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HEALTH WORKERS VIEWS ON IMPORTANCE OF HEALTH EDUCATION IN ATTAINMENT OF OPTIMAL HEALTH FOR INHABITANTS OF ILORIN METROPOLIS, KWARA STATE

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Abstract

Health Education plays crucial roles in the delivery and actualization of health care service objective. It is in determining that roles that this paper examined the Health Workers Views on Importance of Health Education in Attainment of Optimal Health for Inhabitants in Ilorin Metropolis. A descriptive survey design was adopted for the study. A total of 200 health workers drawn from the study population of 2060, constituted respondents for the study. Data were collected through the use of a self developed questionnaire that had been validated with r-value of 0.81 correlation coefficient obtained. Five research questions were formulated and data collected were analyzed with the use of frequency count and percentage. The result of the study generally revealed that health education plays important roles in attainment of optimal health of people in Ilorin metropolis. The result also shows that health education leads to positive change in behaviour; disease prevention, adequate utilization of existing health facilities and services, as well as promoting quick recovery after illness in Ilorin metropolis. Recommendations were made on the need for governments at all levels to organize from time to time workshops, seminar and conferences to update the knowledge of health workers for better performances. It is also suggested that governments at all levels should provide necessary facilities needed for smooth implementation of health education programmes.

Introduction

The task of preventing diseases and promoting health and well being of people through communal efforts with sensitization and creation of awareness for which health education is known. There are many harmful health practices and behaviours which usually lead to serious health problems or disease conditions. Health education exists to change these behaviours and practices in order to ensure healthy living. Abubakar (2007) stressed that health care service rendered to the people within any

community embrace preventive, curative, promotive and rehabilitative services, all of which involve elements of health education.

It is generally believed that some diseases afflicting people can be prevented or minimized through regular health education and health promotion activities and programmes. Most of the disease results from ignorance, harmful practices and nonchalant attitudes of the victim. John (1998) opined that if a disease can be prevented by an alteration in behaviour, then the achievement of such altered behaviour enables incidence of such diseases in the community to be greatly reduced. Health education therefore occupies an important position in the prevention and control of diseases in any given population.

Nigeria Health Care Delivery Objectives

The main objective of health care delivery service in Nigeria is to bring health care within the reach of the poor masses at affordable cost. It is in pursuance of this goal that health care responsibilities have been devoluted between the three tiers of government i.e. tertiary care to Federal, secondary care to State and primary care to Local Governments.

Primary Health Care Delivery Agency (1998) stated that the cardinal objective of Nigeria health care services is bringing health services to the door steps of the people in the rural areas, through the implementation of Primary Health Care Services. One of the components services of primary health care is health education that deals with sensitization and creation of aware to assist in prevention and control of diseases affliction in the community.

Abubakar (2007) posited that all the services rendered to the people within the community fall under four categories i.e. preventive, curative, promotive and rehabilitative services, all of which are directed at the realization of health care delivery objectives. He maintained that the four categories of health service mentioned above are interdependent in the sense that the application of a service leads logically to the commencement of others. Health education revolves round the four categories of health services.

In line with the two positions above, the Nigeria health care delivery objectives are aimed at actualizing among others the following:

- Provision curative services so as to control and eradicate the scourge of diseases.
- Preventing all the diseases that are preventable from spreading among the people within the community.

- Promoting health and well being of people through initiation of health, actions and programmes aimed at ensuring optimum level of health.
- Providing rehabilitative services to those that are just recovering from diseases' affliction.
- Providing where necessary and affordable, all those resources and amenities that promote health and ensure optimum level of health for people.

Health Education and Health Care Delivery Objectives

Health education has occupied a unique position in the process of preventing diseases and promotion of health and well being of people within the community. It is often directed at correcting wrong and unhealthy practice. John (1998) maintained that when health education begins, it does so against a background of beliefs and practices that is partly incorrect.

Lucas and Gilles (1997) asserted that the rationale behind health education is to encourage people to value health as a worthwhile asset and making people known how they themselves can take actions to promote their health as individuals and that of their communities. John (1998) while examining the role of health education in the realization of optimum level of health standard, state the following change processes as representing such roles:

- Health education ensures change in knowledge;
- Health education ensures change in attitude
- Health education usually leads to change in behaviour
- Health education leads to change in habit
- Health education leads to change in custom.

Moronkola (1999) in his examination of the meaning of health education highlighted the following of the area of specialization:

- i. To instill in people, the need for a healthy life and quality living that will ensure high productivity.
- ii. To teach people how to take care of their personal and community health.
- iii. To change people's attitude towards positive ones.
- iv. To change people's negative health practices to positive ones.
- v. To encourage people to use available health services
- vi. To make people see the need for preventing diseases rather than spending more time and money for treatment
- vii. To encourage people to continue with their local ways of life that promotes health.

Statement of Problem

It has been discovered that the attitude and action of people affect their health and well being. There are many socio-cultural practices that affect health of inhabitants in Ilorin metropolis. These practices and attitudes consist of nonchalant attitudes of managing ailment at home, discourage consumption of certain class of foods, poor refuse and sewage disposal, lack of proper follow up of treatment, under utilization of health facilities etc all of which affect their health and well being. These behaviours can be modified by regular enlightenment programmes aimed at sensitizing people on the need to imbibe health enhancing behaviours. This study focuses on examining the important of health education in attainment of optimum health of inhabitants in Ilorin metropolis.

Research Questions

- Does health education lead to positive change in behaviour?
- Does health education programme actually ensure effective prevention of diseases affliction?
- Does health education programme encourage adequate utilization of existing health facilities and services?
- Does health education has impact on the norms and values of society related to health?
- Does health education promote quick recovery from diseases affliction of illness?

Methodology

The study adopted descriptive survey design. The estimated population of the study was 2060 health workers from all the health centres, clinics and maternities and hospital within the metropolis. The sample for the study was made up of two hundred (200) respondents, about 10% of the study population.

The instrument used in gathering information for the study was a self developed and structured questionnaire. The questionnaire used for the study was subjected to thorough validation by experts in the Department of Human kinetics and Health Education, and Department of Epidemiology and Community Health, University of Ilorin. The instrument was tested and retested using Pearson product moment correlation and correlation coefficient of 0.81r was obtained. The questionnaire was personally administered with the assistance of three trained health workers.

Data Analysis and Results

The data collected from the study were analysed with the use of frequency count and percentage. The results of the analysis were tabulated below:

Research Question1: Does health education lead to positive change in behaviour?

Table 1

S/No	Items	Agreed	%	Disagreed	%
1.	Effective health talk often discourage harmful socio-cultural practice	132	66	68	34
2.	Availability of useful health information often ensure a positive change in behaviour	151	75.5	49	24.5
3.	Regular reinforcement of health education on good health habits leads to permanent change in behaviour	120	60	80	40

The result from the above table shows that 132 (66%) of respondents agreed that health talk discourage harmful socio-cultural practices, 151 (75.5%) of the respondents agreed that availability of health information leads to positive change in behaviour. While 120 (60%) of respondents also agreed that regular reinforcement of health act leads to permanent change in behaviour. The overall result of analysis in table one shows that health education leads to positive change in behaviour.

Research Question 2: Does health education ensure effective diseases prevention?

Table 2

S/No	Items	Agreed	%	Disagreed	%
1	Through health campaign people are better informed about causes of diseases and how they can be prevented	157	78.5	43	21.5
2	Adequate dissemination of health information has the advantage of ensuring effective diseases prevention and control	141	70.5	59	29.5
3	Health education promote diseases eradication and control	121	60.5	79	39.5

The result of the first item of table 2 revealed that 157 (78.5%) of the respondents agreed that health campaign activities make people to be aware of the causes and preventive measures against some diseases. 141 (70.5%) of respondents supported the assertion that prompt information dissemination leads to effective diseases prevention and control. While 121 (60.5%) of respondents agreed that health education promote diseases prevention and control. The overall result of the table analysis of above table two shows that health education ensures effective diseases prevention.

Research Question 3: Does health education encourage adequate utilization of existing health facilities and services?

Table 3

S/No	Items	Agreed	%	Disagreed	%
1.	Adequate community mobilization exercise improve the utilization of all health facilities within the community	117	58.5	83	41.5
2.	Regular mounting of health talk within clinics and community level will ensure increase in the outpatient and inpatient gradient	155	77.5	45	22.5
3.	Effective health awareness often leads to improve health facility patronage	108	54	92	46

Table three above shows that 117 (58.5%) of respondents agreed that effective community mobilization improve utilization of health facilities within the community. 155 (77.5%) of the respondents supported the statement that regular mounting of health talks improve patient turn out. While 108 (54%) of the respondents agreed that effective health awareness campaign improve health facility patronage. The overall findings and result in table three above shows that health education encourages adequate utilization of existing health facilities and services.

Research Question 4: Does health education have greater influence on the norms and values of the society that related to health?

Table 4

S/No	Items	Agreed	%	Disagreed	%
1.	Through constant health campaign people ways of life are better refined towards attainment of optimum level of health	161	80.5	39	19.5
2.	Effective health campaign exerts considerable impact on the beliefs and actions of people on their health	147	73.5	45	26.6
3.	Health education exercise often helps to correct most of the lapses in health and health related activities of people within the community	108	54	62	46

The findings from the above table shows that 161 (80.5%) of the respondents agreed that regular health education leads to optimum level of health. While 147 (73.5%) of the respondents signified that effective health talk is capable of changing the beliefs and actions of people towards their health. Also, 108 (54%) of the respondents agreed that health education often helps to correct lapses in the health actions in the past. The result of overall analysis from table four shows that health education has influence on norms and values of the society.

Research Question 5: Does health education promote quick recovery from illness of diseases affliction?

Table 5

S/No	Items	Agreed	%	Disagreed	%
1.	Regular enlightenment of patients on factors that can aggravate disease conditions or factors affecting health tends to promote quick recovery from illness or sickness	113	56.5	87	43.5
2.	Health education helps to prevent complications that may result from illness	138	69	62	31
3.	Health education prevent reoccurrence of disease condition	155	77.5	45	22.5

Table five reveals that 113 (56.5%) of respondents agreed that regular enlightenment of patients against disease affliction, help to promote health and well being of people. 138 (69%) of respondents supported that health education helps to prevent complication that may be resulted from illness. While 155 (77.5%) of respondents agreed that health education helps to prevent reoccurrence of disease conditions. The overall result of analysis in table five shows that health education promotes quick recovery from illness or disease affliction.

Discussion of Findings

The result of analysis in table one revealed that health education leads to positive change in behaviour. This finding is in line with John's submission (1998) that health education usually leads to change in behaviour. Wood (2001) corroborated by stating that the aim of Health Education is to change people's behaviour in order to help them adopt positive health attitude towards healthy living.

The finding in table two shows that health education ensures disease prevention. This result further confirms Moronkola's (1999) assertion that health education makes people to see the need for preventing diseases rather than spending more time and money for treatment.

The result of analysis in table three revealed that health education is a veritable tool for ensuring adequate utilizations of existing health facilities and services. This finding is further confirmed by Moronkola's (1999) position that health education encourages people to use available health services within the community.

The result of analysis in table four shows that health education has influence on the norms and values of the society related to health. This finding further support the assertion of John (1998) and Moronkola (1999) that health education leads to change in custom, and it encourages people to continue with their local ways of life that promote health.

The finding in table five shows that health education promotes quick recovery after illness or disease affliction. This result is in line with Lucas and Gilles (1997) who remarked that the rationale behind health education is to encourage people to value health as a worthwhile asset and making people know how they can take actions to promote their health as individuals and that of their communities.

Conclusion

After all said and done, the importance of health education in the attainment of optimum level of health cannot be over emphasized. Health education and programmes, if properly carried out have the inherent

capacity to reduce disease affliction, promote health and well being of the people within the community. It is therefore a "Sine qua non" for all health care providers to apply it during the process of rendering health services to people at any level of health care system. Based on the finding of this study, the following conclusions were drawn.

- Health Education leads to positive change in behaviour
- Health Education ensures effective disease prevention.
- Health Education encourages adequate utilization of existing health facilities and services related to health.
- Health Education has influence on the norms and values of society.
- Health Education promotes quick recovery after illness or diseases affliction.

Recommendations

The following recommendations as a measure of realizing such goals are made:

All the health workers should see the task of health education as responsibility of all and not only that of the health specialist alone (health educator).

The government at various levels should endeavour to provide necessary facilities and materials that will ensure smooth implementation of health education programmes.

The government should organize from time to time, workshops, seminars and conferences to update the knowledge of health workers most especially health educators on skills in health communication and counseling.

Health education should be made a compulsory subject at both primary and secondary school levels, just the same way English, Mathematics and Biology have been made compulsory in the secondary school.

Health education should be made a separate unit within health care delivery system.

The people within the community should be adequately involved in the implementation of health action or programme.

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