

## HEALTH EDUCATION AND INDICATORS FOR TRANSFORMATION

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### **Abstract**

Health education, which has, for long been confirmed to the classroom can effectively be carried out outside its confines, although various challenges are impeding on its effective dissemination. It is as a result of this paper took a look at Health Education, its policy and the various strategies for its implementation in the different levels of governance. The mode of its disseminating and challenges facing the effective dissemination were pointed out. Conclusions was drawn and recommendations were made. Part of the recommendations are that a well planned, well packaged and comprehensive health education programme should be put in place for work places. This should be carried out alongside the school health education programme. Furthermore, health educators should be encouraged through well packaged incentives. This will spur them into delivering more to members of the communities.

In the words of Anyanwu (2001), the most elementary urge in Man is to remain alive. Merely to exist would mean that he is no higher than other organisms. To live signifies far more to a human being than merely to function biologically. His many sided development, for instance necessitates for him much more than the satisfaction of those elementary needs that contribute to his survival. The care of the body and the maintenance of good health help to sustain his life. These virtues are recognized as important means to buttress life.

Health Education for the maintenance of good health teaches people to appreciate the fact that good health, as an attribute of happy life,

cannot be purchased from the shop or market. People can, on the other hand, by their own efforts, do much to ensure their enjoyment of good health, even without spending money for it. Through health education, people learn how important health is for real happiness and permanent prosperity. Such education equips the individual against the attack of common diseases. Hence by learning how to prevent or cure diseases, individuals are able to get the maximum benefits from medical science and hygienic habits. They are able to tell who is a better agent for the maintenance of good health and a healthy environment, whether it is the health visitor or the witch doctor (Ludic, 2006).

In order to improve our health, health education would have to be recognized and pursued aggressively. Unfortunately, most times, health education is not given its rightful place because its gains are not usually easily and quickly seen and counted. Nonetheless, when properly executed, it no doubt has the potential of having a lasting influence on the health of the people.

### **Health Education**

Health Education has been defined in various ways, and its concept has evolved over the years. Most definitions look at Health education as a process of inculcating knowledge and values that may facilitate change in ones health behaviours. Oshodin (2000) defined health education as “a process of acquiring health information to make improvement on health behaviour. In the words of McFaine (2002), Health education is a profession of educating people about health. Areas within this profession

encompass environmental health, physical health, social health, emotional health, intellectual health and spiritual health. It can be defined as the principle by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance and restoration of health. Mcfaine (2002) stated further that health education is also an effective tool that helps to improve health in developing nations. It not only teaches prevention and basic health knowledge but also conditions and ideas that re-shape everyday habit of people from unhealthy lifestyles in developing countries. This type of conditioning not only affects the immediate recipients of such education but also future generations will benefit from an improved and properly cultivated ideas about health that will eventually be ingrained with widely spread health education. Moreover, besides physical health prevention, health education can also provide more aid and help people deal healthier with situations of extreme stress, anxiety, depression or other emotional disturbances to lessen the impact of these sorts of mental and emotional constituents which can consequently lead to detrimental physical effects.

#### **Goals of National Health Education Policy**

The goal of the national health education policy should be directed towards the:

- a. Establishment of practices essential to health
- b. Provision of knowledge necessary for health promotion.
- c. Development of attitudes and ideas which will motivate each individual to attain the highest possible level of well-being.

It is the overall fundamental obligation of all the governments to establish a comprehensive national state health education programme that is promotive, protective and preventive to every citizen of this country within the available resources so that individuals,

families and communities will be assured of adequate productivity, psychological and social well-being, and enjoyment of healthy living. Health education is a process that bridges the gap between what people know and what they practice (Okafor, 2000).

The Nigerian school children in particular need this process to caution them against the pitfalls of some of the medicines received at the hands of untrained “doctors”. It should also be the goal of the national health education policy to establish policy guidelines that will help motivate people especially, school children, to take information and do something with it, keep themselves healthier by avoiding actions that are harmful and by forming habits that are beneficial. With particular reference to school health programme, the national health education policy should in very clear terms include policies on what schools should do to cater for the practical needs of the peoples.

#### **Health Education Strategy in Nigeria**

The implementation of the ideal national health education policy, and the progress made towards the achievements these goals require the elaboration of strategies at the national, state and local government levels. The roles and responsibilities of the different arms of governments need to be defined from time to time based on the prevalent health needs, interest and problems of the citizens.

#### **Roles and Functions of the Federal Ministry of Education**

The Federal Ministry of Education shall:

- a. take the necessary actions to have the nation’s health education policy reviewed and adopted by the Federal Government;
- b. submit for approval of the Federal Government a broad financial plan for giving effect to the components of the health education strategy;

- c. help promote an informed public opinion on matters relating to health education, and
- d. help formulate national health education legislation as required for the consideration of the Federal Government. (Federal Republic of Nigeria, 1998).

### **Roles and Functions of State Ministries of Education**

The State Ministries of Education shall be strengthened so that they become the directing and coordinating authority on health education activities. Specifically their functions shall be ensuring:

- a. political commitment;
- b. economic support;
- c. public information and education
- d. financial and material resources in relation to all health education programmes
- e. the stimulation and coordination of all health education actions with other social and economic sectors concerned with state and community development; and
- e. the education and training of health education manpower to perform specific functions related to health education. (Federal Republic of Nigeria, 1998).

### **Roles and Functions of the Local Government Education Authorities**

The Local Government Councils shall motivate communities and elicit the support of formal and informal leaders, and other significant groups in support of community action for health education. They should mobilize resources to support health education programmes. (Federal Republic of Nigeria, 1998).

### **School as a Health Education Disseminator**

The school is and will always be a very crucial point for disseminating health education because of the various opportunities it affords for

health education venture that are of life-long benefits. The various tiers of our educational system (primary, secondary and tertiary) are very significant for various activities all of which will make for health promotion and disease prevention. Brundtland (2000) observed that an effective school health programme comprising: health-related policies, water and sanitation, skills-based health education and school health services can be one of the most cost-effective investments a nation can make in order to simultaneously improve education and health.

The role of health education in schools as an entry point for wider community involvement in health development within the broad framework of integrated development has always been stressed by the World Health Organisation. Thus, Nigeria cannot afford to underestimate the role of the school as a health education disseminating point. The secondary level of our educational system provides ample opportunities to address the health needs of youths and adolescents and to most importantly use health education as a tool for fighting against and preventing the health problems that are peculiar to youth's and adolescents.

Through well organized and executed school health education programme, youths and adolescents could be helped to appreciate the consequences of their lifestyles and be motivated to make choices that would promote their health positively. At the tertiary level of our education, the role of health education as a strategy for developing future leaders who are health-conscious not only about themselves and their immediate families but also about the health of those people they would lead in their various endeavours of life cannot be overlooked. For instance, with appropriate health education, they would appreciate why they must endeavour to provide a healthy working environment that would not jeopardize the health of the human resources of the nation.

### **Community as a Health Education Disseminating Point**

There are many factors that influence the quality of life and health of any community. These include the level of education, the socio-economic level of the members, health practices and political awareness and practices to mention a few. Of course, as far as Nigeria is concerned, most communities still record a low level of education, poor economy, faulty healthy practices and poor political awareness. Grundy and Grundy (1974) have pointed out that both the prevention of diseases and the maintenance of full health depends, to a large extent, on the way people live and the way they make use of material resources and medical services. WHO (1974) postulated the following purposes for health education: to make health education a valued community asset; to help individuals to become competent in and to carry out those activities they must undertake for themselves as individuals or in small groups in order to fully realize the state of health defined by the WHO and promote the development and proper use of health services.

Through health education dissemination, communities could be empowered to make right choices and thus be emancipated in things pertaining to their health. For instance, a well informed community would appreciate the role of adequate provision of portable water to health maintenance and disease prevention, thus, in the face of political campaign promises by aspirants, people would be able to demand for facilities and amenities that are health promoting rather than a high edifice like a hospital with no facilities and therefore, nonfunctional. In this regard, the health behaviour and practices of some members of a community would, in some ways, affect the health of other members of that community either negatively or positively.

### **Constraints to Effective Health Education**

Carrying health education to the Nigerian community in general is faced with numerous problems and constraints such as: lack of personnel, lack of flexibility of work schedules, poor facilities and equipment, lack of incentives, lack of commitment, lack of adequate finance and lack of formal curriculum.

**Lack of Personnel:** One of the major constraint to effective dissemination of health education in workplaces, markets and at various other places within communities is lack of appropriate personnel to take up the job of health education. It is a common practice in any health department in workplaces, around or within markets and at various other places within communities to have medical doctors without educational skills and techniques to head the health education programme. Most of the health educators in Nigeria today were not prepared during their formative years to take up jobs outside classroom teaching and as a result shy away from taking up such responsibilities in corporate organization and other workplaces.

**Lack of Flexibility of Work Schedules:** Most organization and market settings in the country operate uniform work period for their workers whereby work and buying and selling start and at almost the same time and in most cases they observe the same break period. It becomes problematic to create time for health education during working and selling hours.

**Poor facilities and Equipment:** A considerable percentage of Nigerian workers and marketers are significantly affected by illiteracy or very low level of literacy. This challenge will require creative use of graphics and visual images and use of multi media approaches to inform transfer. Poor facilities and equipment coupled with poor in-service training for health educators have

always been a major constraint to health education in Nigeria.

**Lack of Incentives:** There are no incentives to propel health educators in the schools to more proactiveness, as a result they would rather prefer to stay put to their classroom teaching jobs to reaching out to other members in the workplaces, markets and other places within their communities. Most of them are of the opinion that they will not be appreciated if they carry their services to other members of the community apart from the school community.

**Lack of Commitment:** Although, most health educators come in contact with members of their communities either formally or informally, but because many lack the commitment expected from such crops of trained individuals, they fail to take advantage of such contacts to reach out to those they meet. Such meetings would have provided opportunities for them to transfer health education knowledge to those they meet.

**Lack of Finance:** Financial incapacitation is a major constraint to effective health education. There could be many health educators who may be ready to reach out to members of their communities other than those of their immediate constituencies to transfer knowledge on health education, but because most of them are constrained due to lack of money to get to where they intended and also to get some aids they would have wanted to use, they rather stay within.

**Lack of Formal Curriculum:** Apart from formal school setting, there is lack of formal health education in workplaces, markets and other places within communities. It is pleasing to learn that the Federal Ministry of Health in collaboration with WHO has drafted a policy for health education and health promotion, and until

they are translated into action, they will make no impression on the life of people.

### **Conclusion**

This paper has demonstrated that health education should be a vital aspect of any comprehensive health programme as well as any social endeavour design to improve the faulty health of individuals and groups. Because of the various health problems associated with faulty behaviors health education should be planned and programmed to reach the human persons wherever they are found.

### **Recommendations**

In order to plan health education programme to reach the human persons wherever they are found, planned instruction within the educational system, education of the populace and identified target groups should be pursued making use of all available human and material resources to facilitate advancement in individuals and groups health.

Health educators should be employed into health departments and workplaces. This will bring health education closer to the populace.

Organizations should endeavour to create time within working hours for their workers to be health educated. Health educators can be brought in from educational institutions to do this.

Facilities and equipment such as film slides and film stripes should be made available by the government to aid the dissemination of health education more easier and quicker.

A well planned, well packaged and comprehensive health education programme should be put in place at workplaces, this should be carried out alongside the school health education programmes.

Health educators should be encouraged through well packaged incentives. This will spur them into delivering health education more to members of the communities.

The Federal Ministry of Health should revisit its earlier legislation on health education in the occupational settings with a view to resuscitating and enforcing it.

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