

COMMUNICATION

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BARRIERS OF COMMUNICATION

Physiological	difficulties in hearing, expression
Psychological	– emotional disturbances, neurosis, levels of intelligence, language or comprehension difficulties.
Environmental	noise, invisibility, congestion
Cultural	illiteracy, levels of knowledge and understanding, customs, beliefs, religion, attitudes, economic and social class differences, language variations, cultural difficulties

HEALTH COMMUNICATION

▣ Functions:

1. Information
2. Education
3. Motivation
4. Persuasion
5. Counseling
6. Raising morals
7. Health development
8. Organization

INFORMATION

- ▣ To provide scientific knowledge or information to people about health problems and how to maintain and promote health.
- ▣ People rarely seek such information although they have a right to know the facts about health and disease.
- ▣ Information should be easily accessible to the people. Exposure to the right kind of health information can
 - Eliminate social and psychological barriers of ignorance, prejudice and misconceptions people may have about health matters;
 - Increase awareness of the people to the point that they are able to perceive their health needs ; and
 - Influence people to the extent that unfelt needs become felt needs, and felt needs become demands.

EDUCATION

- ▣ Education of the general public is an integral part of a prevention oriented approach to health and disease problems; and, the basis of all education is communication.
- ▣ Education can help to increase knowledge. It is often assumed that knowledge determines attitudes and attitudes determine behaviour .
- ▣ Health education can bring about changes in life styles and risk factors of disease. Most of the world's major health problems and premature deaths are preventable through changes in human behaviour at low cost . But education *alone* is insufficient to achieve optimum health. The target population must have access to proven preventive measures or procedures.

MOTIVATION

- ▣ It is the power that drives a person from within to act. One of the goals of health communication is to motivate individuals to translate health information into personal behaviour and lifestyle for their own health. Motivation includes the stages of interest, evaluation and decision making. Health communication assists the individual in passing from the state of awareness and interest to the final stage of decision making and adoption of the new idea or programme. Motivation may not be long-lasting.

PERSUASION

- ▣ Persuasion is the art of winning friends and influencing people.
- ▣ It is an art that does not employ force or deliberate manipulation.
- ▣ The sole purpose of communication is to influence.
- ▣ Defn

"a conscious attempt by one individual to change or influence the general beliefs, understanding, values and behaviour of another individual or group of individuals in some desired way".
- ▣ Persuasive communication is more effective than coercion or authoritative communication. Persuasion can change life style and modify the risk factors of disease.

COUNSELLING

- ▣ Counselling is a process that can help people understand better and deal with their problems and communicate better with those with whom they are emotionally involved.
- ▣ It can improve and reinforce motivation to change behaviour. It can provide support at times of crisis.
- ▣ It helps them face up to their problems and to reduce or solve them.
- ▣ Counselling is different from advising. It implies choice, not force. Advising amounts to directing people and cautioning them to some do's and don't's.
- ▣ In different circumstances different people can undertake counselling.

COUNSELLING

- ▣ A counsellor should be able:
 - To communicate information
 - To gain the trust of the people
 - To listen sympathetically to people who are anxious, distressed and possibly hostile.
 - To understand other person's feelings and to respond to them in such a way that the other person can feel free to express his feelings
 - To help people reduce or resolve their problems.
- ▣ Thus counselling relies heavily on communication and relationship skills. Counselling is an important part of treatment, disease prevention and health promotion. It helps people to avoid illness and to improve their lives through their own efforts .
- ▣ Counselling develops positive attitudes. It is an integral part of all health care programmes.

RAISING MORALE

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

HEALTH DEVELOPMENT

- ▣ Communication can play a powerful role in health development by helping to diffuse knowledge in respect of the goals of development and preparing the people for the roles expected of them. But its own role is essentially, supportive .
- ▣ Judicial use of communication media can contribute to health development .

HEALTH ORGANISATION

- ▣ Communication is the life and blood of an organization. There are two major directions in which communications within an organization flow. These are vertical and horizontal communications.
- ▣ Vertical communication can be downward or upward. Horizontal or cross communication takes place usually between equals at any level.
- ▣ The downward communication extends from top administrator down through the hierarchy of professionals and non-professionals to the beneficiaries or employees. The direction in which communication flows in an organization suggests the degree of freedom in the internal communication network .
- ▣ Communication is an important dimension of health organization. It is an important means of intra – and intersectoral coordination.

Types of Communication

Downwards Communication : Highly Directive, from Senior to subordinates, to assign duties, give instructions, to inform to offer feedback, approval to highlight problems etc.

Upwards Communications : It is non directive in nature from down below, to give feedback, to inform about progress/problems, seeking approvals.

Lateral or Horizontal

Communication : Among colleagues, peers at same level for information level for information sharing for coordination, to save time.

In modern business environment communication extends beyond written or spoken words to listened word.

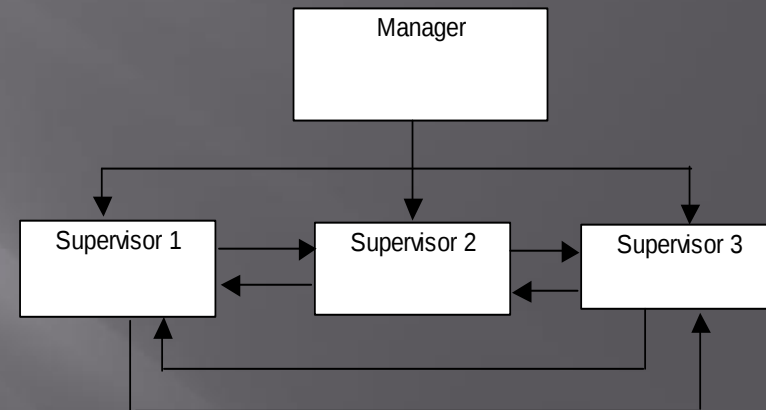
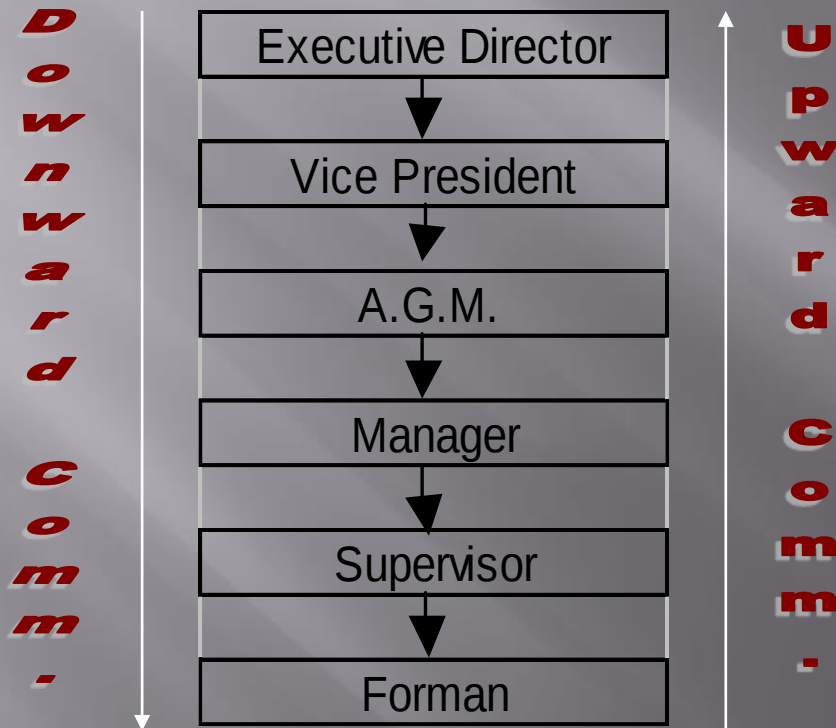
Visual dimension added by T.V., computers has given to new meaning to communication.

COMMUNICATION NETWORKS

Formal Network : Virtually vertical as per chain of command within the hierarchy.

Informal Network : Free to move in any direction may skip formal chain of command. Likely to satisfy social and emotional needs and also can facilitate task accomplishment.

HIERARCHY LEVEL



Horizontal Comm.

APPROACH

- ▣ **Regulatory approach (Managed prevention)**
- ▣ Defined as any governmental intervention, direct or indirect designed to alter human behaviour.
- ▣ Regulations may promulgated by the State by a variety of administrative agencies.
- ▣ Regulations may take many forms ranging of prohibition to imprisonment.
- ▣ The coercive or regulatory approach seeks change health behaviour and improvement in health through variety of external control or laws placed on people, as example, The Child Marriage Restraint Act in India and use of compulsory seat belts in the western countries. legislative approach may seem to be simplest and quick way to improve health or bring about desired changes in society, but there are also important failures of laws e.g., prohibition of alcohol.

APPROACH

- ▣ **service approach**
- ▣ It aimed at providing all the health services needed by the people at their door steps on the assumption that people would use them to improve their own health. This approach proved a failure because it was not based on the felt-needs of the people.

APPROACH

- ▣ **HEALTH EDUCATION APPROACH**
- ▣ If the necessary behaviour changes are to take place, people must be educated through planned learning experiences what to do, and be informed, educated and encouraged to make their own choice for a healthy life. This approach is consistent with democratic philosophy which does not "order" the individual. The results are slow, but enduring. The mass media and social organizations must be mobilized to help introduce new attitudes and new habits without conflicting with the masses and the collective reaction to particular change.

APPROACH

- ▣ **PRIMARY HEALTH CARE APPROACH**
- ▣ This is a radically new approach starting from the people with their full participation and active involvement in the planning and delivery of health services based on principals of primary health care, viz, community involvement and intersectoral coordination.
- ▣ The underlying objective is to help individuals to become self-reliant in matters of health.

Health Education and Propaganda

Education	Propaganda
Knowledge and skills actively acquired	Knowledge instilled in the minds of people
Makes people think for themselves	Prevents thinking by readymade Slogans
Disciplines primitive desires	Arouses and stimulate primitive desires
Develops reflective behavior. Trains ppl to use judgment before acting	Develops reflexive behavior ; Aims at impulsive actions

Health Education and Propaganda

Education	Propaganda
Appeals to reason	Appeals to Emotion
Develops individually , personality and self expression	Develops a standard pattern of attitudes and behaviours according to the mould used
Knowledge acquired through self reliant activity	Knowledge is spoon fed and passively received
The process is behaviour centred – aims at developing favourable attitudes , Habits and skills	The process is information centred – No change of attitude or behaviour designed.

Models of Health Education

- ▣ **MEDICAL MODEL**
- ▣ Most health education in the past has relied on knowledge transfer to achieve behaviour changes. The medical model is primarily interested in the recognition and treatment of disease (curing) and technological advances to facilitate the process. It is concerned with disease (as defined by the doctor) or opposed to illness (as defined by the client).
- ▣ In this model social, cultural and psychological factors were thought to be of little or no importance.

Models of Health Education

- ▣ **MOTIVATION MODEL**
- ▣ The individual first goes through AWARENESS about the subject. In health education, we must first create awareness of health needs and problems through a programme of public information.
- ▣ Motivation includes the stages of interest, evaluation and decision-making. The individual evinces interest in the subject; he may seek more detailed information about the usefulness, limitations or applicability of the new idea or practice. He then evaluates the various aspects (social, psychological, economic) of the information received. Such an evaluation is a mental exercise and results in decision-making.

Models of Health Education

- ▣ **MOTIVATION MODEL**
- ▣ He finally decides whether to accept or reject the new idea, programme or proposal. At this stage, interpersonal communication (friends, kinship groups, technical persons) is vital to lend support to his decision. Conviction leads to action, adoption or acceptance of the new idea. The new idea or acquired behaviour becomes part of his own existing values. This is called **internalization**.
- ▣ It is also found that in the same community, people may be in different stages of the adoption process. Adoptions are slow at first and increase as more and more people accept the practice.

Models of Health Education

- ▣ **SOCIAL INTERVENTION MODEL**
- ▣ Most of us prefer to do the things commonly done by our group. This highlights the importance of group support in helping reaching the decisions and taking action. This gave birth to the development of social intervention model of health education.
- ▣ An effective health education model is based on precise knowledge of human ecology and understanding of the interaction between the cultural, biological, physical and social environmental factors

YOUNG