

# A REPORT ON THE THREE DAY WORKSHOP ON HEALTH COMMUNICATION

Resource Person- Dr. Sanjeev Kumar

Dated –17<sup>th</sup> October– 19<sup>th</sup> October 2016

## DAY ONE (17th October 2016)

### INTRODUCTORY SESSION

The workshop started off with Dr. Sanjeev Kumar asking the participants a few basic questions about television like when did the first cable and satellite television come to India. He also asked the participants questions regarding the first population census. The mentor then talked about ICPD, which is the international Council on Population and Development that was held in 1994 at Cairo, Egypt. He also talked about the importance of family planning and about a few important planning programmes. He asked the participants to check out some websites which provide information regarding the census of India for further information. The mentor then talked about the sample registration system which is based on a dual record system. The SRS system consists of continuous enumeration of births and deaths in a sample of villages/blocks by a resident part time enumerator, and an independent six monthly retrospective survey by a full time supervisor. Under the sample registration system comes the IMR, MMR and TFR. The IMR that is the infant mortality rate is the number of deaths of children less than one year of age per 1000 live births. The mentor then showed data which showed that Assam has the highest infant mortality rate. He then asked the participants to write their thoughts regarding five factors on why the IMR rate of Assam is high. The following figures show few of the factors that the participants had written. The mentor then discussed how many factors like illiteracy, poverty, communication gap resulted in the rise of IMR. He also discussed how the government was doing all that it could for the reduction of the IMR rate by implementing a few programmes like NHM, NRHM etc. NHM i.e., the National Health Mission and NRHM i.e., the National Rural Health Mission have been specially launched to provide free accessible health-care to the people specially to the vulnerable groups. The main objective of the mission is to see the IMR, MMR and TFR rate and to see their reduction. The mentor then discussed the special bulletin in Maternal mortality in India 2010-12 which talks about the reduction of mortality of women is an area of concern for the government across the globe. The International Conference on Population and Development in 1994 had recommended reduction in maternal mortality by at least 50% of the 1990 levels by the year 2000 and further one half by the year 2015. MMR and IMR can be reduced by proper family planning which can be achieved



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only if there is couple communication. If there is proper communication between a couple regarding family planning and the two ways through which family can be planned is by –

- **LIMITING** – That is limit the number of children
- **SPACING** – That is to keep space between the birth of a first child and a second and viceversa.

The maternal mortality rate that is the number of women dying during childbirth is a case of concern. Many women, especially in rural areas, die during childbirth and there are many reasons for it. Some of them are that many of them do not space between their first child and second child, that is there should be a time limit of the birth of the first child and the second child. And the main reason that the mentor discussed is RISK PREGNANCY if the weight of the women is 35 to 40 KGs which is harmful both for the mother and the child. Risk pregnancy could be if the mother is anemic, nutrition level is low and the pregnancy frequency high. Proper information is also not provided regarding the do's and don'ts and sometimes if the information is given it does not turn out to be authentic. Health communication is what comes in handy. Proper communication should be provided, Health Communication is not just of material production, it is about the power of information and knowledge. It is about seeing things differently and without changing content we should first change the angle of the story.

Behaviour Change Communication is what should be practiced. People may have the information but may not be willing to change. Communication experts should see what are the factors that are stopping them from doing so. They should see things from their perspective and implement the objectives.

The mentor also talked about ASHA (Accredited Social Health Activist) workers who are the trained skilled health workers from the village. There are about nine lakhs such workers across the country. ASHA workers have been specially trained to provide knowledge regarding health factors and they have been specially associated with the new mothers. They can be termed as health communicators who communicate with people regarding various health issues and provide information. They work as an interface between the community and the public health system.

## AFTERNOON SESSION

During the second half of the session the mentor Dr.Sanjeev Kumar talked about various health initiatives that were taken up by the government. like NHM and NRHM etc. He then talked about the National Health Mission which envisages achievement of universal access to equitable, affordable and quality health care services that are accountable and responsive to people's needs. NHM is an initiative undertaken by the government of India to address the health needs of under-served rural areas. Each NHM was given a target approach on how to achieve its goals and objectives. Even though NHM, NRHM etc. are present and doing their



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best, why do people still have so many health issues, why do the majority of people still do not have proper hygienic conditions to live; these were some of the questions raised by the mentor himself. This is where the role of behavior changes communication or BCC. The mentor talked about how the communication officer or the worker should see things or issues from the perspectives of the stakeholders. Each one 's perception differs and everyone has different views regarding different issues. He stated that to work for the ground level people things should be seen from their perspective and then only things can be seen differently. Perception matters a lot and different problems require different angles on how it should be seen. How we view and address different problems differently varies a lot. Communication generally fails because people are conditioned to think in a one straight path or way from the start.

Regarding this the participants were then shown a video ad titled Lifebuoy "Help A Child Reach 5" which showed how a simple act of washing hands can help save a life.

The mentor then discussed IEC which is Information, Education and Communication which is basically Information: On how proper information should reach to the people; Education: On how people should be made aware and Communication: On how proper communication should be done regarding any issues. For any proper communication regarding any issues one of the main tools is mass media campaign. The mentor talked to the participants on how the mass media tools are effective in communication process and how each of the campaigns are made creatively .He emphasized on how these campaign are made and how the most successful campaigns are both attractive as well as informative.Under this media campaigns comes various ads which are made to highlight different development issues.He advised the participants how they should be informative, not too long ,catchy and if possible a bit of humour should be included. Mass media campaigns ads should be planned according to the sources available and according to the perspective of the people. It should be somehow related and at par with the audience. The mentor guided the participant on how to make campaigns ads and the most important thing of any ad is to find out its USP that is its Unique Selling Propositions and if possible they should also listen to the suggestions of the people for whom they are making this ad because social communication means listening. He also stressed on the fact how sometimes the visuals / words should be changed to be at par with the stakeholder. The participants were screened several campaign ads regarding many social issues which gave them an idea on how a campaign ad should be.

Thus the first day ended with Dr. Sanjeeb Kumar talking about how the role of the communication officer or a development officer is not only to gather information but to put the information into practice because only displaying the information to people is not enough. At the end the participants were asked to prepare a 30 sec ad highlighting any health issue which they were asked to present the next day.

## **DAY TWO (18<sup>th</sup> October 2016)**

### **MORNING SESSION**



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The second day of the workshop started with the mentor asking the participants their thoughts regarding the previous day's session, what they understood and learnt. The participants then voiced out their thoughts regarding what they could gather and assess the previous day.

The mentor Dr. Sanjeev Kumar talked about the Ministry of Information And Broadcasting and gave a few basic insights of what it is. Anything that the government broadcasts comes under it. He talked about media plans, which means where to transmit a particular ad or video and how to choose a particular broadcast for an ad. Media plan actually means where one can transmit one 's spot whether it is on Doordarshan or Krishidarshan etc. It means why and how to broadcast a particular channel at a particular time. The mentor also advised the participants to check out the website of Information and Broadcasting once in a while for more information.

During the second day the mentor Dr. Sanjeev Kumar talked about how a strategy is formed. He taught the participants how to write a research report on communication strategy. He discussed with the participants the basic first-hand information to do research and write a report. He talked about the importance of research because research helps in trying to find out something unique and different in the works which have already been done or published. To find out the key words and the USP of the topic on which one's research is based is very important. The mentor pointed out that while doing research one has to keep in mind some few important points. When a research report on any communication strategy is being written the first step is the

**LITERATURE REVIEW** – Literature Review is whatever has already been written or researched upon the topic which one is going to research about. It has two parts which are

**Secondary data** – which refers to the data which was collected by someone other than the user. It is the data which already exists and that is why it is called secondary data.

**Primary data** - Primary data is the data which the researcher designs/ collects himself. It is the data which one has to collect oneself through various sample research tools like questionnaire, field work, data collection etc.

The mentor showed the participants the proper way to write a report based on research which are as follows-

**INTRODUCTION** – First one has to write the introduction about what one is conducting research on. It has to be about the topic, what it is and what are the objectives of the research.

**RESEARCH QUESTIONS** – The second step is to make a questionnaire based on the research. The questionnaire has to have the basic questions regarding the topic of the research.

**OBJECTIVES** – The third step is to find out the objectives about why the research is to be done and then write it down. It is one of the important parts of any research. It shows the goals and objectives that It wants to achieve by conducting this research.



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**LITERATURE REVIEW** – The fourth step is to do the literature review which means to review on what has already been written or researched before about the topic. Literature review is also important because the more existing one gets doing the review the more interesting the review will be.

**SECONDARY DATA** – The fifth step is to see the data which has already been collected by someone other than the user.

**PRIMARY DATA** – And then comes the most important feature of any research which is the primary data. It is the collection of data, facts by the researcher itself. This is done through many ways like field work, asking questions, data collection etc. This comes under the methodology section.

**QUANTITATIVE DATA** – It is the collection of data in numbers. (how many people think like that)

**QUALITATIVE DATA**- It will tell why people think of behaving in a particular way.

**DATA ENTRY** – After the collection of the data the data should be properly entered.

**DATA ANALYSIS** – After data entry there should be analysis of the data. Data from various sources should be collected and then analyzed to form some sort of findings or conclusion.

**FINDINGS** – It is the conclusion reached after proper research on a topic. The objectives achieved and whether the purpose of the research is achieved should be included.

**RECOMMENDATIONS** – Lastly suggestions should be forwarded based on the research. Any idea or plan can be recommended based on the research.

The mentor also talked about formative research which is a baseline research trying to understand what people do, inform what is the ground situation and what one ends up doing.

The main idea that the mentor wanted to impart on the participants was to create awareness among the participants the importance of research. Research helps to find out the root cause of the problem and then one can work about the problem. At the end of the day all we want is impact, change and through proper research reports one can do so. The people that the researcher talks to during the research will become the respondents. The mentor also informed the participants on how research has also to be sensitive and confidential.

## AFTERNOON SESSION

The second half started with the mentor screening a small video about SWACH BHARAT ABHIYAN. Swachh Bharat Abhiyan was launched on October 2nd 2014. It is the national campaign by the government of India to clean the streets, roads and the infrastructure of the country. It is India's biggest ever cleanliness drive. One of the initiatives that the mentor talked about the Swachh Bharat Abhiyan was the Open Defecation Free (ODF). The government is

aiming to achieve Open Defecation Free India by 2019, 2nd October. Open defecation is the practice of people defecating outside and not into designated toilets. The mentor talked about how even if sometimes toilets are available still people do not inculcate the habit of using it. This could be because of traditional cultural practices too. Therefore, he said how the need for behavior change is critical in this situation. Behaviour, the mentor explained is action which is both qualitatively and quantitatively. The meaning of the word 'behaviour' in behavior change communication is one. In health communication the word 'behaviour' has only one meaning even if it is associated with NREGA, family planning etc., behavior change communication is related to everyone. The mentor explained how at the end of the day behavior means action, it is about what people want and how much are they willing to get that. At the end of the day people should do, not think. People should do something; they should act because only actions can be measured. The mentor also discussed how different problems require different approaches, different solutions, different perceptions.

Talking more about the Swachh Bharat Abhiyan Dr. Sanjeev Kumar advised the participants to read the guidelines of Swachh Bharat Mission. There are two divisions of Swachh Bharat Mission which are Swachh Bharat Mission Urban and Swachh Bharat Mission Gramin. Public awareness is a vital component in Swachh Bharat Abhiyan. The mentor also informed the participants about the Sanitation and Hygiene Advocacy and Communication Strategy Framework. It is a communication and advocacy strategy framework for sanitation and hygiene by the Ministry of Drinking Water and Sanitation and UNICEF. It focuses on the promotion of positive sanitation and hygiene behaviours for adoption by households and communities. The aim is to create a new social norm that open defecation is totally unacceptable.

## ACTIVITIES

The participants in the previous class were asked to prepare a 30 sec ad campaign relating to any health issue like polio. AIDS etc. On the second day the participants were asked to enact their ad and show how they would plan and do it. The participants one by one started enacting their ads even taking the help of the other participants in playing the role. All the participants came up with wonderful ideas of campaign ads regarding various health issue awareness. The mentor congratulated them on their ideas and gave them even more tips and suggestions on how they can make the ads even more interesting and with more clarity. A little bit of humour if added, the mentor added could also work wonders.



*Students presenting their advertisement ideas*

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## DAY THREE (19<sup>th</sup> October 2016)

### MORNING SESSION

The third day of the workshop started with the mentor talking about various health programmes. Some of them were ASHA, WHO, FGD, CNC etc. The mentor talked about how different media communication tools can be used to influence people, how through different ways behavior change communication is possible. The mentor talked about some of the media categories through which behavior change communication is possible. They are –

**PRINT** – Flip books, Flashcards, Notice, Letters, Calendars etc.

**OUTDOOR** – Hoardings, Banners, KIOSKS, wall writings, Wall paintings, Bus panels, Exhibitions, Neon sign messages etc.

**FOLK** – Puppetry, storytelling, street play, songs, drama, cultural programmes, dance, flash mob etc.

**SOCIAL MOBILIZATION** – Rallies, cycle rallies, march/ protests, mobile video van, self-help groups, miking, human chain, meetings etc.

**INTERPERSONAL COMMUNICATION** – Home visits, personal interviews, commuting, phone in etc.

**DIGITAL** – Mobile, SMS, videos, animations, e-mails, helpline numbers etc.

**ADVOCACY**– Policy makers, corporate, NGO, religious leaders, media persons

**TELEVISION** – Videos, scroll, etc.

The main idea behind these various tools that the mentor talked about was to make the participants aware of how through the use of these various tools change is possible. Behaviour change is not something that happens in a day. It takes time but through proper communication tools it can be possible. Behaviour change in terms of health communication is what the mentor stressed on. Different problems require different approaches, different solutions and every problem has to be worked out in terms of the stakeholder's perspective.

### AFTERNOON SESSION

During the second half the mentor talked about CLTS which is Community Led Total Sanitation. CLTS is an innovative communication approach for mobilizing communities to completely eliminate open defecation. Communities are facilitated to conduct their own appraisal and analysis of open defecation and take their own action to become ODF that is Open Defecation Free. CLTS recognizes the fact that merely providing toilets does not guarantee their use, nor



result in improved sanitation and hygiene. CLTS focuses on the behavioural change needed to ensure real and sustainable improvements and shifting the focus from toilet construction for individual households to the creation of open defecation free villages. It raises awareness that as long as even a minority continues to defecate in the open everyone is at risk of disease. It propels people into action and encourages innovation, support and local solutions.

The mentor then discussed another communication approach which is the SBCC that is Social and Behaviour Change Communication. There are many social determinants that shape human interaction. These social determinants include factors such as knowledge, attitudes, norms and cultural practices etc. SBCC, the mentor implied, uses communication as a tool to influence these social dimensions of health and wellbeing. Communication programs can increase knowledge, change attitudes and cultural norms and produce changes in the behavior of the people.

The mentor talked about how to bring a change into something first, the change should be brought to oneself. Everything starts with self, with individuals. There are many factors which may prove to be a barrier to communication. Behaviour change communication is a tough process. To influence a person and to change his thoughts and beliefs one needs to go through the various bars like family, peers, partner, environment, religion etc. that surrounds the individual. A proper way should be thought about how to reach the person in his environment, how to influence his thought or behavior. Things should be seen from his perspective and should try to understand a proper communicative way to reach the person be it through its culture, norms etc. We have to try to figure out a person's touch points, that is it should be seen in how many different points or different ways a person can be reached, that is the person can be influenced.

The mentor then emphasized on the most important topic and that was how to properly plan a communication strategy. He discussed the principles competencies planning tools which will come in handy while developing any strategy and in bringing behavioural changes. Those are as follows-

## PLANNING

- Understanding the situation
- Focusing and Designing
- Creating
- Implementing and Monitoring
- Evaluating and Re-planning

These are some of the basic planning tools which should be kept in mind every time while planning any strategy.

## ACTIVITIES



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*Students performing the rope activity*

A fun activity as a part of a learning process was done during the second half. The mentor asked any two participants to come forward and then tied both their hands together with a rope. Then they were asked to free themselves. The participants tried their best they could in freeing their hand but to no avail. They looked into all kinds of ways but couldn't find any solution. The mentor, after seeing that the participants were unable to free themselves, helped them in untying the rope and in turn showed how the rope could be untied. This activity was done by the mentor to make the participants aware of the barriers in the communication process. He wanted them to realize that while working for any solutions they should at first need to understand the barriers and see what is the cause of the obstacles. First it is important to identify the barriers only then one can overcome the obstacles. Behaviour change is required not only to identify the barriers but it is the process of unlocking the barriers. He also talked about how barriers are very important to unblock. At the end of the day behavior change is not only about just influencing through communication, it is about the strategic use of communication to promote positive health outcomes and to bring about a positive change.

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