

**THE ROLE OF HEALTH EDUCATION IN HEALTHCARE SYSTEM:
THE IMPACT ON NATIONAL DEVELOPMENT**

BY

**USORO EKONG HARRISON
DEPARTMENT OF PHYSICAL AND HEALTH EDUCATION
FACULTY OF EDUCATION
UNIVERSITY OF UYO**

ABSTRACT

This paper discusses the role of health education in healthcare system as impacting on the national development. The paper views health education as a process of influencing people behaviour and attitude using basic health information, skills through carefully planned methods for voluntary positive change in attitude towards health to prevent diseases, promote and maintain health, quality and valued life. From the findings it was observed that Health Education involves the transmission of simple, accurate, scientific health information, in a carefully planned method to successfully influence the target audience to a positive change of attitude towards healthy living. It was also observed that maternal health education provided on immunization help to reduce infant mortality and morbidity, use of mosquito insecticide treated help to reduce morbidity and mortality related to malaria. Besides, family Planning Education helps prevent population explosion and attendant health hazards of communicable diseases, etc. In conclusion, health education plays a positive role in national development as it helps to change attitude from negative to positive, change undesirable behaviour to desirable ones, improves personal, community and public health. It instills the level for healthy life quantity living which will ensure better productivity in family, school, community at national level; encourages the use of available health services; encourages local ways of life that promotes health and as well enhances realization of preventing relevance of disease rather than spending money and time for treatment.

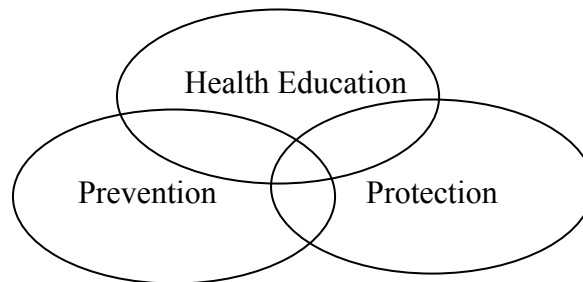
KEY WORDS: Health Education, Family Planning Education, Prevent Disease, Promote and Maintain Health

INTRODUCTION

The Concept of Health Education

WHO defines health education as “the act of giving simple, accurate and scientific facts in very simple ways to be understood, believed, accepted and practiced. The Federal Ministry of Health describes health education as a process of transferring/obtaining information, knowledge, attitude and skills that will bring about positive changes in attitude and behaviour towards healthy living.

Gbefwi (2004) views health education as a process of influencing people behaviour and attitude using basic health information, skills through carefully planned methods for voluntary positive change in attitude towards health to prevent diseases, promote and maintain health, quality and valued life. From all the definitions, it can be summarized that Health Education involves the transmission of simple, accurate, scientific health information, in a carefully planned method to successfully influence the target audience to a positive change of attitude towards healthy living.



A Model of Health Promotion Akinshola (2006)

The above diagram illustrates a model of health promotion and the interrelated components of health education, health protection and prevention towards the maintenance of an individual's well being and the improvement of his quality of life.

In the preventive role of health education, individuals are persuaded to adopt measures that would enhance their health status, adequate diet, exercise, stress reduction/management and rest, personal and environmental hygiene. This is the primary stage of health education where the individual is assumed to be well. Emphasis is laid on health promotion and avoidance of habits that can predispose to illness this model.

Health Education Approaches

The approaches utilized in health education to enhance an individual's wellbeing thereby improving his quality of life can broadly be categorized in three groups - Regulatory, Service an educational approach.

Regulatory Approach: In health promotion by ensuring that adequate legislative procedures are put in place to regulate human conduct, to protect other individuals, communities or groups. It is usually instituted by the government through Public Health Laws, Environmental health law and their corresponding Enforcement Agencies. Most times Violators are convicted and sanctioned, to enforce compliance and to serve as a deterrent to others.

Service Approach: This approach in Health education is indicated when the individual is affected by an illness and contacts a health facility for screening/investigations, treatment or usual periodical checks in cases of enduring diseases. The context of this approach would include patient participation in his care, diet, drug compliance, palliative measures and avoidance of relapse or complications.

Educational Approach: This approach involves motivating individuals, groups, families or members of a community make correct decisions towards the improvement of their health using locally available resources and materials. These include awareness campaigns aimed towards health promotion, prevention and control of illness and most importantly, is an expected positive, permanent change in behaviour. Practical, demonstration and discussion methods assisted by Audio Visual Aids are implored to make the learning process more realistic, lasting an interesting. From the above stated, it can easily be deduced that the choice of approach or method depends on the situation and the desired impact, but all the methods complement each other.

Utilizing Health Education in Health Promotion

Akinsola (2006) reiterates that the rationale for considering health education as a key strategy in the preventive health education model is based on the premise that since health behaviour plays a significant role in the etiology and management of all diseases, education is needed to persuade people to behave appropriately. Health education ensures appropriate legislation on health issues and safety measures such as on smoking, fastening of car seat belts for safety, and institution of favourable health policies. Legislation provides incentives and disincentives to defaulters on health issues (such as the sanctions of environmental health

courts) to serve as a deterrent to others. Public health laws are implemented to control adulterated/exposed foods, drugs trafficking and human behaviour to control diseases in an epidemic.

- The practice of health education adopts multidimensional strategies, justified by various health models (such as K.A.P. which indicates the knowledge, Attitude and Practice model) to serve as a framework for the practice and makes for effectiveness.
- Through health education, individuals or groups are intimated with the benefits of health appraisal, screening and the utilization of preventive health services such as immunization schedules against prevailing diseases. This promotes health and assists in the early detection of diseases and subsequent treatment.
- It utilizes teaching/learning techniques, lecture, explanation, discussions, demonstration and practice, use of audio visual aids, reinforcement and follow up to internalize its information and involve the individuals more in the learning process. By this method, the recipients participate more and take active responsibility for their own care.
- Health education utilizes a variety of media outlets (Radio, Television, Flyers, Town Criers, Billboards, Posters, Newspapers), to offer information to the public about particular lifestyles that are injurious to health and the benefit of changing them and improving the quality of life. Some topics frequently discussed include good nutrition, immunization schedules, drug abuse, smoking, alcoholism and driving under the influence of alcoholic.

Information and health instructions about diseases such as AIDS, can also be communicated to the public through this mode of information dissemination, such features as preventive measures of diseases, need for screening and sexual responsibility. Dissemination of information helps to educate, dispel fear, correct wrong impressions and raise the knowledge level and awareness of the public about health habit or any disease that may be prevalent at the time.

Hubble (2000) opines that health education is not only concerned with communication of information but with also fostering the motivation, skills and confidence necessary to take action to improve health thus, serves as a strategy towards health promotion.

- Motivating principles which is part of health education encourages a voluntary positive change among peoples' belief, customs, superstition and attitudes which are injurious to health.
- Health education provides information and develops programmes to teach people on personal and environmental hygiene. It proffers solutions to adequate disposal of waste to avoid contamination of water and food which unavoidably leads to illness.
- Health education teaches individuals to seek medical help as soon as possible for early diagnosis and treatment thereby preventing illness from getting worse or further spreading in case of communicable diseases.
- Akinsola (2006) states that health promotion strategy through health education is not all about the well, but is also of the individual who has already taken ill and fortunately adopts "treatment seeking behaviour".
- Health education at this stage is at the secondary level, and it is utilized to give the patient information about the disease, appropriate self care as may be necessary and compliance with medical regiments and advice.

- In cases of terminal chronic or enduring illness such as Cancer, Hypertension Diabetics, Peptic Ulcer, Rheumatism, Fractures etc health education is involved here to enable the patient to gradually relinquish the sick role and adjust back to normal life through rehabilitation processes. With health education patient are reassured and motivated through individual and group counselling. Compliance with medical treatment is encouraged and possible and palliative measures suggested. The benefits of pre-medical checks and health values are emphasized e.g. in diabetes and hypertension to avoid relapse and complications.
- Health education also encourages health care providers to respond timely and appropriately to client needs. It educates the providers fostering coalitions and network, changing organizational practices, and influencing policies. These approaches help practitioners implement strategies that work on multiple levels to create a synergy of efforts to optimize desirable health behaviours.

However, health education primarily assists individuals, families and communities to develop and choose health promotion options in preference to the illness behaviour roles.

Settings for Health Promotion Health Education

Health promotion can be consolidated through health education in diverse opportunities. The setting can generally be grouped under:

Individual setting: This involves where health information is transmitted from one person to another on an individual basis. It could be from a friend to another, e.g. (on family planning issues) mother to child (on personal hygiene), or during counselling sessions in a medical setting.

School setting: The school serves as a foundation for children/staff to learn basic knowledge about personal and environmental hygiene, health sciences and basic nature of some diseases as well as prevention and control. The human body and purification of water, basic nutrition, dental care, exercises and play, alcohol and drug abuse, domestic violence, child abuse and demerits of moral decadence. The school provides a medium of information transmission about prevailing diseases, advocacy and screening/immunization programme. School health services are provided within this setting.

Family setting: The family provides a good setting for a health education/promotion. A typical African family is made up of the parents, children and any dependants. Some aspects of health education/promotion could exist as part of the family norms and values which are inculcated in the children during their formative years, such values as personal and environmental hygiene, morals, and sexuality, relationships and pregnancy. Health education issues in the family would include needs for screening, health appraisal, personal and environmental hygiene, reproductive health, housing and benefits of ventilation, and demerits of overcrowding, basic nutrition and unhealthy health habits tactfully discouraged.

Community setting: A community refers to a group of people living together and sharing common norms, beliefs, customs and traditions. Primary health care for instance is concentrated around the village communities and at the grassroots level where the members had little or no health impact until fairly recently. The programme must be in tangent with the needs of the target community to make it meaningful to the members. The members should be involved in health decisions concerning them. Royle and Walsh (1992) opine that health education should also involve educating the policy makers in the society and placing health as a priority on their agenda. This leads to a view that education should empower communities to take health initiatives and that all workers in the field should use social action methods to affect the way political environmental and economic systems function in relation to health. Government should provide adequate infrastructure, good sources of water supply,

good housing and ventilation, adequate mode of disposal waste, adequate legislation to guard health practices in the community etc to facilitate their health needs.

The health educator could organize awareness programmes on health issues as may be relevant to the community; benefits of availing themselves of available health facilities, health appraisal screening for early detection of illness/treatment, personal and environmental sanitation, basic diet, diseases and preventing measures, immunization schedules etc. The services of a town crier who could use the local dialect to disseminate information would be used, to bring the message closer to the people. Advocacies on some health issues with the use of mass media and audio visual aids or demonstration which the community members are involved makes the health education process more practical and realistic to the community. This can be held in the town halls, market places, churches, schools and other public location within the community.

Work-site setting: In this setting it is directed towards enlightening the employees/employees on the measures of preventions and protecting themselves from hazards/activities in their duties at work places. It forms an aspect of occupational health as well as other general health issues. The context of health education here would also include relaxation techniques and reduction of stress, dangers of smoking and drug abuse, weight control and nutrition, and safely education. Advocacies health appraisal/screening of transmission/prevention and immunization could also be discussed depending on the prevalence, with the use of audio visual aids, pamphlets, etc. Periods like break time, could be utilized for this purpose. A strategic venue within the work places can be chosen like the mustering points, assembly halls, or the Cafeteria. Both the employer and the employees benefits from the health education programme as it increases, productivity by reducing cost of health and absenteeism on the part of the Employer and increasing, feeling of wellness, motivation, and healthful living on the part of the employee.

Health settings: These include clinics, health centers any health setting where the health provider has contact with the patients provides an avenue for health education be it service oriented educationally. Health education is strategized to suit the individual at the prevention, curative and the rehabilitative level as discussed earlier depending on the occasion. Advocacies towards the benefits of positive health habits, basic nutrition, health promotion and maintenance are made in health centers and clinics. Target group outreaches which involves patient with similar health problems could be gathered together for health instruments and activities. Audio-visual aids are also useful the advocacy programmes for useful impact on issues of family planning.

Health Care and Health Care Delivery System

There are many definitions of health care and health care delivery system in the literature. However, a more comprehensive definition of health care from the internet (from Wikipedia) defines health care as “the prevention, treatment and management of illness and the preservation of mental and physical well-being through the services offered by the medical, nursing and allied health professions. Also, the World Health Organization states that health care embraces all goods and services designed to promote health including preventive, curative and palliative interventions, whether directed to individuals or to populations. By these definitions health care includes all healing methods or actions taken by individuals or groups aimed at preventing disease before it occurs detecting diseases or treating and curing disease or illness and promoting health. Healing methods can be in form of orthodox, unorthodox, traditional alternative or complementary therapy.

Health care and health care delivery are related but they do not necessarily mean the same thing. Health care is a part of the overall health care delivery system. Health care delivery system is the organized provision of health services by organizations and governments. For instance, different countries may have different health care system where

the government fund health care and provide health services to everyone irrespective of their ability to pay while others provide health insurance where the people pay nominal fees. Most advanced countries provide health services to its citizens regardless of their ability to pay. But this is not the care in many developing countries.

Health Care System

Health care has been described as the prevention, treatment and management of illness and the preservation of mental, physical and social well-being through services offered by the medical, nursing and allied health professionals. Health care system refers to the organization and provision of health services or the system of delivering services for the prevention and treatment of disease for the promotion of health and well-being of a given country. For example, a country's health care system normally reflects the culture and values of that society as well as the prevailing socio-economic condition and level of technological advancement. Health services may be regarded as that area in systematic healthcare research that operates at the micro level within the health care system, particularly at the level of hospitals, doctor's practices and individual healthcare technologies.

Healthcare includes nursing care, diagnosis, treatment and post treatment delivered to the sick by medical and non-medical staff within the scope of socially legitimized healthcare services through the resources of the statutory and private health insurance funds. Healthcare is divided into medical and psychosocial services. The term of healthcare goes further and does not only include all forms of medical care, but also all forms of individually focused prevention and health-promotion services delivered by medical and non-medical facilities.

Comprehensive healthcare system consists of the following components:

1. Promotive component
2. Protective component
3. Preventive component
4. Restorative component
5. Rehabilitative component

Levels of Health Care System

According to Nigerian National Policy on Health (1996), National Health System is organized at three levels which correspond to the three levels of Orthodox medicine, namely:

- Primary Health Care (PHC) or Basis Health Care
- Secondary Health Care (SHC) or specialized Health Care
- Tertiary Health Care (THC) or comprehensive Health Care

The Primary Healthcare level or tier is the first point of entry for individuals and communities and the healthcare system is the responsibility of the local government. It takes care of common health problems and involves health centers and clinics and appropriate personnel. It refers cases to secondary or tertiary levels. Health services based on primary health care include the following elements or components:

- ❖ Education concerning prevailing health problems and the methods of preventing and controlling them.
- ❖ Provision of water supply and basic sanitation.
- ❖ Provision of food and proper nutrition.
- ❖ Maternal and child health care including family planning.
- ❖ Immunization against the major infectious diseases.
- ❖ Prevention and control of locally endemic diseases
- ❖ Provision of essential drugs
- ❖ Promotion of mental health

The secondary healthcare accepts referrals from the primary health care level. It provides medical care beyond primary health care level and is managed by the State Government. It uses appropriate personnel and involves general hospitals and specialist hospitals. It refers

cases to tertiary and primary health care level. The tertiary healthcare provides highly specialized medical care supported by advanced diagnostic services. It refers cases to secondary and primary levels. It uses appropriate personnel and includes teaching, orthopedic and psychiatric hospitals. It is the responsibility of the Federal Government.

Impact of Health Education on National Development

Health Education is a profession of educating people about health (Mckenzie, Niger and Thackeray, 2009). Gold pointed out that a health education is a professionally prepared individual who serves in a variety of roles and is specifically trained to use appropriate educational strategies and methods to facilitate the development of policies, procedures, interventions and systems conducive to the health of individuals, groups, and communities. Health education roles have the following roles on national development.

At primary level, maternal health education provided on immunization help to reduce infant mortality and morbidity, use of mosquito insecticide treated help to reduce morbidity and mortality related to malaria, Family Planning Education help to prevent population explosion and attendant health hazards of communicable diseases, education concerning growth monitoring of children help to promote children's growth and development, education during Antenatal help to prevent complication and promote maternal health, breast care education help to rule out breast cancer from the population.

Health Education for HIV/AIDS helps people to accept voluntary counseling and testing and also encourage acceptance of retroviral drugs among the affected in the population thereby reducing morbidity and mortality rate. Breastfeeding options for babies of HIV positive mothers help to reduce chances of contracting infections by the newborn. Education on the uses of Oral Rehydration Therapy and Salt Sugar Solution and how to prepare them during diarrhea help to prevent dehydration and infantile death. Drug Education help to prevent side effect of drug, drug abuse, drug misuse and drug addiction as well as proper use of drugs and encourages proper use of drugs.

Mental health education – misconception about the causes of mental illness are removed. Mental health education people are also taught on how to cope with recurrent stresses of living and how to stay healthy. Behaviour modification like stopping smoking and the taking of alcohol help to prevent mental health problems and challenges. Dental Health Education like avoiding sugary things, chewing of toothbrushes or the use of teeth as bottle opener help to promote dental health. Food and nutrition education help to communicate knowledge of essential nutrients in correct proportion as regional to the body this helping to maintain good health, preventing over nutrition, malnutrition among the population.

Dietary Education helps to maintain good nutritional status of the sick person, correct difficulties restrict some nutrient or change the cooking material like ball salt in hypertension and the use of iodized salt to prevent goitre. Consumer health Education help to prevent yielding to impulsive advertisement and protect against activities of quack. Environmental health Education help people to keep their environment clean and to observe healthy attention based on topics treated by water, and air, sanitary disposal of refuse and sewage. Occupational health Education of people helps to protect them against personal injury or injury at their work place. Safety Education at home, school, church or road help to educate people on safety measures. School health Education helps parents, teachers and students to observe healthy attitudes, improve the knowledge on health matters and helps them live healthy.

Communicable disease prevention education helps to prevent communicable disease thereby reducing morbidity and mortality in children and adult. Sexuality education help to improve knowledge about sexuality thereby improve knowledge, behaviour and attitudes towards others. Health care education helps to provide care option for the elder in the society.

Physical activity education helps to build up healthy and strong citizens for the nation. Eye care education helps to improve on visual acuity and prevent blindness. Non communicable disease education helps to prevent non communicable diseases among nations, population. Education on control of harmful traditional practices preventives and the role of Traditional Birth Attitudes help to prevent harmful traditional practices thereby improving mental health of the people in the nation. Reproductive health education for the adolescent help to prevent teenage preferences and sexually transmitted infection among the adolescents.

At the secondary level, health education help health providers to teach their patient on drug use as prescribed, causes of health condition and preventive measures to be adopted. It is also use to educate patients on procedures to be adopted, used on counselling of client for obtaining consent. Dietary measures to be adopted and personal care.

At tertiary level, health education is used to educate on rehabilitation e.g. use of prosthesis, adoption and welfare services, care of the aged, home helps and social services and available, when people are healthy, maintain and develop because manpower will be increase, hence it will help to reduce loss due to absenteeism, labour turnover and liability compensation for illness and injury including death. Also mortality and morbidity will be reduced.

Conclusion

Health Education plays a positive role in national development because it help to change attitude from negative to positive, change undesirable behaviour to desirable ones, Improves personal and community and public health. It instills the level for healthy life quantity living which will ensure better productivity both in family, school, community at national level, encourages the use of available health services., encourages local ways of life that promotes health, enhances realization of preventing relevance of disease rather than spending money and time for treatment.

There is a common saying that 'Health is Wealth' and this implies that enhancing and maintaining wellness is vital to the successful pursuit of our goals either as individuals or groups. The hallmark of health promotion is to increase peoples' control over their health and its determinant, thereby encouraging healthful living and improved health status. Health education is the main strategy used to achieve this status of health as it utilizes the spectrum of prevention as a framework to identify, develop multidimensional approaches for effectiveness. The family, school, workplaces, communities as well as the health facilities provide avenues for health education/health promotion as these concepts are interrelated and most health and lifestyle related issues that are injurious to health are addressed towards a positive change in behaviour.

Recommendations

1. Government should use health education to create awareness on how to enhance an individual's wellbeing for the improvement of his quality of life
2. Government should ensure promotion of health by ensuring that adequate legislative procedures are put in place to regulate human conduct, to protect other individuals, communities or groups.
3. Effective educational approach is very necessary as this approach helps motivate individuals, groups, families or members of a community make correct decisions towards the improvement of their health using locally available resources and materials.

REFERENCES

- Akinsola, H. A. (2006). *A-Z of community health, nursing, and health education practice*. Ibadan, Nigeria: College Press and Publishers Ltd.
- Gbefwi, B. (2004). *Health education and communication strategies: Practical approach for community health practitioners and rural health workers*. Lagos, Nigeria: West African Book Publishers.
- Gold, R. s. (2001). Report of the 2000 joint committee on health education and promotion terminology. *American Journal of Health Education*, 32(2), 89-105.
- Hubble, J. (2000). *Communicating health: An action guide to health education and promotion*. London: Macmillan.
- Lucas, A. O. and Gilles, H. M. (2003). *A short textbook of public health medicine for the tropics* (4th ed.). London: Hodder Arnold.
- Mckenzie, J., Niger, B., & Thackeray, R. (2009). *Planning, implementing and evaluating health promotion programmes* (5th ed.) san Fransco, CA: Pearson Education Inc.
- National Commission for Health Education and Credentialing (1996). Role of health educator; A competency based framework for the professional development of certified health education specialist. Retrieved from [http//books.goggle.co.uk.books](http://books.goggle.co.uk.books).
- National Health Policy (1996). Health policy. Federal University of Health.
- Pender, N. J., Murdaugh, C. L. & Parsons, M. A. (2002). *Health promotion nursing practice* (5th ed.) Upper Saddle River, New Jersey: Prentice Hall. <http://www.healthpromotionagency.org.html>. Retrieved July 1, 2012.
- Royle, J. A. and Walsh, M. (1992). *Watson's medical surgical nursing and related physiology* (4th ed.). Britain: Butler and Janner.
- Sanusi, A. A. & Gagare, A. A. (2012). School health education: An essential tool for national health promotion in Abuja. *School Health Journal 2012*, 24(2), 48.
- WHO (1984). Ottawa Charter for Health Promotion. <http://www.afro.who.int/healthpromotion.html>. retrieved July 1, 2012.
- World Health Organization (1978). *Primary health care*. Alma-Ata declaration.