Module 16:
Information, Education and Communication (IEC)

Learners Objectives:
After going through this module the participants will be able to:

- Understand the principles of information, education and communication (IEC)
- List essential strategies and methods for undertaking IEC activities

Introduction:
The National Health Care Programme for Elderly (NPHCE) includes activities directed at preventative, promotive, curative and rehabilitative services for elderly in the country. Information, Education and Communication (IEC) has been identified as one of the important component for the promoting, preventative and promotive measures necessary for ensuring quality elderly life.

The NPHCE has a national IEC/Health Education Strategy to be operationalize from centre to grass root level, which emphasizes changing behaviour, the process of behaviour change and learning from programme activities about why people do not change their behaviour.

The strategy aims to improve the general well-being of individuals, families and communities by encouraging people to be responsible for their own actions through their own efforts, with emphasis on behavior change. Examples include promoting healthy behavior for reducing progression of ageing process, encouraging elderly people or care givers to seek treatment immediately for any type of health issues, promoting effective home treatment and encouraging families to look up for the special nutritional requirement of elderly persons. IEC is also a critical aspect of programmes addressing other important health issues such as tobacco smoking and alcohol.

Health Promotion and Health Education
Health promotion aims to help people to live healthy lives. It focuses on increasing people's knowledge and awareness, facilitating for action to improve their health by ensuring that their circumstances allow them to make healthy choices.

Health education is "any combination of learning experiences designed to pre-dispose, enable, and reinforce voluntary adoption of behavior conducive to health". Health education aims to increase knowledge and awareness and is an important component of health promotion.

Some examples of health promotion activities to improve healthy ageing and reduce the risk diseases and disabilities in old age is given in the box below:

Health education:
- Increasing knowledge of the facts about ageing process
- How to care for older people with diseases and disabilities

Developing personal skills:
- Being able to use a assisted devices by the elderly
- Assertiveness, communication and negotiation skills for health worker, informal care givers involved in elderly care

Strengthening community action:
- Providing economic opportunities for men and women of young old age group (60-75 years) as well as those 75 years and above but physically activity.
- Involving religious organization and NGOs

Reorienting health services:
- Providing elderly diseases and disabilities counseling and testing facilities

- Integrated Elderly health services in SC & PHC as per NPHCE
- Health services for Older people at community level

Building healthy public policy:

- Health education in schools giving thrust to elderly care in emergency by children at home
- Legal rights for elderly widows to property and land

Creating supportive environments:

- Legal access to elderly people
- Challenging harmful traditions and practices with respect to elderly people
- Promoting quality ageing, self-discipline in health care and faithfulness among care givers.

Information, Education and Communication (IEC)

IEC aims to increase awareness, change attitudes and bring about a change in specific behaviors. It focuses on sharing information and ideas in a way that is culturally sensitive and acceptable to the community, using appropriate channels, messages and methods.

Communication

Communication is about exchanging information, sharing ideas and knowledge. It is a two-way process in which information, thoughts, ideas, feelings or opinions are shared through words, actions or signs, in order to reach a mutual understanding. Good communication means that people are actively involved. This helps them to experience a new way of doing or thinking about things, and at times called participatory learning. It involves understanding how people relate to each other, listening to what others have to say and learning from them.

The effectiveness of communication depends on the characteristics of:

- The source (attitudes, knowledge, communication skills, relevance to cultural and social systems)
- The message (clear, simple, specific, factual, appropriate, timely, relevant)
- The channel used (appropriate, relevant, accessible, affordable), and
- The receiver (attitudes, perceptions, communication skills, knowledge, cultural and social systems)
- The Feedback (immediate or delayed, constructive, positive, motivation for change)

Types of communication:

There are two main types of communication relevant to IEC:

- Interpersonal communication
- Mass communication

IEC/BCC in Elderly Health care

Information Education Communication (IEC) is used for creating awareness. It is a process of working with individuals, communities & societies to develop communication strategies to promote positive behavior that are appropriate to their settings.

Behavior Change Communication (BCC) is used taking another step forward - enabling action. It means provide a supportive environment that will enable people to initiate and sustain positive behavior.

The state has decentralized the planning and implementation of the activities by coordinating the process of development of State and District IEC action plans from bottom up. I.E.C. materials like posters, stickers, pamphlets, leaflets, banners etc. are produced and distributed to health centers in all districts. Other activities such as wall-paintings and

hoardings at important sites are carried out from time to time throughout the State/ district. The State IEC cell is also engaged in health education and spreading awareness through mass media such as newspapers, television and radio.

The national Non- communicable Diseases Cell (NCD) at the central level is responsible for overseeing the planning, implementation, monitoring, and evaluation of IEC activities. They are in charge for Development of IEC strategy, prototype of IEC material and dissemination through mass media. The State Non- communicable Diseases Cell (SNCD) is responsible for creating public awareness regarding health promotion, prevention and rehabilitation of the elderly and services made available under NPHCE. District NCD cell will be responsible for special campaigns, health education, monitoring of activities and capacity building of staff at the districts and block levels, and front line health service providers in communication.

IEC activities under NPHCE - Packages of IEC services to be made available at different levels:

Health Facility	Packages of Services
Sub- Centre	• Health education related to healthy ageing • Domiciliary visits for attention and care to home bound/ bedridden elderly persons and provide training to the family care providers in looking after the disabled elderly persons • Informing the family members about the availability of suitable supportive devices from the PHC to the elderly disabled persons • Linkage with other support groups and day care center etc.
Primary Health Centre	• Informing for conducting a routine health assessment of the elderly persons based on simple clinical examination relating to eye, BP, Blood sugar etc. • Provision of medicine and proper advice on chronic ailments • Public awareness on promotional, preventive and rehabilitative aspects of geriatrics during helath and village sanitation day/ camps • Referral of diseases needing further investigation and treatment, to Community Health Centre or the District Hospital as per need
Community Health Centre	• Counseling services • Domiciliary visits by the rehabilitation worker for bed ridden elderly and counseling of the family members on their home based care. • Health promotion and prevention • Referral of difficulty cases to District Hospital/ higher health care facility.
District Hospital	• Conducting camps for geriatric services in PHCs and CHCs and other sites • Referral services for severe cases to tertiary level hospital

Role of IEC in behavior change

At the **individual level**, in the case of elderly health, IEC can provide opportunities for people to:

- Learn about ageing process, Physical and psychological transition, common diseases and disabilities mostly encounter in old age.
- Accept that they themselves are vulnerable to ageing process or may be a risk to others
- Learn the relevant life skills, to help them in effective communication, assertiveness and changing their unhealthy life style to reduce the diseases and disabilities in old age.
- Have confidence and belief in their ability to reduce their possible risk
- Understand how they are influenced by other people and their environment and feel

able to act differently

At the **community level**, in the case of elderly health, IEC can:

- Encourage shifts in social and cultural influences or pressures, for example that give older person to say about when and how they can go for health checkup.
- Overcome barriers such as restrictive policies or legislation, poor health services, stigmatization or discrimination. For example - laws that restrict property right to women (older) which make it difficult for older women's survival, to access information, or that prevent older widow from obtaining health care services, or reluctance to use DOTs medicine for TB because of associated stigmatization.
- Ensure that policy makers receive up to date information for appropriate policy making
- Sensitize school administrators, traditional healers, leaders, convince religious and community leaders
- Sensitize broadcasters, journalists and others who work in the media
- Reorient health professionals, health educators and relevant personnel in other sectors

In planning an IEC activity some of the aspects that may help include
Demographic factors

- Population size, age and gender distribution and literacy levels in the catchment area
- Population distribution and density
- Number of older people above 60 years in each household
- Number of older people above 80 years in each household
- Number of older person confined to home and bed in each household
- Number of older women above 80 years in each household

Socio-economic, environmental and cultural influences on health and behaviour

- Occupation
- Environmental factors such as water, sanitation, housing
- Family income and poverty distribution
- Lifestyles among the target population such as use of tobacco and alcohol
- Culture, religion, language and beliefs

Health, social and health services issues

- Disease distribution and trends
- Nutritional status, older persons food habit and food habit of the family
- Social problems such as elderly abuses, unemployment, divorce, elderly living alone
- Availability and use of health services, including hospitals and clinics, and traditional healers
- Community perceptions about health services
- Attitudes of health providers
- Existing health education activities

Factors influencing health behaviours

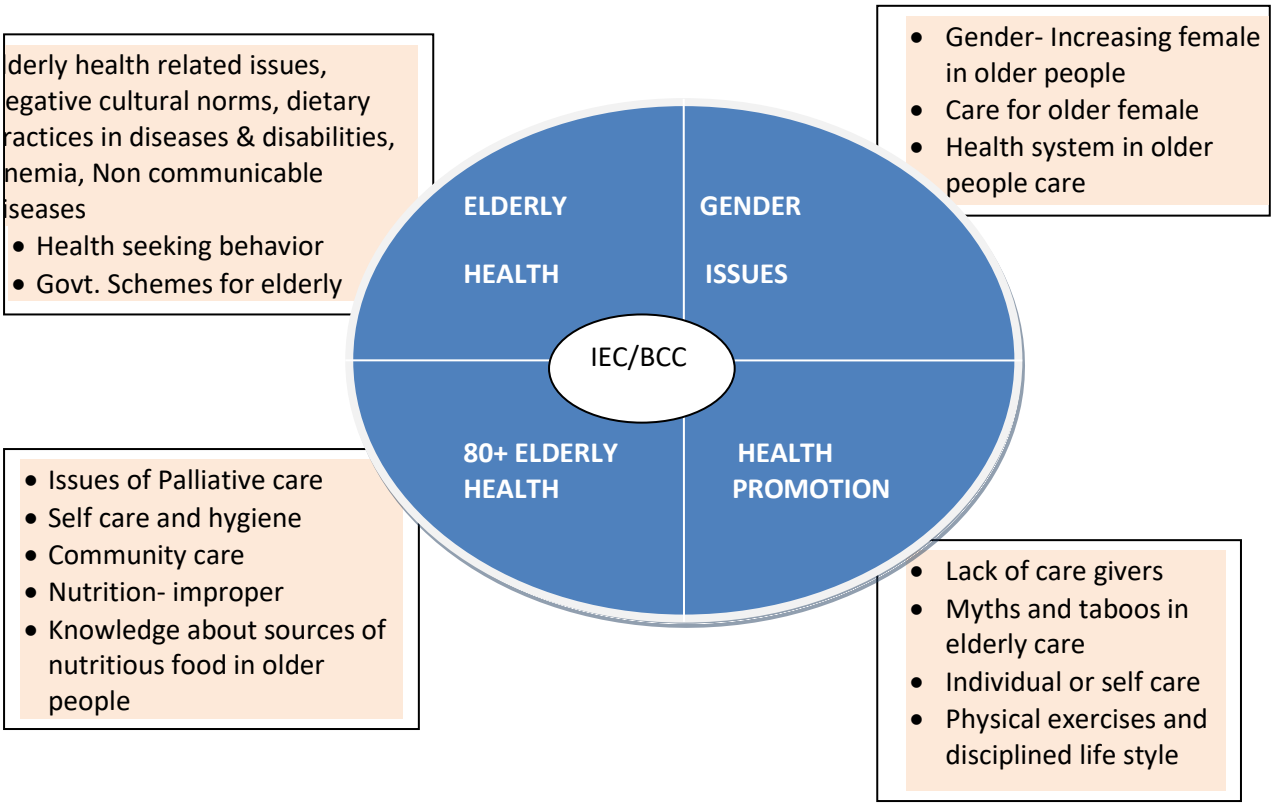
- Knowledge
- Attitudes
- Beliefs
- Practices
- Norms

Community structures and institutions

- Community leaders, influencers and opinion leaders
- Schools, religious organization and other organisations

- Women's groups, older peoples groups and other community and social associations

Thrust Areas of IEC/BCC Activities



Framework for implementing IEC strategy in Health for Quality Ageing under NPHCE

IEC-BCC Strategies in Health for Quality Ageing under NPHCE

User Identification	By developing and Using IEC tools
Community Mobilization	• Mass media for creating awareness for national programmes like NPHCE and other information's like health campus, Quality Ageing measures, Elderly friendly income generation activity etc. • Use of more IPC tools in low socio- economic community and more about different health issues
Platform	• Home Visit • Meeting (VHND), elderly day, celebration days
Target Population	• Women and children, adolescent, youth, adult men and senior citizens • Special focus on vulnerable groups i.e. 80years and above, older women, those with chronic diseases and disabilities
Promotion of Healthy Behaviour Messages	• Nutrition, Adolescent and youth health, adult health, older people health, gender issues in health, diseases and disabilities management, hygiene, sanitation, physical activity and exercises for different categories of elderly people etc.

Community analysis and diagnosis would provide information about gaps in knowledge, attitudes and practices and areas where behaviour change is a priority and can be modified by IEC interventions. This provides the basis for deciding on areas for focus on key messages.

It is important that people are enabled to identify their own priorities and to identify solutions. IEC programmes cannot do this for people; they can only work with them to help with the process. IEC cannot provide all the answers, and needs to be supported by other initiatives to meet people's needs. Health concerns may be less of a priority for communities than other issues such as water, food, and schooling for their children. Community participation is therefore a crucial aspect of identifying problems and solutions.

A **participatory approach**, which actively involves people in discussions and practical activities, facilitates good communication, enables people to think more deeply about their problems and to develop solutions themselves. Participatory methods which can facilitate the process of identifying problems and problem solving include brainstorming, discussion pairs and small group work focusing on a problem solving exercise, a decision-making task, writing letters to a problem page as the starting point for a discussion, role play, drama, poetry, songs, stories and fables, pictures and photographs, flip charts, and videos.

Messages and the way they are presented are crucial to moving individuals from the unaware stage to the adoption and maintenance of behaviour stages. Messages are developed to meet the specific information needs of an audience, based on their concerns and level of knowledge, or to create demand. The development of messages should consider the audience, their problem and the resources available.

The information needs to be accurate, focus on few key points, clear, use uncomplicated language, culturally acceptable and appropriate, and emphasise possible options practical actions and solutions. Messages should include information that will improve the knowledge and skills of the target group, and about preventive measures and where to obtain more information from. Developing messages involves deciding what approach to take and decide on the content of the message.

The following examples suggest some problems and possible IEC responses:

- **Disease in old age** – problems include continued high growth of the population of older people, and high rates of chronic diseases. The community diagnosis shows that people are unaware of older people's diseases or have misconceptions about ageing phenomena and considered old age is often associated with illness – IEC needs to increase awareness and encourage increased uptake of health promotion behavior.

- **Cardiovascular diseases** – problems include high rates of chronic diseases among old age, and community diagnosis shows that utilization of health care service in old age is low, and that there are high levels of gender discrimination in treatment seeking and fear about high expenses for treating the old age diseases – IEC needs to promote safer health promoting behavior changes in old age, old age friendly physical exercises, as well as to change discriminatory attitudes towards older people particularly with diseases and disabilities by the family members especially.

- **Elderly nutrition** – problems include malnutrition and community diagnosis shows that there is a belief that the elderly can eat and digest food as taken by any adult person rich with oil, spices and salts etc. But, in reality older person particularly with those with chronic diseases may need well cooked food with less or no spices with adequate water intake for keeping fit and active - IEC needs to promote elderly friendly hygienic food preparation method with few receipes focus on some diseases most prevalent in older

people such as diabetics, cancer, osteoporosis, hypertension, gastroenteritis

- **Disabilities** – problems identified include a high rate of older persons suffer from disabilities

– IEC needs to encourage preventive behaviours such as utilization of assisted devices, its availability and its procurement.

- **Muscular Skeletal disorders** – problems identified among the older people include high prevalence of muscular skeletal disorders and related disabilities and it incidence is more among older women, and community diagnosis shows that these are caused, in part, by lack of awareness and incorrect beliefs about the significance and causes of muscular skeletal disorders and how to prevent and treat it – IEC needs to get across the facts about muscular skeletal disorders, encourage people to seek treatment earlier, initiation and maintaining health promoting behavior at the earliest and other measures to slow down the progression of diseases and disabilities.

Resources Mobilization and networking:
Resources available should be identified at the assessment stage. These resources – organisational support, community involvement and materials – need to be mobilised and their role in IEC activities should be defined.

Community Mobilization for Older Peoples Health Promotion and Care
The following are examples of tasks which might need to be carried out when planning to mobilize a community around older people's health promotion and health care issues:

- Identify community leaders and other influential people who can actively support older people's health promotion and health care issues.
- Assist community leaders in arranging and conducting group meetings on older people health promotion and health care issues
- Liaise with other health workers in the community, for example Community Based Distributors, Village Community Workers, and arrange meetings
- Give support to acceptors i.e. older people for self-health promotion and health care and those who have already accepted new health measures for health promotion.
- Distribute and explain printed health education materials on older people health care and service schemes
- Use other local existing structures where possible.

Deciding communication channels and tools for IEC

Individual approach	Group approach	Mass approach
• **Personal contact** • **Home visits** • **Personal letters**	• **Lectures** • **Demonstrations** • **Discussion methods** - **Group discussion** - **Panel discussion** - **Symposium** - **Workshop** - **Conferences** - **Seminars** - **Role play**	• **Television** • **Radio** • **Newspaper** • **Printed material** • **Posters, billboards and signs** • **Internet** • **Folk methods** • **Health museums and exhibitions** • **Direct mailing/ door to door distribution**

It may also be possible to utilise schools, peer educators, or non-government organisations as channels for communication in addition to health service providers. Possible mass

communication channels include mobilisation of NGOs such as the Women's Action Group, self help group, older people association religious organization and YMCA and YWCA and of the private sector, for example through the corporate sector, commercial farmers' union.

Factors affecting effective communication include:

- Physiological – difficulties in hearing, expression
- Psychological – Emotional disturbances, mental health issues, levels of intelligence, language and comprehension
- Environmental – noise, poor visibility, congestion
- Cultural – illiteracy, customs and beliefs, religion, attitude, class differences, cultural differences, rural and urban population

Barriers to effective implementation include:

- Competition or lack of coordination between departments
- Unclear definition of roles and responsibilities
- Understaffing
- Top down approach
- Discrimination
- Inadequate training
- Lack of consultation with colleagues and taking unilateral decisions

Lessons learned from previous older people health campaigns and programmes include:

- Failure to pre-test messages properly has led to their rejection as unacceptable or withdrawal as the messages have been heavily criticized
- Campaigns have tended to be too general in nature and have not always evolved in response to changes in the older people diseases and disabilities, or have used global themes without adaptation to local circumstances
- Over-emphasis on print materials and mass media such as television has resulted in failure to reach rural or less literate populations and fails to engage older people in a dialogue
- Creation of demand without ensuring that this demand can be met
- Failure to complement mass approaches or distribution of printed materials with interpersonal approaches
- Failure to engage community leaders or potential opponents in the development of IEC campaigns
- Focusing campaigns on target groups in a way that stigmatizes them or makes others less concerned, instead of directed different messages at different audience segments.
- Over-emphasis on creating awareness and knowledge without following up with appropriate strategies to change attitudes or increase skills in order to enable people to change their behaviors.
- Failure to utilize a range of channels to reach older people where they are rather than where it is convenient for the health services

Counseling:

Counseling is an important form of interpersonal communication, exchanging information to clarify and resolve problems. Health workers need to be able to counsel clients, helping them to look at their problems, make informed decisions and identify solutions.

Counseling aims to share information about a disease, treatment, behavioural options, to promote compliance through negotiation with the client over positive treatment and behaviour changes, and to help them make informed decisions.

The counseling session mostly follows the following steps:

G **Greet** the client in a friendly, helpful and welcoming way, to establish rapport and makethem feel at ease

A **Ask** the client about his or her needs and feelings and reassure them that their worries andconcerns are normal, take a history if appropriate

T **Tell** the client all the information he or she may need, for example about procedures,services, products they may need

H **Help** the client to make an informed decision, and ensure that they are clear and happy withtheir decision and have no persistent doubts

E **Explain** the relevant facts related to the decision made, and summaries the discussion

R **Return** visits should be planned

It is also important to remember not to decide what the problem is before the client has finished talking. Counseling should provide people with enough information, which is relevant and easy to understand and acceptable, in order to be able to make an informed decision.

Suggested further reading:

1**.** Parks Text book of Preventive and Social Medicine, 23rd edition

Case Studies:

1. You are the Medical Officer of a Primary Heath Centre and have introduced a once weekly Geriatric Clinic. How would you plan and execute an IEC programme for the common diseases prevalent among the elderly at the PHC?

2. You are the Medical Officer of a Primary Health Centre. How would you plan and execute a health education program for the community on the presence of an elderly health program and the need for the elderly to use this service?

3. How would you counsel and educate an elderly diabetic on aspects of foot care at the PHC?

4. How would you undertake an IEC session for the family of an elderly hypertensive on lifestyle change and family participation in the same?