



Is the Process of Media Production and Educational Intervention in Iran Standard?

Fatemeh Zarei^a, Amir Nassiri^b, Maryam Khazae-Pool^{a,*}, Hadi Tehrani^c, Fatemeh Rakhshani^d, Mohammad Masoud Vakili^a

^a Department of Health Education and Promotion, School of Public Health, Zanjan University of Medical Sciences, Zanjan, Iran.

^b Ministry of Health & Medical Education, Bureau of Health Education and Promotion, Tehran, Iran.

^c Department of Health Education and Promotion, School of Public Health, Mashhad University of Medical Sciences, Mashhad, Iran.

^d Department of Health Education and Promotion, School of Public Health, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

*Corresponding author. E-mail address: khazae.m@zums.ac.ir

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ABSTRACT

Background: It is important to know media and educational intervention and also produce them according to standards. Thus, media and health educational interventions should be evaluated to improve education quality.

Methods: The present study was conducted to evaluate the whole produced media and interventions in all medical universities, departments, offices, and centers affiliated to ministry of health as sample size in 2008 - 2009. The evaluating tool was a checklist which was prepared in four domains including pre-media – media and intervention specifications- production and implementation - and internal evaluation.

Results: 7.1 % of media and interventions achieved 50 % score in pre-media. The other results were 63.7% in media specification, 15.7 % in implementation and production and 2.9 % in internal evaluation intervention just evaluated in pre-media.

Conclusion: The results of the evaluation in health education media indicate that the IEC cycle (Information, Education, Communication) in health care system is an incomplete process. Meanwhile, regardless of prerequisite the scoped phase will implicate and lead to educational budget dissipation.

1. Introduction

In the last decade, a revolution has been happening in the field of health promotion. In addition to other efforts, this new health promotion movement has been introduced as a new idea, new language, and new concepts about what constitutes health, and how health promotion efforts should be designed to achieve health [1].

Health literacy is a fairly new concept in health promotion and a complex term to cover a range of outcomes of health education and communication activities. From this perspective, health education is directed towards improving health literacy [2].

Knowledge of how to care people in order to

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Control the disease, problems are often observed X in patients with poor health literacy [3].

However, type of person dealing with his/her health largely depends on the level of health literacy [4].

In the absence of structural health education, it is difficult to access health education goals as one of the major factors in promoting health. Therefore, the main goal of any health policy is health promotion and health education with emphasis on the quality of life [5, 6].

Thus, by enhancing self-care the need for health care centers will decrease, therefore, life expectancy will increase [7].

Empowerment education is proposed as effective health education and prevention model that promotes health in all personal and social arenas [8, 9, 10]. Selecting the most appropriate educational technology in health promotion programs is important since using educational technology makes learning fast and sustainable. On the other hand, "media" is classified in learning technology, and it refers to various means of communication [11, 12]. The media generally refers to all possible situations that can create conditions under which learners are enabled to gain new knowledge, behavior, and skills.

Educational media are inseparable part of the learning process. Standards should be maintained to improve product quality, effectiveness of media and educational interventions, health promotion, and ultimately prevent the waste of resources.

2. Materials and Methods

The present research is a cross-sectional descriptive study. The whole produced media and interventions in all medical universities, departments, offices, and centers affiliated to Iranian ministry of health were considered as sample size in 2008 - 2009.

All media and interventions were categorized in 10 media including poster, pamphlet, educational films, radio teaser, books, multi-media, website, TV program, TV teasers, magazines, and five health educational interventions of workshop,

educational classes, seminars, exhibition, and informational mobilizations.

In the first phase, all 47 medical universities and centers were asked to send requested media and interventional materials. All collected documents were coded by Hermes software.

In the second phase, all media and interventions were assessed based on the checklist developed for each media by three assessors. The checklist included four following main domains: Pre-media with sub-domain of availability, scoping, and audience identification; media and; intervention specifications, production and implementation with sub-domain of media accuracy, relevancy, creativity and attractiveness; and internal evaluation with sub-domain of goals accessibility, impact on knowledge, attitudes and behaviors and defect identification.

3. Results

In this study 2982 media and intervention were assessed based on type, number, and production centers. Each media and intervention was analyzed in four domains including pre-media, media and intervention specification, production and implementation, and internal evaluation. The total results are demonstrated in Table 1.

According to the results 7.1 percent of media and interventions achieved 50 % score in pre-media. The other results were 63.7%, in media and intervention specification 15.7 % in production and implementation and also 2.9 % in internal evaluation.

Based on the following chart the recent results were compared with results gained in 2002-2003 and 2003-2004. In 2002-2003, the mean score in media and intervention assessment was 51.7, and from 2003 to 2004 the mentioned score was 38.31 %. Finally, the result in media and intervention evaluation during 2008-2009 was 30.9 % (Figure 1).

4. Discussion and Conclusion

The results of the evaluation in health education media indicate that the IEC cycle (Information, Education, communication) in health care system

Table 1: Distribution of Mean and standard deviation in the media and educational interventions in 2008-2009.

		Number	Total media		Pre-media		Media Intervention specification		Production/ Implementation		Internal evaluation	
			SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean
educational media	Educational video film	80	8.99	41.06	133.55	65.93	9.50	11.43	25.47	20.90	19.50	24.75
	Posters	371	7.52	36.56	16.58	61.00	9.60	5.00	21.10	21.60	6.05	18.25
	Pamphlet	1226	9.02	39.43	13.83	61.80	18.80	13.30	25.20	27.30	14.85	12.10
	TV program	140	6.66	32.96	16.08	49.68	10.00	3.30	23.47	24.30	6.40	17.70
	TV teaser	71	8.40	28.77	18.23	37.73	17.40	9.57	25.63	29.70	8.85	15.10
	Radio teaser	25	6.08	38.89	10.38	57.28	6.30	5.10	30.27	33.80	6.65	17.60
	Books	432	10.37	43.97	16.25	57.43	21.00	11.37	25.47	67.47	8.80	20.60
	Magazines	92	7.27	34.98	16.60	54.28	17.10	6.77	21.57	28.90	9.35	19.55
	Multi-media	9	8.98	40.62	16.03	44.53	9.50	11.73	32.60	25.40	21.90	52.45
	Websites	1	0.00	42.91	0.00	47.30	0.00	0.00	51.03	20.00	0.00	33.40
educational intervention	classes	59	-	-	-	-	-	11.53	31.67	-	-	-
	Workshops	481	-	-	-	-	-	13.23	30.10	-	-	-
	Seminars	44	-	-	-	-	-	9.67	23.57	-	-	-
	Exhibition	8	-	-	-	-	-	7.77	13.23	-	-	-
	Informational mobilization	5	-	-	-	-	-	15.07	38.00	-	-	-
Total		2944	6.94	30.90	11.90	47.27	12.75	10.61	25.50	25.51	9.39	12.47

is an incomplete process. Meanwhile, regardless of prerequisite the scoped phase will lead to educational budget dissipation.

According to mean rates of media and educational interventions in different periods, the recent quality assessment of media and interventions during 2008- 2009 became more undesirable than obtained results in 2002-2003 and 2003-2004.

It is noticeable that the evaluation process based on 15 criteria in different centers indicated significant defect in designing and analyzing of content in pre-media phase due to the fact that the pre-test in some produced media phase had not been performed. Therefore, this phase as an important phase in IEC cycle showed an obvious insufficiency in health education and also health care system. Considering the above topic, the role of pre-test for media is important.

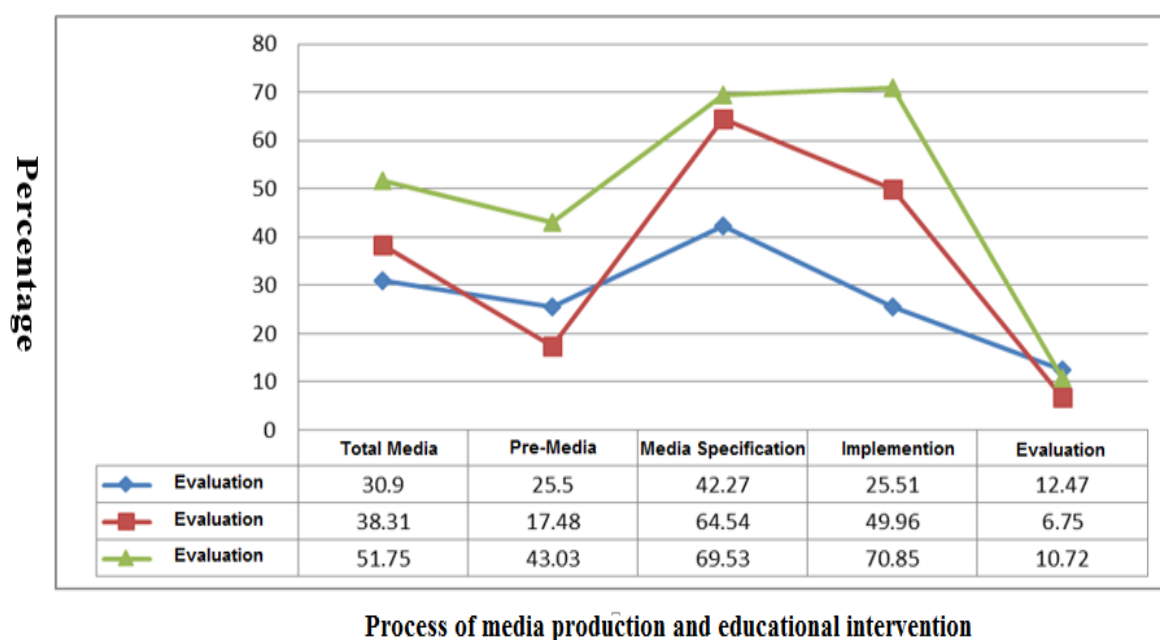


Fig. 1: Comparison of different media rates in different centers in various years.

Media correcting and modifying will happen through feedback process from audiences. Indeed, these media have effective impact on achieving educational goals.

Thus, doing more research in educational program, and maintaining oral collaboration is necessary to provide fundamental information particularly in pre-media phase, to improve and standardize educational products quality in both media and intervention, and assess them in internal and external periods. Since educational program design and implication in different centers, regarding health educational material production require specialized supervision and conducted planning, all media and educational producers should cooperate and share their experiences and information [10].

In summary, using standards can improve the effectiveness and quality of media and interventions, and may finally prevent loss of resources. This study suggests documentation of educational programs as a priority in health promotion. We believe that educational program documenting will increase efficiency and effectiveness in educational programs.

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