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Strengthening Health Education Component of Health Care Delivery System for the Achievement of Health for all Nigerians

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Abstract

Globally, a vast number of people are dying of preventable and curable diseases. In developing countries, levels of morbidity and mortality remain high as a result of malnutrition, infections and multiple pregnancies against the background of generally poor health knowledge. In May 1977, the 30th World Health Assembly met in Alma-Ata USSR and deliberated on the health problems of the world, especially that of developing countries where the focus of health system was on curative than preventive. It was resolved that, the main social target by the end of 20th century should be "Health for All" by the year 2000, using Primary Health Care approach for its achievement. The Alma-Ata conference directed governments of all nations to formulate national policies to sustain Primary Health Care as part of National Health System. Therefore, Nigerian Government committed huge human and material resources to the achievement of Health For All [HFA] but today not all Nigerians can be said to be healthy. Therefore, certain constraints that are responsible for the failure to achieve Health For All must be realistically tackled in an effort to improve the country's Health System for the achievement of the set goal. This paper examined health status of Nigerian population, health care delivery system, measures for strengthening health education and strategies for effective delivery of health education. It was recommended that, preventive measure aspect of the nation's health system in which health education will feature prominently should be emphasised.

Key words: Health System, Health status, Health education, Health For all.

Introduction

Nigeria as a developing nation cannot afford to ignore the health of her citizens. This is because; healthy population translates into high productivity which is an important pre requisite for national development. Health is an index of individual well-being. It is a condition of an individual to function effectively in a given assignment. Amartya (2002) described health as one of the most important conditions of human life and a critical significant constituent of human capacities which must be valued. The health of the people in a country, not only contributes to better quality of life but is also essential for sustained economic and social development of the nation.

Many health challenges facing people today are somehow different from those of past years. Advances in health care have largely reduced illness, disability and death that common infectious diseases once caused among children. Today, the health of young people and adults is linked to the life style they choose to adopt. In fact, certain behaviours that are often established during youth, contribute significantly to the diseases the individuals encounter during the old age

Nigeria adopted the resolution of World Health Organization (WHO) to ensure health for all by the year 2000. The country committed human and material resources to attain the target but today, the goal of health for all is yet to be achieved in Nigeria. There is a renewed effort to ensure health for all by the year 2015. However, the existence of inadequate health care delivery services, and unhygienic environment are consistently causing high incidence of communicable diseases while non-communicable diseases continue as a result of risky health behaviour such as; excessive intake of alcohol, sedentary lifestyle, eating unhealthy food, tobacco smoking, drug abuse and risky sexual activities. Therefore, in order to improve overall health condition at reduced cost, prevention is an important option. The core function of health education is prevention. Unfortunately, curative measures are being emphasised at the expense of preventive measure in our health care delivery system. This is why people continue to engage in health damaging lifestyle thereby making ill-health conditions to persist.

Primary Health Care (PHC) is the bedrock for the achievement of Health For All (HFA). Health education is an important component of PHC, which had long been neglected by Nigerian governments. WHO (1998) defined Health Education as, comprising consciously constructed opportunities for learning involving some forms of communication designed to improve health literacy, including improving knowledge and developing life skill which are conducive to individual and community health. It aims at equipping the individual and communities with necessary information that would make them to take up responsibility for their health. It is a known fact that, health knowledge leads to positive health attitude which eventually results into good health practices. Good health practice is a pre-requisite for enhanced health status of human being. Health education is the most cost effective strategy for achieving the goal of Health For All.

Health Status of Nigerian Population

Health is the cornerstone for the achievement of Nigerian's quest to be a major player in the global economy by the year 2020. This is because healthy population of a nation has capability for increased productivity, which is a vital requirement for improved economy. Health is beneficial to citizens and the nation

in general as it has strong correlation with economic growth. However, health to a large extent has continued to evade Nigerians, given the fact that, majority of the people lack access to quality health care service.

Health indicators point to the fact that, health status of most Nigerians is below average. Child-survival rate and quality of child care provision as indicated by Under- 5 Mortality Rate (U5MR) and Infant Mortality Rate (IMR) show low status. According to National Population Commission(NPC) (2008), the Under-5 Mortality Rate was 133 per 1000 live births and 201 per 1000 live birth for 1998 and 2003 respectively. Infant Mortality Rate was 87 per 1000 live births in 1990, 75 per 1000 live births in 1999 and 100 per 1000 live births in 2003. United Nations Population Fund (UNPF) (2005) considered the above data from 1999 and 2003 on infant and child mortality to be showing a worsening trend. Vaccine preventable diseases such as; measles, polio, tuberculosis, diphtheria, tetanus and whooping cough have continued to render children crippled, blinded and mentally retarded or otherwise disabled for life.

The maternal mortality ratio in Nigeria is estimated to be 545 deaths per 100,000 live births (NPC, 2008). Nigeria accounts for 40% of the global burden of vesico-vaginal fistula (VVF) and this translates to an estimated 80,000 women suffering from prolonged labour and complicated delivery (Grange,2006). Women of childbearing age are suffering from prolonged breast cancer, ectopic pregnancy, pre-eclampsia, pregnancy induced hypertension and social isolation. Complications during pregnancy and childbirth such as miscarriages and abortion have continued to cause illnesses, permanent disability and death among women of childbearing age.

Adolescents suffer from sexually transmitted infections including HIV/AIDS, due to their risky sexual experimentation. The youths are at the risk of mental illness, because they indulge in abuse of drugs. They also engage in risky physical activities resulting in injuries. Accidents of various types continue to decimate the lives of active segment of the population. The World Health Statistics stated that, malaria mortality rate in Nigeria is 156 per 100,000 population, also the tuberculosis burden in the country is 311 per 100, 000, resulting in the largest burden in the country (Aregbesola, 2014). UNFPA (2005) reported that, the elderly population suffer from complications of psychological conditions of old age. Nigerians are suffering from diseases and illness conditions of various types.

Health Care Delivery System in Nigeria

Health care system is the medium through which health services are delivered. The purpose of health care service is to improve the health status of the population. According to Park (2009) the goals of health system include; mortality

and morbidity reduction, increase in expansion of life, decrease in population growth rate, improvements in nutritional status, provision of basic sanitation, health manpower requirement and resources development as well as certain other parameters such as food production, literacy rate, and reduced level of poverty.

The World Health Assembly decided to launch a movement known as; Health for All (HFA) by the year 2000. The member countries of World Health Organisation at the 30th World Health Conference defined Health for all as; "attainment of a level of health that will enable every individual to lead a socially and economically productive life". In 1978, the Alma-Ata International Conference adopted Primary Health Care (PHC) as the best approach to achieve Health for all (HFA). Primary Health Care is defined as essential health care, based on practical, scientifically sound, socially acceptable method and technology, made universally accessible to individuals and families in the community through their full participation and at the cost that, the community and country can afford to maintain at every stage of their development, in the spirit of self reliance and self determination.

Nigeria is a signatory to the Alma-Ata Declaration in 1979. Therefore, the government was committed to taking steps to provide HFA to its citizen by 2000 AD. This informed the formation of National Health Policy, aimed at achieving Health for All Nigerians and adoption of a health system based on Primary Health Care as means of achieving the goal. In Nigeria, Primary Health Care is one of the Directorates in both Federal and State Ministries of Health. The Federal and state governments are mostly involved in administrative and financial support to Primary Health Care programme at Local governments. The local governments are responsible for the provision of Primary Health care services through health centres and health posts. The political head of Primary Health Care unit in a local government is the supervisory councillor for health, while the technical and administrative head is PHC co-ordinator who may be Medical Officer or Senior Community Health Officer. The staff include: physicians, nurses, midwives, community health officers, health technicians and community health extension workers. The services rendered by primary health are the components identified at Alma-Ata conference which includes education concerning prevailing health problems and their methods of preventing and controlling them, promotion of food supply and proper nutrition, maternal and child Health Care (MCH) including family planning, immunization against major infectious diseases, prevention and control of locally endemic diseases, provision of essential drugs and appropriate treatment of common diseases and injuries.

The early part of the Primary Health Care in Nigeria witnessed good performance, with rural areas being adequately served but then with the support of donor agencies. The withdrawal of the donor agencies for political reason saw

a down-turn in the performance of PHC Programme. Today, resources both human and materials are in short supply. Wastage and poor services characterise the programme. The PHC is the yardstick for measuring the performance of a country's Health Care System. Nigerian National Health Conference Communiqué (2009) noted that, health care system remains weak as evidenced by lack of co-ordination, fragmentation of service, dearth of resources, including drug and supplies, inadequate and decaying infrastructure, inequity in resources distribution, and access to care, as well as very deplorable quality of care. The health system continues to experience policy somersaults, including lack of co-ordination in implementation of the health programme. In this way, it is practically difficult for health system to make meaningful impact on health of Nigerians which is at low ebbs. It is important that Nigerian health system is strengthened to enable it deliver effective and qualitative health service to Nigerians.

Status of Health Education in Nigeria.

Health education is the process by which health knowledge is imparted in such a way that, the individual is motivated to use the information for promotion, protection, maintenance and restoration of his/her health and that of the community as well. The needed behavioural change to attain good health is best achieved through health education. Nigeria health system is based on Primary Health Care for the achievement of the goal of National Health policy. Primary health care is predicated upon the prevention, promotion, restoration and rehabilitation of human health. Therefore, health education is a basic instrument for achieving the goal of health for all Nigerians. However, in Nigeria, health education is not given prominence in the country's health system.

Health education given by some units of health system is scanty and done in an uncoordinated manner. Some voluntary organisations give health education, but specifically when there is the need to change identified risky health behaviour in the society. However, health education is for the sick, at-risk and healthy people. Industries also give health education in their own way, obviously to promote their health products through advertisement on print and electronic media. Health education appeared at the organisational chart of Ministries of Health and Primary Health care system but it has been rendered ineffective by some factors. Health education practitioners are not recognised as important personnel in the implementation of Primary Health Care Programme. Medical doctors who are made superior in the health systems do not in any way recognise the role of health education in health care delivery. Therefore, health educators are not involved in the planning and implementation of health programme within the three tiers of

Primary Health Care System. Health education programme continues to suffer poor funding and inadequate supply of resources both human and material.

Strengthening Health Education

Health Education can be an instrument *per excellence* for achieving health for all Nigerians if it is elevated from its present status. In the effort to strengthen health education, it should be repositioned by taking the following steps;

Recognition of Health Education

Health education must be given its deserved recognition. This can be done by government issuing policy statement, recognizing health education as an important component of Health Care Delivery System. The policy statement should state clearly, the duties to be performed specifically by Health Educators in Health care delivery in the country.

Provision of Direction to Health Education

Direction in this context is statement of purpose, aims and objectives including mode of operation. Strengths and rights of the profession should be stated. The needed leadership required to provide Health Education with direction should be given by academics through scholarship and research.

Empowerment of Health Education

Health Education units of a ministries of Health must be empowered to perform their statutory functions. This can be done through provision of adequate funds, recruitment of qualified staff and provision of equipment and facilities. Resources for effective delivery of Health education must be made available adequately. Training programme must be organized for Health Educators from time to time to acquaint them with new methods of health education delivery.

Professional Identity of Health Educators

The uniqueness of the professional roles of Health Educators in Health Care delivery must be stated. Also, characteristics of Health Educators that make them different from other members of the health team should be stated. In this way, Health Educators will be recognised and identified with the roles they perform in Health Care delivery in the society.

Strategies of Health Education Delivery

Health Education occupies unique position in Primary Health Care as it is the first listed component. Health education when it is effectively delivered can provide

knowledge and skills necessary for the people to make informed decisions regarding their health and lives. Effectiveness of health education can be enhanced when it is delivered using the following newly discovered strategies.

Skill based Health Education

Skill based health education is the practical applications of education to increase the learners health knowledge, attitudes and skill. It is the teaching and learning of health facts and also the habitation of skills to solve daily health problems. Campbell (2012) defined skilled based health education as education that helps individual develop the knowledge, attitude and skills needed to make and carry out positive health decision. Skill based approach to health education is practical skill associated with specific health behaviour and lifestyle such as decision making, problem solving skill, critical thinking skills, skill for increasing internal control, skills for managing stress, skills for managing feeling, negotiation/refusal skill, empathy, co-operation, team work and advocacy skill (Campbell, 2012). Skill based health education can be applied in many ways such as helping to build prevention and management of diseases, community participation in health programme and personal hygiene.

In skill based health education approach, learners are allowed to participate in teaching and learning process. Practical lessons are taken in laboratories in order to demonstrate important aspects of the topics being treated. Laboratory extends to the field outside the school premises such as; hospital, family planning clinic, geriatric home, convalescence home and rehabilitation centres. Health educators should ensure relevant and effective course content. Also, interactive teaching method must be employed.

Enter-educate

Enter-educate is a technique of educating people on health issues through entertainment. It is an approach that encourages learner-centred activities for the development of knowledge, attitude and practice. The technique attempts to integrate entertainment into teaching and learning process. The technique is passionate, persuasive, practical and participatory. Roger (2000) documented that, radio and television soap operas, popular music, street theatres and comic books have been used to educate the public about health issues such as family planning, HIV/AIDS prevention, environmental health, gender equality, improved sanitation and female genital mutilation. Enter-educate technique makes teaching and learning simulative. In this way, learners benefit more from the lesson. The technique relies on special designed media message to entertain in the process of educating learner. In the classroom situation, the effectiveness of the approach lies

on the expertise of the teacher. The activities of health educators in the approach include:

- i. Explanation of the key concepts to be learnt to learners.
- ii. Organization of short play depicting positive and negative health behaviour.
- iii. Directing the attention of the learner to positive behaviour to be learnt.
- iv. Answering questions from learner to clarify issues that still remain unclear.

Health Literacy and e-health literacy

Health literacy connotes ability to derive health knowledge from health information to make decision for taking step towards solving personal health problems. Health literacy refers to the ability to obtain, process and understand basic health information and services needed to take appropriate health decisions (Ratzan, Filerman and LeSar, 2000). WHO (2014) defined health literacy as the cognitive and social skill which determine the motivation and ability of individuals to gain access to understand and use information in ways which promote and maintain good health.

According to N C Programme on Literacy (2014) health literacy empowers individual to:

- i. Communicate health problems to their health providers and understand health information.
- ii. Read prescription bottles labels and understand treatment regimens.
- iii. Read and understand warning labels to recognize potentially life-threatening complications from medication.
- iv. Implement self-care strategies and manage their health at home.
- v. Read and understand health insurance forms, informed consent and public assistance applications.

Therefore, healthy literacy require that individuals are able to read and possess certain level of oral communication skill. Ability to comprehend what is read or communicated orally is also important.

E-Health literacy is defined as the ability to seek, find, understand and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem (Norman and Skinner, 2006). E-Health is becoming an important source of health information as many people now use web-based and mobile health resource. Also, increasingly health information is researched into on the "go" using mobile smart phone. Health Literacy helps to improve health seeking behaviour compliance with treatment regimens and self-management of disease. It can lead to increased utilization of preventative care and services thereby lowering the rate at which people are hospitalized. In this way, there is less pressure on the few health facilities in the country. Health literacy

is particularly useful in the country where the health personnel as well as health facilities are grossly inadequate. Therefore, health literacy can help to deliver health education effectively.

Health literacy is cost effective in terms of time and money. The fact that health education delivery can be done through web and mobile devices makes it readily accessible at ones convenience. Health literacy can enhance personal hygiene, good nutrition, positive attitude towards family planning, safe sex. In fact, it equips individual with health knowledge to enhance his/her own health and that of family members including the community at large. In Nigeria, there is low level of literacy; therefore health educator should make health information to be explicit enough in the language the target people understand.

Health Communication

The need for paradigm shift in health system to allow for greater emphasis on health promotion is imperative. Prevention and self management of disease is a step towards health promotion which requires that an individual has health information communicated to him or her on a regular and uninterrupted manner. New communication technologies provide unlimited access to health information. According to Ratzan, Filerman and LeSar (2000), the medical information used in hospital such as laboratory result, X-rays, oxygen level, blood sugar level can be delivered into handheld computer at the patient's bedside. Devices that could be worn by diabetics to release the appropriate amount of insulin when in need are now available. Also, personal information could be transmitted into a device that interprets it and advises the individual to alter food or liquid intake or take drug supplement for health reason.

The need to take advantage of the opportunities presented by information and communication technologies for personal health promotion informed health communication. Healthy people (2010) described health communication as encompassing the study and use of communication strategies to inform and influence individual and community decisions that enhance health. It also identified the following as the contributions of health communication to health promotion.

- i. Promotion of health professional-patient relations
- ii. Promotion of individuals' ability to search for and use health information.
- iii. Individual adherence to clinical recommendations and regimens
- iv. The dissemination of individual and population health risk information.
- v. Promotion of health through mass media and culture.
- vi. The education of consumers about how to gain access to the public health and health care systems
- vii. The development of the health education application.

The role of health educator in making health communication effective is to ensure that health information to be disseminated is reliable, valid, balance, consistent and research evidence based. The health information should be presented to the people in the language they understand and reach the target population at their convenience. In order for health information to achieve the intended effect, health educator should ensure that right information is delivered to the right people at the right time.

Conclusion

Health indicators pointed to the fact that health status of Nigerian population is low. Nigeria health care delivery system which is the medium through which health services are delivered is constrained by poor resource allocations. In the country, greater emphasis is placed on curative service as against preventive service. Thus, health education suffers poor recognition, inadequate resource allocations and poor methods of delivery. Efforts to achieve health for all Nigerians can be enhanced by strengthening health education component of health care delivery system in Nigeria.

Recommendations

- Achievement of Health for all Nigerians will brighten the chance of the country's quest to becoming a major player in the global economy by 2020. Health education is an element of Primary Health Care which is an approach for achieving health for all. Health Education should be well delivered using identified new strategies for it to have expected impact. The following recommendations can also be considered in an effort to strengthen Health Education:
 - i. Advocacy and awareness on the need to recognise health education as an important component of health care system in Nigeria.
 - ii. Effective co-ordination of health education programme within Federal, State and Local Government Primary Health Care System.
 - iii. Capacity building programme for health education practitioners through refresher courses, seminars and conferences.
 - iv. Health education practitioners should be creative and innovative in the delivery of health information so as to be relevant in addressing contemporary health challenges.
 - v. Provision of funds, human and material resources for Health Education units of Ministries of Health

References

- Amartya, C.A (2002) A new professional in the health care Workforce, role training assessment and regulation *Clinical medicine* 5 : 311-314.

- Aregbesola B. (2014) *Addressing Nigeria health challenge*. Retrieved from <http://www.tribune.com.ng> on 10, May 2014.
- Campbell Y. (2012): Twenty-first century skill based Health education. Retrieved from cmswiki.wikispaces.com on 5, May 2013
- Grange, A (2008), Child health in Nigeria: Who will save our children? *Archives of Ibadan Medicine*. Ibadan Book Builder. 1-28
- Healthy People (2010) Health Communication. Office of disease Prevention and Health Promotion. Retrieved 5 May 2014 from www.projectstone.org
- National Population Commission (NPC) (2008). Nigeria Demographic and Health survey. Accessed from <http://pdf.usaid.gov/pdfdoc/INADO923>
- N C Programme on Health literacy (2014). What is health literacy?. Accessed from www.nchealthliteracy.org/about.html on 3 March 2014
- Nigeria National Health Conference Communique (2009). Nigeria Health Care System. Accessed at <http://www.ngnhc.org> on 10, June 2014
- Norman, C.D and Skinner, H.A (2006) eHealth literacy : Essential skills for consumer health in a networked world. *Journal of Medical internet research*. 8 (2) 28-44.
- Park, K (2009) Health of the community. *Preventive and social medicine India*. Banarsidas Bhanot. 791-815
- Ratzan, S C, Filerman G L & LeSar, J.W. (2000) Health communication. Attaining Global Health; Challenge and Opportunities *Population Bulletin* 55 (1) 36&37
- Rogers E.M. (2000) Entertainment Education to improve Health. *Population Bulletin. A Publication of the Population Reference Bureau* 55 (1) 24.
- United Nations Population Fund (2005) Special population groups and their needs. *State of Nigeria Population Abuja*. 82-93
- World Health Organisation (1998). List of Basic terms Health Promotion Glossary Retrieved from <http://www.who.int/hpr/NPH/docs/hp.glossaryen.pdf> on 4, May 2014.

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