

Basics of Health Promotion and Education Intervention
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Lecture - 05
Settings & Audiences for Health Promotion

This session on the course of basics of health promotion and education intervention, deals with settings and audiences for health promotion.

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Now the concepts covered in this session will be basically settings for health, what do we mean by it and picking up some such settings like the health promoting school, talking about key principles guiding them. Health promoting workplaces, and then move on to audiences. The communication planning wheel, audience analysis and audience segmentation which is so very much essential for effectively planning interventions.

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Settings

- Health promotion interventions are multiple and complex
 - "SETTINGS FOR HEALTH" are the infrastructure required for practically implementing multiple complex health promotion interventions.
 - They are the places or social contexts in which people engage in daily activities
 - In these settings, environmental, organizational and personal factors interact to affect health and wellbeing.
 - Settings may have physical boundaries e.g. a village or a city, they may involve a group of people with defined roles and an organizational structure e.g. schools and workplaces.
 - Settings are chosen for health promotion interventions because it is more practical and feasible to implement the comprehensive strategies for multilevel health promotion interventions like policy advocacy, strengthening participatory action etc. within settings.
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Let us deal with settings first. We have by this time realized that health promotion interventions are multiple and complex. So to implement them practically and feasibly we have chosen settings for health. Settings for health are those infrastructures which are required for practically implementing these multiple complex interventions. Basically, they are captive audiences in defined places.

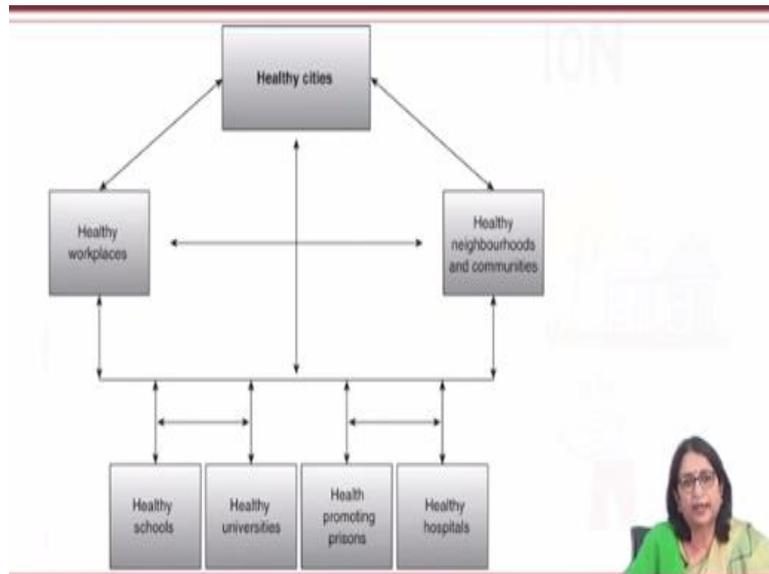
So they are the places or social contexts in which people are engaging in their daily activities as is apparent. Children go to schools, people go to work. So they are engaged in daily activities in these places.

In these settings, obviously, the environment of these settings, the organizational context of these settings, and of course, personal factors operating in these settings, they will all interact to affect the health and wellbeing of the people who are attending these settings. Settings can be defined by physical boundaries, like a village or a city. Or they may involve a group of individuals.

Group of people with defined roles, who does what, and of course, it has an organizational structure. It is a structured place like schools, workplaces, etc. Now why have we chosen settings? Because it is as I said more practical, more feasible to implement comprehensive strategies at multiple levels, because that is what health promotion is all about. We require policy advocacy, we require participatory action, and much more.

So it is easier to do it within these physical infrastructures, where people live, work, and study perhaps.

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So these are some examples of settings. Cities can be healthy. So healthy cities are settings where we can try to improve the setting so that people living in cities are healthy. Workplaces can be made healthy. Neighborhoods and communities can be made healthy. Schools can be made healthy. Universities can be made healthy. Even prisons can be such that they promote health.

Of course, hospitals are there to treat diseases, but they can also be made healthy in the truest sense.

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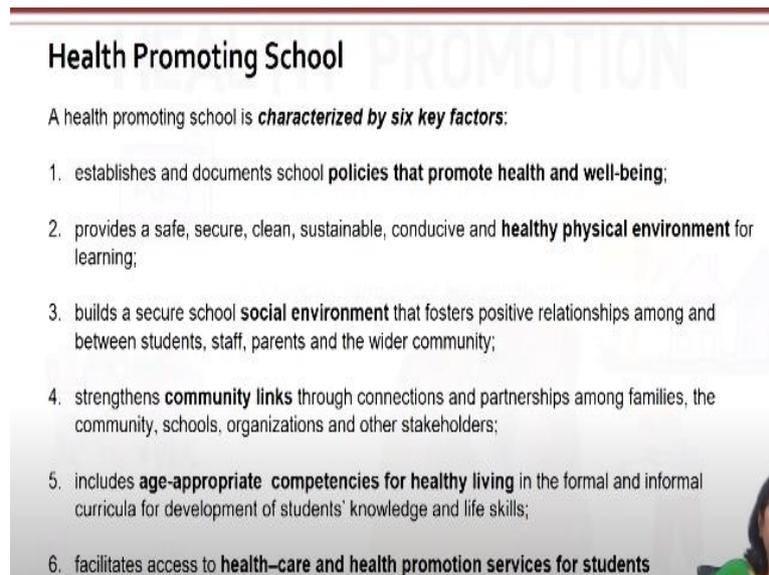


So let us come to one example, one through which all of us have gone through, the schools, health promoting school. Now there is a definition given by the World Health Organization. WHO defines health promoting school as one that constantly strengthens the capacity as a healthy setting for living, learning and working. So, what do we mean by this healthy setting?

It does not only mean that you will get checked for the health status, so children will be undergoing screening or health camps or eye tests. It is not limited to that, it goes far beyond. It goes into the policies the school adopts, whether they have an impact on health, whether they are making the children and keeping the children healthy.

It has a focus on relationships and environments within the school, both the physical and social environment. It has some contribution from the teaching and learning methods followed there. It strongly focuses on community partnerships because unless the community is involved, participates and gets engaged in the process, it will not be sustained towards the efforts of healthy students and better learners.

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Health Promoting School

A health promoting school is **characterized by six key factors**:

1. establishes and documents school **policies that promote health and well-being**;
2. provides a safe, secure, clean, sustainable, conducive and **healthy physical environment** for learning;
3. builds a secure school **social environment** that fosters positive relationships among and between students, staff, parents and the wider community;
4. strengthens **community links** through connections and partnerships among families, the community, schools, organizations and other stakeholders;
5. includes **age-appropriate competencies for healthy living** in the formal and informal curricula for development of students' knowledge and life skills;
6. facilitates access to **health-care and health promotion services for students**

So a health promoting school basically has to have six key factors. It is characterized by these factors. First is that it will have to establish and prepare documents of the policies which it has to promote health and wellbeing. It will provide a safe, secure, clean, sustainable, conducive and healthy. Too many adjectives, but each one of them are very important to have a healthy physical environment.

Children should not be prone to accidents in their school. Workers should not be prone to accidents within their workplaces. It should be secure and safe. It should be clean. Obviously, without a clean environment, we cannot enjoy a proper healthy status. And whatever we do, it has to be sustainable. It should not be ad hoc. It should not be just at one point of time, but it should be such that can be sustained.

So we would like to build a secure school social environment as well, where there is positive relationships among and between students. There is no bullying. You know, bullying, ragging, all this was very much detrimental to the mental health of students everywhere. So it pays special attention to these issues. Staff, parents in the wider community are also involved in these social networks.

It strengthens community links through connections and partnerships among families, communities, schools, organizations, and other stakeholders. We all know that we do have parent teacher organizations, we have meetings from time to time, but how much involvement is there of the community, the parents and the other stakeholders in what the school does to keep the child healthy.

The same applies for workplaces, the same applies for other setting. So involvement of the important stakeholders is a very important component. And it includes age appropriate competencies for healthy living. Nothing can be sustained, unless the people involved do have appropriate knowledge and skills. It means that according to their age, according to their grade, we give them specific competencies regarding health.

They should not only know, we keep on saying that it is just because they are not aware, they do not do certain things. But yes, they require knowledge, they also require skills. And that has to be imparted according to the age. And of course, it has to facilitate access for health care. We do have health appraisal systems. There are national programs also to do so.

And health promotion services like screening services, like health education, all this is also there. So a school which has good policies like no tobacco, not allowing vendors of tobacco or soft drinks or fast food within a particular perimeter of it. So these are

all things that will promote health of the children studying in the schools, and that should be documented.

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Key principles guiding health promotion in schools

- **Healthy policies** - clearly defined directions defining the school's actions to promote health e.g., the school has a policy on healthy food - healthy locally grown food is available to students, teachers act as role models by eating healthy food in school, healthy food is served at school social events like sports days etc.
- **Physical environment** - buildings, grounds, equipment for indoor & outdoor activities, and the areas surrounding the school. Basic amenities e.g. the school has adequate water and sanitation facilities - sufficient toilets for both male and female students, safe and clean water for drinking and handwashing, adequate quantity of water for washing facilities and sanitation.
- **Social environment** - good relationships among staff, among students, and between staff and students, relationship between parents and the school. The school creates an environment of care, trust and friendliness, encouraging student attendance and involvement in health promotion activities.



So healthy policies. Healthy policies are not things which are only taken, I mean verbally agreed upon. It has to clearly define the directions, which will say what the school will do. For example, the school has a policy on healthy food. Healthy, locally available food is given to the students. We all have the midday school meal program. So the school could adopt such a policy of incorporating locally grown food in their meal program.

Teachers would act as role models by eating healthy food in school, only healthy food while they are in schools. Healthy food is served at school social events like sports days, etc. So these are not only decisions which are taken verbally, they have to be put down as documents in policies in order to qualify as a health promoting school.

Second, let us come to the physical environment. The buildings, the grounds, the equipment for indoor and outdoor activities, and the areas surrounding the school all fall within this purview. Basic amenities have to be looked into like adequate water and sanitation facilities. There should be separate toilets for both male and female students, safe and clean water for drinking, for hand washing.

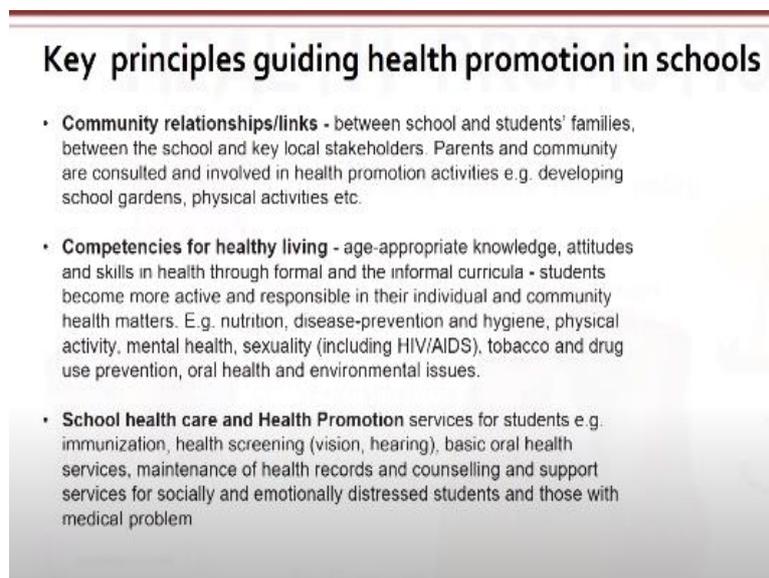
These are very essential things a health promoting school or a healthy school should have. Adequate quantity of water for washing facilities and sanitation. So these are

some of the things which the school should have in place in order to be a healthy setting. Next, let us come to the social environment. Good relationships among staff, among students, and between staff and students.

Relationship between parents and the school, things which are now actually lacking in most of the places as is evident from the news headlines every day which we come across. So a school is a place where it can foster an environment of care, trust and friendliness. These things encourage student attendance.

And they encourage the students and their parents and the community to involve, to get involved in the health promotion activities undertaken.

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Key principles guiding health promotion in schools

- **Community relationships/links** - between school and students' families, between the school and key local stakeholders. Parents and community are consulted and involved in health promotion activities e.g. developing school gardens, physical activities etc.
- **Competencies for healthy living** - age-appropriate knowledge, attitudes and skills in health through formal and the informal curricula - students become more active and responsible in their individual and community health matters. E.g. nutrition, disease-prevention and hygiene, physical activity, mental health, sexuality (including HIV/AIDS), tobacco and drug use prevention, oral health and environmental issues.
- **School health care and Health Promotion** services for students e.g. immunization, health screening (vision, hearing), basic oral health services, maintenance of health records and counselling and support services for socially and emotionally distressed students and those with medical problem

Along with that we need to develop, a health promoting school needs to develop community relationships and links between school and students, families, etc., and the key stakeholders. So whenever something is attempted, the parents and community should be consulted and involved like developing school gardens, like developing new physical activity programs.

All these are very simple things which can be done in consultation. As we have discussed before, competencies for healthy living like age appropriate knowledge, attitudes and skills, both in formal curricula and in informal curricula. So students become more active and responsible. They do projects regarding the health of their community.

So workplace health promotion has been proved to reduce health risks and improve the quality of life of the workers. Maintaining a healthier workforce, if the workforce is healthy, obviously people will not stay away, will not be absent, the production will improve. So it lowers direct costs like insurance premiums.

It also lowers workers compensation claims, so it is good for the employer. It positively impacts on several indirect costs as well like absenteeism. If the workers stay away, naturally production would be less, and the employer gets affected. Worker productivity as we kept on talking about.

Currently in India, of course we do have some formal and informal workplaces carrying out some activities like prevention of occupational risks. There are a few programs, there is a bit of health surveillance, I mean monitoring the health of the workers. There is training on safe working methods, first aid and advising employers on occupational health and safety.

But these are all piecemeal. A health promoting workplace, again, like a health promoting school would look at all the determinants together. So that becomes a comprehensive intervention for health promotion.

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Health promoting workplace

- Workplace health promotion - coordinated and comprehensive set of strategies - include programs, policies, benefits, environmental and social supports, designed to meet the health and safety needs of all the workers.

Examples of workplace health promotion activities include:

- Health education classes
- Access to fitness facilities
- Policies to promote healthy behaviors such as a tobacco-free campus policy
- Employee health insurance coverage for appropriate preventive screenings
- Healthy work environment through actions like making healthy foods available and accessible for example through vending machines or cafeterias in the workplace.
- Safe Work environment free of recognized health and safety threats



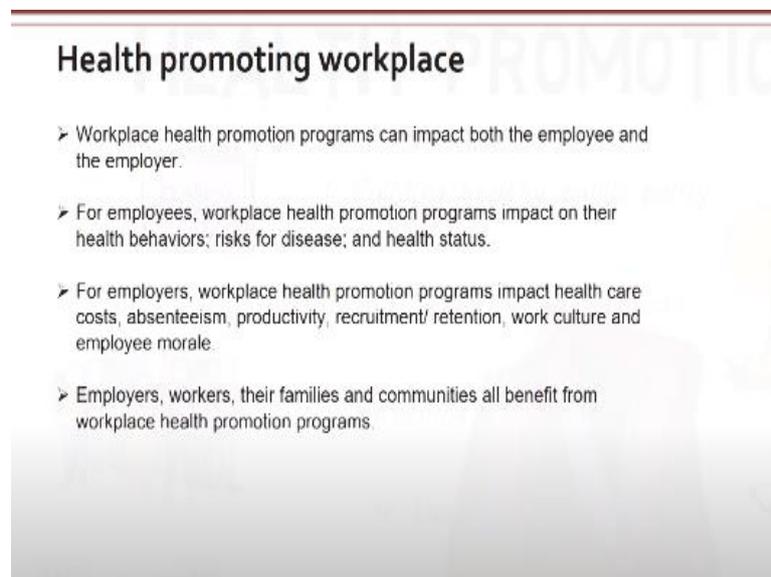
So workplace health promotion should be coordinated and comprehensive set of strategies. It should include programs, it should include policies, benefits, environmental and social supports. They should all be designed, basically to meet the

health and safety needs of the workers there. Some of the examples of what we can do, of course, is health education classes.

Making them aware not only the workers, the providers or the employers as well. Access to fitness facilities. Policies to promote healthy behaviors like a tobacco free workplace. Employee health insurance coverage for preventive screenings. You know, all of them cost a little. The packages do have a cost and so we can have coverage for that.

Healthy work environment through actions like making healthy foods available and accessible. For example, through vending machines in the cafeterias in the workplace. Mostly, these are small changes, but eminently doable. So safe work environment is one which is free of health threats or safety threats, and that is what the health promoting workplace looks towards.

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So workplace health promotion programs can impact both the employee and the employer. For employees, it impacts on their health behaviors. They will become aware. Then the policies, the regulations would impact on their motivation to change health behaviors. It impacts on the risks for disease. They may give up smoking. They may accept certain fitness and lifestyle programs, etc., and obviously, ultimately their health status.

For employers, workplace health promotion programs will impact on their health care costs, absenteeism of workers, productivity of the place, recruitment, retention, these issues. The work culture, if there is a place where people are demotivated, demoralized, mentally sick or physically sick, naturally the culture suffers and the employee morale also suffers. So if you have a health promoting workplace these are taken care of.

So employees, workers and in the bigger picture their families and communities all benefit from workplace health promotion programs.

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Audiences

One of the key steps in the health communication for social and behavior change is identifying the **population segments that can benefit from a specific health behavior.**

The more we know about our primary segment, the better we can reach them with messages, activities and policies.

Research is necessary to understand the needs and wants of the target audiences to prepare health promotion campaign activities, health messages, channels and campaign materials.

WHO IS YOUR AUDIENCE?

Now having decided that we are going to do health promotion interventions in settings, we now have to decide about the audiences. The very first step and one of the key steps in health communication for social and behavior change is identifying which population segments will benefit from a specific intervention or a specific health behavior change intervention.

The more we know about them, this primary segment of audiences, the better we can design and deliver the messages, activities and policies. So how will we know about it? We need research to know about it.

Research is necessary to understand the needs and wants of the target audiences in order to prepare need based health promotion campaigns or activities messages, which

are the channels which are to be chosen, what type of materials are to be used. So all this revolve around the basis of knowing the audience.

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And in order to know the audience, you can see in this graphic, the center of the wheel is the consumer or the audience and you find formative research or understanding these needs, the background information.

What they know what they do not know, what they like what they do not like, what is the sort of media exposure, host of other things are assessed through this formative research part of the communication planning wheel before moving on to the further steps of designing and developing messages, materials and activities.

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Audience Analysis

- ✓ An audience analysis is a process used to identify and understand the priority and influencing audiences for behavior change.
- ✓ The priority and influencing audiences are those people whose behavior must change in order to improve the health situation.

 <p>Women: because they do not access family planning due to a fear of side effects.</p>	 <p>Men: because they control financial decisions in the household and don't understand benefits of family planning.</p>
 <p>Policy makers: because there is no budget at the national level for family planning commodities.</p>	 <p>Health care providers: because they believe young unmarried women should not access family planning.</p>

So what is audience analysis then? An audience analysis is a process which is used to identify and understand. Not only to identify, but also to understand, which are the priority audiences, which are the audiences which are influencing these behaviors? Because in order to change, we have got to address these people.

The priority and influencing audiences therefore, are the people whose behavior must change in order to improve the health situation. These can be women. Let us take the example of changing the acceptance of contraceptive methods. Now women of course, are the primary audiences. We always say that they do not know so they do not do. But maybe the women are not accepting because they do not.

They have fear of side effects. In this case, men can also be one of these audiences because they control the financial decisions in the household, and they do not understand the benefits of family planning. So on analysis, you find they too have a role. Healthcare providers. When you analyze, you would find that they also have a role. Due to their belief that young, unmarried women should not access family planning.

So they do not pay much attention to informing them or giving them options. And finally, policymakers. Because the budget for family planning remains low in most of the countries of the world, because policymakers have not prioritized it.

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Audience Segmentation

- Audience segmentation is a key activity within an audience analysis
- It is the process of dividing a large audience into smaller groups of people - or segments - who have similar needs, values or characteristics
- Segmentation - different groups will respond differently to social and behavior change communication

Audience(s)	Socio-Demographic Differences	Geographic Differences	Behavioral Differences	Psychographic Differences	
	Women of Reproductive Age	18-24, Unmarried	Rural	Currently using a FP method	Value convenience
		Married women with no children	Urban	In the Preparation stage of behavior change	Believe FP is inconsistent with religious practice
		Catholic	Zed Town	Recently discontinued use of a FP method	Desire to be a role model (benefit sought)

So audience segmentation is a key activity. What we have done right now is segmented. It is the process of dividing a larger audience into smaller groups who have similar needs, values or characteristics. So segmentation is essential because different groups will respond differently to SBCC or social and behavior change communication. Let us take women of reproductive age.

One group, but we can segment it according to their socio demographics, like 18 to 24 or unmarried, married women with no children, or perhaps according to their religion. So they can be segmented according to their geographical distribution, rural, urban etc. They can be classified according to or segmented according to their behavioral differences.

Like whether they are using a family planning method or they are just in the preparation phase, they have not started using yet, or they have recently discontinued use. There might be groups of each and it is good to know about each group. Or they can also be classified according to their psychographic differences. What is the convenience values, convenience of the different groups what they believe in.

Some might believe that family planning is inconsistent with their religious practice. Some might desire to be a role model. So according to that also we can segment the audiences in order to develop different types of intervention for the different segments.

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Audience Segmentation

- Segmenting the audience determines the specific target audiences for development and implementation of activities, customizing messages and materials to suit these various groups.
- These potential audiences are then further categorized as **Primary audiences and Influencing audiences (Secondary and tertiary)**.
- The Primary Audience is the group of people who are directly affected by the problem or who are most at risk for the problem e.g., anemic pregnant women or anemic adolescent girls
- Influencing audiences: People who influence the primary audience, either directly or indirectly e.g. family members (Spouses or mother in laws of anemic pregnant women, parents of adolescent girls) who can be secondary audiences and people like service providers (ASHAs, ANMs), community leaders, and teachers, who shape social norms and influence how people think about the problem, can be the tertiary audiences.

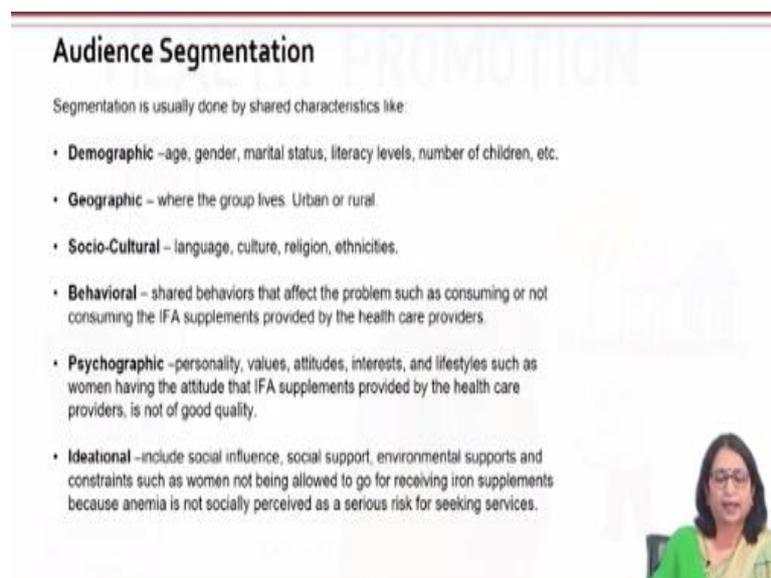


So segmenting determines the specific target audience. These potential audiences can again be classified as primary audiences and influencing audiences. The primary audience are the people who are directly affected, or who are at most risk. Suppose we talk about anemia, then pregnant women, particularly anemic pregnant women, or adolescent girls, or anemic adolescent girls might be the primary audience.

Let us come to the influencing audiences. These people, who are the people who would be influencing this group, either directly or indirectly? Might be family members, spouses or mother in laws or mothers, parents of adolescent girls, or they can be secondary audiences like the service providers, the ASHAs, the ANMs, the community leaders, and the teachers.

These are the people who are shaping the social norms of nutrition of doing or not doing certain things, accepting or not accepting certain things. So these are all also part of our audience, but tertiary audiences.

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Audience Segmentation

Segmentation is usually done by shared characteristics like:

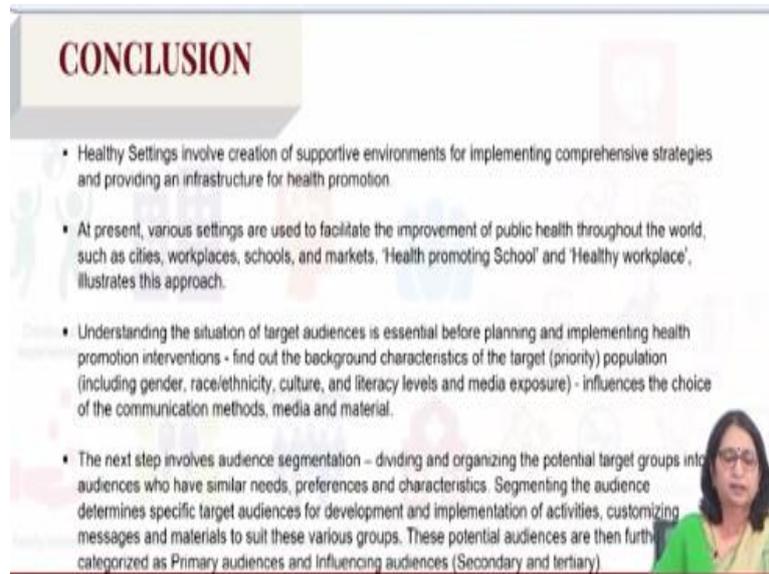
- **Demographic** –age, gender, marital status, literacy levels, number of children, etc.
- **Geographic** – where the group lives: Urban or rural
- **Socio-Cultural** – language, culture, religion, ethnicities.
- **Behavioral** – shared behaviors that affect the problem such as consuming or not consuming the IFA supplements provided by the health care providers.
- **Psychographic** –personality, values, attitudes, interests, and lifestyles such as women having the attitude that IFA supplements provided by the health care providers, is not of good quality.
- **Ideational** –include social influence, social support, environmental supports and constraints such as women not being allowed to go for receiving iron supplements because anemia is not socially perceived as a serious risk for seeking services.



Segmentation as we have said can be done according to various characteristics, can be done according to demographics like age, gender, marital status, literacy, number of children, geographic, urban, rural, etc. socio-cultural, behavioral, shared behaviors. According to shared behaviors like those who are consuming IFA supplements and those who are not consuming IFA supplements.

Psychographic, we have already discussed. According to their lifestyles, according to their attitudes, we can segment the audience. Or ideational. Might be those who are having constraints in going and taking the IFA supplements and those who do not have such constraints. So social perceptions can be used to categorize as well.

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CONCLUSION

- Healthy Settings involve creation of supportive environments for implementing comprehensive strategies and providing an infrastructure for health promotion
- At present, various settings are used to facilitate the improvement of public health throughout the world, such as cities, workplaces, schools, and markets, 'Health promoting School' and 'Healthy workplace', illustrates this approach.
- Understanding the situation of target audiences is essential before planning and implementing health promotion interventions - find out the background characteristics of the target (priority) population (including gender, race/ethnicity, culture, and literacy levels and media exposure) - influences the choice of the communication methods, media and material.
- The next step involves audience segmentation – dividing and organizing the potential target groups into audiences who have similar needs, preferences and characteristics. Segmenting the audience determines specific target audiences for development and implementation of activities, customizing messages and materials to suit these various groups. These potential audiences are then further categorized as Primary audiences and Influencing audiences (Secondary and tertiary)

So what we have discussed till now is actually a very important component of pre planning of SBCC or health promotion, health education interventions. It identifies health promotion intervention as being comprehensive, implemented at various levels and the need for a coordinated action. So that is why settings have been identified as the most practical and feasible ways of implementing these interventions.

Healthy settings, as we have said, involve creation of supportive environments for implementing these strategies, and providing an infrastructure for this multi-level health promotion interventions. At present, there are various settings which are used to facilitate the improvement of public health throughout the world, like cities, workplaces, schools, markets.

Health promoting school and healthy workplaces, which we have discussed illustrate this approach. Understanding the situation of target audiences is essential before planning and implementing health promotion intervention. So we need to find out the background characteristics of the target or the priority audience. And like their gender, race, socio demographics, etc.

And their media exposure and other issues, which we have already discussed, because these would influence the choice of the methods, media and material for communication. The next step would be audience segmentation, dividing these potential target groups into other groups with similar needs, preferences characteristics.

So it determines which would be the specific target audiences and would also determine what type of activities would be directed towards them. These potential audiences are then characterized as primary audiences and influencing audiences like secondary and tertiary.

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So these are some of the resources which one can go through to understand these issues better and in more detail. Thank you very much.