UNIT 17 NUTRITION EDUCATION COMMUNICATION PROGRAMMES: IMPLEMENTATION

Structure

17.1 INTRODUCTION

In the previous Unit 16, we studied about formulation of nutrition education progamme. We studied about how to set objectives for the nutrition education programme and identify target audience. Further, this unit focused on how to design messages, how to choose media of communication and finally how to develop communication strategies. Now in this unit, we will discuss the implementation of NEC programme.

We will begin our study with an overview of implementation process. Here we will highlight three main aspects of implementation process. These are production/ duplication of communication materials, training and executing a communication intervention. Thus we will get to know how to produce the communication materials, what is pretest and why it is important in production of communication materials and how to produce materials on a large scale. Training of nutrition educators which includes assessment of training needs and development of training plan is the other aspect discussed in this unit.

Objectives

After studying this unit, you will be able to:

describe the method of production of support materials,

elaborate on the purpose of a training strategy,

explain the plan for a training programme,

develop skills to conduct communication interventions,

discuss social marketing, and

describe community participation.

17.2 IMPLEMENTATION PROCESS - AN OVERVIEW

Implementation, as you may already know by now, means *carrying out activities in the field.* We saw in the previous unit the process of planning a nutrition education communication programme. The car is all assembled and ready to go. Let us now start the engine and move ahead on the road to implementation and see what is required for a smooth journey towards our intended destination, or goal.

There are three main aspects of implementation process. These include:

Production of communication materials

Training, designing and conducting a training programme, and

Executing the communication intervention

Let us briefly review these aspects. We shall begin with production of communication materials.

17.3 PRODUCTION OF COMMUNICATION SUPPORT MATERIALS

We learnt in the previous unit that based on the findings of formative research and trials of improved practices (TIPS), we design our messages and choose our multimedia mix. The next step now is to design and develop the communication support materials. *Support materials*, as you may recall reading earlier, refers to *materials on which the message is transmitted* (for example, flip charts, posters etc.). In the implementation phase, we determine various aspects related to the production, distribution and use of communication materials such as how much material we produce, who produces these, who uses them, how they are distributed, methodology of their use and the total costs involved in all these activities. Therefore, there are three aspects involved in production of support materials. These are: need of a multidisciplinary team to develop materials, pretesting the materials and large scale production of materials. We will study each of these in detail in the following sections. Let us start with need of a multidisciplinary team.

17.3.1 Need of a Multidisciplinary Team in Production of Support Materials

The development of materials for communication calls for members of a multidisciplinary team to work in close collaboration with each other. This is because it is very rare to see any one professional having the knowledge and the skills to develop communication materials. There are very few nutritionists who are also the graphic artists. We need a team consisting of the nutritionist, creative or graphic artist, technicians and the overall coordinator. The team members should know and accept the notion of a team

effort where each person's contribution is subject to constructive criticism for the overall good and success of the materials. The role of each team member should be clarified as follows:

The nutritionist is responsible for the message content.

The creative or graphic artists are concerned with design, formulation of the messages and their translation into appropriate materials. They are responsible for the appeal, tone and format of the message.

Technicians are responsible for creativity, particularly when it involves an audio-visual material. The producer works with a team of technicians concerned with sound, editing etc.

An overall coordinator coordinates the work of artists and technicians.

Thus, we can place our messages in appropriate support materials with the help of a multidisciplinary team. You can see that no single member of the team above has the required skills or knowledge to develop support materials, that is why we need a multidisciplinary approach.

Once we develop our draft support materials we are ready to pretest it in the community before we produce it on a large scale production. Let us now discuss pretesting the materials.

17.3.2 Pretesting Communication Materials

We start by answering the question. What do we mean by pretesting? *Pretesting is defined as an activity conducted to predict the impact of a communication material/ message prior to its implementation.* Once messages are drafted and a series of communication materials are prepared, pretesting is done with representatives of the intended audience in order to test the message and visuals. Next, why do we need to pretest the materials? *Pretesting* is crucial because audiences, especially those, who have had little exposure to printed materials can easily misinterpret illustrations and the text. Hence, it provides an opportunity *to test the effectiveness of the materials.* Pretesting also helps in training the project staff. The setting in which the pretesting is conducted is important. The greater the similarity between the setting in which the pretest is conducted and the setting for implementation, more are the chances of the pretest predicting the correct responses from the audience.

How do we conduct pretesting?

During pretesting, an interviewer shows the materials to the members of the target audience and asks open-ended questions to learn if the message is well understood and acceptable. We can conduct individual pretesting or group pretesting. Let us see how.

Individual pretests and group pretests

Pretesting can be done with both *individuals* and *groups*. Whenever possible, pretests of materials for groups with low literacy skills should be conducted with only one member of the target audience at a time to ensure that respondent answers are not influenced by other people. Pretest respondents must be representative of the target audience. We should ask questions that are "open-ended" rather than "close-ended" and those that are "probing" rather than "leading".

Group pretests are sometimes used as an alternative to individual interviews. Group pretesting can provide invaluable information when testing materials intended for literate audiences. Group pretesting is also particularly effective for pretesting materials containing primarily textual messages or other materials such as film scripts, audiocassettes, videos, rehearsals, or live performances.

Pretesting should be done before the materials are finalized so that they can be revised based on the audience's reactions and suggestions. Most materials must be pretested and revised several times. Each new or revised version is tested again until the

material is well understood and acceptable to the target audience. Pretest sites must be similar to those of intended audience for communication so that there are greater chances of the pretest predicting the responses of the audience.

During pretesting we need to ask certain questions to help guide us how well we communicate with our audience. Let us find out what these questions are. These are:

Do they like the materials?

Do they understand the symbols and pictures correctly?

Do they get the message right away, or are they confused by the way things are portrayed, or by unnecessary details?

Do they see the relevance of the picture or situation portrayed, to their own lives and their own needs?

Does any part of the picture embarrass people?

What significance is attached to the different colours?

Seeking answer to these questions will help us decide on key issues to be kept in mind while conducting pretesting.

Now that we have pretested and finalized the development of messages and materials, it is time to produce these on a commercial scale. Let us find out how to do that, it next.

17.3.3 Large Scale Production of Support Materials

Once the draft model of the support materials has been finalized, we are ready to produce these on a large scale. We have to decide where and how these would be produced. The selection of a production unit will depend upon the availability of resources in the country, district or village. A private company may be selected or in other cases a production unit of a government institution may take up the work of production. Cost is a very big factor which has to be considered while producing materials on a large scale. We should remember that we need to obtain the optimum balance between quality and price while producing large quantities of communication materials so that we have the best quality materials at reasonable prices. There are many type of costs involved. We will give you some guidelines on the various costs. These are listed as follows:

Development related costs: Development related costs include fees for the graphic artist for a graphic production or fees for the producer in an audiovisual production.

Cost of materials: Costs of materials include the materials bought or rented for developing support materials. For example, paints, charts, audio, video equipment etc.

Pretesting costs: Pretesting cost depend upon the method of pretesting done. These include traveling expenses, investigator's fees, compensation for persons interviewed, processing of data and writing up reports.

Cost of revising the materials: These include costs for technicians, artists and the materials bought and rented.

Cost of producing: This cost involves producing the materials on a large scale. Many a times there is an economy of scale for producing large amount of graphic or print materials. Market should be scanned to identify best offer for the unit price.

Dissemination costs: These costs are determined when the audio visual aids like T.V. and radio are used for disseminating the messages.

Other than these, there are certain administration costs involved in executing all these

activities. Thus we have to take into account these costs while producing the support materials in draft form and on the commercial scale.

Now that we have the communication materials ready, people are ready to use them in the field. But the crucial question here is, are the people trained to take up this task? Let us now look at the training and how we design an effective training programme, next.

17.4 DESIGNING AN EFFECTIVE TRAINING PROGRAMME

A major aspect of implementation is training the change agents for the purpose of educating and communicating for behaviour change among the target audience. Behaviour analysis supplies principles for effective learning strategies in programmes such as nutrition communication where not only knowledge, but practice is criterion of success. For designing and conducting an effective training programme, we need to train the educators or change agents, establish a training strategy, develop training guidelines and formulate a training plan. We will study each of these aspects in detail now. Let us start with training the change agents.

17.4.1 Training the Change Agents

The major step in implementation is the training of the educators who are actually going to conduct the nutrition education programme. You should know that it is the various members of the government, non government organization and community who are actually going to conduct the nutrition education programme. It is necessary that implementation of a nutrition education programme be carried out by a multidisciplinary team. Why? We discussed earlier in Unit 2 that there are multiple causes of malnutrition, accordingly, we need representatives/members from different departments/sectors, for example, agriculture, water and sanitation etc. who will be involved in implementation process. We could also have teams involved at various levels e.g. national, regional and local levels. At the *national level*, we can have a team composed of a representative from Planning Commission members from other Ministries already active in nutritional education e.g. agriculture, food processing, health and family welfare, forest, education, rural development and NGOs working in the country, certain private companies (e.g. the companies concerned with production and/or the marketing of food stuffs) the sponsors, as well as, recognized representatives of the population. At the *district/regional level*, we could have members from the local governments and their counterparts represented at the national level. At *local level*, intersectoral and interdisciplinary representation will be assured by the presence of local panchayats, school teacher, the health officer, the anganwadi worker or the supervisor, representatives from local womens' groups and NGOs. The presence of recognized representatives from the population will guarantee a mechanism for participation and in the decision making process. However, some of these people need to be oriented and trained in different steps of nutrition education programme. These people are known as "change agents". *They are the agents of change because they will carry out communication activities in their respective sectors and also train other members of community*. These agents, whether they are anganwadi worker, health workers, teachers, agriculture promoters or other persons from a diversity of sectors, must be very familiar with the message content, as well as, the techniques to effectively communicate these messages. They must also be well informed of their individual roles in the entire strategy. Therefore, training the "change agents" is another vital stage during the implementation of nutrition education programme.

Since we want change agents to be effective educators, we should impart them a training of good quality. We will now move on to the next aspect of training, that is, training strategy.

17.4.2 Training Strategy

The purpose of the training strategy is to define the overall context for training, including who should be trained, what they should be trained in, when the training should take place, etc. In many respects, this is the most important part of the training process, since all future training decisions will be made within the overall context of the strategy.

The training strategy should establish who will be trained such as programme implementers (functionaries and supervisors), other influential people (physicians, pharmacists, NGO personnel, traditional healers, small store owners, or local volunteers). It should establish details about numbers to be trained, schedules and materials, and training of trainers i.e. training other groups.

The trainer must specify and define the learning objectives clearly. The role of the trainer is to help the trainees to learn that:

they are learning something and are convinced that is useful,

they practice what they are learning to do - more the practice the better it is,

they receive feedback on their efforts and are rewarded when they do well, and

rewards are from several sources and are as immediate as possible.

The training strategy should establish linkages between those who design messages, products and communication materials, those who design and conduct training, and those who implement the NEC, to make sure all groups promote the same messages. Therefore, there should be some guidelines which need to be developed before the training. Let us now move on to the training guidelines.

17.4.3 Training Guidelines

The training guidelines presented here are designed to train community workers to improve nutrition in their area by learning in a practical way, the most important things these needs to know and do. These are as follows:

1. The training should be directed to the performance of specific tasks - activities needed to deal with the nutritional problems in the area.
2. To be fully effective, training requires maximum participation by the trainees themselves.
3. As far as possible, the training should be given near the community in which a trainee will be working later.
4. Training is not necessarily completed in a set period of time or at the end of formal training course. Refresher training at regular intervals will increase the effectiveness of community workers and supervisors.

After explaining training strategy and guidelines, we can now move on to formulating a training plan. Let us learn how do we develop a training plan.

17.4.4 Plan for Training Programme

Although trainers may have the necessary knowledge about nutrition, they often do not have enough knowledge about basic principles of training that can facilitate learning. Therefore, it is recommended that, all trainers first should learn the basic principles of training i.e how to conduct needs assessment, formulate a curriculum, select the appropriate teaching method and plan a lesson. That is, they need to develop a plan for training. There are different steps involved in formulating a training plan. These steps are:

1. Assessing learning needs
2. Defining learning objectives for the programme
3. Deciding on content area
4. Arranging contents
5. Selecting appropriate training methods
6. Selecting appropriate learning aid, and
7. Putting the entire schedule in a time frame

Let us review each of these steps very briefly:

1) *Assessing learning needs*

First step in planning a training programme is the assessment of learning needs of the learner. We need to know what the target audience needs to know in order to perform their role better and meet some specific requirements of the work they are involved in. Thus, needs assessment helps us to know:

- what is required of the role of the learner in the community,
- what are the existing competencies, skills, knowledge already available with the learner, and
- what is expected of the learner by herself/himself, the community and organization.

Learning needs can be assessed by different methods such as: individual and group meetings, interview, questionnaires, field observations in learner's context of work and by studying various documents like annual reports relating to the trainee's work/ organization.

2) *Defining learning objectives*

After we have completed the needs assessment, we are ready to identify the objectives for learning. These objectives will direct the entire plan for training programme and affect the selection of content areas and teaching methods.

3) *Deciding on content area*

Content areas are derived from learning objectives. The content areas will include actual topics and subject matter. They also include specific areas where we want learners to gain knowledge, awareness and skills.

4) *Arranging contents*

After deciding on the content areas, we need to make a lesson plan. In the lesson plan, the content areas should be arranged in such a way that there is a logical flow from one content to another. This kind of arrangement helps to form linkages and ensures faster learning without disrupting the chain of thought in the learners.

5) *Selecting appropriate teaching method*

We need to select an appropriate method for training the learners. The learning process can be made easier with the help of different teaching methods and aids. Selection of an appropriate method will depend upon the content areas whether we want to give just the knowledge or impart skills. There are several methods of training such as lecturing, assigning a task and imparting skills through practice. Let us review these very briefly.

Lecturing is just one way of helping the trainees to learn. Lecture should build on what the trainees already know, it should be made interesting by asking questions and posing problems and asking trainees to suggest ways of solving them. Use visual aids whenever possible.

Another way is by *assigning a task* that requires the students to do something or to observe a real life situation. The following *Chinese* proverb may be useful to remember in this context:

> Hear and you forget
> See and you remember
> Do and you understand

Learners should also develop certain skills in a training programme. What are they? Let us find out.

Teaching Skills to the learners- In nutritional care, community health workers have to perform tasks such as weighing children to monitor their growth, identifying children who are at risk of becoming malnourished, and advising mothers on how to feed young children, identifying anaemic women or children and so on. Community health workers need to learn three types of skill to do their job well. First, they must have *manual skills*. For example, using their hands skillfully in weighing children. Second, they would need *thinking skills*, for such tasks as identifying children at risk of becoming malnourished. Finally, they would need *communication skills:* the ability to convince mothers and other people to change their practices. Community health workers will need a lot of practice in doing tasks before they develop the necessary confidence to do those tasks independently. Communication involves a combination of decision-making skills and reaching out to the group, including:

Choosing objectives

Deciding actual content of advice, i.e. what to say

Deciding which learning aids to use

Ability to speak clearly and sufficiently loud to be heard

Ability to listen, ask questions, promote discussion.

Use of non-verbal communication including gestures, eye contact, tone of voice and posture to establish rapport, show concern and respect and encourage responses.

The best way of training personnel in communication skills is: first, to demonstrate good communication to the learners, and then let everyone in the training group practice the skills with each other in role plays and discuss experiences. You can give the trainees a checklist to judge how well the communication was carried out. After everyone has had a chance to practice the communication skills, you can have a general discussion to bring out the main points. You should encourage a friendly atmosphere of helpful criticism and explain that we can only learn by making mistakes. Communication can be made more effective through the use of appropriate learning aids. Let us see how.

6) *Selection of a appropriate learning aids*

Learning aids can greatly improve our teaching, but only if they are well chosen and properly used. *A learning aid is only an aid to learning*. Just showing a film, picture or slide by itself will only have a limited effect. Rather than using them just for formal one-way teaching, they should be used to stimulate understanding, discussion and participatory learning.

Learning aids can:

keep the group's interest, arouse curiosity and hold attention,

emphasize key points-when key headings are written out,

allow step-by step explanation and sequencing of information,

show something rather than just telling people- e.g. drawing of a life-cycle of a disease, and

provide a shared experience for discussion and questions.

An appropriate learning aid is:

relevant to the learning objectives,

affordable,

easy to make and use,

well understood by the audience,

interesting and entertaining, and

it also encourages participation and discussion.

Some factors to be considered in choosing the aids for a particular session are:

Situation - To whom will the presentation be made: an individual or a group? Where will the presentation take place - clinic, classroom or field?

Subject matter and desired effect - What emotion is the communicator trying to arouse - fear, surprise, shock? Does the information require gradual building-up and linking with other information?

Cost - Teaching aids cost money, and some are very expensive. Films, slide projectors and overhead projectors are quite expensive. We should weigh costs against benefits.

After we have developed a lesson plan and selected an appropriate training method and learning aid, it is time to put the entire training plan into a time frame. Let us see how we do that.

7) *Putting the entire schedule into a time frame*

We need to decide the time allocated to each content area and then determine total time required to complete the entire training. Time also has to be allocated for short and long breaks and for relaxation such as games etc. In case a field visit is planned, time for traveling to and fro from the training venue should be planned accordingly.

So now our training plan is ready and we are ready to conduct the training for the designated audience. After the training has been completed successfully, we would like to know how much the trainees have gained in acquiring knowledge and skills. For this, we conduct an assessment of training. Let us see how we conduct an assessment.

17.4.5 Assessment of Training

Assessment enables trainers to know how much the trainees have learnt. It also enables the trainers to know how they have performed as teachers. Most common assessments usually have three components - theoretical, *practical,* and *oral*. Assessment is usually done through an informal or formal testing. Let us study these briefly.

a) *Informal testing* can be done inside the class or outside where the trainer can check his/her own performance, and what trainees have learnt. A checklist for such assessment is helpful, which covers objectives achieved, content and teaching aids in training, participation by trainees and other aspects.

b) *Formal testing or examination* may be done in various ways:

Practical tests - as an example of a practical test, trainees may be asked to demonstrate how to weigh a child accurately and how to record the result on a growth chart.

Oral tests - the trainee's knowledge of a subject is probed deeply by verbal questions and answers.

Written tests- the trainee's knowledge is tested by writing answers to questions.

We have now accomplished an important aspect i.e. training for implementation of nutrition education programme. After the training is completed, the educators need to communicate the messages to the target population. Let us now learn how to execute the message or the communication.

17.5 EXECUTING THE COMMUNICATION INTERVENTIONS

Having trained the educators of the multidisciplinary team, we are now ready to execute the communication activities with the target audience. We would review who the target audience are and how do we reach them with our messages and materials. Let us review the target audience first. We learnt in the earlier Unit 16, section 16.3 that target audience consists of three different types of groups. Just to recapitulate, these groups are *primary target*, *secondary target* and *tertiary target* audience:

The *primary target* audience consists of those whom the programme hopes will actually perform the new nutrition and health practices.

The *secondary audience* for the programme are those who influence the primary audiences (for example, health care providers, family and friends and popular public figures).

The tertiary audience constitutes decision-makers, financial supporters, and other influential people who can make the programme a success.

Thus, primary target audience will actually act and perform the new nutrition and health behaviours. However, you would realize that all the members of a target audience do not react in the same way after understanding the nutrition and health messages. So, once the message has actually spread or diffused through a community, we need to carefully analyze the answers to questions such as the following:

Which individuals are most likely to initiate action of behaviour change (*innovators*)?

What motivates them?

Who would be most likely to follow the innovators first? Why?

Who is likely to resist any kind of change? What is preventing these individuals from adopting a particular practice or course of action?

These questions bring out some important aspects we need to consider. In adopting a practice, the following situations may arise:

i) A few members of primary target audience begin a new practice as promoted by nutrition education communication programme. Such people are called *innovators.*

ii) Some other member follow in the foot steps of the innovators and adopt practice as well. These are called *early adopters.*

iii) People who are hesitating in adopting the practice but have a favourable attitude. They exercise caution and prefer to "Wait and Watch". These are *slow adopters.*

iv) Then there are those people who resist change. They may be indifferent. On the other hand, they may even be hostile. These are the people we would have to tackle with tact and persuasion. The innovators and early adopters can help.

Thus during implementation of the programme, we would have to identify these groups of people in our target audience and make special efforts to convince the slow adopters

and also try to break down the barriers which exist in the case of those who reject a message.

Having reviewed the target audience, let us review how do we communicate with them through our messages and materials. Effective communication probably is the basis of any NEC programme and effective communication depends to a great extent on the choice and combination of media. You may recall studying in Unit 16, that no one media can influence the change in behaviour of the people. We should always make use of different media which will reinforce each other. It is important for us to know that the programmes that have been successful in bringing about behaviour change in nutrition, have demonstrated a need to complement the interpersonnel channel with other media. There are several communication methods that can be used in a NEC programme. These have been categorized under three approaches namely *individual*, *group* and *mass approaches* about which we have already discussed in Unit 16, section 16.5. They complement the types of media we studied in Unit 16. Let us study about each one of these in detail.

There are several methods under the individual approach. A *personal contact* involves face-to-face interview or counseling. This type of interpersonal communication is a very efficient way of studying the nutritional problems and adapting the necessary messages. Here the counselor/educator helps the target audience to find solution to their problems themselves. When the time is limited and distances are long, then letter or internet/telephone are effective methods. Individual approach provides first hand information about nutrition related behaviours and develops good will and interest in the target population.

Group approach is an effective communication method, when we want to address the nutrition issues to a group of people such as adolescents, mothers of young children, urban slum dwellers, etc. In the group approach, the educator/communicator should know the interest of the group, leadership patterns and the type of group being approached. The choice of message to be communicated must relate directly to them. For example, pregnant mothers should have the discussion on issues related to pregnancy. There are several methods of communication under group approach as discussed earlier in Unit 16. Lecture cum demonstration has proved a favourite method of keeping participants interested and in imparting information. Organizing discussion meetings, so that target group is able to discuss their problems and find solution, are another method of communication with the group. Role play and drama are more participatory in nature and are based on the assumption that some situations cannot be expressed just by talking and hence have to be dramatized.

Mass appraoch comprises the institutions and techniques by which specialized groups employ technological devices such as press, radio, films etc to disseminate messages. Mass media is more important in creating awareness and interest in new ideas among general population groups.

We can simultaneously use all three approaches to bring about a change in behaviour in the target population. For example, to promote exclusive breastfeeding for infants up to 6 months, we can use mass media approach to generate awareness in the general population. Simultaneously, we can use focus group discussions under group approach where the mothers can be involved in understanding the reasons for exclusive breastfeeding and developing positive attitude towards it. Interpersonal communication can be used to address any specific problems faced by individual mothers and help identify solutions to it. Thus, synergy between the three approaches would help in bringing about changes in behaviours.

Having learnt about implementation of NEC, we will next discuss two main approaches which have contributed to successful public health programmes. But first let us answer the questions given in check your progress exercise and recapitulate what we have learnt so far.

Check Your Progress Exercise 1

1. Why do we need a multidisciplinary team to produce support materials?

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2. Answer the following briefly:

   a. Purpose of a training strategy

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   b. Training guidelines

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3. Answer the following briefly with examples:

   a. What are the three types of skills needed by the community health workers to do their job well?

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   b. Different steps involved in planning a training programme.

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4. Enumerate the various communication methods that can be used in the community.

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There are many approaches which have demonstrated a successful delivery of a public nutrition programme. We will now study two main approaches which have been used to deliver successful public health programmes. These approaches are social marketing and community participation. Let us start with social marketing first.

17.6 SOCIAL MARKETING: A KEY TO SUCCESSFUL PUBLIC HEALTH PROGRAMMES

In Unit 15, we briefly introduced you to the social marketing approach theory, under theories of nutrition education. Social marketing has proven to be a very effective approach in accomplishing the objectives of many public health programmes. In this section, we will study in detail about the different aspects of social marketing approach. We will learn what social marketing is, the difference between a social product and

a commercial product and the marketing mix of social marketing process. Let us first see what is social marketing.

17.6.1 What is Social Marketing ?

The term social marketing describes *the application of marketing principles to the design and management of social programmes*. It is a strategic social change management approach involving the design, implementation and control of culturally acceptable programmes. Social marketing is a systematic approach to solving problems. It is related to service utilization, product development and acceptance and behaviour adoption. Since it is an approach and not a solution, there is no programme template for others to copy. However, we can study an example, where social marketing approach was used in a programme to improve child-feeding practices in Indonesia.

"*A mother in Indonesia explained to the team that the reason she does not add green leafy vegetables to her child's rice is because the green leaves are difficult for a baby to digest; she knows because when she tried, they made her baby's stool green. However, later, after being counseled by a doctor on the radio and her local community health worker she feeds her child a mixed food with green leaves. So, do 85% of the women in this province. By following this and other advice related to improved child feeding, 40% of the children under 2 years have significantly improved nutritional status.*

This example shows that by using social marketing approach, women were able to improve feeding behaviours related to child nutrition. You would be surprised to know that since the introduction of social marketing two decades ago, the programmes using this approach have continued to show good results. The programme example highlighted above was selected as it illustrated a range of social marketing activities. Mass media and individual counseling were combined to promote and educate about a product (a home made infant food) for daily use.

Social marketing may involve both the selling of a commodity and the selling of an idea or practice. Social marketing almost always begins with promotion of a health related attitude or belief. The fundamentals of social marketing approach come from marketing principles as follows:

the focus is on consumer needs.

programme organization and management may be structured to reflect a marketing operation. For example, health workers' job descriptions and their training are restructured so they become better sales agents for the programme, not just deliverers of the services.

commercial avenues are sought for products traditionally kept in the health and nutrition sector.

the result orientation of marketing implies that progress towards achieving goals is constantly measured.

However, there is a difference between a social product and a commercial product. Let us find out the difference between the two products.

17.6.2 Social Products and Commercial Product

You must be wondering if there is a difference between a socially beneficial product or commercial product. Yes, there is a difference between the two. The difference is listed as follows:

Social products are often more complex to use than commercial ones

They are often more controversial

Their benefits are often less immediate

Distribution channels for social products are harder to utilize and control

The market for social product is difficult to analyze

Audience for social products often have very limited resources

The measure of successful "sales" or adoption of social products is more stringent than for commercial ones

The extra challenges mean that the research and the planning stages of a social marketing effort must be particularly sound. Before we plan any programme, using a social marketing approach, we will have to understand marketing mix of a social marketing process. Let us understand the marketing mix concept.

17.6.3 The Marketing Mix of Social Marketing Process

Social Marketing conceives of the consumer as the center of a process involving four variables: *product*, *price*, *place*, and *promotion*. A successful programme is organized around a careful analysis of each of these variable and strategy, including how they will interact.

A proposed *Product* (whether a commodity, idea, or health practice) must be defined in terms of the users' beliefs, practices, and values.

Price can refer to a monetary expenditure, an opportunity cost, a status loss, or a consumers' time. The fact that a rural woman pays no money to get her child the vitamin A dose at the health centre doesn't mean that it costs her nothing. The day of travel, the inconvenience to family, or the risk of side effects may seem too costly relative to perceived benefits. The price of a particular product is never fixed, it varies according to the target audience segment, and often according to the individual.

The concept of *Place* refers to the channels through which products flow to users and the points at which they are offered. Product availability and distribution may involve not only retail and wholesale supply system, but also the efforts of health providers, volunteer workers, friends and neighbours.

"*Place*" may be a store, a health center, an anganwadi or even a person such as a traditional birth attendant who carries a supply of ORS.

In any social marketing activity, *Promotion* requires more than simple advertising. It requires extensive consumer education to assure appropriate use of products. Motivational strategies are also essential in encouraging adoption of new ideas and social products. Figure 17.1 depicts the marketing mix in the process of social marketing and shows consumer (audience) being the center of the process.

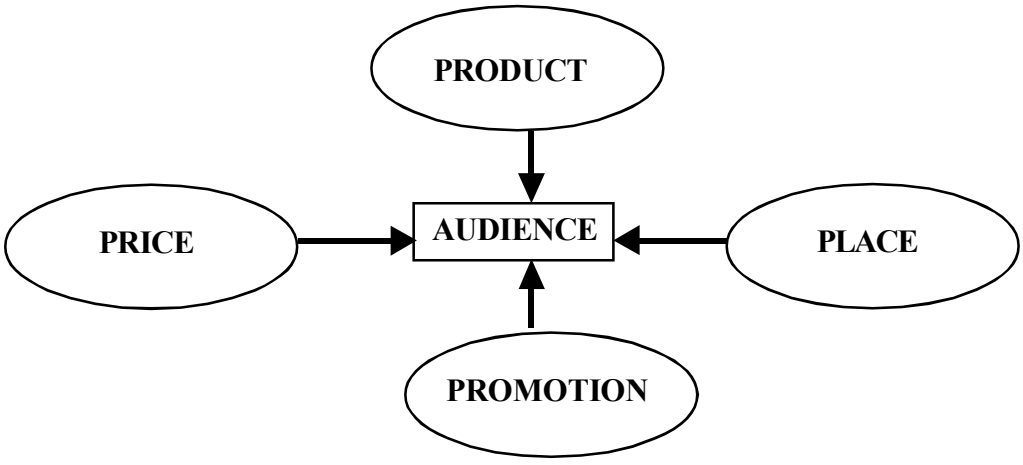

Figure 17.1: Process of social marketing

Thus, using these 4 'Ps' of social marketing, we can use the social marketing approach to promote positive health and nutrition behaviours. How do we do that? Let us find out.

In order to know how social marketing can promote positive nutrition and health behaviours, we will focus on four aspects: two purposes and two techniques. These aspects distinguish social marketing from other health education efforts. Let us first look at the two *purposes*.

1. The *first purpose* of social marketing is to bring about a change in behaviour and not just imparting information. Social marketers have their eye on what it will take to get people to try something new, whether it is going to the health center or cooking green leafy vegetable every day for the children. When it comes to promotional education, unless the information is relevant to changing the behaviour, it is not included.

2. The *second purpose* of social marketing is demand creation. Social marketing concentrates on half of the marketing equations that is often ignored - *creation of demand*. Far too often, we think only of supply, building health clinics, producing nutritious infant foods etc. but often the health clinics are empty and infant foods not bought. Demand has not been realized because we have not understood consumer needs and desires and catered to them. We are only beginning to recognize and learn how to find out what consumers look for in health services or seek in an infant food, and how to adapt our service and products for them. When we do this, we make programmes more cost effective.

Having learnt about the purpose of social marketing, now let us look at the two *techniques* basic to social marketing:

a. Social marketing uses *formative research technique* to understand consumer demand. We have already studied about it in the previous unit. In promoting behaviour changes and in creating demand, social marketing uses, as social marketing expert, *Dick Manoff* has called it, a feed forward approach that minimizes "feed back shocks", or as others would call it, formative research. That is we go in the community to consumers, to find out what they want. This helps us to shape our products and fine tune the promotional angle. For example, breast milk can be promoted, as the best food for young babies and as protective since it has antibodies. However, our most motivational appeal to mothers may be that it is a convenience food, as it does not require any cooking, if convenience is what mothers want.

b. Finally, social marketing requires *creativity*, not just in message design where persuasive, captivating and memorable messages are the goal, but also implementing qualitative research free of researcher bias, and in developing programme strategies through creative interpretation of research findings. Too often we find that good research has been done but has been poorly implemented for programme needs.

Thus, we learnt how we can use social marketing approach in promoting positive health and nutrition behaviours. Let us now move on to the second successful approach i.e. community participation.

17.7 COMMUNITY PARTICIPATION

What is 'Community'? *A community is referred to as stable, small, autonomous and self contained unit such as colonies of pioneer settlers, primitive tribes, villages and immigrant areas*. The same term has also been used for towns and cities. Whatever be the size of complexity of a community, it has certain characteristics. These include occupation of a territorial area, common interests, common pattern of social and economic relations, common bond of solidarity, network of social institutions and some degree of group control. Community means more than just people who live together; it implies sharing and working together in some way.

When people live together in a community, they may have certain problems which they might want to solve together. Before problems can be solved, the community members must first understand all the factors involved. This will help them to make decisions about solving these problems. This brings us to the term community participation (CP). *Community participation* means adopting a 'bottom-up' approach where members of the community make the decision rather than 'top-down' approach where the decisions are made by senior persons in health services - the so called 'experts'. Participation by a community may vary in degree depending upon the extent of their participation. We will now discuss various aspects of community participation. These are spectrum of community participation, types of community groups, the process of dialogue in community participation and benefits of community participation.

Let us discuss each of these in detail. We will begin with spectrum of community participation.

17.7.1 Spectrum of Community Participation

The American planner *Sherry Arnstein* suggested that there is a continuum of participation. Figure 17.2 shows simplified version of *Arnstein's* ladder of participation. At one extreme, there are actions that are really forms of manipulation. *Manipulation* means controlling people like puppets even though we pretend to let them make decision. At the opposite extreme, there is total participation or *complete control* of its affairs by the community.

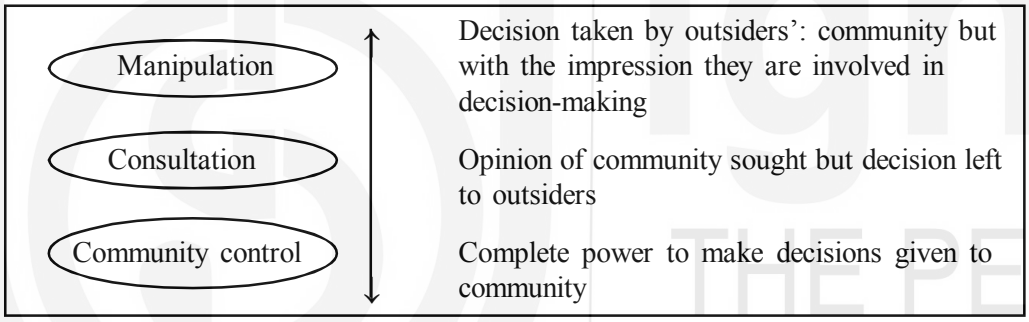

Figure 17.2: Simplified version of Arnstein's ladder of participation

You must be wondering as to why do we need a community approach? An important justification for community participation is the *need to shift the emphasis from the individual to the community*. Many influences on behaviour are at the community level and not under the control of individuals. This includes social pressure from other people, norms, culture and the local socio economic situation. There are many types of groups formed in a community. These groups can facilitate implementation of programme interventions. Let us find out about these groups.

17.7.2 Types of Community Groups

Before we learn about different types of community groups, let us first understand why do we form community groups, why don't we just work with individual members of a community? We want to form community groups because *forming community groups helps community members agree on common problems and recognize that they can solve these problems by themselves, with external help as required*. There are different types of community groups which can be formed in a community. These are:

a. *Self help groups* - run by people for their own benefits.

b. *Representative groups* - elected and answerable to the community.

c. *Pressure groups* - a group of self appointed citizens taking action on what they see to be the interest of the whole community.

d. *Traditional organizations* - well established groups, usually meeting the needs of a particular section of a community (mothers' union, parent-teachers' association).

e. *Social groups* - exists mainly to organize a social event e.g. music group, sports club etc.

f. *Welfare group* - exists to improve welfare for others e.g. operating feeding programme.

Thus, we can identify these groups in the community and seek their support in implementation of nutrition education communication programmes. You would also realize that community participation is a very slow and gradual process. To begin this process, the field worker has to visit the community groups, establish a rapport with them and initiate dialogue to invite their participation. Let us now look at the process of dialogue in community participation.

17.7.3 The Process of Dialogue in Community Participation

The technique of carrying out a dialogue with the community depends upon the skills of the field worker. You will note from the Figure 17.3, how the field worker initiates a dialogue asking their needs and gradually makes the community aware of other needs. For example, health and nutrition may not be the felt need of the community in the beginning, but the field worker can make them aware of these needs gradually.

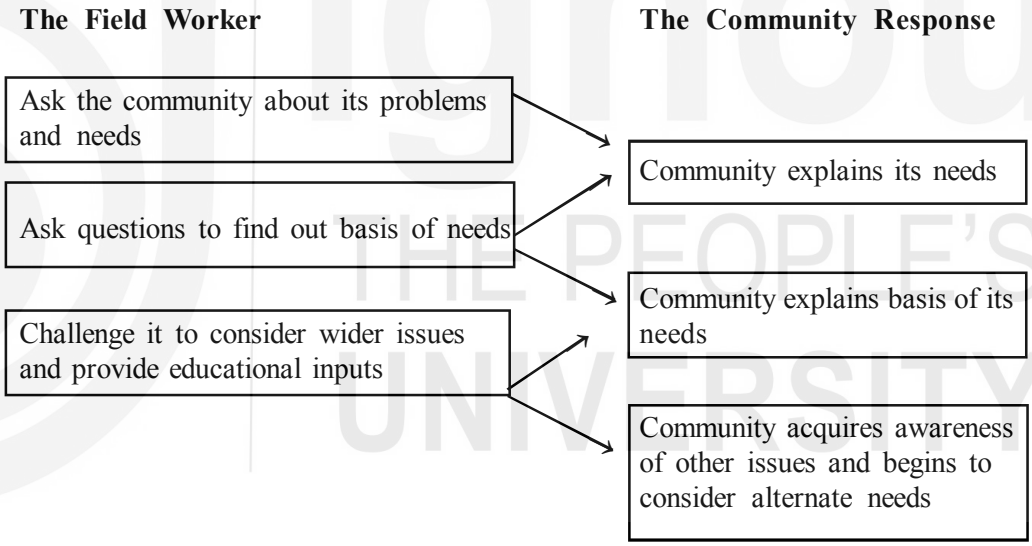

Figure 17.3: Process of dialogue in community participation

Why do we want to involve community in our programme? What are the benefits of community participation? Let us now study these aspects.

17.7.4 Benefits of Community Participation

What are the benefits of community participation? *Community participation helps the members of the community to collectively seek solutions to their problems. It gives them a sense of ownership for their community and helps them to pool their resources to help solve their common problems*. Some of the benefits of community participation are that it:

encourages cooperation with other people and enables them to accomplish things which they would not be able to do alone,

provides contact with other people so that members can increase their knowledge and experience,

helps develop the skills and talents of individual members,

makes programme relevant to local situation,

ensures community motivation and support,

improves utilization of services,

promotes self help and self reliance,

improves communication between health worker and community, and

enables the development of primary health care.

Thus, we learnt that there are several benefits of community participation. That is why many public health programmes have been able to accomplish their objectives by involving community during planning and implementing process.

A very good example of the importance of social marketing and community participation comes from the USAID sponsored "Social Marketing of Vitamin A-Rich Foods Project" carried out in Thailand over a period of three years. This project showed:

a. Significant improvement in knowledge, attitude, and practices in the intervention area.

b. Substantial improvement in the vitamin A and nutritional status of the target population, and

c. The sustainability potential of such interventions which was reflected in the behaviour of local government officials integrating food and nutrition activities into routine work and personal schedules.

Community participation leads to a better relationship between the community and the health worker. Instead of a servant-master relationship, there is trust and partnership. It has been proven that the programmes that have adequate participation by community are sustained compared to those which have no or inadequate community participation.

In addition to the two approaches discussed above, public health programmes have also sought *participation of school children in promoting health and nutrition messages*. School children have been instrumental in changing behaviours, because they are enthusiastic, curious, open to new information and willingness to learn. School children can influence the behaviours of following community groups:

- Younger children
- Children of the same age groups, and
- Family and community

Thus we learnt how we can use different approaches during the implementation of nutrition education programme and bring about a change in behaviours of target population. Hope geared with this knowledge you are better equipped now or bung about a change in behaviour of target population. Let us take a break here and refresh our understanding of the topics discussed above.

Check Your Progress Exercise 2

1. Explain these terms briefly.

   a. Social Marketing

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   b. Community Participation

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2. What are the four Ps of Social Marketing process?

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3. Match the following:

Column A		Column B	
a)	Self help groups	i)	a group of self appointed citizens taking action on what they see to be the interest of the whole community
b)	Pressure groups	ii)	run by people for their own benefits
c)	Social groups	iii)	exists to improve welfare for others- e.g. run feeding program.
d)	Welfare group	iv)	elected and answerable to the community
e)	Traditional organizations	v)	exists mainly to organize a social event - e.g. music group, sports club etc.
f)	Representative groups	vi)	well established groups, usually meeting the needs of a particular section of a community

17.8 LET US SUM UP

In this unit we learnt that there are three main aspects of implementation process. These are production of support materials, training and executing communication interventions. Production of support materials requires need for a disciplinary team and pretesting before they can be produced in large scale. Training is a very major aspect of implementation. We studied about how to design and conduct a training programme. Designing and conducting an effective training programme involves developing a training strategy, developing training guidelines and a plan for training programme. We also learnt about the various steps of a training plan which are assessing learning needs, defining learning objectives for the programme, deciding on content area, arranging content, selecting appropriate training methods, selecting appropriate learning aid and putting the schedule in a time frame. We also discussed many communication methods which can be used by the educators to disseminate messages to the target population. We concluded the unit by studying two approaches, that is, social marketing and community participation that have proven to be very effective in delivering successful public health programmes.

17.9 GLOSSARY

Commercial venues : places involved in producing, transporting, or merchandising a commodity.

Innovative approach: an approach characterized by new things or new ideas.

Traditional healers : healing done by application of knowledge, skills, and practices based on the experiences indigenous to different cultures. These services are directed towards the maintenance of health, as well as, the prevention, diagnosis, and improvement of physical and mental illness. Examples of traditional health service providers include herbalists, faith healers, and practitioners of Chinese or Ayurvedic medicine.

17.10 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1. We need a multidisciplinary team to produce materials because it is very rare to see any one professional having the knowledge and the skills to develop communication materials. We need a team consisting of the nutritionist, creative or graphic artist, technicians and the overall coordinator.

2. a. The purpose of the Training Strategy is to define the overall context for training, including who should be trained, what they should be trained in, when the training should take place, etc.

   b. The training guidelines designed to train a community worker in a practical way are direct the training to the performance of specific tasks, training should ensure maximum participation by the trainees themselves. The training should be given near the community in which a trainee will be working later, and refresher training at regular intervals to increase the effectiveness of community workers, and supervisors.

3. a. These skills are: manual skills - for example, using their hands skillfully in weighing children, thinking skills - for such tasks as identifying children at risk of becoming malnourished, and communication skills - the ability to convince mothers and other people to change their practices.

   b. Different steps involved in planning a training programme are: assessing learning needs, defining learning objectives for the programme, deciding on content area, arranging contents, selecting appropriate training methods, selecting appropriate learning aid, and putting the entire schedule in a time frame.

4. Methods of communication intervention used in the community are:

   Individual approach; which involves dealing with individuals on a one to one basis. It can involve face to face interview, counseling and sending letters.

   Group approach, is an effective communication method, when we want to address the nutrition issues to a group of people such as adolescents, mothers of young children and urban slum dwellers, etc. Lecture cum demonstration, organising discussion meetings, role play and drama are some of the group approaches that can be used.

   Mass approach, the institutions and techniques by which specialized groups employ technological devices such as press radio, films etc., to disseminate messages.

Check Your Progress Exercise 2

1. a. Social Marketing is a systematic approach to solving problems, it is related to service utilization, product development and acceptance, and behaviour adoption. Social marketing may involve both the selling of a commodity and the selling of an idea or practice.

   b. Community participation means adopting a 'bottom-up' approach where members of the community make the decision rather than 'top-down' approach where the decisions are made by senior persons in health services - the so called 'experts'.

2. Social marketing conceives of the consumer as the center of a process involving four variables: product, price, place, and promotion.

3. a – ii, b – i, c – v, d – iii, e – iv, f – iv.