

## Foster behavior change through effective health promotion

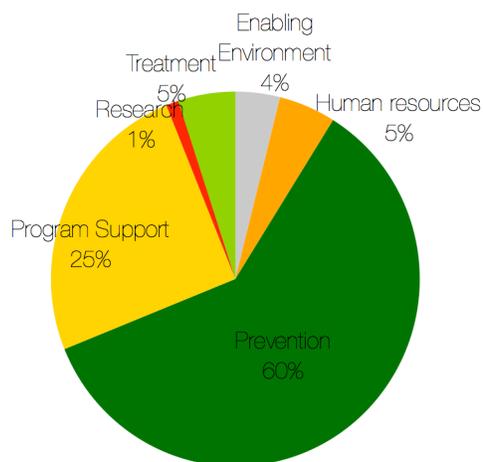
**Effective health promotion can help accelerate the progress towards achieving desired health outcomes.**

While health programs generally address public health concerns through supply-side interventions, health promotion should complement these efforts by influencing the behaviors of health service consumers. In particular, health promotion should empower the people to take control of their own health.

**The current health promotion efforts seem to be ineffective.**

One striking example of this is that despite HIV/AIDS prevention and promotion efforts, there are still significant misconceptions about HIV transmission. During the period 2005–2007, 60% of the total HIV/AIDS budget was spent on HIV/AIDS prevention efforts (see Figure 1). The 2007 round of the Integrated HIV/AIDS Behavioral and Serologic Surveillance (IHBSS) however showed that men-having-sex-with-men (MSMs) continue to have many misconceptions about HIV transmission. 36% of the MSMs surveyed said that they could tell if someone is infected with HIV/AIDS by merely looking at them (Ogena, 2008).

Figure 1. HIV/AIDS budget, 2005-2007



Source of data: PNAC, 2008.

Condom use targeted in the four high-risk areas in the country is from 14% in 2005 to 54% in 2010. However, according to the 2007 IHBSS, only 3 out of the 4 high-risk sites were able to meet the targets. Condom use among MSMs in the remaining site, Zamboanga City, however stood at only 2.7% (Ogena, 2008). The low level of knowledge among MSMs, coupled with high-risk behaviors, runs parallel with the increasing number of HIV infections in this high-risk group.

**The prevalence of non-communicable and lifestyle-related diseases is rising steadily despite the Healthy Lifestyle (HL) campaign.**

From 1942 to 2000, cardiovascular diseases account for 30% of the cumulative number of deaths in the country (DOH, 2000). Figure 2 shows that the prevalence of risk factors for heart diseases is also high.

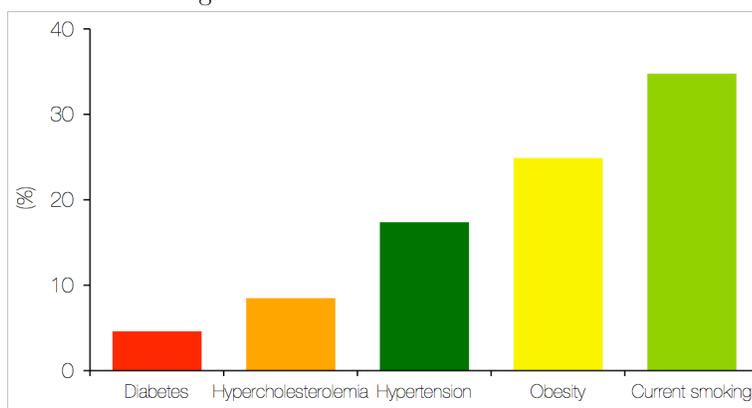


Figure 2. Prevalence of risk factors of heart disease

Source: FNRI, 2003.

The current HL campaign aims to reduce three risk factors—smoking, obesity and sedentary lifestyle—through tobacco control, promotion of physical activities, and weight control programs. The campaign’s primary strategy is the development and dissemination of key messages such as “Don’t Smoke,” “Eat Right,” and “Manage Stress.” It devotes very little attention to community involvement and mobilization.

The effectiveness of the HL campaign has not yet been evaluated since its inception in 2003. The only possible source of information that can be used to indirectly gauge its impact is the next round of the National Nutrition and Health Survey. This survey is currently being conducted (May-December 2008); results of will be released in December 2009 (NSCB, 2008).

“Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action[s] directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health” (WHO, 1997).

## Promoting healthy maternal practices can prevent maternal deaths.

In 2000, 45.1% of the 1,698 maternal deaths in the country were due to pregnancy-related complications among mothers during labor and delivery (NSO and ORC Macro, 2004). This is due to the prevalence of risky practices among mothers during pregnancy and delivery, including those associated with septic abortions.

Figure 3 shows that in 2003, a majority (64.4%) of births in the Philippines were delivered at home. Furthermore there was a sizable proportion of poor women (8.6%) who did not undergo antenatal check-up compared to those who were non-poor (2.9%).

The Women's Health and Safe Motherhood Project (WHSMP) initiated monthly advocacy activities such as puppet shows, radio and television programs, as well as a monthly newsletter—the *HealthBeat*. However, the project's information and education campaign (IEC) activities had only limited impact because most of the IEC materials were developed and distributed towards the end of the project (ADB, 2007).

## The current health promotion program of the DOH is focused on providing health information and promoting awareness through health campaigns

The 2008 Program Implementation Review (PIR) on Health Promotion conducted by the DOH Policy and Standards Development Team (PSDT) and Sectoral Management and Coordination Office (SMCO) identified several weaknesses in the current health promotion efforts of the DOH.

### Client feedback is not given importance in the design and implementation of health promotion activities.

The current health promotion program of the DOH adopts a health communications strategy. Derived from the Information Model framework (Shannon and Weaver, 1949), it focuses mainly on the transmission of messages from the providers to the clients. While the DOH recognizes the significance of client feedback, it does not make use of the information. In addition, there is also no current mechanism in place to measure the effectiveness of health promotion activities.

### The communication channels used are not appropriate for reaching underserved communities.

Most of the health promotion activities rely on the traditional channels of communication such as posters, radio and television. These channels have a limited capacity to reach clients in underserved areas or who do not have regular access to these communication channels.

### Health messages are sometimes inappropriate for the local needs and culture.

There is no extensive situational analysis of health problems thru communication needs assessment (CNA). Because of this, some

programs fail to target the appropriate audience for specific health campaigns or are unable to utilize the appropriate channel of communication for their health promotion campaigns.

Moreover, the planning of health promotion activities and development of materials are mostly carried out in the central office. These prototype health promotion materials are then forwarded to the regions to be “customized” at their level. This limits the opportunity of the health promotion staff at Centers for Health Development (CHDs) to develop innovative health promotion ideas and messages that are more appropriate for the local culture.

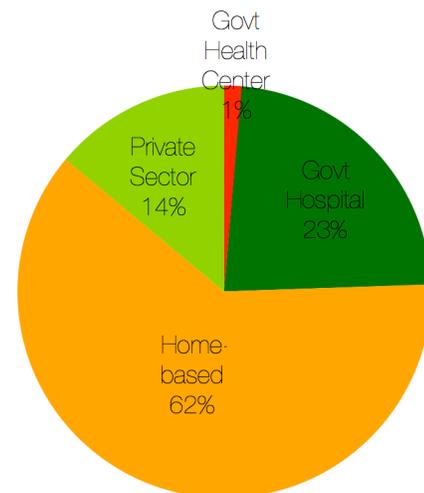


Figure 3. Place of delivery, Philippines, 2003

Source: NSO and ORC Macro, 2004.

## The DOH should advance its health promotion efforts beyond health communication

The DOH should move towards a holistic approach to health promotion by going beyond providing clinical and curative services. Health promotion should empower people to take control over their own health. It should promote the proactive involvement of members of the communities throughout the health promotion process. To this end, the following actions are recommended:

### Use participatory approaches in designing and implementing health promotion activities.

The Ottawa Charter on Health Promotion recognizes that concrete and effective community action is an integral part of health promotion (see Box 1). Participatory approaches create flexible systems for full public engagement in both the design and implementation of health promotion programs.

## Use channels that are effective in targeting intended client behavior.

More approaches in health promotion are cropping up, including behavior change communication (BCC), communication for behavior impact (COMBI), and risk communication, among others. These approaches are either used alone or in combination with other approaches to respond appropriately to the needs of a particular health program or intended clients.

For example, tuberculosis prevention and control uses the BCC approach; malaria elimination in a specific area uses COMBI method; and disaster management appropriately uses risk communication strategy. All these approaches are geared towards one goal: behavior change towards improved health status of the population. The 2008 PIR suggests that among these strategies, BCC stands as the most feasible.

BCC is a communication strategy which adopts a systematic process to understand people's actual situation and behavior (Salem, 2008). It involves developing and communicating messages to influence people's behavior (see Box 2).

At the national level, BCC programs tap a mix of three major communication channels (NCI, 2001):

- Mass media channels, which cover a wider audience. Examples of these are: radio, television, widely circulated newspapers, magazines, bus and train advertisements and the internet;
- Interpersonal channels that involve person-to-person communication, such as counseling and telephone hotlines; and

### Box 1. Definition of Health Promotion

The Ottawa Charter on Health Promotion advocates that the long-term goal of health promotion should be to “usher enhancements on peace, shelter, education, income, sustainable resources, social justice and equity”; all of which are basic requisites for health (WHO, 1997). In this charter, the pillars of health promotion have been named:

- 1) Building healthy public policy,
- 2) Creating supporting environments,
- 3) Strengthening community action,
- 4) Developing personal skills, and
- 5) Reorienting health services.

People are highly emphasized in the Ottawa Charter, recognizing them as the ‘primary health resource.’ The role of the people, more than the functions of technocratic policy cannot be overstressed in health promotion. In reviewing the current status of health promotion in the country, it is important that we look into the diverse mechanisms in which people were utilized as ‘means’ to attain a people-focused ‘end’.

- Community channels include public fora, mass mobilization, concerts, and local newspapers and bulletins.

There are many projects in the Philippines that have successfully implemented BCC campaigns. For example, the Social Acceptance-Family Planning (TSAP-FP) project aimed to increase awareness on FP, increase advocates for FP and increase acceptance of FP as part of the health service package. The BCC component of the project featured advertising campaigns through television, radio and print. Pretesting of messages with the target audience clarified appropriate channels of communication and made messages more effective and understandable (USAID, 2005).

Process monitoring also refined FP messages during the project implementation phase. The final evaluation of the project showed that the tri-media campaigns improved knowledge on FP and modern methods, positively influenced perceptions and attitudes towards FP modern methods, and increased the proportion of FP discussion among the target audiences.

The existing HIV/AIDS prevention program targets female sex workers (FSWs) in establishments. A study conducted in the cities of Legaspi, Cagayan de Oro, Lapu-lapu and Mandaue found that among establishment-based FSWs (EBFSWs), conducting BCC campaigns can significantly improve the risk perceptions of sex workers regarding sexually transmitted infections (STIs) (Morisky, 2006). The presence of BCC campaigns in their workplaces prompts FSWs to use condoms more often. The involvement of establishment managers was also found to be effective in the conduct of BCC campaigns. The study also found a 60% decline on STI across the study sites at the end of the intervention program. These participatory approaches demonstrate how health promotion efforts can be designed and implemented together with the target clients themselves.

### Develop the capability of LGUs to customize health promotion messages according to the local needs and culture of target clients.

There is no ‘one-size-fits-all’ strategy in health promotion that is appropriate for the diverse cultural background of people in the different regions. Health promotion activities must be adapted to what is acceptable to the target client, in terms of content, comprehensibility, language, and choice of communication channels. To achieve this, the capability of the Center for Health Promotion, the program managers and LGU and CHD staff to

customize health promotion messages need to be strengthened. Most importantly, collaboration with the communities and mutual learning should be part of capacity development.

The Maguindanao Child Survival Program employed the BCC approach in providing messages related to improving and maintaining good health practices for children (CRS, 2005). The program utilized a multi-channel BCC approach to influence the behavior of targeted primary and secondary school children. The project found that printed IEC materials were ineffective due to the low literacy in Maguindanao. By putting the messages across, using the local language via radio programs, orientation workshops, focus group discussions and counseling sessions, the program was able to increase the breastfeeding rate from 34% to 76% and reduce the proportion of underweight children from 25% to 16%.

### Box 2. Steps in Behavior Change Communication (BCC) Process (Salem, 2008):

**Step 1: Analysis.** This step lays down the foundation for a BCC program. It consists of describing the health problem, the targeted audience and communication requirements. Data from epidemiological surveys help in determining those who are at risk of suffering from the health problem (UNICEF 2000).

**Step 2: Strategic design.** This entails development of a roadmap for the program. Formative research, coupled with the behavioral theories, fast-track the strategic design. This step formulates the objectives, creates the conceptual framework, chooses indicators, selects the communication media, drafts the creative brief as well as the team and constructs the implementation plan.

**Step 3: Development and pre-testing.** This step should integrate the results obtained in steps 1 and 2 and guide the development of concepts, messages and materials. It should assist program managers to decide on the type and appeal of the messages.

**Step 4: Implementation and monitoring.** This is conducted by distributing materials, airing radio and television messages, or holding community meetings and individual counseling sessions (Cabanero-Versoza, 2004).

**Step 5: Evaluation.** This step measures what the program has attained and how far it has met its agenda. It has the capacity to assess, which observed changes in outcomes can be related to the communication activities.

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