



HEALTH EDUCATION AND COMMUNITY MOBILIZATION IN NIGERIA - ISSUES AND PROSPECTS

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Abstract:

The significance of health to national development and poverty eradication over the centuries, in that improving health status and increasing life expectancy add to long-term economic growth. This article examined the condition of health education and community mobilization in Nigeria's health care delivery. Health literacy is imperative to power and sustain government efforts in fostering health for all. Many developing countries, particularly those in Sub-Saharan Africa, in the 1970s witnessed remarkable and improper inequalities in the provision and delivery of health services. This contributed to and explained the exploration of diverse approaches to enhance health care delivery by international health organizations.

Keywords: education, health, mobilization, Nigeria

1. Introduction

World Health Organization had made the most remarkable contribution to fostering health care for all by encouraging a community-based framework for health care delivery (Alma, 2008). This bottom-up manner, which focused on hindrance and management of health problems in their social setting, turned out to be an improved option to the typical top-down, technological approach and reawakened hope about the chance of addressing inequality to get better universal health. Primary Health Care

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(PHC) is driven by a political philosophy that highlights a drastic change in both the design and content of conventional health care services. It also supports an approach to health care ethics that allow people to receive health care that facilitate them to lead socially and economically productive lives.

World Health Organization (2000) defined the concept of PHC as, essential care based on practical, scientifically sound and socially good enough health care methods and technology, made universally available to individuals and families in the community through their full participation, and at a cost that the community and country can pay for to sustain at every phase of their development in the spirit of self-reliance and self-determination (Adeyinka, 2006). It forms a fundamental part both of any country's health system, of which it is the central function and of the general social and economic growth of the society. It is the first point of contact for persons, the family and the community within the national health system, bringing health care as close as possible to where people live and work, and constitutes health care services (Okonkwo and Ngene, 2004).

2. Community Mobilization and Participation

According to Obionu (2007) he asserted that community mobilization and participation plays a significant role in usage of health services, by making certain ownership and sustainability of health programs and interventions. It entails promoting the community to take part in their health care and growth. It is a prolonged process and not only implies that the community members, government and NGOs come collectively to develop a approach to resolve issues within the community, but also entails the pooling of their resources (Fosu, 2004). An indispensable component of community mobilization engages categorizing and developing leaders from the society by strengthening and building their abilities in diverse issues. Community mobilization is either a campaign that is undertaken once, nor is it a sequence of campaigns carried out over a period.

A frequent and cumulative communication through pedagogical and organizational processes creates a growing autonomy and awareness in the community about taking development into their hands. Such efforts need to be continued and sustainability of social change is more probable if the individuals and communities have a sense of ownership in the development procedure and that communities should be the managers of their own change. The communities should be mobilized to take part in their development or health activities from the planning to implementation, supervising and assessment phases to ensure ownership and sustainability. The establishment of health development committees is one way of fostering community participation and could be utilized to mobilize the community (Williamson, 2000).

2.1 Health Education and Primary Health Care in Retrospect

Comprehensive health centers are primary health care amenities providing supportive, preventive, restorative and rehabilitative services to a community (Baltussen and

Yazoume, 2005). They may be well built and equipped with sufficient human and material resources; well-funded with taxpayer's money, but grossly underutilized as a result to several reasons that may be economic, educational, geographical, socio-cultural, political, and legal or religious. In Africa, up to 80% of the population uses traditional medicine for primary health care. Eighty-five per cent of Nigerians use and confer with traditional medicine for healthcare, social and psychological reimbursement. In rural Burkina Faso, modern health care amenities are only consulted by 19% of the population; others choose home treatment 52%, traditional healers 17%, or local village health workers 5%. This interprets in a utilization of government services as low as 0.17 consultations per capita in 1997. In Ghana, Mali, Nigeria and Zambia, herbal medicines are the first line of treatment for 60 per cent of children with high fever from malaria. About 60-85 per cent of births delivered in Nigeria and especially in the rural communities are by the traditional birth attendants and these take place outside the health facilities. Many patients desire to seek care at the patent medicine stores or with the traditional medicine dealers rather than the formal health sector (Buor, 2003).

2.2 Health Promotion and Disease Prevention

At a critical time when emphasis is on prevention of diseases, it is expected that school authorities, teachers, students, governments and the community will satisfactorily promote health instruction in the schools. Barikor (2004) noted that a well-structured style of health instruction in schools is a momentum to effective living, health promotion and disease prevention. The problems associated with the absence of health instruction in schools poses a threat and without their timely resolutions, schools would be unable to offer students with the maximum possible assess to range of learning let alone equip them academically, socially and emotionally (Delargy, 2009). In spite of the apparently interest of school administrators in health education, they do not offer an ideal teaching and learning atmosphere. In addition, the schools do not have a developed teaching guide outlining progressive plan for health instruction (Gold, 2009). The abovementioned features show that health education in schools competes with administrative related issues in schools.

This finding is in support of Delargy's view that health education in Nigerian schools lack definition due to administrative constraints. This finding also contradicts Obionu (2007) assert that organizational factors have little or no control over health instruction. There is proof from extant literature that health education curriculum is most appropriate to function if school administrators provide the essential materials for teaching. For schools to do otherwise is to help to erroneously implement the health education curriculum. Another alarming finding arising from this study is the period of teaching health per week. The lack of an ideal teaching period for health instruction in the schools will surely compound the procedure of health education curriculum implementation.

The Nigerian association of health education teachers (NAHET) has recommended a minimum period of time for health instruction in schools to be every

day and that the reality of this depend on the willingness of school authorities, teachers, students and the community to participate in health instructional activities. The Association posited that health is an everyday affair so that repetitive study will improve health promotion in all circumstances (Buor, 2003).

3. Prospects of Health Education in Nigeria

Despite many problems obstructing community education in Nigeria, it has many prospects, as one of the factors underpinning growth and development (Ejifugha, 2001). In the first place, community education remains a apparatus through which mass participation in learning activities can progress. In this wise, community education has the potentiality of fostering the capability to think, particularly important in a fast-moving current of change and knowledge boom. This corroborates the view of Idehen (2004) study that there is a need for a highlighting on community education, which he illustrates as science of all the sciences of interrelationships of knowledge, a critical area beyond compartmentalization, where knowledge must be incorporated in order to have appropriate meaning. This suggests that while there is need for specialization, it is important to avail one of the knowledge in other disciplines.

Community education remains an important tool in enhancing citizen involvement, the sharing of decision-making and total community involvement in the education enterprise (Baltussen and Yazoume, 2005). Consciousness is better fashioned through community education amid women, youths, trade unions, local or grass root institutions and organizations that government cannot on its own solve all the problems of educational development in Nigeria. Such participation can be in the areas of policy formulation, determining areas of priority in education, mobilizing resources and the provision of facilities. Thus, non-formal community education warrants very special consideration in view of its enormous potentials in making community members approachable to educational transformation (Buor, 2003). The pursuit for moral and ethical re-orientation is needful and actual sable in Nigeria through community education. Undoubtedly, intolerable and ignoble activities encompass the Nigerian pedagogical institutions, thereby eroding them of their expected decent ideals and goals. Such activities include examination malfeasants, drug misuse, killing, sexual harassment, raping and damage. Community education can be a solution for realizing the eight Millennium Development Goals (MDGs) in Nigeria.

4. Conclusion

The MDGs supports poverty eradication, education for national health, gender equality and aspire at fighting child mortality, HIV/AIDs and other diseases. Going by the present rate of progress, President of the Nigerian National Council for Adult Education (NNCAE) expressed his disappointment that a number of countries including Nigeria may not be able to realize the MDGs by the target date of 2020. He attributes this unpleasant situation amid many other things to the inadequate public

consciousness and a failure to mobilize community-level understanding and support through the civil society organizations and media. The implication is that the MDGs have to be a community program to be realized. Community education in this vein has a great potential in developing the process by which the community members can learn and work together within the purview of MDGs to identify their needs to promote health education, public health programmes, community problems and with governmental and non-governmental agencies.

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