

PUBLIC HEALTH TRAINING SCHOOL  
DIPLOMA IN HEALTH INSPECTOR COURSE-II YEAR

**Question Bank** (Draft)

PAPER II (New Syllabus)

**COMMUNICATION AND HEALTH EDUCATION**

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**COMMUNICATION AND HEALTH EDUCATION**

**I. Choose the correct answer**

1. In ----- method of group teaching, there is no active participation from learners:Ans.(a)  
a.Lecture b.Group discussion c.Symposium d.Role play
2. ----- method of group teaching, may fail to change the health practice of people :Ans.(a)  
a.Lecture b.Group discussion c.Symposium d.Role play
- 3.----- is a teaching aid which consists of a series cards :Ans.(b)  
a.Flannel graph b.Flash card c.Booklet d.None of these
- 4.In -----method of health education people learn by exchanging their views and experiences:Ans.(d)  
a.Syposium b.Work shop c.Role play d.Group discussion
5. Optimum number of members in an effective group:Ans.(b)  
a.10-12 b.6-12 c.10-20 d.10-15
- 6.Optimum number of speakers in panel discussion:Ans.(b)  
a.10-12 b.4-8 c.10-20 d.10-15
- 7.In panel discussion-----introduces topic:Ans.(a)  
a.Chairman b.Recorder c.Member d.All
- 8.Success of panel discussion depends on----- Ans.(c)  
a. Member b.Recorder c. Chairman d.All
- 9.----- is a series of speeches on the selected subject by experts Ans.(b)  
a.Panel discussion b.Symposium c.Lecture d.None
- 10.In -----method of group teaching there is no discussion by experts Ans.(b)  
a. a.Panel discussion b.Symposium c.Group discussion d.None
11. ----- consists of a series of meetings Ans.(b)  
a.Panel discussion b.Work shop c.Lecture d.Seminar
- 12.Teaching method Role play ends with a ----- Ans.(a)  
a.Discussion b.Acting c.Lecture d.None of these
- 13.----- are generally less effective in changing human behaviour Ans.(b)  
a.Group discussions b.Mass media c.Work shops d.None of these
- 14.----- are the most widely distributed of all forms of reading material Ans.(b)  
a.Book b.Newspaper c.Magazine d.Weekly
- 15.Health exhibitions are conducted in connection with ----- Ans.(d)  
a.Fairs b.Festivals c.Mass campaigns d.All
16. ----- is a skill for communication Ans.(d)  
a. Appreciation b.Recognition c.Approval d.All
- 17.----- is a type of communication which uses accepted form, rule or custom Ans.(a)  
a.Formal communication b.Informal communication c.Non-verbal communication d.None of these

18. Another name for feedback is ----- Ans.(c)  
 a.Audience Response      b.Reply    c.Both (a) and (b)      d. Message
- 19.----- is a type of motivation Ans.(b)  
 a.Reflection      b.Identification      c.Compensation      d.None of these.
- 20.A type of communication in which receiver has the chance of asking questions and clearing doubtsAns.(b)  
 a.One-way communication    b.Two – way communication  
 c.Non-verbal communication    d.None of these.
- 21.----- communication takes place between two or three people or in small groups such as a family  
 Ans.(a)  
 a.Face-to-face      b.Mass    c.Both    d.None of these
- 22.Personal contact is ----- communication Ans.(a)  
 a.Face-to-face      b.Mass    c.Both    d.None of these
23. In----- pattern of communication, leader communicates to members through certain other persons in the chain Ans.(b)  
 a.wheel    b.Chain      c.All-channel    d.All
- 24.Discussion group is an example of ----- pattern of communication Ans.(c)  
 a.wheel    b.Chain      c.All-channel    d.All
25. The new approach in teaching-learning process is to focus on ---- Ans.(b)  
 a.Teachers      b.Learners      c.Both    d.None of these
26. ----- is a communication method in which speakers speak 'for' or 'against' the statement Ans.(c)  
 a.Lecture    b.Field trip      c.Debate    d.Simulated learning experience
- 27.In ----- method of communication, at the end the chairman takes a vote Ans.(c)  
 a.Lecture    b.Field trip      c.Debate    d. Simulated learning experience
- 28..... is an essential tool of community health Ans.(a)  
 a.Health education    b.Philosophy      c.Psychology      d.None
29. Objective of health education is----- Ans.(c)  
 a.to influence people      b.to win friends    c.both    d.None of these
30. ----- is an area of health education Ans.(c)  
 a.Human Biology    b.MCH and Family Planning    c.Both    d.None of these
- 31.Many people in rural areas do not avail the existing community health services because of ----- Ans.(c)  
 a.Ignorance      b.Indifference      c.Both    d.None of these
32. Hunger is a ----- motive Ans.(a)  
 a.Primary      b.Secondary    c.None    d.Both
- 33.Recognition is a -----motive Ans.(a)  
 a.Secondary      b.Primary    c.Inborn      d.None of these
34. GATHERING technique is related to .....(c)  
 a.Group dynamics      b.Community organization      c.Counselling      d.None of these
- 35.Conviction leads to ----- Ans.(d)  
 a.Action      b.Adoption      c.Acceptance      d.All

36. Important word in communication is ----- Ans.(a)  
 a. Sharing    b. Adoption    c. Interest    d. Motivation
37. Sharing process is called ----- Ans.(a)  
 a. Communication    b. Psychology    c. Sociology    d. None
38. ----- is a purpose of communication Ans.(d)  
 a. Information    b. Propaganda    c. Entertainment    d. All
39. ----- is the originator of message Ans.(a)  
 a. Communicator    b. Audience    c. Channel    d. Message
40. Conveying a message to audience is followed by ----- Ans.(d)  
 a. Acceptance    b. Rejection    c. Remembrance    d. Any of these
41. In one way communication there is no ----- Ans.(c)  
 a. Feedback    b. Participation    c. both    d. None
42. Education in one way communication is ----- Ans.(a)  
 a. Authoritative    b. Democratic    c. Participatory    d. Active
43. ----- cannot provide two way communication as group discussion does Ans.(d)  
 a. TV    b. Radio    c. Poster    d. All
44. ----- is a form of verbal communication Ans.(a)  
 a. Spoken word    b. Gestures    c. Hand movements    d. None of these
45. ----- is a non-verbal communication Ans.(d)  
 a. Smile    b. Postures    c. Silence    d. All
46. ----- is hearing with understanding Ans.(a)  
 a. Listening    b. Knowledge    c. Attitude    d. None of these
47. ----- is the key to effective communication Ans.(a)  
 a. Listening    b. Perception    c. Attitude    d. None of these
48. World health day message 2014 is ..... Ans.(a)  
 a. Small bite , big threat    b. Small family, happy family  
 c. 1000 cities, 1000 lives    d. None of these
49. Average retention rate is more in ..... Ans.(d)  
 a. Lecture    b. Reading    c. Group discussion    d. Learning by doing
50. Most effective channel of communication Ans.(c)  
 a. Mass media    b. folk media    c. IPC    d. None of these
51. Health For All means ..... Ans.(a)  
 a. Health begins at home    b. Nobody would be sick  
 c. There will be more than sufficient doctors and nurses    d. None of these
52. India is declared as Polio free by WHO in the year .... Ans.(c)  
 a. 2000    b. 2010    c. 2014    d. None of these
53. The best way of learning is ..... Ans.(a)  
 a. Learning by doing    b. Listening    c. Hearing    d. None of these
54. Story telling is a ..... method of health education Ans.(b)  
 a. Modern    b. Traditional    c. One way    d. None of these

55. .... discourages thinking: Ans.(b)  
a.Lecture      b.Propaganda      c.Non-verbal Communication      d. d.None of these
- 56.The effectiveness of communication is evaluated by ..... Ans.(b)  
a.Team work      b.Feed back      c.IPC skills      d.Questionnaire
- 57.Film is an example of ..... aid. Ans.(c)  
a.Activity      b.Three-dimensional      c.Projective      d. None of these
- 58.Learning means changing one's way of .....Ans.(d)  
a. Thinking      b.Feeling      c.Doing      d. Any one or its combination or all the three
- 59.Question – Answer method adopted by a health educator is a .....style of communication. Ans. (a)  
a. Participatory      b.Non-participatory      c.both      d.None of these
- 60.Average retention rate is more in ..... method of learning Ans.( a)  
a.Learning by doing      b.Demonstration      c.Lecture      d.All
61. Field trip is a ..... method of learning ...Ans.( a)  
a. Participatory      b.Non-participatory      c.both      d.None of these
62. The slogan for World Health Day -2011...Ans.(a)  
a.Combat Drug Resistance      b.1000 cities, 1000 lives  
c.Small bite;Big threat      d.None of these
63. Health education help in desirable change in ...Ans.( d)  
a.knowledge      b.attitude      c.practice change      d.all the three levels
- 64.Practice change brings changes at .....level- Ans. ( c )  
a.Cognitive      b.Affective      c.Psycho - motor      d.None of these
- 65.Conference can be used as a method in ..... approach of health education. Ans.( b)  
a.Individual      b.Group      c.Mass      d.None of these
- 66.Poster is a ..... Ans. (c)  
a.Mass medium      b.Visual communication aid      c.Both      d.None of these
- 67.Home visit is a ..... approach. Ans. (a)  
a.Individual      b.Modern      c.mass      d.None of these
68. .... media is evolved from the life style of people . Ans. (b)  
a.Mass media      b.Folk media      c.both      d.None of these
69. ....is an auditory aid. Ans. ( c )  
a.Radio      b.Tape recorder      c.Both      d.None of these
70. Lecture is a ..... teaching method . Ans. ( c )  
a.One way      b.Group      c.Both      d.None of these
71. Prevention of Food Adulteration Act is an example of ..... approach in Public Health . Ans. (a)  
a.Regulatory      b.Service      c.Primary health care      d.Educational
72. In -----method of group teaching there is no discussion by experts Ans.(b)  
a.Panel discussion      b.Symposium      c.Group discussion      d.None
- 73..... is a teaching method in which the way to perform a skill or procedure is presented .Ans.(a)  
a.Demonstration      b.Field trip      c.Group discussion      d.None of these

74. In the new approach to learning process, the focus is on ..... Ans. (a)  
a.Learners      b.Teachers      c.Content      d.Society
75. ... is a step in learning process. Ans.(d)  
a.Observation/ seeing      b. Understanding /thinking      c. Action/doing      d.All
76. .... is a method of learning . Ans. (d)  
a.Listening      b. Reading      c.Discovery      d.All
77. ....is a method for evaluating learning. Ans. (c )  
a.Test      b.Examination      c.Both      d.None of these
78. ....is the first step in planning a health education programme. Ans. (a)  
a.Assessing the needs      b.Identifying community resources      c.Selecting content      d.Lesson plan
- 79.The Alma-Ata Declaration was made at USSR in the year ... Ans. (a)  
a.1978      b.1988      c.1998      d.None of these
80. Disadvantage of individual approach is ..... Ans. (a)  
a.Low reachability      b.Decreased effectiveness      c.Inadequate feed back      d.None of these
81. .... is a group in which we can give group health teaching - Ans. (d)  
a.Mothers      b. School children      c. Youth      d.All
82. Audience remain as passive listeners in ..... method - Ans. (d)  
a.Group discussion      b.Role play      c.Panel discussion      d.Lecture
83. Film is an example of .....approach in education - Ans. (c)  
a.Individual      b.Group      c.Mass      d.None of these
84. ....is an educational aid in which there is a flannel covered board and illustrations Ans. (a)  
a.Flannel graph      b.Flash card      c.Puppet show      d .None of these
85. Exhibitions can be categorized as ..... Approach in health education Ans. (c )  
a.Individual      b.Group      c.Mass      d.None of these
- 86..... consists of series of cards which are flashed one after another while teaching Ans. (b)  
a.Flannel graph      b.Flash card      c.Puppet show      d .None of these
87. In .....method participants learn by exchanging their views and experiences Ans. (b)  
a.Symposium      b.Group Discussion      c.Seminar      d .None of these
88. In group discussion ..... Initiates the subject Ans. (a)  
a.Leader      b.Member      c.Sub groups      d. None of these
89. In ..... method speakers sit and discusses a given problem in front of a group or audience. Ans. (d)  
a.Symposium      b.Group Discussion      c.Seminar      d .Panel discussion
- 90.The recommended size of the group in which role play can be used as a teaching- learning method is Ans. (d)  
a.10      b.15      c.20      d.25
91. .... method shows how a particular thing is being done Ans. (a)  
a. Demonstration      b.Group Discussion      c.Seminar      d .Panel discussion
92. .... is an example of health magazine (Ans. (d)  
a.World Health      b.Swasth Hind      c.Arogya masika      d.All
93. .... Is a mass communication medium available in most of the houses in Kerala Ans. (a)  
a.News paper      b.TV      c.Radio      d.All

94. .... is a familiar mass communication medium for most urban women Ans. (c)  
a. News paper      b. TV      c. both (a) & (b)      d. None of these
95. Radio talks should not exceed ..... minutes Ans. (a)  
a. 15      b. 20      c. 25      d. 30
96. .... is a communication method which can be used for illiterates Ans. (d)  
a. flash card      b. flip book      c. flip chart      d. All
97. .... is an indigenous programme in AIR Ans. (d)  
a. Story      b. News and Prabhath bheri      c. Songs and Drama      d. All
98. Head Quarters of International Union for Health Education is in ..... Ans. (c)  
a. Geneva      b. Switzerland      c. Paris      d. None of these
99. .... promotes creation of national committees and societies for health education Ans. (d)  
a. International Labour Organization      b. Red Cross  
c. Health Promotion Council      d. International Union for Health Education
100. .... Conference held at USSR in 1978, stressed the need for Health for all by the year 2000 A.D. Ans. (a)  
a. Alma Ata      b. Geneva      c. Paris      d. None of these
101. .... instruction is the best form of education Ans. (a)  
a. Individual      b. Group      c. Mass      d. None of these
102. The optimum no. of leaders for an orientation training camp (OTC) is ..... Ans. (c)  
a. 20-30      b. 30-40      c. 40-50      d. None of these
103. Silence and smile can be categorized under ..... type of communication.. Ans. (c)  
a. Non-verbal      b. IPC      c. Both (a) & (b)      d. None of these
104. A communication barrier Ans. (d)  
a. Silence      b. Disinterest      c. Lack of sincerity      d. All
105. The most common channel of communication is... Ans. (b)  
a. Mass communication      b. Interpersonal communication [IPC]      c. both      d. None of these
106. .... is a form of play acting using puppets... Ans. (a)  
a. Puppet show      b. Role play      c. Drama      d. Street play
107. .... is an art of winning friends Ans. (a)  
a. Health education      b. Sociology      c. Psychology      d. Philosophy
108. Modern Media used for instant message dissemination.. Ans. (d)  
a. News bulletins in TV/Radio      b. Face book      c. Internet      d. All
109. Average retention rate is more in ..... Ans. (d)  
a. Lecture      b. Reading      c. Discussion      d. Practice by doing
110. Learning is democratic in ..... communication.. Ans. (c)  
a. Two-way      b. Participatory      c. Both      d. None of these
111. .... is the most commonly used one way communication in class rooms. .. Ans. (a)  
a. Lecture      b. Seminar      c. Group discussion      d. Learning by doing
112. Teaching by adopting one way communication is ..... Ans. (a)  
a. Autocratic      b. Democratic      c. Both      d. None of these

113. In one way communication messages are passed on without..... Ans. (d)  
a.Receiver      b.Channel      c.Treatment      d.Feedback
114. Demonstration is an effective teaching method for ..... Ans. (c )  
a.Individual      b.Group      c.Both (a) and (b)      d.None of these
- 115..... is a combined audio visual aid.. Ans. (d)  
a.TV      b.Computer      c.Film      d.All
116. .... is the objective of health education ... Ans. (d)  
a. Provide information      b.Motivation      c.Make use of available health services      d.All
117. Different speakers presenting series of speeches on a selected subject in ..... Ans. (a)  
a.Symposium      b.Brain storming      c.Role play      d.None of these
- 118..... is a barrier of communication Ans. (d)  
a. Badly expressed message      b.Lack of clarity      c.Too much content      d.All
- 119.Mike publicity is ..... Ans. (c)  
a.Audio-visual communication      b.Visual communication      c.Audio aid      d.None of these
- 120.We can communicate large number of people through ..... Ans. (d)  
a.Print Media      b.TV      c.Mass media      d.All
- 121.Teaching method Role play ends with a ----- Ans. (a )  
a.Discussion      b.Acting      c.Lecture      d.None of these
122. .... Is the most effective way of communication.. Ans. (b )  
a.Mass communication      b.IPC      cBoth      d. None of these
123. Most effective channel of communication is ...Ans.(b)  
a.Mass communication      b. Interpersonal communication [IPC]      c.both      d. None of these
- 124.-----is the key to attain HFA Ans. (c )  
a.Health education      b.Health communication      c.Primary health care      d.None of these
- 125..... is a form of verbal communication Ans. (a)  
a.Spoken word      b.Gestures      c.Hand movements      d.None of these
- 126.----- are the most widely distributed of all forms of reading material Ans. (b)  
a.Book      b.Newspaper      c.Magazine      d.Weekly
127. ....is a counseling skill Ans..(d)  
a.Sympathy      b.Criticism      c.Socialism      d.Empathy
- 128..... is a communication pattern in groups .Ans...(d)  
a. wheel pattern      b. Chain      c.All- channel      d.All
- 129.....is the traditional method of communication- Ans.....(c)  
a. word of mouth      b.verbal      c.Both      d.None
130. ....is the originator of a message .....Ans.(c)  
a.Source      b.Communicator      c.Both      d.None of these
- 131.One way communication is otherwise known as .....method - Ans. (a)  
a.Didactic      b.Socratic      c.Written      d.None
- 132.Mass communication has less scope for ... Ans...(c)  
a.feed back      b.audience response      c.both      d.None of these



- 133..... is the Socratic method of communication . Ans. (b)  
a.One way communication .b.Two way communication c.Both d.None of these
- 134Feed back ....the effectiveness of communication . Ans.. ( a)  
a.increases b.decreases c.both d.None of these
- 135.One way communication means messages are passed on with no... Ans. ( c)  
a.feed back b.audience response c.both d.None of these
- 136.Feed back is otherwise known as ... Ans.(a)  
a.audience response b.message c.both d.None of these
- 137.Silence is a .....communication.. Ans. (b)  
a.verbal b.Non-verbal c.formal d.informal
- 138..... is a telecommunication media. Ans. (c)  
a.Telephone b.Telegraph c.Both d. None of these
139. Villu pattu is an example for ..... media . Ans. (a)  
a.traditional b.modern c.both d.None of these
140. Misinterpretation is a ..... Ans....(a)  
a.Communication barrier b.Distortion c.both d.None of these
141. Listening is a .....skill in communication.. Ans. (b)  
a.verbal b.Non-verbal c.formal d.informal
- 142.Flow of information from audience to sender is known as ... Ans. (c )  
a.Feed back b.audience response c.both d.None of these
- 143.Enabling process that helps people to understand better and solve their problems is... Ans..(d)  
a.Health education b.House visit c.Shramadan d.Counselling
144. Gossip circles are examples of ...Ans.(b)  
a. Formal communication b. Informal communication c.one way communication d. None of these
145. .... Is direct communication Ans..(c)  
a.Radio b.News paper c.Face-to – face communication d.None of these
146. A barrier in communication where in communicator is using unfamiliar words and pictures Ans..(a)  
a.Misinterpretation b.Psychological c.Environmental d.None of these
147. News spread fast by ..... type of communication(Ans.b)  
a.Formal b.Informal c.Both d.None of these
148. One way communication is .....(Ans.b)  
a.Active b.Passive c.Both d.None of these
149. .... is the life and blood of a health organization (Ans.a)  
a.Communication b.Philosophy c.Both d.None of these
150. The Honourable Minister for Health & Family Welfare in the Union Ministry (Ans.a)  
a.Shri.Harsh Vardhan b.Shri.A.K.Antony c.Shri.Rajiv Gandhi d.None of these
151. The Honourable Minister for Health in Kerala (Ans.a)  
a.Shri.Harsh Vardhan b.Shri.A.K.Antony c.Shri.V.S.Sivakumar d.None of these

## II.Fill in the blanks

- 1.Health education cannot be effective without------(Audio/Visual/AV aids)
- 2.----- is a teaching aid in which each card is “flashed”as the talk is in progress(Flash card)
- 3.In group discussion proceedings are recorded by -----(Recorder)
4. In panel discussion -----opens the meeting and welcomes group(Chairman)
5. In -----method of group teaching, the emphasis is on individual work within the group (Work shop)
6. In role-play size of the group should not be more than ---- (25)
- 7.----- is a group teaching method which shows how a particular thing is done (Demonstration)
- 8.For the education of general public we employ ----- media (Mass)
- 9.----- media are very useful in reaching large numbers of people (Mass)
10. Radio talks should not exceed ----- minutes (15)
- 11.In one way communication there is no ----- (Feedback)
- 12.Verbal communication means communication with the use of -----(Language)
- 13.Learning is ----- in one way communication (Passive)
- 14.----- communication may not be as persuasive or personal as the spoken word (Written)
- 15.Silence is a ---- communication (Non-verbal)
16. Participation in health education is based on the psychological principle of -----  
(Active learning)
- 17.Health education aims at bridging the gap between ----- and----- (Health knowledge and health practice)
- 18.To educate means to cause ----- (Learning)
19. Propaganda means to ----- a particular doctrine (Spread)
- 20.The fears of a mother about pregnancy can be dispelled by -----(Health education)
- 21.----- education prevents accidents(Safety)
- 22.Health education to be effective should be based on ----- needs (Health/felt)
23. .... is a visual communication aid(Chart/graph/pictogram/table/map/poster)
- 24.----- learning is better than passive learning (Active)
- 25.Personal involvement is more likely to lead to ----- (Personal acceptance)
- 26.In the process of behavioural change individual first goes through the stage of ---- (Awareness )
- 27..... is the core of all community health activities (Communication)
28. If we educate mothers, it means we educate----- ( Family)
- 29.Training to the people who have been recruited for a particular job... (Induction/orientation training)
30. Regular training to the staff for improving knowledge and skill -- (On the job training)
- 31.Listening is hearing with ----- (Understanding)
- 32..... is the key to attain HFA (Primary health care)
- 33.Mass approach uses ----media(Mass)
- 34.----- approach places people's health in people's hand(Educational approach)
- 35.BCC makes people to change ----- (Behaviour)
36. .... communication is more persuasive than written communication. Ans.(Spoken)
37. Newly evolved term for health education is ..... Ans. (Health promotion)
- 38..... drives to action. Ans. (Motivation)

39. The best way of learning is... Ans. (Learning by doing)
40. Propaganda ..... thinking (Discourages)
41. ....is analysis/ diagnosis of the data on level of knowledge, understanding, attitude, beliefs and practice of the community (Community diagnosis)
42. Disadvantage of individual approach is .....(Low reachability)
43. .... is a group in which we can give group health teaching (Mothers/ school children/ youth/ NGOs/ couples/ adolescents etc.)
44. Mass media are comparatively ..... effective in changing human behaviour(Less)
45. Collection and study of certain base line data about the community is known as .....( Base line survey)
46. During health survey in a community ..... is studied (Physical and demographic characteristics of the area/ environmental conditions/ socio-economic conditions/ health problems/health knowledge/ channels of communication/ leadership/ community resources)
47. Leader of health team at the primary health centre is .....(Medical Officer)
48. Mass communication has less/no scope for .....(Feedback)
49. BCC is carried out to change ----- of target community(Behaviour)
50. Check list is used for .....(Evaluation)
51. Power point presentation is a .....communication .aid (Projected)
52. Adoption is the desired outcome of ..... (BCC)
- 53.....is an evaluation tool which contain questions(Questionnaire/ Schedule)
54. Practice change brings changes at ----- level(Psychomotor)
55. The cognitive level of communication is ... Ans.( Knowledge)
56. Active listening means listening with -----(Concentration)

### **III.Name the following**

1. Three groups of audio-visual aids (Auditory/visual/combined AV)
2. A group teaching method in which group members enact the roles as they have observed (Role play)
3. Four examples of mass media (Poster/health magazine/film/radio)
4. A mass media in which message should be short, direct, noticeable at a glance and easy to understand (Poster)
5. Name a WHO Health Magazine ( World Health)
6. Any three indigenous media-(Katha vartha, prabhat pheries, songs and dramas)
7. An example for indirect communication (Mass media/ radio/TV)
8. A cultural barrier (Custom/belief)
9. Two traditional channels of communication (Story telling/Play acting/ Song with a message/Puppet)
10. Two modern channels of communication (News papers and magazines, exhibition, posters, Radio, TV etc.)
11. Communication pattern in groups ( Wheel pattern, chain pattern, all-channel pattern)
12. Types of motivation (Identification, compliance, internalization)
13. Any three approaches to Public Health (Regulatory, Service, Health Education and Primary Health Care approach)
14. Any three Health Education Approaches (Individual, Group and Mass approaches)
15. Any five Adopter categories (Innovators, Early adopters, Early majority, Late majority)

and Laggards)

16. Any four types of training (Pre-service training, In-service training-Induction/Orientation training, On- the job training, Refresher training, Career development training – Capacity building training, )
17. Any two social motive (Desire for recognition, status)
18. Any two motives which help in health education (Praise and blame, rewards and punishment, desire to be creative)
19. A teaching method in which students are given the opportunity to experience at first hand what they learn in the class room( Field trip)
20. Two types of motives (Primary and Secondary)
21. Two examples for audience categories (Literate-illiterate/ men-women/large –small groups/urban-rural groups)
22. A health service facility (Family planning services)
23. Four examples for talents in the community (Teachers/parents/community workers/local leaders/student groups/ children)
24. The process that helps people to understand better and solve their problems (Counselling)
25. The most effective way of learning(Learning by doing)
26. Two participatory group teaching methods(Group discussion, panel discussion, symposium, workshop, role play, demonstration)
27. Three stages in motivation(Interest, evaluation ,decision making)
28. Two examples of graphic aids(Poster, flannel graph, flash card)
29. Two features of micro teaching(Teacher education technique/Aim is to provide training of teaching skills to the pupil teachers/Each session is of 5 to 10 minutes/ Teacher students present class to a small group of students/A system of controlled practice concentrating on specific teaching behaviour/ Practising teaching under controlled conditions/Complexities of education can be reduced/individualized training program/Real teaching/Feedback by criticism by teacher, preparing video film of entire lesson etc. (Ref. Technology of teaching by N.R.Swarup Saxena, Dr.S.C.Oberoi)
30. Two examples for human resources(Village leader, VHG, Traditional healer, Dais, teachers, children)
31. Two methods for Participatory learning for action (Chapati diagram, relative ranking, fish-bowl technique, seasonality diagram, village walk)
32. Two approaches in counselling(Counsellor centred/authoritarian, Client centred/non-directive/non-authoritarian styles)
33. Another name of regulatory approach(Managed prevention, Coercive approach )
34. Spreading a particular doctrine(Propaganda)
35. National Health Mission program which gives 24 hour toll free tele health help line(Disha)

#### **IV. Expand**

- |   |  |
|---|--|
| 1. PLA :Participatory Learning for Action                 | 2. RBSK: Rashtriya Bal Swasthya Karyakram        |
| 3. SID: State Initiative on Disability                    | 4. IEC: Information, Education and Communication |
| 5. IPC: Inter personal Communication                      | 6. CNAA: Community Needs Assessment Approach     |
| 7. AV- Audio Visual                                       | 8. NHM: National Health Mission                  |
| 9. HFA: Health For All                                    | 10. ASHA: Accredited Social Health Activist      |
| 11. WHO: World Health Organization                        | 12. IPPI: Intensive Pulse Polio Immunization     |
| 13. DAVP: Directorate of Advertising and Visual Publicity | 14. CHEB: Central Health Education Bureau        |

- |  |  |
|--|--|
| 15.IQ: Intelligence Quotient                             | 16. NGO: Non-Governmental Organization                             |
| 17. ECT: Electro Convulsive Therapy                      | 18. VCTC : Voluntary Testing and Counselling Centre                |
| 19. LSD: Lysergic Acid Diethylamide                      | 20. CHEB: Chief Health Education Bureau                            |
| 21. EQ: Emotional Quotient                               | 22. DSM: Diagnostic and Statistical Manual of Mental Disorders     |
| 23. MDP: Manic Depressive Psychosis                      | 24. IPHS: Indian Public Health Standards                           |
| 25. BCC: Behaviour change communication                  | 26. OTC: Orientation Training Camp                                 |
| 27. UNFPA: United Nations Fund for Population Activities | 28. MTP: Medical Termination of Pregnancy                          |
| 29. S-R: Stimulus-Response                               | 30. NRHM: National Rural Health Mission                            |
| 31. NMHP: National Mental Health Program                 | 32. MDT: Multi Drug Therapy  |
| 33. ICDS: Integrated Child Development Service           | 34. ARSH: Adolescent Reproductive and Sexual Health                |
| 35. JSY: Janani Suraksha Yojana                          | 36. JSSK: Janani sishu suraksha Karyakram                          |
| 37. IYCF: Infant Young Child Feeding                     | 38. IMNCI: Integrated Management of Neonatal and Childhood Illness |
| 39. CPR: Couple Protection Rate:                         | 40. SNCU: Special New Born Care Unit                               |
| 41. NBSU: New Born Sterilization Unit                    | 42. WIFS: Weekly Iron and Folic Acid Supplementation               |
| 43. PERT: Programme Evaluation and Review Technique      | 44. NPSU: National Polio Surveillance Unit                         |
| 45. VHG: Village Health Guide                            | 46. EAG: Empowered Action Group                                    |

## **V. Write whether True/False(T/F)**

1. For effective health education mass media should be used in combination with other methods-T
2. Poster is intended to attract public attention-T
3. Indegenous media have roots in our culture –T
4. Through mass communication health worker can change attitudes and behaviour of people than by any other means. F
5. Health worker is learner as well as a teacher-T
6. Radio talks should not exceed 25 minutes -F
7. A great deal of illhealth in India is due to ignorance of simple rules of personal health-T
8. Health education is the 'cement' that binds together the 'bricks' of health program-T
9. Health education is not health propaganda-T
10. Poster is intended to bring change in practice-F
11. Learning is an action process-T
13. Practice means repeating behaviour until it is a habit-T
14. Lecture is the most effective way of teaching-F
15. Talks should not be longer than 10-15 minutes -T
16. Lecture is an educational method – T
17. Demonstration has high motivational value-T
18. Frustration and conflict are same-F
19. Habits and customs are different-T
20. Chapati diagram is a participatory learning for action method-T
21. Workshop consists of a series of speeches-F
22. Workshop consists of a series of meetings-T
23. Symposium consists of a series of meetings-F

24. Field Trip is a non-participatory method of learning-F  
 25. Counsellors solve problems of others instead of helping others to increase their problem solving capacity-F  
 26. In wheel pattern of communication, group leader has no role.-F  
 27. Health is not recognized as a fundamental right(F)  
 28. Identification is a type of motivation (T)  
 29. Health education and health propaganda are same-F  
 30. Rumours and misconception are same -F  
 31. Goals and incentives are same-T  
 32. Communication includes whole process of learning-T  
 33. Information collected during an interviewee is like signpost on the road-T

**VI. Match the following (Right answers are given on the right side)**

- |  |   |
|--|---|
| 1. Ear phone-auditory aid                            | 2. Specimen-Visual aid                            |
| 3. Computer- Combined AV aid                         | 4. Lecture-didactic method                        |
| 5. Group discussion-socratic method                  | 6. Role play- socratic method                     |
| 7. Panel discussion- socratic method                 | 8. Symposium- socratic method                     |
| 9. Work shop- socratic method                        | 10. Demonstration- socratic method                |
| 11. Role play-Socio drama                            | 12. Health exhibition-Mass media                  |
| 13. Health museum- Mass media                        | 14. Swasth Hind-Health Magazine                   |
| 15. World Health- Health Magazine                    | 16. Direct communication-face-to-face             |
| 17. Indirect communication-Mass media                | 18. Channel-Media                                 |
| 19. Silence- Non-verbal communication                | 20. Cognitive change- knowledge,                  |
| 21. Affective change- attitude                       | 22. Psycho- motor change -practice                |
| 23. Observation-learning                             | 24. Motivation-Interest                           |
| 25. Audience-target group                            | 26. Communication method- Personal contact        |
| 27. Verbal communication-word of mouth               | 28. Non-verbal communication-Facial expression    |
| 29. Discovery -Learning method                       | 30. Regulatory approach- PFA Act                  |
| 31. Feed back-Audience response                      | 31. Role play-Sociodrama                          |
| 32. Flannel graph-Khadi graph                        | 33. Symposium-Series of speeches                  |
| 34. Flash card-Flip Book                             | 35. Spread doctrine-Propaganda                    |
| 36. Audience-Target Groups                           | 37. Individual approach-Home visit                |
| 38. Community resource – Leader                      | 39. Indegenous media-Culture related              |
| 40. Indegenous media-Prabhat pheries                 | 41. Poster- Visual aid                            |
| 42. Work shop- Series of meetings                    | 43. Pre-service training-Basic Training           |
| 44. Noise-Communication barrier                      | 45. Talking down to people- Communication barrier |
| 46. Community leader-Resource                        | 47. Induction training-Orientation Training       |
| 48. Inservice training-Orientation training          | 49. World TB Day-24 <sup>th</sup> March           |
| 50. World Health Day-7 <sup>th</sup> April           | 51. World Population Day-11 <sup>th</sup> July    |
| 52. World Mental Health Day-10 <sup>th</sup> October | 53. Anti-Leprossy Day-30 <sup>th</sup> January    |
| 54. World Water Day-22 <sup>nd</sup> March           | 55. Safe Motherhood Day-11 <sup>th</sup> April    |
| 56. Anti-Tobacco Day-31 <sup>st</sup> May            | 57. World Environment Day-5 <sup>th</sup> June    |
| 58. Blood Donor's Day-14 <sup>th</sup> June          | 59. World AIDS Day-1 <sup>st</sup> December       |
| 60. World Elderly Day-1 <sup>st</sup> October        | 61. - Health For All-World Health Assembly        |

62. Self awareness-Understanding oneself

## **VII. Define**

1. Health promotion (process of enabling people to increase control over their health and its determinants and thereby improve health-)
2. Motivation ( Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 8)
3. Team work (Chalkley-Vol-2 p-150-151+Notes)
4. Adoption process ( Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 414 + Syllabus P-41))
5. Health education ( Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 412)
6. Lesson plan :Detailed arrangement of teaching- learning experience for the teacher and learner for a period/specific period of time such as 20 or 30 or 45 minutes
7. Communication ( Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 415)
8. HFA: ( Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 422)

## **VIII. Answer the following in one or two sentences**

1. Three main levels at which Health education is carried out (Individual/group/general public)
2. One advantage of individual health education (Participation of audience/ Feedback is possible/most effective form of education)
3. One disadvantage of individual health education (Time consuming)
4. Any four examples of group (Mother, school children, patients, industrial workers)
5. Objectives of public relations (To attract attention, win belief, impart understanding)
6. Difference between IEC and BCC (BCC creates enabling environment through identifying barriers and carries out communication activities to overcome them)
7. List out any four functions of communication (Informs, persuades, motivates, educates, entertains, build- up public opinion, create favourable climate, behavioural change, advocacy)
8. Communication process -Communication is a complex two way process of sharing with components viz. sender, receiver, channel, message and feedback which results in adoption or rejection of message (Social and Preventive Medicine K.Park-19<sup>th</sup> edition-P 756)
9. Significance of folk media in bringing behavioural change among rural community (They are evolved from the life style of village people, done by people themselves and so effective in bringing behaviour change)
10. Any four features of Strategic communication (Result oriented, multi-channelled, science based, technically qualitative, client centred, participatory, advocacy related, benefit oriented, programmatically sustainable, service linked and cost effective.)
11. Interview (Interview is a form of interpersonal communication where the motive is to collect information)
12. Rumours and misconceptions (Rumour is a news which is exaggerated or even baseless. It takes people's capacity to decide what is right and wrong. Misconceptions are wrong conceptions related to values, views and socio cultural life and passed on from generation to generation. Rumours are shortlived while misconceptions have long term effects. )
13. Seasonality diagram is a PLA technique which tells about various diseases and other health related issues in various seasons and this helps to carry out planning of health activities effectively

14. World health day message 2013: 'High BP, Silent Killer, Global Public Health Crisis' . High BP is both preventable and treatable. High BP contributes to the burden of heart disease, stroke, kidney failure, premature death and disability.
15. Check list :is an evaluation tool. It is a list of questions for evaluation.
16. Primary aim of nutrition education(Remove prejudices and impart good dietary habits)
- 17.Any four qualities of a public relations officer ( Good judgment, organizing ability, withstanding stress, commonsense, objectivity, appreciation skill, sense of humor, flexibility, ability to make friends)
18. Teaching learning process -Teaching learning process includes the teacher and learner experiences in order to bring desirable behavioural changes in the learner /to achieve a goal. In the traditional type of education teacher was like a dictator and in the new approach, focus is on learners.
- 19.Micro teaching is a training technique to help teacher /educator / trainees to acquire new skills. Here trainees present a short lesson on a single concept for 5-20 minutes to a group of 5-10 persons and teacher reviews to enhance the teaching skill.
- 20 Curriculum is a set of decisions about what is taught and how it is taught. It determines the general frame work within which lessons are planned and learning takes place.
21. Significance of leaders in successful health education : Leaders can influence the opinion of people.They know the pulse of the community. They can identify resources and suggest measures. (See A Text Book for Health Worker- Chalkley –Vol-1- p 39-40)
22. Two advantages of two-way communication: Receiver has the chance of asking questions and clearing doubts.This is the most effective type of communication. There is scope for sender to modify the message based on feedback.
23. Simple evaluation tools in communication (Check list, Survey and health records)
24. Goal in health education: Goal is expected change in behaviour consequent to health education activity. It is the desirable change in behaviour at cognitive/knowledge , affective/ attitude, psycho-motor/practice/skill level.
- 25.People centred approach(People centred approach is the new approach in learning process in which the focus is on learners. In community health work, there is sharing of knowledge, experience and ideas between health worker and community.)
- 26.Adult learning : Adult learning is learning among adults. It is influenced by past experiences. Sometimes traditions act as block to learning. They need more motivation to change behaviour than children.
27. Skills required for interviewing(Verbal skills,Listening skills,Non-verbal skills)
- 28.Story telling as a teaching method: -Story telling is a traditional channel of communication. People have interest in stories, remember them and pass on the message.)
29. Advantages of AV aids to teachers: ( help teachers to make the message lively and interesting, hold the interest of the group,overcome language barrier and start discussion)
- 30.Positive health seeking behaviour(Refer attached notes)
- 31.Public Health Approaches (Regulatory approach, Service approach, Health education approach and Primary Health Care approach)



32. Evaluating health education: ( means whether goals are achieved or being achieved as planned, finding out how well things are being done, any change in programme, methods/skills are required, and whether plan and methods need to be changed to achieve the goal)
33. Talents in the community for health education ( Teachers, parents, community workers, local leaders, student groups and children are talents in community who play relevant role in spreading messages )
34. Steps in adoption process (Awareness, motivation, interest, evaluation, decision making and adoption)
35. An aim of nutrition education (Remove prejudices and impart good dietary habits)
36. Functions of communication (informs, persuades, motivates, educates, entertains, build up public opinion, creates favourable climate, behaviour change and advocacy)
37. Purpose of communication: (information, propaganda and entertainment)
38. IPC (Two way flow of information between the sender and receiver in face to face situation is known as interpersonal communication)
39. PLA techniques ( Participatory learning for action techniques are various techniques of interacting with the community to identify needs and problems of community with their active participation. Chappati diagrams, Relative ranking, seasonality diagram and village walk are various PLA techniques)
40. Effective speaking ( In effective speaking, the speaker should know the why, what, whom and when components )
41. How does an A.V aid help to develop and change attitude? (by facilitating to see another view point, breakdown prejudice, stimulate desire for change and create interest enough to try out the new idea.)
42. General objective of health services (to achieve international goal of HFA )
43. An example of a health emergency in which laws are useful (Control of epidemics, Management of fairs and festivals)
44. Two principles on which primary health care approach in Public Health works. (Principles of community involvement, Principle of intersectoral co-ordination)
45. Advocacy (Refer notes)      46. Limitation of individual approach (Reaches less number of people)
47. Community participation: (Essentials of community health nursing-K. Park-6<sup>th</sup> edition-P 423)
48. Rumours      49. Micro teaching      50. KAP
51. Positive health seeking behaviour-Qn No.s 48- 52 -Refer notes
52. World Health Day Theme 2014 :The theme is 'Small bite: Big threat'.
53. Barriers for adult learning (Traditions which promote undesirable health habits, Age factor, tendency to look at new ideas with a suspicion , difficulty to change behaviour which has been in long practice)
54. Focus group discussion - Refer notes      55. Adopter categories (Refer notes)
56. Advocacy –Refer notes
57. Interviewee: A person subjected for interview. Interviewee gives information during interview
58. Probing questions: Particular kind of questions which allows investigator/counsellor to reach basic reason for client dissatisfaction
59. Importance of rapport in interview/learning process: Interviewee/ Client/Learner feels confident and shows enthusiasm to open up facts and feelings.
60. Empathy: (Chalkley-Vol-2 p-156+ Notes on Steps of counselling)
61. Rapport: (Chalkley-Vol-2 p-157)

## **IX. Differentiate**

1. Communication and health communication ( Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 415 + Social and Preventive Medicine K.Park-19<sup>th</sup> edition-P 759)
2. Health education and propaganda( Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 412)
3. Panel discussion and debate( Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 418+ Chalkley-Vol-1 p-64)
4. Panel discussion and group discussion( Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 418)
5. Interpersonal and mass communication (Chalkley-Vol-1 p-53)
6. Lecture and group discussion ( Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 417-418)
7. Formal communication and in-formal communication (Chalkley-Vol-1 p-52)
8. Traditional and new approach in teaching learning process (Chalkley-Vol-1 p-60)
9. Symposium and Work Shop( Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P -418)
10. Adoption and Rejection ( In adoption the beneficiary/ community/client/receiver accepts and start to practice new idea while in rejection the beneficiary/ community/client/receiver rejects the new idea without accepting it.-Refer Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 414)
11. Sender and Receiver (Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 415)
12. One way and two way communication- Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 416)
13. Individual and group approach (Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 417)
14. Flip book and Flip Chart (Chalkley-Vol-1 p-70) 15. IEC and BCC-Refer syllabus and notes attached
16. Teacher centred and people centred approaches in teaching-learning process (Chalkley-Vol-1 p-60)

## **X. Write short notes on the following**

1. Approaches in counseling(Chalkley-Vol-2 p-155) + Notes
2. Classification of teaching aids with examples (Chalkley-Vol-1 p-66-67)
3. Feed back and its significance in health communication ( Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 416 + Supplementary notes)
4. Barriers to communication and steps to overcome them( Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 416 +Chalkley-Vol-1 p-51- + Application question )
5. Role of health worker in motivating a community for desirable change(Chalkley-Vol-2 p-153)
6. How to become an effective speaker
7. GATHER technique in counseling
8. Explain any two methods to involve community partnership (Qn No.s 6-8 –Refer notes)
9. Principles of teaching (Chalkley-Vol-1 p-63)
10. Leadership and health education (Chalkley-Vol-1 p- 39-40 + 77 + Chalkley-Vol-2 p- 154 + Notes)
11. Human relation skill (Chalkley-Vol-1 p- 54)
12. Opportunities for health education- (Chalkley-Vol-1 p- 60)
13. Purpose of AV aids (Chalkley-Vol-1 p- 66+68) 14. Skills required for counseling (Refer Notes)
15. Poster ( Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 419)
16. Criteria for selection of teaching aids (Chalkley-Vol-1 p-67)
17. Black board(Chalkley-Vol-1 p-71)
18. Traditional media(Chalkley-Vol-1 p-51 + Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 419)

19. Diagnosis of health education needs (Chalkley-Vol-1 p-73)
20. Community resources (Chalkley-Vol-1 p-77 + Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 481)
21. Prepare a lesson plan on any topic for 15 minutes (Notes + Chalkley-Vol-1 p-76)
22. Lesson plan (Chalkley-Vol-1 p-76) (Refer Notes attached)
23. Training camps for community opinion leaders (Chalkley-Vol-1 p-77)
24. Aims of health education (Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 412+ Chalkley-Vol-1 p-59)
25. IPC and its importance ((Refer Notes attached + Chalkley-Vol-1 p-53)
26. Functions of health communication (Social and Preventive Medicine K.Park-19<sup>th</sup> edition-P 759)
27. Priorities in selecting teaching aids (Chalkley-Vol-1 p-68)
28. Listening (Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 416)+ Notes
29. Informal evaluation techniques in communication (Chalkley-Vol-1 p-58)
30. Approaches to public health (Social and Preventive Medicine K.Park-19<sup>th</sup> edition-P 759)
31. Adoption process (Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 414)
32. Community resources and health education ((Chalkley-Vol-1 p-73+48+ Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 481+ Application Question)
33. Interview (Refer notes)
34. Ways of removing misconceptions and rumours using IPC skills (Refer notes)
35. Dos' & Don'ts of Counselling (Refer notes)
36. Counselling- (Refer attached notes + Chalkley-Vol-2 p-154-158)
37. Curriculum development- Refer attached notes
38. Types of training- Refer attached notes
39. Community partnership- Refer attached notes
40. Communication Barrier- (Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 416)+ (Chalkley-Vol-1 p-51)
41. Role and importance of AV aids in Health Education (Chalkley-Vol-1 p-66-69)
42. Group discussion (Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P-418)+ (Chalkley-Vol1 p-64)
43. Village walk- Refer attached notes
44. Health Needs of a community and its significance for a health worker (Application Question)
45. Aims of Health education as laid down by WHO (Chalkley-Vol-1 p-59)
46. Audience category (Chalkley-Vol-1 p-67)
47. Significance of community partnership (Refer notes+ Chalkley-Vol-1 p-40)
48. Communication and change in health behaviour (Refer notes) 49. Rumours and misconceptions.. (Refer notes)
50. Components of Micro teaching (Refer notes) 51. Training- Refer attached notes
52. Feedback (Refer notes+ Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P-416 )
53. Steps of counselling (Refer attached notes)

## **XI. Write essays on the following**

1. Principles of Health Education (Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 414)
2. Explain how will you make any three teaching aids and how will you use them (Chalkley-Vol-1 p-67)
3. The process of planning and implementing health education (Chalkley-Vol-1 p-74-76)

4. Explain components of communication and the Communication process (Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 415 + (Social and Preventive Medicine K.Park-19<sup>th</sup> edition-P -757)
5. Individual and mass methods of Health communication (Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 417-419)
6. Communication Aids (Chalkley-Vol-1 p-69—73)
7. Types of communication (Chalkley-Vol-1 p-52-53, Social and Preventive Medicine K.Park-19<sup>th</sup> edition-P -758-759)
8. Speaking skills (Refer notes)
8. Group health communication methods (Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 417-419)
9. Describe teaching-learning process. Write notes on developing plan of operation (Chalkley-Vol-1 p-60—66)
10. Skills for interviewing and counselling (Refer attached notes)
11. Effective speaking and Active listening (Refer attached notes)
12. Effective community partnership- Refer attached notes

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*(Prepared by Sobha Ganesh, Communication Officer, Public Health Training School, Thiruvananthapuram under the guidance of Dr.J.Padmalatha, Principal, Public Health Training School, Thiruvananthapuram.)*

PUBLIC HEALTH TRAINING SCHOOL  
DIPLOMA IN HEALTH INSPECTOR COURSE-II YEAR  
PAPER II (New Syllabus)  
**COMMUNICATION AND HEALTH EDUCATION**  
*Supplementary Reading Material/Notes*

PAPER II (New Syllabus)  
**COMMUNICATION AND HEALTH EDUCATION**  
*Supplementary Reading Material/Notes*

***Refer***

( A Text Book for the Health Worker-Chalkley-Vol-1, A Text Book for the Health Worker-Chalkley-Vol-2 , Essentials of community health nursing-K.Park-6<sup>th</sup> edition , Social and Preventive Medicine- K.Park)

+

**DEFINE**

1.IEC – (Information, Education & Communication) –

IEC is a concentrated, preplanned educational endeavour with specific objectives and programme goals in order to reach specific audience either in individual, group or mass settings through the skillful use of proper methods and media.

2.BCC – (Behaviour Change Communication) –

BCC is an interactive process with communities (individual, group or mass settings) to develop messages and approaches using a variety of channels in order to bring positive behaviours.

3.Strategic Communication- It is a communication process carried out with active participation of stake holders/partners and beneficiaries. It takes into consideration the causes and barriers of behavioural change.

4.Team work

A team is a group of people related with each other to accomplish commonly shared objectives. Members have common interest.

Team work is defined as work done by a number of associated individuals or workers who are committed and agreed in doing the work assigned(RCH module)

5.Mass communication

Reaching large audience simultaneously using mass media such as radio, TV, films, exhibitions, posters etc.

6.Interpersonal communication(IPC)

Face-to-face sharing of information and feelings with individuals, couples and small groups is known as IPC.

7.Public Relations

The British Institute of Public Relations defines Public Relations as a deliberate, planned and sustained effort to establish and maintain mutual understanding between an organization and its public.

**DESCRIPTION OF CERTAIN TERMS**

1.BCC – (Behaviour Change Communication)

It promotes individual, community and societal behaviour change and maintain appropriate behaviour. It creates enabling environment through i) identifying and reducing barriers/blocks 2)promoting benefits/boosters. Thus it facilitates individual and community to transfer information into desirable behavioural action.

## 2.FOCUS GROUP DISCUSSION

Focus Group Discussion is a group discussion in which participants talk with each other under the guidance of a facilitator.

Participants are persons of same interest or experience, (Eg. Mother/dai/married young person) sit together for group discussion. A specific subject is discussed. If the participants direct their questions to the facilitator rather than each other it is not focus group discussion. Number of participants may range from 6-10.

3. KAP : Knowledge, Attitude and Practice. In health education KAP related to various aspects of health such as nutrition, family planning, immunization, personal hygiene, environmental sanitation etc. are very important. The data related to current knowledge, attitude and practice regarding any health aspect is to be collected to identify the education points on the new KAP to be imparted. The education points to be provided depends on the gap between the current KAP and expected KAP.

### KAP assessment through focus group discussion

Focus group discussions help to identify the current knowledge, attitude and practice related to a particular issue. This facilitates the health worker to identify felt needs and desired level of knowledge, attitude and practice in the social situation in which the clients are. Participants also gets a clear idea of the issue they are facing.

## **TYPES OF MOTIVATION**

There are three methods to motivate the community/ client. They are

1.Compliance: A person is motivated to adopt a change in behaviour by offering a reward. A woman adopts permanent family planning method in order to get an incentive. If there is no incentive the individual does not adopt new behaviour.

2.Identification:People in a community accept a particular behavioural change since they identify with the health worker/ person who advocates behavioural change.

3.Internalization: is a method of motivation in which the health educator/helper convinces the helpee/ client/community the advantages and disadvantages of a new behaviour. The helpee understands the message and passes mentally through various stages of adoption. Finally he/she adopts the new behaviour. Here the desirable change in behaviour is the result of self involvement and hence long lasting. Eg. A mother brings the first child for immunization due to identification. During a measles outbreak the immunized child did not get infected due to timely immunization. Convinced by this fact and internalization method of motivation, the mother learns that immunization protects children from vaccine preventable diseases. Mother takes the second child for immunization promptly due to internalization.

## **COMMUNICATION AND CHANGE IN HEALTH BEHAVIOUR**

Communication brings about changes in behaviour.This facilitates the process by which the people will willingly come and seek health benefits.This is known as ' positive health seeking behaviour'.

A health worker has to communicate freely with client and community for following purposes

- Informing, educating and motivating mothers, couples and adolescents for a behaviour change for appropriate health practice.
- Co-ordinating efforts of partners like the panchayats, school teachers, religious leaders and anganwadi workers to bring about a positive health behaviour amongst the people.

Thus communication should –Inform

- Motivate
- Educate

## **INTERPERSONAL COMMUNICATION:**

Interpersonal communication means communication with other persons such as clients, opinion leaders, panchayat president, school teachers etc. For making your interactions with other persons effective, you have to acquire certain specific skills and these skills are known as inter personal skills.

### Importance of IPC:

IPC has much relevance for a health worker.

- Clients/Receivers/Beneficiaries get answers to their problems without delay
- IPC is a personal form of communication. Client can express their feelings in face-to-face communication
- It is the most effective form of communication for bringing behavioural change.

Health worker carries out BCC to bring desirable changes at psycho-motor level or practice level. Practice to be sustainable, it should be based on desirable changes in knowledge and attitude. These can be effectively achieved through IPC.

When a health worker interacts with another person during an informal talk/ with a household during home visit/ with a client during counselling or interview/with a resistant person for motivation or with a successful adopter while appreciating he/she is employing IPC. Behaviour change is the expected outcome of health communication/health education

## **INTER PERSONAL SKILLS:**

1.NON-VERBAL COMMUNICATION SKILLS-Touching with your hands, movement of the eyes, expression of the face, gestures and movement of head and hands, posture and body movement, the dress that you wear etc.

### 2.SPEAKING SKILLS

#### HOW TO BECOME AN EFFECTIVE SPEAKER?

To become an effective speaker you will need to be clear about the following.

#### Why do you need to speak?

You should be able to identify purpose of speaking. It may be for-

- 1.Motivating
- 2.Giving information about RCH programme/Malaria/TB
- 3.Collecting information on CPR, Immunization coverage etc.
4. To inform a message to colleagues during monthly review meeting

#### What is to be spoken?

Before you begin, decide

- 1.What facts your information should include?



2. Whether your information requires examples?
3. What are the points on which you need to emphasise?
4. What message should be repeated?
5. What points you will use to summarise?

#### Who are you speaking

The way you speak to people will differ with different listeners. You should decide tone of voice, the subject matter and language according to the persons with whom you are speaking. You have to communicate with

- Client
- Health Inspector
- Medical officer
- TBAs
- NGOs etc.

#### When to speak?

The situation and time also influences your speech. Situations may be

- You are speaking to a health worker who is facing resistance
- Speaking to a husband (Who has three children) about sterilization in the presence of other men
- Speaking to a panchayat member who is interested in the immunization programme but is involved in local politics.

#### How you speak?

The way you speak is also important. You have to speak in a different tone and manner with different persons like ASHA, Village health guides, couples, males, adolescents, women's groups etc.

You may be using visual aids like a chart while speaking

You may be using gestures and body movements

Use simple language and avoid technical and difficult words which are difficult to understand.

You may repeat important points

You may be summarizing important issues at the end.

### 3. ACTIVE LISTENING

Active Listening means listen attentively or with concentration.

#### Advantages:

Understand what is being said

Retention will be longer

Develop a mind that can concentrate and understand important information

Take the right decision

Win the trust of others

#### Some Golden Rules Of Active Listening

1. Do not let your mind wander. Focus on what others are saying and what they want to convey
2. It is better to take mental notes of what is being said. This will help you decide what actions need to be taken
3. Do not close your ears to different views other than yours
4. Do not have preconceived notions about others.

#### How to become an active listener?

Pay attention to verbal and non-verbal messages

Understand what is being said  
Remember what you have heard  
Understand the meaning of the information and evaluate the importance  
Understand client's needs after evaluating the message as  
-counselling/simple information/motivation/encouragement

### **INTERVIEWING SKILLS**

Interview is a form of interpersonal communication where the motive is to seek information. In an interview, you ask questions and seek their answers from the interviewee (the person from whom information is collected). These answers are like sign post on the road that helps you to get a clear idea about the problem you are facing.

Skills required are verbal skills, listening skills and non-verbal skills

### **TECHNIQUES OF INTERVIEW**

Understand the problem  
Focus on your objective  
Ask relevant questions  
Interviewing time should be as long as it keeps the interest of the interviewee  
Choose a suitable place  
Give time to answer  
Avoid frequent interruptions  
Use simple language  
Take down notes

+

-Page 607-Park's Text Book of Preventive and Social Medicine- 19<sup>th</sup> Edition

### **COUNSELLING**

Counselling is a process which helps the client to understand his feelings about the problem, seek information and gain knowledge and make his own decisions to solve the problem in the best possible way.

#### Role of Health Worker as a counsellor

- become a friend to your client
- be a good listener
- be helpful by offering advice
- have good knowledge about your work
- give correct and complete information
- give the facts
- be a good communicator-use non-verbal and verbal skills effectively
- keep in constant touch with your client
- motivate the client
- build self esteem of the client
- avoid biases against the client
- ensure to enable the client to solve his/her problem

#### Situations for counselling

Following are certain situations for counselling

1. With couples or man/woman who need counselling about different kinds of contraception

2. With families of pregnant women at risk
3. With adolescents
4. With parents for child care etc.

### Technique for counselling

Every counselling is a unique experience. This is because every client is different from the other. Each client has a different problem and requires a different solution. Counselling means building a relationship during which the client experiences confidence in counsellor to begin with, discuss his problems with counsellor and goes through a process of finding solutions. This cannot be possible in just one meeting; regular visits are necessary. The following seven steps make you understand counseling process easier.

### Steps of Counselling

1. Focus your attention on your client
2. Accept the client. Do not show prejudices and interrupt the client.
3. Show empathy. Empathy means counsellor has to identify himself/herself with the client's situation. This facilitates better understanding of the problem
4. Do probing-Sometimes client may miss or feel shy to share some information with the counsellor. Ask probing questions. This will give more information that the client was not willing to offer earlier. Probing is necessary to understand the problem better.
5. Plan best possible solution with the client
6. Paraphrasing-Repeat what your client says. This will make her/him feel that you understand her problem completely.
7. Summarising-This is the last step. Here counsellor list out main points of discussion. This helps to remember outcomes in a nutshell.

### Counselling skills

Good interviewing skills

Eye contact

Appropriate facial expression-It should be in such a way that counselor is interested and has concern.

Good body posture-It should show that counselor is relaxed

Use verbal propts

Use easy to understand language

Make right body movement cues-Body movement should match with what counsellor is saying.

### Do's

1. Keep the surroundings neat and clean so that client feels relaxed.
2. Make the client comfortable by being friendly
3. Ensure that your client is relaxed and has confidence in you.
4. Listen with attention
5. Speak in a clear and audible tone.
6. Speak in soft voice especially to children
7. Dress soberly
8. Use non-verbal skills to communicate. Use empathy and understanding.

### Don'ts

1. Do not counsel in dirty surroundings
2. Do not begin counselling immediately
3. Do not stop your client from talking
4. Volume of your voice should not be high
5. Do not dress against dress code of your area.
6. Do not use exaggerated gestures
7. Do not ask close ended questions (Yes/No type questions) if you need more information
8. Do not bring in personal biases in counseling process
9. Do not forget to thank the client.

### **GATHER TECHNIQUE**

1. G-Greeting - With a smile and in a friendly manner
2. A- Ask open ended questions
3. T-Tell benefits
4. H-Help client make own decision
5. E-Explain
6. R-Return

### STYLES /APPROACHES IN DOING COUNSELING

1. Counsellor centred or Authoritarian style: Counsellor gives advices and makes decisions based on what she/he thinks is best for the client and expects client to follow the advice. It is completely directed by the counsellor.

2. Client centred/ Non-directive style: Here the counsellor is passive, is mainly a listener, the client is active and expresses freely. Client tells the counsellor what he/she wants and after careful reflection and clarification makes own decision.

3. Non-authoritarian style: This style is neither the counsellor/client controlled. This style in counselling lies somewhere between these first two styles, it uses a variety of styles.

i. Direct (take place during the face-to-face interaction with the client)

Client reflection, ventilation of feelings, providing emotional support (through expression of interest, understanding, assurance and confidence), giving suggestions

ii. Indirect (efforts directed at the client's environment) involving people who can be of help [eg. family members; neighbours], referral to appropriate community resources

### **RUMOURS AND MISCONCEPTIONS**

Rumour is incorrect news. Misconception is related to our values and views which we hold as a part of our socio-cultural life.

#### List of rumours

1. Complications developed by some women in the village after IUD insertion yesterday
2. Children who were immunized recently in the village have become ill
3. A woman in the village had twins after being given red tablets by the JPHN

#### List of misconceptions/ Old beliefs

1. Sterilisation is only for women since they give birth to children

2. Sons are important since they support parents in old age
3. Educating girls is not important since their main task is to look after the family
4. Sex of child is determined by the mother
5. Sterilization for men makes them unfit for hard work
6. Colostrum causes diarrhoea for new born

#### Diagnosing rumours and misconceptions

Rumours and misconceptions are to be tackled in a systematic way. Before starting the task of solving the problem ensure the following.

- Identify types of rumours and misconceptions
- Assess how important they are
- Identify the measures needed to deal with them by involving the community and health team
- Identify the people who believe rumours and strongly believe them
- Find out why these people believe them?
- Prepare a time frame for removing them
- Identify your associates who will help you.

#### Ways of removing Misconceptions and rumours using IPC skills

Convince by demonstration: The health worker can convince the clients by showing them the effectiveness of the information that is being given to them as against their old beliefs. Parents can be shown that good nutrition will mean healthy children and not malnourished. It can also be shown that immunization protects children from various diseases and they should not fear immunization.

Advocacy : The health worker can seek the help of an acceptor of the program to tell the people about benefits. This is called advocacy. For eg. health worker can ask an acceptor of the family planning methods to tell the non-acceptor couples about the usefulness of having a small family by citing their own case. This will be more acceptable to people in the community and strengthens the credibility of the program.

Obtain sanction: The health worker can ensure the participation of opinion leaders in putting an end to rumours in the community

Make a visit : Depending on the spread, the health worker can decide on an informal visit to the household or organize a group meeting with the key members of the community.

Sustain motivation : Motivation should be sustained over a long period of time to be effective. It may not be easy for the health worker to remove a rumour which a person believes in at once. For this there is a need for constant touch with clients and communities and motivation from time to time.

## **EFFECTIVE COMMUNITY PARTNERSHIP**

### DEVELOPING PARTNERSHIP WITH COMMUNITY

Mobilizing the community is important for the success of any health program. With the launch of RCH program, our goal is to bring about an effective change in attitude and behaviour of the people. To bring about this change, it is important to convince them about their role in the efficient running of the

health system and involve them in the process of conducting different programmes at the community level.

Interpersonal skills are necessary for a health worker to form a sustainable relationship with different groups of people in the community.

Along with best efforts of health worker, feedback also need to be given due importance, to get desired results. In this context, feedback is a method of seeking opinions of the people about health services available in the sub centre. It is an important link in the communication process. Feedback from your clients, key members of the community and community groups will help to assess the weakness of the services provided and help in performing better or for planning a new activity.

To bring about change in the attitude and behaviour of any community, it is important that community members realize and understand the need for partnership. Help community members to identify the deficiencies that affect their health and the need to overcome these through community effort or individually. Assess and estimate priority areas and actions that need to be taken. Health team has to form partnership with Panchayats, traditional health practitioners, NGOs, Private medical partners, Opinion leaders, School teachers, Self help groups like youth groups or women collectives, Religious leaders etc. By building partnership with these groups a health worker can increase community participation in utilizing the health services.

You need to estimate the needs of the community through 'Community Needs Assessment'. CNA will help you to prioritize the needs of the community and work out a plan of action.

### HOW TO IDENTIFY PARTNERS?

After identifying important issues and working out a plan of action, you can decide on the partners you need to work with. This depends on the kind of health services you are planning to provide. The following will help you to get an idea on how, when and with whom you can form partnerships.

Eg.1.

Health services: Promoting the use of health services among young couples

Key partners: Father-in-law category and youth groups for motivating men

Time schedule: Can be done throughout the year and especially during the wedding season.

Eg.2

Health services: Transport for emergency delivery cases

Key partners: Panchayats, Private medical practitioners, Local transporters

Time schedule: Plan a schedule after identifying critical cases who would need to be taken to referral hospitals.

### TYPES OF GROUPS

While trying to form partnerships, you may come across two types of groups

1. The organized groups like panchayats, women collectives, youth groups etc.

2. The unorganized groups like house wives, mother-in-law category, husband category etc.

## METHODS TO INVOLVE COMMUNITY PARTNERS

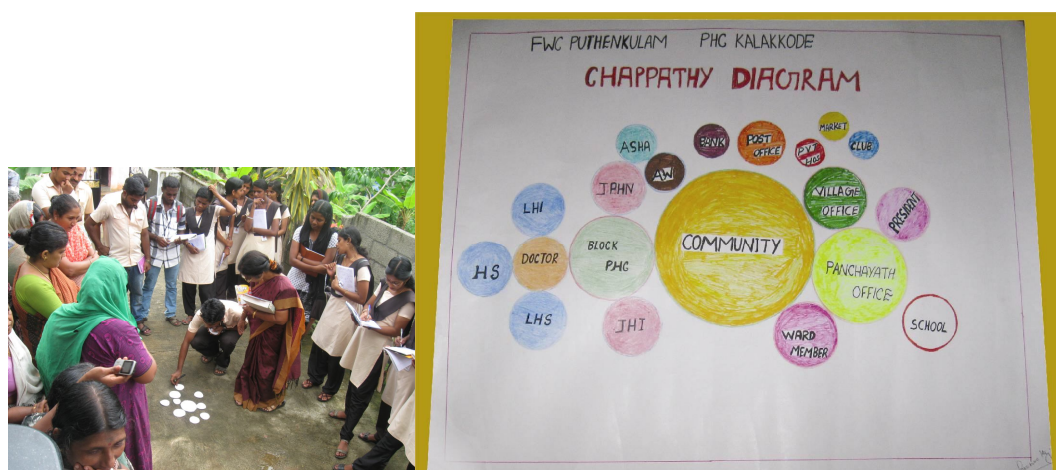
After gathering the community partners, you will need to identify the problems and needs of the community. You can effectively identify the problems and needs of the community if you interact with the people. RCH program stresses on the need to help the community decide their own needs themselves. This is exactly what you will be doing through community partnerships.

**Participatory Learning For Action** is a method of community participation which will facilitate to identify community's needs and ensure community participation. PLA equips learners to build effectively partnership for implementation of National Health Programmes

There are many Participatory Learning for Action (PLA) methods of interacting with the community. They are the following.

**Chapatti diagram:** Chapatti diagram is used to indicate the relationship of various institutions, organizations or individuals with each other and with the village as perceived by the villagers and to analyse complex issues. Chapatti diagram helps to find out actions needed to improve health service delivery effectively. Paper is cut into bigger and smaller circular shapes and these are named here as chapatties. The villagers are asked to identify the various functionaries in the village. Accessibility of the village to the functionaries and institutions and contributions of the functionaries and institutions are indicated by chapatties. In this exercise chapatties or papers are cut in different sizes of circles to indicate relative importance of institution/ individual to that particular area/ village.

The size of chapatti shows the importance of person and nearness of chapatti (distance between chapatti and community) with the community shows how far the person or institution interacts and influences the community. Those functionaries which offer tremendous help and influence community are positioned nearer to the village. Village is represented by a big chapatti at the centre.



**Relative ranking:** This can be used to determine the priorities and preferences among problems identified by villagers. Priority is decided by community people. The community is asked to identify problems /needs in the community. The needs /problems identified are written on separate pieces of paper one by one. With the help of community people/ partners, identified problems /needs are prioritized and ranks are given. Giving ranks to needs in

relation to one another is known as relative ranking. Thus relative ranking determine the priorities to problems and preferences for solving them in the way people perceive them, for eg. sanitation, lack of safe drinking water, distance from sub centre, mosquito borne diseases etc. Thus each problem/need written in piece of paper gets a rank. If there are 10 needs, there will be 10 ranks, each need is written on ten separate pieces of paper. Community is represented at the centre.



*A student is arranging the cards ( in which needs are written as directed by community people) according to priority assigned by villagers*

Seasonality diagram: is a diagrammatic representation showing season related issues/ diseases/crops- planting-harvesting/festivals etc. which has an influence on life style. This diagram facilitates health planning based on felt need.

Steps in drawing a seasonality diagram

Ask the community people

1. to draw horizontal lines and vertical lines as in a tabular column on ground using a stick/chalk. Write particulars such as crops, disease, festivals, income or some dimensions of health on the 1<sup>st</sup> column on the left side. Enter seasons or months in the 1<sup>st</sup> row.

	Winter	Summer	Autumn	Spring
Crops				
Diseases				
Festivals				

2. Ask the community people to indicate the details in the table during particular month/ season by stones/sticks.

3. After the community has finished the exercise, copy it on a paper. Based on this, health education programmes can be planned. Activities on prevention of diseases / family planning campaigns can be planned and carried out . This helps in activities on health promotion and prevention of diseases



# SEASONALITY DIAGRAM



Village walk: means purposeful walk in the village in order to initiate actions to promote health. Village walk is used to locate areas in a village which are not utilizing the services offered by the health centre or which requires special attention/ with resources in the community. Village walk is carried out with a group of people to assess problems of a particular area and initiate actions to promote health. The group of people include school teacher, village leaders, panchayat representatives etc. with health functionaries/ study group. The group members to be included in the village walk will depend on the problem or issue identified such as environmental sanitation/immunization etc. Plan village walk in advance, contact community members/ leaders in advance and select a time according to their convenience for village walk. After village walk discuss with team members on how to improve the health status of people by drawing a village map and initiating actions for necessary facilities.

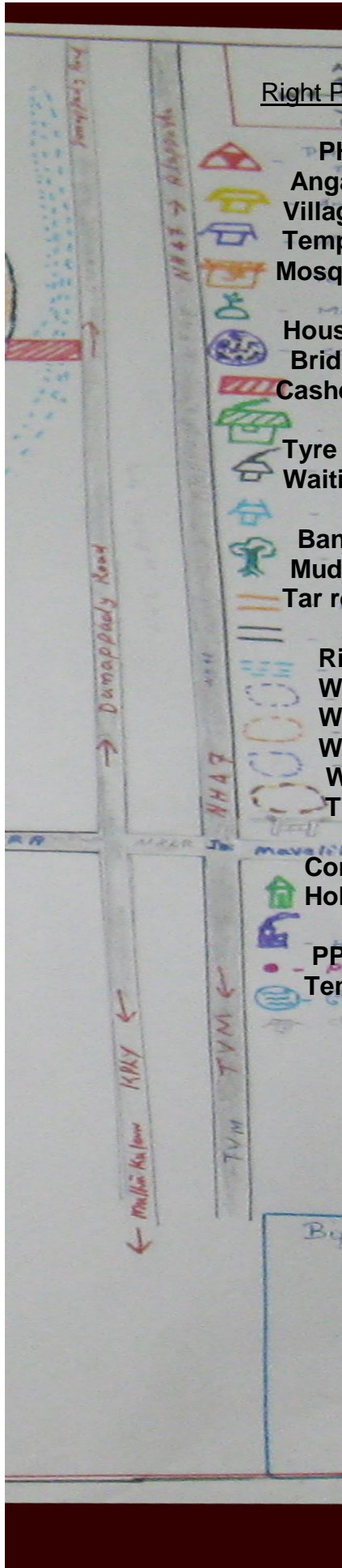
As you take a walk through a village, you will notice the state of certain important things like drainage, sanitation, location of drinking water sources, distance from the sub centre etc. Village walks provide a more concrete idea of resources and problems of a village. It helps to remove doubts and wrong notions about the village. It helps the community leaders to discuss about how to improve the health status of the people by creating necessary facilities for it.

Village mapping/Resource Mapping: Village mapping is done followed by a village walk. Roads, wells, schools, anganwadies, other resources, high risk areas and sick children are shown in the map

AREA MAP-1



Right Portion of the Area Map-1 magnified



- PHC
- Anganwadi
- Village Office
- Temple
- Mosque
- Housing colony
- Bridge
- Cashew nut factory
- Tyre company
- Waiting shed
- Banyan Tree
- Mud road
- Tar road
- River
- Ward No.5
- Ward No.4
- Ward No.3
- Ward No.11
- Transformer
- Company
- Hollow bricks
- PPI Booth
- Temple Pond

### Benefits of village walk

A village walk can give you the following benefits.

It will sensitize the people on problems

It will increase the confidence of the people in the health system

It provide important information about the key areas of concern.

It will promote new partnership within the community and unite people together for the cause of the community

### At the end of village walk, discuss on

Identification of problems noticed

Together reach an agreement on possible solutions

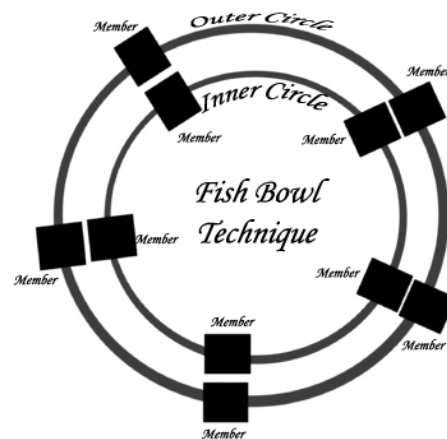
Identify partners from the communities that have not been represented

Place responsibility (let this be a voluntary effort) on the key members of their group

Chalk out a plan and prepare a schedule for different plan of action

Agree for subsequent meetings from time to time to ensure that identified problems are solved.

Fish bowl technique: This is a technique for conducting group discussion with participation of participants. Here an inner group discusses main problem. There is an outer group in which members listen to the inner group discussion. Each member in outer group is assigned with the responsibility of listening to a particular member in the inner group. Here, the number of members in the inner and outer group is the same. Optimum number of participants is ten. Others among the participants who are not assigned with inner and outer group responsibilities listens to the whole process. After the discussion the inner group becomes outer group and outer group act as inner group and carry out the discussion as said above. After conducting both discussions, as a part of learning process, all can express their remarks on participation and how it could have been improved.



### Skills for developing good partnerships

Co-ordination skills, IPC skills, Interviewing skills

**FEEDBACK** -Refer Essentials of community health nursing-K.Park-6<sup>th</sup> edition-P 416 +  
Feedback is very important for a health worker.

Feedback is an important linking system that connects health worker to the community.

#### Importance

As a health worker while providing services to the community, the health worker should get answers to the following questions.

1. Was the programme a success?
2. Is the service being utilized?
3. Which groups in the village do not utilize services?
4. Are the people satisfied?
5. How many people are not satisfied?
6. Was the approach right?
7. Do people understand the message?
8. What are the areas which need more work in future?

The answers you obtain to the above questions are called feedback.

#### Purpose

The purpose is to know the reaction of the client/community to the services provided. Reaction can be direct / indirect.

In direct feedback clients express reaction directly to the service provider or source of communication. This is best way of collecting information about quality of services.

In indirect feedback reaction is sent to service provider through Anganwadi worker, Voluntary organizations, Panchayat president and members.

So establish links with different groups in village which can provide indirect feedback.

#### Advantages

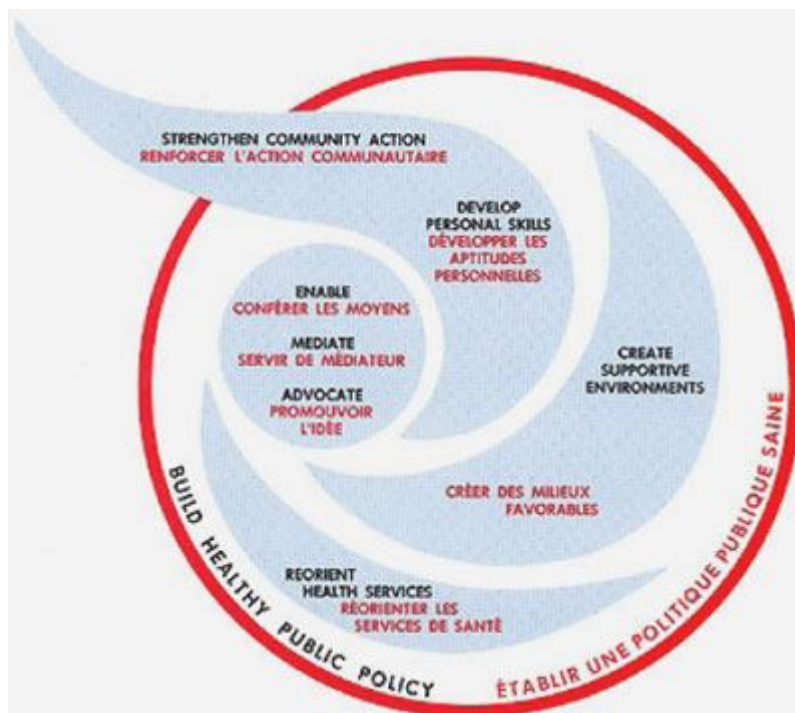
- Provides information that helps service provider to improve service.
- Helps to serve people better and win confidence of people. Winning confidence is important as it will help health worker to convince them better.
- Helps to check whether
  - you are able to meet requirements of people or not
  - people are able to follow the advice given by you
  - your approach is favouring one group and ignoring other groups
  - your partners are efficient in providing services to the community
  - your activity was able to remove misconceptions and fears from the minds of people.
- Helps to
  - improve delivery and quality of services
  - assess the reach and acceptance of various health services
  - learn the opinion of the people with regard to the services you provide
  - provide inputs for any new activity
  - find out fears and anxieties of clients
  - learn about rumours and misconceptions that interfere with your services
  - understand what people think of you as a health worker

# HEALTH EDUCATION

## CONCEPT OF HEALTH PROMOTION, FIVE PRIORITIES FOR HEALTH PROMOTION IN 21<sup>ST</sup> CENTURY

First international conference on health promotion was conducted in Ottawa, Canada in 1986. This resulted in Ottawa Charter. According to the Charter for health promotion, health promotion is not just the responsibility of health sector but it goes beyond healthy life style to well being. Thus there is a shift of focus from health education to health promotion in the charter.

Definition: WHO's 2005 Bangkok charter (evolved at 5<sup>th</sup> International Conference at Bangkok): Health promotion is a process of enabling people to increase control over health and its determinants and thereby improve health.



Ottawa conference identified health promotion actions. They are

1. Build healthy public policy
2. Create supportive environments
3. Strengthen community actions
4. Develop personal skills
5. Reorient health services ie. beyond its responsibility for providing clinical and curative services and moving into future.

The declaration evolved at 4<sup>th</sup> International Conference on health promotion at Jakarta, Indonesia in 1997 included five priorities for health promotion in 21<sup>st</sup> century.

They are

- promote social responsibility for health
- increase investments for health development
- consolidate and expand partnership for health
- increase community capacity and empower the individual
- secure an infrastructure for health promotion

Health promotion emblem represents a circle with three wings. It incorporates five key areas in health promotion such as build healthy public policy, create supportive environments for health, strengthen community actions, develop personal skills and reorient health services and thereby basic health promotion strategies (to enable, mediate and advocate the community).

## **ADOPTER CATEGORIES**

Innovator: is a person who adopts a new behaviour/practice as soon as he/she comes to know about it. This category constitutes 3% of receivers

Early adopters: adopt the new practice within a short period of its introduction :13%

Early majority: adopt a new practice after some time;34%

Late majority: adopt new practice later:34%

Laggards: do not accept new practice at all:16%

While conducting health education, method appropriate for each category need to be adopted.

## **TRAINING**

Training is a learning experience which seeks a relative permanent change in the trainee which will improve his/her ability to perform on the job. Training involves bringing desirable changes in skills, knowledge, attitudes and social behaviour

Definition:

Grossen.J.:Training is a particular way of influencing certain behaviour of selected groups of individuals within more or less formal situation, planned to provide environment to influence favourably, the learning related to work task of the learner

\_Flippo (1961) :Training is concerned with those activities which are designed to improve human performance on the job that employees are at present doing or are being hired to do.

### Types of training

Training may broadly be categorized into two types: preservice training and in-service training. Preservice training is more academic in nature and is offered by formal institutions following definite curricula and syllabi for a certain duration to offer a formal degree or diploma. Inservice training, on the other hand, is offered by the organization from time to time for the development of knowledge and skills of the incumbents.

### Preservice Training/ Basic Training

Pre-service training is a process through which individuals are made ready to enter a certain kind of professional job such as agriculture, medicine, or engineering. They have to attend regular classes in a formal institution and need to complete a definite curriculum and course successfully to receive a formal degree or diploma. In general there are two types of preservice training. These are (1) degree level and (2) diploma level

In-service Training :In-service training is a process of staff development for the purpose of improving the performance of an incumbent holding a position with assigned job responsibilities. It promotes the professional growth of individuals.

In-service training may broadly be categorized into five different types: (1) induction or orientation training, (2) on-the-job training, (3) refresher or

maintenance training (4) career development training and (5) Capacity building training. All of these types of training are needed for the proper development of extension staff throughout their service life.

**Induction or Orientation Training.** Induction training is given immediately after employment to introduce the new staff members to their positions. It begins on the first day the new employee is on the job

**Maintenance or Refresher Training.** This training is offered to update and maintain the specialized subject-matter knowledge of the incumbents and enables them to add to the knowledge and skills they already have. Maintenance or refresher training usually deals with new information and new methods, as well as review of older materials. This type of training is needed to keep employees at the peak of their possible production.

**On-the-Job Training.** This is regularly scheduled training, such as fortnightly training and is provided by the superior officer or the subject-matter specialists to the subordinate field staff.

**Career Development Training.** This type of in-service training is designed to upgrade the knowledge, skills, and ability of employees to help them assume greater responsibility in higher positions.

Capacity building training is the training aimed at developing capacity or skill to perform job functions. The training provides active participation of incumbents through various exercises.

## **CURRICULUM**

The curriculum provides the framework and foundation of training.

Farrant (1991): Curriculum is a set of decisions about what is taught and how it is taught. It determines the general frame work within which lessons are planned and learning takes place. What will be taught during the course forms the training content.

Curriculum Development.

Training needs analysis: should be done to determine knowledge, skills, and attitude requirements and performance deficiencies. The training needs analysis process can be divided into three distinct analytical phases: job analysis, task analysis, and knowledge and skill-gap analysis.

Job analysis is a method of determining major areas of tasks where training may be needed. It involves the dissecting of a job into its component events or parts. This analysis allows a trainer to better understand what an employee does in an organization. Job analysis involves the "task identification" of a particular job. List all component parts of each task. The job analysis helps us identify major blocks of content to be included in training; the task analysis helps us understand what comprises an individual block" (Wentling, 1992).



Both are very important to the curriculum development process. What needs to be taught and what steps are involved in the process are completed by these analyses and comprise the major steps in curriculum development.

Knowledge and skill-gap analysis. The knowledge and skill-gap analysis is a process of determining the training needs of individual employees in relation to the important tasks-steps or components of tasks identified for training.

The skill-gap analysis determines how skilled or proficient individual employees are on these tasks-steps or components, how much individuals differ from desired performance, and whether or not they need training. It would be a waste of resources and frustrating to the trainer and trainees to design and deliver training on topics and skills where the trainees are already able and proficient. The training needs analysis provides many things to a trainer. The analysis determines the training contents and how deficient the trainees are in these contents, and the sequence of tasks provides the sequence of training activity.

Based on training need, curriculum is developed to equip incumbent to perform tasks and job functions in a better way. Many topics are selected under curriculum. Many lessons are included under each topic.

The incumbents are facilitated to learn each lesson and facilitator prepares lesson plan for each teaching-learning session of specific duration viz. 30 minutes/ 45 minutes etc.

## LESSON PLAN

### A LESSON PLAN FORMAT

Name of teacher:

Class:

Subject:

Unit:

Topic:

Division:

Duration:

Date:

- .....
- Concepts/Content Analysis
  - Specific Objectives
  - Teaching methods and Aids/Media
  - Previous Knowledge
  - Introduction
  - Statement of Aim
  - Presentation

<u>Content</u>	<u>Specification</u>	<u>Learning Activity</u>	<u>Evaluation</u>

Review

Assignment

## LESSON PLAN

Name of teacher: .....

Class: 2<sup>nd</sup> DHIC

Subject: Communicable Diseases

Unit: Vector Borne diseases

Topic: Filariasis

Division: A

Duration: 20 minutes

Date: 20-03-2014

### CONTENT ANALYSIS

Filariasis is caused by filarial worm. Carrier of the pathogen is mainly culex mosquito. Swelling of parts affected with pathogen and repeated attacks of fever are the symptoms. The disease can be controlled by destroying mosquitoes and killing larvae.

### OBJECTIVES

At the end of the session

1. Pupils understand the biological terms, facts and concepts related to the topic Filariasis
2. They apply knowledge of the topic in their life
3. They develop skill in observing posters
4. They develop interest in health

### PREVIOUS KNOWLEDGE

Pupils have learned the different means by which pathogens are spread. They have also learned about cholera and leprosy. They have seen patients with filariasis.

### TEACHING METHODS and AIDS/MEDIA

Lecture discussion method

Posters showing the picture of filariasis and Black board are the teaching aids

<u>Content</u>	<u>Specification</u>	<u>Learning Activity</u>	<u>Evaluation</u>
<p style="text-align: center;"><b><u>Introduction</u></b> Pathogens are spread through air, water, food and insects</p>	Recalls		What are the different means through pathogens are spread?
<p>Filariasis and malaria</p> <hr/> <p><b><u>Statement of Aim</u></b> We shall study about Filariasis</p> <hr/> <p><b><u>Presentation</u></b> Filariasis-Black board (BB)</p>	<p>Recalls</p> <hr/> <p>Recognizes</p> <hr/> <p>Identifies</p>	<p>Teacher asks a few questions</p> <hr/> <p>Teacher states</p> <hr/>	<p>Name a few diseases which spread through insect bite?</p> <hr/> <hr/>

<p>Filariasis is caused by a filarial worms-W. bancrofti and B.malayi. Filarial worm-BB</p>	<p>Recognizes</p> <hr/> <p>Identifies</p>	<p>Teacher states</p>	<p>What is the causative organism of filariasis?</p> <hr/>
<p>The larva of worm is transmitted by culex mosquito Culex mosquito-BB</p>	<p>Recognizes</p> <hr/> <p>Identifies</p>	<p>Teacher states</p>	<p>Name the vector of filarial worm</p> <hr/>
<p>Filariasis is also known as elephantiasis since the swollen part of the affected area resembles the leg of elephant Elephantiasis-BB</p>	<p>Recognizes</p> <hr/> <p>Identifies</p>	<p>Teacher introduces new term elephantiasis</p>	<p>Why filariasis is known as elephantiasis?</p> <hr/>
<p>Liquid part of the blood passes through the walls of the blood vessel into the intercellular space. This liquid is known as lymph. Lymph-BB</p>	<p>Defines</p> <hr/> <p>Identifies</p>	<p>Teacher defines lymph</p>	<p>Define lymph</p> <hr/>
<p>Pathogen affects bodily parts such as legs, arms and genitals and blocks the flow of lymph. The lymph thus collected results in the swelling of these parts of the body, lymphangitis and elephantiasis</p>	<p>Observes Poster Explains</p> <hr/> <p>Recognizes</p>	<p>Teacher explains symptoms with the help of poster</p> <p>Teacher states</p>	<p>What are the symptoms of filariasis?</p> <hr/>
<p>Another symptom is repeated attacks of fever</p>	<p>Recognizes</p>	<p>Teacher explains</p>	<hr/>
<p>Control of filariasis is by 1.early detection of cases by microscopic examination of night blood smears from healthy individuals in endemic areas</p>			<hr/>

<p>2. Specific treatment by Diethyl carbamazine citrate. The recommended dose is 6 mg per kg body weight for 12 days to be completed in 2 weeks. Diethyl carbamazine citrate (DEC)-BB</p> <p>3. Control of mosquitoes and elimination of mosquito breeding places</p> <p>4. Personal Protection methods</p>	Recognizes	Teacher explains	What are the control measures of filariasis?
<p>Annual Mass Drug Administration (MDA) of single dose of DEC tablets for 5 years or more for eligible population is the strategy for lymphatic filariasis elimination</p>	Recognizes	Teacher introduces the concept of MDA of DEC tablets	What is the strategy for elimination of lymphatic filariasis?

**REVIEW**

- Name pathogen of filariasis
- What is the treatment for filariasis?
- What are the control measures of filariasis?
- What is the strategy for lymphatic filariasis elimination?

**ASSIGNMENT**

- Make house visits in your field work area and find out the measures for eliminating breeding places of mosquitoes adopted there?
- How environmental sanitation contributes to health promotion?

**MICROTEACHING**

**Definition:**

Allen and Eve (1968): A system of controlled practice that makes it possible to concentrate on specific teaching behaviour and to practice teaching under controlled conditions.

Microteaching is based on following assumptions.

1. The complexities of education can be reduced by microteaching
2. Teaching skills can be developed
3. It is completely an individualized training program
4. It is real teaching
5. It can control the practice by feedback

6. In this method, feedback can be provided by various means such as criticism by a teacher, preparing video film of the entire lesson etc.

#### Components

1. Microteaching situation i.e. Size of the class (5-10 pupils in the class), length of the content (one unit which ranges from 5-20 minutes) and teaching method

2. Teaching skill such as lecturing skill, skill of black board writing, skill of asking questions etc.

3. Student teacher is one who undergoes training

4. Feedback devices through video tape, audio tape, feedback questionnaires, criticism by teacher etc.

5. Microteaching laboratory which has facilities for feedback

## World Health Day Message 2014

The theme is 'Small bite: Big threat'. Mosquitoes, flies, ticks and bugs may be a threat to your health and that of your family at home and when travelling. This message highlights on actions we all can take to protect ourselves from the serious diseases that these vectors can cause. The goal is better protection from vector borne diseases. The focus of WHO campaign is to bring about sustainable changes on the behaviour of target community towards the prevention of vector borne diseases. Most commonly known vectors are mosquitoes, sandflies, bugs, ticks and snails responsible for attacking a wide range of parasites and pathogens that attack humans. Mosquitoes transmit malaria, dengue fever, lymphatic filariasis, chikungunya, Japanese encephalitis and yellow fever. Mites transmit scrub typhus. Sand fly transmits Kala azar. The focus is on raising awareness about the threat posed by vectors and vector borne diseases and to motivate families and communities to take action or bring behaviour changes to protect themselves.

## **TEAM WORK**

A team is a group of people related with each other to accomplish commonly shared objectives. Members have common interest.

Team work is defined as work done by a number of associated individuals or workers who are committed and agreed in doing the work assigned. Each person in the team does a part of work and this part is co-ordinated with the efforts of others, individually and collectively in the common interest of the group. Team work needs to be built by concrete efforts and by analyzing the behaviour of its members. Effectiveness of team work depends on the commonality of purpose. The capable and effective leadership is the most crucial aspect of team work.

Read about health team in page :474- Essentials of community health nursing-K.Park-6<sup>th</sup> edition.

## **PUBLIC RELATIONS**

Organizations cannot function in isolation. Management of modern organization has to create and maintain favourable relationship with various

public connected to it. Every employee of an organization is in public relations. The art and science of developing reciprocal understanding and goodwill is public relations.

The British Institute of Public Relations defines Public Relations as a deliberate, planned and sustained effort to establish and maintain mutual understanding between an organization and its public.

Through public relations an organization earns public approval for its policies and actions. Public relations by making information available to the public facilitate democratic process.

#### **IMPORTANT DAYS RELATED TO HEALTH**

- Anti-leprosy Day-30<sup>th</sup> January
- International Women's Day -8<sup>th</sup> March
- World Kidney Day: 2<sup>nd</sup> Thursday of March
- World Water Day-22<sup>nd</sup> March
- World TB day-24<sup>th</sup> March
- World Health Day-7<sup>th</sup> April
- Safe Motherhood Day-11<sup>th</sup> April
- Earth Day:22<sup>nd</sup> April
- World Mother's Day-11<sup>th</sup> May
- International Day of Family- 15<sup>th</sup> May
- World Schizophrenia Day-24<sup>th</sup> May
- Anti tobacco day-31<sup>st</sup> May
- World Environment Day-5<sup>th</sup> June
- ORT Week-5<sup>th</sup>-11<sup>th</sup> June
- Blood donors' Day-14<sup>th</sup> June
- International Day against Drug Abuse and illicit Trafficking- 26<sup>th</sup> June
- Anti Malaria Month –June
- World Population Day-11<sup>th</sup> July
- ORS Day-29<sup>th</sup> July
- Breast Feeding Week-1<sup>st</sup> -7<sup>th</sup> August
- Eye Donation Fortnight- 25<sup>th</sup> August – 8<sup>th</sup> September
- National Nutrition Week-1<sup>st</sup>-7<sup>th</sup> September
- World Literacy Day-8<sup>th</sup> September
- World Ozone Day- International Day for Preservation of Ozone Layer- 16<sup>th</sup> September
- World Rabies Day-28<sup>th</sup> September
- World Alzheimer's Day-21<sup>st</sup> September
- World Anti-Rabies Day- 28<sup>th</sup> September
- World Heart Day-Last Sunday of September
- Blood Donation Day, International Day for the Elderly-1<sup>st</sup> October

National Sanitation Day-2<sup>nd</sup> October  
World Mental Health Day-10<sup>th</sup> October  
World Sight Day-12<sup>th</sup> October  
U.N International day for Natural Disaster Reduction-13<sup>th</sup> October  
World Food Day-16<sup>th</sup> October  
Global IDD prevention Day-21<sup>st</sup> October  
World Cancer Awareness Day-7<sup>th</sup> November  
World Immunization Day-10<sup>th</sup> November  
National Filaria Day-11<sup>th</sup> November  
National New Born Week-15<sup>th</sup>-21<sup>st</sup> November  
World Diabetes Day- 14<sup>th</sup> November  
World Day for Prevention of Child Abuse-19<sup>th</sup> November  
World AIDS Day-1<sup>st</sup> December  
World Disabled Day-3<sup>rd</sup> December  
Human Rights Day-10<sup>th</sup> December

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