



Interpersonal Communication Can Work in Child Survival Programs

Interpersonal approaches are the most heavily researched and one of the oldest forms of health intervention. They involve interpersonal communication (IPC, also known as face-to-face interaction), between health promoters, educators, communicators, service providers and clients.

These approaches can occur in a health facility, the home, or elsewhere and among small groups, such as with a family, or one-on-one. The advantage of interpersonal approaches is that they can tailor information to a client's needs. They can be simulated through many different channels, including media campaigns or other forms of technology, such as the delivery of personalized SMS (Storey, 2011).

Client-Provider Interaction and Counseling

Client-provider interactions have been studied mostly in the context of reproductive health, family planning and maternal health. One form of client-provider interaction is educational counseling, which is less participatory, less engaging and less effective, although one notable technique that can enhance its effectiveness is motivational interviewing (Miller 1983).

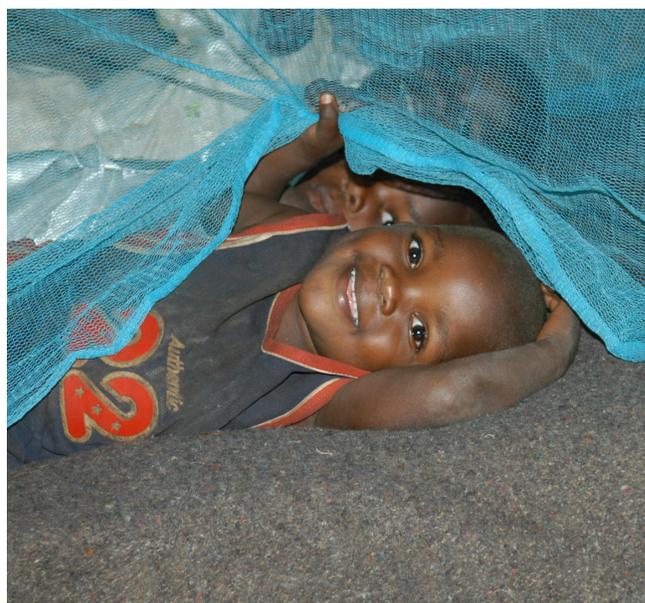
Another form is hospital/clinic-based counseling, which can reach women at critical moments, like during pregnancy. This type of counseling can be continued through home visits and can build neonatal and child care skills as well as solve postpartum problems.

Frontline Health Workers

The effectiveness of these health workers, also known as community health workers (CHWs), are enhanced if they are provided with and trained in packages of services (e.g., birth kits, newborn care kits). CHWs can also provide an opportunity for diagnosis, counseling, referral and/or treatment.

Home Visits

Home visits, although a popular interpersonal approach, are not a cure-all. However, programs that provide repeated, intensive home contact over time from specially trained CHWs tend to be more successful. It is also worth noting that home visits work best when CHWs are from the community because these CHWs can better address local social/cultural issues.



Peer Education

This type of interpersonal approach is used and studied most in reproductive health and neonatal health, especially with regards to breastfeeding. Peer educators are members of the intended audience, so they can understand and relate to the targets.

When considering peer educators, it is suggested that older, more knowledgeable and experienced individuals may be seen as more trustworthy. One notable type of peer education is mother-to-mother support groups, which can be effective for increasing exclusive breastfeeding and PMTCT uptake (e.g., Nankunda et al, 2006; 2009).

Key Article

The effect of household heads training on the burden of malaria and anaemia in under-5 children in Ethiopia

Deribew, A., et al. (2012). The effect of household heads training about the use of treated bed nets on the burden of malaria and anaemia in under-five children: a cluster randomized trial in Ethiopia. *Malar J*, 11(8).

Intervention

The intervention involved tailored training heads of households on the proper use of long-lasting insecticide-treated nets (LLITN), including a demonstration (using training of trainers technique) and monthly visits to ensure proper LLITN utilization using an observation checklist. It also included a community network system with monthly meetings and discussions on ensuring proper follow up to households and addressing challenges such as LLITN shortage and anti-malaria drugs. A control group was given 2 LLITNs per household with no training or community network system.

Evaluation

Cluster randomized trial in 22 (11 intervention/11 control) villages was measured:

- Malaria and burden determined through mass blood investigation at baseline, 6, 12 months
- 8 FGDs to complement quantitative findings

Results

During high transmission season, children in the intervention were less likely to have malaria compared to control (OR=.42)

- Symptomatic malaria also steadily declined in intervention villages compared to control.
- Children in intervention villages were less likely to be anaemic compared to those in control both at high and low transmission seasons.

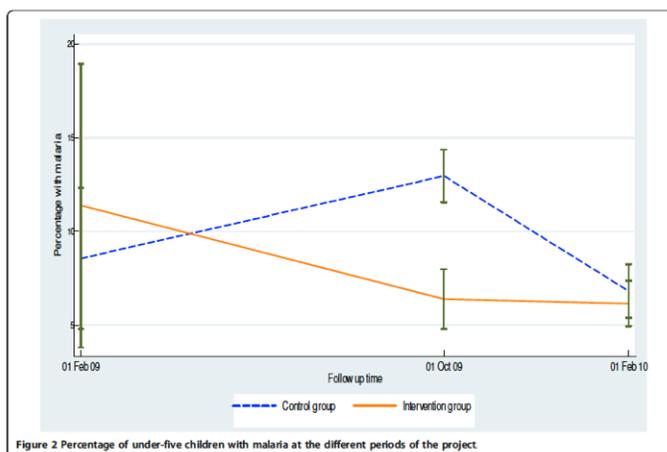


Figure 2 Percentage of under-five children with malaria at the different periods of the project.

Limitations and Gaps

- Rapport-building and personalization are keys to success; deliverers of the messages need to be sufficiently trained skilled communicators.
- Sustainability is only possible if new educators are trained as seamlessly and efficiently as possible.
- Very little literature on how content addressing stigma, discrimination, and gender issues in such approaches result in SBC.

Sources

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Storey, D. & Lee, K. (2011). Achieving Lasting Impact at Scale: Social and Behavior Change and the Spread of Family Health Interventions in Low Income Countries. Report prepared for The Bill & Melinda Gates Foundation.

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