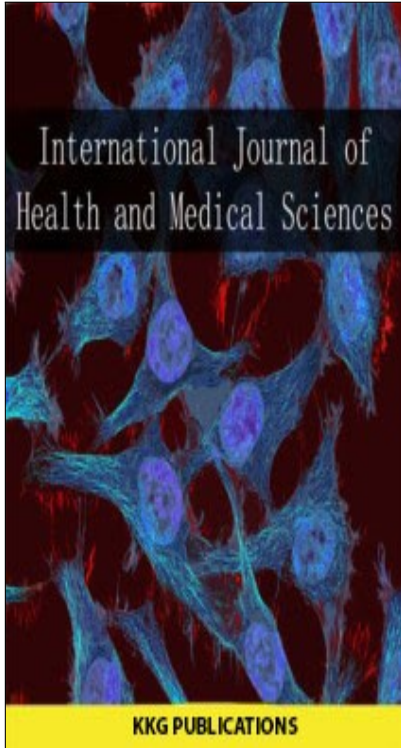


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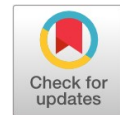


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COMMUNITY THINKING AND ACTING: AN EVALUATION OF EFFECTIVENESS OF HEALTH TALKS, HEALTH EXHIBITIONS, ROLE PLAYS AND PUPPET SHOWS

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Keywords:

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Abstract. Attitudinal changes are necessary to achieve lasting changes in health behaviors. Health campaigns are organized to disseminate a clear message by achieving appropriate levels of exposure among the target audience. There are many methods for acquiring new knowledge, reinforcing existing ones, and communicating new information. It is believed that Roleplays & Puppet shows are better than Health Talk & exhibition. To compare the effectiveness of health promotion methods on breastfeeding issues among late-adolescent girls. This interventional study was conducted in four wards of a small town with 12,000 from Jan. 2011 to March 2011. A total of 300 adolescent girls aged 15-19 years, 75 each from each ward, were selected, and only one of four health promotion methods (health talks, health exhibition, role plays, and puppet shows) was introduced to each group. Knowledge of all participants was assessed before and after health promotion intervention for correct position, attachment, and effective suckling during child breastfeeding practiced by mothers using modified WHO Breast-feed observation form by a team of trained nurses. Grading of positioning, attachment, and suckling was done according to the Score of various characteristics. Before the intervention, for all participants, the Score regarding child breastfeeding practices ranged between 0-4 for correct position, 0-2 for attachment, and zero for effective suckling. Participants were interviewed two weeks after the intervention. The Score for role play was highest, i.e., above 4 for correct position, 2 for attachment, and 1-2 for effective suckling, followed by a puppet show, health exhibition, and health talk. The findings suggest that Roleplay & puppet shows are effective means of acquiring new and reinforcing existing knowledge and communicating new information.

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INTRODUCTION

Breastfeeding confers short-term and long-term benefits on both child and mother, including helping to protect children against a variety of acute and chronic disorders. Review of studies from developing countries shows that infants who are not breastfed are 6 to 10 times more likely to die in the first months of life than infants who are breastfed.

Diarrhea and pneumonia are more common and more severe in children who are artificially fed, and are responsible for many of these deaths. Other acute infections, including otitis media, Haemophilus influenza meningitis, and urinary tract infection, are less common and less severe in breastfed infants [1].

Artificially-fed children have an increased risk of long-term diseases with an immunological basis, including asthma and other atopic conditions, type 1 diabetes, celiac disease, ulcerative colitis and Crohns' disease [1].

Attitudinal changes are necessary to achieve lasting changes in health behaviours. Health campaigns are organised to disseminate a clear message by achieving appropriate levels

of exposure among target audience.

There are many methods for acquiring new knowledge and reinforcing existing one and way of communicating new information. It is believed that Role plays & Puppet shows are better than Health Talk & exhibition.

The following arbitrary scoring and grading system was developed & adopted to grade positioning (mother & infant), infant's mouth attachment and effective suckling during breastfeeding based on WHO B-R-E-A-S-T Feed criteria [2]. Each criterion was assigned one point.

Correct Body Position

1. Mother relaxed and comfortable
2. Mother sits straight and well supported back
3. Trunk facing forward and lap flat
4. Baby neck straight or bent slightly back and body straight
5. Baby's body turned towards mother
6. Baby's body close to mother's body and facing breast
7. Baby's whole body supported

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Criteria for grading for Correct body position	Grade	Score
one criterion from mother's position and one infant's position or both from mother's position	Poor	0-2
At least one criterion from mother's position and two or three from infant's position	Average	up to 4
At least two criteria from mother's position and three or four from infant's position or all criteria	Good	up to 7

Correctness of Attachment

1. Chin touching breast
2. Mouth wide and open

3. Lower lip turned out ward
4. More areola seen above baby mouth

Criteria for grading for correctness of attachment	Grade	Score
Any one of four criteria	Poor	1
Any two of four criteria	Average	2
Any three or all four criteria	Good	3-4

Correctness of Effective Suckling

1. Slow sucks
2. Deep sucks

3. Sometimes pauses

Criteria for grading for Effective suckling	Grade	Score
Any one of three criteria	Poor	1
Any two or all three criteria	Good	2

OBSERVATIONS AND DISCUSSION

Table 1 shows the Pre and post intervention grading for Role play regarding Knowledge and practice of mothers for correctness of Breastfeeding. Poor position practice was reduced from 76% (pre-intervention) to only 10.7% (post-intervention).

Similar findings were also observed for Attachment (82.6% to 17.3%) & effective suckling (75 to 28%). There was an improvement for in good position, attachment and effective suckling. These findings were statistically significant ($p < 0.001$).

TABLE 1
PRE AND POST INTERVENTION GRADING FOR ROLE PLAY REGARDING KNOWLEDGE AND PRACTICE OF MOTHERS FOR CORRECTNESS OF BREASTFEEDING

Criteria & Grade	Pre intervention (n=75)	Post intervention (n=75)	p value
Correct position			
Poor	57 (76.0)	08 (10.7)	0.001
Average	13 (17.3)	08 (10.7)	
Good	05 (06.7)	59 (78.6)	
Attachment (latch-on)			
Poor	62 (82.6)	13 (17.3)	0.001
Average	11(14.7)	09 (12.0)	
Good	02 (02.7)	53 (70.7)	
Effective suckling			
Poor	75 (100.0)	21(28.00)	0.001
Good	00	54 (72.0)	

Figures in parenthesis show percentages

Table 2 revealed that pre intervention phase poor grade was highest for effective suckling (98.7%) followed by attachment (78.7%) and correct position (73.3%) which showed

improvement after intervention. These findings were statistically significant ($p < 0.001$).

TABLE 2
PRE AND POST INTERVENTION GRADING FOR PUPPET SHOW REGARDING KNOWLEDGE AND PRACTICE OF MOTHERS FOR CORRECTNESS OF BREASTFEEDING

Criteria & Grade	Pre intervention (n=75)	Post intervention (n=75)	p value
Correct position			
Poor	55 (73.3)	14 (18.6)	0.001
Average	14 (18.7)	08 (10.7)	
Good	06 (08.0)	53 (70.7)	
Attachment (latch-on)			
Poor	59(78.7)	15(20.0)	0.001
Average	13(17.3)	15(20.0)	
Good	03(04.0)	45(60.0)	
Effective suckling			
Poor	74(98.7)	31(41.3)	0.001
Good	01(01.3)	44(58.7)	

Figures in parenthesis show percentages

Table 3 depicts that good knowledge and practice was zero for attachment which improved to 46.7%, effective suckling 1.3% to 16% and correct position 5.3% to 54.7%. Sim-

ilar findings were also observed for poor and average grade. A statistically significant change was observed ($p < 0.001$)

TABLE 3
PRE AND POST INTERVENTION GRADING FOR HEALTH EXHIBITION REGARDING KNOWLEDGE AND PRACTICE OF MOTHERS FOR CORRECTNESS OF BREASTFEEDING

Criteria & Grade	Pre intervention (n=75)	Post intervention (n=75)	p value
Correct position			
Poor	56 (77.7)	16 (21.7)	0.001
Average	15 (20.0)	18 (24.0)	
Good	04 (05.3)	41 (54.7)	
Attachment (latch-on)			
Poor	60 (80.0)	26(34.7)	0.001
Average	15 (20.0)	14(18.6)	
Good	0	35(46.7)	
Effective suckling			
Poor	74(98.7)	63(84.00)	0.001
Good	01(01.3)	12(16.0)	

Figures in parenthesis show percentages

Table 4 shows the Pre and post intervention grading for health talk regarding Knowledge and practice of mothers for correctness of Breastfeeding. Poor position practice was reduced from 69.3% (pre-intervention) to only 33.3% (post-intervention). Similar findings were also observed for Attach-

ment (77.3% to 48.0%) & effective suckling (100 to 93.3%). There was an improvement for in good position, attachment and effective suckling. These findings were statistically significant ($p < 0.001$).

TABLE 4
PRE AND POST INTERVENTION GRADING FOR HEALTH TALK REGARDING KNOWLEDGE AND PRACTICE OF MOTHERS FOR
CORRECTNESS OF BREASTFEEDING

Criteria & Grade	Pre intervention (n=75)	Post intervention (n=75)	p value
Correct position			
Poor	52 (69.3)	25(33.3)	0.001
Average	17 (22.7)	24(32.0)	
Good	06 (08.0)	26(34.7)	
Attachment (latch-on)			
Poor	58 (77.3)	36(48.0)	0.001
Average	15 (20.0)	22(29.3)	
Good	02(02.7)	17(22.7)	
Effective suckling			
Poor	75(100.0)	70(93.3)	0.001
Good	0	05(06.7)	

Figures in parenthesis show percentages

Table 5 clearly indicated that reduction in poor knowledge and practice was more with Role play (76% to 10.7%) as compared to other methods of intervention and least with health talk (69.3% to 33.3%) for correct position. Similar observations were also for attachment and effective suckling.

Highest good effective suckling was observed with Role play than any other methods. These findings were statistically significant ($p < 0.001$). This might be due to better expression of feeling /moods and liking with oneself.

TABLE 5
PRE AND POST INTERVENTION GRADING FOR ROLE PLAY, PUPPET SHOW, HEALTH EXHIBITION AND HEALTH TALK
REGARDING KNOWLEDGE AND PRACTICE OF MOTHERS FOR CORRECTNESS OF BREASTFEEDING

Criteria & Grade	Role play		Puppet show		Health Exhibition		Health talk	
	Pre	post	Pre	post	Pre	post	Pre	post
Correct position								
Poor	57 (76.0)	08 (10.7)	55 (73.3)	20 (26.6)	56 (77.7)	16 (21.7)	52 (69.3)	25(33.3)
Average	13 (17.3)	08 (10.7)	14 (18.7)	08 (10.7)	15 (20.0)	18 (24.0)	17 (22.7)	24(32.0)
Good	05 (06.7)	59 (78.6)	06 (08.0)	53 (70.7)	04 (05.3)	41 (54.7)	06 (08.0)	26(34.7)
Attachment (latch-on)								
Poor	62 (82.6)	13 (17.3)	59(78.7)	15(20.0)	60 (80.0)	26(34.7)	58 (77.3)	36(48.0)
Average	11(14.7)	09 (12.0)	13(17.3)	15(20.0)	15 (20.0)	14(18.6)	15 (20.0)	22(29.3)
Good	02 (02.7)	53 (70.7)	03(04.0)	45(60.0)	0	35(46.7)	02(02.7)	17(22.7)
Effective suckling								
Poor	75 (100)	21 (28.0)	74 (98.7)	31(41.3)	74(98.7)	63(84.0)	75 (100)	70(93.3)
Good	00	54 (72.0)	01(01.3)	44(58.7)	01(01.3)	12(16.0)	0	05 (06.7)

Figures in parenthesis show percentages

Some of the following authors also found that Role plays and Puppet shows were better mode of health education than other methods.

[3] revealed that the mean scores of the experimental group show a significant difference before and after the treatment. Training social skills including self-awareness, communication, interpersonal relationships, companionship and empathy to children through puppet show were also confirmed

in his study [3].

[4] that puppets are engaging and motivating for children; that they promote talk involving reasoning; that they can be particularly effective with reluctant speakers; that they appear to be effective across the whole primary age range; and that they promote significant changes in teachers professional practice [4].

[5] results for the experiment concerning use of a role-

playing exercise provide some insight into the impact of that teaching aid and possibly others [5].

[6] results indicate that students taught using role-playing demonstrated a better understanding about the subject matter and showed more positive attitude towards construction as a profession [6].

[7], [8] states that according to Community Guide rules of evidence, there is strong evidence that social support inter-

ventions in community settings are effective in increasing levels of physical activity [7], [8].

Various authors also reported that media and social marketing campaigns with appropriate methods & approaches providing targeted & coordinated intervention are effective in attitudinal changes for breastfeeding practices [8], [9], [10], [11] and [12].

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— This article does not have any appendix. —