

## Increased need for health education and communication services in contemporary practice

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Received : 30.05.2012 Revised : 24.11.2012 Accepted : 25.11.2012

Communication as a key strategy to supplement many kinds of health programmes, particularly those addressing chronic conditions, has been variously referred to as- Health Education (HE), Information Education Communication (IEC), Counselling, Advocacy, etc. The Indian National Leprosy Elimination Programme has practiced Survey-Education-Treatment (SET) approach, in which Health Education to the public was one of the basic components of the programme, since its inception till the integration of leprosy control work with Primary Health Care in 2000. Institutions specialized in Health Education(HE) played a key role in developing and production of HE Materials, HE Aids and training of HE (Leprosy) Professionals and in doing so provided considerable HE/IEC support to leprosy NGOs and the government NLEP at the grass root level. However, emergence of Integration onwards, the requirement for, the role and sustainability of Health Education institutions has become a cause for concern.

Given that 'early and voluntary reporting' is the primary mode of case detection in the post integration era, the lack of programmes for grass-root level education and case detection is noteworthy. Nonetheless, the functionalities of

National Rural Health Mission (NRHM) like Accredited Social Health Activists (ASHAs) & Anganwadi Worker (AWW) being the main grass root level workers of PHCs/CHCs under the control of Village Health and Sanitation Committee (VHSC), have an enhanced responsibility of communication, which indeed highlights a greater need for a newer focuses on education through effective communication, reaching all the socio-demographic categories of the society.

Post-integration agenda for HE/IEC specialized leprosy institutions: Employing a variety of media may help to reach a number of populations more efficiently, especially those who are beyond the reach of the current NLEP activities. As such, the few HE/IEC specialized leprosy institutions sustained after integration, have an enhanced responsibility of promoting communication activities of high profile, which may be categorized as follows :

1. Gain expertise on deciding and employing any appropriate media, to promote and conduct leprosy IEC/Health Education/ Advocacy activities, as and when required.
2. Creative research and development of suitable HE (leprosy) messages meant for

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- people of different living standards and levels of perception.
3. Investigating activities to ensure the effective translation of leprosy messages for different language groups of people.
  4. Researching the Health Education needs of different populations to prevent and control leprosy
  5. Evaluating the impact/effectiveness of different means of communication for various messages with reference to people in different contexts.
  6. Action research to improve expertise in the production of new Health Education Materials and suitable Health Education Aids as per the needs of NLEP Govt./NGO workers.
  7. Commercially producing the successful HE Materials & Aids in adequate quantities to make them available to NLEP Govt./NGO workers.
  8. Assessing the new training needs of NRHM functionaries viz. Accredited Social Health Activists (ASHAs) & Anganwadi Worker (AWW) and other NLEP/NGO workers at grass-root level in the post integration era.
  9. Ensuring the availability of adequate training and orientation facilities in Health Education/IEC with emphasis on leprosy, for various categories of NRHM and NLEP/NGO workers.
  10. Community Based Action Research(CBAR) to incorporate HE (leprosy) of NLEP among the functions of NRHM, through involvement of Accredited Social Health Activists (ASHAs) and the functionaries of her institutional support viz. Women's committees (like self-help groups or women's health committees), village Health & Sanitation Committee of the Gram Panchayat, peripheral health workers especially ANMs and Anganwadi workers, and the other trainers of ASHA etc.

**How to cite this article :** Raju MS (2012). Increased need for health education and communication services in contemporary practice. *Indian J Lepr.* **84** : 321-322.