

HEALTH EDUCATION AS VERITABLE TOOL FOR EFFECTIVE HUMAN PRODUCTIVITY IN TEACHER TRAINING INSTITUTIONS IN NIGERIA

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Abstract

Health education is a process of providing health information in a simple and understandable form for people to learn and adopt. It helps people to value health as a worthwhile asset and enable them to make informed decisions about their lives. Health education is very effective in improving knowledge, changing attitude and enhancing practice in relation to positive health behaviour which can result to improve health status and productivity. Good health is a resource for everyday living, which enables individuals to enjoy life, achieve academically and make them happy citizens that can contribute to the socio-economic and cultural development of every nation. Therefore, it is recommended that posters and billboard depicting health promotion strategies such as balance diet, importance of exercise, avoidance of drugs and alcohol consumption should be placed in strategic locations in our tertiary institutions for the benefit of both teachers, students and other institutions community members as this will go a long way in improving their health status and thereby results to high productivity.

Keywords: Health, Education, Human, Productivity, Teacher Training

Introduction

Health has been linked with productivity and better academic performance. Health is more than non-disease condition but an overall well-being of an individual's physical, mental and social well-being. Various activities carried out by people constitute a threat to their health and environment, such as their eating habit, refuse and sewage disposal, sedentary lifestyle, among others. Similarly, accidents result in physical injury, drug abuse results in impaired physical, mental and social health. Health education in the school environment makes students and teachers to value their own health and enable them to promote health as individuals and community. Health education promotes good nutrition, relaxation, disease prevention; it also prevents teenage pregnancy resulting in improved health status and thereby influences

productivity. This paper focuses on the concepts of health and health education, theory of Health Belief Model (HBM), impact of health education on health of people and the importance of health education in enhancing productivity.

Concept of Health and Health Education

Health has been defined by the World Health Organization as a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity (WHO, 1958). Health is the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs and on the other hand to change or cope with the environment. Health is seen as a resource for everyday life, not the objective of living, it is a positive concept emphasizing social and personal resources as well as physical

capacities.

Health Education is all about enlightening people on the issues related to their health for the purpose of encouraging and motivating them to adopt a particular pattern of behaviour for promoting their health. Health education has been described as any planned activity, which promotes learning about illness or health so that there is some relatively permanent change in a person's knowledge and ideas (Royle & Walsh, 2012). Health education involves the whole person throughout the entire life, regardless of how ill or well that person may be at any one time. It involves helping people to help themselves, either individually, in families, or in larger communities, by using a wide range of teaching techniques to achieve goals which often involve changing behaviours, attitudes and social circumstances (Royle & Walsh, 2012).

Health education may also be defined 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. This process is based on scientific principles, facilities, learning and behaviour change in both health personnel and consumers, including children and youths (Udoh et al., 1987). In the same vein, Udoh et al. (1987) pointed out that the goal of health education is both curative and preventive so as to reduce morbidity, mortality, and disability and more recently to reduce the cost of health care. Health education influences not only diseases but also rates of population growth, absenteeism from work and school, illegitimacy (unwanted children) and perhaps widowhood, thus it has a wide impact.

Theoretical Framework

This work was based on the cues to action, a construct in Health Belief Model (HBM) which was developed in the early 1950s by social psychologists Hochboun, Rosenstock, and Kegels working in the U.S.A. Public

Health Service (PHS) to explain why people adopt a particular preventive approach and response to disease symptoms and compliance to medical prescription (Larmote, 2016). The Health Belief Model (HBM) possesses six constructs that predict health behaviour: risk susceptibility, risk severity, benefits to action and barriers to action, self-efficacy, and cues to action (Jones et al., 2014).

The aspect of HBM that best explains the role of health education in disease prevention was cues to action which has been stressed by Darby and Waish (2010) who pointed out that a client's education and awareness plays a very important role in behavioural change, this may help in providing knowledge, modify attitude, and motivate positive practice that would help in health promotion and improve health status. Similarly, Oben (2016) explains that the model that best describes the roles of education intervention in health behavioural change is the Health Belief Model (HBM), this model describes how behavioural change depends on the cues to action and perceived threat of health condition. For example, a periodontal disease client must know and believe he/she is at risk for tooth loss or other health consequences that may emanate from periodontal disease, and this will impact their overall health and quality of life. Preventive health behaviours can be developed if there is information on what, how and when to practice safer health behaviour. Jones et al (2014) pointed out that cues to action (education, age, location, etc) as one of the constructs of the model, help in providing good knowledge that helps in developing positive attitude and proper preventive and curative health behaviours.

Impact of Health Education in Enhancing Human Productivity

Health education is one strategy for implementing health promotion and disease prevention programmes, it provides learning experiences on health topics. Health education strategies are tailored for their

target population, it presents information to target populations on particular health topics, including the health benefits or threats they face, and provides tools to build capacity and support behaviour change in an appropriate setting. Examples of health education activities include Lectures, courses, seminars, webinars, workshops, and classes (Rural Health Information Hub, 2018). A study explores the impact of health education on student knowledge and behaviours toward infectious diseases and determines the factors affecting infectious diseases knowledge and behaviours among students in Gansu, China. Statistically significant differences were observed among eight items of infectious disease transmission and treatment knowledge between intervention and control groups, average accuracies of knowledge and behaviours toward infectious diseases after the intervention. The study further revealed that significant differences were observed in six items on student behaviour in rural and urban areas due to health education intervention (Wang, et al., 2018).

A study by Cown, Grossman, and Giraudo (2017) was carried out to assess the effect of a nutrition education intervention on the nutrition-related knowledge, attitudes, and behaviours of Hispanic children, ages 6-10 years, in a local after-school programme. The health education intervention was seven weekly lessons that lasted an average of 30 minutes each. Pre and post-tests were used to determine the effectiveness of the health education programme. The study revealed that there was a statistically significant difference observed for the intervention group between the pre and post-test scores for knowledge. Besides, the post-test scores for the intervention group were significantly higher than for the control group. On the other hand, changes in nutrition-related attitudes and behaviour were not significant. The only measure that showed significant improvement was knowledge about the differences between healthy and unhealthy food choices after the intervention, which is

crucial in the development of healthy behaviours.

There are many hazards in the environment which adversely affect human health and the environment such as physical hazards: noise, automobile accidents; biological hazards: micro-organisms, insects, and snakes; chemical hazards: insecticides, mercury, and aniline amongst others: Socio-cultural/psychological hazards: beliefs, religion, taboos (Samson-Akpan, 2020). These hazards get to man through environmental media such as air, water, food and housing soil (Olaninan et al., 1995). These hazards lead to many health conditions such as high blood pressure, infectious diseases and other non-communicable diseases that may adversely affect the health of individuals and his productivity. The aim of health education is to encourage people to value health as a worthwhile asset and let them know what they can do as individuals and communities to promote their own health (Lucas & Gilles, 2003).

In effect, health education is designed to alter attitudes and behaviour in matters concerning health and environment. The more people know about their own health, the better they are able to take appropriate measures in issues relating to their life such as diet, exercise, use of alcohol, tobacco, teenage pregnancy general diseases and hygiene thereby making them fit for daily task and more productive.

Health education helps people to value their environment thereby preventing environmental pollution, which can result in respiratory tract infection, enteric fevers, diarrhea and others; excessive noise can result in hearing impairment. Illness results in absenteeism, which is associated with low productivity (Samson-Akpan, 2020). Health education also helps in correcting health misconception and prevents sexually transmitted diseases; this reduces morbidity and mortality. Problems of identity especially among our adolescents in secondary and tertiary institutions, teenage

pregnancy and early parenthood are all concerns of health education (Finger, 2012). Teenage pregnancy and early parenthood result in abandoning education thereby depriving the society of needed manpower. Teenage pregnancy results in such complications as anaemia, vesico-vaginal fistula (VVF) and even death. Unsafe abortion which follows teenage pregnancy can result in haemorrhage, infection and damage to the reproductive tract or organs. Chronic pain, ectopic and infertility are long term effect (Blaney, 2013). All these health threats can adequately be cared through effective and well planned and organised health education programme.

Conclusion

Health Education is the appropriate route through which all citizens can learn to

understand the relationship between these social, economic, and psychological problems and individual patterns of growth and development. It is through such understanding that positive action can improve the quality of life for the individuals as well as for the family and the society. "A healthy man is a wealthy man"

Recommendations

Posters and billboards depicting health promotion information and strategies should be placed in strategic locations in our teacher training institutions for the benefit of teachers, students and institutions community members for optimal health promotion and disease prevention which can result to high productivity.

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