

**Basics of Health Promotion and Education Intervention**  
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**Lecture-31**  
**Health Education Method: Part-1**

This session on the course in basics of health promotion and education intervention, involves understanding about health education methods, a very important aspect of these interventions.

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**CONCEPTS COVERED**

- Different approaches use different methods for health education
- Major approaches and the methods used
- Individual approach – using Counseling
- Mass approach – using Health fairs/Exhibitions

The slide features a grid of icons representing various health and social concepts: Family income, Employment, Our communities, Access to health services, Social support, Education, Health, Nutrition, Physical activity, and Mental health. At the bottom, there are logos for the Indian Institute of Technology (IIT) and the Indian Institute of Hygiene and Public Health (AIIPH), along with the text 'Indian Institute of Technology, Kharagpur'.

So, the concepts covered in this session, would be the different approaches used and the different methods used in these approaches for health education. Basically, elaborating on the major approaches and the methods used, particularly focusing on individual approaches like using counseling as a method of health education. And the mass approach particularly a planned way of using health fairs and exhibitions.


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## HEALTH EDUCATION METHODS

- *Different approaches use different methods for health education*
- The choice of the approach depends on factors like the size of the target audience, the nature of the information to be disseminated etc.
- Each approach requires different methods according to the size of the audience, their literacy levels, their media exposure etc.

The major approaches are:

- **Individual approach** - methods like counselling are used during individual approaches in health facilities or during home visits. These are used for providing information especially on sensitive issues, and teaching complex skills that need two-way communications between the individual and the health workers.
- **Group approach** - methods like lectures, demonstrations, group discussions, panel discussions, symposium, workshop, conferences, seminars etc. are used in group approaches.
- **Mass approach** - methods like mass meetings, exhibitions and health fairs are used during mass approaches.



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So, let us come to the methods first. We are all aware that different approaches use different methods for health education. Now what approach we choose? The choice of the approach will depend on factors like what the size of the target audience, the nature of the information to be disseminated. So, we need to decide on these factors before we choose the approach. Each approach then would require different methods.

Again, according to the size of the audience, their literacy levels, their media exposure etc..etc.ra. Now so having understood this, let us go through the major approaches there. There are three major approaches of health education. One is the individual approach; a one-to-one situation, where methods like counseling are used. So, methods like counseling are used during individual approaches.

This can be done in health facilities in some cases in the hospitals or in clinics or during home visits. So, these are used particularly for providing information on sensitive issues, which cannot be discussed in public or amongst a group of people. And also, for teaching complex skills that need two-way communication. You know there needs to be a proper understanding of what is happening.

So, individual approach employing counseling is what is used in these situations. The second approach is and this is a very common approach used methods like lectures, demonstrations, group discussions, panel discussions, symposium, workshop, conferences, seminars, all these are used in group approaches, where we address groups of people. And finally comes, the mass approach where we have methods like mass meetings.

We can see these mass meetings political mass meetings are very common, but they are also done for health exhibitions and health fairs are used also for mass approaches.

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**Methods used in Individual approaches - Counselling**

In many situations during their work in the communities or in the health facilities, public health professionals need to do counselling to inform, motivate or persuade for adopting desirable behavior changes.

**Different formats:**

1. **In-Person:** Face-to-face counselling in health facilities or during household visits.
2. **Group Counselling:** Group counselling sessions addresses health issues or problems among people with similar problems.
3. **Telephonic Sessions:** Telephonic counselling is best for busy individuals who might find it difficult to go to health facilities.
4. **Online Counselling:** Some people do not want to meet the counsellor face to face and protect their anonymity, they can opt for online counselling.

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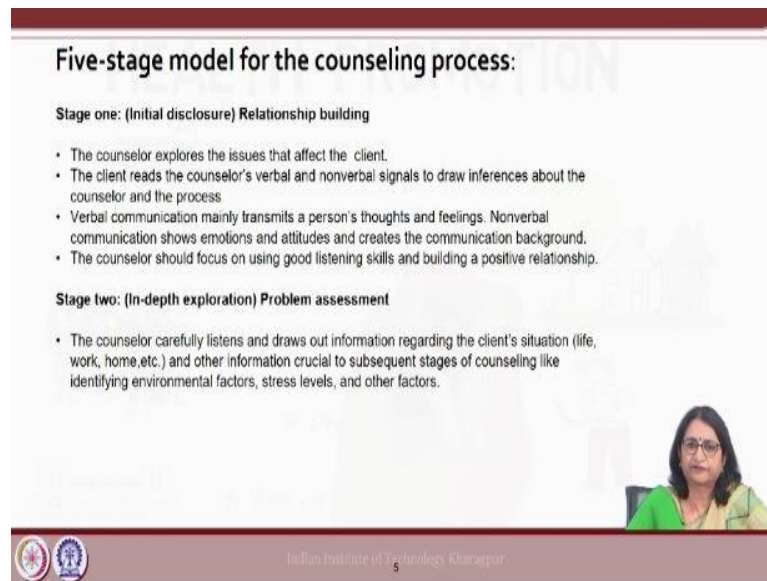
So, let us come to the individual approach method or counseling. Now in many situations during their work in communities or in the health facilities, might be individual clinics as well; public health people need to do counseling to inform, motivate or persuade for adopting desirable behaviour changes. So, these range from motivating people to accept a suitable contraceptive method to lactation counseling.

Too many other situations where we really and of course HIV AIDS is quite well known to everybody. So, there are many situations where counseling is required. There are different formats of counseling. Counseling can be done in person face-to-face counseling during household visits or when the patient visits a clinic or hospital it can be done through groups also, group counseling sessions though these are known as individual approaches, but group counseling is also common.

When people have similar problems, they can be brought together and counseled. Telephonic counseling: Sometimes people want anonymity, they do not or they might find it difficult to go to the health facility itself. So, their telephonic counseling is used or online counseling. Some people do not want to meet the counselor face-to-face, they want to protect their anonymity they can opt for online counseling sometimes.

So, these will be coming up in the days to come that their counseling itself can be done in different formats.

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**Five-stage model for the counseling process:**

**Stage one: (Initial disclosure) Relationship building**

- The counselor explores the issues that affect the client.
- The client reads the counselor's verbal and nonverbal signals to draw inferences about the counselor and the process
- Verbal communication mainly transmits a person's thoughts and feelings. Nonverbal communication shows emotions and attitudes and creates the communication background.
- The counselor should focus on using good listening skills and building a positive relationship.

**Stage two: (In-depth exploration) Problem assessment**

- The counselor carefully listens and draws out information regarding the client's situation (life, work, home, etc.) and other information crucial to subsequent stages of counseling like identifying environmental factors, stress levels, and other factors.

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The process of counseling has to be done very carefully. You know counseling is not advising, it is not directing, it is not prescribing, so it is something quite different. And in that we have to be aware of the stages which both the beneficiary and the counselor goes through. In stage one: It is the stage of initial disclosure; the person starts speaking to you. So, there is relationship building.

The counselor should at this point try to explore the issues that affect the client, that are affecting the client and has brought him or her to the counselor. And in order to do that the counselor needs to be very cautious about the verbal and non-verbal. Both the verbal and the non-verbal signal's that he or she sends out, because the client at this stage is very cautious very weary, starts reading these signals and draws inferences about the counselor and the process.

So, verbal communication actually is what we always focus on and be very careful about because they are conveying the thoughts and feelings but we have to remember that non-verbal communication is as if not more important. Because it also reflects our emotions and attitudes and creates the background in which communication and rapport building will happen.

So, the counselor has to be a person undergoing or participating in this process has to be very careful about it. So, the counselor should focus on good listening skills. You know more than talking it is listening, which is so very much important in this process of counseling. The more you ask people or you let people talk the more hidden agenda come out and the better it is for a counselor to understand what is the basic problem behind this.

So, and also to build a positive relationship, the more you let him tell him or her talk and the more accepting you are of what he or she says the relationship grows. So, after this initial stage the counseling process moves into the stage two. That is now the counselor has a bit of understanding and moves into in-depth exploration or problem assessment. While carefully listening and drawing out the information regarding the client's situation.

We would also the counselor at this stage would also like to listen to draw out and note other information, which is crucial at this stage of counseling. Because here we would like to identify all these factors which are leading to this problem environmental factors any stress any other factors which are operative. So, this is done in this stage 2 of in-depth exploration.

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**Five-stage model for the counseling process:**

**Stage three: (Commitment to action) Goal setting**

- Effective counseling relies on setting appropriate and realistic goals, from the information gathered in the previous stages.
- The goals must be identified and developed collaboratively, with the client committing to the steps planned to lead to a particular outcome.

**Stage four: Counseling intervention**

- This stage varies according to the skills of the counselor as well as the situation the client faces.
- The three main approaches are *psychodynamic, humanistic and behavioral*
- The commonest approach in public health is behavioral. Using this approach, a counsellor would identify the unwanted behaviour with a client and together they would work to change or adapt the behavior.

**Stage five: Evaluation, termination, or referral**

- Closing counselling must be planned to ensure a positive conclusion is reached, avoiding anger, sadness, or anxiety.

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In stage 3, there is commitment to action together, a counselor never prescribes never advices together with the client sets up some goals of change of behaviour. So, effective counseling will rely on setting appropriate and realistic goals, from the information gathered in the previous stages. The goals have to be identified and developed collaboratively, it is not like the counselor decides and speaks.

It has to be developed along with the beneficiary or the client with the client has to commit that, yes this I agree to and I will follow these steps to lead to a particular outcome, having done this commitment, having obtained this commitment collaboratively counseling moves into stage 4 of intervention. This stage actually is very much dependent upon the skills of the counselor and the situation which is present.

The three main approaches, which are used for interventions are psychodynamic, humanistic and behavioural. But public health issues problems mostly we are in a situation where we use behavioural counseling. So, the commonest approach in public health is behavioural. Using this approach, the counselor identifies the unwanted behaviour from all these stages of listening and taking exploring and taking down notes they come to a consensus together.

And together they work to change or adapt the behaviour which is problematic. Finally, this does not end here, we found out the problem. We have decided that this is how we will change these particular behaviours 1, 2, 3 or just 1 and 2 or whatever just one. But it does not end here it has to end with evaluation, termination, or referral. Closing the counseling is as important.

It has to be planned to ensure a positive conclusion is reached you cannot leave the client without a clue of what they will they are going to do next. So, there must be a positivity that yes, I have benefited out of it, I am going to do something about it, may not be very ambitious goals, very incremental small ones, but still, some must be there and there should not be anger, sadness or anxiety after the process.

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**Core counselling skills**

- 1. Attending:** Active listening and giving full attention, to what the client is saying or doing, valuing them as worthy individuals.
- 2. Silence:** Provides control of the content, pace and objectives.
- 3. Reflecting and Paraphrasing:** Repeating and providing a shorter version of their story back to the client - 'paraphrasing'.
- 4. Clarifying and the Using Questions:** The counsellor should use open questions to clarify his or her understanding of what the client is feeling. Leading questions are to be avoided as they can impair the counselling process.
- 5. Focusing:** Making decisions about priority issues that should be dealt with. The client may have mentioned a range of issues and problems and focusing allows the counsellor and client together to concentrate on the priority issues of concern.
- 6. Building Rapport:** foster a sense of having a connection.
- 7. Summarizing:** Summaries are longer paraphrases - essence of what the client is saying and feeling. The summary 'sums up' the main themes.

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So, the core counseling skills involve attending which is basically active listening. Active listening is a very difficult skill has to be practiced active is wholehearted listening full attention, to what the person is saying, that is a very difficult skill and valuing them as worthy individuals. But it can be practiced and counselors have to adopt. This second is silence. Counselors do not talk much, they listen.

And silence actually helps in providing control of not only the content; they allow the other person some time to think about it. To decide on the pace to decide on what we are going to do. Then the other important skill is reflecting and paraphrasing. From time to time, you know because people differ in their ways of thinking. So, it is good that the counselor should repeat and provide a shorter version of what they have understood is this, what you wanted to say.

So, that is paraphrasing. Clarifying and using questions: Sometimes if the counselor has not understood. They should use open questions to clarify the understanding of what is the feeling of the client what they really want to say or what do they really mean. But do in any situation the counselor is not to use any leading questions, which have a yes-no answer. Because they impair the entire process, we want open-ended true feelings to come out.

Then comes focusing, because after this process priorities have to be decided making decisions about priority issues, the client may have mentioned a range of issues and problems and when we focus together both counselor and client it allows concentration on the priority

issues by consensus. Then rapport building of course it has to be there. We are talking about sensitive issues.

We are talking about issues, which are affecting the client physically, mentally, socially so there must be a connection in order to bring out whatever is there in the mind. And finally summarizing, we have been paraphrasing throughout the process. So, if you bring it together the longer paraphrase the essence of what the client is saying and feeling. In the summary, it 'sums up' the main themes, which have come out in this counseling process.

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**Different types of Counselling can be used in various phases of a health problem**

Counselling regarding HIV/AIDS are provided for target groups in various stages like

- Counselling before testing for HIV infection
- Individual post-test counselling that includes information about and referral to prevention, care and treatment services, as required
- Safer sex and risk reduction counselling.
- Support for disclosure to partner and couples counselling
- Infant feeding counselling for mothers with HIV/AIDS
- Bereavement counselling
- Telephone "hotline" counselling including Crisis counselling
- Psychological counselling

**The counselor should be careful not to:**

- *Provide advice*
- *Be judgmental*
- *Create emotional attachment with the client*

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Actually, in us in a single health problem one can use different types of counseling. Let us take the example of HIV AIDS. In HIV AIDS, counseling is done before testing sometimes or after testing individual post-test counseling is done to information about and referral to prevention, care and treatment services as required because obviously the person must have come for counseling.

Because they were worried about some behaviour which might have increased their risk, so even if the person is negative post-test counseling is done. Safer sex and risk reduction counseling is done. Support for disclosure to partner and couples these forms another very important part of problem in HIV infected persons they need to go back and tell their partners or their couples or their spouses and so, this part of how to do it can be counseled.

Infant feeding counseling for mothers with HIV aids. Bereavement counseling, when people die how to break the news. How to deal with grief all this requires counseling. Crisis



counseling and that is mostly done through telephone online hotline counseling this is done. And of course, psychological counseling for various psychological issues which might evolve when suffering from HIV aids.

But the counselor has to be very, very careful not to give advice he or she is not an advisor. He is a counselor. He cannot be judgmental. You have to accept the person as they are; we all have our own biases. So, it is the counselor has to go through a process where these judgments and biases are put aside before undertaking the process and should always avoid creating emotional attachment with the client.

A counselor does not cry with the client, does not laugh with the client. He has to maintain a certain amount of a 'Lakshman Rekha' or a certain area where this much and no further.

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So, these are the different situations where counseling can take place and there are many, many more such situations.

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## Methods used in mass approaches

### Health Fairs

A health fair is an educational and interactive event designed at the community level to provide basic information and services like screening the people in the community for non-communicable diseases like diabetes, hypertension etc. and using this opportunity to motivate for changing risk behavior. Health fairs include exhibitions.




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Now let us come to one other important method which is used in mass approaches. You have all been perhaps to a health fair or an exhibition. A health fair is an educational and interactive event. We forget this interactive part of course. It is usually designed at the community level to provide basic information and services like screening the people in the community for diabetes, hypertension etcetera.

You have these camps where sugar testing is done. Blood pressure is checked etcetera. And this opportunity is then used to motivate for changing this risk behaviour. Health fairs of course also include exhibitions.

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## Steps for planning a health fair

- Formation of planning committee. Members should include people from the target community.
- Selection of theme. For example – The growing prevalence of non-communicable diseases in the community
- Specifying the audience - who are to be reached at the event. For example – population aged 50 years and above
- Writing down the goals and objectives for the health fair. For example, the goal might be to reduce risk behavior for non-communicable diseases in the target community. The objectives include – screening at least 50% of the population aged 50 years and above, for hypertension and diabetes and arranging and exhibition to inform the community about the risk behaviors like diet, physical activity, tobacco and excessive alcohol use and how they lead to development of non-communicable diseases.
- Fixing a date and time for the event. Then selecting and reserving the location or venue.
- Identification of possible services, activities, information and exhibits that will be used in the event. For example – Screening for hypertension by measuring blood pressure, Posters in exhibition showing how high blood pressure affects health and well-being, exhibits of foodstuff which should be avoided by people with high blood pressure – salty snacks, sauces, pickles etc. Purchasing perishable items to be exhibited and storing them safely until the event.

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Now it is important that we also realize that there are steps for planning a health fair. First and foremost, this work cannot be done alone. So, a committee needs to be planned and take

the members. The members should include people from the target community. Because they are the ones who can convey what is needed by them. Then we come to selection of the theme. For example, we can deal with the growing prevalence of non-communicable diseases in the community.

Then we need to specify the audience - who are to be reached at the event. For example - the priority for this particular topic should be population aged 50 years and above. This is what the committee has decided. Then what do we need to do. We need to write down the goals and objectives of the fair. It is an activity so it has to have a goal, it has to have objectives. For example - the goal might be to reduce risk behaviour for non-communicable diseases in the target community.

The objectives will be obviously towards to achieve these goals screening at least 50 percent of the population 50 years and above for hypertension and diabetes. The other objective could be arranging an exhibition to inform them about the risk behaviours like diet, physical activity, tobacco, excessive alcohol use and how they lead to development of entities. So, we have two objectives we have one overarching goal.

Then we need to fix a date and time for the exhibition or the fair. Of course, along with that we have to select and reserve a location or venue. Having done that, we need to identify possible services, activities, information, exhibits we are going to require lots of these things at the event. For example - if we want to screen for hypertension. We have to measure blood pressure.

We have to put up posters in the exhibition showing how high blood pressure affects health and well-being, we should also try to exhibit food stuff which should be avoided by people with high blood pressure, the overtly salty snacks, sauces, pickles etcetera. And we need to also purchase all these perishable items well in advance and store them safely until the event. So, it is a lot of work.

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**Steps for planning a health fair**

- Deciding on what activities and services will be provided at the health fair, who will provide them. Planning booths and exhibits. *Working out a budget*
- Assigning planning committee members to different responsibilities or subcommittees, such as logistics (Reserving the venue, Coordinating resources, on-site setup, etc.), Publications (flyers and announcements on radio, social media, television, community events and even e-mail.)
- Creating partnerships with other community-based organizations working in the same area;
- Reserving sound equipment if needed. Reserving enough tables and chairs. Collecting objects, models, specimens, posters and other print and audio-visual material conveying a specific message to the observer.
- Arranging for trash bags, table cloths and venue decorations.
- Creating posters, flyers and promotional materials to publicize the event.
- Printing registration and evaluation forms. Finalizing the plan for registration (usually a sign-in table at the entrance) and event evaluation, including distribution and collection of evaluation forms or surveys
- Contacting television radio and newspapers to publicize the event.

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Then the most important part deciding what activities and services there are some things which will be done in the health fair activities; so, who will provide them. We need to plan the booths and exhibits and work out a budget. Money is most important and that has to be worked out. Then you need to call up the planning committee members and give them each different responsibilities or form subcommittees under them like logistics committee who will reserve the venue coordinate resources do an on-site setup etc..etc..ra.

You can have a publications committee who will prepare the flyers radio announcements etcetera. So, and then we cannot do it alone. We have to partner with the other community-based organizations working in the same area to get good footfall to actually scale up the event etcetera. Reserving sound equipment if needed, reserving tables and chairs these seem to be funny but actually these are all very important components collecting objects, models, specimens, posters other print and audio-visual material which will convey the message.

Arrange for trash bags, tablecloths, venue decorations. Create posters, flyers and promotional materials. Print registration and evaluation forms. You will not understand whether your activity is unless you evaluate it as well so you distribute and collect evaluation forms and surveys or whatever. And contact television radio and newspapers to publicize the events. So that is a whole lot of activity and it has to be done systematically planned manner.

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**CONCLUSION**

- Different approaches and methods are used in health communication.
- Counseling is one of the commonly used methods in Individual approaches. In many situations during their work in the communities or in the health facilities, public health professionals need to do counselling to inform, motivate or persuade for adopting desirable behavior changes.
- There is a five-stage model for the counseling process and seven core counseling skills.
- Health fairs/exhibitions are commonly used methods in Mass approaches. To be effective in disseminating messages and bringing about the changes outlines as goals and objectives, they require careful planning and evaluation.

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So, what we have been focusing on in this session is the different approaches and methods which are used in health communication. Counseling is one of the commonly used methods in individual approaches. In many situations during their work in the communities or in health facilities, public health professionals need to do this counseling to inform, to motivate, to persuade for adopting desirable behaviour changes.

So, all of us should be knowledgeable about the skills about the process. And there is a five-stage model for this process and seven core counseling skills, which have been discussed. The other important thing to remember is the commonly used mass approach of health fairs and exhibitions in order to be effective these messages which are to be used in these health fairs need to be planned appropriately.

Goals and objectives need to be outlined prior and a priority and it also requires very careful planning and evaluation in order to do it well and modify it in future. So, that it becomes more and more effective and efficiently conducted.

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## RESOURCES

- Health Education, Advocacy and Community Mobilization Module: 9. Methods and approaches of health Communication [Internet]. [Cited 29 November 2021]. Available from: <https://www.open.edu/openlearncreate/mod/oucontent/view.php?id=166>
- Health Communication Strategies – Rural health Promotion and Disease Prevention Toolkit [Internet]. Ruralhealthinfo.org. [cited 29 November 2021]. Available from <https://www.ruralhealthinfo.org/toolkits/health-promotion/2/strategies/health-communication>
- Health Communication Methods. [Internet]. npi.cdc.gov. [cited 29 November 2021]. Available from: <https://npi.cdc.gov/pages/health-communication-strategies-methods>
- Dobe M. Health promotion and Education: Foundations for Changing Health Behavior 1st Edition 2022 Academic Publishers



Family Income Employment Our communities Access to health services

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So, these are some of the resources, which have been used for this. And those who are interested can go through it. Thank you.