

## **HEALTH COMMUNICATION SKILLS FOR EFFECTIVE HEALTH EDUCATION**

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### **ABSTRACT**

*This paper looked at the role of Health Communication for effective Health Education. The purpose of the study was to look at how communication can serve as a vital tool in carrying out effective and efficient health education to the people. In order to achieve this purpose, the following areas were reviewed. They include: the communication process, types of communication, health communication skills and their effects, health communication and health education. Good health communication skills promote health education in various ways such as increase audience knowledge and awareness of health issues and influence behaviours and attitudes towards a health issue. As a result of the review, conclusions were drawn and recommendations were made, among which stated that the government, the media and health providers should as part of their social responsibilities provide factual and balanced health information to the people to promote good health.*

**Keywords:** *Health, Communication, Education, Information.*

### **Introduction**

The widely accepted definition of health is that given by World Health Organization (WHO) in 1948 which states that "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (Parmar, 2007). The WHO definition of health cannot be considered as an operational definition because it does not lend itself to direct measurement. According to Parmar (2007), the concept of health is viewed as being of two orders. In a broad sense health can be defined as a condition or quality of the

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human organism expressing the adequate functioning of the organism in given conditions, generic or environmental. In a narrow sense, which is more suitable for measurement, health means:

- 1) There is no obvious evidence of disease and that a person is functioning normally, that is, confirming within normal limits of variation to the standards of health criteria generally accepted for one's age, sex, community and geographic region, and
- 2) The several organs of the body are functioning adequately in themselves and in relation to one another, which means a kind of equilibrium or homeostasis, a condition relatively stable but which may vary as human beings adapt to internal and external stimuli.

Communication on the other hand broadly refers to the countless ways that humans have of keeping in touch with one another (Kumar, 1982). It can be regarded as a two way process of exchanging or shaping ideas, feelings and information. It is also more than mere exchange of information; it is a process necessary to pave way for desired changes in human behavior, and informed individual and community participation to achieve predetermined goals

(Park, 2009).

According to Lal, Adarsh and Pankaj (2010), communication is a process of transfer of information (including ideas, emotions, knowledge – skills and data) from a person or persons to others. Spoken words are the most important means of communication. It is known as oral or verbal communication. There are also communications done through facial expressions, gestures and body movements, signals, which are known as nonverbal communication.

Communication and education are interwoven. Communication strategies can enhance learning. The ultimate goal of all communication is to bring about a change in the desire direction of the person who receives the communication. The purpose also is to change behavior of people. Promoting and adopting healthy behaviors, which improve and maintain health and discontinue behavior, which is harmful to health. This may be at the cognitive level in terms of increase in knowledge. It may be effective in terms of changing existing patterns of behavior and attitudes and it may be psychomotor in terms of acquiring new skills. These are referred to as leaning objectives (Park, 2009). Communication is part of our normal relationship with other people. Ability to influence others depends on the

communication skills, for example, speaking, writing, listening, reading and reasoning. These skills are much needed in health education. It is said that without communication an individual could never become a human being, without mass communication, he could never become a part of modern society (Kumar, 1987).

Health communication encompasses the study and use of communication strategies to inform and influence individual and community decisions that enhance health. It links the domains of communication and health and is increasingly recognized as a necessary element of efforts to improve personal and public health. It is also the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues (Healthy People, 2010).

Health communication is most commonly understood as a field of theory, research, and practice which studies and uses communication strategies, methods, programmes, and interventions as a means to inform and influence individual and community decisions "that enhance health". The scope of health communication includes disease prevention, health promotion, health care policy, and business of health care as well as enhancement of the quality of life and health of individuals within the community (Healthy People, 2010). Effective and successful uses

of health communication according to Wikipedia (2013), will utilize multifaceted approaches in order to best reach intended audience with comprehensive interventions and messages that will ultimately protect public health outcomes. Intended outcomes of health communication can include: increasing audience knowledge and awareness of a health issue; influencing behaviors and attitudes towards a health issue; demonstrating healthy practices; showing benefits of behavior changes to public health outcomes; advocating a position on a health issue or policy; increasing demand or support of health services; and arguing myths and misconceptions related to health.

Every now and then, people say there is need for proper health education to improve the health status of people. We hear of different forms of public health addresses, health advocacy programmes, health giggles on radio, television and even newspaper pages. Health status and environmental hygiene has not experienced dramatic changes especially at the rural areas. The question is, can this be attributed to lack of proper health communication and understanding of what is being communicated by majority of the people? This indeed is the reason for this study.

The purpose of this study therefore is to identify the role of communication in effective health education. To look at how

communication can serve as a vital tool in carrying out effective and efficient health education to the people, the following areas will be reviewed. They are:

- The communication process
- Types of communication
- Health communication skills and their effects
- Health communication and health education.

### **Communication Process.**

Park (2009) stated 5 elements of communication process; which are: -

Sender (source), Receiver (audience), Message (content), Channels (medium) and Feedback (effect).

### **Sender**

The sender or source is the originator of the message. The source can be an individual, group of individuals or an institution or organization. To be an effective sender (communicator), he must know:

- his objectives, clearly defined
- his audience: His interests and needs
- his message
- channels of communication
- his professional abilities and limitations.

The impact of the message as stated by Park (2009) will depend on his own social status (authority), knowledge and prestige.

### **Receiver or audience**

All communications must have an audience; this may be a single person or a group of people. Large audience needs to be segmented according to their knowledge, beliefs and practices, incidence and severity of illness or health problems, literacy level, economic level, geographic locations, media reach and social network.

The audience may be of two types: the controlled and the uncontrolled. A controlled audience is one which is held together by a common interest. It is a homogeneous group. An uncontrolled or free audience is one which has gathered together from motives of curiosity. This type of audience poses a challenge to the ability of the educator. The more homogeneous the audience is the greater are the chances of an effective communication.

### **Message**

The message is an idea or information being communicated. The message is the intended action, which the source wishes the receiver to take. It may be in the form of words, pictures or signs. A good message according to Lal et al (2010) must be: in line with the objectives, meaningful, based on felt needs; clear and understandable, specific and accurate, timely and adequate fitting the audience, interesting and culturally and socially appropriate. Transmitting the right

message to the right people at the right time is a crucial factor in successful communication.

### **Channel of Communication**

The channel is the means or vehicle by which the message or information travels from source to receiver. The important channels of communication are person to person, the media (television, radio, newspaper or print media), telephone, or satellite transmission. To ensure maximum coverage of audience or receivers, more than one channel can be used to convey the message or information.

### **Feedback**

Feedback is the reaction or response of the receiver to the source. Feedback from receiver helps the source to improve the message and the information or its modification. An experience and wise communicator is always keen to get a feedback and continuously modifies his message in the light of what he observes or hears from the intended audience. In interpersonal communication the feedback is immediate. In mass communication it takes some time to get feedback. Feedback is generally obtained through opinion polls, attitude surveys and interview. It can rectify transmission errors (Park, 2009).

### **Types of Communication**

As stated by Park (2009), below are the types of communication.

- 1) One – way communication (Didactic Method): In this method the flow of communication is “one way” from the communicator to the audience. A typical example is the lecture method. In didactic method, knowledge is imposed; learning is authoritative, little audience participation, no feedback and does not influence human behaviour.
- 2) Two – way communication (Socratic Method). In two – way communication method, both the communicator and the audience take part. The audience may raise questions, and add their own information, ideas and opinions to the subject. The process of learning is active and democratic. It is more likely to influence behavior than one – way communication.
- 3) Verbal Communication. The traditional way of communication has been by word of mouth. The advents of written and printed matter are of comparatively recent origin. Direct verbal communication by word of mouth maybe loaded with hidden meanings. It is persuasive. Non – direct or written communication may not be persuasive as the spoken word.

- 4) **Non – Verbal Communication.** This type of communication can occur without words. It includes a whole range of bodily movements, postures, gestures, facial expressions (e.g. smiles, raised eye brows, frown, starring, gazing, etc.). Silence is a non – verbal communication. It can speak louder than words.
- 5) **Formal and Informal Communication.** The formal communication follows lines of authority. The informal (grape – vine type) maybe mere gossip circles which exists in all organizations. The informal channels maybe more active, if the formal channel do not cater to the information needs.
- 6) **Visual Communication.** This form comprise: charts and graph, pictograms, tables, maps, posters etc.
- 7) **Telecommunication and internet.** Telecommunication is the process of communicating over distance using electromagnetic instruments designed for the purpose. Radio, television and internet are mass communication media, while telephone, telex and telegraph are known as point – to – point communication systems which are closer to interpersonal communication. With the launching of satellites, a big explosion of electronic communication

has taken place all over the world (Kumar, 1987).

### **Barriers of Communication**

Health education may often fail due to communication barriers between the educator and the receiver or community. Park (2009) noted that these maybe as a result of the following:

- a. Physiological – difficulties in hearing and expression.
- b. Psychological – emotional disturbances, neurosis, levels of intelligence, language or comprehension difficulties.
- c. Environmental – noise, invisibility, congestion.
- d. Cultural – illiteracy, levels of knowledge and understanding, customs, beliefs, religion, attitudes, economic and social class differences, language variations, cultural difficulties between foreigners and nationals, between urban education and rural population.

### **Communication Skills**

Communication skills of health workers according to GOI (2000) are crucial, critical and much depends on their training. They include the following:

- Listening to client, a very important skill of communication. Listening means analyzing the mind of client and

assessing their communication needs and understanding their profile.

- Speaking is another important skill. When to speak, what to speak, and whom to speak to is essential. It means the communicator should have latest knowledge, convey message, which is sense making and has proven scientific evidence.

Others are reading, writing and reasoning. Lucas and Gilles (2003) emphasized that whether talking to individual patients or groups of people, health workers must strive to be effective communicators. They must learn how to explain technical information in simple language that is easily understood. They must learn the skill of capturing and retaining the attention of their audiences. They must learn to deliver clear, interesting messages using humor where appropriate to highlight important issues. Where possible, they should enliven their presentations with vivid visual and sound materials.

### **Effects of Communication**

There are three main effects of communication according to Lai et al (2010). They are:

- 1) Thinking. Communication may lead to change in thinking and perception of an individual, group or community. It adds on the knowledge and builds cognitive domain.

- 2) Feelings/attitude. The receiver's feelings (attitude) may change. Negative attitudes may change to positive attitudes and often indicates an action that the individual may take.
- 3) Behaviour Change. This is known as change in action (practice). There are changes in overall behavior such as adopting a general clean habit, quite smoking, quite alcohol etc.

These three changes usually occur in sequence that is a change in knowledge precedes change in attitude which precedes change in behavior (Lal et al, 2010).

### **Health Communication**

Park (2009) pointed out that health is the concern of everyone for everyone. Health communication is an important area of communication which is often used synonymously with health education. Health education is the foundation of a preventive health care system.

### **Functions of Health Communication**

The following are the functions of health communication as stated by Kumar (1982):

1. Information. The primary function of health communication is to provide scientific knowledge or information to people about health problems and how to maintain health and promote health.

2. **Education.** Education of the general public is an integral part of prevention – orientated approach to health and disease problem; and the basis of all education is communication. Education can help to increase knowledge. It is often assumed that knowledge determines attitudes and attitudes determine behaviour.
3. **Motivation.** It is known as the power that drives a person from within to act. One of the goals of health communication is to motivate individuals to translate health information into personal behavior and life style for their own health. Motivation includes the stages of interest, evaluation and decision making. Health communication assists the individual in passing from the state of awareness and interest to the final stage of decision making and adoption of the new idea or programme.
4. **Persuasion.** Persuasion is the art of winning and influencing people. It is an art that does not employ force or deliberate manipulation. The sole purpose of communication is to influence. Persuasion is a conscious attempt by one individual to change or influence the general beliefs, understanding values and behaviour of another individual or group of individuals in some desired way.
5. **Counseling.** Counseling is a process that can help people understand better and deal with their problems and communicate better with those with whom they are emotionally involved. It can improve and reinforce motivation to change behaviour. It can provide support in time of crisis. It helps them handle their problems and it reduces or solves them.
6. **Raising Morale.** Morale is the capacity of a group of people to pull together persistently or consistently. Communication is the step in any attempt to raise morale of the health team on a group of people.
7. **Health development.** Communication can play a powerful role in health development by helping to diffuse knowledge in respect of the goals of development and preparing the people for the roles expected of them.
8. **Health organization.** Communication is an important dimension of health organization. It is an important means of intra and inter sectoral coordination. There are two major directions of communications in an organization. They are vertical and horizontal communications. Vertical communication can be downward or upward. Horizontal or cross communication takes place usually between equals at ant level. The downward communication extends from



top administrator down through the hierarchy of professionals and non – professionals to the beneficiaries or employees. The direction in which communication flows in an organization suggests the degree of freedom in the internal communication network (Kumar, 1982).

### **Essential elements in good communication skills that promote health education**

There are many components to fostering successful communication between health educator or medical provider and the patient. It is important to comprehend language in spoken, written, and non verbal forms, in addition to having the ability to generate one's own speech and expressions (National Communication Association (NCA), 2013). According to NCA (2013), emotions are a critical aspect of communication, and learning to read the subtleties of facial expressions and gestures is also critical.

In order to effectively communicate with a patient, it is important to appreciate social factors that guide health behaviours. Culture varies in their definitions of what is acceptable, and it is imperative that these differences are acknowledged and understood so that the patient will not be confused or offended (CDC, 2013). It takes cultural competence, intensive assessment of community values,

adjustment to cultural preferences, and space for open dialogue and feedback to implement an efficacious health education intervention programme (CDC, 2013).

Good health communication skills promote health education in various ways:

- Increase audience knowledge and awareness of a health issue
- Influence behaviours and attitudes towards a health issue
- Demonstrate healthy practices
- Demonstrate the benefits of behaviour changes to public health outcomes
- Advocate a position on health issues or policy
- Increase demand or support for health services
- Argue against misconception about health (Freimuth, Vicki and Quinn, 2004).

### **Health Education**

Health Education as defined by Parmar (2007) is a process that informs, motivates and helps people to adopt and maintain healthy practices and life styles, advocates environmental changes as needed to facilitate this goal and conducts professional training and research to the same end. According to this definition the three main objectives of health education are:

1. Informing the people. This involves providing the information to the people and thus disseminating

scientific knowledge about the prevention of disease and promotion of health. Exposure to knowledge will remove barriers of ignorance, prejudices, misconceptions and superstitions which people may have about health and disease.

2. Motivation of people. This involves the motivation of people to change their habits and ways of living. Health education should motivate people to adopt healthy practices which may keep them free of avoidable diseases and improve the quality of life.
3. Guidance of the people. Health education should be provided by a variety of well trained health, education and communication personnel starting with the physician. People in general need help to adopt and maintain healthy practices and lifestyles. They should be encouraged and guided to use judiciously the health services available to them, for example, timely immunization, adoption of suitable methods of family planning, use of safe drinking water and rehabilitation of alcoholics and drug addicts etc.

In addition, Lucas and Gilles (2003) stated that the objective of health education is to make people value health as a worthwhile asset with a desire to live long and feel well; and with the support of health personnel, to

learn what they can do as individuals, families and communities to protect and improve their own health. The more people value health, the more they will be willing to make appropriate allocation of resources to promote and safeguard their own health. At the personal level, they will be prepared to make the effort on such matters as exercise, cleanliness in the home, diet and discipline with regard to the use of tobacco and alcohol. The community and the state will also be more prepared to allocate resources for improvement of environmental sanitation, and for other priorities within the health services.

In conclusion, health education can bring about changes in life styles and risk factors of disease. The most major health problems and premature deaths are preventable through changes in human behavior at low cost. But education alone is insufficient to achieve optimum health. The target population must have access to proven preventive measures or procedures. The exposure to the right kind of health information through the right kind of health communication according to Park (2009) can:

- eliminate social and psychological barriers of ignorance, prejudice and misconceptions people may have about health matters,
- increase awareness of the people to the point that they are able to perceive their health needs,

- influence people to the extent that unfelt needs become felt needs, and felt needs become demands.

### **Recommendations**

As a result of the above review and in order to achieve the set objectives, the following recommendations were made.

- 1) The Government, the media and health providers should as part of their social responsibilities provide factual and balanced health and health related information to the people and awaken their interest on the basis of which they can make informed decisions.
- 2) The cultural values, beliefs and norms of the people that can present serious problems to the achievement of health behaviour change should be identified and removed. This can be achieved by giving correct information to the people about the need to drop those beliefs that are detrimental to health.
- 3) Health education with the aids of good communication skills should be done to inform, motivate and help people to adopt and maintain healthy practices and life styles that will promote individual and the community health in general.
- 4) Nothing really can be achieved successfully without finance.

Government should try and fund the various health programmes like immunization programmes, environmental sanitation of public and market places, build more health centers and improve already existing ones especially at the rural areas.

- 5) Good and accessible roads should be provided in communities so that health providers can get to the rural areas to give health education to the people.
- 6) More health personnel should be trained and motivated. This can be done by awarding scholarships to them to further their education and by providing encouraging good take home pay to health educators and other health care providers. This will go a long way in encouraging them to perform their duties effectively to promote good health.

## References

- Centers for Disease Control and Prevention (CDC) (2013). "Health Communication Basics". Retrieved 21<sup>st</sup> March 2013.
- Freimuth, Vicki S., and Quinn Sandra Crouse (2004). "The contributions of Health Communication to eliminate health disparities". *American Journal of Public Health*, 94 (12): 2053 – 2055.
- Government of India (GOI) (2000). National Communication strategy for reproductive and child health programme, Department of Family Welfare IEC Division, New Delhi, India.
- Healthy People (2010). United States Department of Health and Human Services, Office of Disease Prevention and Health Promotion. 11, 11 – 20.
- Kumar, K.J. (1982). *Business Communication, A modern approach*. Jaico Publication House, Mumbai.
- Kumar, K.J. (1987). *Mass Communication in India*. Jaico Publication House, Mumbai.
- Lar, S., Adarsh & Pankaj (2010). *Textbook of Community Medicine, Preventive and Medicine*. CBS Publishers & Distributors PVT. LTD. India.
- Lucas, A. O. & Gilles, H.M. (2003). *Short Textbook of Public health medicine for the tropics*. Book Power formerly ELST with Arnold. London.
- National Communication Association (NCA) (2013). "What is communication?" Retrieved 30<sup>th</sup> May 2013.
- Park, K. (2009). *Park's Textbook of preventive and social medicine*. Banarsidas Bhanot Publishers, India.
- Parmar, N.S. (2007). *Health education and community pharmacy*. CBS Publishers and Distributors. New Delhi India.
- Wikipedia (2013). Health communication. [http://en.Wikipedia.org/wiki/Health Communication](http://en.Wikipedia.org/wiki/Health_Communication). Retrieved on 12<sup>th</sup> Aug. 2013.