

PLANNING HEALTH EDUCATION INTERVENTIONS

1 INTRODUCTION

Health Education activities have an important role to play in leprosy control programmes. The changing epidemiological situation of leprosy in different geographical areas of the world may mean that the strategies for Health Education need to be reviewed.

Health Education interventions may be directed towards a community or towards individual leprosy affected persons, with different objectives, for example:

For Community Health Education:

- To inform the community about early signs and symptoms of the disease and the possibilities for treatment available in the area, so that new cases are detected by voluntary presentation of suspected cases in the early phase of the disease.
- To inform the community about the effectiveness of the treatment, counteract the stigma and promote community integration of affected persons and their families.

For Patient Health Education:

- To ensure that diagnosed patients take their treatment regularly and complete the course.
- To inform patients about the early signs and symptoms of complications such as reactions and what needs to be done if they should occur.
- To inform the at risk cases about self-care and prevention of disabilities.

Health Education activities should be organised with a clear understanding of the objectives to be reached and after a critical analysis of different possible interventions. Only then can such activities be implemented and evaluated. The present paper presents a basic framework for the planning of health education interventions.

2 UNDERTAKE A SITUATION ANALYSIS

The first step is the clear identification of the problems for which health education interventions are needed, for example:

For Community Health Education the problem identified may be: 'High number of grade II disability among the new cases identified by the project, which means that new cases are not detected early enough'.

For Patient Health Education the problem identified may be: 'High number of registered cases do not complete their treatment'.

It is important that before deciding on Health Education intervention, the project manager has an answer to the question 'why' regarding the problem identified. Thus it is possible to find that a health education intervention may not be useful for a specific problem. For example, if a large percentage of registered cases do not complete their treatment because the health centre is not easily accessible, a Health Education intervention may not make any difference in that situation. Before the intervention is undertaken, it is necessary to clarify what kind of intervention would be effective.

3 DECIDE WHAT KIND OF INTERVENTION IS BEST SUITED FOR REACHING THE OBJECTIVE

If the Situation Analysis shows that a Health Education intervention could be useful in resolving the problem identified, the project would need to identify the precise target groups and collect more information about the target groups for planning a cost-effective intervention. This means knowing about the gender, age, education, occupation, behaviour, and different aspects of the target groups.

At the same time, the planners need to know what different kinds of interventions of Health

Education are possible, so that the most effective intervention can be chosen, for example:

For Community Health Education, if the problem identified is 'high number of Grade 2 disability among new cases', further analysis may show that most of the disabled new cases are young women, which becomes the specific target group of the intervention. On the basis of information collected about young women in the area, the health education intervention consists of preparing posters showing early signs of leprosy in young women and talks given through the women's groups of the village.

For Patient Health Education, if the problem identified is, 'high number of plantar ulcers in registered cases', further analysis may show that the problem concerns mainly adult male farmers, which becomes the specific group for intervention. On the basis of information collected about male farmers in the area, the Health Education interventions may include: practical demonstration by health workers about care of feet, involving leprosy affected persons in giving talks to the patients and use of Health Education materials showing the progression of complications as well as the positive effects of proper care and use of footwear.

4 DIFFERENT KINDS OF INTERVENTIONS

While Community Health Education interventions are mainly aimed at groups of people, those for patient education can be aimed at both individuals and groups. As far as possible, the messages used in the Health Education campaigns should be positive and simple. The messages are much more effective when the target groups have a chance to express their opinions and interact. The different kinds of health education interventions include:

- Audio-visual messages through television, slides, films, videos, etc. Apart from accessibility of the target group to this kind of message and logistical aspects (such as the provision of electricity in order to show the pictures), it is important that the contents of the message must be similar to the cultural and racial characteristics of the target group. For example, a film showing people with Asian features may not be able to get across the message in Africa or South America.
- Audio messages can be made through radio broadcasts, talking to an individual or a group of patients in health centres, speeches in the city or village square on occasions such as World Leprosy day. Thus health workers may

need to have more knowledge about the disease, its complications and the need for treatment for patient education individually or in groups. In influencing the views of the community, the involvement of local celebrities, leaders, religious leaders and suchlike, should be considered carefully since if used properly, this can dramatically increase the impact of the message. Group discussions among affected persons where the target groups play an active role, can be very effective.

- Written messages can use only words, or words accompanied with pictures through pamphlets and posters. Where pictures are used, the persons shown in them should be similar in dress, costumes, and facial features to the target groups. For written messages, the literacy level of target groups becomes the most important factor in determining the effectiveness of the message. The language used must be simple with as much use of local expressions as possible.
- Specific interventions such as child-to-child approaches can be useful for reaching school children. Involvement of leprosy affected persons may also be useful in reaching specific groups.

For any chosen intervention, it is necessary to make one or more field tests before investing a large amount of resources. For example, a pilot test may show that the language used in a pamphlet is too difficult or that the message is too complicated and is not understood or misunderstood.

5 STUDY THE ADVANTAGES AND CONSTRAINTS OF DIFFERENT POSSIBLE INTERVENTIONS

Before deciding which intervention can be used for health education, it is important to analyse the advantages and constraints of each, as in general the resources for such interventions may be limited.

Use of public media for Health Education needs to be carefully considered. Thus projects may pay for broadcasting time on TV or radio or buy space in newspapers. Sometimes, projects may organise the activities in such a way that they acquire a 'news-value' and are broadcast or published in public media free of charge, though there is a risk that the message which comes across may not be complete or correct.

6 EVALUATING YOUR HEALTH EDUCATION INTERVENTIONS

Evaluating Health Education interventions can be difficult. When a new intervention is selected, the steps for evaluating the effect of the intervention should be decided upon. This evaluation may be directly linked to the problem for which the Health Education intervention was organised. For example, if a community awareness campaign is organised because the number of Grade 2 disabilities is very high in new cases, and after

intervention, more persons present themselves in the early phase without disabilities, this could show the effectiveness of the approach.

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The text can be freely quoted subject to acknowledgement of its source.

N.B This paper was added as an appendix to the original technical bulletin, by the ILEP Technical Commission (ITC) in 2007.

Evaluating Health Promotion Activities: a selective, annotated bibliography

Introduction

The activities which attempt to inform and educate the general public (or a specific target group, such as people on treatment for leprosy) on health matters are referred to under a number of different headings, including:

- Health promotion
- Health education
- Information, Education and Communication (IEC)
- Communicating health

These headings are taken to be more or less synonymous and the term ‘health promotion’ will be normally used in this paper.

It is universally acknowledged that such activities can significantly improve health behaviour. However, there are a number of serious operational problems, which make health promotion a controversial topic within health programmes:

- Firstly, there is controversy about the underlying aim of health promotion: is it to **inform and empower** (allow the target audience to make their own decisions about what to do), or is it to **persuade** and aim specifically at changing behaviour?
- Secondly, because of the high costs involved, most health promotion programs aim at changing behaviour and are required to produce results, but it has been difficult to **evaluate** such programmes and demonstrate a measurable effect, in most situations. Reasons why it is difficult to evaluate health promotion programs include:
 - Health behaviour is itself difficult to measure, so it is equally difficult to show a consistent change in behaviour; evaluation therefore usually looks at self-reported behaviour (people tell the evaluator what they do), or at health outcomes (for example, a programme to teach people affected by leprosy how to look after their feet, could be evaluated by measuring the number and size of foot ulcers over time). Most health promotion programmes do not have such easily measured health outcomes, so must rely on surveys of self-reported behaviour.
 - Real changes in health behaviour usually take place gradually, over years or even decades and the dynamics may be very different in different segments of the population; for example, changes in smoking patterns have occurred over decades and are very different between men and women, despite a high level of expenditure on anti-smoking programmes in most countries.
 - It is usually difficult to identify a control population, which is similar to the target population, but unexposed to the health promotion activities.

- Over a period of time, there are many other influences on people's health behaviour, besides the programme being evaluated; so it is difficult to know what really caused any changes noted.
- Major health promotion interventions, especially those involving long-running radio or TV programmes, are very costly; even if behaviour change takes place, it is difficult to quantify and thus compare the cost-effectiveness of different approaches.
- Thirdly, because of the difficulty in determining the effectiveness of different health promotion methods in different contexts, great reliance is placed on the **theoretical foundations** of how health behaviour is determined and changed. Thus many health promotion programmes are designed from a theoretical standpoint, rather than from good evidence of efficacy.

In short, health promotion is seen as an essential component of the health services, but it is difficult to evaluate and demonstrate which activities are most cost-effective in any given context. Because of this complexity and the large body of literature already available, this paper reviews some relevant publications, rather than making new recommendations.

Bibliography

For ILEP members, a starting point in planning health promotion activities is the Technical Bulletin No 13: Planning Health Education Interventions, produced in 1998 by the ILEP Medico-Social Commission. This is a short paper giving the basic steps and methods of health promotion.

There are many recent textbooks on Health Promotion. A basic practical guide for use in the field is Communicating Health (Hubley J., 2004 Oxford). Other textbooks cover the general theory and practice of health promotion. The HIV/AIDS epidemic has led to an increased interest in health promotion and in funding for health promotion interventions. Large scale use of broadcast media has been studied, for example in the 'MARCH' programme.

Similarly, there are a number of textbooks looking at the complex issue of evaluation of health promotion programmes.

For health promotion in leprosy, a Communications Tool Box was published by Novartis and WHO in 2000, which was a very well-produced set of resources to support leprosy-related interventions, particularly at clinic level. It was reviewed for the ILEP Medico-Social Commission by Dr Andreas Kalk. A helpful review of knowledge, attitude and practice (KAP) studies in leprosy was written by Siobhan O'Dowd for LEPRO.

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