

Research Methods in Health Promotion
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Lecture 38: Materials and Methods of Intervention Delivery (Part – I)

Hi there. So, now, we understand how to design our health promotion intervention messages. Now, in this particular lecture we will be focusing on the different materials and methods of the intervention delivery. The health promotion research we have developed the the messages for our intervention package. The intervention package may have different messages and it may have you know based on the messages different methods of implementing those and even different methods of delivery. So, in this lecture and also in the next one we will discuss about the different methods of delivering those those messages.

Now, for intervention delivery the materials and methods for intervention delivery we have the the set concepts that you can see over here. Now, the different approaches that are used for health education and delivery we will discuss as an overview in this particular lecture. The individual and the mass approach we will cover in this particular lecture. The next part that means, the methods used say in the in the group approaches we will cover it in the next lecture.

So, let us start our discussion with the health education methods that we have in our hand. Now, from the previous slide you can already understand that the delivery of the health education materials or the health education interventions as a whole called the health education methods. They are basically of three types individual approach, the group approach and also the mass approach and we will discuss in this lecture not the group approach, but the individual and the mass approach. So, how exactly do we consider or do we understand these different approaches for health education intervention delivery? How do we choose which method to use? See over here the choice of the approach depends on factors like the size of the target audience, how much, how many, is it a broad group, large group, small group, individuals like this. The nature of the information that has to be disseminated whether the information is a sensitive one or the information is a general awareness kind of a material.

See you know we discussed about the different approaches in designing health education messages whether informative, whether you know persuasive, whether educating like this. Similarly, over here for delivery we need to understand the nature of information that we are providing whether it can be provided in an one is to one basis, whether it must be provided in a one is to one basis or it can be provided in a larger group basis. They decide basically what kind of or what type of health education approach you should use. Now, each approach it requires different methods according to the size of the audience, their literacy levels, their media exposure etcetera. So that means, you know the the approaches again that we will be discussing like the individual group the mass approach again they have a bearing on the size

of the audience that is the size of the target audience, the their literacy level how literate if they are or how I mean how well they can understand the materials that you are going to provide and the exposure to of the audience to the particular media that you are going to use.

Now, see over here in this first point we mentioned that the choice of approach depends on factors like these are the different factors. In the second point we we mentioned that the each approach may be these approach they also require I mean there may be different methods in these approaches as well. Now, they also depend on these different issues like size again the literacy level and the exposure to the particular media. For example, if people are illiterate then there is no point and they can not even read the text then there is no point providing a particular you know print material for example, a poster to them. Now, we already we already know that there are three basic kinds of approach for delivery of your of our health promotion intervention the individual group and the mass approach.

What do we get in the individual approach the commonest example is the counseling that are used during the individual approaches in the health facilities or during the home visits. These are used for providing information especially on the sensitive issues that we were discussing the nature of information or and you know teaching different complex skills that need a two-way communication. That means, as an educator or as an implementer of the intervention not only you are speaking or you are not demonstrating something the audience is also communicating back to you that helps you know the audience to clear their doubts and also clearly understand what exactly you need them to do. Now, the group approach includes methods like lectures demonstrations group discussions final discussion symposium workshop conferences seminars the list goes on and on we will discuss regarding all of these in in the part two of this of this thing. They are used these are the basic processes of group approach now the group approach is basically in between the individual and the mass approach mass approach means you are targeting a mass which is basically a large group and a group group approach means it is a smaller kind of a group or I mean the size of the target audience is not that much as compared to a mass.

So, that is a difference for mass approach we usually use them use the methods like mass meetings exhibitions health fairs etcetera for for delivery of our message. In this lecture we will give you just an overview of health fairs because these are again very interesting mass approach and and a very effective health promotion intervention tool in delivering certain interesting in somewhat educating and also persuasive components. See here the interesting part is health fairs it although it is part of a mass approach here you appeal to the mass, but still you can include certain interpersonal communication type of thing which forms the core of the individual approach in it. So, in in this way the different approaches they can be clubbed together even. Now, let us discuss a bit about the methods that are used in individual approaches we shall be discussing about the counseling.

The counseling approach it can be done in different formats based on the different situations based on the different needs that you may have why you want to take up the individual approach what are the different issues like this based on that it can be in person that is face to face counseling that we usually perform in the different health facilities or you know during the different house various regarding certain health related issues. It can be group counseling see although it is an individual approach, but it can also take this format of group counseling. What is a group counseling these sessions the addresses health issues are problem among people with similar problems. Here you are interacting with the individuals, but in the form of a group for example, if you have a group like AA the alcoholic anonymous groups here you take up the group counseling approach although it is mentioned group in the approach, but still it forms a valid part of the individual approach or the counseling approach. Telephonic sessions telephonic counseling is best way for busy individuals who might find it difficult to go to different health facilities or to clinics over telephone you can provide certain counseling aspects.

Now the telephonic the online counseling these have gained importance over the years with the with the covid pandemic because this has they these two telephonic sessions and the online counseling sessions they have settled them as a way of performing a very good kind of you know individual health promotion intervention. What happens with online counseling session is some people they do not want to meet the counselor face to face this is another advantage of using the online counseling. Same thing happens with the telephonic sessions in the even in the telephonic sessions those who do not want to meet their counselor face to face or want to maintain an anonymity they can utilize the telephonic sessions and also the use of the online sessions digital sessions. So, they are nowadays they are you know quite an in thing. This is the five stage model for a particular counseling session typically the stage one it includes initial disclosure or relationship building stage two in-depth exploration problem assessment in stage three commitment to action or goal setting and in stage four counseling intervention proper in stage five evaluation termination or referral.

See what happens here is in stage one the the the counselor or the person implementing the counseling process builds the relationship or we typically call it the rapport building part. The initial disclosure is done you introduce yourself to the participant you get to know from the participant about the basic information and you start building a relationship with certain common items you try to find the issues that through which you can build the rapport with the individual. In the step two you try to explore the problem in detail and here you try to assess the problem exactly what is the issue that you can address. See in health promotion intervention typically in health promotion intervention counseling can can be done for typical psychiatric problems usually that is what we are more aware of that counseling is done for the psychiatric problems, but as a whole counseling as a process can be conducted for implementing certain health promotion programs as well. For example, you know for addiction de addiction movement you want a group of people to quit say smoking you can utilize the help of a counselor and establish a one is to one counseling process individuals to make them understand why smoking is necessary why they must quit the smoking and why it is necessary for them to quit smoking how they can do it and how they can maintain it.

All of this can be done through motivational interview or they can even they can be even performed through counseling process. Then after the counselor has understood exactly what problem to address and and what areas to assess through the in-depth understanding to understanding different perspectives the goal has to be set. Now goal setting in counseling process is a mutual part that means, the counselor states that I think this kind of a goal you can set and the the beneficiary has to agree to that term and that is why the goal setting or commitment to the action exactly what action you want them to take the individuals who are part of your one is to one communication or this individual approach of intervention delivery who are part of it they has to commit to that action and that is why goal setting is so much important just after you have set you have understood what is the exact problem. And just remember that based on the assessment of problem you can set the goals although you can have a fair bit of idea on what may be the problem or what exactly you can what kind of a goal you can set, but it depends on each and every counseling session because the goal may be different for each and every individual. For example, a person may be motivated to quit smoking for them it is easier to set the goals and easier to get the ball rolling, but if a person is highly not interested in quitting the smoking, but you want that person to quit smoking as part of a whole community intervention for that individual problem may be a bit different and the goals for that individual also may be a bit different.

After setting the goal on and commit and ensuring the commitment from both the parties now the counselor actually intervenes the proper counseling intervention ok. So, after the proper counseling intervention that means, the counselor states on what can be done what should be done and what are the benefits or like this you know these are the things that we discussed during the designing of messages part because all of these what can be done how to do it and what are the benefits and what is the what is the gain for the individuals these are the all issues that a person mentally thinks of whenever they are trying to change a particular behavior or perform a certain behavior. So, that is that that issues they are the things that the counselor will ultimately address in the counseling intervention and will promote them in changing their behavior for good. After this intervention is done in the stage five they evaluate ah the the whole session whether the counseling session has gone fruitful whether ah the person is now a step better than where the person usually ideally stood before the initiation of the counseling session these are the things that the individuals or the counselors they they consider. And based on the evaluation of how the session went either the session can be terminated next a next date can be set up or ah you know the beneficiary may be referred out to some other individual or some other specialty because the counseling may not have ultimately you work for that individual there may be so many reasons, but this is where the individual who is taking up the responsibility of counseling must be honest and clear about the goals and how the goals are to be met through the counseling intervention.

The evaluation thus is a very important implicit step because you not always do not get to see evaluation of each and every counseling sessions being done ah very openly and very clearly rather the counselor can implicitly assess whether the counseling session went well or even in the next sitting also the counselor can assess whether the behavior changes ah is adequately

there or not and can be referred out to some other individual or some other specialists. This brings us to a next question regarding what are the core counseling skills that the counselor must adhere to. First one is attending attending means the counselor should be attentive to what the individual or the beneficiary is saying that means, the active listening giving full attention to what the client is saying or doing and valuing them as a worthy individual. So, that that putting worth to an individual it it helps a you know in building rapport and also keeping the particular beneficiary focused in the session ok. Silence it provides control of the content peace ah sorry pace and objectives.

Now through silence that means, the counselor should know where to pause where to give silence and thereby you know it is all ah it is kind of a psychological game kind of a thing because this is how you control the situation this is how you make the beneficiary understand the important areas where to act where not to act like this this is how the counselor takes the control of the content it provides the required pace because if you pause for too long the pace ah you may not have adequate pace and ultimately because of the lack of the pace or or the the flow of the session the beneficiary may lose interest overall. So, again silence is very much important where to use how to use it reflecting and paraphrasing repeating and providing a shorter version to what the individuals or the beneficiaries have ah said to the counselor is again a very important thing this helps the individuals understand exactly what are the things they have mentioned and what are the things that the counselor has registered. See if ah if the repeating and reflecting and paraphrasing it it is done accurately then sometimes the beneficiaries will say no I have mentioned these parts as well. So, it is not only this again ah this is also important to me this helps ah the counselor understand what are the different qualitative issues that may bother the individual or that that is even more important than the issues that the counselor have already understood ok. Then clarifying and the using of questions ah that means, the counselor should use open questions to the to clarify his or her doubt regarding what the what the beneficiary is saying or feeling leading questions are usually to be avoided see leading questions are to be avoided as they can impair the counseling process.

Now, this is again ah a similar thing what we do with the in depth interviews again in in depth interviews also we avoid leading questions instead we use different probes to elicit the the context or the different questions in a great detail it is somewhat similar because similarly as part of the counseling process the counselor is in fact, performing an in depth interview regarding the problem and regarding how to solve the problem. So, it is always essential to the put forward the open questions that the participants can answer to and ah through this you can understand what were different problems what are the key issues how you can approach to them you can devise your own strategy. Focusing, making decisions about priority issues that should be dealt with this is what focusing states the client may have mentioned a range of issues and problems and focusing allows the counselor and the client together to concentrate on the priority issues of concern. See focusing is somewhat related to reflecting and paraphrasing as the counselor goes on reflecting and paraphrasing the core areas this means the counselor is basically now focusing or condensing whatever is being discussed into a sentence or 2. What happens here is if some other issue is also relevant to the particular client the client will tell the counselor that apart from this this is also important.

Now the counselor will be able to focus on that other issue as well although the counselor might have missed that or considered that as a trivial one. So, that is how focusing that means, typically identifying which issues are to be acted upon and what actions are to be taken that is again a very core skill for each and every counselor. See building rapport is again a very important thing is directly related to attending active listening because see whenever see in this initial disclosure phase or relationship building phase your rapport building is a very important thing. So, that the the the respondent can relate to you and can talk freely to you that is why whenever you are talking about talking freely it is not only that you can ask questions to the respondents also you have to be an active listener. So, that the respondent can freely state whatever is on his or her mind and summarizing.

Now summaries are longer paraphrases and essence of what the client is saying and feeling it sums up the main theme again this is somewhat related to the qualitative reasoning that we have. What happens with summarizing is after parareflecting, paraphrasing and focusing you take all the focus areas and you summarize on what exactly you got from the counseling process and what solutions you can offer based on whatever main themes you have generated. As we have mentioned that the different skills and the different techniques and the different steps you have to modulate them based on the various phases of a health problem. For example, the counseling that you are going to perform for a person who is going to undertake an HIV testing is not the same as a person who is going to undertake a cancer detection test or a cancer screening. And similarly it will not be the same for a for for example, for a person who has been diagnosed with a cancer or in other words in in the other example a person who has been diagnosed with the HIV.

So, it is based on the phases of a health problem whether the person is going for detection you can you you counsel in a way or basically you prepare the person for the worst outcome and if the outcome is positive that means, the bad thing has happened you counsel in certain other ways. But the steps remain the same and the core skills remain the same it the what what changes is the content of your counseling. Again the content of your counseling is based on how you generate your content that you have already understood from the previous lecture. So, in a in in in a nutshell basically the counselor should be very careful not to provide any judgmental advice or any leading advice for example, you should do this you should do that no instead it should be an open these are the things that can be done an option should be provided and the beneficiary should be able to choose. And a counselor should always you know should have empathy, but should prevent himself or herself from creating an emotional attachment with the with the client because if the counselor is having an emotional attachment ultimately the process of counseling it it gets hampered.

Coming to the last issue of discussion that is the methods used in the mass approach mass approach means we are targeting a larger audience over here a mass health fairs we will discuss regarding the health fairs there are the the mass can be targeted through health fairs. A health fair is an educational and interactive event designed at the community level to provide basic

information and services like screening the people in the community for NCDs and using this opportunity to motivate for changing risk behaviors. So, the key point over here is to motivate the people for changing their risk behaviors typically the exhibitions or the health exhibitions for example, they are not the same as the health fairs health fairs are usually conducted in a community here you you can see individuals you can screen the individuals and you use that opportunity you know to opportunistically counsel the individuals regarding prevention of certain diseases. Why this is considered a mass approach because this is done with a larger audience targeting a larger audience, but still you have the elements of individual approach and interpersonal communication. So, I hope the understanding of health fair is clear to you because the key area is this is an educational interactive event that is done at the community level.

One example may be you know they provide certain basic information of the diseases and may motivate the individuals to get counts you know screened for certain diseases if found positive they may be given certain further information and further behavior change advices. Overall the health fair with the educational interactive approach it has it motivates the people to perform certain change perform certain changed behavior and decrease a certain risk taking or as a whole risk behaviors. So, in conclusion we discussed the different approaches and different methods we understood that there may be individual group and mass approach we discussed counseling as the mainstay of the individual approach we also explained that there may be motivational interviewing which is again a part of the individual approach of your health promotion intervention delivery and we also discussed as part of the mass approach the health fairs and the exhibitions. We mentioned that exhibitions typically exhibit the different information may pursue you to undertake certain actions based on certain prompts the different areas may be involved in exhibition as a mass approach, but exhibitions are not the same as the health fair health fairs are more of a broad based approach done in the community provide information may include certain screening aspects and may also include certain opportunity counseling built in the in the health fair system as well. So, these are the things that we understood from this lecture and in the next lecture we will focus more on the group approaches for the delivery of our health promotion intervention.

So, these are the resources that I urge you to go through that is it for this lecture. Thank you very much.