

**THE IMPLICATION OF COMPREHENSIVE HEALTH EDUCATION ON SOCIO-ECONOMIC DEVELOPMENT**

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***ABSTRACT***

*Comprehensive health education is considered the key strategy to the attainment of optimal health and it encourages as well as motivates individuals to learn, practice healthy lifestyles, which will promote productivity and enhance socio-economic development. Comprehensive health education: implication for socio-economic development is therefore discussed under introduction, components of comprehensive health education, practice of comprehensive health education, settings for health education, objectives of socio-economic development, implication of comprehensive health education in socio-economic development and the paper was concluded. It was recommended among others that comprehensive health education should be taught in all the settings for health education to enhance behavioural change.*

**KEY WORDS: Health Education, Socio-Economic Development, and Community Health**

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**Introduction**

Health education is the part of health care that is concerned with promoting healthy behaviour. Through health education, people understand and are aware of the behaviour that affects their health. It encourages behaviour that promotes health, prevents illness, cures diseases and facilitates rehabilitation. Health education focuses on people's way of life and behaviour. Alakija (2000) noted that health education is the process that informs, motivates, helps people to adopt, maintain healthy practices and lifestyles; it induces changes in personal, instills group attitudes and behaviour that promote healthier living; it promotes complete physical, mental and social well being as well as absence of disease and infirmity. World Health Organisation (WHO) (1998) noted that health education comprises of consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge and developing life skills, which are conducive to individual and community health.

Health is a resource for life that enables people to live individually, socially and economically productive lives. Enhancing and maintain good health/wellness, which is the hallmark of health promotion, it is vital to the successful pursuit of one's goal as an individual, family and community. Comprehensive health education is considered the key strategy to the attainment of optimal health as it implore multidimensional approaches to

obtain and transfer information, knowledge, attitude and skills that will bring about positive changes in attitude and behaviour towards healthy living and happy life.

The intent of comprehensive health education is to motivate individuals, families, groups and communities to maintain, improve their health, prevent diseases and avoid or reduce health-related risk behaviours (Florida Department of Education, 2017). Comprehensive health education involves the teaching, learning and inclusion of habits concerned with the objectives of healthful living and it is a process that advocates environmental changes needed to facilitate healthy practices and lifestyles in the community, which will promote productivity and socio-economic development.

Development is defined as a state in which things are improving. Social development is a process, which results in the transformation of social institutions in a manner, which improves the capacity of the society to fulfill its aspirations. Economic development is the advancement of economic wealth of countries or regions for the wellbeing of their inhabitants. Socio-economic development therefore, is the process of social and economic development in a society (Havas, 2003). To enhance the socio-economic development of the society, individuals must be in good health. Better and good health will enhance socio-economic growth. Bloom and Canning (2008) noted that health is a determinant of human capital and labour productivity. Erdil and Yetkiner (2004) observed that many people who would otherwise not be poor are poor simply because they are sick, but relatively few people who would otherwise be healthy are sick simply because they are poor. Only the healthy people can work and be productive to attain the desired socio-economic development in any society. Comprehensive health education therefore will encourage and motivate individuals to learn and practice healthy lifestyles, which will promote productivity, hence socio-economic development since the success of the community is linked to the wellbeing of every citizen. In this paper therefore, comprehensive health education and implication for socio-economic development will be discussed using the following subheadings: components of comprehensive health education, practice of comprehensive health education, settings of health education, objectives of socio-economic development, implication of comprehensive health education in socio-economic development, conclusion and recommendation.

### **Components of Comprehensive Health Education**

Comprehensive health education addresses the following component areas:

**Community Health:** This involves the use of health education concepts and processes that utilizes community organisation and mobilization, available community resources and methods to improve the health of the community (Achal, 2001)

**Consumer Health:** This is the education of a consumer in order to be knowledgeable about health services and products in order to make wise choices and decision (Ogunsakin, 2009).

**Environmental Health:** This is a discipline of public health that focuses on the promotion and maintenance of healthy environments for survival of man (Briggs, 2010).

**Family Life:** This form of education is described as a systematic attempt to prepare young people to understand human relationship and to perform responsibly their roles as both family and community members (Anyanwu, 2013).

**Injury Prevention and Safety:** This is safety education which exposes the beneficiaries to the understanding of safety rules, regulations and standards, which are valuable aids to safe living (Ogunsanya & Ogunsola, 2016).

**Internet Safety:** This is the knowledge of maximizing the user's personal safety and security risks to private information and property association with using the internet and the self-protection from computer crime in general (Commonwealth of Australia, 2013).

**Mental and Emotional Health:** Education on mental health includes emotional, psychological and social wellbeing which affects how a person thinks, feels, acts, handles

stress, relates to others and makes choices, which is important at every stage of life, from childhood, adolescence through adulthood (US Department of Health and Human Services, 2017).

**Nutrition:** The goal of nutrition education is to reinforce specific nutrition-related practices or behaviours to change habits that contribute to poor health and this is done by creating a motivation for change among people to establish desirable food and nutrition behaviours for promotion and protection of good health (Food and Agricultural Organisation, 2000).

**Personal Health:** Personal health is the area of health that focuses on having regular examinations, following a dental health plan, being well-groomed, getting adequate rest and sleep, participating in regular physical activities, following a physical fitness plan, developing and maintaining skill-related fitness, being a responsible spectator and participant in sports, preventing physical injuries and illnesses related to physical activities (Florida Department of Education, 2017).

**Prevention and Control of Diseases:** The goal of prevention and control of diseases is to prevent and/or reduce the burden of infections, that is, promote health and quality of life by preventing and controlling diseases, injury and disability (Florida Department of Education, 2017).

**Substance Use and Abuse:** This is education against substance use and abuse, which is referred to as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs (WHO, 2017).

**Teen Dating Violence:** This is to educate the public especially adolescents to beware of dangers associated with teen dating such as physical, sexual, psychological or emotional abuse, harassment or stalking of any person ages 12 to 18 in the context of a past or present romantic or consensual relationship (National Institute of Justice, 2017).

Holistic health education on physical, psychological and spiritual care: This is to improve the quality of life of individuals (New Partnership for Africa's Development, 2010).

**Utilization of Available Health Services:** This is to educate the community and create awareness on the available health services rendered in the different health facilities (New Partnership for Africa's Development, 2010).

### **The Practice of Comprehensive Health Education**

The practice of comprehensive health education adopts multidimensional strategies, justified by various health models (such as K.A.P. meaning knowledge, Attitude and Practice model) to serve as framework for the practice and make for effectiveness. Akinsola (2006) explained further that:

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. These promote health and assist 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; and

Health education utilizes a variety of media outlets (radio, television, flyers, town announcements, 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.

### **Settings for Health Education**

Akinsola (2006) enumerated these as follows:

#### **Individual Settings:**

This involves a setting 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 counseling sessions in a medical setting.

#### **School Setting:**

The school serves as a foundation for children/staff to learn basic knowledge about 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 tradition. 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) opined 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 of 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 preventive 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/employers 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 safety education. Advocacies on 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 them 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 or 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 instructions and activities. Audio-visual aids are also useful in the advocacy programmes for useful impact on issues of family planning.

#### **Objectives of Socio-Economic Development**

New partnership for Africa's Development (NEPAD) (2010) explained that socio-economic development is the continuous improvement in the well being and in the standard of living of people with the following objectives:

- i. Promote self-reliance in development and build capacity for self-sustaining development;
- ii. Accelerate socio-economic development to achieve sustainable development and poverty eradication;
- iii. Strengthen policies, delivery mechanism and outcomes in key social areas including education, combating of HIV/AIDS and other communicable diseases;
- iv. Ensuring affordable access to water, sanitation, energy, finance (including microfinance), markets, Information Communication Technology (ICT), shelter and land to all citizens, especially the rural poor;
- v. Progress towards gender equality in all critical areas of concern including equal access to education for girls at all levels; and
- vi. Encourage broad based participation in development by all stakeholder levels.

#### **Implication of Comprehensive Health Education in Socio-Economic Development**

In Health Education, there are certain activities that can help improve individuals' health and change their attitudes and behaviours towards healthy living. They include mobilization through:

- **Advocacy:** A health educator, in time of any health programme will seek the support of the programme from prominent individuals, groups or Community Based Organisations;
- **Dialogue:** In health education, there is always a discussion between small groups of individuals concerning health activities;
- Meeting with larger groups of differential basis to give health information and participation;

- **Counseling:** This is to help the client to consider alternative solutions to the problem so that the most effective steps should be taken;
- **Facilitating:** The people are brought together with the same interest to share their problems among themselves;
- **Linking:** Through this, the health educator will link groups, or community with resource agency or groups;
- **Training:** Knowledge, skills, and attitudes are parted to others in the community in terms of healthful living;
- Creating awareness;
- Mobilization;
- Education;
- Informing;
- Communicating;
- Community organisation;
- Empowerment;
- Community development for better life at individual and community level;
- Peer education.

### **Conclusion**

Comprehensive health education is considered the key strategy to the attainment of optimal health as it implores multidimensional approaches to obtain and transfer information, knowledge, attitude and skills that will bring about positive changes in attitude and behaviour towards healthy living and happier life which will promote productivity, hence socio-economic development. Health is the determinant of human capital and labour productivity, which enhances socio-economic development. The intent of comprehensive health education therefore is to motivate and educate the populace to maintain, improve their health, that is, prevent diseases and avoid or reduce health-related risky behaviours to remain healthy, be productive and contribute to socio-economic development.

### **Recommendations**

It is recommended that:

- i. Comprehensive health education should be taught in all the settings for health education;
- ii. Only professional health educators should be employed to enlighten the public on health and health-related issues.
- iii. Government should enact laws with sanctions for comprehensive health education to be taught in all settings.

## REFERENCES

- Achalu, E. I. (2001). *Health education: concepts, methods and planning*. Badagry: Simarch Nigeria limited.
- Akinsola, H. A. (2006). *A– Z of community health, nursing and health education practice*. Ibadan: College press and publishers limited.
- Alakija, W. (2000). *Essentials of community health, primary health care and health management*. Benin City: Ambik press.
- Anyanwu, F. C. (2013). *Introduction to family life and sex education*. Ibadan: Stirling-Horden publishers limited.
- Bloom, D. E., & Canning, D. (2008). *Population health and economic growth*. Washington DC: World Bank.
- Briggs, L. A. (2010). *Issues in health education*. Maitama: Timi Hyacinth enterprises.
- Commonwealth of Australia. (2013). *Safer internet day*. Australia: Commonwealth of Australia.
- Erdil, E., & Yetkiner, I. H. (2004). *Theory and evidence on income-health capacity*. Athens: Authors.
- Florida Department of Education (2017). *Comprehensive health education*. Florida: Author. Retrieved on 11<sup>th</sup> February, 2017 from, [www.fldoe.org](http://www.fldoe.org).
- Food and Agriculture Organisation. (2000). *Agriculture, food and nutrition for Africa*. France: Food and Agriculture Organisation.
- Havas, A. (2003). *Socio-economic and development needs: Focus of foresight programmes*. Hungary: Institute of Economics Hungarian Academy of Sciences.
- National Institute of Justice. (2017). *Teendating violence*. Washington DC: National Institute of Justice.
- New Partnership for Africa's Development. (2010). *Socio-economic development: Zambia*: Author.
- Ogunsakin, E. A. (2009). Consumer protection, rights and education in Nigeria. *Nigeria School Health Journal*, 21 (1&2), 1-15.
- Ogunsanya, J. O., & Ogunsola, M. T. (2016). Safety Education as correlate of health status among people of Oyo metropolis, Oyo State. *Nigerian School Health Education*, 28, (3), 92 – 98.
- U.S. Department of Health and Human Services. (2017). *What is mental health?* Washington DC: Author.
- WHO. (1998). *Health Promotion*. Geneva: Author.
- WHO. (2017). *Substance abuse*. Geneva: Author.