



THE ROLE OF HEALTH EDUCATION IN NIGERIA HEALTH CARE DELIVERY SYSTEM

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Abstract: The quality of health is a fundamental right of all Nigerian citizens. This can only be achieved through effective health care services. The purpose of this study is to examine the place of health education in the Nigerian Healthcare Delivery System. The paper discussed the Nigerian healthcare health structure, types of Nigerian health delivery services, Concept of health education, the responsibilities of health Educators in the Nigeria health care Delivery, Health Education as a tool for effective Health care delivery system and the relationship between health education specialist and the other health professionals and the challenges facing Health Education in Nigeria healthcare Delivery System. In conclusion, the practice of health care delivery cannot be effective without proper implementation of health education. It is therefore recommended that government at all levels should ensure that health education and well-trained health educators should form part of medical team for effective Healthcare services in Nigeria.

Keywords: health, health education, Health Educator, Healthcare services

INTRODUCTION

Health is an important aspect of human life. It encompasses all activities aimed at ensuring the protection of the body from diseases and promoting good habit. Health is the level of functional or metabolic efficiency of a living organism (Cottrell, Girvan & McKenzie, 2009). According to Centre for Disease Control & Prevention (2007), health is the general condition of a person's mind and body, usually meaning to be free from illness, injury or pain (as in "good health" or "healthy"). The World Health Organization (WHO 2015) defined health in its broader sense as "a state of complete physical, mental, and social well-being of individuals and not merely the absence of disease or infirmity." To achieve all these variables and make individuals healthy, each nation has to fashion out how healthcare delivery system can be discharged to all her citizens despite their localities or status as stated by Sustainable Development Gold (SDG № 3)

Healthcare is an organised way of medical-care concerned with the maintenance of the health of the whole body. It is delivered by the healthcare providers or professionals in various fields include pharmacy, nursing, laboratory scientists, dentistry, psychology, physicians, health Educator etc. Healthcare is mainly influenced by the social, economic conditions & health policies of each country, and varies across different countries, individuals, social groups etc.

In most countries, to meet up with the health needs of the people, various healthcare delivery systems are established. According to World Health Organization (WHO, 2018), health care system requires a well-trained and adequately paid workforce to deliver quality healthcare services to the people.

Organization and Management of Nigerian Healthcare Delivery System

Health as well as healthcare in Nigeria is a concurrent responsibility of the three tiers of government in the country. Private providers of health care have a visible



role to play in health care delivery. The federal government's role is mostly limited to coordinating the affairs of the university teaching hospitals, Federal Medical Centres (tertiary health care) while the state government manages the various general hospitals (secondary health care) and the local government focus on dispensaries/health centres (primary health care), which are regulated by the federal government through the national primary health care development agency (NPHCDA). (FMOH, 2011).

Tertiary Healthcare Services

More specifically, the Federal Ministry of Health (FMOH) is responsible for policy and technical support to the overall health system, inter- national relations on the health matters, the national health management information system and the provision of health services through tertiary and teaching hospitals, Federal Medical Centers (FMC) and Specialist hospitals (FMOH,2012). In this Tertiary Healthcare delivery services are where you find consultants in different fields such as consultant Gynaecologist, Consultants Neurosurgeon, Consultant Cardiologist, etc. These specialized consultants manage inpatients and referral cases from both primary and secondary healthcare services for advanced medical investigation and treatment. Tertiary Health Care also acts as training institutions for medical Personnel (FMOHN, 2012).

Secondary Healthcare Services

The State ministries of health (SMOH) are responsible for secondary hospitals such as the general hospitals, the regulation and the technical support for the primary healthcare delivery services (FGN, 2007). Though secondary healthcare has few specialists such as Gynaecologist, it is mostly made up of general practitioners and other Para-medical personnel. According to Nigeria National health system policy, the secondary Healthcare manages inpatients and referral patients from primary healthcare level (Health Centres) (Adeyemo, 2005).

The secondary Healthcare carries out both preventive and curative measures.

Primary Healthcare Delivery System

Primary health care mainly focuses on health equity producing social policy beyond the traditional healthcare system (Adeyemo, 2005). Its main aim is to provide local care to the community base citizens because primary care professionals are normal generalists and deals with a broad range of psychological, physical and social problems rather than specialists in any particular disease area (Cueto, 2005). Since the institution of Sustainable Development Goals (SDG), Primary healthcare delivery services have rapidly increased in both the developed and developing countries (HERFON, 2009). The global goals set by World Health Organization-United Nations Children Fund (WHO-UNICEF, 2015), declaration of Alma Ata, on the Sustainable Development Goals are all targeted to improve the life and health of humans from grass root. These targets include poverty eradication, hunger eradication, health, education, gender equality, potable drinking water, sanitation and other strategies to prevent mother and child mortality (Fogel, 2004). To achieve all these variables, health education has an important role to play.

Concept of Health Education

The concept and scope of health education have evolved since the 1950s, particularly in relation to improved understanding of behavioural and socio-ecological influences on health. The early concept of health education was primarily emphasized on the provision of learning experiences to promote voluntary changes to individual health (Morton, Greene, & Gottlieb, 2005). Subsequent work in (Brianx, 2008) provides a broader context of health education in relation to policy, systems, and environmental changes inherent in the practice of health promotion and related philosophies. (Bundy and Guya, 2010)

provides a concise overview of how the terms health education and health promotion are used differently in the early 21st century internationally, due to historical, cultural, and political considerations. Donatelle, (2009) provided good sources of contemporary



definitions for many other terms, which is especially important due to the eclectic base from which health education draws. The Joint Committee on Health Education and Promotion Terminology (JCHEP, 2001) defined Health Education as “any combination of planned learning experiences based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions.

Mike (2010) defined health education as a process with intellectual, psychological and social dimensions relating to activities which increase the abilities of people to make informed decisions affecting their personal, family and community well being. According to them, health education is an integral part of the school curriculum at all levels, and an integral component of community-based health programme. Mass health education and mobilization of individuals and the community to create health awareness is an important tool in the realization of health for all by the year 2030 and beyond. Adegoroye (1984) stated that health education should run through, and be built into all sectors of the community. There should be family health education, school health education and community health education. Health education should be carried out both at the group and individual levels in the homes, clinics, market squares, places of worship and other social gatherings.

Nigerians must be educated about health care concepts. This involved a number of educational issues which are essentially dependent on systematic health education.

The Duties Health Education in Nigeria Healthcare Delivery System

National Task Force on the Preparation and Practice of Health Educators, NTFPPHE (1985) describes the responsibilities of health educators, which ultimately define as the duties of health educator in the health care delivery as follows.

- **Assessing Individual and Community Needs for Health Education**

Health Educators obtain health-related data about social and cultural environments, growth and development factors, needs, and interests. They distinguish between behaviours that foster and those that hinder well-being in the community, Infer needs for health education on the basis of obtaining data.

- **Planning Effective Health Education Programs**

Health Educators recruit community organizations, resource people, and potential participants for support and assistance in program planning, develop a logical scope and sequence plan for a health education program, formulate appropriate and measurable program objectives and Design educational programs consistent with specified program objectives.

- **Implementing Health Education Programs**

It is the responsibility of Health Educators to Exhibit competence in carrying out planned educational programs, infer enabling objectives as needed to implement instructional programs in specified settings, Select methods and media best suited to implement program plans for specific learners and Monitor educational programs, adjusting objectives and activities as necessary.

- **Evaluating Effectiveness of Health Education Programs**

Health Educators develop plans to assess achievement of program objectives, Carry out evaluation plans, Interpret results of program evaluations, infer implications from findings for future program planning.

- **Coordinating Provision of Health Education Services**

Health Educators develop plans for coordinating health education services, facilitate cooperation between and among levels of program personnel, formulate practical modes of collaboration among health agencies and organizations and organize in-service training programs.



- **Acting as a Resource Person in Health Education**

Utilize computerized health information retrieval systems effectively Establish effective consultative relationships with those requesting assistance in solving health-related problems, interpret and respond to requests for health information and select effective educational resource materials for dissemination.

- **Communicating Health and Needs, Concerns, and Resources**

They interpret concepts, purposes, and theories of health education, predict the impact of societal value systems on health education programs, Select a variety of communication methods and techniques for providing health information and Foster communication between health care providers and consumers.

Health Education as a Tool for Effective Healthcare Delivery System

The roles of health education has been described as “the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals.” It is concerned with threats to the overall health of a community based on population health analysis (Adeyemo, 2005). The population in question can be as small as a handful of people or as large as all the inhabitants of several continents (for instance, in the case of a pandemic). Public health has many sub-fields, but typically includes the interdisciplinary categories of epidemiology, biostatistics and health services. Environmental health, community health, behavioural health, and occupational health are also important areas of public health (Oyewole, 1999). The focus of health education is to prevent and manage diseases, injuries and other health conditions through surveillance of cases and the promotion of healthy behavior, communities, and (in aspects relevant to human health) environments (Abdulraheem, Oladipo & Amodu, 2011). Abiodun, (2010) Opined that the aim of Health Education is to prevent health problems from

happening or re-occurring by implementing educational programs, developing policies, administering services and conducting research. In many cases, treating a disease or controlling a pathogen can be vital to preventing it in others, such as during an outbreak. Vaccination programs and distribution of condoms to prevent the spread of communicable diseases are examples of common preventive public health measures, as are educational campaigns to promote vaccination and the use of condoms (including overcoming resistance to such), (Mike, 2010). Health education takes various actions to limit the health disparities between different areas of the country and, in some cases, the continent or world (Bundy, D, Guya, H.L. 1996). One issue is the access individuals and communities to health care in terms of financial, geographical or socio-cultural constraints to accessing and using services. Applications of the public health system include the areas of maternal and child health, health services administration, emergency response, and prevention and control of infectious and chronic diseases (Alina-Ata ,1978). According to Federal Ministry of Health FMH (1997), the goal of the National Health Policy is to bring a comprehensive health care system, is to bring health care services that are promotive, protective, preventive, restorative and rehabilitative to all citizens within the available resources so that individuals and communities are assured of productivity, social well-being and enjoyment of living. The great positive impact of Health Education in public health programs is widely acknowledged. Due in part to the policies and actions developed through public health, the 20th century registered a decrease in the mortality rates for infants and children and a continual increase in life expectancy in most parts of the world (Kann, Brenner, Allensworth, 2001).

Relationship Between Health Education Specialist and Other Health Professionals

The responsibilities, skills and knowledge required of the health education specialist,



described above, can be carried out in many different ways depending on the setting and the needs of the institution, consumers or community. The education specialist may function as a consultant to other health professionals or to a community (Marcus, 2012). According to the U. S. Public Health Sciences (2008), Health Educator may work with public health nurses in setting up an educational program in a clinic for mothers and infants; or with physicians and nurses in a cardiac care unit developing materials for patients' families. Or he/she may function as a member of a public health or medical care team in a hospital or clinic. For example, a team for educating diabetic patients could include a physician, nurse, dietitian and a health educator; or a public health team concerned with pollution of a river could include an environmentalist, a toxicologist, a public health physician and a health educator. Or the health educator may be the only health professional working with a community to help the community understand the need for draining small pools of stagnant water, and devise a plan with the community for doing so.

As the definition of health education suggests, the primary role of the health education specialist is to facilitate the learning process and help the individual or community to make informed decisions about health/disease issues. The health educator, therefore, never works alone but always together with individuals, groups or communities to assist them in dealing with health/disease issues and to facilitate their learning.

Challenges Facing Health Education in Nigeria Healthcare Delivery System

The Nigerian government is committed to quality and accessible public health services through provision of good health care to all and as well as provision of preventive and curative services (FMOHN, 2004). One of the hindrances in health care services in Nigeria has to do with insufficient number of health workers as well as uneven distribution of the few staff especially in the rural communities and this has caused the health care

services system ineffective and make the community seek for health services elsewhere such as herbs and other local health facilities and sometimes patronize quacks in the process (John,2010).

Other challenges facing effective primary health care services in Nigeria are lack of health education in most health sectors at all levels in order to create awareness and educate the populace on health issues, corruption which hinders proper planning, implementing and evaluating the health education aspects of various health programmes in the country, poor facilities and equipment to enable Health Educators to carry out health education campaigns at all levels in the country, and the political instability in which hinder the implementation of Health Education policies (Adeyemo,2005).

CONCLUSION

The roles of health education in promoting health in Nigeria cannot be over emphasized. It has gone a long way to revert the health sector and the delivery system in terms of saving lives and the betterment of the populace.

As already stated, traditional medical practices are very much a part of the health care delivery system in Nigeria today as they were during and before the struggle for independence. Health care during the period of independence was oriented primarily to curative rather than preventive care. For example, as a result of the poor attempt to establish preventive programs, measles remained the greatest killer of children. By this time, the WHO had proven beyond reasonable doubt that proper execution of preventive programs can eradicate deadly diseases, and indeed, small pox was almost non-existent in Nigeria at this time (Folawiyo, 1990).

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