Assessment of Health Education presented at Health Care Centers

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Abstract:-

Objectives: To assess Health Education provided in Healthcare centers in Kirkuk City.

Methodology: A quantitative design, a descriptive study simple random sample of (200) person is selected through the use of probability sampling approach. The sample of study is groups which include (200) consumers, (primary health care centers). They are comprised of questionnaires and overall items included in these questionnaires are (30) items. The study included assessment of organization structure, such as work place, material, resources, and workforce, demographic characteristics of care providers, consumers and activities and duties of their. Interview techniques were conducted with directors of primary health-care centers, consumers.

Results: The findings of the study indicate that there is over- load of target population on primary health care centers, poor designed building, program statistical and data reporting system was poor, decrease core financial support and inadequacy of funding for primary health care centers, there is increased demand and decreased supply of primary health care health educators and Poor of strategies of training and development for health educators and poor health education lectures for consumers in primary health-care center .

Conclusion: The study recommended to establishment of buildings for primary health care centers according to the numbers of consumers within the geographical area. A Primary care system must grow and be nourished. Health educators need to be expanded to meet growing community needs, once in place, must be supported so it can continue and thrive for program reporting use to project the supply of health educators and support of strategies of health education for consumers.

Introduction

Primary care places emphasis on preventive care. Primary health care uses a holistic approach. It is driven by the health care needs of individual communities and maximizes the potential use of all available health resources (Baumann et al. 2009).There is an old saying that ‘Health is wealth’. It is also well said that “prevention is better than cure”. Hence, it is imperative to educate the society about the health to promote health and prevent disease and to prevent premature death and disability. Health education is an education that helps families, children and staff engage in safe and healthy behaviors (Perrot, M. 2002).). Health education instruction at every status level is necessary to provide and reinforce essential health skills for a lifetime (Connell et al. 1985). Health education is an essential component

of any strategy to promote the health of the community. Health education services are an essential element of health care as their goal is to improve health behaviors that enhance well being. The role of health education has been the subject of considerable discussion and has become a profession on its own merit. A variety of health education interventions within the scope of (PHCCs) and health promotion are conducted. Personal, as well as impersonal approaches are employed. Group media, including television, radio and newspapers are used and posters, leaflets and booklets are widely distributed. The (PHCCs) setting has been considered the most appropriate medium for communicating with people. Nevertheless, televisions have been acknowledged as the most effective medium for health education (Elfituri et al. 2009). Health Education is defined 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 (McKenzie et al. 2009). In the past, health education was used as a term to encompass a wider range of actions including social mobilization and advocacy. Health education encourages behavior that promotes health, prevents illnesses, cures diseases and facilitates rehabilitation (WHO, 2008). Health education is a tool which enables people to take more control over their own health and over the factors which affect their health. Health Education tools Assessing for individuals, groups, and programs in health education focus on methods for selecting instruments and collecting data. The aim of the assessment is to make the differences visible and understandable achievements, barriers and challenges in the implementation process (Ewles, L. and Simnett, I. 2009). In fact, the terms health promotion and health education are often used interchangeably in the United States. In some countries, such as Australia, the term health education is used most often. It is to influence both individuals and their social environments, in order to improve health behavior, enhance health, quality of life and might include some forms of opportunistic health education to encourage a client towards better health (Wass, A. 2000). Health education is an effective tool that helps improve health in developing nations. It not only teaches prevention and basic health knowledge, but also conditions ideas that re-shape everyday habits of people with unhealthy lifestyles in developing countries (Joint Committee on Health Education and Promotion Terminology, 2000). Health education is a deliberately structured discipline or profession that provides learning opportunities about health through interactions between educators and learners using a variety of learning experiences. This process of learning can enable people to voluntarily change conditions or modify behavior for health enhancement (McKenzie et al. 2002). Health education professionals working all over the world in a variety of settings, including schools, worksites, nongovernmental organizations (including voluntary health organizations),medical settings, and communities (Glasgow, R. E., and Emmons, K. M., 2007).). Physicians are important collaborators and are in key roles to affect change in health behavior. Likewise, nurses and social workers bring to health education their particular expertise in working with individual patients and patients' families to facilitate learning, adjustment, and behavior change, and to improve quality of life well (Grol et al. 2007). Iraq is one of the developing countries that have been confronted by political instablility: economical sanctions and changes within the political system which resulted in posed destructions of majority of infrastructures, consequently migration of essential health personnel, particulary physicians and nurses have raised moreover dropout of any national manpower (WHO, 2006). This study is the first in the Kirkuk Governorate that aims to determine priority health

issues and to identify the groups of people (target groups) to whom future health education program should be addressed. It is also used as the basis for selecting the media most appropriate for each health issue and to each group. The researcher believes that the most appropriate study is first to find out the of health education services assessment at centers of primary health Care in Govermarate Kirkuk.

Methodology

Design and Settings of the Study

A descriptive satisfaction study is using a quantitative design conducted on primary health care centers in Kirkuk Governorate. It is divided in to (2) health sectors according to the Ministry of Health and directorate of primary health care. A total of (10) primary health care centers are selected for the purpose of the study (Table 1).

Sample and instrument of the Study

A simple random sample of (200) subject, it is selected throughout the use of probability sampling approach **(**an extensive centers of primary healthcare in Kirkuk Governorate, review of relevant literature a questionnaire). It was comprised of three parts and overall items included in the questionnaire were (30) item

Consumers

The questionnaire is consists of the following:

Part I: This part is comprised of information about socio-demographic characteristics of clients which include age, social status and level education.

Part II: This part is related to health education (lecture).

Part III: This part is about contentment and acceptance of the consumers for health education services.

Results

The results of the data analysis are presented throughout this figure. These results are organized as follows:

I am Satisfied =good Neutral = poor I am not Satisfied=fair

The distribution of consumers demographic characteristics has indicated that the majority of them were female (75.5%), married (64.5%), age is between(21-30)and (31-40) years the total them as (75.5%) years , staff (65.5%) ,and education level is diploma (32%).

This figure indicates that the greater number of primary health care centers had consumers' satisfaction of relating health education services (a lecture) (56 %).

The results out of this table as the health education services presented that most of the organization structure was good (60%), Health educator was Fair (50%), and consumers were good (52%).level of health education services at primary health care centers in Kirkuk Governorate

Table (1) Distribution of Settings and Sample Size of Kirkuk Health Directorate for the Study

Directorate	Primary Health Care Sector name	Primary Health Care Center name	Structure	Health educator	Consumers
Kirkuk	Kirkuk I	Rahem Awa(Training)	1	1	18
		Baglar	1	1	18
		Tasaen(Specialty Training)	1	1	18
		Al-Wasty (Specialty)	1	1	18
		Al Salam	1	1	18
Kirkuk	Kirkuk II	Qara Hanjer (Emergency-Delivery Room)	1	1	18
		Hawkary(Specialty)	1	1	18
		AL-Tiakhy(Specialty)	1	1	18
		Hay AL-Hujaj(Specialty)	1	1	18
		Al Nasser	1	1	18
Total	2	10	10	10	180

Table (2) Distribution of the Consumer's Demographic Characteristics

Gender	Frequency	Percent	**M.S.**	**Sig.**
Male	49	24.5	1.75	S
Female	151	75.5		
Total	200	100.0		
Marital status:	Frequency	Percent		
Single	22	11	1.73	S
Married	129	64.5		
Widowed	36	18		
Divorced	13	6.5		
type of work (occupation):	Frequency	Percent		S
Staff	131	65.5	1.74	
house wife	48	24		
Worker	16	8		
Student	5	2.5		
Total	200	100.0		
Age of clients (years)	Frequency	Percent		
<=20-	9	4.5	1.74	
21-30	86	43		S
31-40	65	32.5		
41-50	22	11		
51-60	6	3		
61=>	12	6		
Total	200	100.0		
Education	Frequency	Percent		

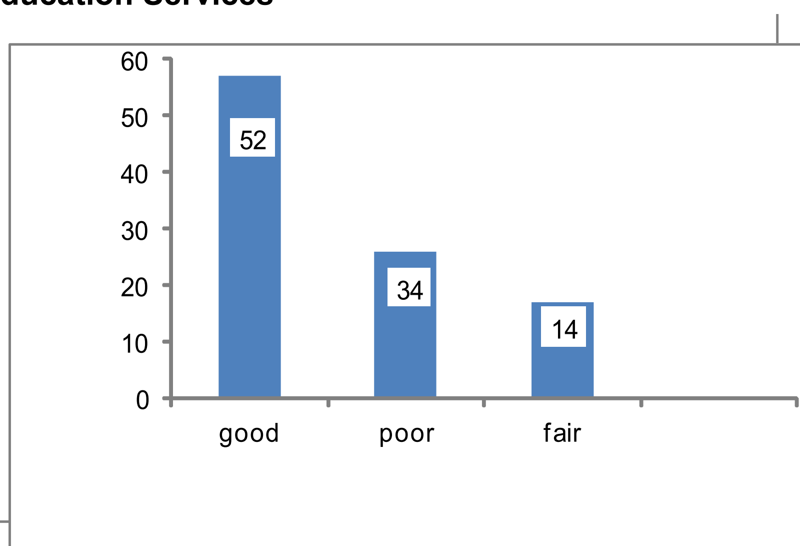
Unable to read nor write	5	2.5	1.72	S
read and write	17	8.5		
Graduate of primary school	24	12		
Graduate of middle school	27	13.5		
High school graduate	29	14.5		
Diploma	64	32		
Bachelor	34	17		
Total	200	100.0		

M.S.: Mean of Scores H.S.: Highly Significant S: Significant Sig.: Significance

Table (3) Determination of Health Education Services

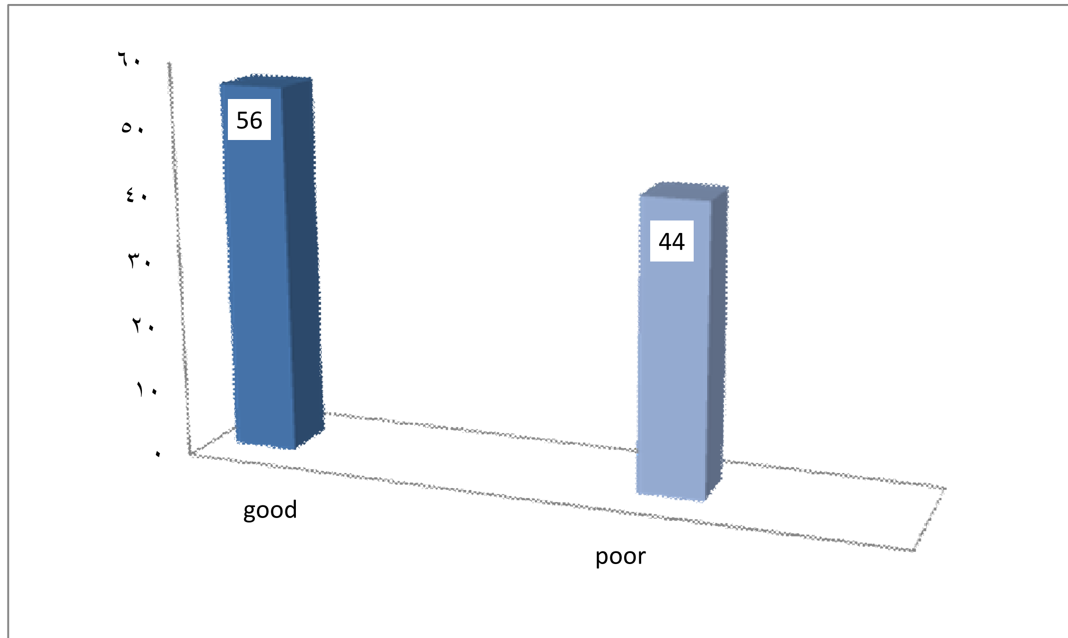
Level Variables	Poor 30-35		Fair 36-41		Good 42-		Total	
Organization Structure	F	%	F	%	F	%	F	%
	1	10%	3	30%	6	60%	10	100%
Health Education	Poor 35-45		Fair 46-56		Good 57-		Total	
	F	%	F	%	F	%	F	%
	2	20%	5	50%	3	30%	10	100%
Consumers	Poor 10-20		Fair 21-30		Good 31 -		Total	
	F	%	F	%	F	%	F	%
	68	34%	28	14%	104	52%	180	100%
Total	200							

Figure (1) Determination of Consumers' Satisfaction and Acceptance of Health Education Services



I am Satisfied =good Neutral = poor I am not Satisfied=fair

Figure (2) Consumer's Satisfaction and Relation Health Educations (a lecture)



Poor =No good =yes

Discussion

The demand for health care can often outstrip available resources and it is not easy to satisfy the competing priorities of different individuals and groups. Thus, each country has to make hard decisions about priorities. Our study is the first in the Kirkuk city that assess future needs and planning of health education programs. It uses a combination of top-down and bottom-up approaches, involving key people in public health services together with a representative sample of the general public.

Assessment of Consumers

Analysis of consumer's assessment data revealed that the greater number of them (59.7%) was female and (64.5%) married at the time of the study and the age is between (21-40) years(75.5%) consumer's visits to the primary health care centers and increase level of education is diploma (32%) degree graduated and year of employment is (6-10) (60%) working in the health education unit that is shown (table 3and Figure 1).

In this study, expressed by meeting standards is describing counseling and by out-comes such as satisfaction and health measures. There is significant difference in the quality of the content of the counseling between the health plans regarding all the topics experienced (Centers for Disease Control and Prevention, 2009). Evaluating Consumers satisfaction with Primary Health Care Centers' (PHCCs) services is part of the assessment of quality of care. The results the study showed that although the overall satisfaction was high, some aspects of the services indicated some degree of dissatisfaction. Female and young patients appear to need more attention. Finally, satisfaction is the judgment of the client on the care that has been provided. The health educator remains a key element in consumer's satisfaction and to determine the relationships (Baker, R. 2001). Elevating educated consumers had experienced high-quality orientation towards health education than those who had better ones. At any rate their education was that most consumers had attended for each and every one visit the primary health-care centers (Heidenthal, K. 2003). The aim of consumer's education services was to characterize the role of the health education

units in the different health plans and to evaluate the services reaching the consumer by measuring consumer recall of health education or counseling on a range of subjects. The health care provider may have received information from the health education unit, (Bendelac, J. 2000). The program is planned and consistent throughout the PHC, people can develop a framework of values, attitudes, understanding and skills that will inform their decisions and actions both now and in the future. It is necessary to activate the role of health education institutions through the development of its mechanism to promote the size and adequacy of health cadres needed by the work market and to fulfill the requirements of health development for society members (Haynes, C. L. 2004). The health care providers in all health plans learning consumers from only one health plan, and they receive health education programs reward health care providers for individual counseling of clients(Levin-Zamir D. and Peterburg Y. 2001). Accessible insight into the factors which were contributes to consumer satisfaction in health care delivery. The authors found out that relationships characterized by a lecture and caring are the key determinants to consumer satisfaction in health care services. (Mason et al. 2004).

Identify the Level of Health Education Services that are provided at Primary Health Care Centers in Kirkuk city that is shown (Table3).

The health education services were determined through assessment of their components as being statistically examined. The analysis indicated that health education services were determined as good for almost two of organization structure, consumers, and Fair ones for almost two of health educator. The most important is to be employed in future health education. The national coordinator usually cooperated with other parts of the organization in order to train health care providers and implement the program. In these health education units, there was no direct access of the health educators to the target population, this implies that there is a need to find effective strategies for the health education services to implement services or to find better ways of evaluating the effectiveness of the health education units. Evaluating health education units should provide an overall view of their impact in contrast to the evaluation of a specific program. Activity indicators of health education units or services should measure quality and quantity of health education activities, and health indicators or economic indicators, such as cost effective analysis methods, can serve as outcome indicators. Data on activity can be gathered from the health educators, health care providers, such as physicians and nurses, or directly from the target population the consumers (Levin-Zamir D. and Peterburg Y. 2001). Health education approaches are systematic, participatory in nature, need-based, focused on the target audience and required local resources. The emphasis is on community participation in health education planning and implementation. These approaches have potential to stimulate an action-experience-learning cycle of field-based health educators and community members as the approach heavily relied on participation and utilization of their creative potential (Sharma, M. 2005). Controlling the actual quantity and quality of the health education service is not directly under the health educator's supervision. The organizational and professional position of the health educators enable them to "enforce" counseling provision on the health care provider, especially as there are no formal rewards for performing these activities. In this situation, the outcome of a specific health education program is the sustainability of the program (Bendelac, J. 2000). The essential components of (PHCCs) that need general public awareness and behavior change were indicated in the list of priority issues by the health officials. Specifying these issues as priorities for future health education programs is largely dependent on the awareness of the officials (drawn

from their training and experience) (Elfituri et al. 2000). May actually mean that the health educators develop health education programs, but many health care providers have not yet implemented it. An important step in effective communication is being able to remember the message; the chance of someone actually changing behavior due to this intervention is slim if they do not recall the health care provider's significance (Levin-Zamir D. and Peterburg Y. 2001). Although the number and the type of barriers to accessibility of PHC differ from country to other country and time to time , barriers are categorized into five types; Availability, accessibility, affordability, acceptability and accommodation (Bagheri et al. 2005). The health educators evaluated the locally-developed handmade flipbooks, with relevant messages and culture sensitive pictures, as a facilitating factor in the health education program. Such exploration in various resource-limited settings is needed to help select appropriate cost-effective health education interventions (Sharma, M. 2005). Consumer's satisfaction is generally considered as the coverage to which the clients feel that their needs and expectations are being met by the services provided (AL-Eisa, I. and Radwan, M. 2005). Data analysis for this association depicted that health educator and consumers, activities, duties, training and development had been influenced by their age and employment of health educator who were working in the health education units.

A variety of socio-demographic characteristics such as gender, age, marital status, the levels of educational, and employment characterize health education audiences. These factors, while generally not modifiable within the bounds of health education programs, are useful in guiding the tailoring of strategies and educational material and identifying channels through which to reach consumers. It may be deduced that most of the consumers are qualified to know the importance of research and can be relied on to give reliable information. Therefore the credibility of the data is sustained and the information obtained actually reflects the view of real estate service consumers should be appropriate and, ideally to, tailored to the educational and reading levels of particular target audiences and be consistent with their ethnic and cultural backgrounds (Centers for Disease Control and Prevention, 2009).

Conclusion

Throughout the results of the study, the following conclusions are drawn: There is overload of target population on primary health-care centers, more than (45000) consumers, Poor design of building, Low resources for health education lectures in primary health care centers. Low core financial support and inadequacy of funding for primary health-care centers need (health education services). Poor strategies of training and development for health educator, poor health education lectures for consumers in primary health care centers. Consumers' satisfaction and acceptance of health education Services

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تقييم التثقيف الصحي المقدم في مراكز الرعاية الصحية في مدينة كركوك

المستخلص

الهدف: تقييم التثقيف الصحي المقدم في مراكز الرعاية الصحية في مدينة كركوك.

المنهجية: دراسة وصفية تقويمية وقد تم اختيار عينة عشوائية (بسيطة) قوامها (٣٢٠) فردا ونتيجة لأختلاف الخصائص الديموغرافية للعينة المدروسة و تنوعها فقد كانت الحاجة الماسة أستبانات موزعة كالآتي الاستبانة وقد شملت المراكز الصحية من كل قطاع للرعاية ألصحية الأساسيةِ في محافظة كركوك. وقد شملت الدراسة الصفات الديموغرافية والأجتماعية لهم والرضا والقبول ومشاركاتهم في دورات التدريب والتطوير وأهم النشاطات والواجبات المناطة بهم. لدراسة شريحة المستفيدين من خدمات التربية الصحية وقد شملت دراسة الصفات الديموغرافية والاجتماعية للمستفيدين في مراكز الرعاية الصحية الأساسيةِ ومدى الرضا والقبول ومشاركاتهم في نشاطات المركز الصحي وحضور ندوات التوعية والتثقيف وبلغ مجموع هذه العينة (٣٢٠) المستفيدين من هذه الرعاية .

النتائج : أظهرت عملية تحليل البيانات للدراسة الرضا والقبول للمستفيدين ومشاركاتهم في دورات التدريب وتطوير خدمات التربية الصحية في مراكز الرعاية الصحية الأساسيةِ . وبينما أشارت النتائج إلى الهيكلية الإدارية بأن هناك تفاوت في توزيع المراكز الصحية حسب الرقعة الجغرافية مما سبب عدم استيعاب بعض المراكز الصحية لأعداد المراجعين لها وهناك تفاوت بين رضا وعدم رضا إدارات المراكز الصحية حول التمويل المالي وطريقة وصول الأموال, أما بنايات المراكز الصحية هي الأخرى كانت دون المستوى المطلوب فعدم كفاية الغرف كانت مشكلة عانت منها إدارات المراكز الصحية إضافة إلى عدم وجود مكتبة أو قاعة محاضرات أدى إلى ضعف وانعدام أدوات التدريب وتطوير الندوات التثقيفية والتوعية الصحية لخدمات التربية الصحية في مراكز الرعاية الصحية الأساسيةِ.

الاستنتاجات: أوصت الدراسة بإنشاء مراكز جديدة للرعاية الصحية لتقليل الزخم عن المراكز الصحية التي تعاني أصلا" من كثافة سكانية عالية. التأكيد على إنشاء غرف كافية لبقية المراكز الصحية وإضافة مكتبة وقاعات دراسية وأوصت الدراسة بإعطاء اهتمام بجانب تجهيزَ الأدوات الضَّرُورية للتدريب والتطوير وتوسيعها لتلْبية حاجاتِ المجتمع المُتزايدةِ من المحاضراتِ ودعمِ إستراتيجياتِ التربية الصحية في المراكز الصحية وخلق جو ايجابي لإعطاء المحاضرات والندوات التثقيفية لزيادة التوعية الصحية للمستفيدين من خدمات الرعاية الصحية الأساسيةِ في محافظة كركوك.