A well-trained multipurpose health worker must understand how to extract the appropriate response from his receivers.

Communication and Persuasion in Health : Some Guidelines for Multi-purpose Health Workers

By

D. N. Kakar

Assistant Professor, Department of Social and Preventive Medicine
Post Graduate Institute of Medical Education and Research, Chandigarh

During recent years the study of the effectiveness of communication has become a subject of enormous interest in human relations research. In the sphere of community health, in particular, many practical communication problems are being increasingly faced by the decision-makers who wish to bring about improvement. How to make multi-purpose health workers effective communicators of modern health ideas to the rural people is a problem that stares in our face ? What can be done about it ?

The multi-purpose health worker as a persuasive communicator intends to communicate health ideas which she wants the individuals with whom she comes in contact to acquire and she also expects that they behave in a manner in which they do not behave otherwise. She may also wish to strengthen responses that her receivers make now so as to make them more frequent, such as motivating the mothers to bring their children to the village clinic for a check up.

In learning-theory terms, the communicator wishes to produce a stimulus—the message—that will be perceived by the receiver, and a response—some acquisition of, or change in, behaviour—produced by the receiver. The communicator need not be interested in all the responses that the receiver may make to a message. On the contrary, she is interested only in those responses the receiver makes that coincide with those desired by the source.

The persuasive communicator has to see that her message gets mentally registered with the receivers. She can present her message and then wait passively until the receivers make the response that interests her or she can present her message in such a way that it produces the correct response from the receivers. B.F. Skinner has distinguished between these two types of approaches to the learning situation as '*operant behaviour*' and '*respondent behaviour*'. The two situations have also been described as involving '*instrumental learning*' and '*conditioned learning*'. In 'instrumental learning' situations, which involve 'operant behaviour', the persuasive communicator will present her message and then wait for the receiver to make a correct response. When the receiver makes this response, the communicator will attempt to fix the response by the appropriate reward or reinforcement. On the other hand, in 'conditioned learning' situations, which involve 'respondent behaviour', the communicator presents her message so as to elicit the response she wants from her receivers, and the stimulus that originally served to elicit the response then becomes the reinforcing or rewarding element in conditioning. Undoubtedly, conditioning is much more efficient than instrumental learning, but it is necessary for the communicator to be aware of both kinds of situations since the conditions for using 'respondent behaviour' may not be present in the persuasive situation. The multi-purpose health worker has to remember that the receivers differ in the ways in which they learn any given response. They may give different responses in essentially the same situation because of certain specific reasons discussed here.

Response Variation Among Individuals

Firstly, individuals differ in their ability to response. A given message by the multi-purpose health worker may not be equally understood by all receivers and that it may have to be given differently to at least some of the receivers. For instance, additional efforts on the part of the concerned multi-purpose health worker on conveying a

health message may be needed with some scheduled caste mothers to make them understand, say the importance of restricting the family size to two children only. Secondly, individuals differ in their readiness to respond even when they do not differ in their abilities to respond. For instance two scheduled caste mothers with comparable intellectual capabilities may differ in their ability to response because of differ ences in their power of retention i.e., while one may retain the message for a long time, the other may easily forget it. A well-trained multi-purpose health worker must understand how to extract the appropriate response from his receivers. Thirdly, individuals differ in their motivations to respond for a number of motives or drives determine the nature of an individual's response. Some of these drives are biologically determined such as hunger and thirst. At the same time, there are other motives that are learned such as preservation of health and strength. The persuasive communicator can facilitate learning a great deal if the receiver is made to feel that the message given is appealing to a particular motive. For instance, in a given situation, two mothers might differently respond to a given family planning message because of the difference in their motivation. Additional efforts would be required to convince the less motivated mother to respond to the message.

By and large, the above principles govern most learning situations. They do not, however, explain the ways in which a particular response becomes permanently attached to a particular stimulus. One general principle given by most social psychologists is that of contiguity. This principle states that when a stimulus is perceived, the response most closely associated with the stimulus is the one most likely to be learned. This principle suggests that the persuasuasive communicator should try to ensure that responses that are antagonistic to the desired response do not in any way interfere between the stimulus and the performance of the desired response.

Establishment of A Desired Response.

Firstly, a response can be established through reinforcement which may be positive or negative. One example of a positive reinforcement would be giving some kind of a positive incentive to a multi-purpose health worker who maintains all health records properly or who runs a good health programme. This would help her repeat her performance and thus a positive response would be established by reinfordement. On the other hand, not saying anything to a multi-purpose health worker who may be cooking up data would amount to reinforcing a negative response. An intelligent multi-purpose health worker must not give a chance to anyone to say that she has reinforced negative responses. Secondly, active participation is a lot better than passive participation. A multi-purpose health worker cannot expect of a scheduled caste mother to change her belief regarding the supernatural causation of a disease like Marasmus without involving her in a regular health education programme. The mother has to be made aware of the natural cause of Marasums and also the benefit of allopathic medicine in its treatment. Securing active participation of such a mother in the health-cum-nutrition education programme would be the best method of facilitating learning. With a little bit of persuasion, a passive participant in the programme can be turned into an active one. Thirdly, meaningful responses are relatively easier to learn than the meaningless ones. The multi-purpose health worker can do a lot better by making her demands on the response of her receivers meaningful. For instance, the multi-purpose health worker who gives a big lecture to the mother on the value of practising family planning without indicating its benefits to her as an individual would be showing inadequate understanding of this principle, for everyone has a tendency to look into her own benefits first. Vigorous efforts would be required to proffer suggestions, that are realistic and meaningful. The health workers must be aware of the total environment in which the individuals are living both at the manifest and latent levels.

The persuasive communicator should be interested both in the long-range effects of her messages and in their initial effects. As a matter of fact, she should be intereseted in turning the learned responses into habitual ones. What are the other principles that guide the establishment of a response? First, the probability of response will increase with the increase in the number of rewarded repetitions. As long as the stimulus with reinforcement following each correct response is not adequately repeated, it will not become a habitual response. Many persuasive messages are short-lived because of lack of reinforcement and are likely to become extinct. Second, in order to establish habit pattern, it would be necessary to have a shorter interval between response and reward. Giving timely incentives to a good health worker for running a good child care programme in her area for instance, will enable her form it as a habit. Third, habit formation is easier when stimuli are presented in isolation. A nutrition message when unaccompanied by another message such as a sanitation message is to facilitate habit formation. Fourth, timely increase in reinforcement will further strengthen habit formation. If health, family planning and nutrition messages are constantly given in all meetings with the mothers, the responses are bound to be good and will strengthen habit formation. Fifth, receiver's original level of motivation will influence her habit formation. The mother having a better level of motivation from the beginning will find habit formation much easier. Lastly, providing timely information about 'receiver performance' leads to further improvement in performance. Providing selective information to a mother on the positive aspects of her performance will further improve her performance. Thus communication of health ideas can yield the desired result if the above principles are followed religiously.