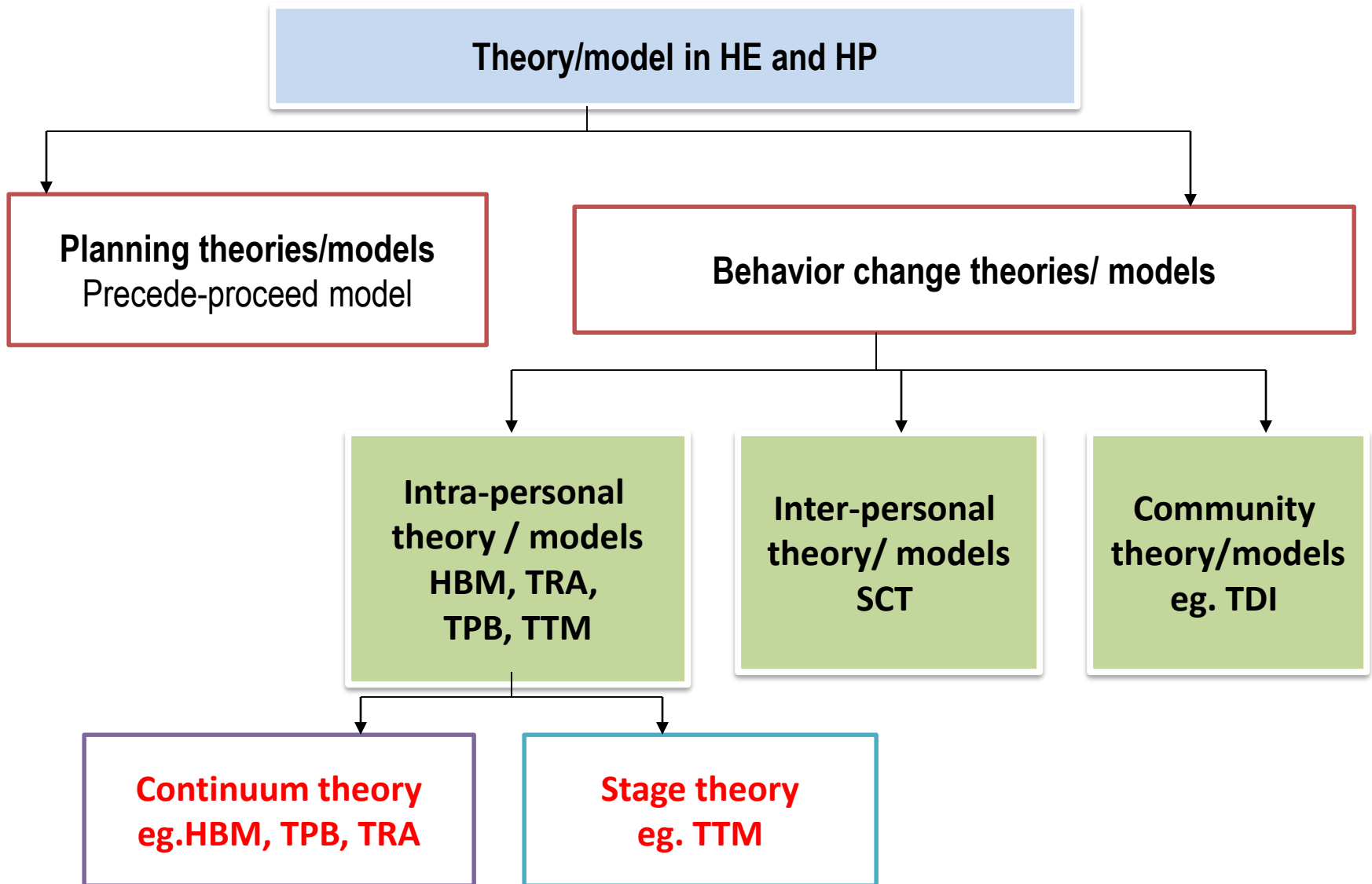
Commonly used models and theories

1. Health Belief Model (HBM)
2. Transtheoretical Model of Behavior Change
3. Theory of Reasoned Action/ Theory of Planned Behavior
5. PRECEDE/PROCEED framework
6. Social Cognitive/Learning Theory

Health Belief Model (HBM)

✓ Developed by (Hochbaum, Rosenstock &Becker) to explain **preventive health** behaviour by examining an individuals perception

✓ It was used to predict why people would or would not use health services

✓ It emphasizes the **intellectual** dimension of health behavior.

HBM...

➢ It implies that health behaviour decisions are invariably made through **computational analysis** of how susceptible to the disease one is, the severity of the disease condition when it occurs and cost/benefit of treatment.

➢ It is important to note that **perception** is a critical variable in HBM construct.

HBM...

❖**Constructs in health belief model**

◻Perceived susceptibility

◻ perceived severity

◻ perceived benefits

◻ perceived barriers

◻ Cues to action

◻ Self efficacy

Key Concepts of the HBM

| Constructs	Definitions	Application (after appropriate prediction)
Perceived susceptibility	Belief about the chances of experiencing a risk or getting a condition	• Define population(s) at risk, risk levels • Personalize risk based on a person's characteristics or behavior • Make perceived susceptibility more consistent with individual's actual risk
Perceived severity	Belief about how serious a condition and its sequelae are	Specify consequences of risks and conditions
Perceived benefits	Belief in efficacy of the advised action to reduce risk or seriousness of impact	Define action to take: how, where, when; clarify the positive effects to be expected

Key Constructs...

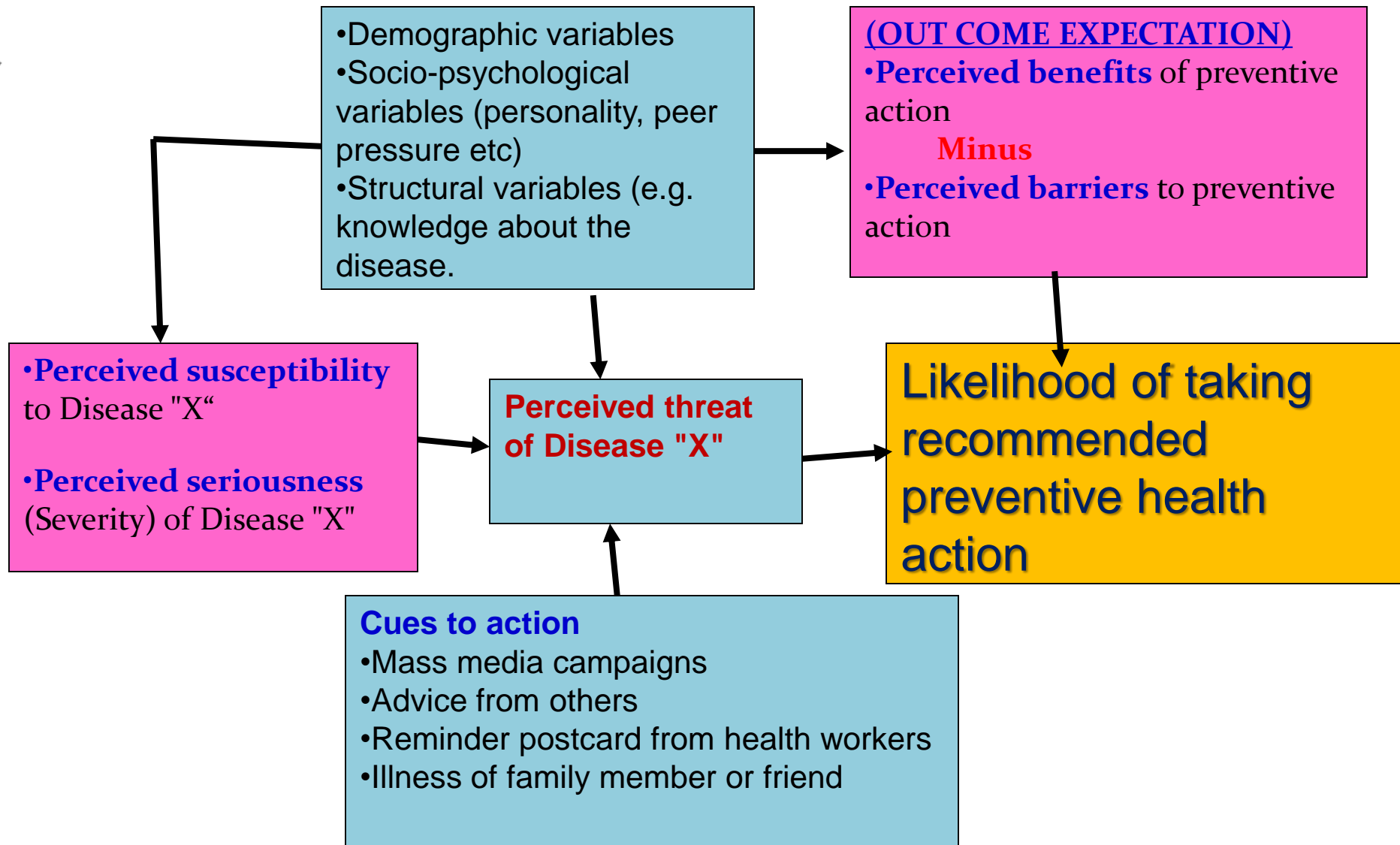| Constructs	Definitions	Application
Perceived barriers	Belief about the tangible and psychological costs of the advised action	Identify and reduce perceived barriers through reassurance, correction of misinformation, incentives, assistance
Cues to action	Strategies to activate "readiness"	Provide how-to information, promote awareness, use appropriate reminder systems
Self efficacy	Confidence in one's ability to take action	•Provide training and guidance in performing recommended action •Use progressive goal setting •Give verbal reinforcement •Demonstrate desired behaviors •Reduce anxiety

HBM...
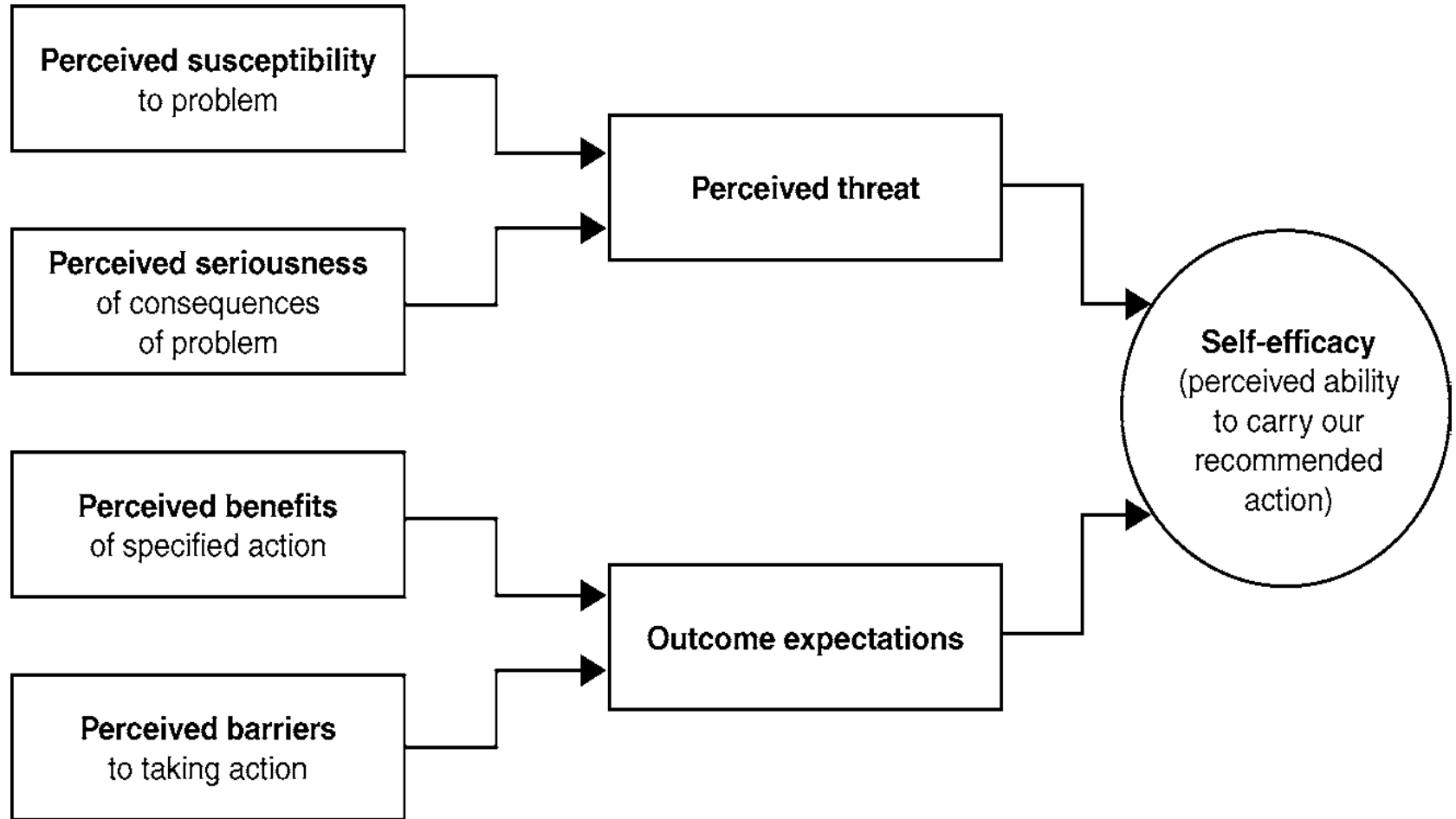
Figure : The health belief model
Source: Nutbeam and Harris (2002)

Individual perception   **Modifying Factors**   **Likelihood of action**

•Demographic variables
•Socio-psychological variables (personality, peer pressure etc)
•Structural variables (e.g. knowledge about the disease.

(OUT COME EXPECTATION)
•**Perceived benefits** of preventive action
   Minus
•**Perceived barriers** to preventive action

•**Perceived susceptibility** to Disease "X"

•**Perceived seriousness** (Severity) of Disease "X"

Perceived threat of Disease "X"

Likelihood of taking recommended preventive health action

Cues to action
•Mass media campaigns
•Advice from others
•Reminder postcard from health workers
•Illness of family member or friend

HBM...

Exercise (5 Minutes)

If this model was used to shape a public promotion programme for HIV prevention, what beliefs would it be necessary for people to adopt so as to minimize their risk of infection?

Simegnew H.

HBM...

Solution

Individuals would need to believe:

- ✓ They are at risk of HIV infection
- ✓ The consequences of infection are serious
- ✓ The benefits of action to reduce risk will outweigh potential costs and barriers
- ✓ In their ability to take effective action
- ✓ Risk minimization practices will greatly reduce the risk of infection
- ✓ Receive supportive cues for action which may trigger a response

Trans-theoretical Model (TTM)

(Prochaska & Diclemente, 1979)

...change is a process with stages not just an event...

TTM...

✓ It evolved out of studies comparing the experiences of smokers who quit smoking by their own with those of smokers receiving professional treatment.

✓ The model describes how people **modify a problem behavior** or acquire a positive behavior.

✓ The central organizing construct of the model is the **Stages of Change**.

Stage of change

- View behavior as **habitual pattern** that requires gradual development rather than an event happening without process

     E.g. **addictive behaviors**

            OR

- As an event requiring **deliberate steps** under individual conscious awareness

TTM...

➤ The model's basic premise is that behavior change is a **process that unfolds over time**, not an event.

➤ It is one among stage theories.

➤ It uses stages of change to integrate processes and *principles of change* from across major theories of intervention.

TTM...

- People change behavior **voluntarily only when** they
    - Become **concerned** about the need for change
    - Become **convinced** that the change will benefit them more than cost
    - **Intend to take action** in some context & time.
    - Organize a **plan of action** that they are *committed* to implementing
    - *Take* **the actions** that are necessary to make the change and sustain the change
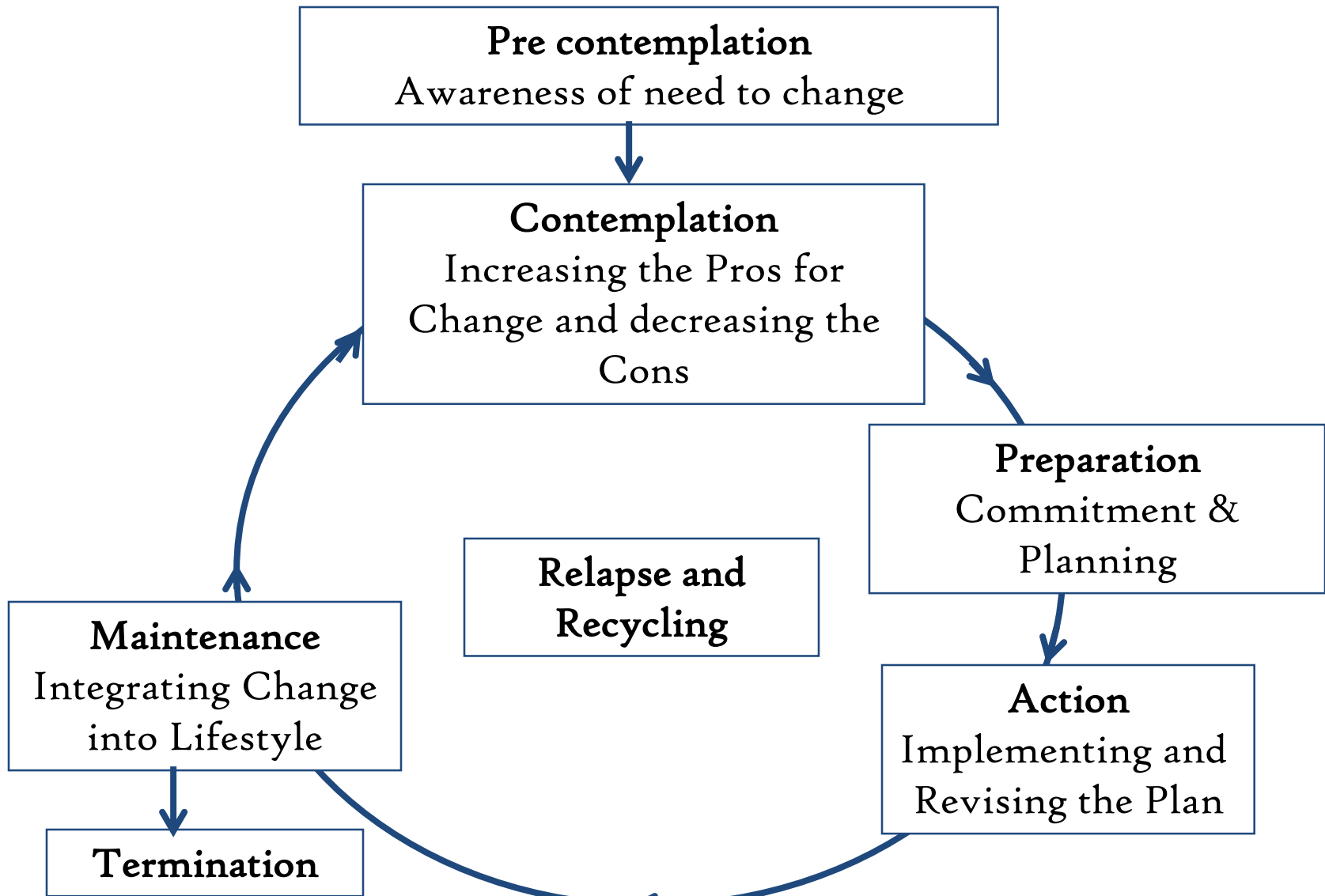
Core Constructs of TTM

- **Stages of Change**: temporal dimension

- **Processes of Change**: covert/experiential and overt/ behavioral activities people use to progress through the stages.

- **Decisional Balance**: weighing pros and cons of changing.

- **Self-Efficacy:** temptation & confidence

Stages of change: integrative

1. Stages of change construct: **spiral than linear**
   - Pre-contemplation
   - contemplation
   - preparation
   - action
   - maintenance
   - termination

Stages of Change Model

Pre contemplation
Awareness of need to change

Contemplation
Increasing the Pros for Change and decreasing the Cons

Preparation
Commitment & Planning

Relapse and Recycling

Maintenance
Integrating Change into Lifestyle

Action
Implementing and Revising the Plan

Termination

Stages…

Stage	Definition	Potential change strategies
Precontemplation	Has no intention of taking action within the next six months	Increase awareness of need for change; **personalize** information about risks and benefits.
Contemplation	Intends to take action in the next six months	Motivate; encourage making **specific plans**
Préparation	Intends to take action within the next 30 days and has taken some behavioral steps in this direction	Assist with developing and implementing concrete action plans; help **set gradual** goals
Action	Has changed behavior for less than six months	Assist with **feedback**, problem solving, social support, and reinforcement
Maintenance	Has changed behavior for more than six months	Assist with **coping reminders**, finding alternatives, avoiding slips/relapses (as applicable)

Processes of change; the steps

- ✓ Processes of change are the covert and overt **activities** people use to *progress through stages*.

- ✓ Processes of change provide important **guides** for intervention programs

- ✓ Processes are like independent variables that people **need to apply** to move from stage to stage.

Processes...

✓ **10 main processes of change are observed**

- *Experiential Processes*

  ✓ Concern the person's **thought** processes

  ✓ Generally seen in the early Stages.

- *Behavioral Processes*

  ➢ **Action** oriented

  ➢ Usually seen in the later Stages.
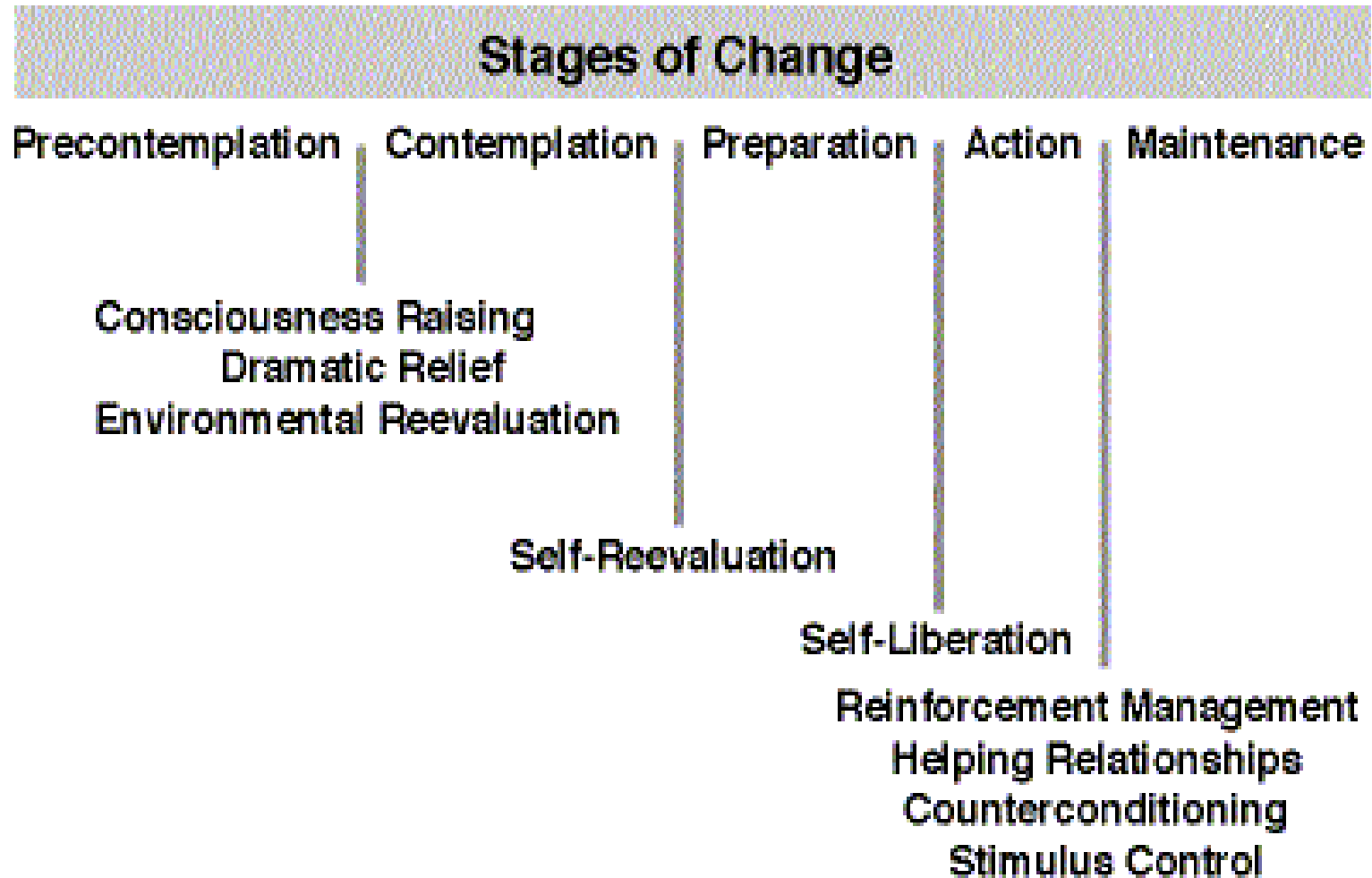
Processes…

✓ **Consciousness Raising:** Gaining information to increase awareness about the current habitual behavior pattern or the potential new behavior

✓ **Emotional Arousal/Dramatic relief:** Experiencing emotional reactions about the status quo and/or the new behavior

✓ **Self –Reevaluation:** Seeing when and how the status quo or the new behavior fit or conflict with personal values

✓ **Environmental Reevaluation:** Recognizing the effects the status quo or new behavior have upon others and the environment

✓ **Social Liberation:** Noticing and increasing social alternatives and norms that **support** change in the status quo and/or initiation of the new behavior

Processes…

- ✓ **Self Liberation:** Accepting responsibility for and committing to make a behavior change

- ✓ **Stimulus Control:** Creating, altering or avoiding cues/stimuli that trigger or encourage a particular behavior

- ✓ **Counter-Conditioning:** Substituting new, competing behaviors and activities for the "old" behaviors

- ✓ **Reinforcement Management:** Rewarding sought after new behaviors while extinguishing (eliminating reinforcements) for the status quo behavior

- ✓ **Helping Relationships:** Seeking and Receiving **support** from others (family, friends, peers)

Processes…

Stages of Change

| Precontemplation | Contemplation | Preparation | Action | Maintenance |

Consciousness Raising
Dramatic Relief
Environmental Reevaluation

Self-Reevaluation

Self-Liberation

Reinforcement Management
Helping Relationships
Counterconditioning
Stimulus Control

Decisional Balance

✓ Decisional balance is derived via a comparison of the strength of perceived pros of the target behavior with the perceived cons.

    ✓ Pros= benefits of changing

    ✓ Cons= costs of changing

✓ Ambivalence is a normal part of the process of change.

✓ Using this "conflict" to promote positive change

✓ Increasing Discrepancy...*towards pros of new bhr*

Self-Efficacy

➢ Is the confidence people have to cope with *high-risk situations* such as (emotional distress, positive social occasions & Cravings)

➢ Self-efficacy= Confidence + Temptation

• These two are markers of change

Critical Assumptions of TTM

✓ No single theory can account for all the complexities of behavioral change.

✓ Behavioral change is a **process** that unfolds over time through a sequence of stages.

✓ There are a common set of **change processes** that people apply across a broad range of behaviors.

✓ Without planned interventions, people will remain **stuck** in the early stages.

Critical ...

✓ The majority of at-risk populations were **not prepared** for action and will not be served by traditional **action-oriented** prevention programs.

✓ Specific processes and principles of change need to be applied at specific stages: intervention programs must be *matched to each individual's stage* of change.

✓ Stage-matched interventions have been designed primarily to enhance self-control.

Exercise

Try to assess different stages that would occur during intervening tobacco cessation .

Simegnew H.

Theory of Reasoned Action/ Planned Behavior (TRA/TPB)

(Fishbein & Ajzen, 1970's)

…TPB is the extension of TRA…

The Theory Of Reasoned Action (TRA)

✓ Emphasize the role of *subjective hypotheses* and *expectations* held by the individual.

✓ Influencing beliefs and expectations about the situation can drive behavior change

✓ Concerned with individual *motivational factors* as determinants of a specific behavior.

TRA...

- Construct in this theory links individual beliefs, attitudes, intentions, and behavior.

- **Behavior:** A behavior is defined by a combination of four components: action, target, context, and time

E.g. implementing a sexual HIV risk reduction strategy (action) by using condoms with commercial sex workers (target) in brothel (context) every time (time).

TRA...

✓**Intention:** subjective perception & report of the probability that they **will perform** the b/r.

✓The intent to perform a behavior is the *best predictor* that a desired behavior will occur.

✓Both attitude and norms influence one's intention to perform a behavior.

✓**Attitude:** A person's positive or negative feelings toward performing the defined behavior.

TRA...

✓ **Behavioral Beliefs**: are a combination of a person's beliefs regarding the **outcomes of a behavior** and the person's evaluation of the potential outcomes.

✓ These beliefs will differ from population to population.

✓ **Norms**: A person's perception of **other people's opinions** regarding the defined behavior.

TRA...

✓ **Normative Beliefs**: are a combination of a person's beliefs regarding **other people's views** of a behavior and the person's willingness to conform to those views.

✓ As with behavioral beliefs, normative beliefs will vary from population to population.

✓ Behavioral and normative beliefs -referred to as **cognitive structures** - influence individual attitudes and subjective norms, respectively.

TRA...

✓ In turn, attitudes and norms shape a person's intention to perform a behavior.

✓ Finally, a person's intention remains the **best indicator** that the desired behavior will occur.

✓ Overall, the TRA model supports a **linear process** in which changes in an individual's behavioral and normative beliefs will ultimately affect the individual's actual behavior.

TRA...

Simegnew H.
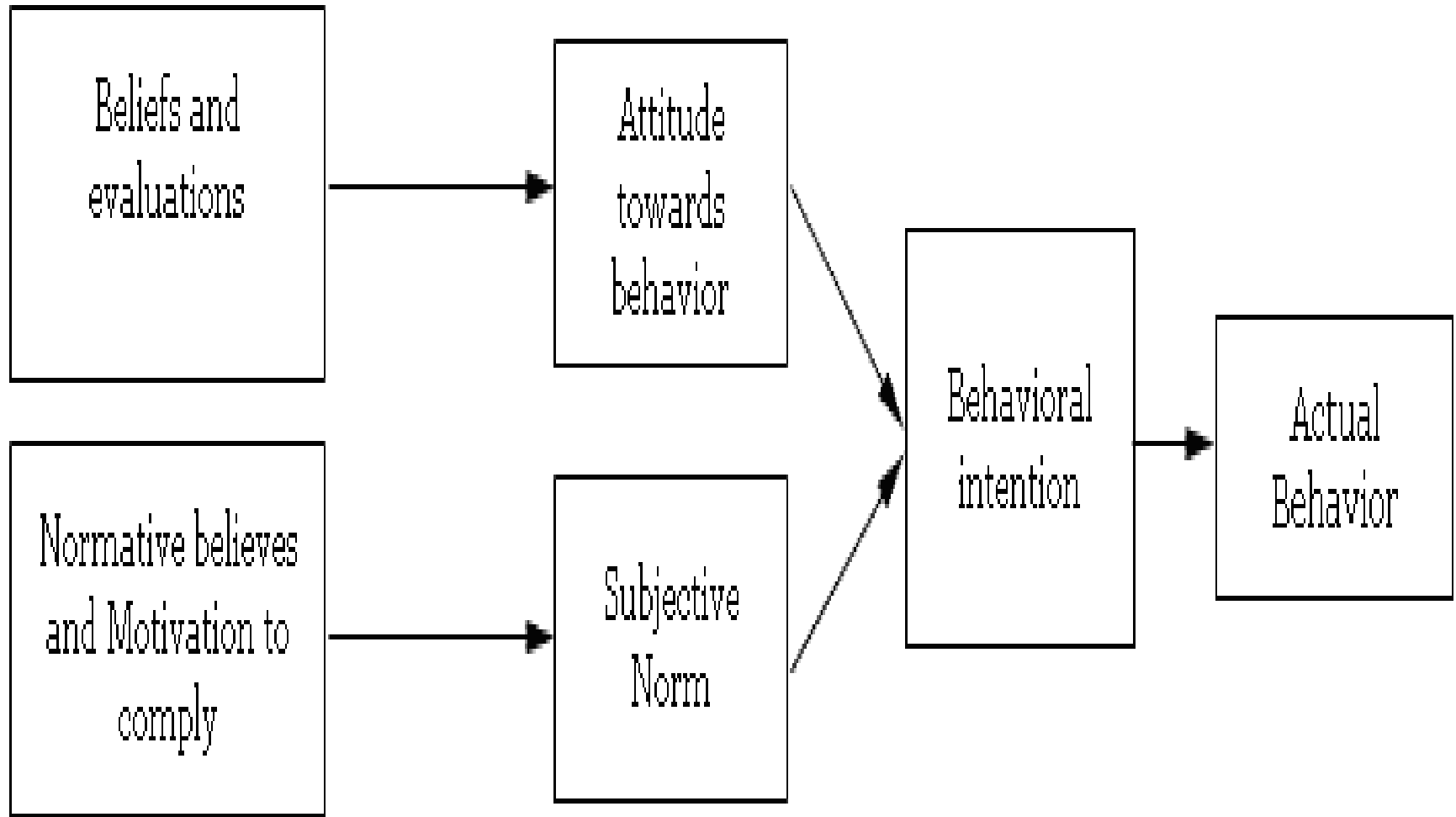
Theory of Planned Behavior (TPB)

✓ TPB is an extension of the TRA and includes an additional construct: **perceived control** over performance of the behavior

✓ Perceived behavioral control, is a concept originates from Self Efficacy Theory.

✓ **Perceived behavioral control**: individual perception of presence or absence of **facilitators or inhibitors** to perform a behavior and their power

✓ **Outcome expectancy:** to a person's estimation that a given behavior will lead to certain outcomes.

TPB...

✓ According to the Theory of Reasoned Action,

- If people evaluated the behavior as *positive* (attitude),

- If they think *significant others wanted* them to perform the behavior (subjective norm),

- This results in a *higher intention* (motivation)

- They are more likely to do so.

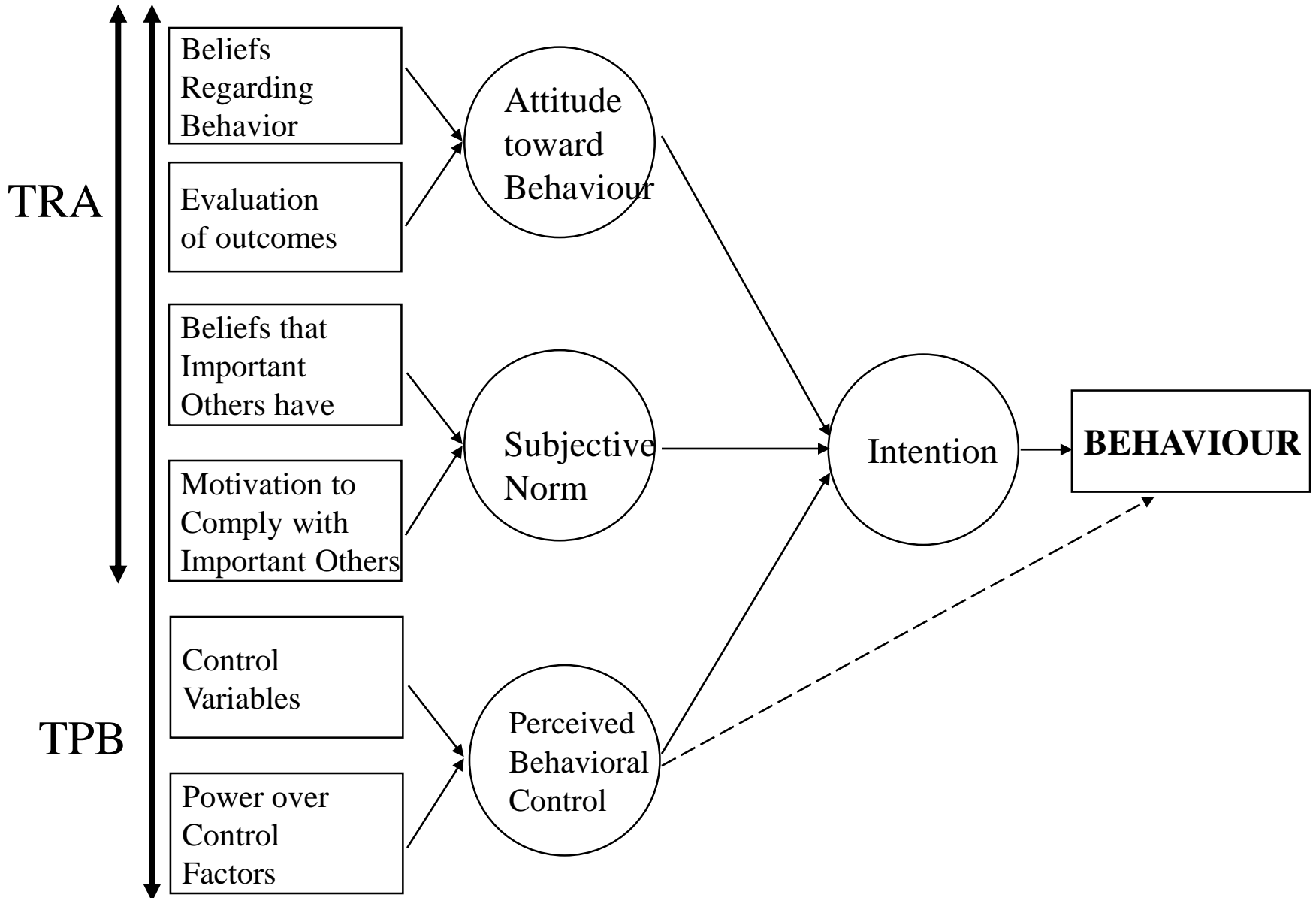✓ This correlation has been confirmed in many studies.

TPB...

□ **Perceived behavioral control (PBC)** determined by:

  ■ Perception of presence/absence of facilitators/ inhibitors to perform the b/r (CB) weighted by

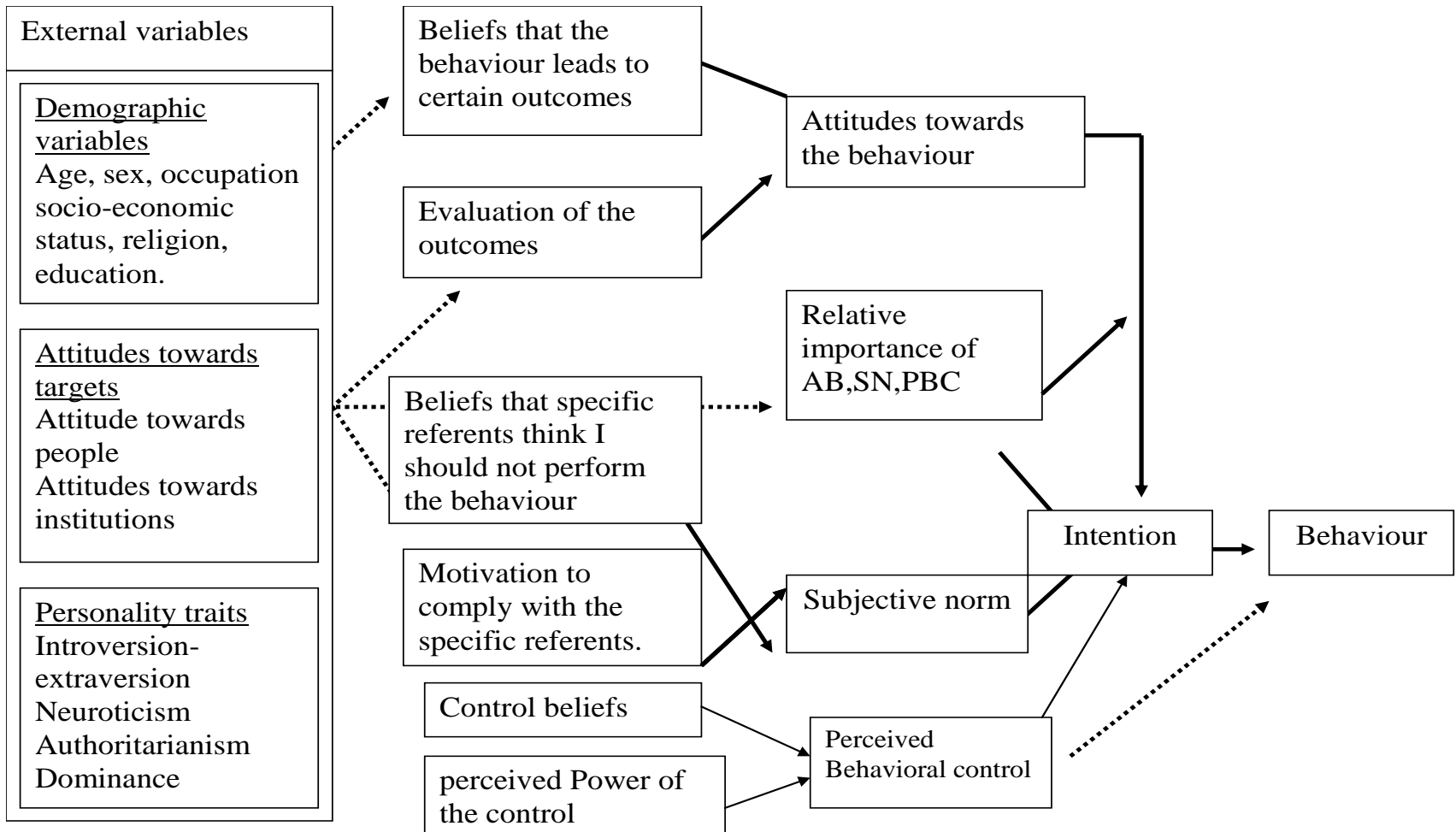 ■ The power/impact of **each factor** to facilitate or inhibit the behavior. (**PC**)

TPB...

Key Variables

✓ Behavioral Beliefs & Attitude Toward Behavior

✓ Normative Beliefs & Subjective Norm

✓ Control Beliefs & Perceived Behavioral Control

✓ Behavioral intention & Behavior

TPB...

TRA

TPB

| Beliefs Regarding Behavior |
| Evaluation of outcomes |

→ Attitude toward Behaviour

| Beliefs that Important Others have |
| Motivation to Comply with Important Others |

→ Subjective Norm

| Control Variables |
| Power over Control Factors |

→ Perceived Behavioral Control

→ Intention → **BEHAVIOUR**

TPB...

External variables

Demographic variables
Age, sex, occupation socio-economic status, religion, education.

Attitudes towards targets
Attitude towards people
Attitudes towards institutions

Personality traits
Introversion-extraversion
Neuroticism
Authoritarianism
Dominance

Beliefs that the behaviour leads to certain outcomes

Evaluation of the outcomes

Attitudes towards the behaviour

Beliefs that specific referents think I should not perform the behaviour

Relative importance of AB,SN,PBC

Motivation to comply with the specific referents.

Subjective norm

Control beliefs

perceived Power of the control

Perceived Behavioral control

Intention

Behaviour

┄┄┄► Possible explanations for observed relations between external variables and behaviour.

────► Stable theoretical relations linking beliefs to behaviour.

4/23/2020   Simegnew H.   190

Social Cognitive Theory

- Human behavior is the product of the dynamic interplay of personal, behavioral, and environmental influences

- Give due attention to the **human minds**, and **external environment**

- SCT emphasizes **reciprocal determinism** in the interaction between people and their environments

SCT....

Simegnew H.
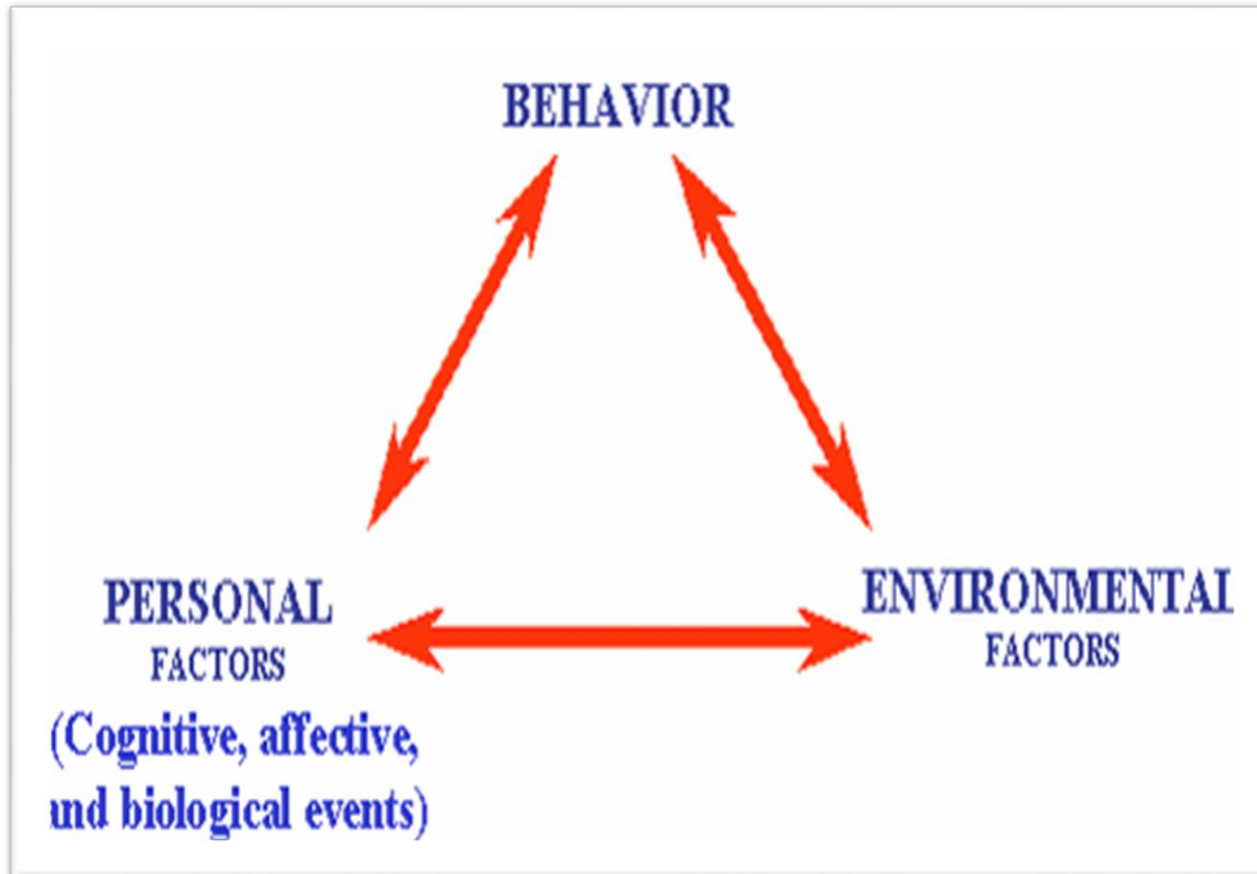
Summary of the main constructs of SCT

Concept	Definition	Application
Reciprocal Determinism	Behavior changes result from *interaction* between person and environment; change is bi-directional	Involve the individual and relevant others; work to change the environment, if warranted
Behavioral Capability	Knowledge and skills to influence behavior	Provide information and training about action
Expectations	Beliefs about likely results of action	Incorporate information about likely results of action in advice
Self-Efficacy	Confidence in ability to take action and persist in action	Point out strengths; use persuasion and encouragement; approach behavior change in small steps
Observational Learning	Beliefs based on observing others like self and/or visible physical results	Point out others' experience, physical changes; identify role models to emulate
Reinforcement	Responses to a person's behavior that increase or decrease the chances of recurrence	Provide incentives, rewards, praise; encourage self-reward; decrease possibility of negative responses that deter positive changes

Effective Communication

Learning objective

At the end of the course, the students will be able to:

- Describe concepts and process of communication

- Demonstrate use of effective communication in health advocacy.

- Explain principles and barriers of health communication

Introduction

✓ Human being unable not to communicate.

✓ Without communication an individual could

   never become a fully functioning human being.

✓ It is all meaningful social interaction

✓ It is a means by which people influence others
   and, in turn influenced by.

"To live is to communicate. To communicate is to enjoy life more fully"

Introduction...

- *"A communication has two ends to the stick – it is composed of a speaker's intention and a listener's reception of what is said."*

- ✓ It is an **ongoing, essential, instrumental** and **purposeful** process in our lives

Definition

✓The word communication is derived from Latin word ***"communes*****,"** which means to sharing and understanding.

✓It is giving, receiving or exchanging information, opinions or ideas so that the "message" is ***completely understood*** by everybody involved.

✓So, it includes "the act of communication, the things communicated, and means of communicating."

Understanding?

Communication goals

The ultimate goal of all communication is to create behavioral change

To change behavior

To get and give Information

To get action

To persuade

To ensure understanding
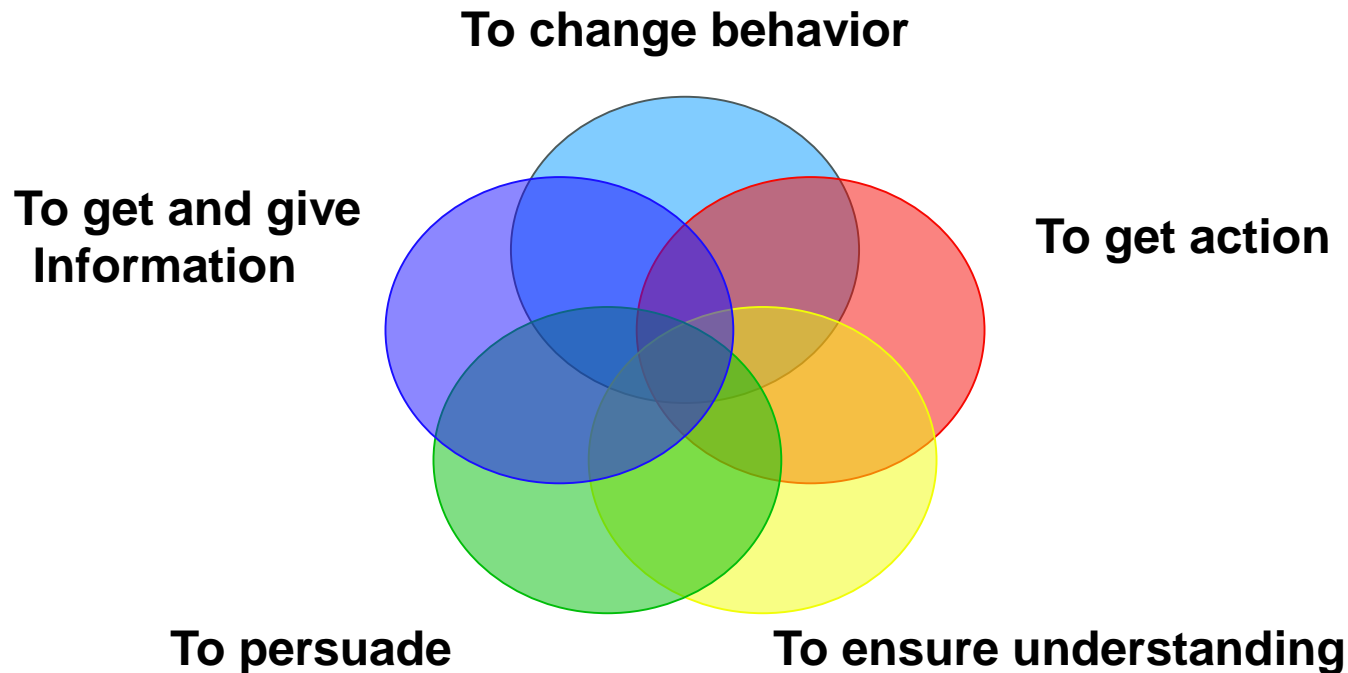
Source: CGAP Direct

Communication Process

- The communication process is an *interrelated system* that involves, interdependent elements working together *as a whole* to achieve a desired outcome.

- It is cyclical process.

Communication Process...
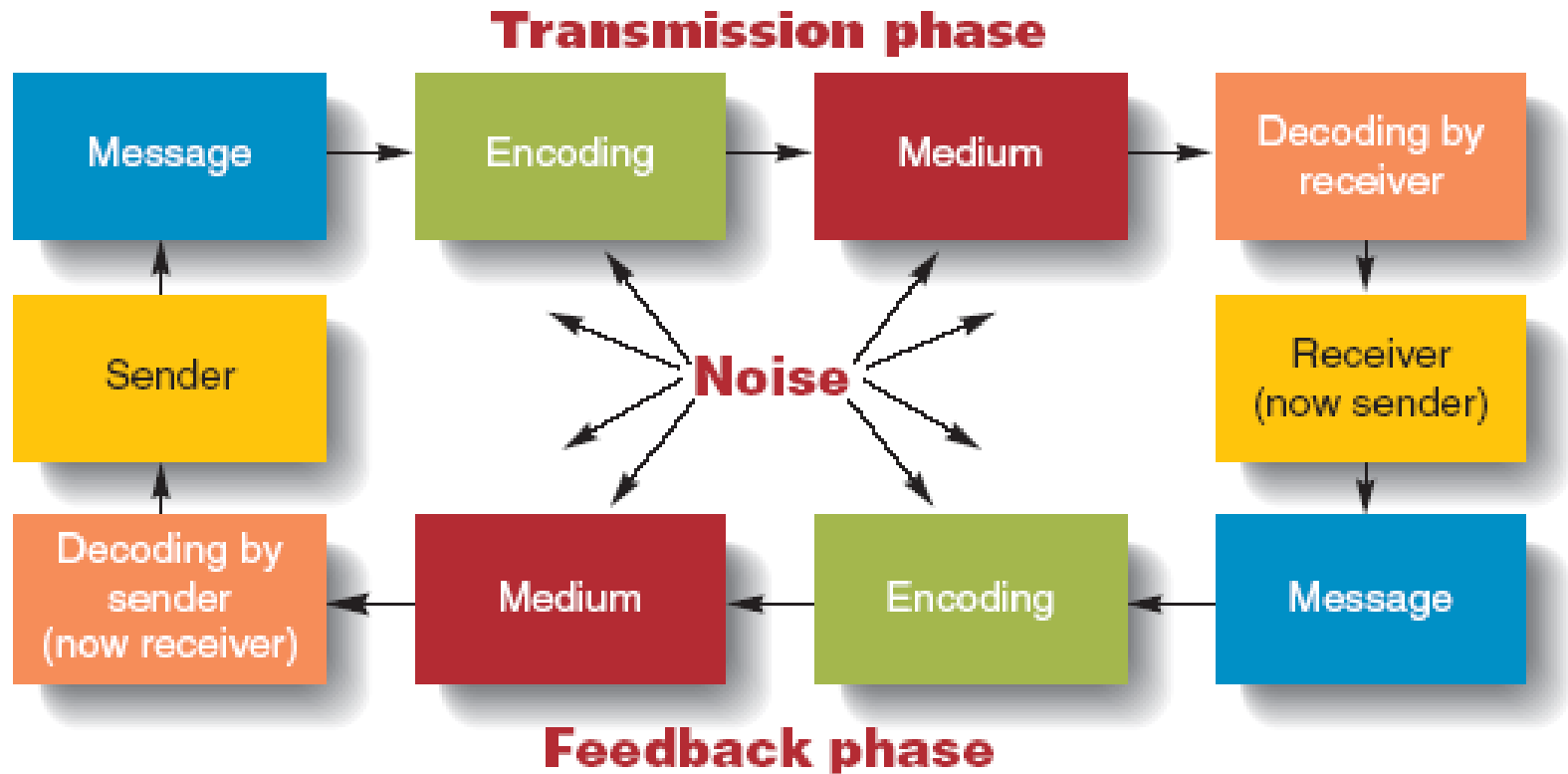
Components of communication process

1. **Source (Encoder)**

✓ The originator of message

✓ **Arrange his thoughts** and ideas in such a manner for the benefit of the receiver.

✓ This process of arranging the ideas and preparing the message is called **encoding**.

Components...

To get acceptance the source should be:

❖ Knowledgeable

❖ Credible, sincere, honest, intellectual

❖ Skillful

❖ Positive in his attitude to the receiver and subject

❖ Able to ensure feedback

Components...

Messengers

✓ **Celebrities** to draw attention to a dull topic,

✓ **Experts** enhance response efficacy

✓ **Ordinary people** heighten self-efficacy

✓ **Victims** convey severity of harmful outcomes, and augment susceptibility claims.

Components...

2. Message

- ✓ The idea that is communicated, important thing for the people to know or do.

- ✓ Since message evoke a response in the communicatee, it can be considered as a **stimulus**.

- ✓ In a typical two-person conversation the verbal band carries one-third of the meaning; the non-verbal carries two-third of the meaning

"In the factory we make cosmetics, in the store, we sell hope."

Charles Revlon

Components...

Message have three component

- **Code –** a group of symbols that can be structured in a meaningful way.
  - It is the form in which the message is sent
- **The content:** the material in the message selected by the source (idea, appeal, or attitude)
- **Treatment-** determining the effectiveness of the message (arrangement, organization and presentation of code and content).

Components...

❑ **Message should be:**

✓ clear and brief

✓ need-based, timely, relevant

✓ supported by factual material

✓ passed through appropriate channel

✓ treated in a way it is understandable and suited to the channel

Components…

3. Channel

✓ Physical means by which a message travels from source to receiver.

  ✓ Spoken words-the most common method

  ✓ Written words-any printed material

  ✓ Pictures-pictorial presentations

  ✓ Music/Sounds-artistic presentation of messages

  ✓ Non-verbal communication or body language.

  ✓ Any combination of the above

Communication device, EDHS 2016

Channels	Urban	Rural	Total
Radio	44.3	24.1	28.2
Television	59.4	2.1	13.8
Mobile phone	88.0	47.2	55.5
Watch	33.1	21.0	23.5
Computer	11.3	0.2	2.4
Non-mobile telephone	15.2	0.6	3.6

Internet access and usage
Women 5% (34%) vs Men 13% (36%)

Further channel analysis

- Which channel is most used?

- Regional variations

- Selective exposure ?

Components...

4. Receiver(Decoder)

✓ The person for whom the communication is intended.

✓ Able to receive the message physically, mentally and psychologically

✓ The brain analyses the message and makes sense out of it; referred to as *perception.*

✓ It consists of decoding the stimulus and interpreting it.

Perception ??

Simegnew H.

Components...

5. Effect

✓ Change in receiver's attitude, knowledge and practice.

6. Feedback:

✓ Is the mechanism of assessing what has happened on the receiver after communication has occurred.

✓ This can be either positive or negative with regard to desired change

✓ Feedback need not necessarily be a written message or written language, etc. it can also be gesture, symbols or signs.

Communication model

There are two types of models:

1. **One-way model -**

<u>*Sender*</u> → <u>*message*</u> → <u>*Channel*</u> → <u>*Receiver*</u>.

- ✓ Unidirectional flow of information from the source to the receiver

- ✓ Linear type of communication.

- ✓ No feedback.

- ✓ No opportunity to clear up misunderstanding

- ✓ No input from the receiver.

Communication Models…

- **Systems(Two-way) model** - dynamic, bi-directional
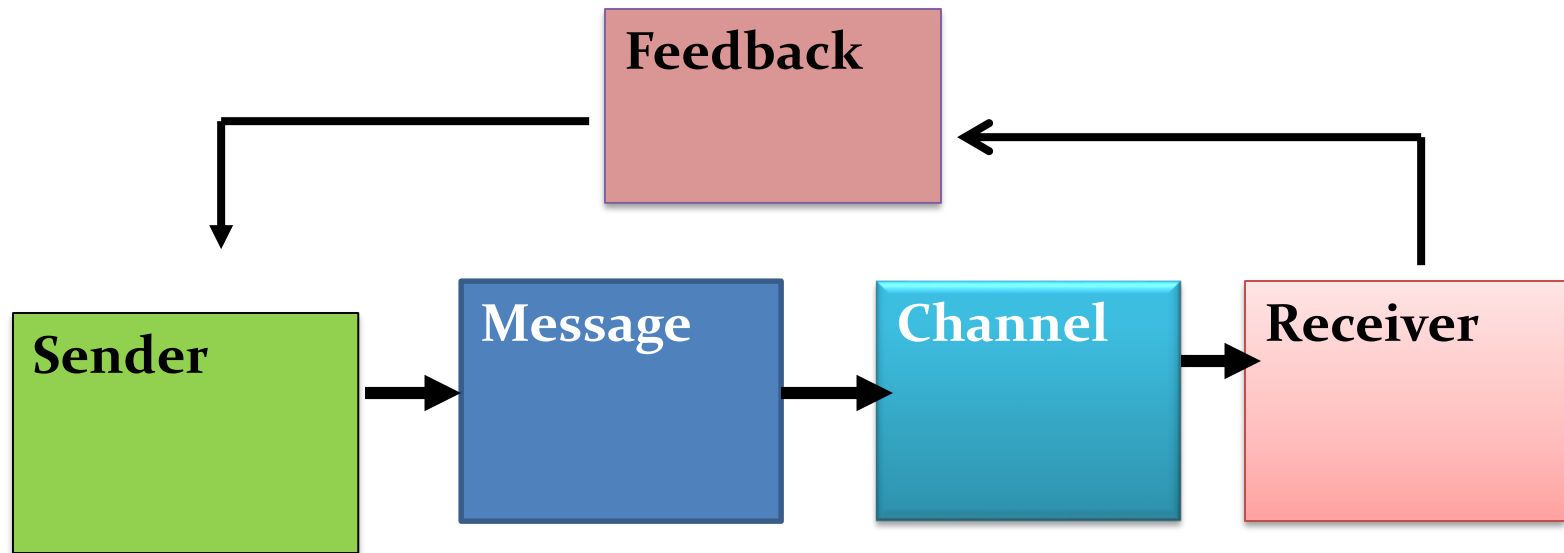
Forms of Communication
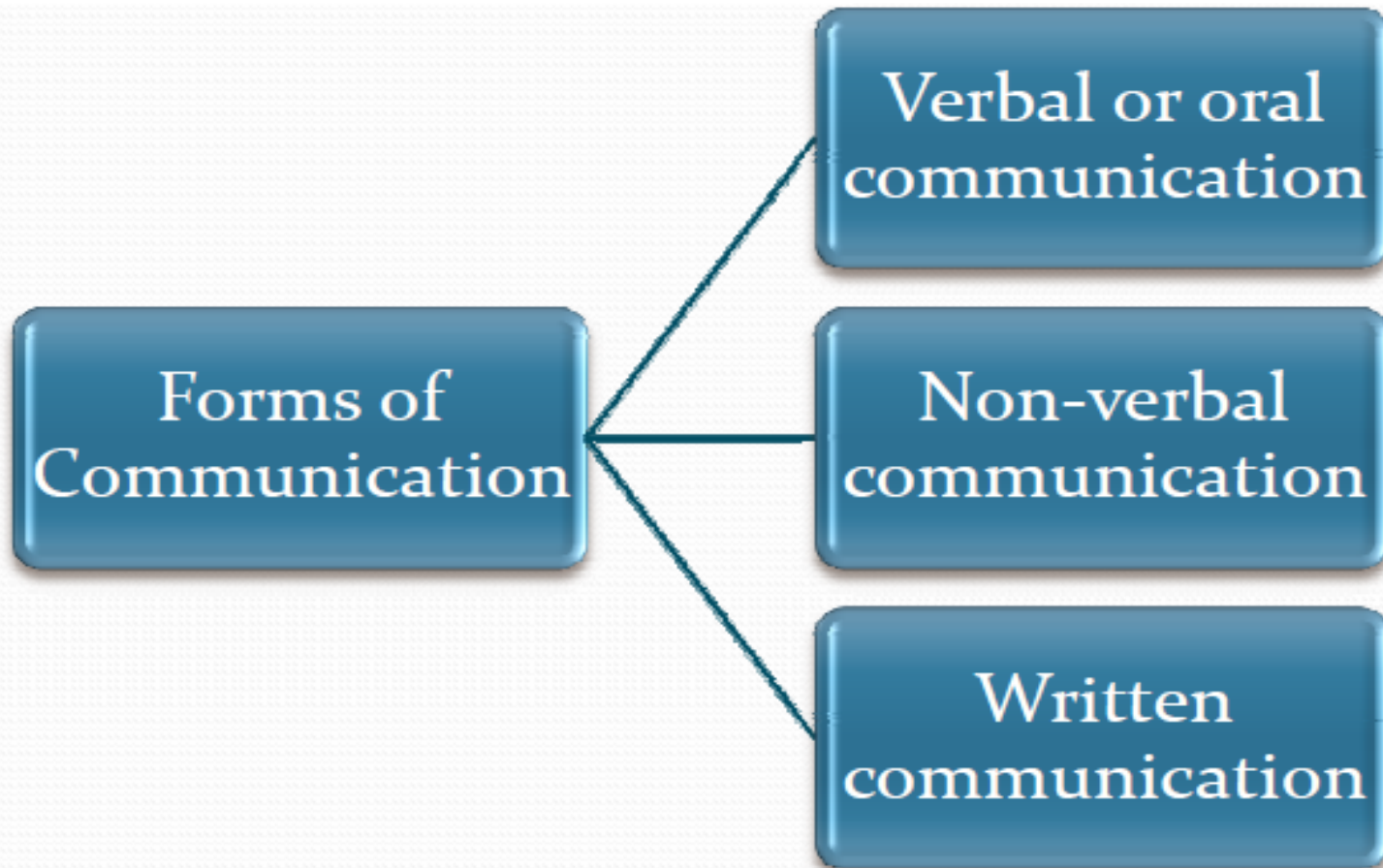
Forms of Communication

1. Verbal or oral communication

- It is the spoken, oral, and unwritten way of communicating message.

- It makes use of words, vocabulary, numbers and symbols and is organized in sentences.

- Sender and receiver could be at the same time and place and/or both

Forms of...

2. *Non-verbal communication*

- ***It refer to using*** a non spoken symbol to communicate a specific message

- At least **65%** of conversation between two persons is conveyed through non-verbal channel.

Action speaks louder than words
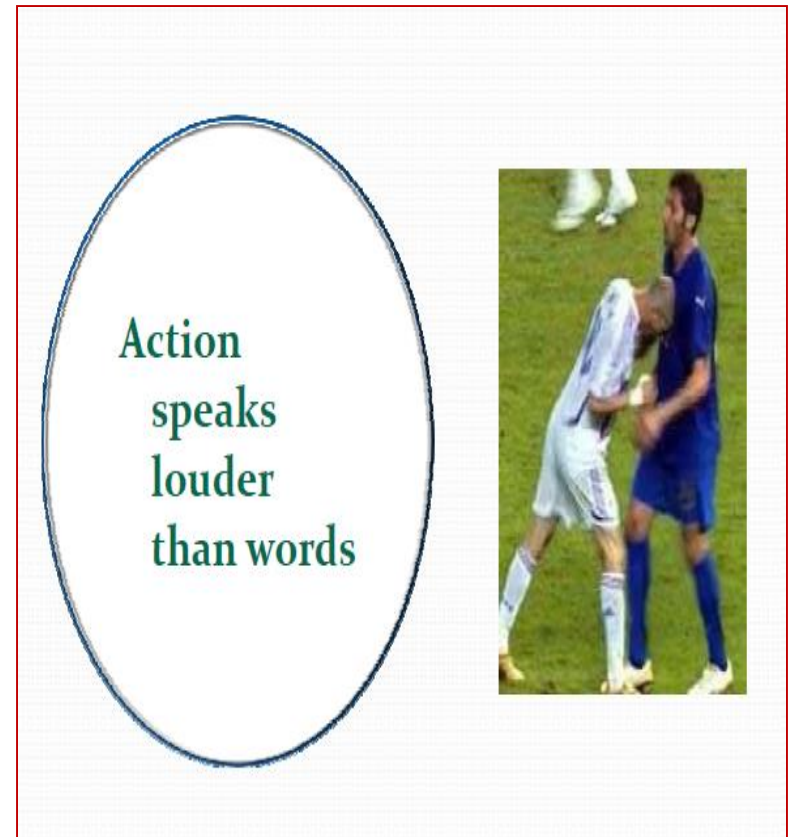
Forms of...

- Characteristics of non-verbal communication

- Always communicating
- Powerful
- It reveal the inner thoughts and feeling

- It is more spontaneous
- It expresses attitude
- Watch for cultural differences
- Less to control

Types of non-verbal communication
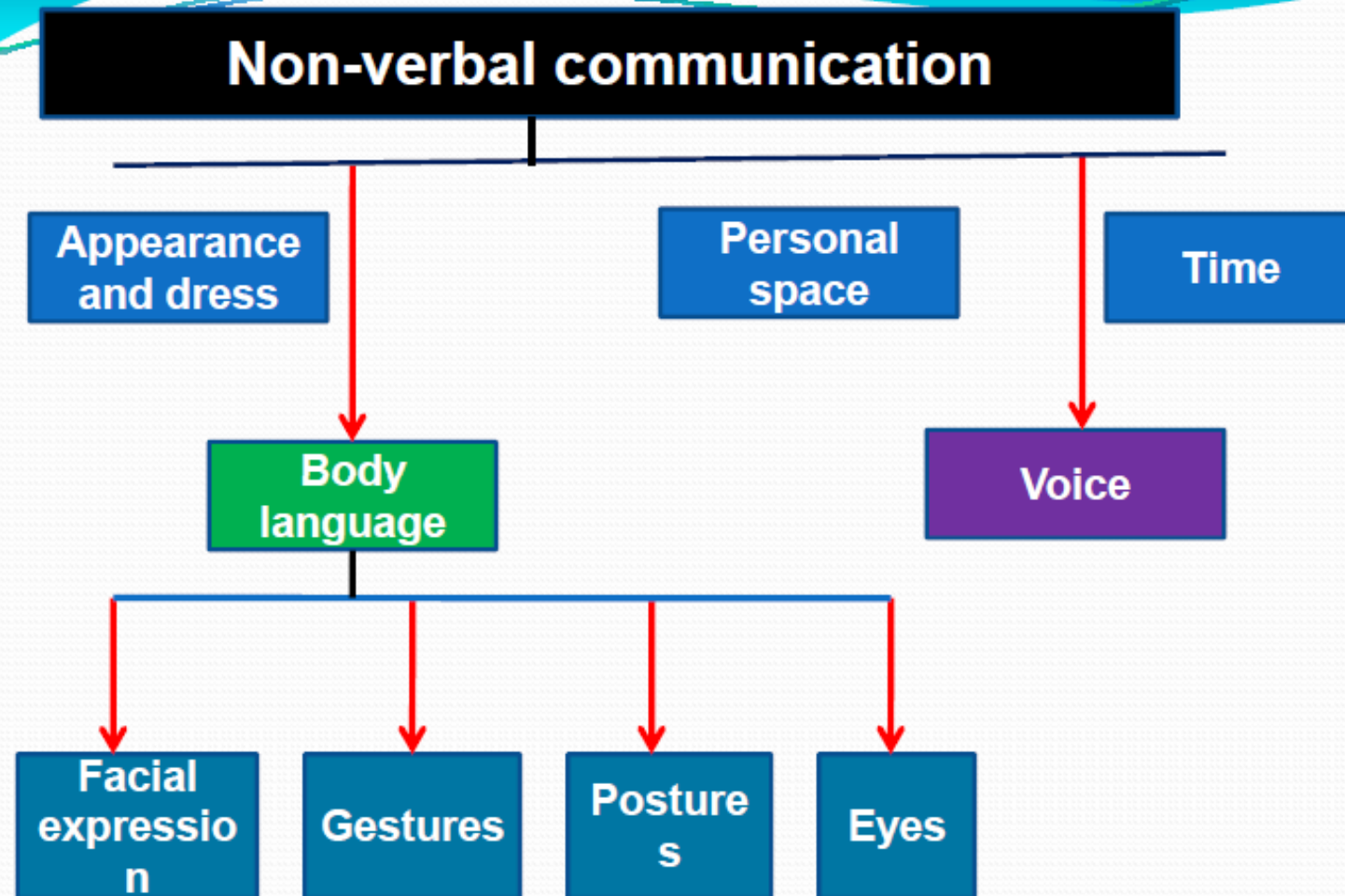
Types of non-verbal...

A. Eyes

- The most **powerful** and **most expressive** part of the body.

- Maintain good eye contact with others, says "*I am interested and I respect you*".

- Be careful of cultural differences.

- No eye contact indicates lack of interest.

Types of non-verbal...

Facial expression...

Facial expressions reflect emotion, feelings and attitudes

Types of non-verbal...

C. **Posture**

- Culture dependent

- Consider the context

- Body angle

For example,

❖ Standing straight can **indicate confidence**

3. Written communication

- It involves the exchange of facts, ideas, and opinions through a written instrument /materials.
- Successful written communication requires **careful thought** and **clear planning.**
- Make it
  - Easy to understand
  - Reduces the chances of misunderstanding and ambiguity.

Levels of communication

1. ## Intrapersonal communication:

- This type of communication occurs with in an individuals and limited at that level.

- This part shows how people process and understand a message within themselves.

- Example: a person can look at an object and develop a certain understanding

Levels...

2.Interpersonal communication:

- Means interaction between two or more people who are together at the same time and place.

Example: between doctor and patient.

Advantages

1. Dynamic or bi-directional.

2. Questions can be asked and answered.

3. Multi-channel effect of personal communication.

4. Useful in all stages of adoption of innovations.

5.Useful when topic is a taboo or sensitive.

Levels...

Disadvantages

1. It calls for language ability of the source (often needs multilingual)

2. Requires personal status;

3. Needs professional knowledge and preparation

Levels...

Effective Interpersonal Communication:

❖ Realize the importance of first impression when we meet a person;

❖ Learn to observe the person and derive useful information for our work;

❖ Keep in mind that the same words mean different things to different persons;

❖ Pay attention to the body language of our partners and to our own:

❖ Non-verbal behavior tells often more about people's feelings than the words spoken.

Levels...

3. Mass Media or Mass Communication

Mass media have the greatest impact at:

- Creating awareness for a large number of people.

- Communicating new ideas to early adopters (opinion leaders)

- Increasing self-awareness and knowledge.

Levels...

Advantages of a mass media:

1. Reach many people quickly.

2. Are believable.

3. Provide continuing reminders and reinforcement.

Levels...

Disadvantages of mass media

a. Mass communication is one-sided.

b. It may create anxiety when contradictory messages are transmitted.

C. Does not differentiate the target.

d. The individual to develop a **filtering mechanism** in order to protect himself

e. No feedback

Principles of Communication

1. The perception of the sender and receiver should be as close as possible
2. There should be involvement of more than one sense organ
3. The more the communication takes place face to face the more its effectiveness
4. feedback should be there

Traditional means of communication

➤ Are uses and develops the local means, materials and methods of communication.

- Realistic and based on daily lives.

- Communicate in powerful ways.

- Motivate people to change behavior.

- Improve participation and self-esteem

- Easily understood and captured.

E.g "Tamo Kememakek Askedimo Metenkek"

Barriers...

- Barriers may be

1. **Physical:** Competing Stimulus, Environmental Stress, Subjective Stress, Ignorance of the Medium

2. **Mechanical:** Channels barrier; message interfere with disturbance, Information Overload

Barriers ...

3. **Psychological:** Lack of interest, Emotional state, Perception process, selective perception

4. **Cultural or linguistic**: even same word have different meaning and color in different context and culture

5. **Physiological barrier**: sensory dysfunction and other physical dysfunctions

Health communication

- Health communication is a multifaceted and multidisciplinary field of research, theory, and practice.

- It is concerned with *sharing health-related information* in order to engage, empower and influence individuals and communities to improving health outcomes.

Health communication...

- It is the art and technique of *informing, influencing, and motivating* individuals, institutions, and public audiences about important health issues based on **sound scientific** and *ethical consideration*

 (US Department of Health and Human Services, 2005).

Health Communication...

- It is the study and use of communication strategies to *inform and influence* individual and community decisions that enhance health (CDC, 2001).

- It links the **domains of communication** and **health** and is increasingly recognized as a necessary element of efforts to improve personal and public health.

Health Communication...

Good health communications

✓ Define the communication goal

✓ Define the intended audience

✓ Create effective and targeted health messages

✓ Pretest and revise the materials and messages

✓ Implement the campaign carefully

Health Communication...

Methods of health communication

✓ Social Marketing

✓ Public Service Announcements

✓ Media Advocacy

✓ Risk Communication

✓ Labeling (like Anti-smoking warning labels)

✓ Educational Entertainment

✓ Websites with online discussions

Clinician-Patient Communication

- Communication is one of the key in medical call

- One of the most interesting, yet *least understood* aspects of medical care.

- Good communication is often associated with

  o Improved health,

  o Effective chronic disease management,

  o Enhance the patient's decision-making and problem-solving skill, and

  o Better health-related quality of life

Clinician-Patient...

- The level of *patient involvement* may vary on a continuum from totally passive to extremely active

- *Four* different types of interactions, based on the degree of control between the provider and the patient are identified.

Clinician-Patient…

- *Paternalistic* *when the provider* has greater control over the interaction and is characterized by a low degree of involvement by the patient

- *Mutuality* *is characterized by balance in* control between the provider and the patient, and the interactions and decision making are more likely to be participatory

Clinician-Patient...

- A *default* interaction is when neither party has control and could result in patient dissatisfaction and nonparticipation

- *Consumerism is when patients* exercise greater control in the interactions relative to physicians.

- A patient is likely to have a greater say, and the health care provider is likely to be more sensitive to the goals and needs of the patients in such situations

Theory of Diffusion of Innovation

- Developed by Everett M. Rogers

- Health promotion promote change.

- It provides an explanation how innovation (i.e. ideas perceived as new) are communicated through channels among the members of the social system

- How people create & share information (*human behavior*)

Theory of Diffusion...

- **Diffusion** is the process by which an **innovation** is communicated through certain channels over time among the members of a social system.

Theory of Diffusion...

✓ A key premise of the Diffusion of Innovations model is;

➢ Some innovations diffuse quickly and widely, whereas others are weakly or never adopted

➢ Innovations are adopted at different rates by subgroups of individuals.

Diffusion of …

✓ There are four main elements in the diffusion of new ideas:

   1. The innovation

   2. Communication channels

   3. The social system

   4. Time

Diffusion of ...

1. **Innovation:** An idea, practice, or object that is *perceived as new* by an individual or other unit of adoption.

2. **Communication Channels:** *Means* by which messages are spread, including mass media, interpersonal channels, and electronic communications.

3. **Social System:** Set of *interrelated units* that are engaged in joint problem solving to accomplish a common goal. (*a boundary within which an innovation diffuses.*)

Diffusion of ...

4. **Time:** time dimension is involved in diffusion in three ways.

- **The innovation-diffusion process**,
- **Adopter categorization/ innovativeness**, and
- **Rate of adoptions**

Diffusion of ...

- There are three groups of variables which can affect the diffusion process;

    1. Characteristics of the innovation
    2. Characteristics of adopters, and
    3. Features of the setting or environmental context.

Characteristics of the Innovation

✓ Rogers have reviewed the attributes of innovations most likely to affect the **speed** and **extent of the adoption** and **diffusion process**

They include;

1) Relative advantage
2) Compatibility
3) Complexity
4) Trialability and
5) Observability

Characteristics of ...

Attribute	Key Question
Relative advantage	Is the innovation better than what was there before?
Compatibility	Does the innovation fit with the intended audience?
Complexity	Is the innovation easy to use?
Trialability	Can the innovation be tried before making a decision to adopt?
Observability	Are the results of the innovation visible and easily measurable?

Characteristics Of Adopters

1. Innovator = 2.5% of population: eager but a 'deviant'; probably mistrusted by the safe majority.

2. Early adopter = 13.5% of population: respectable but amenable to change; good candidate for opinion leader or community aide.

3. Early majority = 34% of population according to their motto might be 'Be not the last to, nor the first'

Characteristics...

4. Late majority = 34% of population: reluctant to change until benefits of innovation have been clearly proven

5. Laggards 16% of population: the diehard conservatives! Will doubtless incorporate a subgroup who will never change and appear to be against everything most of the time E.g. Grandparents

Stages in the adoption of innovation

- **Steps to behavior change**

1. Stage of awareness (knowledge):
   - ✓ the individual learns of the existence of an idea
   - ✓ decisions to adopt an innovation are made after multiple contacts over a long period.

2. Stage of interest (approval, acceptance):
   - ✓ The individual develops interest in the idea.
   - ✓ Seeks more information about it and considers its general merits.

3. Evaluation (intention, interest):
   - ✓ Mental application of the idea and weighs its merit for own situation.

Stages...

4. Trial (practice):

✓ Actual application of idea, usually on a small scale.

5. Adoption (maintenance):

✓ Acceptance leading to continual use.

Planning, implementation and evaluation of health education

Definition of planning

- **Planning:** - is an anticipatory decision making about what needs to be done, how it has to be done, and with what resources.

- To plan is to engage in a process or procedure to develop a **method of achieving an end.**

- It is central to health education and health promotion process.

Purposes of planning

- Match resources with problem

- Best use of scarce resources

- Avoid duplication and wasteful expenditure

- Helps for problem prioritization

- Develop a best course of action

Principles of planning

1. Based on careful analysis of the situations (research)

2. Relate to basic needs and interests of the people

3. Planned with the people who are involved in its implementation

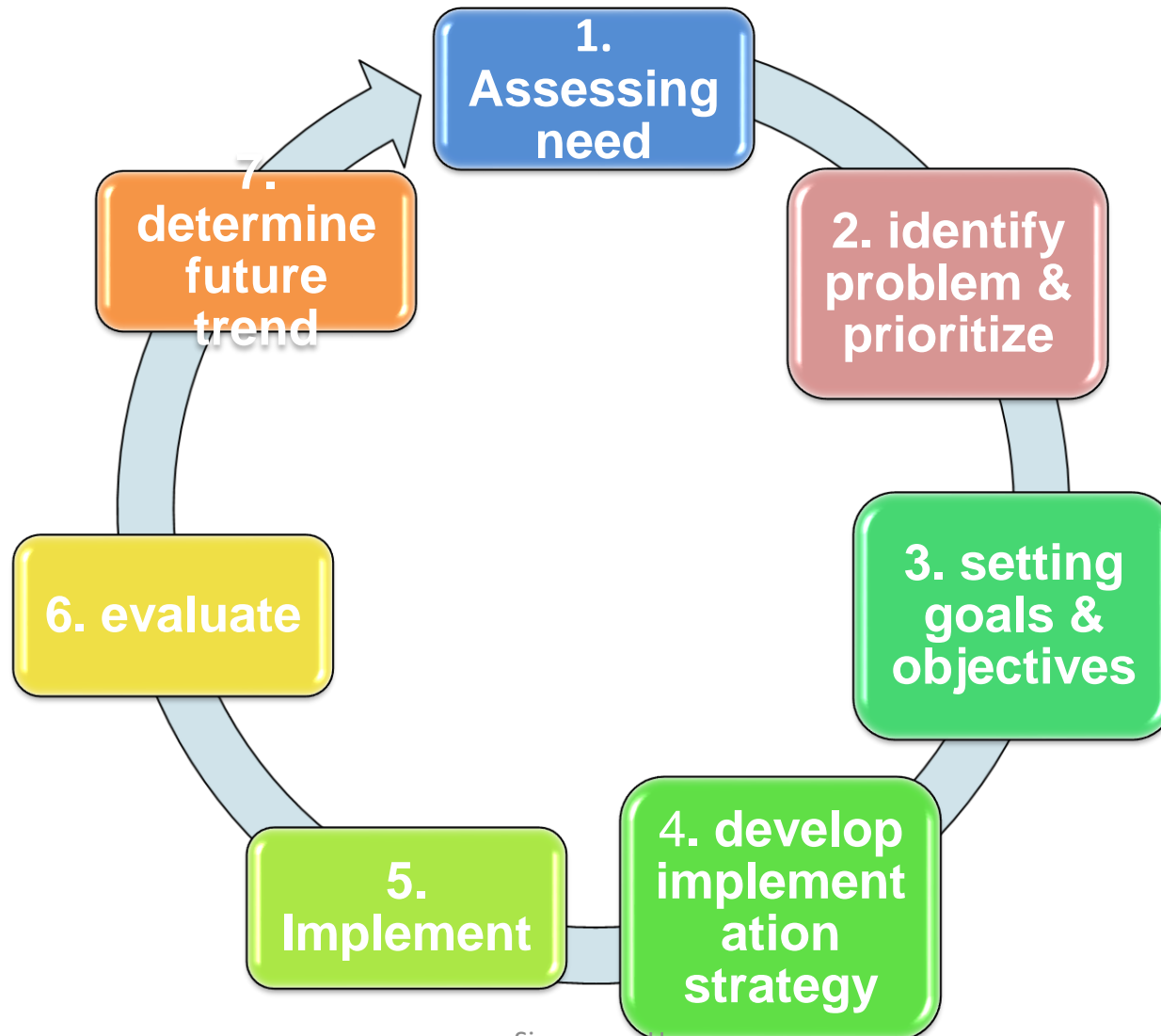4. Fullest utilization of the existing resources.

5. Flexible enough to meet long time situation.

Principles...

6. It should be a continuous process- new problems may arise as old problems are solved

7. Should be achievable considering such factors as finance, personnel, time etc.

8. Trained personnel should be utilized for preparing a plan.

Planning process

- Planning health promotion program is a multi-step process.

- Sequential or build upon one another

- Use soundly researched data to develop rationale for planning

Steps in planning process

1. Assessing need
2. identify problem & prioritize
3. setting goals & objectives
4. develop implementation strategy
5. Implement
6. evaluate
7. determine future trend

Steps ...

1. Assessing need

Planning steps … Simegnew H.

Step I: Need assessment

- **Need**: is a variety of felt urgencies related to the existence, continuation, and maintenance of life and enhancement of living.

Assessment means…

» Identify

» Describe

» Prioritize

Need assessment...

- **Need assessment:** is the process of identifying, understanding, describing and priorities a set of problems

- Need assessment identifies;

  - ✓Priority population

  - ✓Significant health problems for the population

  - ✓Organizational internal capacity

  - ✓Most promising intervention

  - ✓Strengths, resources and assets within the community

Acquiring need assessment data

Primary data
- Survey –quantitative data
- Interview (FGD, IDI)-Qualitative

Secondary data
- Existing records
- Data collected for various purpose

Approaches to determine need assessment

1. Informal approach

- Educated and informed observation
- Less reliable data generated
- Often used because of limited time, resource and money

2. Formal approach

- Comprehensive research project
- More reliable and scientific data generated

Steps 2: Identify the problem and prioritizing

Analyzing the Data

Analyze all the data with goal of identifying and prioritize health problems

Formal approach to analysis –*When some type of statically analysis applied*

Informal approach to analysis –*Which referred to as "eyeballing data" it is to mean looking for difference between "what is and what ought to be"*

Steps 2: Identify the problem...

- Resource are limited !

- Problems are too many !

- It is not feasible to address every problems come out from need assessment !

- **So what ?????**

- Planners should prioritize it !!!

- If so, what approaches to use to set priority ???

Steps 2: Identify the problem…

- Use standard measures such as prevalence, incidence , mortality, morbidity etc. to compare your problems

But, dot not compare apples with oranges !!!

Step 3:Setting Goal and Objectives

Simegnew H.
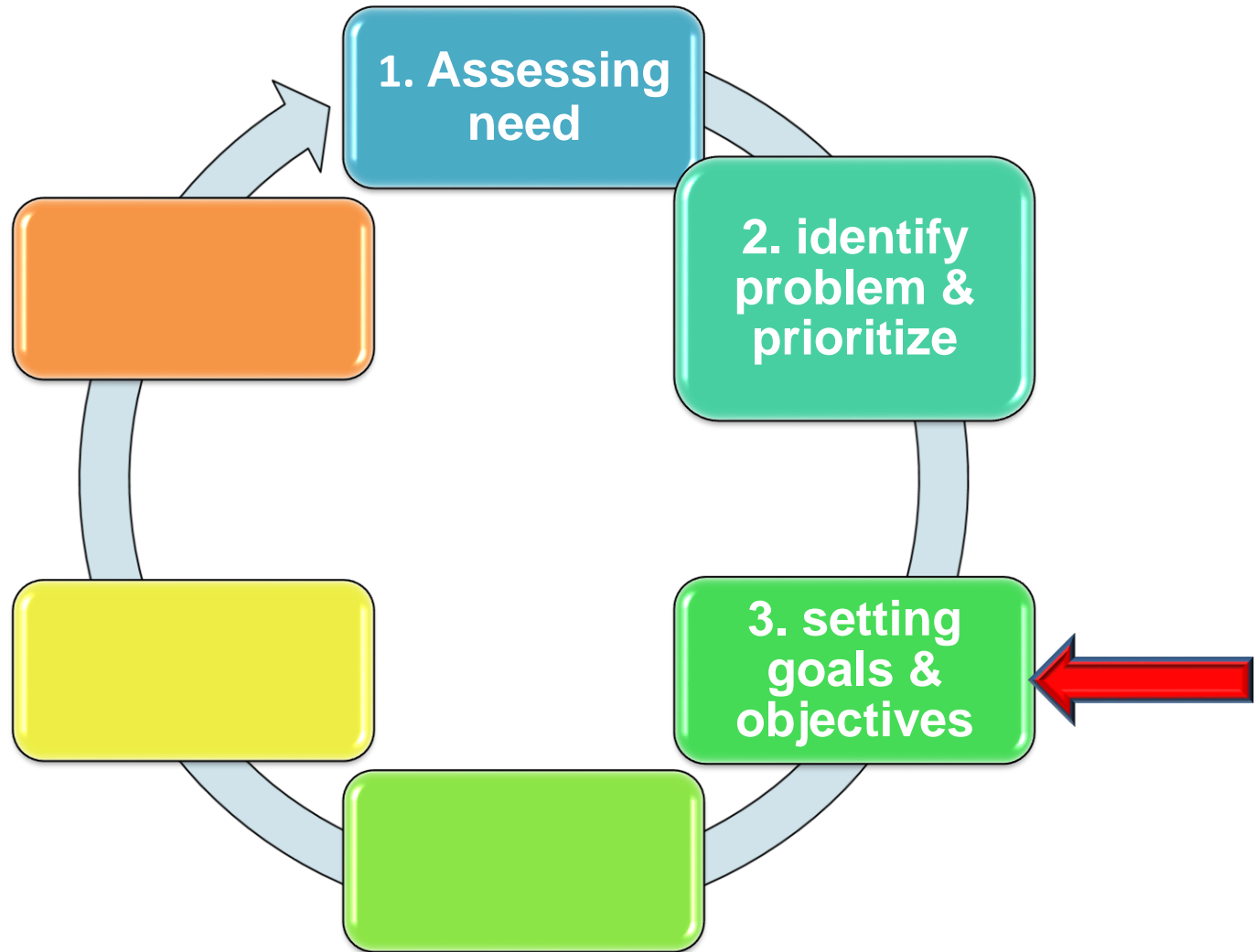
Mission statement, goals & objectives

"If you do not know where you are going, then any road will do"

- Planners must have a **solid foundation** in place to guide them throughout their work

- Mission, goals and objectives provides such foundation.

- Without mission statement, goals and objective program may *lack direction* and difficult to evaluate

Mission statement

- It is narratives that describes the general focus of program

E.g. mission statement of HE/HP in health care setting

- *"The program is aimed at helping patients to understand and cope with physical and emotional changes associated with their illness"*

Goal

- Goal "a broad timeless statement of a long term program purpose."
  - Provides overall directions of the program
  - Usually takes longer to complete
  - Does not have a deadline
  - Often not measurable in exact terms
  - More general in nature

Goal …

- Goal should be *simple, concise* and include **two basic components**
  - 1^{St} : who will be affected
  - 2nd: what will be change as a result of the program
- Goals typically uses verbs such as *improve, increase, promote, protect, minimize, prevent, reduce etc.*

E.g. *"To prevent the spread of HIV in UoG students"*

Objectives

- Objective is *more precise* and represents *smaller steps* which lead to achieve program goal

- It outline **specific changes** in measurable terms that will occur in the **priority population** at a given **point in time** as a result of exposure to the program.

Simegnew H.

Types of objectives

1. Process objectives

2. Learning objectives

3. Behavioral objectives

4. Environmental objective

5. Outcome/program objectives

Elements of objectives

- To provide direction and to be useful in the evaluation process, it must be **written clearly** what to be accomplished and is measurable

Elements of objectives…

1. The outcome (what?)	• Outcome to be achieved, what will change?
2. The criteria (Extent of achievements?)	• How much change will occur
3. The priority population (who?)	• Who will change
4. The condition (when?)	• When the change will occur and under what condition?

Objectives...

For example, *to increase comprehensive knowledge on* *HIV/AIDS* from 60% to 90% *among UoG students* by 2016.

What	*HIV/AIDS knowledge*
Where	*University of Gondar*
Who	*Among UoG students*
When	*By 2016*
Extent	*From 60% to 90%*
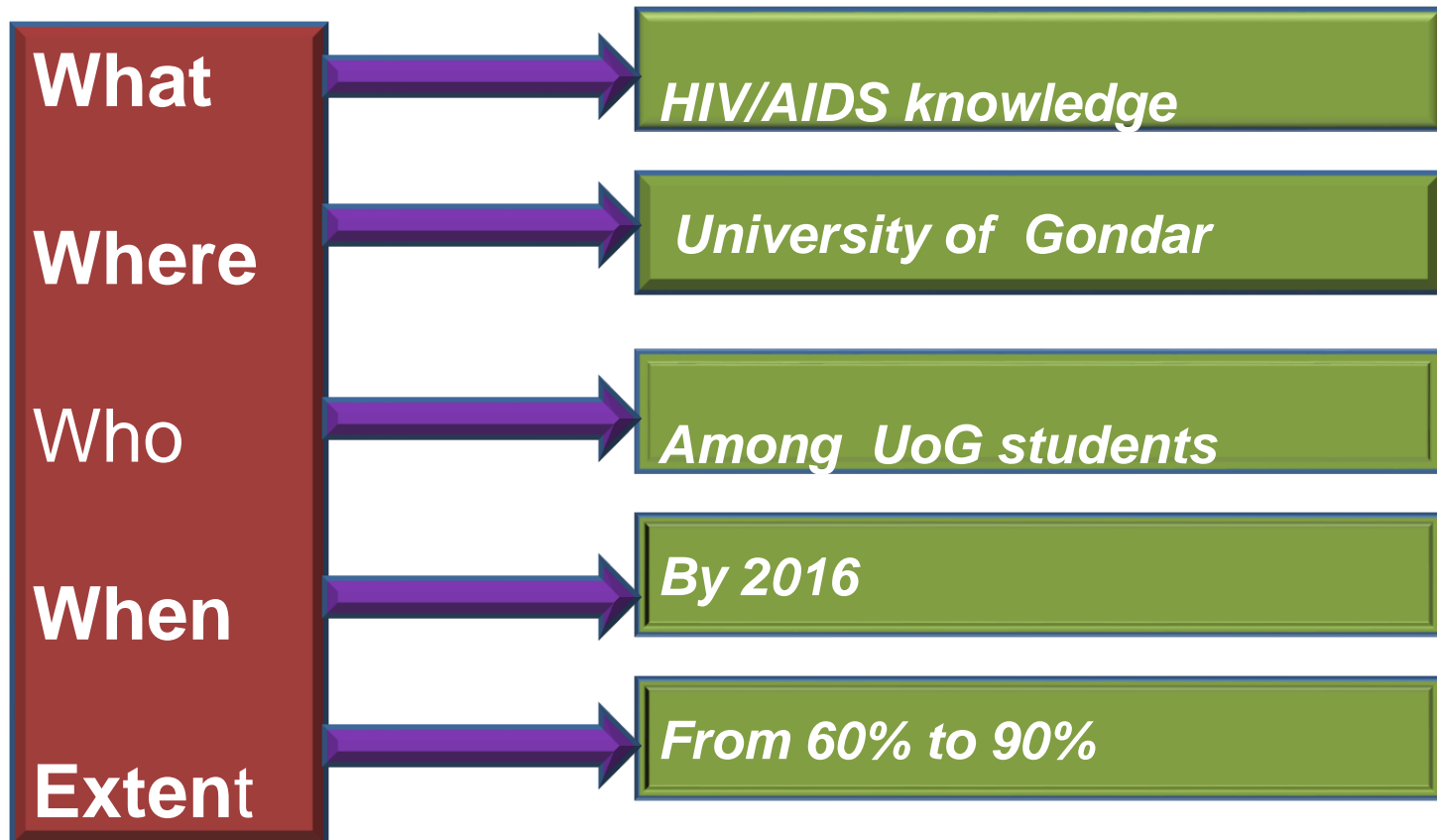
Objectives... SMART

S • **Specific**, simple- relates to a specific event

**M** • **Measurable**- has an indicator which is measurable

A • **Achievable** considering resources at hand

R • **Realistic/Relevant** – can reduce or solve a problem relevant to community

T • **Time bound** – can be accomplished in a specified period of time.

Steps 4. Developing implementation strategy

1. Assessing need
2. identify problem & prioritize
3. setting goals & objectives
4. develop implementation strategy
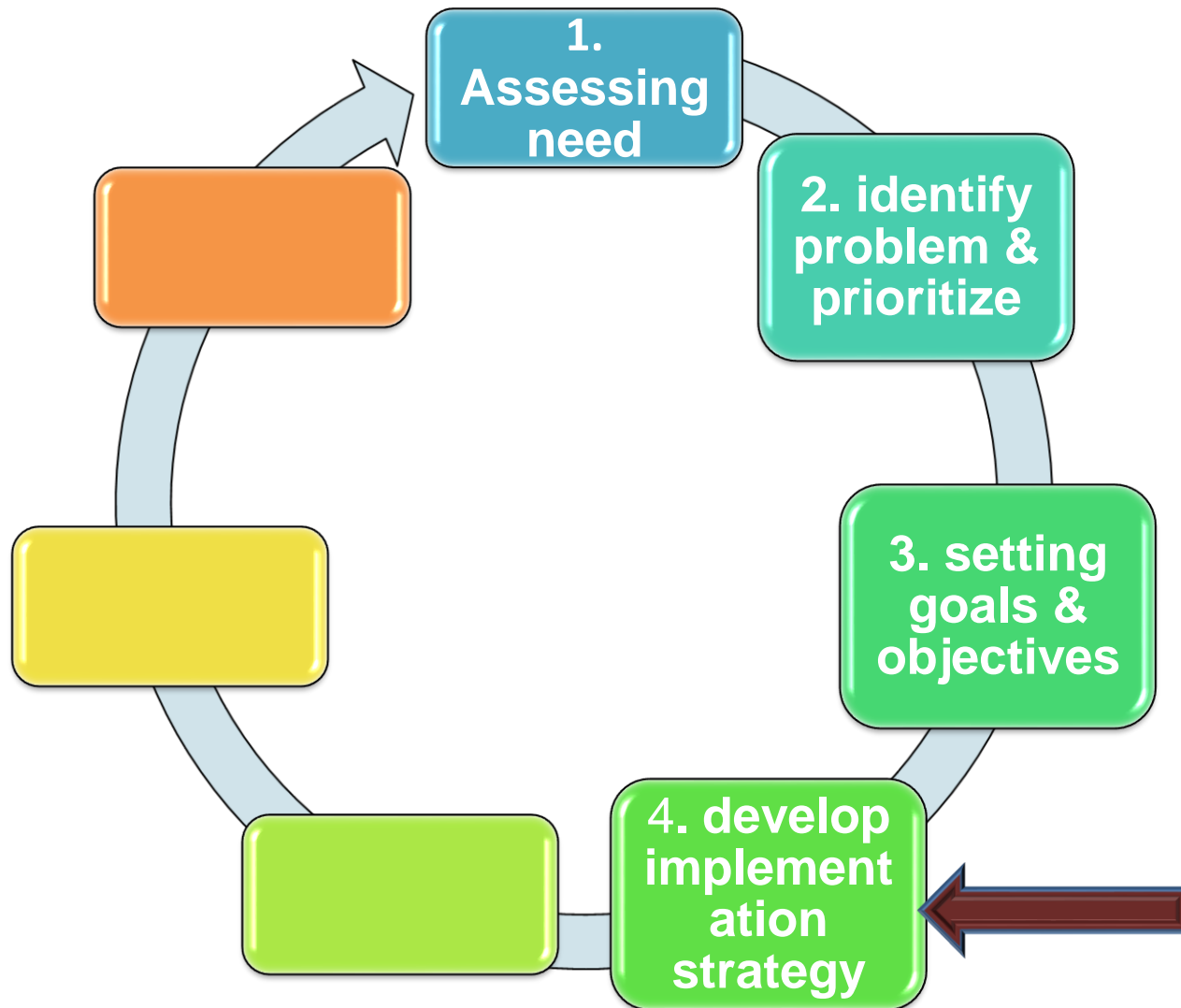
Developing intervention strategy

- Decide on the most **appropriate means** of reaching the goals and objectives.

- The planners, must set activities that would permit the ;

    - **Most effective (leads to desired outcome)**
    - **Efficient(uses resource in responsible manner)**

- These planned activities make *up intervention*

Intervention strategies...

- It describes *all activities* that will occur between pre- and post program measurements.

- Intervention with *several activities* are more likely to have an effect than that consists of a single activity

- i.e. the "size" of the dose is important in health promotion

- Some people may change by single "dose" others may need multiple "doses"

- Multiple strategy but, **effective and efficient**

Types of intervention strategies

1. **Health communication & HE strategies**

2. **Health policy/reinforcement strategies**

3. **Health engineering strategies**
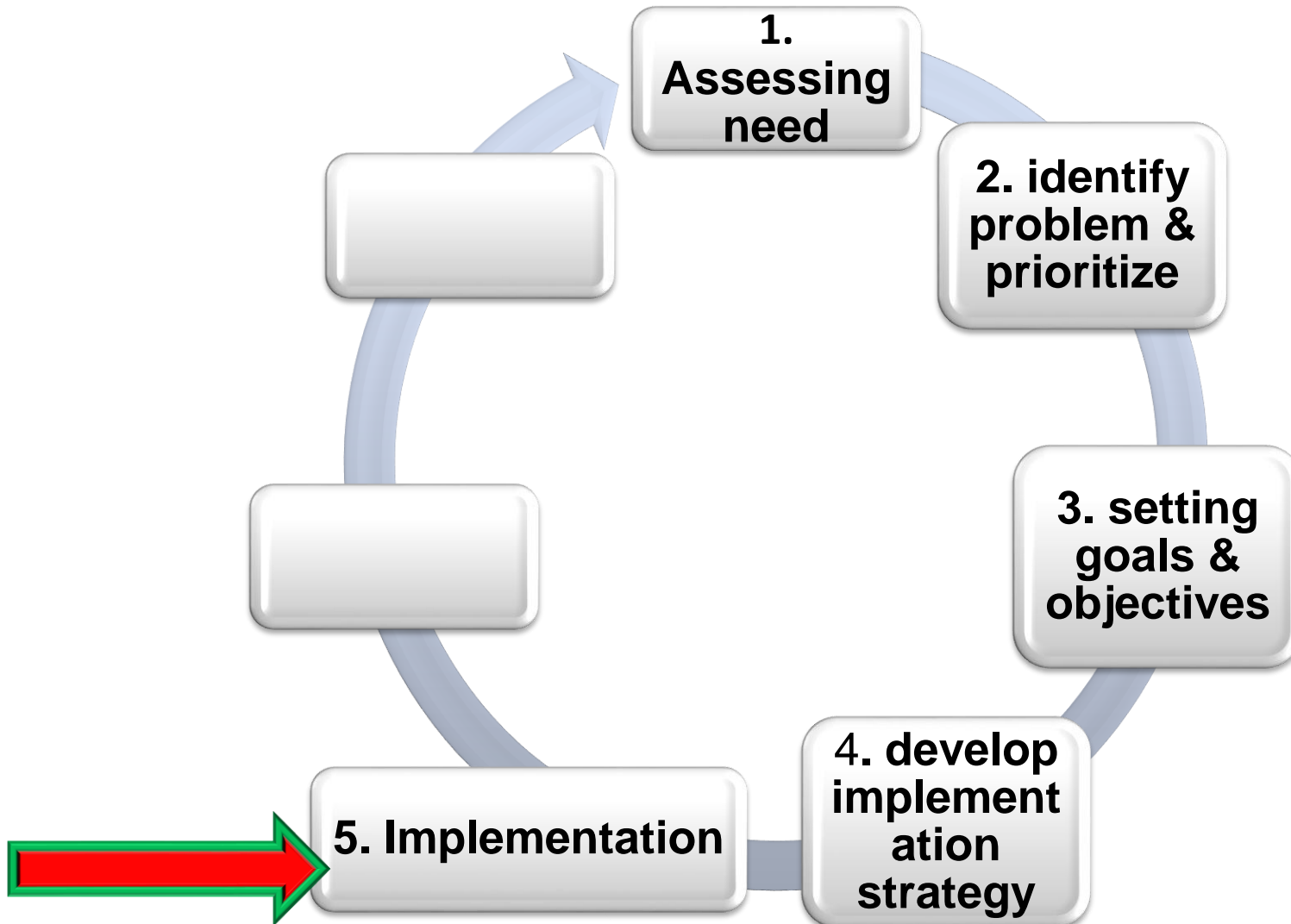
4. **Community mobilization strategies**

5. **Other strategies**

Items to consider when creating health promotion intervention

Simegnew H.
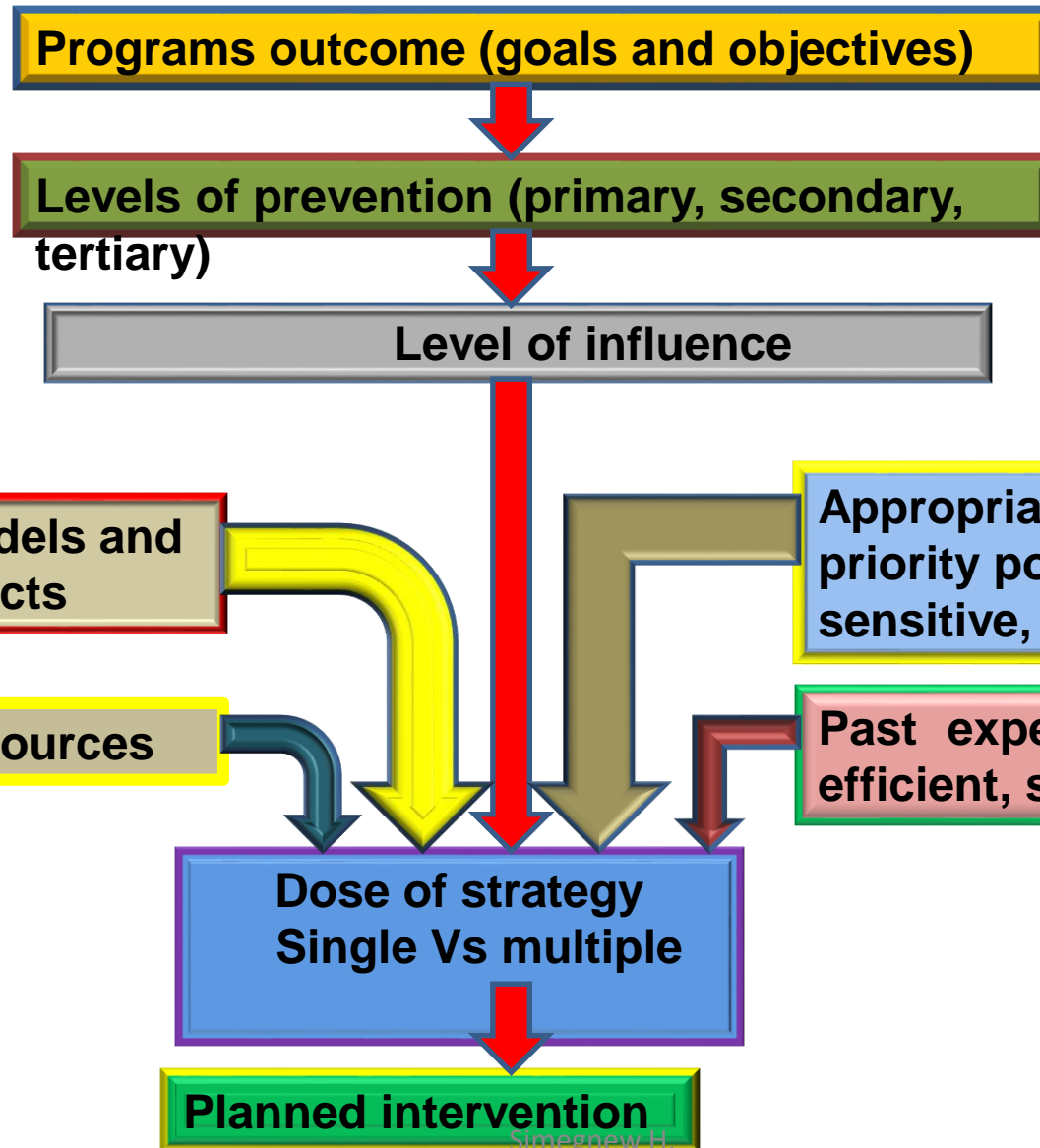
Steps 5. Implementation

Implementation ...

- Implementation is carrying out the plan or putting the plan/strategy into action.

- It is translating the goals, objectives and methods/strategies into a community based health education programs.

keep in mind !!!!!

Monitoring the implementation process !!

Keep record, reporting and documentation !!!

Steps. 6 Evaluation of the program
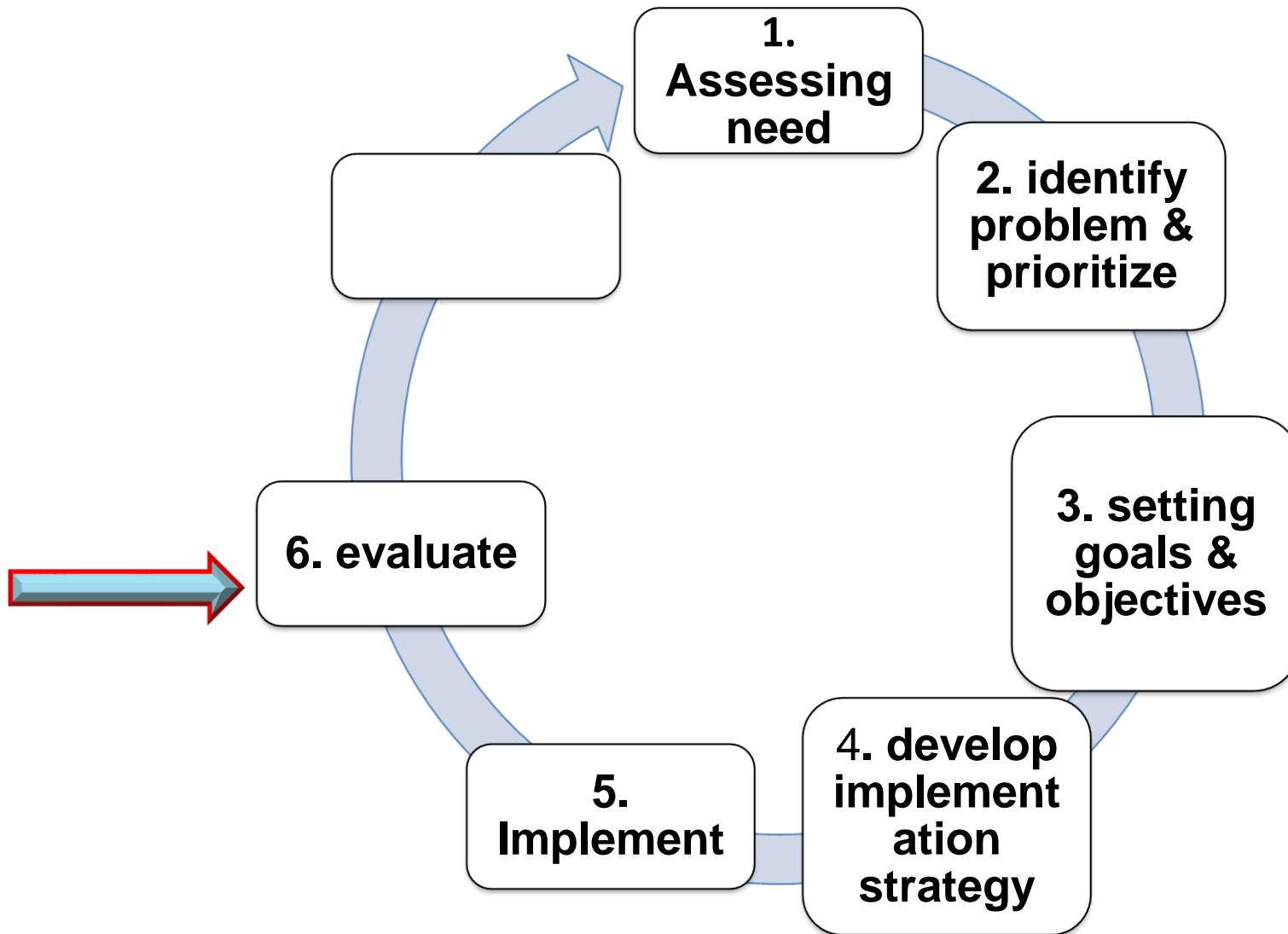
Evaluation …

- Evaluation has been defined as " the *comparisons* of an object of interest against standard of acceptability

- Making a *value judgment* about the program achievement

- A critical assessment of the good and bad points of an intervention, and how it can be improved.

Definition

- Evaluation is the process of assessing what has been *achieved* (whether the specified goals, objectives and targets have been met) and how it has been achieved.

- A process that attempts to determine as *systematically and objectively* as possible the relevance, effectiveness and impact of activities in the light of their objectives.

Evaluation ...

Effectiveness

- **What has been achieved**

Efficiency

- **How the outcome has been achieved, and how good is the process (value for money, use of time & other resources)**

Why evaluate?

1. To assess results and to determine if objectives have been met.

2. To justify the use of resources.

3. To assist future planning by providing a knowledge base.

4. To improve our own practice (Learn from success or mistakes).

5. To determine the effectiveness and efficiency of different methods of Health Promotion.

Evaluation …

6. To win credibility and support for Health Promotion.

7. To inform other health promoters so that they don't have to reinvent the wheel.

PRECEDE/PROCEED Framework

✓ **PRECEDE** is an acronym for **P**redisposing, **R**einforcing, **E**nabling, **C**auses in, **E**ducational **D**iagnosis and **E**valuation.

✓ **PROCEED** is an acronym for **P**olicy, **R**egulatory, **O**rganizational **C**onstructs in **E**ducational and **E**nvironmental **D**evelopment.

PRECEDE...

❖Is one of the ecological model in planning, implementation, monitoring and evaluation
❖The first five phases of the model serves a **planning phases**

PRECEDE - the first 5 phases(diagnostic phase)
1 - Social Diagnosis
2 - Epidemiological Diagnosis
3 - Behavioral & Environmental Diagnosis
4 - Education & Organizational Diagnosis
5 - Administrative & Policy Diagnosis

PRECEDE...

PROCEED - the second 4 phases
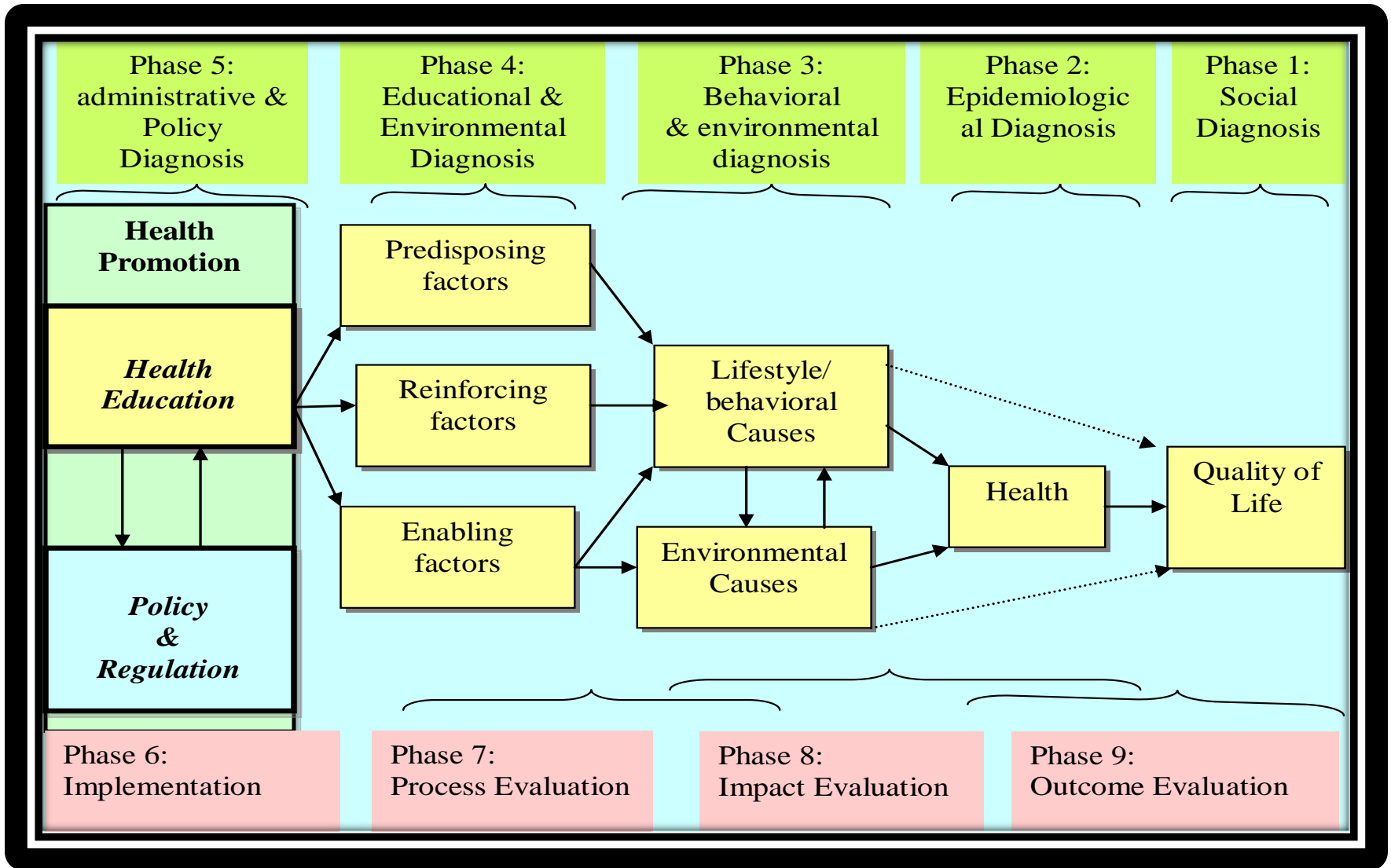   (Implementation & evaluation phase)
6 - Implementation
7 - Process Evaluation
8 - Impact Evaluation
9 - Outcome Evaluation

PRECEDE...

Phase 1 - Social Diagnosis

✓In this phase we identify and evaluate the **social problems** which impact the quality of life of a target population.

✓It enables planners to understand **social problems** which affects the quality of life of populations.

✓It followed by a link between social problems and specific health problems.

Social...

✓ The link is essential in life and, in turn, how the quality of life affects social problems

✓ Quality of life is a manifestation of ultimate values of health

✓ Methods used for social diagnosis:

- ➢Community Forums
- ➢Nominal Groups
- ➢ Focus Groups
- ➢ Surveys
- ➢ Interviews
- ➢ Central location intercept

Phase 2 - Epidemiological Diagnosis

✓ Through literature reviews or survey identify the major **health and health related** problems with in the community

✓ This phase helps to determine health problems associated with poor quality of life.

Describing these health problems can:

1) help establish **relationships** between health problems, other health conditions, and the quality of life;

2) lead to the **setting of priorities** which guide the focus of program development and resources utilization

Epidemiological...

3) Make possible the description of **responsibilities** between involved professionals and organizations and agencies.

❖ These priorities define **program objectives** which define

 ✓ The target population (WHO),

 ✓ The desired outcome (WHAT),

 ✓ How much benefit the target population

 ✓ When that benefit should occur.

Epidemiological...

✓ From phase 1 and 2 program objectives are created - goals you hope to achieve as a result of implementing this program

Examples of Epidemiological data:
 ❖ Vital statistics
 ❖ Years of potential life loss(YPLL)
 ❖ Disability
 ❖ Prevalence
 ❖ Morbidity
 ❖ Incidences
 ❖ Mortality

Phase 3 - Behavioral and Environmental Diagnosis

➢ It focuses on systematic identification behavioral and environmental factors related to the quality of life issues.

➢ During this phase, assess & analyze **behavioral/life styles and environmental** factors influencing the priority health problem

➢ These could include genetic predisposition,, climate, and workplace, the adequacy of health care facilities, etc.

Behavioral...

Behavioral Diagnosis: analysis of behavioral links to the goals or problems that are identified in the epidemiological or social diagnosis.

Environmental Diagnosis: analysis of factors in the social and physical environment that could be linked to behaviors.

The Behavioral Matrix helps to identify targets where the most effective intervention measures can be applied.

Behavioral…

Choosing behavioral targets

Contingency table for importance Vs changeability

	More important	Less important
More changeable	High priority for program focus	Low priority except to Demonstrate change for Political purpose
Less changeable	Priority for innovative program; assessment crucial	No program

Phase 4 - Educational Diagnosis

✓ This phase assesses the causes of health behaviors which were identified in Phase 3.

✓ Three kinds of causes are identified.
- ❖ Predisposing factors,
- ❖ Enabling factors, and
- ❖ Reinforcing factors.

✓ The critical element of this phase is the selection of the **factors** which if modified, will be most likely to result in behavior change.

Educational…

Predisposing Factors - any characteristics of the population that *motivates* behavior prior to its occurrence

❖ knowledge, Beliefs, values, attitudes

Enablers - characteristic of the environment that **facilitate** action and/or any skill or resource required to attain specific behavior

❖ accessibility

❖ availability

❖ skills

❖ laws (local, state, federal)

Educational...

Reinforces - rewards or punishments following or anticipated as a consequence of a behavior. They serve to strengthen the motivation for behavior.

❖family

❖ peers

❖ teacher.

Phase 5 - Administrative and Policy Diagnosis

✓ This phase focuses on the a**dministrative and organizational** concerns which must be addressed prior to program implementation.

✓ This includes the assessment of resources, budget development and allocation, development of an implementation time table, organization or personnel within programs, and coordination of the program with all other departments, and institutional organizations and the community.

Administrative...

Administrative Diagnosis - the analysis of policies, resources and circumstances prevailing organizational situations that could **hinder or facilitate** the development of the health program.

Policy Diagnosis - to assess the **compatibility** of your program goals and objectives with those of the organization and its administration; does it fit into the mission statements, rules and regulations.

Administrative...

- *Phase 6 - Implementation of the Program*

- *Phase 7 - Process Evaluation* is used to evaluate the process by which the program is being implemented.

- *Phase 8 - Impact Evaluation* measures the program effectiveness in terms of **intermediate** objectives and changes in predisposing, enabling, and reinforcing factors.

Administrative...

- *Phase 9 –Outcome Evaluation* measures change in terms of overall objectives and changes in **health and social benefits** or the quality of life.
  - It takes a very long time to get results and it may take years before an actual change in the quality of life is seen.

Chapter 5:
Teaching Methods and Materials in Health Education

Introduction

✓ Teaching methods: range from what is **heard** to what is **seen** and **done** and thus are ways to convey messages.

✓ Teaching materials: include all materials that are used as teaching aids to support the communication process and bring desired effects on the audience.

Introduction...

✓ The methods and materials could be classified broadly as follows:

- Audio,

- Written word,

- Visuals,

- Audio-visuals,

- Direct experience and

- Multi-sensory modalities.

Teaching methods

I. Audios: means something heard.

E.g. Music, dramas, sound, spoken word (talks) etc.

- Talks are most commonly used audio teaching methods.

- Effective when based on similar or known experience.

- Could be distorted or misunderstood when translated.

- They can create misunderstanding and are easily forgotten.

Spoken word (Symbols)

- A spoken word is a symbol standing for an object or conveying an idea.
- Speakers and listeners who share the same language and background can usually understand each other's words because their common culture provides the common meaning.
- Words describing tangible objects are more easily understood than those dealing with abstract ideas. e.g.
  - ✓ Stone - Tangible object
  - ✓ Philosophy, thinking, love - Abstract ideas

Health Talks

- When talks are on a health agenda, we call it a health talk.
- The most natural way of communicating with people is to talk with them.
- In health education, we have many opportunities to talk with people.
- We may do this with one person or with a family, with a small group or with many people together.
- Health talks have been, and remain, the most common way to share health knowledge and facts.

II. Visual: means something seen (apart from written words) E.g. poster.

- Visuals are one of the strongest methods of communicating messages.

The following are among the outstanding characteristics of visuals:

- Visuals arouse interest
- Provide a clear mental picture
- Speed up understanding
- Can stimulate active thinking
- Help memory and provide a shared experience.

III. Written word

✓ It includes anything written such as books, journals, magazines, leaflets etc.

✓ Written words have the advantage to be distributed to the audience so that they read and understand them at their convenient times.

IV. Direct experience

✓ It includes learning through doing - e.g. Doing a Gram stain, giving an injection.

✓ This teaching method is useful when the objective of the training is to make the trainee perform the tasks.

✓ There will be deeper understanding of the subject and the issues involved.

✓ In this case, talks and teaching materials will only supplement (but can not substitute) the process.

- Visuals are more effective than words alone but wherever possible, they need to be related to experience and action.
  - If I hear, I forget ---------> Symbols (spoken words)
  - If I see, I remember ------> Visuals
  - If I do, I know -----------> Experience

Note that:

➢ You remember 10% of what you hear.

➢ You remember 50% of what you hear, and see.

➢ You remember 90% of what you hear, see and do.

V. Audiovisuals or teaching aids

✓Communications are supported with different teaching aids or tools depending on the purpose.

✓If the purpose is to transfer skills and knowledge, combinations of these methods are used.

✓The availability of the technology and materials limits the usage. Audiovisuals are multi-sensory materials. E.g. TV

✓ When teaching aids are effectively used, people can receive experiences through all five senses. E.g. examining a patient

✓ A message is more likely to be understood if it can appeal to more than one sense.

✓ Note also that different media appeal to different people.

✓ Presence of teaching aids improves communication. However, it also depends on how we are utilizing the available teaching aids.

Types of visuals

1. Posters/charts

2. Demonstrations

3. Role playing - Drama

4. Chalkboard

5. Tours and visits

6. Objects and specimens

7. Models

8. Projected still pictures/ projection screens-slides (filmstrip)

9. Overhead projectors

10. Projected moving pictures - Movie films

11. Puppets-movable model of a person/animal

12. Flannel graph and other adhesive Aids

Posters and charts

Posters:

✓ A poster is a large sheet of paper often about 60 cm wide by 90 cm high with words and pictures or symbols that put across a message.

✓ Widely used by commercial films for advertising products. And also in Health affairs. There are two types of posters:

1. Single-glance posters: these types of posters can be read and understood quickly without any spoken word.

2. Stop - and - study posters: With these types of posters one needs time to look at the variety. They also do not need verbal explanation.

Purpose of posters

➢ To give information and advice

➢ To give directions and instructions (prevention strategies)

➢ To announce important events and programs e.g. World AIDS day

Content

1. All words should be in local language.

2. Words should be few and simple.

3. Symbols that illiterate people will also understand should be used (understandable words)

4. Color should be used to attract attention

5. Put one idea on a poster. Avoid too many ideas. For many ideas use flipcharts.

6. The poster should encourage action/ practice

Posters announcing events should contain the following information:

- ✓ The name of the event

- ✓ The date and time

- ✓ The place

- ✓ The organization sponsoring the event

Placing posters

✓ Post them where many people can see them when passing by - market areas, meeting halls, etc.

✓ Get permission before posting on a house or building.

✓ Never put posters on sacred places or worshipping areas.

✓ Do not leave a poster for more than one month. If so, people will become bored and begin to ignore it.

Charts

- are used to present facts in a visual form.

a) **Wall charts:** are sometimes similar to stop-and- study posters.

  - They may include more information with symbols and diagrams e.g. Child Growth Monitoring Chart

b) **Teaching charts:** are accompanied by teacher's verbal explanation to help in formal education

  e.g. Diarrhea Treatment Chart

c) **Flipcharts:** are series of pictures, diagrams, or titles on a related subject. They are good to transmit many ideas.

Drama

- ✓ Through drama, ideas are communicated to participants and to spectators.
- ✓ Drama is very valuable in subjects where personal and social relationships are often more important than details of appearance.
- ✓ Basic ideas like health can be communicated through drama to people of different ages, education, and experience.
- ✓ Drama is a very suitable teaching method for people who cannot read because they often experience things dramatically.
- ✓ It can be used during the training of CHWs, teaching of school children, for a people in a village, festivals, etc.

Role-play

- A type of drama but character not studied
- A role-play is the unrehearsed acting of real-life situations.
- An individual takes the part of some other character; and also can explore his own emotions and reactions in specific situations.
- It is like the real life.
- One can learn about him/herself and about how it feels to be some one else

  e.g. A doctor and a patient
- It is good for exploring and clarifying problems and for testing alternate solutions.

Purpose

1) By acting out a real-life situation people can better understand the causes of the problems and the results of their own behavior.

2) Help an individual explore ways of improving his or her relationship with other people and of gaining the support of other people to live more healthily.

3) Give people experience in communication, planning and decision-making.

4) Helps people to reconsider attitudes and values. We can discover/ learn about our own behavior.

For a good role-play:

✓ Have a relaxed atmosphere

✓ Involve everyone

✓ Make sure everyone understands the purpose of the role-play

✓ Give clear instructions what they have to do

✓ Remind them that they are playing only roles

✓ Make sure that the main issues are drawn out and made clear to all

✓ Allow plenty of time for discussion and evaluation

Group size for presenting role-plays:

✓ Usually done with small groups, two to three people

✓ Time-: A role-play should last about 20 minutes

✓ Allow the play to continue if the audience is interested

✓ Stop the play if
 a) The players have solved the problem
 b) The players are confused and cannot solve the problem
 c) The audience looks bored

✓ Allow another 20 - 30 minutes for discussion

Demonstrations

- A pleasant way of sharing knowledge and skills.
- Although basically focuses on practice it also involves both theoretical and practical teaching.
- "Showing how is better than telling how."

Purpose;-

✓ Help people learn new skills

E.g. Preparation of ORS,

Size of group

- individuals

- small training groups

Chalkboard

- Any dark colored, flat, smooth surface on which you can write and draw with a chalk

▪ Oldest and simplest of visual aids

Advantage

- Writing surface and chalk are cheap to get and maintain

- Can be readily available any where

- Transportable

- The teacher can turn to the board at any time

- With a little practice it is simple to use

- Easy to draw on a chalkboard and people can imagine and understand

Disadvantage

– You can not adjust the angle or position but this type is of the cheapest to make

– Two dimension

Radio

- Of all the communication media, radio may now be the most effective for reaching very wide audiences with important messages.

Purpose
- -Entertainment
- -Informational
- -Instruction and education

Use in health education
-News items about health events
-Special health programmes on health topics
-Songs, stories, dramas, and plays if related to health educate while entertaining.

Television

- No other medium creates such lively interest as television.
- It can have a great impact on people.
- It can extend Knowledge, influence public opinion, and introduce new ways of life.
- Video films can bring a variety of experiences
- It can be used to show movement over time, speed up or slow down motion,
- View processes that can not be seen by the unaided human eye, present historical footage or recreation of events, show an artistic performance

- However, the availability and utilization of these teaching aids at a health centers is limited.
- The equipments are costly,
- Maintenance and operations are not easy,
- They are breakable,
- Difficult to transport and need electric power supply.
- In addition, message preparation is often difficult.

Transparencies and overhead projector

■ Used in educations, conferences, seminars and trainings of a higher level.

Advantages

✓ One can write on transparency with out turning one's back to the audience

✓ Transparencies can be reused

✓ One can turn on and off the projector during the presentation to focus the students' attention on the lecture or on the visual materials

Disadvantages

✓ Noise from the projector

✓ The need to remain next to the projector

✓ The cost

✓ Need for electricity

Selection of teaching methods and materials;-

The selection of methods and materials depends on:

✓ The type of the message,

✓ The purpose,

✓ The people addressed,

✓ The circumstance,

✓ The availability of resources and the availability of skills.

Principles of adult learning

Learning objectives

- At the end of this session, the student will:

    o Understand the principles of adult learning

    o Recognize how learning styles affect training

    o Have the tools to become more effective

    presenters/instructors

Brainstorming

Teach Them on Their Own Terms

Introduction to AL

❖ **Adults are** individuals whose age, social roles, or self-perception define them as adults.

❖ People become adults psychologically when they arrive at a self-concept of being *responsible for their own lives*, of being self-directing

Introduction...

❖ **Adults:**

  ❖ Decide for themselves what is relevant to them.

  ❖ Validate information based on their beliefs & experience.

  ❖ Expect learning to be immediately useful/practical

  ❖ Have much experience and may have fixed view points.

  ❖ Can serve as a knowledge resource for educators & fellow learner

Introduction...

❖ **Adult education** is "...activities intentionally designed for the purpose of bringing a learning among those whose age, social roles, or self-perception define them as adults."

❖ The field of adult learning was pioneered by Malcolm Knowles.

Introduction...

□ **Adult learning theory focuses on** the adult learners

  □ one who are independent

  □ has a need to understand how learning something new will benefit them,

  □ how it fits into his/her existing knowledge, and

  □ reinforces their autonomy to learn in a way that works for them.

How is ALP Different From Traditional Methods?

Reason: Adults need to know:

- The reason for learning
- How it will benefit them

Motivation: Adults respond better to learning that:

- Solves a real-life problem
- Takes into consideration their prior experience and knowledge

How is ALP Different...

Expectation: Adults expect:

- Relevance and problem-solving
- The ability to influence their learning
- Two-way communication

Delivery: Adults prefer:

- Self-directed learning
- The ability to choose how they receive information

Characteristics of adult learner

☐ They are premises upon which adult learning is based.

1. **Self-concept/self directed**: *As a person matures his/her self concept moves from one of being a dependent personality toward one of being a* **self-directed human being**.

2. **Experience**: *As a person matures he accumulates a* **growing reservoir of experience** *that becomes an increasing resource for learning.*

3. **Readiness to learn**. *As a person matures his/her readiness to learn becomes oriented increasingly to the developmental tasks of his/her* **social roles**. *(Goal directed if education is set)*

Characteristics of...

4. **Orientation to learning**. *from time perspective changes from one of postponed application of knowledge to* *immediacy of application*,

- ✓ *Orientation of learning* **shifts from one of subject-centeredness to one of problem centeredness.**

- ✓ *Want to appreciate the benefit/relevance of the* **educational experience** *(skill, behavior etc)*

- ✓ *How to practically apply motivated by the relevance*

Core principles

- Adult learning is based upon 6 core principles
  - Adults are internally motivated and self-directed
  - Adults bring life experiences and knowledge to learning experiences
  - Adults are goal oriented
  - Adults are relevancy oriented
  - Adults are practical
  - Adult learners like to be respected

Pedagogy vs Andragogy

Pedagogy

o The science and art of education

o Teacher-centered method

o Learn in a linear manner

o Are totally dependent on the instructor for knowledge

o Are motivated by external pressures

Andragogy

o Teaching strategies focused on adults

o Learner-centered method

o Want to decide which topics to focus on

o Bring their experiential knowledge into a learning environment

o Will self-assess if given the proper tools

	Pedagogy	Andragogy
Self-Concept	Dependency	Increasing self-directedness
Experience	Of little worth	Learners are a rich resource for learning
Readiness	Biological development - social pressures	Developmental tasks of social roles
Time perspective	Postponed application	Immediacy of application
Orientation to learning	Subject centered	Problem centered
Learning Climate	Authority oriented, Formal and Competitive	Mutuality, Respectful, Collaborative and Informal
Planning	By teacher	Mutual self-diagnosis
Formulation of objectives	By teacher	Mutual negotiation
Design	Logic of the subject matter Content Units	Sequenced in terms of readiness Problem Units
Activities	Transmittal techniques	Experiential techniques (inquiry)
Evaluation	By teacher	Mutual re-diagnosis of needs Mutual measurement of program

Best Practices on AL

- Create a safe, welcoming learning environment

- Culture empathy, respect, approachability, authenticity

- Collaborate on the diagnosis of learning needs

- Collaborate on developing learning objectives and in instructional planning

- Ensure the practicality of all learning activities

Learning Styles

The 4 major learning styles

- Auditory

- Visual

- Read/Write

- Hands-On

Learning Styles…

Auditory learners

- They retain more information when presented to them through sound.

- These learners benefit from books on tape, reading aloud, group discussions

Visual learners

- They retain more information when expressed to them through images.

- These learners benefit from photographs and illustrations, charts, watching videos, etc.

Learning Styles...

Read/Write learners

- They retain more information when it is presented to them in writing.

- Addicted to PowerPoint, lists, diaries, dictionaries, the thesaurus, and quotations.

Hands-On learners

- They retain more information when it is provided in a tactile manner.

- These learners benefit from simulations, role playing, field trips, etc

- They like demonstrations, videos and movies of real things, and practice.

Learning Styles...

Multimodal

- Multiple modes.

- Over 60% of learners are Multi modal, i.e. they learn best when the information is presented in a variety of styles.
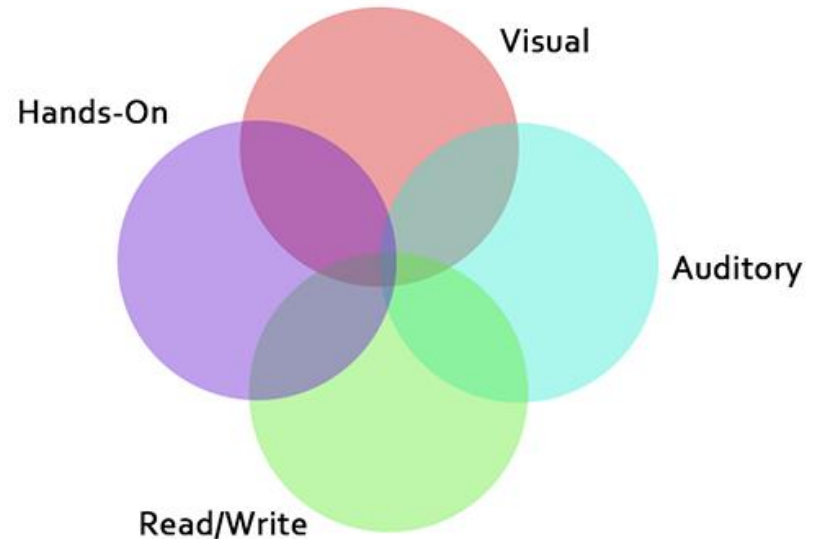
Peer Education

"Meet Them Where They're At"

Introduction

- A young person's peer group has a strong influence on the way he or she behaves i.e both in risky and safe behavior

- Peer education makes use of peer influence in a positive way

  - Perceived as receiving advice from a friend rather than preaching

  - It is a way to empower young people

Who is a Peer?

- A peer is a person who belongs to the same social group as another person or group.

- A 'peer' is one that is of equal standing with another; one belonging to the same societal group

  ❖ Socio-economic status, background and other factors

- Education refers to the development of a person's knowledge, attitudes, beliefs, or behaviors as a result of the learning process.

Peer education

- *Peer education is a process where by well trained and motivated people, undertake informal or organized educational activities with their peers, aimed at developing their knowledge, attitudes, beliefs, and skills* **enabling them to be responsible** *for and to protect their own health.*

Peer education...

- Peer education is a teaching or co-teaching relationship between people who are in some way equals

- It would indicate a process whereby those of the same societal group are educating each other.

- It is a potentially powerful way of sharing knowledge

- It involves individuals exchanging knowledge and experience with each other

Peer education...

- Peer educator an individuals who has been trained, and is making deliberate efforts to motivate his/her peers to gain knowledge, skills and to change their attitudes, beliefs, and behaviors towards the desired change.

- He/she has accepted and adopted the desired change and is therefore *a role model* to his/her peers.

Peer education...

- Peer education programs mainly focus on harm reduction information, prevention, and early intervention.

- Peer education can take place in small groups or through individual contact and in a variety of settings: schools, universities, clubs, churches, workplaces, or wherever young people gather.

The Rationale for Peer Education

- Teenagers receive most of their information from other youth

- Peers provide a stabilizing influence

- Peer based interventions decrease the incidence of risky behavior

- Peer Educators were more effective in encouraging behavior

- Social Learning Theory

Criteria for Peer Educators

- Age within the range of the target population
- Commitment to the goals and objectives of the program
- Ability and willingness to make the necessary time commitment
- Interest in working with peers and the community
- Tolerant and respectful of others' ideas and behaviors
- Dynamic, motivated, innovative, creative, energetic, questioning, trustworthy, discreet

Qualities of a Peer Educator

- Willingness to volunteer
- A good role model
- A good communicator
- Good interpersonal skills, including listening skills
- Self-confident
- Accepted and respected by their peers

- Should have a non-judgmental attitude
- Available and committed to peer education
- Accessible to the peers
- Passionate
- Enthusiastic

Role of peer educator

❖ The five roles are:

- Friend

- Educator

- Activist

- Role Model

- Team Member

Ethics in PE

- Respect, promote, and protect
- Show cultural sensitivity
- Respect diversity
- Promote gender equality and equity
- Assure and protect confidentiality
- Promote self-examination of values; do not impose values

- Avoid personal misrepresentation.
- Provide updated, correct, and unbiased information.
- Be aware of individual limits and how behavior affects peers
- Refrain from abusing one's position with peers

Health promotion principles

Principle of Social Marketing

Simegnew H. (BSc. MPH)

Learning Objective

By the end of the session the student will be able to:

❖ Explain the basic principles of social marketing

❖ Explain academic definitions of marketing and social marketing, and the differences between the two

❖ Identify social marketing in practice – what it is (and what it's not)?

Definition of Marketing

- Marketing is the management process responsible for: Identifying Anticipating and Satisfying Customer requirements profitably

- Marketing is matching between a ***company's capabilities*** and ***the want of the customers*** to achieve the objectives of both parties.

- The marketing, implies that all the activities of an organization are driven by a ***desire to satisfy customer needs***

Social Marketing

- 'Social marketing is a process that applies marketing principles and techniques to create, communicate, and deliver value in order to influence **target audience behaviors** that benefit society as well as the target audience'

(Kotler and Lee, 2008)

Social Marketing…

■ "The application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence **voluntary behavior of target audiences** in order to improve their personal welfare and that of society"

(Andreasen 1995)

Social Marketing…

- "Social Marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviors that benefit individuals and communities for the greater social good."

- It integrate research, best practice, theory, audience and partnership insight, to inform social change programmes that are effective, efficient, equitable and sustainable.

How Does Social Marketing Work?

- Social marketing's ultimate aim is

  behavior change

- This can be achieved through:

  ❑**The distribution and promotion**

   of products

  ❑**Service provision/delivery**

  ❑**Behavior Change Communication**

   campaigns
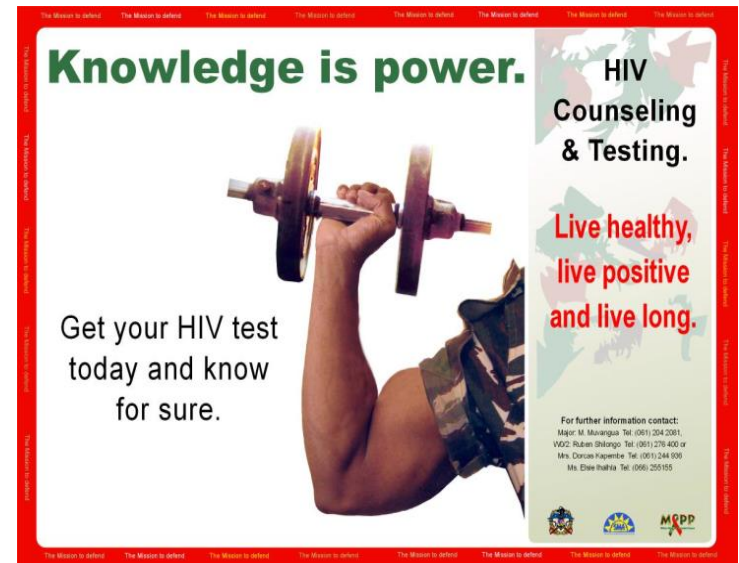
How Does Social…

- Customer orientation

- Clear focus on behavior

- Informed by behavioral theory

- Insight – what moves/motivates?

- Exchange – increase benefits/reduce barriers

- Competition – internal/external

- Segmentation – targets specific audience groups

- Mix of methods – information/services/rules…

Basic Elements Of SM

Social marketing challenges this, borrowing elements commercial marketing:

❖**Audience orientation.**

❖**Audience segmentation.**

❖**Influencing behavior.**

❖**Action**

❖**Competition.**

❖**Exchange.**

❖**Marketing mix**

THE MARKETING MIX: THE FOUR P'S

- **PRODUCT:** the physical product and its symbolic meaning

- **PRICE:** the value of the product

- **PLACE:** where the product is available

- **PROMOTION:** advertising, sales promotion, personal selling and publicity

SOCIAL MARKETING IN HEALTH PROMOTION - THE 4P'S -1

1. PRODUCT

- Does not necessarily mean a physical product socially desirable goals

- e.g. behavioral, attitudinal, idea change to new habits, norms and values through learning

- **2. PRICE**

- Represents the price the "buyer" must accept in order to obtain the "product" includes costs in terms of money, opportunity, energy and psychological

- e.g. giving up the pleasures of smoking

3. PLACE

- Important for providing adequate and compatible distribution and response channels

- Arranging for accessible outlets which permit translation of motivation to act requires effective & efficient marketing strategy

- e.g. prime time announcements, strategic places for display, direct telephone linkages, information centers etc.

SOCIAL MARKETING IN HEALTH PROMOTION -THE 4P'S -4

4. PROMOTION

- Key element in all marketing as consumer demand responds to promotion and product advertising

- Uses PERSUASIVE STRATEGY to make the product familiar, acceptable and desirable not "TELLING" but "SELLING" by stressing the benefits include:

- Advertising, personal selling, publicity and sales promotion

4. PROMOTION (Cont'd)

- advertising through:

  - choice of appeal

  - selection of effective and efficient media

  - development of presentation strategies

  - use of various media, methods, etc

8 IMPORTANT STEPS IN SOCIAL MARKETING PROGRAMMES

1. Establishing management and operating procedures
2. Selecting the products to be marketed
3. Identifying the consumer population
4. Deciding on brand names and packaging
5. Setting an appropriate price
6. Recruiting sales outlets
7. Arranging and maintaining a distribution system
8. Carrying out promotion

The Social Marketing Process

Assessing Needs

Assessing Capacity

Analysing Behavioural Determinants

Determining Marketing Mix

Operationalising Strategy

Implementing & Monitoring

Evaluation of Marketing Intervention

Evaluation of Health Outcome

Simegnew H.

Principles of Advocacy

Simegnew H.

Learning Objectives

By the end of the session, students will be able to:

- Define advocacy

- Identify the steps in the advocacy process

- Distinguish advocacy from related concepts [such as IEC, social marketing, community mobilization etc.]

Brainstorming

"Never doubt that a small group of thoughtful and committed citizens can change the world. Indeed, it's the only thing that ever has."

Margaret Mead

Definition

- Advocacy is the act or process of supporting a cause or issue.

- An advocacy campaign is a set of targeted actions in support of a cause or issue.

- We advocate a cause or issue because we want to:

  - ✓ Build support for that cause or issue;

  - ✓ Influence others to support it;

  - ✓ Try to influence or change legislation that affects it.

Definition…

❖ Advocacy is speaking up, drawing attention to an issue, winning the support of key constituencies in order to influence policies and spending, and bring about change.

❖ Advocacy is working with other people and organizations to make a difference.

❖ Making advocacy activities a pivotal part of health communications has many strengths:

Advocacy...

❖ The purpose of advocacy is to achieve specific policy changes that benefit the population involved in this process.

❖ These changes can take place in the public or private sector.

Advocacy...

- Advocacy consists strategies aimed at influencing decision-making at the local, provincial, national, and international levels, specifically:

  - ❖ Who decides: elections, policy-makers, judges, ministers, etc.

  - ❖ What is decided—policies, laws, national priorities, budgets, etc.

  - ❖ How it is decided— extent of consultation, accountability and responsiveness of decision-makers to citizens and other stakeholders.

Advocacy Process Diagram
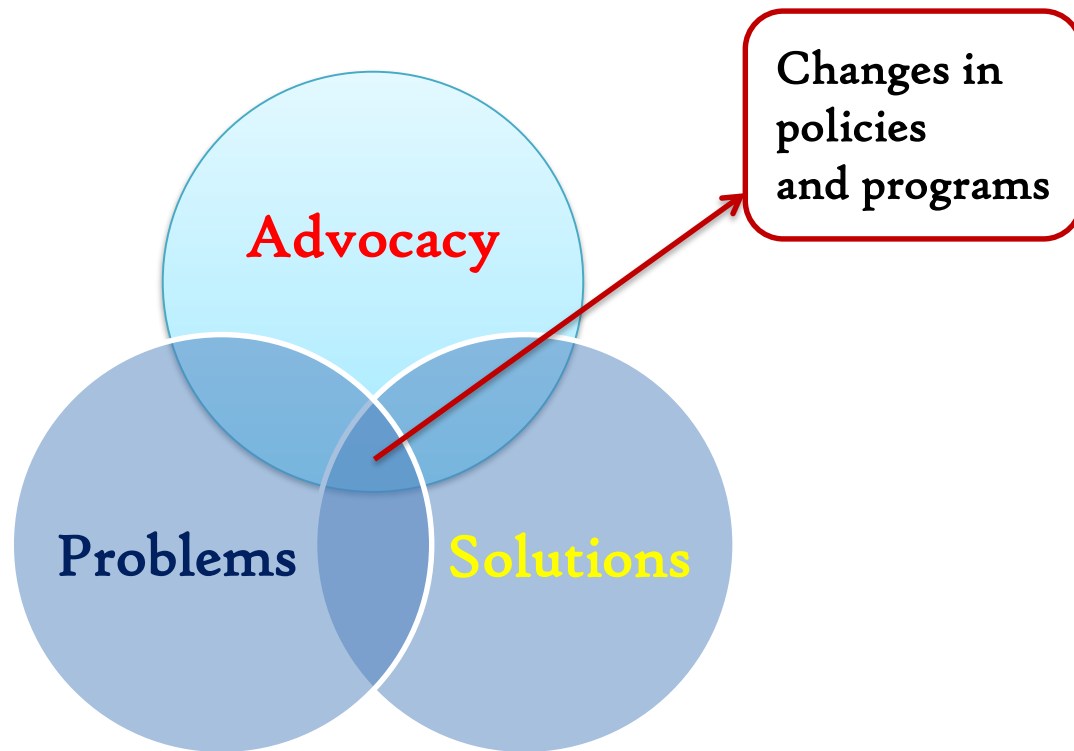
Foundation Areas For Stronger Advocacy

- *Credibility*: trust and value of what we say from the target audience, stakeholder and community.

  ➢ **Expertise, trusting relationships**, strong research and analysis

- *Skills*: advocacy is a skill that combines good judgment and creative problem solving.

  ➢ Capacity to generate and communicate evidence

- *Intra-office coordination and leadership*

  ➢ advocacy requires strong collaboration between staff members and strong leadership to pave the way forward

Foundation Areas …

- *Ability to assess risks* -There are risks in conducting advocacy, as well as risks in choosing not to undertake advocacy.

- *Capacity to work stakeholders* - Involving stakeholders in advocacy efforts is essential because the target audience is often accountable to stakeholders.

- *Sufficient resources*

Principles of Advocacy

❖ Advocacy is about achieving justice.

❖ Advocacy is about achieving equity.

❖ All advocacy must attempt to minimize conflicts of interest.

❖ Always tell the truth

❖ Know who is on your allies and opponent

❖ Speak with clarity, transparency and credibility.

❖ Evidence based

Key Elements of Advocacy

1. Advocacy Objective

➤ What you want to achieve at the end of advocacy

2. Using Data and Research for Advocacy

➤ Data are essential for informed decisions making

➤ Good data is **most persuasive** argument

3. Identifying Advocacy Audiences

➤ Identifying decision makers and people who influence them, the media and the public

Key Elements...

4. Developing and Delivering Advocacy Messages

➢ What message will get the selected audience to act on your behalf?

5. Building Coalitions

➢ Power of advocacy is found in the people who support your goal.

6. Making Persuasive Presentations

➢ Influencing key audiences

➢ Using opportunities with careful and thorough preparation

Key Elements…

7. **Evaluating Advocacy Efforts**

➢Being an effective advocate require continuous

feedback and evaluations.

Types Of Advocacy

There are two common classification of advocacy:

1. Individual advocacy:

- Seeks a remedy for a single person or for a situation involving a small group of people

- Is the equivalent of putting "**band-aids**" on social problems

- Ignore broader structural issues.

For example: a parent's efforts to seek enrolment of a child with disability in a regular school

Types Of...

2. Systems advocacy

- Concerned with influencing and changing the system(legislation, policy and practices) in ways that will benefit people

- Encourage changes to the law, government and service policies, and community attitudes

- Systems advocacy do not do individual advocacy

Social Mobilization

Brainstorming

What is social mobilization?

Social Mobilization

- A capacity-building process through which individuals, groups, or organizations plan, carry out, and evaluate activities on a *participatory and sustained basis* to improve their health and other needs, either on their own initiative or stimulated by others.

Social Mobilization

- A comprehensive planning approach that emphasizes on political coalition building and community action

  (UNICEF 1993, Wallack 1989)

- It assumes that *isolated efforts* cannot have the same effect as collective ones.

- "A single bracelet does not jingle" - African proverb

Social Mobilization...

- A *broad scale movement to e*ngage people's participation in *achieving a specific* development **goal through Self-reliant efforts.**

- It involves *all relevant segments of society*

- It uses behavior change strategies and skills like Advocacy, Social Marketing, BCC, IEC, etc

Social Mobilization...

- It takes into account

  ⊕ **felt needs of the community,**

  ⊕ their critical **involvement and**

  ⊕ **seeks to empower individuals and** groups for action.

Basic principles of SM

- **Empowerment:** to increase their ability to determine their present and future and act on their choice.

- **Sustainability**: interventions and initiatives to take root and have a life of their own.

- **Cultural sensitivity and gender**: recognizes and respects cultural diversity and gender differences.

- **Integration**: encourage synergy

- **Equity**: equal access to and control of resources and services

Types of Participants
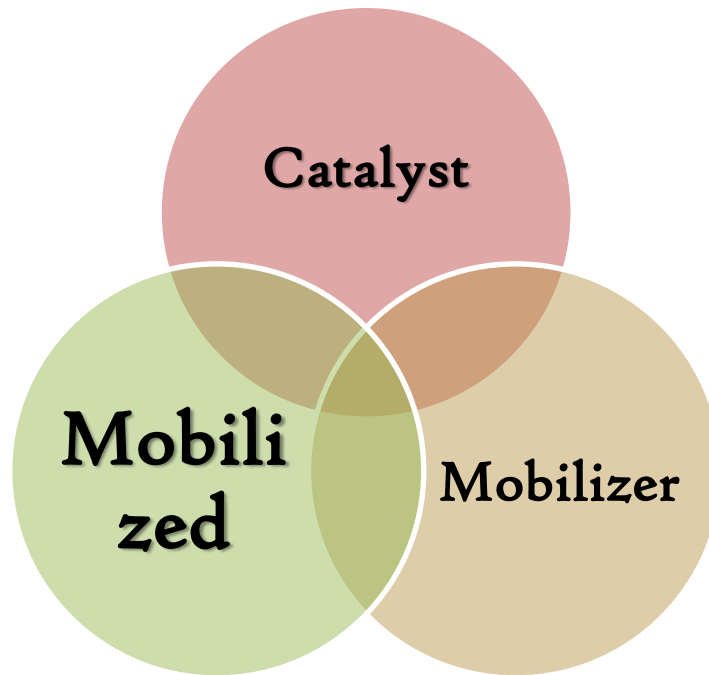
Steps in SM

1. Establish a relationship with a community
2. Identify and recruit stakeholders
3. Gather stakeholders together into a Mobilization Team
4. Engage your Mobilization Team in developing a plan:
   - an asset mapping and/or community assessment process
   - developing an analysis issue
   - developing a community mobilization plan
   - developing an evaluation plan

Steps in SM…

5. Engage your Mobilization Team in implementing the plan:

- implementing a community mobilization plan
- cultivating/maintaining assets
- evaluating progress
- assuming leadership roles in the mobilization process
- developing a sustainability plan

6. Facilitate transfer of leadership of initiative to Mobilization Team

Challenges of SM

- Less control
- Time and cost
- Differing priorities
- Stakeholders disagree
- Community volunteer motivation
- Community skills and capacity
- Selection of community participants may be biased
- Contraceptive insecurity
- Need to plan for sustainability from beginning

Community Diagnosis

Learning Objectives

At the end of the session students will be able to;

➢ Define community diagnosis

➢ Differentiate clinical vs community diagnosis

➢ Explain value and uses of community diagnosis

➢ Describe health indicators

➢ Describe the steps of conducting community diagnosis

➢ Discuss priority setting process

Introduction

- ✓ Health is a resource for everyday life, not the objective of living

- ✓ it is a positive concept, emphasizing social and personal resources as well as physical capabilities

- ✓ Public health is the science and the art of *preventing disease*, *promoting health* and *prolonging life* through the organized efforts and informed choices of a communities

What is community?

✓ A community is a social group determined by geographical boundaries and/ or common values and interest.

✓ Its members know and interact with each other.

✓ It functions within a particular structure and exhibits and creates certain norms, values and social institutions"..

Characteristics of community

- Has a defined geographical boundaries

- Composed of people who live together in the defined boundaries

- Have common psychological characteristics i.e. similarity in language, life style, customs and traditions etc.

- They share common interests, values, moral norms and codes.

- The people interact with each other and have free communication.

- Has organized social structure and system such as housing, food, health, education, marketing, banking etc.

Dimensions of the community

- Any community having three features:

❖ *Location* (boundaries, geographic features, plant and animals, human-made environment)

❖ *Population* (size, density, composition and rate of growth)

❖ *Social system*

- Circumstances in which people born, grow up, live, work, and age,
- Systems put in place to deal with illness

Community health

➤ Community health refers to the health Status of the members of the community, health problems and health care provided to the community.

➤ The objective of community health is to provide need based comprehensive services
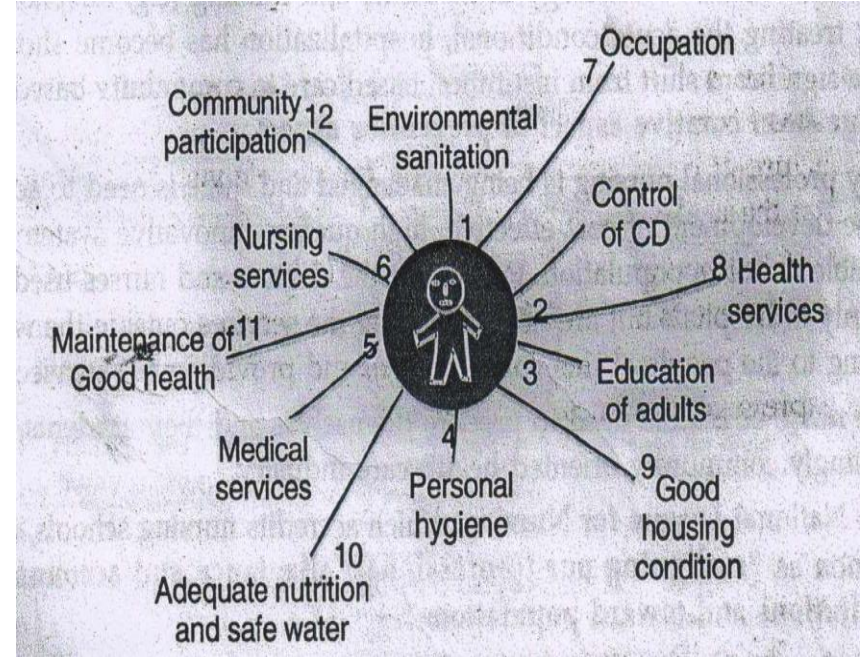
Community diagnosis

❖ Quantitative and qualitative description **of the health** of citizens and the **factors which influence their health.**

❖ A comprehensive assessment of health status of the community in relation to its social, physical and biological environment.

❖ It identifies problems, proposes areas for improvement and stimulates action".

Community diagnosis...

- It should be the first stage in planning health programs. It includes:

  - ✓ Definition of the community's demographic characteristics

  - ✓ Environment

  - ✓ Health status

  - ✓ Available health and social services

Community diagnosis...

The purpose of community diagnosis is to

➢Define existing problems,

➢Determine available resources and

➢set priorities for planning, implementing and evaluating health action, by and for the community.

Community diagnosis…

- ***Community analysis***

- process of examining data to define needs strengths, barriers, opportunities, readiness, and resources. The product of analysis is the "community profile".

- ***Community assessment***

- the regular collection, analysis and sharing of information about health conditions, risks and resources in a community.

Uses of community diagnosis

- Identify trends in illness, injury, and death and the factors

- Identify available resources and their application

- Identify unmet needs

- Identify community perceptions about health issues

- Identify at risk and high-risk populations; collect data about specific populations

- Assess nutritional trends/needs; housing, healthcare providers, social services, etc.

- Monitor changing community needs

- Assess changing population trends
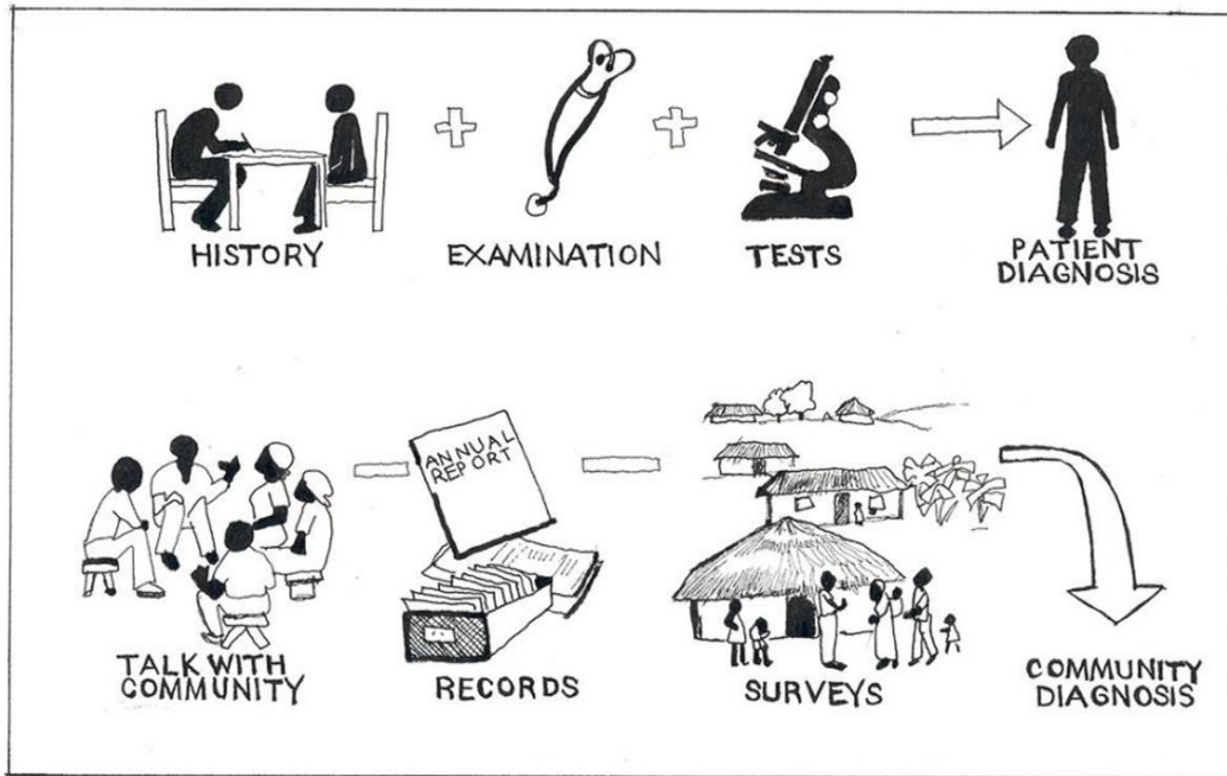
Clinical vs community diagnosis

- ***Clinical diagnosis***

  ✓ Obtain history patient's symptom

  ✓ Observe sign and examine patient

  ✓ Perform laboratory test, x- ray

  ✓ To infer causation from history and test result to make diagnosis.

  ✓ Provide treatment

  ✓ Follow up and assess evaluate effectiveness.

- ***Community diagnosis***

  ✓ Obtain health awareness of community

  ✓ Obtain measurable facts causes through survey

  ✓ Conduct specific survey

  ✓ Make inference from data to make community diagnosis.

  ✓ Community treatment or health action

  ✓ Evaluate effectiveness of community health action

Clinical vs community diagnosis...

Community diagnosis...

How is the community diagnosed?

Using Health Indicators

Characteristics of indicators

- *Valid*: should actually measure what they are supposed to measure;

- *Reliable*: similar answers if measured by different people in similar circumstance

- *Sensitive*: should be sensitive to changes in the situation concerned

- *Specific*: should reflect changes only in the situation concerned

- *Feasible*: should have the ability to obtain data needed

- *Relevant*: should contribute to the understanding of the phenomenon of interest.

Classification of health indicators

- Mortality indicators

- Morbidity indicators

- Disability rates

- Nutritional status indicators

- Health care delivery indicators

- Utilization rates

- Indicators of social and mental health

- Environmental indicators

- Socio-economic indicators

- Health policy indicators

- Indicators of quality of life

- Other indicators

Types of community diagnosis

- **two type of community diagnosis**

  – Comprehensive community diagnosis

    ✓ Aims to obtain general information about the community

  – Problem Oriented community diagnosis

  ✓ Responds to a particular need

Steps in community diagnosis

1. Determine objective

2. Define population

3. Determine data to be collected

4. Developing data collection instrument

5. Collecting data

6. Data summarize, present and analysis

7. Problem identification

Steps in community…

8. Priority setting

- – Nature of problem: health related or health resource related problem.

- – Magnitude of problem: the extent of problem which can be measured in term of proportion of people affected with the problem.

- – Modifiability of the problem: probability of controlling, eradicating and reducing the disease.

- – Social concern:

  -Perception of the population as affected by the problem/diseases .

  -the readiness of population to act on the problem.

Thank you!

Simegnew H.