



Health Education and Promotion Panacea for Achieving Sustainable Developmental Goals in Nigeria

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Abstract

Health as the totality of a person(s) state of mind, physic and social wellbeing is prioritized all around the world. This is imperative because health determines ones abilities and capabilities which reflect in the input one could make in their environment for improved productivity. The nation with healthy individuals stands to excel in national growth and development which affirms the maxim health is wealth. A healthy nation is a wealthy nation thus to achieve any kind of development in any sector, it has to attained through healthy individuals. Sequel to this, sustainable developmental goals have to be accomplished when the citizens of the country are sound physically, socially and psychologically. In the absence of good health of the citizens, the national aims and objectives as well as the sustainable developmental goals will remain unaccomplished leading to under development and its attendant upheavals. Stemming from the above declaration, this paper tries to unravel the concepts of health education and promotion, importance of health education and promotion to the populace, the sustainable developmental goals and how health and promotion education could accelerate the achievement of sustainable developmental goals in Nigeria. Suggestions were also made in that direction.

Keyword: Health Education; Promotion; Panacea; Achieving; Sustainable Developmental Goals

Introduction

The life of every individual is sustainable through living a healthy life, this attributed to the fact that good health extends life expectancy in one's life while ill health results to sickness and possibly eventual death. Health is the individual's overall wellbeing in all aspect of life be it physical, intellectual, emotional and otherwise. Going by this, health could be good or bad [1-6]. It is good when one is free from disease and bad when one is diseased. Nwakanma [7] gave credence to the above assertion when the scholar posited that health refers to the individual's condition of mind, mental and physical which according to him could be positive or negative. It is positive when one is good health and negative when the health is poor. One who has a good health stands to be energetic, vibrant and productive while the one with infirmity suffers discomfort, pains and thus unproductive. In congruence with the above elucidation, Balong (2013) opined that health is not just the circumstances where one is free from ailment but transcends to being completely free from physical, psychological and mental conditions. It is freedom from blemishes in all aspects of being healthy. This qualities expected of a healthy individual is a panacea for improved living standard of not just the individual but also the community where he finds himself. This is evinced

in the wordings of Okere [5] that all governments are certain that the health of the people not only bestow healthier lives but also propagates fundamentals for the unremitting economic and socio-political development of the country as a whole.

Obviously, health is the haul mark of human activities throughout the entire life time. This is the reason Onuzuluike [6] citing Udo & Ajala (1999) described health as the attributes of man that dictates how the individual faces the challenges of life as well as performs daily routine[8-10]. This is certain because it takes a healthy individual who is sound in mind and body to effectively function in such a way as to contribute meaningfully to his personal life as well as in relationship with others. In like manner, WHO [11] espoused that health is the state of complete physical, mental and social well-being and merely the absence of disease or infirmity. In this regard, health is not just a situation whereby an individual is not diseased, it goes beyond that and dove-tailed into the emotional, physical and social dimensions of human status. In consonance with WHO, Community Care Health Centre [2] lucidly put that mental health is the cog in the wheel of the overall wellbeing of a person thus emphasized that once the mental health is not stable, the entire body system becomes dreadful.

The Concept of Health Education

Health is the condition of being free from illness as well as being mentally, physically and psychologically fit so as to battle life encounters and make contributions in our daily lives which is expected to positively impact on those around us. This is so because it is a general consensus that one's thought directs one's action. One cannot be thinking of another thing and be doing another. Your thought reflects your action. Positive thought begets positive behaviour while negative thought breeds unhealthy behaviour. This is why the definition of health surpasses simply being diseased to other aspects like social interaction and physical wellbeing. Education on the other hand is the transmission of knowledge, skills, values, morals and societal norms to the learner which is expected to result to positive change in behaviour in such a way that the learner becomes useful not only to himself but the community where his coming from. Health education is therefore the impartation of knowledge, skills, and attitudes on health related matters so as to enable the beneficiaries have positive attitudes to health enhancement behaviours that promote healthy living. In support of the afore mentioned expressions, Nwakanma [7] stated that health education is the sum of all experiences which favourably influence habits, attitudes and knowledge relating to individual, family and community health. This is essential because absence of adequate and exact health information inhibits many people from making intelligent decisions about the purchase and use of health products and services. Thus, health education is vigorous in precluding disease of extension of life span. Health education aims at educating the students on the dangers of drug abuse, motivate them on hygiene practice that assists life lead a healthy life. Students also learn that by avoiding harmful practices that beget ill health healthy behaviours are internalized. Good health habits make for proper functioning in daily actions of life.

On another dimension, Pickett and Hanlon (1990) in Nwakanma [7] espoused that health could be subjective and objective depending on how one feels and how one operates in the society where he lives respectively. A healthy person is one who feels sound and energetic to face daily life activities. The unhealthy one feels sick, discomfort and pained coupled with loss of energy to carry on with daily routine. In this regard, health education is all aspect of health including health services. It goes further to accurate assessment of the needs of the population, develop suitable materials for health education, train other workers including voluntary health workers and to assist in evaluating local health education programmes. Similarly, Hyattractions (2014) citing the joint committee on health education and promotion terminology of 2001 defined health education as "any combination of planned learning experiences based on sound theories that proved individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions" it went further to explain that health education is the just like other field of human endeavour where professionals educate people about health. Health education

has many areas like environmental health, intellectual health, physical health, social health, emotional health, spiritual health among others [12,13].

Objectives of Health Education

- a) To fight poverty, ignorance and the associated diseases.
- b) To project to the people the essence of being healthy so as to enable them prioritize health in daily living.
- c) To facilitate training and continuing education in health care quality.
- d) To motivate students to improve and maintain their health, prevent disease and reduce risky behavior.
- e) To enable the students to develop a scientific point of view of health with reference to traditional and modern concept of health.
- f) To enable the students to identify health problems and understand their own role on health and to medical agencies in meeting those problems.

Chakma [1] acknowledged the following aims and objectives of health education as under listed

- a) To provide information about health and its value as community asset.
- b) To maintain norms of good health
- c) To take precautionary and preventive measures against communicable diseases
- d) To render assistance to the school going children an understanding of the nature and purpose of health services and facilities.
- e) To develop and promote mental and emotional health
- f) To develop a sense of civic responsibility

Importance of Health Education

The following are the importance of health education as identified by Green spring Educational Services (2019).

- a) It forestalls lack of health information by both young and old that could result to health challenges in at old age thus equips them with better good health practices that prevents certain diseases thereby prolongs life expectancy.
- b) It aids prevention of transmissible diseases and treatment of such like malaria, measles, pneumonia, etc.
- c) Dangers of malnutrition are exposed especially on the most vulnerable people like expectant and nursing mothers, infants and toddlers, the aged and so on.
- d) The classes of food and their nutrients are taught as well as good eating habits.

According to Chakma [1] listed the importance of health education as follows

- a) Health education provides information to the students and the teachers about the functions of the body the rule of health and hygiene and precautionary measures for keeping off diseases.
- b) It helps in discovering physical defects of children and discovering various types of abnormalities of children.
- c) Health education develops health habits like need of fresh air, hygienic feeding and various classroom habits.
- d) It provides knowledge regarding good health habits.
- e) It provides knowledge regarding prevention and control of various diseases.
- f) It develops better human relation between school, home and community.
- g) Health education provides first aid training essential for everyone a emergency may come to any one and at any time.

Problems of Teaching Health Education in Nigerian Schools

The problems of teaching health education in schools are grouped into two as observed by Greenspring Educational Services (2019).

- a) Institutional based problem and
- b) Teacher- related problems

The institutional based problems are those problems generated by the institution like budget constraints, scarce resources, reduction of time allocation in the curriculum, lack of professional expertise and the lack of instructional facilities and equipment. Many health institutions do not have adequate health personnel to teach the cause effective and the ill equipped laboratory denies students the opportunity of gaining practical knowledge which is paramount in teaching/learning effectiveness. Teacher-related problems are the problems caused by the teachers themselves such as lack of zeal and interest to teach and push the instruction to the fore. Many of them went into teaching as the last resort to make ends meet. Many of them are not qualified in the subject and as a result rigmarole without achieving desired results.

The Concept of Health Promotion

Health promotion is the combination of three areas of health namely health education, health protection and prevention. Health education is the health operation that promotes individual wellbeing through positively imparting the knowledge, beliefs, attitudes and behaviour of the populace which the aim of influencing their behaviour to lead a healthier life (Okere [5]). To Whitehead (2004) it is based on political and commercial empowerment-driven processes. The scholar went on to expatiate that health promotion seeks to improve or protect health through behavioural, biological, socio-economic and environmental changes. It can include health

education, personal services, environmental measures, community and organizational development and economic and regulatory activities. WHO [13] posited that health promotion is the process of enabling people possess increased control and improve their health. It surpasses individual behaviour to include societal and environmental intervention. It is the process of enabling people to increase control over their health and its determinants thereby improving their health.

The Scope of Health Promotion

- a) Health promotion embraces the concept of disease prevention as well as the notion of positive health-the promotion of a sense of physical and mental wellbeing. A major emphasis is to make the healthy choices, the easy choices. Health education is a core component and it is unlikely that health promotion will succeed without it.
- b) Environmental measures concerns safeguarding the physical environment and making it conducive to health i.e. at home, at work, on the road, in public places, provision of clean water, safe sanitation, pollution control, fluoridation, fire precautions, industrial safety measures, better road design and non-smoking areas.
- c) Community development normally involves the mobilization of community resources both human and non-human. Activities might include the formation of self-help or peer groups and the development of local facilities and services.
- d) Economic and regulatory activities are primarily concerned with crating a social and economic environment which protects or improves health like fiscal measures, legislation, voluntary codes of practise and the widening of the availability of services and products conducive to health.
- e) Health promotion provides personal services designed specifically for health promotion comprise;
 - i. Preventive medicine services e.g. immunisation, family planning, hypertension screening and control.
 - ii. Positive health services comprising individual and group programmes e.g. smoking cessation, keep fit, fight weight reduction.

Health promotion as a state of complete physical, mental and social wellbeing of an individual or group must be able to identify and realise health aspirations, satisfy health needs and change or cope with the environment. Health is therefore seen as a resource for every day's life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical wellbeing.

The focus of health promotion is

Promotive Health Services

- a) Health education by direct approach, correlation, integration and incidental.

- b) Good nutrition in pregnancy, childhood elderly and so on.
- c) Recreational/physical fitness programmes.
- d) Communicable disease control
- e) Adequate housing
- f) Smoking cessation
- g) Avoid alcohol and other drugs
- h) Promotion of mental health
- i) Avoid violent and abusive behaviour
- j) Proper stress management
- k) Family planning
- l) Support network (friends, family members, colleagues etc.)
- m) Charity actions directed to helping everybody around us.
- n) Recovery and future development of self esteem
- o) Development of intuition, creativity and capacity of anticipation of future events
- p) Health insurance
- p. Food safety
- q. Safety education
 - i) Home safety
 - ii) School safety
 - iii) Traffic safety
 - iv) Pedestrian safety
 - v) Bicycle safety
 - vi) water safety
 - vii) Air safety
- r. Workplace safety
- s. Oral health
- t. Protection against exposure to radiation and resultant cancers.
- u. Protection against emerging and re-emerging infections
- v. Protection against the deliberate release of biological chemical or radiological.
- w. Protection against climatic change etc.

Protective Health Services

The key functions involved in health protection are

- a. Immunisation against childhood fevers and other communicable diseases.
- b. Investigations into disease outbreaks or incidents.
- c. Chemoprophylaxis against
 - i) Malaria
 - ii) Cerebrospinal meningitis
 - iii) Yaws etc.
- d. Risk assessment
- e. Isolation of case so as to protect those not affected
- f. Surveillance of contact so as to prevent spread of diseases to those unaffected i.e. on-going scrutiny.
- g. Quarantine of cases so as to protect those not affected
- h. Emergency response and management
- i. Protection against unintended injuries
- j. Protection against injuries in children and youth infections
- k. Anti microbial resistance
- l. Protection against exposure to airborne hazards
- m. Protection against intestinal infections
- n. Protection against falls in older people
- o. Drug safety

Preventive Health Services

Priority areas in preventive health services include

- a) medical health examination
- b) blood pressure reading
- c) cholesterol screening
- d) health risk appraisals
- e) mass miniature radiography (MMR)
- f) Sputum immunological test
- g) Blood screening
- h) Body fat analysis
- i) Cancer screening
- j) Fitness assessment
- k) Exercise prescriptions
- l) Individual counselling
- m) Weight control
- n) Prevention of HIV/AIDS and other sexually transmitted infections
- o) Prevention of cancer
- p) Prevention of heart diseases
- q) Prevention of diabetes
- r) Prevention of high blood pressure

- s) Prevention of other chronic degenerative diseases.
- t) Environmental sanitation etc.

The Sustainable Development Goals

The sustainable development goals which are also referred to as global goals were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet and ensure that by 2030 all people enjoy peace and prosperity. The 17 sustainable development goals (SDGs) are integrated—they recognize that action in one area will affect outcome in others, and that development must balance social, economic and environmental sustainability. The following constitute the SDGs according United Nations Development Programmes (2021).

- a) Poverty
- b) Zero hunger
- c) Good health and wellbeing
- d) Quality education
- e) Gender equality
- f) Clean water and Sanitation
- g) Affordable and clean energy
- h) Decent work and economic growth
- i) Industry, innovation and infrastructure
- j) Reduced inequalities
- k) Sustainable cities and communities
- l) Responsible consumption and production
- m) Climate action
- n) Life below water
- o) Life on land
- p) Peace, justice and strong institutions
- q) Partnerships for the goals

The sustainable development goals (SDGs) are 17 goals with 169 targets that all 191 UN member states have agreed to try to achieve by the year 2030. It is a blueprint to achieve a better and more sustainable future for all.

Processes to Achieve the Sustainable Development Goals for and with Children as identified by United Nations International Children Education Fund (n.d) are.

- a) Awareness:** sensitizing the children will help to spur them into action.
- b) Action:** the children could stimulate through actions the achievement of these goals.
- c) Accountability:** the global leaders should be accountable in their responsibilities.

Health Education and Promotion Panacea for Achieving Sustainable Development Goals.

Sustainable development goal number 3 (SDG3) aspires to ensure health and wellbeing for all, including a bold commitment to end the epidemics of AIDS, tuberculosis, malaria and other communicable diseases by 2030. It is also aims to achieve universal health coverage and provide access to safe and effective medicines and vaccines for all. This third SDG has a central place that is to ensure healthy lives and promote wellbeing for all at all ages. Almost all of the other 16 goals are related to health or their achievement will contribute to health indirectly. This is evinced by the SDG3 indicators by target as enunciated by WHO [12].

Indicator 3.1.1: maternal mortality ratio

Indicator 3.1.2: proportion of births attended by skilled health personnel

a) 3.1 by 2030, end preventable deaths of new born and children under5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births.

Indicator 3.2.1: Under-five mortality rate

Indicator 3.2.2: Neonatal mortality rate

3.3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

a) Indicator 3.3.1: Number of new HIV infections per 1,000 uninfected population by sex, age and key populations.

b) Indicator 3.3.2: Tuberculosis incidence per, 1,000 population

c) Indicator 3.3.3: Malaria incidence per 1,000 population

d) Indicator 3.3.4: Hepatitis B incidence Per 1,000 population

e) Indicator 3.3.5: Number of people requiring interventions against neglected tropical diseases

3.4. By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing.

a) Indicator 3.4.1 Mortality rate attributed ti cardiovascular disease, cancer, diabetes or chronic respiratory disease

b) Indicator 3.4.2: suicide mortality rate

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

a) Indicator 3.5.1: Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders

b) Indicator 3.5.2: Harmful use of alcohol defined according to the national context as alcohol per capita consumption (aged 15 years and older within a calendar year in litres of pure alcohol.

3.6 By 2030, halve the number of global deaths and injuries from road traffic accidents

a) Indicator 3.6.1: Death rate due to road traffic injuries

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education and the integration of reproductive health into national strategies and programs.

a) Indicator 3.7.1: proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods

b) Indicator 3.7.2: Adolescent birth rate (aged 10-14 years: aged 15-19 year) per 1,000 women in that age group

3.8. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

a) Indicator 3.8.1: coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access among the general and the most disadvantaged population)

b) Indicator 3.8.2: Number of people covered by health insurance or a public health system per 1,000 population

3.9. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

a) Indicator 3.9.1: Mortality rate attributed to household and ambient air pollution

b) Indicator 3.9.2: Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe water, sanitation and Hygiene for All (WASH) services)

c) Indicator 3.9.3: Mortality rate attributed to unintentional poisoning

3.a. Strengthen the implementation of the World Health Organization framework convention on tobacco control in all countries, as appropriate

Indicator 3.a.1: Age-standardized prevalence of current tobacco use among persons aged 15 years and older

3.b. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

a) Indicator 3.b.1: Proportion of the population with access to affordable medicines and vaccines on a sustainable basis

b) Indicator 3.b.2: Total net official development assistance to the medical research and basic health sectors

3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing states.

a) Indicator 3.c.1: Health worker density and distribution

3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

a) Indicator 3.d.1: International Health Regulations (IHR) capacity and health emergency preparedness.

Conclusion

Health is the hall mark of a person's condition of being sound physically, mentally and psychologically not just freedom from disease and the health education is about enlightening the masses on how to live a healthy life. Health promotion on its own involves health services provided to ensure that the members of the public are assisted in enjoying health related services. This crucial because health is a resource through which individual influences the environment through productivity which is made possible by sound health. From all indications, health education and promotion remain the nucleus of the achieving the sustainable developmental goals because where there are healthy individuals clean environment as well as other SDGs will be met and even surpassed.

Suggestions

From the above proclamations, the following suggestions were made:

- The government should as a matter of priority provide necessary facilities and equipment needed to enhance quality and functional health education that could assist both young and old observe good health practices for a better life.
- The government should also ensure that qualified health professional is employed to oversee the good health of the citizen as using quacks could lead to high death rate.
- The salaries and wages of health workers should be beefed up to make them committed to their duties.
- Official vehicles should be provided and maintained to enable health officers reach out to the populace.
- Laboratories should also be equipped to take care of the tertiary and quaternary health care services.
- Above all health care services and medications should be subsidized to make it affordable to the poor masses.

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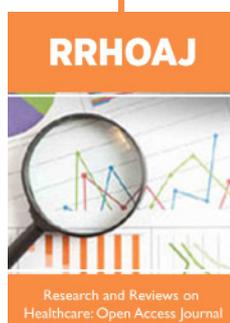


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