

“Mass campaign to individual action”- An effective IEC model for healthier future



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Introduction

Non Communicable Disorders (NCDs) mainly called ‘lifestyle disorders’ like obesity, diabetes, respiratory problems, poor eyesight and mental disorders as well as communicable disorders like viral hepatitis have become more prevalent among children and young adult due to unhealthy lifestyle i.e. unhealthy diet, physical inactivity and poor personal health & hygiene. Childhood and young age chronicity may increase the severity of any disease in the next stage of life. Children are the future of the nation. Hence, we need to focus on child health education to build a healthy nation.

Health education builds students' knowledge, skills, and positive attitudes about health. It motivates students to improve and maintain their health, prevent disease, and reduce risky behaviors. Health education curricula help students in their behavior modification which will help to make healthy choices throughout their lifetime to lower health risks.

Institute of Medicine on health literacy (2014) states that “the most effective means to improve health literacy is to ensure that education about health is part of the curriculum at all levels of education.”

Well-designed, scientific and strategic school-based health education programs can play an important role in promoting healthy behaviors, particularly when health education is not a priority in the curriculum. While students lack essential healthcare information in their curriculum, onetime awareness intervention is not sufficient in behavior modification. Therefore, a participatory approach will ensure students' more engagement, will enable them to think deeply and better health education.

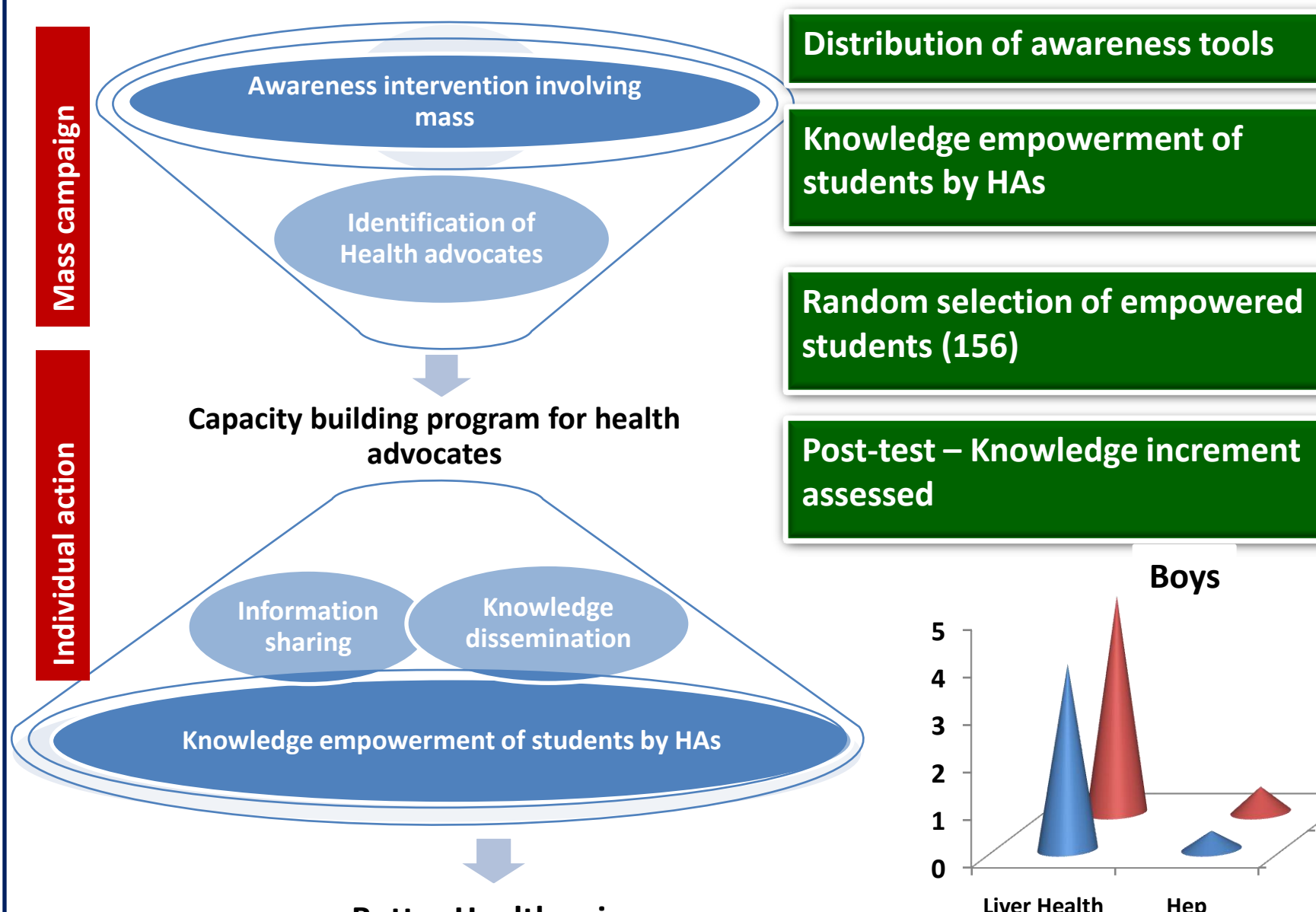
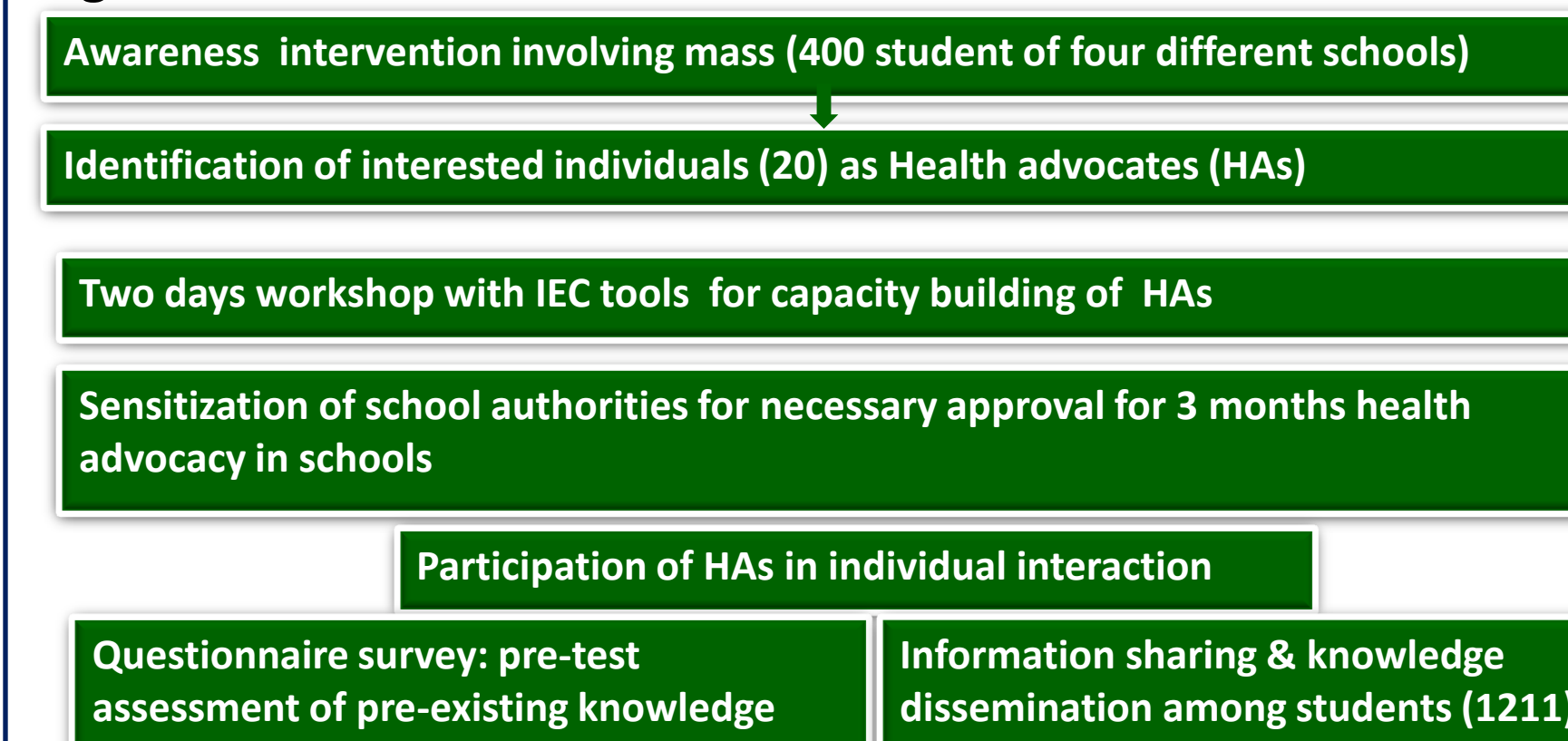
An effective Information Education Communication (IEC) model for awareness intervention can increase the level of knowledge, attitude and perception (KAP) of students. So, we aimed to develop and implement an effective IEC model where students can participate as health advocate to promote health, thus ensuring the sustainability of a school health campaign. We took the ‘Liver health and viral hepatitis’ as the agenda of school health education program, since liver disease is becoming a major health burden which may arise as both NCDs and communicable disorders. This model can be replicated for any disease prevention and to promote health among the school students.

Methods

Implementation of hepatitis awareness program as mass campaign in 4 different schools involving 400 students, 20 interested students (10th Standard) were selected on the basis of their performance. They participated in a workshop to know necessary health information, basic understanding of health education and to learn health communication (IEC activities). They were prepared as health advocates to disseminate knowledge to their schoolmates as individual action during their free time in school hours without disturbing their routine study for 3 months. To determine the effectiveness of this IEC model in school health education, pre and post intervention evaluation were performed using self-administered questionnaire (close-ended). All the questions were mainly on liver health & viral hepatitis and its transmission. The analysis was performed on SPSS and independent samples t-test was used. Q-Q plot analysis showed that Pre and Post – Intervention data were approximately normally distributed.

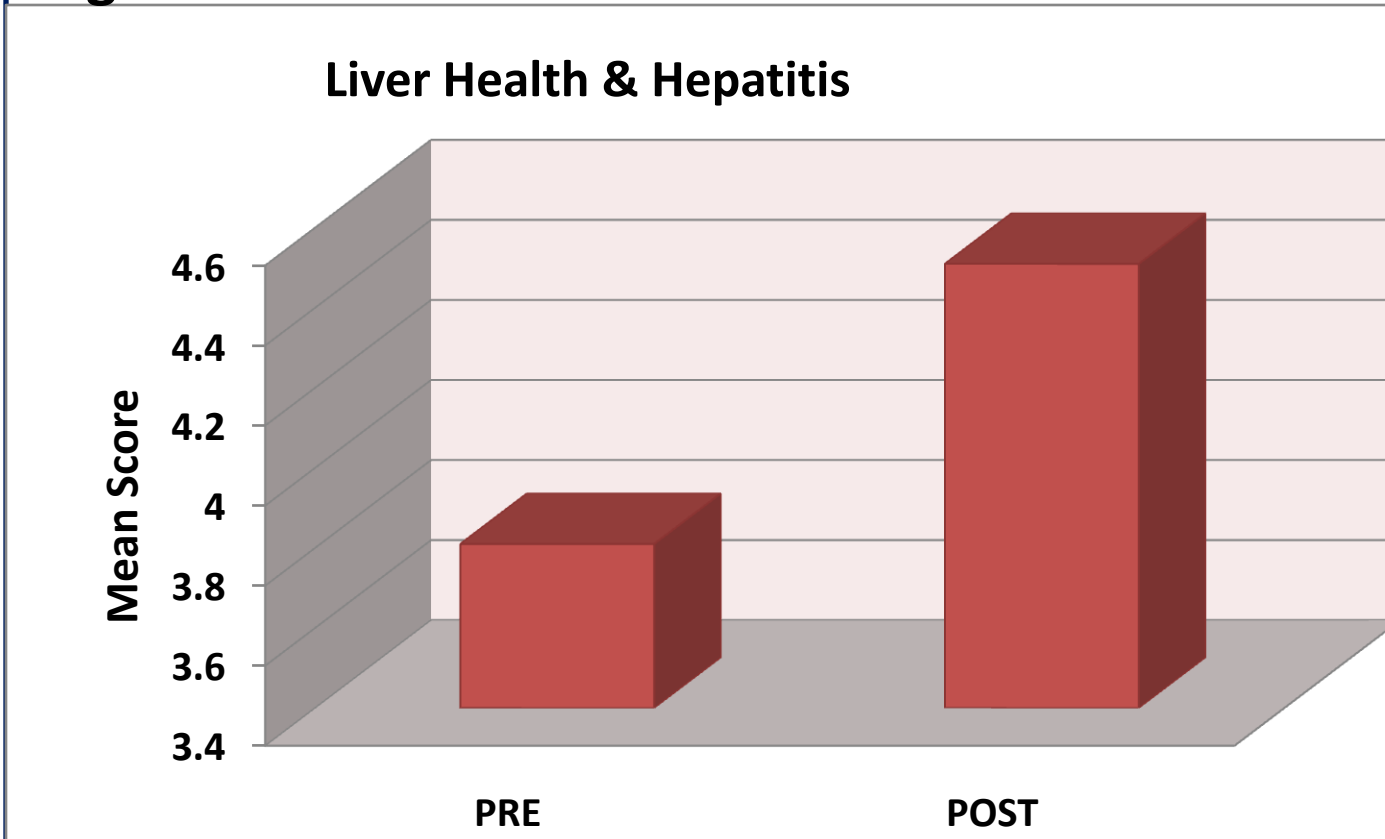
Results & Discussion

Figure 1:



Schematic representation of implemented IEC model

Figure 3:



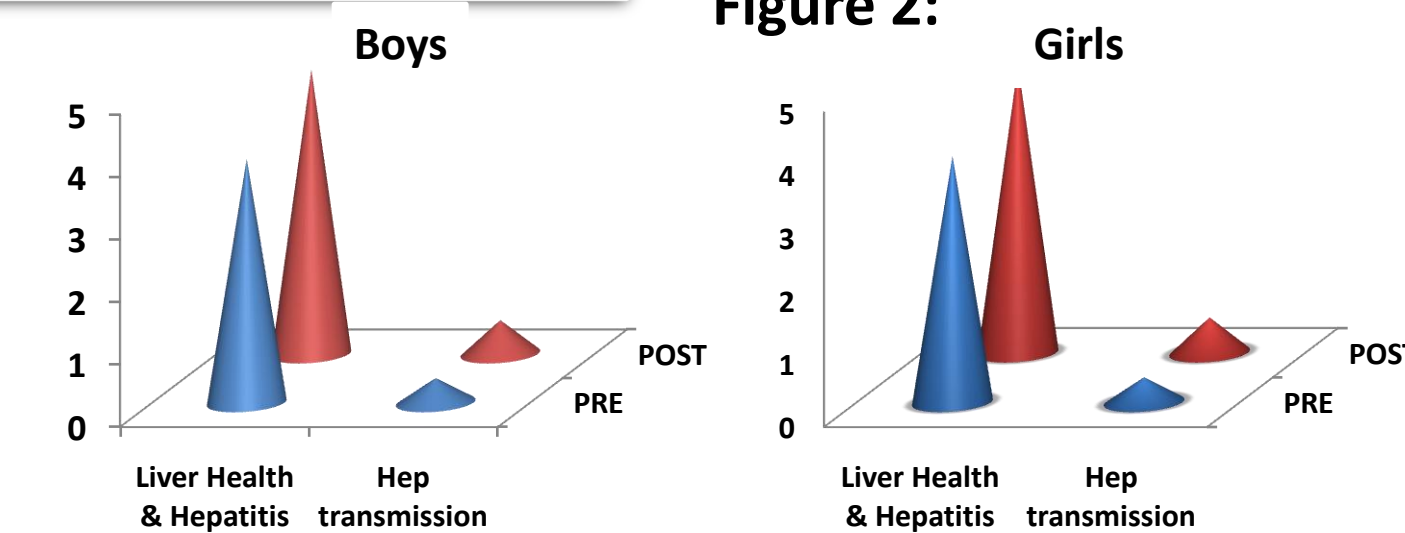
Training components for Health Advocates

- Liver health: How to protect it
- Hepatitis transmission
- General health
- The approach of knowledge dissemination
- How to conduct a survey



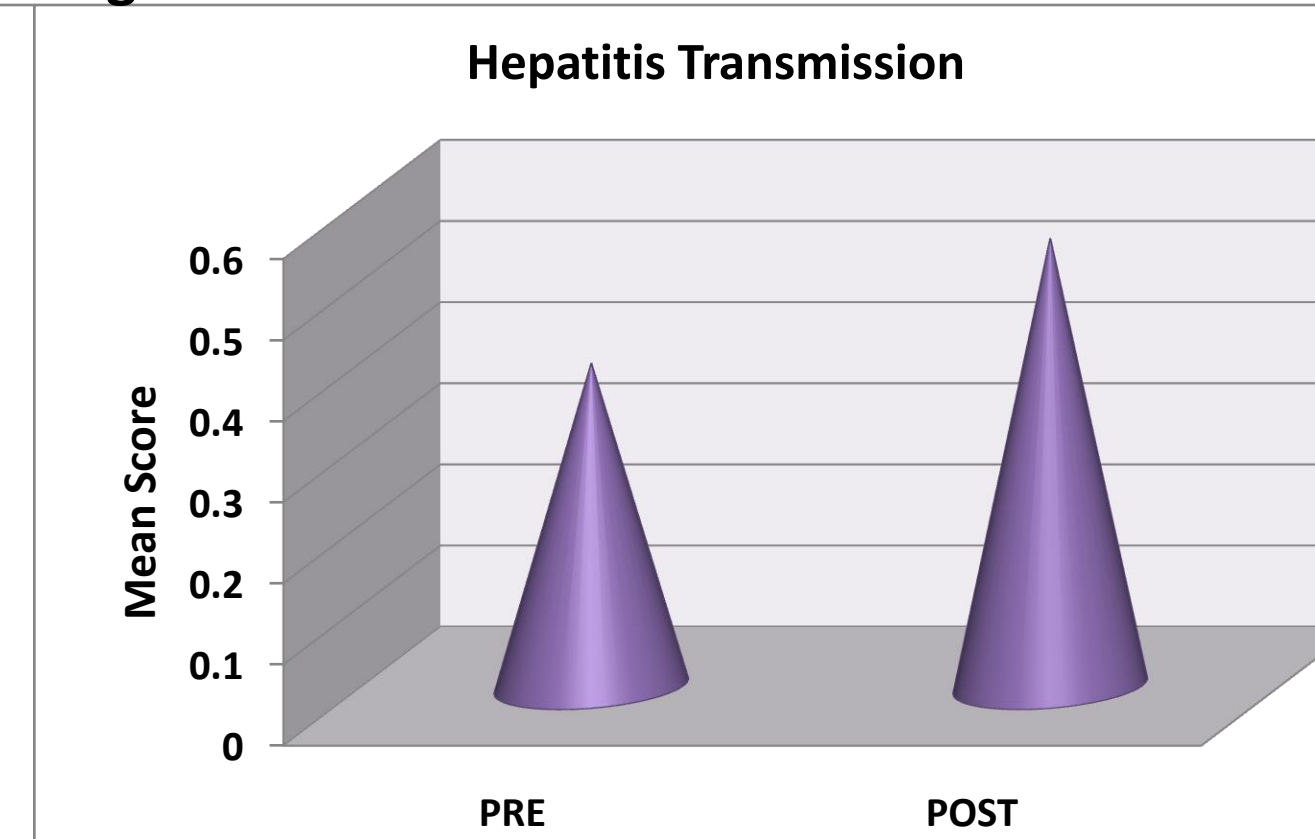
Health Advocates

Figure 2:



Figures show the comparison of pre-test and post-test score on liver health & hepatitis and hepatitis transmission. In case of boys, 16.37% and 38.46% increase were observed in knowledge on liver health & hepatitis and hepatitis transmission respectively where as 16.62% and 40% increase were observed in case of girls.

Figure 4:



Figures depict comparison of mean score values (pre-test vs post-test) (n=156). Mean score values were calculated on the basis of correct responses obtained from the questionnaire on liver health and hepatitis (Figure 3) & hepatitis transmission (Figure 4). 19.16% and 38.79% increase in mean scores were observed in two figures respectively.

Conclusion

Awareness generation among students should be a continuous and strategic approach. It needs a systemic intervention to optimize the health education among school students. Knowledge dissemination should be more participatory, interactive and the adopted techniques are supposed to be user friendly.

Therefore, we have introduced a public health campaign model ‘Mass campaign to individual action’ to promote liver health and hepatitis education among the students.

Through the implementation of such IEC model, it was observed a significant knowledge empowerment through individual action of health advocates.

Students engagement to raise awareness in important health issues is a must for a disease free and healthier society.

Thus an effective IEC plan should be incorporated in school health policy and this ‘Mass campaign to individual action’ is identified as a robust model for better public health gain.

Acknowledgement

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