

Research Methods in Health Promotion
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Lecture 39: Materials and Methods of Intervention Delivery (Part – II)

Welcome back. In the previous lecture we discussed regarding the materials and methods for our health promotion intervention delivery. And in this lecture we will be continuing with our discussion particularly in the part 2 of our discussion in this lecture we will focus on the group approaches. See in the previous lecture we discussed regarding the individual and the mass approach and here what we will focus is on the group approaches. See these are the things that we will be discussing we will come to these issues one by one. So, what are the methods that are used in group approaches? The first one or the most important and mostly employed one is the group discussion.

Basically group discussion it is considered a very effective and a very good way for a two way communication regarding any health problem or any health related event to bring about certain behavior change because in group discussion what happens is you have some people in front of you who are participant in your group discussion. It is not only that you can dictate them on what to do and what not to do the participants can then again ask you back on what is the reason behind telling this kind of stuff and this kind of actions. So, then again you can justify and clarify. So, this helps in inducing the participants or this helps in the participants to sustain the behavior change what they are actually going to practice after you have completed your group discussion.

There are certain basic guidelines to remember whenever performing the group discussion. First is to be effective it should comprise of not less than 6 because if a group discussion is having less than 6 people less than 6 typically means if it is having 2 or 3 people then it is better to conduct individual face to face discussion, but it will not have that you know benefit of having a group of people interacting on a topic, but it should also not cross the cutoff of 12 people. There are certain textbooks which mentions 10 there are certain textbooks which typically says that 8 to 10 people it is the best number of beneficiaries to be there in a group discussion, but loosely as a guideline what we can say you should consider involving participants more than 6 in number, but lesser than 12 in number. Now the problem with people being more than 12 is that it becomes a large group and what we have mentioned over here is larger the group lesser the participation and discussion because you have a time limit obviously, the participants will also have their own time limit and time constraint and therefore, if there is a larger group there is only minimal chance of the participants engaging, but what happens if you have a smaller group the importance of having a group discussion is to have the group dynamics. So, if you have a smaller group then what happens is you do not get to notice the group dynamics or the participants who are even responding or interacting with you they are not able to understand or they are not able to comprehend the response or the response

in response to the group dynamics among the other participants because the number of participants are really really less.

So, how do we conduct a group discussion session? First see over here first it is about selecting a topic based on the group needs for example, timely adequate and appropriate complementary feeding for infants this is just an in I mean it is an example. Here if we are conducting a group discussion session I mean based on this topic say we are conducting a group discussion or we have mothers of infants and children in front of us and we want to conduct a group discussion topic based on the group needs we understand that this may be a very important topic regarding the complementary feeding of the infants because it is very important to initiate complementary feeding timely and to maintain the feeding practices. So, based on the group needs here we are decided the topic based on the group needs. Next is collecting correct and up to date information on the topic. See whenever we are going to conduct the group discussion we have already decided on the topic because we know the beneficiaries or the audience in front of us are these people and this is required for them.

Now before we actually going to carry out the discussion session as the experts in health promotion we have to get ourselves updated with the most current and up to date information on those issues because it is our owners to give them the information that they need and that information not only should be correct it also has to be up to date. So, that they can practice the important health behavior in a good way. Next in step 3 preparing a lesson plan that is what the participants should know or understand that is the objective that we have already said based on the group needs and the main points to be discussed including the sequence of discussion and the visual or audio visual aids to be used. See preparing for a lesson plan it may sound like a preparation for a class, but in fact, a good I mean a good group discussion session it is nothing less than a good class session or a typical educational you know demonstration. See whenever we are actually going to implement something we must understand who are our audience and what we are going to do that we have already done we have set the objectives.

Next because the group discussion session needs to be focus I mean it is not it is not necessarily focused in this scenario because if it is focused we call it as a focus group, but still a group discussion needs to be systematic and for that you need to understand the sequence. The sequence of the discussion which point comes after which for example, if we consider this example of complementary feeding of infants you may consider complementary feeding I mean when to initiate the complementary feeding what are the materials that you can provide as the complementary feed. Suppose these are the two topics that you are going to discuss among the mothers then you have to find out the appropriate sequence for them. Say for example, if we discuss what are the complementary feed that you have to give and then you are going to inform the mothers when the complementary feeding should be started then this is one kind of a sequence or else you can plan that when the complementary feeding has to be started you discuss this topic first why complementary feeding has to be started and then you move on to what are the contents that you provide as a complementary feed. See in the in the second

approach in what happens here is you get more scope to interact and you get more scope to justify the response or that you expect from the mothers.

So, in this way you have to plan the sequence of discussion or plan the sequence of topics that meets the objective that you have already said in a rational way and in a systematic way. Remember again in group discussion as this is a communication approach and delivery of your health promotion intervention you have to be very much clear and understandable to the audience. So, the sequence generation this is also a very important thing how in what sequence you are going to inform the audience of the topics that you are going to discuss ok. And we already discussed that we may have different the different topics or different methods of delivery like posters or something like that you may have certain audio visual aids you may have certain illustrations you may have certain charts. So, these materials you have to fix it up what are the materials or what are your you know these are your weapons in this in this group discussion you are going to use.

See if we have to use a flip chart that we have to fix a priority this session because we have to arrange for the flip chart and we have to get ourselves acquainted on how to use that flip chart when to use that flip chart. In what sequence after mentioning when to start the complementary feeding then we can use the flip chart showing what are the benefits of complementary feeding and then after seeing what are the complementary feeds that you are going to give then again you can use a flip chart showing how to provide the complementary feed how to prepare the complementary feed slide lab. But what happens is you have to fix it up what are the visual and audio visual aids you are going to use during the group discussion session before you have actually actually implementing the session. Next is step 4 is fix a suitable time your priority should be the participants because it is based on the participants or your audience that you are particularly conducting this group discussion session and without the participant you really cannot conduct your health promotion research. So, it should be fixed based preferably on the participants timing and you have to you know ensure suitable place that is free from barriers what can be the barriers like noise it can be certain I mean extremes of temperature cold like this where it really the participants will not be able to focus more on the topic, but will be distracted by the environment.

So, these are the natural barriers that you have to be very much aware of and you should play pick a place and time when this these kind of barriers will not be there. For example, again an important thing is you know that in the in the middle of the night the noise is comparatively less and the temperature is also soothing, but you really cannot fix that time because that particular time although the environmental barriers are not there, but the participants are also not available right. So, you have to focus on the participants time then you have to focus on when the environmental barriers will be less. Say 5 is actually conducting the discussion and checking for understanding by asking questions in the end. So, it is your job to understand whether the beneficiaries have really understood what you have said during the session.

So, in the end it is better to keep some time for question and answer sessions. So, that not only you can ask questions and get the participants response to understand whether the participant have actually understood or not also the participants can ask anything related to the discussion topics that you can answer and you can benefit the participants. Now another approach for a group based health promotion intervention delivery is the panel discussion. Sometimes this is also considered as a very prudent approach in health communication delivery or in say in typically health communication perhaps. What happens in panel discussion? The panel discussion it consists of a chairperson or a moderator.

So, this means it is a panel and 4 to 8 speakers. These 4 to 8 speakers they are the panelists who sit and discuss on a given problem and you have an audience. So, what happens here basically is just a second. So, what happens here is see you have a moderator, you have a group of people say over here you have a group of 4 people or say 5 people the moderator has started the session and moderating the session and there the experts who will be discussing and you have your audience. So, you discuss and your audience is going to listen ok.

But the thing is in panel discussion the experts you have invited and you have given a problem say the same problem as the complementary feed. The speeches or the talks that the experts are going to deliver they are usually not set I mean prior to the panel discussion proper. The idea of having a panel discussion is to initiate the spontaneous and natural discussion because through spontaneous and natural discussion not only the different topics the different areas or highlights will be coming out of the discussion also the participants and the beneficiaries they will be able to understand in a very lucid and natural language and in their own ways. After the subject has been discussed by the panelist the audience is then invited to take part. So, first this is this way communication the experts the panel as a whole communicates regarding the different solutions or the different approaches to the problem the audience then understands what is being discussed what has been discussed by the experts.

The moderator may also summarize the issue or the moderator just may summarize the issue after the audience have given their response either way it is possible in a panel discussion. The interesting part is the audience then asks the question after the delivery from this end regarding any query that they may have or any problem that they may face any practical scenario. Again the query is handled by the moderator to the experts the moderator himself or herself can contribute, but it is the experts response that the audience will be benefiting from the panel discussion sessions. So, this is the basic structure of a panel discussion. Next another approach is called a symposium.

So, what is a symposium? A symposium is basically a series of speeches on a selected subject by experts. So, see in the panel discussion it was spontaneous and natural and in fact, it was a series of speech say 5 participants or 5 experts we had over here and the 5 experts they delivered their own thought on the topic, but the interesting part is they are not set speeches and these experts may interact among themselves as well. That means, when speaker 1 is

talking about something speaker 2 may come and join hands with the speaker 1 and discuss some more information on that issue like this. But in the case of a symposium it is a series of speeches on a selected subjects by the expert selected subjects by the experts. So, this is the important part and you do not have any further discussion on the subject by the experts.

So, that means, see here it is a recursive process I mean the participants can interact and the experts can then again respond like this, but in the case of symposium they are the set speeches. So, that means, if you have 3 speakers for example, they have their own set speech. So, they will just deliver the speech there is no scope of interaction between 1 and 2, 2 and 3 or 3 and 1 like this and you have the audience over here. So, after hearing the speeches the audience may raise certain questions although the you know the speakers they may be given an option or the speakers may intend to respond to the questions, but there are no further discussion or there are no further speeches from these speakers. The questions that has been raised by the audience they are the they are the important areas that the symposium ultimately addresses by the end of it.

Next what is a workshop? We often I mean at this point of time whenever we have passed the pandemic we have been doing workshops and the webinars all in online more and everything. So, we are very much accustomed with the term called workshop, but actually what is a workshop? See whenever you are implementing a health promotion intervention what we discussed in the last lecture is either you can go through an individual approach through a different techniques of counseling or motivational interviewing or any one to one approach you can go through certain mass approach and if you are going on a group based approach group based approach means you are dividing the mass on smaller groups and that is important when you want the response from the groups to come in. See if you have 5 or 6 groups and you understand that all of these groups they constitute a mass, but you want to implement your intervention independently on these groups or on these clusters workshop is a very good way. What is a workshop? As a dictionary defines workshop as a meeting at which a group of people engage in intensive discussion and activity on a particular subject. So, a workshop is incomplete without an activity this is a very important part.

That means, whenever you are going to implement any health promotion intervention where you want your beneficiaries or the or the audience or the participant to learn certain skills you can choose workshop as your strategy. Why? Because ultimately the activity will be focused in these workshops you can discuss you can have the invite the participants to discuss on a topic and then you can have certain skill building activities. For example, suppose what we have mentioned over in the workshop method focuses on participatory hands on learning small group activities and problem solving pair and small group discussions etcetera. So, these are the different methods that the or the techniques that a workshop strategy of implement and delivery will focus on. The important part over here is participatory and hands on.

See if complementary feeding was our topic of discussion and now we want our beneficiaries or the mothers to learn on how to prepare a complementary feed we can organize a workshop where we will be having different elements the cereals the other food items that the mothers will use and we will show them on how to do these things first then we can ask the participants for example, from one group to prepare the thing by themselves. So, that becomes your hands on learning and through the hands on learning what happens is since you have a limited number of people in the workshop and the limited number of people they are working they are interacting with themselves and also with the expert who is leading the workshop there is knowledge generation you get certain information you get a degree good degree of awareness and also you have this hands on experience. What happens with the hands on experience is once the beneficiaries are given this hands on experience usually the behavior change or the health promotion intervention that you are going to implement that you have actually implemented it remains sustained because now after hands on learning what happens is now they have prepared the meal by themselves what happens is if any of the beneficiaries facing any difficulty in conducting something the beneficiary will ultimately come back to you and ask I am facing this much problem how do we store it or how do we prepare this water like this then you can interact with that with that participant and also with the group on solving that problem. Sometimes what happens in a workshop is you get newer approaches from the participants as well typically the workshops are used for certain technical issues, but also on in a very loose lucks way you can implement the workshop strategy even at the rural field areas as well with simple activities for the beneficiaries to perform and these simple activities help them to retain the intended knowledge and retain the practice that is beneficial for them. So, the workshop is basically rather is an active understanding and active involvement rather than a passive nature of experience.

See in the previous sessions like in symposium panel discussion and even in a group discussion session what happened is you have only knowledge generation or you have only speeches and discussions you did not have any hands on experience and that is why somewhat a passiveness was there in those learnings and since here in workshop you are doing something hands on that helps it in becoming active experience and active experience helps in retention of the gain skill or knowledge. Next is what is a role play? A role play or sociodrama is the acting out of real life situations and problems. So, in a role play basically you have different audience or you have participants who are going to enact a social situation by taking up different roles that the beneficiaries can relate to. Three key understandings for a role play what is the purpose, what should be the group size for a role play and what should be the time. See for a role play it is not really about having a big mass of people and having a role play.

So, people are often successful whenever you have a small group of people typically a group based approach that is why we call the role play. Now, purpose by acting out real life situations people understand the cause of their problems. So, first purpose is to understand the cause of their problems and the results of their own behavior. So, what happens of performing that bad behavior which you want them to change. You show them the results through the role play and is particularly useful for addressing problems of attitudes and values.

Again certain intangible concepts that we have discussed already during the course of this course these issues that you cannot directly measure or directly perceive, but they are there and because of these attitudes and values the decisions they the participants may take or the practices they may perform that can significantly differ from whatever is their knowledge. So, to bridge that gap you can utilize role play as your method of intervention implementation where you can really induce the change by visually depicting what harm is happening. So, now, what is the ideal group size? Role playing is usually done with small groups as we have already mentioned to ensure that all participants can observe the role play. So, that means, if a role play is being conducted over here ideally you should have participants like this even you can make it a circle as well and this even still this is a larger group, but see the interesting thing is everyone can see the role play. But if we have participants in this radius what happens is they will not be able to observe the role play that is why the the having a small group is essential to conduct a role play.

Next comes the topic of demonstration. So, what are demonstrations? Typically we know that we have this demonstration class, demonstration session like this that means, you get certain issues in front of you or certain items in front of you and the teacher or the or the you know the expert demonstrates the description or gives you the description of the model or a picture or a chart like this. So, this is somewhat similar the concept is same whenever you are going to implement your health promotion intervention you have to demonstrate what is actually being there. So, it is basically a lively mix of theoretical teaching and practical work. It is somewhat similar to what workshop does some workshop includes theoretical understanding and it delivers certain skills through the workshop and in demonstration it mixes the theoretical understanding and also the practical work what you should do what practically should be done like this.

But in demonstration session you do not have typically the hands on experience what you have during the workshop. What is the purpose of demonstration then? The demonstrations help to teach people new skills like for example, preparing ORS and positioning and attaching an infant for example, for breastfeeding you have to show the mothers on how what should be the actual position and attachment the key points what we have typically learned. So, these can be demonstrated, but see here you are only showing them what to do whenever they are performing it in an hands on mode it becomes a workshop. So, understand this that in a workshop you already have a demonstration component and then you have an hands on component that is why it becomes a workshop. And the demonstration component only if you have this is typically a demonstration and not a workshop where you only teach the new skills or show them the new skills and you do not ask the participants to demonstrate on to show the participants how they are actually actually doing it ok.

So, this is a difference and it is typically important and beneficial whenever you are depicting certain new skills to the individuals what the individuals may not have and again the key idea is to have a small group because you must ensure that each and every participant in your group is observing whatever you are demonstrating. So, usually again it is done with a small group

to ensure that all the participants they practice the skills and ask questions. So, they have to practice it and ask questions it is also included practice and ask questions this is again important. In role play what happened here everyone was observing the role play and they were processing the events in their own minds because it was taken out of a real life situation. Usually after completion of a role play the participants they process the whole thing and the behavior change is kind of an implicit phenomena they do not ask the participants of the role play or whoever has conducted the role play on the different issues.

But in demonstration session here since the expert is demonstrating the skill or an object the participants this who have observed the thing they will ask back on what to what to do how to do it if they feel that ok preparing ORS ensuring that we have a clean good supply of water is a problem. So, the participant can ask the demonstrator or the expert on how to ensure that water is clean like that. So, the question and answer part the feedback part or the two way communication part is added in demonstration. Hence enough time should be allotted depending on the subject because if you have a subject which may invite a lot of question typically where the participants may be confused on how to ensure certain aspects of your demonstration you have to have enough time. Also understand is that if your demonstration is clear enough then the questions will be very much crisp and will be to the point.

But if your demonstration is again very vague or is incomplete then you have to have sufficient time to answer all the all the questions that the participants may have just because the demonstration was not fully complete ok. So, again it is important to implement the intervention in a clear and understandable way. Outline all the topics and mention all the points all the key areas that the participants should know and you want them to practice in a very crisp way. And invite questions regarding the confusions or if the participants are feeling any barrier. Asking questions regarding barrier is very much important because the health promotion interventions they require certain barriers for you to address.

So, what are the steps in demonstration? We have already discussed regarding the different steps in the previous slide like first explaining the ideas and skills that will be demonstrated using the different techniques like photographs or pictures real objects materials any models like this then doing the demonstration slowly. So, the key word here is slowly one step at a time because you want your audience to understand each and every step. So, that they can replicate later on. And one participant is asked to repeat the demonstration see here one participant you can ask maximum one to two participant to repeat the demonstration. Now this does not make it a workshop in workshop each and every participant is doing it.

Then after that volunteer or that representative has completed the demonstration the group is asked to comment on what went wrong or what was right and what the group is thinking that may go wrong if they themselves conduct this activity. Then everyone is given a chance to practice while they are watched and given suggestions. See this part is somewhat similar to conducting actually a workshop. See this is somewhat similar to workshop in a way that

everyone is doing this activity and they are being watched you do this you do that like this. It is kind of a hands on session, but it is not typically an independent hands on session what we usually have in a workshop.

So, that is why we mentioned that what comes after performing a good demonstration session is a workshop. So, that means, the participants are independently doing the activity they will be able to understand what can go wrong if they are performing this independently without any support from any other any other person. So, that what makes a workshop workshop I mean it is a complete workshop and if that part is missing only the participants are watched and they just practice the key steps that means, it is a demonstration. For example, if you have a model the model demonstration you have demonstrated what the components of a model and one participant from your group has commented on the components. Then each and everyone may come and go and see this is the vein this is the artery like this if it is a model of for example, of an anatomy model in that case.

So, that does not make it a workshop that is a demonstration whenever you are giving each and everyone a different model and you are making each and everyone understand now you find out this artery or vein or you get hold of this structure like this that becomes a workshop because you are enabling them to perform that same activity without any support on their own ok. Finally debriefing is the stage it should be checked and that everyone can practice the skill correctly before leaving the demonstration when everyone can practice the skill correctly then you can take up the issue for further processing in a workshop mode. So, for appropriate delivery of health promotion message ultimately you have to choose the right time you have to choose a convenient place and you have to involve people that means, engagement we discussed these issues when we were starting with the group discussion session. So, basically for all the activities you have to be very much pertinent about the right time that means, the participant should be present they should that should be their preferable time it should be a convenient place not like somewhere where you only can reach not the participants also you have to engage the people you have to make them think you have to make them in I mean you have to induce the behavior change in them. So, in conclusion in this second lecture of delivery of intervention materials for health promotion research what we have understood we have understood that there are different group based approaches we discussed group discussion we said that if a group discussion ultimately because focus on a particular topic it will become focus group discussion.

However, we did not discuss that particularly here then we discussed regarding the demonstration regarding role plays regarding workshops what is active learning what is active and what is passive learning all these issues we have discussed and we have also discussed topics like panel discussions and symposium we have discussed the difference between panel discussion and symposium the topic where you have two way communication you can have discussion among the experts it is a panel discussion where only set speeches are delivered it is a symposia. Now, again I would repeat before coming to the conclusion is that same as with this group of this group based approaches of intervention delivery you can combine two or

three approaches to deliver your intervention you can even combine one of one from the mass approach and one from the group approach delivery intervention ultimately what matters is whether the approaches that you are actually using is going to follow to fulfill the objective of your research. So, with that note these are your resources you can go through them. Thank you very much.