



COURSE GUIDE

B.Sc (Ed) Health Education

HED 205: HEALTH PROTECTION (2 E)

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INTRODUCTION

HED 205 is a two (2) unit course with four (4) modules and fifteen (15) units. **Health Protection** is a course in the field of Health Education that emphasizes the need for community participation in protecting the health of individuals and that of the community. The course is aimed at introducing students to identify how different stakeholders and factors can influence health. It also helps students see the need to build capacity in people, instilling confidence in them to take control of their own health.

WHAT YOU WILL LEARN IN THIS COURSE

In this course, there are course units and a course guide. The course guide shows what the course is all about. The course guide contains the general overview of the course material you will be using and how to use the material. It also helps you to allocate the appropriate time to each unit so that you can successfully complete the course within the stipulated time limit. The course guide also prepares your mind as students on how to go about Tutor-Marked Assignments which will form part of the overall assessment at the end of this course. Moreover, there will be regular tutorial classes that are related to this course, where you can interact with your facilitator and other students. You are encouraged to be on the lookout for this tutorial and plan to make the most of them.

THE COURSE

This course is carefully designed to help appreciate the concepts of health education, promotion and protection and how they are related. It also highlights health education theories and how they can be used to drive behavioural changes that will promote health. Current trends in the public health practices and the relationship with other allied health professionals, teacher, social workers among others.

COURSE AIM

The course aims to give you an understanding of how use health promotion and protection strategies to prevent disease outbreak as well as heal people improve their health.

COURSE OBJECTIVES

To achieve the aim set above, there are objectives. Each unit has a set of objectives presented at the beginning of the unit. These objectives are stated to give you what to concentrate / focus on while studying the unit. Please read the objective (s) before studying the unit and during your study to check your progress.

The comprehensive objectives of the Course are given below. By the end of the course, you should be able to:

- i. The concept of health education
- ii. Historical perspectives and basis of health education programme
- iii. The concept of health promotion
- iv. Importance of “behaviour change” theories for health education
- v. How health education system can be used to resolve health issues
- vi. How nutritionists and other allied health professions
- vii. How health protection is dependent on individual lifestyles
- viii. Various strategies of protecting and promoting health at the community levels
- ix. How work place can be an important site of carrying out health promotion and protection at the community levels

- x. Importance of personal and environmental hygiene

WORKING THROUGH THIS COURSE

To successfully complete this course, you have to carefully read all the study units, as well as the textbooks and other materials provided by the National Open University of Nigeria. Reading the referenced materials can also be of great assistance. There are self-assessment exercises in each of the units that are important for you to try your hands on ; at different times, you may be required to submit your assignments for assessment. There will be a final examination at the end of the course. The course should take you about 15 weeks to complete. This course guide will provide you with all the components of the course and how to go about studying. It is important for you to allocate your time discretely and ensure that all the units are covered within the time frame and successfully.

THE COURSE MATERIAL

The main components of the course are:

- The Study Guide
- Study Units
- Reference / Further Reading
- Assignments
- Presentation Schedule.

THE STUDY UNIT

Module 1: Overview of Health Education and its Various Perspectives

Unit 1: Concept of health education

Unit 2: Historical view of health education

Unit 3: Various perspectives of health education

Unit 4: Current national health issues in health education

Module 2: Agents of Health Protection and Promotion

Unit 1: Teachers as agents of health protection and promotion

Unit 2: Nutritionists as agents of health protection and promotion

Unit 3: Selected health professionals as agents of health protection and promotion

Module 3: Approaches to the Protection and Promotion of Human Health

Unit 1: Protection and promotion of human health at Individual level

Unit 2: Protection and promotion of human health at community level

Unit 3: Protection and promotion through food

Unit 4: Protection and promotion through drug control

Unit 5: Protection and promotion through personal hygiene

Module 4: Essential Services in Health Protection and Promotion

Unit 1: Water supplies in health protection and promotion

Unit 2: Waste disposal in health protection and promotion

Unit 3: Role of government and health agencies in health protection and promotion

ASSIGNMENT FILE

We have two assessments types in this course. First are the Tutor Marked Assignments (TMAs); second is the written examination. In answering questions in the assignments, it is important for you to display appreciable knowledge of the subject matter as well as experience acquired during the course. Ensure that you always promptly submit all the assignments to your course facilitator for formal assessment by the hand-in dates stated in the assignment file. These assignment will contribute to your continuous assessment and may account for 30 percent of your total course mark. You will be required to sit for a final examination of 2 hours duration at your study centre at the end of this course. This final examination will account for 70 % of your total course mark.

PRESENTATION SCHEDULE

There is a time-table prepared for the early and timely completion and submissions of your TMAs as well as attending the tutorial classes. You are required to submit all your assignments by the stipulated time and date. Avoid falling behind the schedule time.

ASSESSMENT

There are three aspects to the assessment of this course. The first one is the self-assessment exercises. The second is the tutor marked assignments and the third is the written examination or the examination to be taken at the end of the course. You are required to carry out all exercises or activities suggested in the units by applying the information and knowledge you acquired in the course materials. The tutor-marked assignments must be submitted to your facilitator for formal assessment in accordance with the deadlines stated in the presentation schedule and the assignment file. The work submitted to your tutor for assessment will count for 30% of your total course work. At the end of this course, you have to sit for a final or end of course examination of about a three-hour duration which will count for 70% of your total course mark.

TUTOR-MARKED ASSIGNMENTS

This is the continuous assessment component of this course and it accounts for 30% of the total score. You will be given three (3) TMAs by your facilitator to answer. You must have completed all your TMAs for you to be allowed to sit for the end of course examination. You must return all the answered assignments to your course facilitator. You're expected to complete the assignments by using the information and material in your readings references and study units. Reading and researching into your references will give you a deeper understanding of the subject.

1. Ensure prompt submission of all assignment, they must get to your facilitator on or before the stated deadline in the presentation schedule and assignment file. If you realize that you might not be able to meet up with the submission of your assignment by the due date, it is important for you to contact your facilitator for possible extension of the submission deadline. Note that request for extension will not be granted after the due date unless for some exceptional occasions.

2. It is advisable to revise the whole course content before sitting for the examination. The self-assessment activities and TMAs will be useful for this purpose and if you have any comment or need some clarification, please channel it to the appropriate quarters before the examination. The end of course examination covers information from all parts of the course.

Table 1: Course Marking Scheme

Assignments	Marks
Assignments 1 – 3	Three marks of the three assignments at 10% each = 30% of course marks. End of course examination = 70% of overall of course marks
Total	100% of course materials

Table 2: Course Organisation

Unit	Title of Work	Weeks Activity	Assessment (End of Unit)
	Course Guide	Week	
1	Concept of health education	Week1	Assignment 1
2	Historical view of health education	Week 2	Assignment 2
3	Various perspectives of health education	Week 3	Assignment 3
4	Current national health issues in health education	Week 4	Assignment 4
5	Teachers as agents of health protection and promotion	Week 5	Assignment 5
6	Nutritionists as agents of health protection and promotion	Week 6	Assignment 6
7	Health professionals as agents of health protection and promotion	Week 7	Assignment 7
8	Protection and promotion of human health at Individual level	Week 8	Assignment 8
9	Protection and promotion of human health at community level	Week 9	Assignment 9
10	Protection and promotion through food	Week 10	Assignment 10
11	Protection and promotion through drug control	Week 11	Assignment 11
12	Protection and promotion through personal hygiene	Week 12	Assignment 12
13	Water supplies in health protection and promotion	Week 13	Assignment 13
14	Waste disposal in health protection and promotion	Week 14	Assignment 14

15	Role of government and health agencies in health protection and promotion	Week 15	Assignment 15
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HOW TO GET THE MOST OUT OF THIS COURSE

In Open and Distance Learning, the study units are used in place of university lecturer. This is one of the advantages of Open and Distance Learning mode; it is your responsibility to read through the specially designed study materials at your own pace at your own time and wherever you choose. Think of it as reading from the teacher, the study guide tells you what to read, when to read and the relevant texts to consult. You are provided with exercises at appropriate points, just as a lecturer might give you an in-class exercise.

Each of the study units follows the same format. The first item is an introduction to the subject matter of the unit and how a unit is integrated with the other units and the course as a whole. Next to this is a set of learning objectives. These learning objectives are meant to guide your studies. The moment a unit is finished, you must go back and check whether you have achieved the objectives. If this is made a habit, then you will significantly improve your chances of passing the course. The main body of the units also guides you through the required readings from other sources. This will usually be either from a set book or from other sources.

There are some exercises in which you might be required to explore your environment in order to gain better understanding of the subject matter. It is important for you to try your hands on all these assignments so that you will have some real time exposures to facilitate learning. Working through these assignments will help you to achieve the objectives of the unit and prepare you for tutor marked assignments and examinations.

The following are practical strategies for working through this course:

1. Read the Course Guide thoroughly.
2. Organize a study schedule. Refer to the course overview for more details. Note the time you are expected to spend on each unit and how the assignment relates to the units. Important details, e.g. details of your tutorials and the date of the first day of the semester are available. You need to gather together all these information in one place such as a diary, a wall chart calendar or an organizer. Whatever method you choose, you should decide on and write in your own dates for working on each unit.
3. Once you have created your own study schedule, do everything you can to stick to it. The major reason that students fail is that they get behind with their course works. If you get into difficulties with your schedule, please let your tutor know before it is too late for help.
4. Turn to Unit 1 and read the introduction and the objectives for the unit.
5. Assemble the study materials. Information about what you need for a unit is given in the table of contents at the beginning of each unit. You will almost always need both the study unit you are working on and one of the materials recommended for further readings, on your desk at the same time.

6. Work through the unit, the content of the unit itself has been arranged to provide a sequence for you to follow. As you work through the unit, you will be encouraged to read from your set books.

7. Keep in mind that you will learn a lot by doing all your assignments carefully. They have been designed to help you meet the objectives of the course and will help you pass the examination.

8. Review the objectives of each study unit to confirm that you have achieved them. If you are not certain about any of the objectives, review the study material and consult your tutor.

9. When you are confident that you have achieved a unit's objectives, you can start on the next unit. Proceed unit by unit through the course and try to pace your study so that you can keep yourself on schedule.

10. When you have submitted an assignment to your tutor for marking, do not wait for its return before starting on the next unit. Keep to your schedule. When the assignment is returned, pay particular attention to your tutor's comments, both on the TMAs form and also that written on the assignment. Consult you tutor as soon as possible if you have any questions or problems.

11. After completing the last unit, review the course and prepare yourself for the final examination. Check that you have achieved the unit objectives (listed at the beginning of each unit) and the course objectives (listed in this course guide).

FACILITATORS/TUTORS AND TUTORIALS

Fifteen (15) hours are provided for tutorials for this course. You will be notified of the dates, times and location for these tutorial classes. As soon as you are allocated a tutorial group, the name and phone number of your facilitator will be given to you. These are the duties of your facilitator: He or she will mark and comment on your assignment. He will monitor your progress and provide any necessary assistance you need. He or she will mark your TMAs and return to you as soon as possible. You are expected to mail your tutored assignment to your facilitator at least two days before the schedule date.

Do not delay in contacting your facilitator by telephone or e-mail for necessary assistance if you:

- Do not understand any part of the study in the course material.
- Have difficulty with the self-assessment activities.
- Have a problem or question with an assignment or with the grading of the assignment.

It is important and necessary you attend tutorial classes, because it's your chance to have face to face contact with your facilitator and to ask questions which will be answered in real time. It is also period where you can say any problem encountered in the course of your study as well as see other colleagues in the same course to interact with.

FINAL EXAMINATION AND GRADING

The final examination for HED 205: Health protection is 2 hours duration. This accounts for 70 % of the total course grade. The examination will consist of questions which reflect the

practice, exercises and the tutor-marked assignments you have already attempted in the course. Note that all areas of the course will be assessed. To revise the entire course, you must start from the first unit to the fifteenth unit to get prepared for the examination. It may be useful to go over your TMAs and probably discuss with your course mates or group if need be. This will prepare you adequately, since the examination covers information from all aspects of the course.

SUMMARY

Health Protection is a course that introduces you to the understanding of the concept of health protection and promotion from concept, historical perspectives and how to develop competence in training individuals and community to take control of their own health. It gives a clear understanding of all the different stakeholders in public health and health promotion and protection. It is also highlighted the current trends, achievements so far as well as the challenges of protecting population health. At the end of this course, you will be able to answer the following questions:

- Discuss the relationship between health education, promotion and protection
- Discuss the various methods than can be used in health promotion and protection
- Discuss the roles of the various stakeholders in promoting and protecting health of the populace
- Discuss the role of health promotion in the control of drug and substance abuse
- Explain how good personal hygiene can confer protection on people
- Explain how environmental hygiene such as adequate waste disposal facilities, water sanitation and hygiene (WASH) can contribute to health protection.

The list of questions you are expected to answer is not limited to the above list. Finally, you are expected to apply the knowledge you have acquired during this course to your practical life.

I wish you success in this course

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Module 1: Overview of Health Education and its Various Perspectives

Unit 1: Concept of health education

1.0 Introduction

2.0 Objectives

3.0 Main Content

3.1 Health

3.2 Concept of health education

3.3 Health education programme

4.0 Conclusion

5.0 Summary

6.0 Tutors marked assignment

7.0 References/further readings

1.0 Introduction

The WHO Constitution of 1948 defines health as a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. This shows that health goes beyond the physical wellbeing it encompasses all aspect of human existence which of course can be influence by so many external factors as well as internal factors. These makes defining health outcome both objective and subjective with each carrying the same weight of importance. Health should therefore be seen as a resource for living everyday life successfully. It shouldn't be seen as the aim or the objective of living but it is actually the resource needed to be able to live optimally.

2.0 Objectives

By the end of this unit, you will be able to appreciate:

- The concept of health
- The concept of health education
- Health education programme

3.0 Main content

3.1 Health

Health can be seen or imagined from different point of views.

Health can be seen as the opposite of disease: here health is seen as the absence of disease. Client are evaluated against certain indicators of illness, using a system of disease signs and symptoms.

Health can be seen as a state of balance: Health is seen as a state of balance while disease is seen as a state of disequilibrium. Balance can be achieves through the interaction of multiple factors (Physical, physiological, psychological, social, cultural, spiritual, political, and economic) which can determine health at all levels (individual, household, and community).

Health can be seen as growth: Here, the successful attainment of some developmental milestones at different stages of life is seen as growth. These achievement can be cognitive, physiological, and psychological competencies that are integral to health as growth.

Health as functionality: Health is seen as the capacity to carry out some critical life functions which can be physiological, psychological, educational or social among others.

Other concept of health may carry connotation of financial well-being, physical fitness and empowerment among others.

3.2 Health education

The WHO health promotion glossary describes health education as not limited to the dissemination of health-related information but also “fostering the motivation, skills and confidence (self-efficacy) necessary to take action to improve health”, as well as the communication of information concerning the underlying social, economic and environmental conditions impacting on health, as well as individual risk factors and risk behaviours, and use of the health care system. It can also be said to be systematic opportunities for learning as well as acquisition of some life skills which are deliberately designed to improve individual, household and community health. Health education does not only impact knowledge on personal health behaviour but also to help develop the necessary skills that will ensure the political feasibility and organizational possibilities of various forms of action to address social, economic and environmental determinants of health.

3.3 Health education programme

It is important that health education programmes be part of healthcare and personal social services. It is also important to understand the concepts of primary, secondary and tertiary health education.

Primary health education: According to McKinley's (1979) primary health education should majorly focus on preventative measures. Healthy people are usually the target of this type of intervention or programmes and the objectives are to prevent diseases. Most health education for children and young people falls into this category, dealing with such topics as sexual health, nutrition and social skills and personal relationships, and aiming to build up a positive sense of self-worth in children. Primary health education is concerned not merely with helping to prevent illness but with positive wellbeing.

Secondary health education: There is also often a major role for health education when people are ill. It may be possible to prevent ill health moving to a chronic or irreversible stage, and to restore people to their former state of health. This is known as secondary health education, educating clients and patients about their condition and what to do about it. Most times, restoring good health may involve the patient/ client changing behaviour his or her behaviour (such as stopping smoking) or in complying with a therapeutic regime and, possibly, learning about self-care and self-help. Therefore, health education of the patient is of great importance to ensure effective treatment and therapy as well as disease prevention.

Tertiary health education: It is usual for disease to occur despite the preventive measures put in place. There are also patients whose ill health has not been, or could not be, prevented and who cannot be completely cured. There are also people with permanent disabilities. Tertiary health education is concerned with educating patients and their carers about how to make the most of the remaining potential for healthy living, and how to avoid unnecessary hardships, restrictions and complications. Rehabilitation programmes contain a considerable amount of tertiary health education with a focus on improving quality of life.

Quaternary health education: This concentrates on facilitating optimal states of empowerment and emotional, social and physical wellbeing during a terminal stage (Calos *et al.*, 2018). It is not always easy to see where people fit into this primary, secondary or tertiary framework because a person's state of health is open to interpretation.

4.0 Conclusion

It is important that health education programmes be part of healthcare and personal social service to be able to achieve voluntary change in behaviour

5.0 Summary

Health is beyond the physical wellbeing, it encompasses all aspect of human activities and wellness. It can be influenced by both internal environments of the body such as metabolism and genetics. Also, the influence of the external environment such as the physical environment, social-demographics as well as lifestyle cannot be neglected. All these impact behaviour. However, health education and promotion can empower people to be in control of their health.

6.0 Tutors marked assignment

- 1 Is educating an overweight person who appears to be perfectly well, despite being overweight, primary or secondary health education? Justify your assertion.
- 2 Differentiate between the primary and tertiary health education

7.0 References/Further reading

Calos, M., Maciek, G., Bruno, H. and John, B. (2018). Quaternary Prevention: Reviewing the concept. *European journal of General practice*. 24(1): 106-111.

Green, L. W. and Kreuter , M. W. (2005). *Health Programme Planning: An Educational and Ecological Approach* (4thed). Boston. McGraw-Hill

World Health Organization. (1986). *Ottawa Charter for Health Promotion 1986*. Geneva, Switzerland.

Unit 2: Historical view of health education

1.0 Introduction

2.0 Objectives

3.0 Main Content

3.1 Historical perspectives

3.2 Concept of health education

4.0 Conclusion

5.0 Summary

6.0 Tutors marked assignment

7.0 References/further readings

1.0 Introduction

Health education has evolved has been redefined in many ways over several decades. Green et al. in their earlier work submitted that health education was basically behaviour that is directed to optimizeze health and wellbeing. This might be directed at solving a health problems such as immunization programmes to avoid the spread of diseases or family planning programmes in which are designed to help people or avoid pregnancy).

2.0 Objective

By the end of this unit, you will understand:

- Historical perspectives
- The important features of health education
- The concept of health promotion

3.0 Main content

3.1 Historical perspectives

Interestingly, the range of activities undertaken in the pursuit of better health began to diverge from health education. Other criticism such as; the fact that health education approach was too narrow, it was also argued that it focused too much on individual lifestyle and could become victim-blaming and increasingly work was being undertaken on wider issues such as political

action to change public policies. Such activities went beyond the scope of traditional health education.

However, these thoughts were overtaken by some other arguments that emerged that there is more to people's behaviour. They proposed that behaviour is more of habits or patterns as well as environmental which may include physical, social and sometimes, nutrition environments (Short and Mollborn, 2015). Therefore, there is need to factor in these dimensions in trying to correct health behaviour. This dimension of health education argued that that health behaviour, goes beyond physiologic stimulation, but should be defined by patterns of living that are socially conditioned, culturally embedded and economically constrained. There is therefore no consensus in literature about what the focus of health education should be because the dimensions of health encompasses individual versus social responsibility for health; facilitating individual behaviour change versus broader institutional and social change; behavioural versus ecological strategies; healthy people versus healthy cities and healthy policies; blaming the victim versus blaming the manufacturers of illness.

Hence, Green and Kreuter revised their definition of health education to “any combination of learning experiences designed to facilitate voluntary actions conducive to health”. The emphasis here are that determinants of behaviour are matched with multiple learning experiences or educational experiences. They further showed that health education should be systematically designed and it goes beyond incidental learning experiences. This type of learning will help to enable and or reinforce full understanding, acceptance and adoption of behavioural changes that will improve health and wellbeing of individual, group, or community.

3.2 Important features of health education

Some of the important features of health education will include:

- presenting accurate information to set the stage for the adoption of sound health practices or the abandonment of poor ones.
- Making people aware of the causes of some diseases and infection
- Capacity building on willful adoption of health practices that might help reduce and avoid risk and on ways to detect a developing problems or diseases.

- Raising awareness and stimulating self-efficacy/ confidence, community involvement and commitment to transformation that will improve health status.

Hence, Green and Kreuter, submitted that the characteristic of health education is the voluntary participation of learners in determining their own health practices. Therefore, health education is an important features of health promotion targeted at any specific population as found in patient education in medical care protocols, occupational health education in industrial and work environments safety programmes or school health education in school programmes and some forms of counselling. Therefore, health education does not only emphasize increase in knowledge about personal health behaviour but also to develop skills that will show the political feasibility and organizational possibilities of various forms of action to address social, economic and environmental predictors of health”.

3.3 The concept of health promotion

In recent times, health education has been used as a term to encompass a wider range of actions including social mobilization and advocacy. These methods are now embedded in the term health promotion. Health promotion is about raising the health status of individuals and communities. Promotion in the health context means improving, advancing, supporting, encouraging and placing health higher on personal and public agendas. Given that major socioeconomic determinants of health are often outside individual or even collective control, a fundamental aspect of health promotion is that it aims to empower people to have more control over aspects of their lives that affect their health. These twin elements of improving health and having more control over it are fundamental to the aims and processes of health promotion. The World Health Organization (WHO) definition of health promotion as it appears in the Ottawa Charter has been widely adopted and neatly encompasses this: ‘Health promotion is the process of enabling people to increase control over, and to improve, their health’ (WHO 1986).

4.0 Conclusion

The health education concept has transformed and improved through many decades and is now ember in health promotion which aims to help people have more control over and to improve their health as much as possible.

5.0 Summary

The concept of health education was basically seen as behaviour directed to improve the health people. It was seen as an important tool in solving a health problems such as immunization programmes to avoid the spread of infectious diseases. However, there were criticism that border on the fact that health education approach was too narrow and the focus was more on individual lifestyle while other issues such as political action policies formulation were left out. Hence, the concept of health promotion emerged to which has all the components of health education such as making people aware of the causes of some diseases and infection, capacity building on wilful adoption of health practices that might help reduce and avoid risk of developing health problems or diseases as well as engaging community involvement and commitment to transformation that will improve health status.

6.0 Tutors marked assignment

- 1) What are the main features of health education?
- 2) suggest some factors that can influence health behaviours
- 3) Explain in clear term the aim of health promotion

7.0 References/further readings

Green, L. W. and Kreuter , M. W. (2005). Health Programme Planning: An Educational and Ecological Approach (4thed). Boston. McGraw-Hill

Kabasakal, E. and Kubby, G. (2017). Health Education and Health Promotion Skills of Health Care Professionals. *International Journal of Medical Research and Health Sciences*. 6(3): 22-28.

Short , E. S. and Mollborn, S. (2015). Social Determinants and Health Behaviours: Conceptual Frames and Empirical Advances. *Current Opinion in Psychology*.5:78-84.

World Health Organization. (1986). Ottawa Charter for Health Promotion 1986. Geneva, Switzerland.

Unit 3: Various perspectives of health education

1.0 Introduction

2.0 Objectives

3.0 Main Content

3.1 The rational model

3.2 The Health Belief Model

3.3 The Theory of Planned Behaviour (TPB)

3.4 The “Trans-Theoretical Model” (TTM)

4.0 Conclusion

5.0 Summary

6.0 Tutors marked assignment

7.0 References/further readings

1.0 Introduction

All these theories deal with various ways in which behaviour change can be stimulated. This group of theories assumes that when people make decisions about health they are influenced by subjective beliefs and perceptions (how they see things), and that it is possible to build a model of these outlooks which can predict and explain what people do. Some of the best-known “behaviour change” theories are the Health Belief Model, the Theory of Planned Behaviour, and the Stages of Change or Trans-Theoretical Model (TTM). However, there is need to explore more theories or model.

2.0 Objectives

By the end of this unit, you will understand:

- Health education theories
- Application of health education theories
- Importance of “behaviour change” theories for health education

3.0 Main Content

3.1. The rational model

This model can be applicable to individuals and groups. It encourage healthful practices and prevent negative health behavioural choices. This model, also known as the knowledge,

attitudes, practices model (KAP), is assumes that if knowledge increases, it might result in positive behavioural changes on the assumption that the hindrance to adopting positive behaviour is ignorance. It assumes that with accurate information alone, behavioural changes can be stimulated and achieved (Shahryarif, 2016).

Change in knowledge= Change in attitudes/beliefs =Change in behaviour

The weaknesses of this model however, is that Knowledge does not necessarily translate to practice. There are other influences in addition to knowledge that can provide the support and the conducive environment for the desired change to be initiated and sustained.

3.2. The Health Belief Model (Janz et al. 2002)

Health beliefs are the set of ideas about health that determines the responses of people to their health. The Health Belief Model was developed in response to the fact that it was not enough just to remind people of the rational healthy decision that is needed such as screening or vaccination. This model emphasizes that for people to get to the point of taking responsible health decision, they will need much more than a reminder. According to this model, therefore, much more is involved than just giving information. There is need to explore how people see the risks, benefits, barriers and possibilities for action before giving advice or planning interventions.

This model emphasizes that people have to:

- 1 believe that they are seriously at risk (perceived susceptibility and perceived severity)
- 2 they must think they will be much better off if they take this action (perceived benefits)
- 3 they must also think /see that the action is easy to do (perceived barriers)
- 4 be reminded to do the action in various ways (cues to action)
- 5 they must have the confidence that they can manage to do it (confidence in ability to act).

Application

The Health Belief Model has often been used to design surveys and as a basis for planning interventions.

3.3 The Theory of Planned Behaviour (TPB) (Ajzen 1991)

The theory of planned behaviour is an extension of the theory of reasoned action (Ajzen, 1991). The main factor in the theory of planned behaviour is a person's intention to perform a given behaviour, as a person's intention are presumed to show the motivational factor that influences a behaviour (Ajzen, 1991). It is basically an indication of how hard an individual is willing to try, as well as the effort an individual is planning to employ in order to produce a particular behaviour. Ajzen (1991) basically believes that behavioural achievement depends on motivation (intention) and ability (behavioural control).

The Theory of Planned Behaviour is also about what makes people act to protect their health. It proposes that three main factors contribute to the intention to change:

- 1 The beliefs and attitudes about an action (e.g. drinking sufficient water is good and I want to do it.)
- 2 The ideas of what is acceptable and normal (e.g. Everyone knows and thinks pregnant women should take iron and folic acid.)
- 3 The ideas of one's own capacity and the possibility of effective action (control beliefs) (for example, the belief to know where to get anti-malarial medication and the competence to take them as recommended.) Availability, access, feasibility, available time, all contribute to "control".
- 4 This model is an improvement on the Health Belief Model. It gives more attention to external and social influences (people are likely to do something if you believe everyone thinks it's normal).
- 5 The model sees or perceives that there may be a lot of challenges in carrying out the action.
- 6 According to this model, one must look beyond how people see a particular action to be taken and their own capacity to carry out the said action, the influences from the external environment should also be taken into consideration as well as other obstacles/ challenges to action.

Application/Uses

This TPB model is particularly in use in surveys. Questionnaires usually consist of statements which people tick to show what they think of the action.

3.4 The “Trans-Theoretical Model” (TTM) also known as the stages of change (Prochaska & Di Clemente 1986)

The TTM aims to assess if a person is “ready to act”. This theory assumes that people will move through several stages before a change in behaviour.

Pre-contemplation stage (not ready): At this stage, people are not yet aware of any need to change and may have no idea of the actions to take. They will need information, explanations and sometimes might need to go through some experiences before they become aware.

Contemplation stage (getting ready): At this stage, they begin to become aware of the problem. They learn from others through conversations, demonstrations and build up a mental picture of the possibilities of their actions and inactions.

Preparation stage (ready): At this point, there is an intention to start taking action soon and start taking small steps towards change. They may try to get others involved to pull enough support and help. Their self-confidence (“self-efficacy”) grows.

Action stage: At this stage, people make changes in their existing behaviour or adopt a new behaviour.

Maintenance: Here, they keep it up their new behaviour for some time. They do their best to stand against odds and temptation to prevent relapse.

In TTM theory, it should be possible to identify what stage a person is in and fit the approach to this stage. People who are not ready for change will have a long way to go. People who are vaguely aware of their needs need more information and stories about risks and benefits. It emphasizes that change is a long process and it should not be expected that people will suddenly jump from ignorance to action in one instance (unfortunately, health workers such to happen).

Application/Uses

This model is used by counsellors to determine if individual clients are ready to move forward to the next step (Carson *et al.*, 2013), and in surveys to assess if groups are ready to change. Although the model is popularly in use in programmes and health campaigns. However, debate on its validity and effectiveness is still on. A lot of question that might come to mind are:

- Do people always understand the situation fully before they act?
- Are there really separate stages?
- Do they lead into each other?
- Can they be clearly diagnosed?

- Can change be sped up, and if so how?
- What if circumstances change people's habits for them?

4.0 Conclusion

Behaviour change theories have had great influence by insisting on aiming for changes in practice and showing how beliefs and perceptions motivate change. In health education these are particularly important for different reasons. Health education and promotion objectives should be essentially to achieve behavioural changes necessary for health and wellbeing.

To achieve voluntary adoption of healthy behaviour requires finding out the knowledge attitude and perception of people on the subject of health. For instance, many people do not see the link between diet and health, or the value of dietary quality (rather than quantity). It is therefore important to find out people's "health beliefs". Also, many do not know that their health can be affected by their environment and their disposition or attitude to health issues. These beliefs and attitudes are the basis of food advertising. Therefore, to be able to identify or recognize and resist unhealthy foods, people need to build new perceptions and attitudes.

6.0 Tutors marked assignment

- 1) Highlight the stages of the trans theoretical model
- 2) What are the three main factors that contribute to the intention to change?
- 3) What is the main weakness of the rational model?

7.0 References/further readings

Carson, T. L., Eddings, K. E., Krukowski, S. J., Harvey-Berino, J. R. And West, D. S. (2013). Examining Social influence on participation outcomes among network of behavioural weight-loss intervention enrollees. *Journal of Obesity*.

Shahryarifar, S. (2016). A defence on the prominence of rational actor model within foreign policy analysis. *Khazar Journal of Humanities and Social Sciences*. 19(1):22-29

Unit 4: Current national health issues in health education

1.0 Introduction

2.0 Objectives

3.0 Main Content

3.1 Air pollution and climate change

3.2 Non-communicable diseases

3.3 Pathogenic microorganism threat

3.4 Poor infrastructure and sociocultural challenges

3.5 HIV

3.6 improving health education issues

4.0 Conclusion

5.0 Summary

6.0 Tutors marked assignment

7.0 References/further readings

1.0 Introduction

The world is facing multiple challenges of public health importance which ranged from outbreaks of diseases that can be prevented by vaccination such as measles and hepatitis. The incidence of drug-resistant pathogens is on the rise as well as growing rates of overweight and obesity . Also, there is continued increase in physical inactivity due to technological innovations as well as increase in the health impacts of environmental pollution and climate change, political instability and terrorism have led to multiple humanitarian crises around the world.

To address these multiple health challenges and other threats, World Health Organization's launched her new 5-year strategic plan – the 13th General Programme of Work. This plan is centered on a “triple billion target”: ensuring access to universal health coverage reaches about 1 billion more people, 1 billion more people are protected from health emergencies and to ensure 1 billion more people enjoy better health and well-being. The WHO new 5-year strategic plan raised many issues that will demand attention, however, ten (10) of these will be discussed in this unit.

2.0 Objectives

By the end of this unit, you will understand:

- Health issues around the world and nationally
- WHO strategic plans in tackling these health issues
- How health education system can be used to resolve these issues

3.0 Main content

3.1 Air pollution and climate change

The places where people live are polluted due to urbanization and industrialization. Nine out of ten people breathe polluted air every day. Unfortunately in 2019, air pollution is considered by WHO as the greatest environmental health risk. Pollutants in the air have the potential of gaining entry into the respiratory and circulatory systems, causing damages in the lungs, heart and nervous systems, resulting in the premature deaths of 7 million people yearly from diseases such as cancer, stroke, heart and lung diseases. Around 90% of these deaths are in low- and middle-income countries, with high volumes of unregulated emissions from industry, transport and agriculture, as well as from fire woods for cooking, dirty cookingstoves and households fuel use from portable power generating set.

Another devastating challenge of air pollution is its contribution to climate change. Burning of fossil fuels which is the primary cause of air pollution contribute majorly to climate change, this affects people's health in many ways. Between 2030 and 2050, climate change is expected result in 250 000 additional deaths per year, from malnutrition, malaria, diarrhoea and heat stress.

“In October 2018, WHO held its first ever Global Conference on Air Pollution and Health in Geneva. Countries and organizations made more than 70 commitments to improve air quality. Even if all the commitments made by countries for the Paris Agreement are achieved, the world is still on a course to warm by more than 3°C this century” (WHO, 2019).

3.2 Noncommunicable diseases

The rising prevalence of noncommunicable diseases in all countries calls for urgent attention as these diseases such as diabetes, cancer and heart disease, are collectively responsible for over 70% of all deaths globally, or 41 million people. Among which about 15 million people were estimated to be dying prematurely between age 30 and 69 years.

Unfortunately, over 85% of these premature deaths are in low- and middle-income countries due to poor health infrastructures and inadequate capacity to bear the health cost and burden of these non-communicable diseases. The rise in the prevalence of these diseases has been driven by five major risk factors: tobacco use, physical inactivity, the harmful use of alcohol, poor dietary pattern and air pollution. These risk factors also contribute to mental health issues, that may originate from an early age: it has been found that half of all mental disorders start by the age of 14, but most cases go undetected and untreated especially in developing countries.

Among many things, WHO planned to work with governments to help them meet the global target of reducing physical inactivity by 15% by 2030 – this kind of action will require responsive health education and promotion strategies and action plans to implement the “ACTIVE” policy toolkit to help get more people being active every day

3.3 Pathogenic microorganism threat

Global influenza pandemic

According to WHO (2019), the world will face another influenza pandemic – although no one knows when it will happen and how severe it will be. Global defenses are only as effective as the weakest link in any country’s health emergency preparedness and response system. These emergency systems are seen to be particularly weak in developing countries due to poor infrastructures and inadequate policies to drive improvement in the health care system.

However, the good news is that WHO is constantly monitoring the circulation of influenza viruses to detect potential pandemic strains and 153 institutions in 114 countries are involved in global surveillance and response. Every year, WHO recommends which strains should be included in the flu vaccine to protect people from seasonal flu. And if it is discovered at any point that a new flu strain develops pandemic potential, WHO has set up a unique partnership with all the major players to ensure effective and equitable access to diagnostics, vaccines and antivirals (treatments), especially in developing countries.

Antimicrobial resistance

Some of the greatest achievement in medicine and health in the past century are the development of antibiotics, antivirals and antimalarials as well as some other novel medications used in the treatment of some chronic diseases. Unfortunately, time with these medications is running out. Antimicrobial resistance – the ability of bacteria, parasites, viruses and fungi to resist these medicines – threatens to take the world back to a time when there were no remedy

for infections such as pneumonia, tuberculosis, gonorrhoea, and salmonellosis. The inability to prevent infections could seriously compromise surgery and procedures such as chemotherapy. For instance, there are increasing reports of drug failure (resistance to tuberculosis drugs) which will constitute a serious setback in fighting a disease that causes around 10 million people to fall ill, and 1.6 million to die yearly. “In 2017, around 600 000 cases of tuberculosis were resistant to rifampicin – the most effective first-line drug – and 82% of these people had multidrug-resistant tuberculosis” (WHO, 2019).

Drug resistance results from the overuse of antimicrobials in humans, in animals, especially those used for food production, as well as in the environment. WHO is working with these sectors to implement a global action plan to tackle antimicrobial resistance by increasing awareness and knowledge, reducing infection, and encouraging prudent use of antimicrobials. This action will need multi-sector stakeholders cooperation and action to increase awareness among the populace, to stop indiscriminate use of antibiotics through well strategized health promotion

Ebola, Lassa fever and other high-threat pathogens

Since 2014, the outbreak of Ebola has been rearing its head in African countries. Also, in 2018, the Democratic Republic of the Congo saw two separate Ebola outbreaks, both of which spread to cities of more than 1 million people. What happened in rural outbreaks in the past and they were contained will not work in densely populated urban areas or conflict-affected areas. Also, the incessant outbreaks of Lassa fever in Nigeria is also an issue. It calls for health education and promotion to enlighten the people on how to prevent invasion of homes by rats which are vectors or carriers of the Lassa virus as well as how to contain outbreaks in the event of any occurrence.

WHO's research and development (R&D) Blueprint have identified diseases and pathogens that have potential to cause a public health emergency but lack effective treatments protocol and vaccines. This watch list for priority research and development includes Ebola, several other haemorrhagic fevers, Zika, Nipah, Middle East respiratory syndrome coronavirus (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS) and disease X, these suggest the need to prepare for an unknown pathogen that could cause a serious epidemic.

Dengue

The incidence of Dengue through the decades especially during the rainy season have been a source of concern. This mosquito-borne disease that causes flu-like symptoms and can be lethal and about 20% of those with severe dengue die of the flu. It is found to be prevalent in countries like Bangladesh and India during rainy seasons. Unfortunately, the disease which was seen as a tropical disease in the past is now spreading to less tropical and more temperate countries such as Nepal, that have not traditionally seen the disease. This means the vectors are now adapting to temperate regions. The good news is that there is already a call to action by WHO and have put in place Dengue control strategy which aims to reduce deaths by 50% by 2020.

3.4 Poor infrastructure and sociocultural challenges

Fragile and vulnerable settings

More than 1.6 billion people (22% of the global population) live in places where long standing crises (through a combination of challenges such as political unrest, drought, famine, conflict, terrorism, insurgencies and population displacement) coupled with weak health services leave them without access to basic care.

These fragile settings are found in all regions of the world, and these are where half of the key targets in the sustainable development goals, including on child and maternal health, remains unmet.

Hence WHO has continued to work in these countries to strengthen health systems so that they can be better prepared to swiftly detect and respond to outbreaks, as well as to be able to deliver high quality health services, including immunization. Also, these settings requires a proactive health education and promotion measures to be able to help the people build capacity to be able to take responsible health decisions to take control of their own health while enjoying the health safety nets by WHO

Weak primary health care

Primary health care is meant to be the first point of call for people to access health care and ideally should provide comprehensive, affordable, community-based care throughout life.

Primary health should be designed to meet the majority of a person's health needs throughout the course of their life. Hence, health systems with strong primary health care are needed to achieve universal health coverage.

Unfortunately, many countries do not have adequate primary health care facilities especially among the developing countries. This neglect may be due to lack or inadequate resources in

low- or middle-income countries, but possibly inadequate commitment from stakeholders and policy makers to strengthen the primary health care. WHO is working with partners to revitalize and strengthen primary health care in countries, and follow up on specific commitments made by in the Astana Declaration.

Vaccine hesitancy

This is the reluctance or refusal to vaccinate despite the availability of vaccines. This is very common in some rural communities where there is inadequate public awareness and health promotion on importance of vaccinations. This poses a serious threat to the progress made in tackling vaccine-preventable diseases in the past decades. Vaccination is one of the most cost-effective ways of avoiding disease. Report have shown that measles, for example, has seen a 30% increase in cases globally. Although, reasons for this rise are complex, and not all of these cases are due to vaccine hesitancy. However, some countries that were close to eliminating the disease have seen a resurgence.

There are several reasons why people choose not to vaccinate; a vaccines advisory group to WHO identified complacency, inconvenience in accessing vaccines, and lack of confidence as key reasons underlying hesitancy. Health workers, working in communities, remain the most trusted advisor and influencer of vaccination decisions, and they must be provided with adequate support to educate and give credible information on vaccines. There are plans by WHO to intensify actions to eliminate cervical cancer globally by increasing coverage of the HPV vaccine, there is also indications that the transmission of wild poliovirus will be stopped in some countries through vaccination of every last child to eradicate this crippling disease for good.

3.5 HIV

The progress made against HIV has been enormous in terms of getting people tested, providing them with antiretroviral, and providing access to preventive measures such as a pre-exposure prophylaxis (PrEP, which is when people at risk of HIV take antiretroviral to prevent infection).

However, the epidemic continues to rage with nearly a million people every year dying of HIV/AIDS. Since the beginning of the epidemic, more than 70 million people have acquired the infection, and about 35 million people have died. Today, around 37 million worldwide live with HIV. Reaching people like sex workers, people in prison, men who have sex with men, or transgender people is hugely challenging. Often these groups are excluded from health services. A group increasingly affected by HIV are young girls and women (aged 15–24), who

are particularly at high risk and account for 1 in 4 HIV infections in sub-Saharan Africa despite being only 10% of the population.

WHO is working with countries to support the introduction of self-testing so that more people living with HIV will know their status and can receive treatment (or preventive measures in the case of a negative test result). One activity will stimulate action on new guidance announced in December 2018, by WHO and the International Labour Organization to support companies and organizations to offer HIV self-tests in the workplace in every country.

3.6 improving health education issues

In view of the foregoing and the lofty target of the WHO, there is an urgent call on all stakeholders in every country to increase commitment in health education and promotion to be able to position the health care system in every country of the world to meet these target. To achieve these, a lot must be put in place to strengthen the health education and promotion system in each country through:

- Increased capacity building activities for health educators and public health specialists
- Adopting a multi-sectorial approach in solving health promotion issues
- To adopt community engagement in driving health promotion messages to the grass roots
- Building and or improving infrastructures to encourage voluntary adoption of lifestyle that will improve health by the populace
- Planning group specific health promotion programmes targeted at age group or social divide to help people make informed decision on their health.
- Including health education and promotion programmes in schools' curriculum to instill healthy habit from childhood
- Strengthening health care facilities at all levels to become the center for health education and promotion

4.0 Conclusion

Although, the health issues that constitute threat to the world are many, and have been around for several decades, it is good to know that effort is on to solve these problems through the mobilization of relevant stakeholders such as government of countries and international agencies. Also, health education and promotion have been identified as part of the strategies to alleviate these threats.

5.0 summary

The threat to the health of humans and animals has increased globally and to address these multiple health challenges and other threats, World Health Organization's launched her new 5-year strategic plan – the 13th General Programme of Work. This plan is centered on a “triple billion target”: ensuring access to universal health coverage reaches about 1 billion more people, 1 billion more people are protected from health emergencies and to ensure 1 billion more people enjoy better health and well-being. Some of these threat includes: air pollution, rising prevalence of non-communicable diseases, fragile and vulnerable communities, inadequate primary health care, hesitant to vaccination, HIV among others. To reach this lofty goal, there will be need to address the threats to health multi-sartorially. All hands must be on deck to fortify health education and promotion systems in all countries and at every level.

6.0 Tutor's marked assignment

- 1 What is the Astana declaration and what year was it?
- 2 Suggest ways to reinforce the health education and promotion activities in Nigeria

7.0 References and further readings

WHO 2019. Ten threat to global health in 2019

Module 2: Agents of Health Protection and Promotion

Unit 1: Teachers as agents of health protection and promotion

1.0 Introduction

2.0 Objectives

3.0 Main Content

3.1 Teachers as agents of health protection and promotion

3.2 Definition of a health promoting school

3.3 Reasons for improving school health environment

4.0 Conclusion

5.0 Summary

6.0 Tutors marked assignment

7.0 References/further readings

1.0 Introduction

Health promotion as a term was used for the first time in the mid-1970s (Lalonde 1974) and has expanded to become a canopy term for a many of the strategies designed to tackle the wider determinants of health. Some definitions of health promotion have focus on activities while others emphasize values and principles. The WHO (1986) definition defines health promotion as a process but implies an aim (enabling people to increase control over, and improve, their health) with a clear philosophical basis of self-empowerment. Therefore to achieve this, there must be sufficient human resources from different discipline that must be engaged in the different areas of health promotion. One of such are teacher.

2.0 Objectives

By the end of this unit, you will understand:

- Health education theories
- Application of health education theories
- Importance of “behaviour change” theories for health education

3.0 Main content

3.1 Teachers as agents of health protection and promotion

Teachers and other workers engaged in community development e.g; social workers, volunteers and health workers all have a role in health improvement. It is important that they adopt a public health mind set and appreciate how their work can make a difference to health and wellbeing of the population. Teachers particularly have the opportunity to meet a good number of students in their lifetime. They serve as role models to students at all levels. They work in schools where a lot of learning and skills are acquired. This can also be a good opportunity to enlighten them on their health and the need to adopt healthy behaviours in order to be able to take control of their health. Therefore, health promotion in the school setting under the supervision of teachers is a worthy investment.

and where more specialist support can be obtained locally. A smaller number of hands-on public health professionals, such as health visitors and environmental health officers, who spend a major part, or all, of their time in public health practice working with communities and groups. A still smaller group of public health specialists from medical and other professional backgrounds, who work at a senior level with responsibility to manage strategic change and lead public health initiatives. This group includes health promotion specialists and medically qualified public health doctors

3.2 Definition of a health promoting school

A health promoting school (HPS) is a setting, which offers a comprehensive programme to promote health of young people through appropriate policy, curriculum and healthy school environment. School based health promotion can serve as the links between school and the community as well as link with health and welfare services. Although in developing countries, these windows of opportunity have not been well exploited in spite of the vast resources available. There have not been sustainable policies to harness the opportunity of using teacher as agent of health promotion.

Nursery and primary schools have an important role in improving the health of children. Teaching about health and wellbeing is one of the ways to stimulate healthy behaviour in children however, the school and its environment can offer more than teaching on health. Many

more opportunities that school offer could be harness to empower children make healthful living a lifestyle. In the developed countries, health promotion is targeted at young children using their schools as the drivers. Hence, the concept of health promoting schools. The Department of Education is encouraging all schools to become health promoting schools and child friendly. Therefore it is important for teacher to learn how to plan, manage and implement HPS strategies in their own school and classrooms. There are many issues of public health importance in primary schools, for example, communicable diseases like malaria, HIV, poor sanitation and water, poor food quality, poor infrastructure and environment and abuse of drugs and alcohol as well as bulling and violence. Some of these issues are more than the whatschools can handle and as such must involve other relevant stakeholders in handling them. It is also important to say that most of these public health issues can only be handled through Community mobilization and participation.

Importance of health promotion in schools

- 1) It provides the environment for children to learn it they can learn
- 2) Children can only learn if they are healthy
- 3) Children become healthy if the physical, social, educational and emotional environments of school and community are also healthy.
- 4) Health promotion school programs has the potential of developing healthy school environments as well as in families and society at large.

3.3 Reasons for improving school health environment

The school environment has a strong influence on children' health for several reasons which includes but is not limited to the fact that:

- the environment is an integral part children's health. Dirty environment can result in food and water contamination which will invariably lead to disease.
- children are very vulnerable to diseases because they are young and may have reduced immune protection as well as immaturity of organs and functions.
- rapid growth and development can make children more vulnerable to the effects of environmental pollution than adults.
- they spend more time within the school environment.

- Children's are not conscious of the hazards posed by their environment and lack the experience to judge risky health behaviourso, may not be courteous as adults and their behaviour places them at risk from environmental threats. For example, placing fingers in their mouths and not washing hands before eating.
- Children who start smoking and chewing while they are young have shorter life expectancy.
- Children who are malnourished perform poorly at school and have lower intelligence levels.
- Children with worms have less energy for play and for learning. They have to have many days off school.
- Children with repeated attacks of malaria have low blood iron and perform poorly at school. They miss many days off school because they are sick.
- When there is no sense of safety for girls, it increases their absenteeism. There indication that having descent toilets in schools can improves retention and enrolment.
- Children with exposure to violence are more likely to become bullies and may become perpetrators of violent crime.
- Sexual and reproductive health education help children take informed decisions, reduces the number of sexual partners, increases abstinence, increase condom use, delays sex and early marriage and leads to smaller families and a reduces the risk of HIV/AIDS and sexually transmitted infections (STI)significantly.
- Alcohol related crimes and disturbance can be reduced by strict implementation community laws and alcohol health education.

To achieve all these, teachers must be instrumental to changing health behaviour of school children. For effective development and implementation of school health programs require teachers to work with students and parents in identifying health problems as well as to solving them.

Benefits of health promotion school

There are many advantages in implementing the health promoting school programs. These can include:

- 1) Parents are encouraged and empowered to support school.

- 2) Health, well-being and morale of school teachers is improved.
- 3) Students are more confident in taking more responsibility for their personal and community health.
- 4) They become eventually become advocates or peer educators for their peers and younger children for improving health.
- 5) Students are healthier and better prepared for learning and teachers are happier, healthier and better prepared for creating better learning environment.
- 6) Lower rates of school absenteeism, students live healthy and fulfilling lives as a result of their effective participation in learning.

4.0 Conclusion

Teaching about health and wellbeing is one of the ways to stimulate healthy behaviour in children however, the school and its environment can offer more than teaching on health. Many more opportunities that school offer should, be harness to empower children make healthful living a lifestyle.

5.0 Summary

Teachers and other workers engaged in community development e.g; social workers, volunteers and health workers all have a role in health improvement. Teachers particularly have the opportunity to meet a good number of students in their lifetime. They serve as role models to students at all levels. They work in schools where a lot of learning and skills are acquired. Hence, can be important resource persons in providing health education and promotion in schools thereby improving the health of children. Also, they can help create a health promoting environment that will encourage learning while safeguarding the health of the students.

6.0 Tutors marked assignment

- 1 Highlight the benefits of health promoting schools to the community and the students
- 2 Suggest ways of creating health promoting environment in schools
- 3 What are the roles of teachers in creating health promoting environment in schools?

7.0 References/further readings

Karkada, S. and Pai, M. S. (2016). Concept of health promoting schools. Manipal Journal of Nursing and health Sciences. 2(2):65-68

St Leger, Lawrence, Young, Ian, Blanchard, Claire and Perry, Martha (2010) Promoting Health in Schools from Evidence to Action. The International Union for Health Promotion and Education (IUHPE).

Turunen, H., Sormunen, M., Jourdan, D., Von Seelen, J. and Buijs, G. (2017). Health promoting schools- a complex approach and a major means to health improvement. Health Promotion international. 32(2):177-184

Veneo, Edoa and Daniels, Roselyn Melua (2009) Health Promoting Schools Course Student Teacher Course Book. Department of Education Teacher Education Division (1st Edition).

Unit 2: Nutritionists as agents of health protection and promotion

1.0 Introduction

2.0 Objectives

3.0 Main Content

3.1 Activities of Nutritionists in Schools

3.2 Activities of Nutritionist in the community

4.0 Conclusion

5.0 Summary

6.0 Tutors marked assignment

7.0 References/further readings

1.0 Introduction

Nutritionists are important players in public health, since they promote a healthy lifestyle through better nutrition. They interpret and communicate theoretical knowledge to enable individuals, households and groups make appropriate dietary decisions that will sustain healthy lifestyles. Their activities can result in the reduction of premature deaths and the burden of preventable diet-related non communicable diseases (NCDs), overweight and all other forms of malnutrition. Hence, nutritionists are key stakeholder whose expertise needs to be part of political food and nutrition developments and advocacy.

2.0 Objectives

By the end of this unit, you will understand:

- The activities of nutritionists in schools as health promotion agent
- The activities of nutritionists in the community as health promotion agent
- The activities of nutritionists in health care facilities

3.0 Main content

3.1 Activities of Nutritionists in Schools

Some of the activities of public health nutritionist ranged from school settings to the larger community. For schools, they promote healthy eating through:

1. Incorporation of nutrition education in school curricula, information on diet and healthy eating habits, measures of food safety as well as sociocultural influence of foods and consumer rights.
2. Educating teachers and families in nutrition, which enables them to be role models and support pupils in their food choices.
3. Creating and promoting food experiences, diversities and taste-testing, as an essential component of the education system through food demonstrations.
4. Monitor food access in school environment to ensure healthy choices in food and snacks options.

3.2 Activities of Nutritionist in the community

On the other hand, activities of the nutritionist to the larger community requires a coordinated action to promote and support healthy eating through cross-sector collaboration with policy makers and other stakeholders to address the following priorities:

A. Equitable access to adequate, healthy and safe food

increasing burden of NCDs across the globe and the attending health care cost in both developed and developing countries call for urgent action. Reducing this burden requires a comprehensive health promotion initiative that will include the nutritionist as an important key player. Food supply initiative at all levels must ensure equitable access to safe food for all people in a sustainable way. In addition to supporting sustainability in food systems, skill development in the selection and preparation of food must be promoted and supportive environments created.

- Coordinated multisectorial on health and wellness priorities as well as investing in agriculture and food research to realize the benefits for population health should be advocated
- Development and implementation of nation wide food and nutrition strategy for a healthy and safe food supply within a sustainable system
- Commitment to leadership and supports for more healthy foods in the food supply (e.g., reduction in the consumption of sodium and sugar).
- Provision of sufficient resources for programs that provide access to adequate, healthy and safe food for the vulnerable populations

B. To create supportive environments for healthy eating

Healthy eating can only be sustainable when there is a supportive environment for such to thrive. To make healthy food choices at all times require a having food environment that support healthy food choices. This will include availability and physical access to healthy food. To ensure sustainability in choosing healthy foods, they must become the convenient choice. Hence, it is very important for nutritionist involved in health promotion to make this happen. This is because a mere knowledge about good health will not necessary translate to health unless there is a supportive environment that will make the healthy choice the easy choice. Also nutritionists work with the industries to increase the effectiveness of voluntary approaches to decrease marketing foods and beverages high in fat, sugar and/or sodium to children. Moreover, exclusive breastfeeding for the first six months of life and continued breastfeeding till 24 months promotion is another “cost-effective and low-cost population-wide intervention”to tackle malnutrition and under-five children mortality in developing countries. There should be continued efforts in consumer education on breastfeeding and introduction of age-appropriate foods for infants and toddlers to ensure adequate growth and development in children. Some of the integrated activities will include:

- Support and coordination for limiting advertising of unhealthy foods and beverages to children
- Consistent, evidence-based school nutrition surveillance report that will inform policy supports and implementation.
- Creating the environment and opportunities for food skill development in communities
- development and implementation of policies for supportive environments for healthy eating in public place such as schools, work and in the community

C. Comprehensive surveillance and monitoring of food, diet and health

Nutritionists as health promotion agents can provide oversight for the regular monitoring and evaluation of the food supply, dietary intakes and health of their respective populations to support health promotion and disease prevention. In addition to scientific and practice-based evidence, effective program planning requires sufficient monitoring and surveillance information to prioritize and target programming, to reach the most vulnerable citizens and ensure maximum impact on the health of the community. Committed resources are required to conduct regular, ongoing monitoring and surveillance of food consumption patterns and dietary intakes and the health and safety food supply.

Some of the activities includes:

- Committing resources and sufficient capacity to conduct regular national monitoring and surveillance of food consumption and health of all ages.
- Building sufficient capacity to analyse food and beverage consumption data for the population

D. To increase access to nutritionist services at all levels of health care.

- Nutritionists should be part of the coordination of health systems at all levels in bid to promote health and disease prevention.
- They should be part of health care team for all patients and the cost of service to patient should be covered in every health insurance scheme.
- The importance of nutritionist services at the primary health care (PHC) levels cannot be over emphasized because the PHCs are the first line of health care and they are closer to the community. Therefore health promotion by nutritionists is a very bright idea. This avail women of child bearing age receive dietary counseling for optimal infant an young children feeding practices, children welfare practices and good dietary practices for the entire household.

4.0 Conclusion

Nutritionist are important agent of health protection and promotion because the science of nutrition have been proven to been an integral part of preventive medicine. Leveraging on the skills and expertise of nutritionists in influencing voluntary behavioural change for sustainable health is a step in the right direction. Nutritionists can help ensure equitable access to adequate, healthy and safe food, create supportive environments for healthy eating, provide comprehensive surveillance and monitoring of food, diet and health of all member of the community. These activities will increase the capacity and the confidence of people in taking control of their own health.

5.0 Summary

Nutritionists as health protection and promotion agents can help coordinate health promotion in schools, helping teachers and student adopt healthy lifestyle by helping to create an environment where healthy food will be a convenient choice. They can also provide oversight for the regular monitoring and evaluation of the food supply, dietary intakes and health of their respective populations in the community as well as supporting health promotion and disease

prevention. They interpret and communicate theoretical knowledge to enable individuals, households and groups make appropriate dietary decisions that will sustain healthy lifestyles. Their activities can result in the reduction of premature deaths and the burden of preventable diet-related non communicable diseases (NCDs), overweight and all other forms of malnutrition.

6.0 Tutors marked assignment

- 1 Highlight the activities of nutritionists as health protection and promotion agent in schools and in the community
- 2 Identify and share with a friend nutrition related activities around you, brain storm on how you can encourage or improve more participation from the members of the Community

7.0 References/further readings

Dietitians of Canada, 2011. Strengthening the Canadian Health System: A Call to Action from Dietitians. Submission to the Standing Senate Committee on Social Affairs, Science and Technology.

European federation of the Association of Dietitians EFAD (2017).The Role of European Public Health Dietitians.Briefing Paper-Final Version. www.efad.org.

Unit 3: Health professionals as agents of health protection and promotion

1.0 Introduction

2.0 Objectives

3.0 Main Content

3.1 Health workers categories and trend in health care delivery

3.2 Health professionals approach to health protection and promotion

4.0 Conclusion

5.0 Summary

6.0 Tutors marked assignment

7.0 References/further readings

1.0 Introduction

Health protection and promotion by health professionals can lead to many positive health outcomes including influencing behavioural change and adherence, quality of life, improving patients' knowledge of their illness and their self-management. However, because of the broad field of health promotion, and since the emphasis is on people being able to take control of their health, the potential of building health promotion capacity of health workers need to be harnessed through training and capacity building. This is because clients may be experiencing frustration, confusion, alienation, and invalidation when they look toward health care professionals for help in using available services to optimize their health. Creating direct access to health care professionals and responding to their varied needs and preferences enables clients to truly be consumers of health care.

2.0 Objectives

By the end of this unit, you will understand:

- Health workers categories
- The trend of health care delivery
- The approaches of health professionals to health protection and promotion

3.0 Main content

3.1 Health workers categories and trend in health care delivery

The health care facilities where health workers are employed fall into nine categories:

- Hospitals,
- Nursing and residential care facilities,
- Physician offices,
- Dentist offices,
- Home health care services,
- Offices of other health practitioners,
- Outpatient care centers,
- Other ambulatory health care services, and
- Medical and diagnostic laboratories

The continuous collaborations between health care providers and health institution is pointing to the direction of favouring the increase in the number of independent facilities hospitals and private practising health workers. Also, innovation in information technology and the increased adoption of tele-medicine and mobile health will continue to reshape not only the manner in which health services are provided but also the disposition of the health care workforce.

Employment in health services continues to grow for many reasons. The demand for health services at the convenience of the clients, especially home health care and nursing and residential care, will increase as the prevalence of chronic diseases and number of people in the older age groups increases. Advancement in research and technology is expected to increase the survival rate of those affected by severe injuries and chronic diseases. Advancement in the medical science and technologies has made it possible for illnesses previously not identifiable and treatable to be well managed with better prognosis and increased life expectancy. Moreover, increased adoption of integrated health systems and group practices has grown in complexity, requiring more administrative support. Therefore, the health care sector/Industry will continue to expand, with a shift from inpatient care to less expensive outpatient care, influenced by technological advances and consumer demand. Hence, health protection and promotion strategies will be an important tool needed in driving the changes in health services. Surely, health service workers, prepared at all levels of education and training, will continue to be in demand, with emphasis on specialized clinical and administrative positions.

3.2 Health professionals approach to health protection and promotion

Individualistic approach

Empirical studies have shown that health workers use individualistic approach in stimulating behavioural change in patients in the hospital settings (Samarasinghe *et al.*, 2010; Povlsen and Borup, 2011). They concentrate on activities such as helping patient and caregivers or families make health decisions or supporting people in their engagement with health promotion activities. The strategies for health promotion adopted included giving information to patients and their care givers as well as providing health education (Casey, 2007). However, in this approach, patient participation is restricted to only personal aspects of care, such as letting patients decide on a menu, when to get out of bed and what clothes they wanted to wear etc. (Casey, 2007).

Community participation and orientation approach

This is related to collaboration with individuals, groups and communities in empowering them to take control of their own health decision and outcomes. They collaborate with other professionals and the communities in putting responsive and culturally sensitive health surveillance system in place to safeguard the health of the populace. Health workers have been found to be working as health promoters showcasing varieties of expertise in different context. Depending on the context, they can be classified into:

General health promoters: This is basically in form of engaging individuals or group in knowledge driven health education for effective health promotion actions.

Patient-focused health promoters: Patients and families with chronic health challenges are seen to have different needs. Therefore, health workers try to tailor different health promotion interventions and strategies to meet the specific needs of the patients.

Managers of health promotion projects: Health workers are capable of planing, implementing or serving as a member of evaluation panel to assess the effectiveness of health promotion interventions and projects. Since they have good clinical skills and experiences, they can serve as managers of health promotion project and be responsible for supervising and leading research and development actions as well as coordinating educational and developmental interventions in health-care units and communities.

4.0 Conclusion

The advancement in medical science and information technology have encouraged more flexibility and developed extended roles across professional and organizational boundaries. At present, although health promotion is a standard component of everyday health care practice for many health workers, it seems to be largely taken-for-granted. Therefore it is important for health workers to be trained see information and advise giving from the health promotion lens. Health promotion capacity among health workers should be geared towards building on the achievements of each of the individual professions and responds to their individual needs.

5.0 Summary

As a result of the growing health care sector as well as increased demand for care as out patient, there exist ample opportunities to implement health promotion activities. Although several barriers associated with organizational culture have a marked effect on delivery there is still need to expand the administrative support to consolidate this increased demand for health services. Therefore more capacity building is necessary to help health workers in implementing health promotion in their roles in a variety of health-care services.

6.0 Tutors marked assignment

- 1 Go to a primary health care facility around you and identify health protection and promotion activities going on.
- 2 Identify the category of health worker carrying out the activities you have identified.

7.0 References/further readings

Casey, D. (2007) Findings from non-participant observational data concerning health promoting nursing practice in the acute hospital setting focusing on generalist nurses. *Journal of Clinical Nursing*, 16: 580–592

Kemppainen, Virpi, Tossavainen, Kerttu And Turunen, Hannele (2012). Nurses' roles in health promotion practice: an integrative review. *Health Promotion International*, Vol. 28(4):490-501.

Needle, J.J., Petchey, R. P., Benson, J., Scriven, A., Lawrenson, J., Hilari, K. (2011). The allied health professions and health promotion: a systematic literature review and narrative synthesis. Final report. NIHR Service Delivery and Organization programme.

Povlsen, L. and Borup, I. K. (2011) Holism in nursing and health promotion: distinct or related perspectives?—a literature review. *Scandinavian Journal of Caring Sciences*, 25, 798–805.

Samarasinghe, K., Fridlund, B. and Arvidsson, B. (2010) Primary health care nurses' promotion of involuntary migrant families' health. *International Nursing Review*, 57, 224–231.

Module 3: Approaches to the Protection and Promotion of Human Health

Unit 1: Protection and promotion of human health at Individual level

1.0 Introduction

2.0 Objectives

3.0 Main Content

3.1 The behavioural approach to health promotion

3.2 Health promotion strategies

4.0 Conclusion

5.0 Summary

6.0 Tutors marked assignment

7.0 References/further readings

1.0 INTRODUCTION

Health protection means preventing the spread of contagious diseases. It helps in the prevention of the spread of diseases. Examples of such activities include; Preventive services include health counselling, screening, immunization, and other interventions for individuals in clinical settings. Some of the germane areas include maternal and infant health, cardiovascular diseases and stroke, cancer, diabetes, sexually transmitted diseases (including HIV/AIDS) as well as other infectious diseases. Health protection is usually spear headed by public services, by government. Examples are the establishment of regulating bodies saddled with the responsibility of inspection at various levels to ensure compliance of products and service to laid down guidelines thereby protecting the health of the populace.

Health protection and promotion are usually used to address issues of public health concerns thereby protecting humans from preventable diseases. Promoting human health can be done in levels beginning with individual to households then, community and sometimes nationally

2.0 Objectives

By the end of this unit, you will be able to appreciate:

- the need for health promotion
- the emphasis of health promotion
- how health protection is dependent on individual lifestyles

3.0 Main Content

3.1 The behavioural approach to health promotion

The recent advances in medical science and behavioural sciences have suggested that greater emphasis should be ascribed to the environment and to behavioural factors as causes of disease and death, instead of biological and physical characteristics. There are other areas of health that have been identified to influence health and wellness by the Lalonde report in 1974 in Canada. They include:

- Medicine and health care services.
- Lifestyle or behavioural factors.
- The environment.
- Human biology.

This other areas of health suggested the importance of the environment on health and well-being meaning if the environment is improved and enhanced to support health, coupled with appropriate behavioural changes could lead to significant reductions in morbidity and mortality.

This is an eye opener and the turning point for most public health efforts in the developed countries. This approach emphasis prevention rather than cure. Hence policy makers over the years have invested in policies that helps prevent disease occurrence by educating the populace and empowering them to be able to safeguard their own health by themselves. This approach to health have of course yielded more dividend than a purely medicinal approach to health. The Lalonde report emphasized lifestyle modification as the sole individual responsibility without factoring how the social environment of individual influences their behaviour. Health Promotion programmes based on this approach emphasizes psychological theories more than the individual's social and economic circumstances.

Other known behaviour change models such as the Health Belief Model, the Theory of Reasoned Action and the Social Learning Theory have been developed and these have been the theories behind health promotion and protection practices around the world. The goal of health promotion activities are to influence voluntary change in behaviours of individuals that will translate to making healthy choices that affects society at large. Consequently decreasing the risk of illnesses and improving overall health. Examples are campaigns, health education for groups, communities, schools etc. Most of the health promotion initiatives are educational

in nature. These educational initiatives address the individual's knowledge of specific risk factors such as: nutrition, physical fitness, sexual practices, drugs and alcohol, tobacco, mental health, family planning, and multiple forms of abuse. In the many instances around the world, health promotion initiatives can contribute to public policy.

3.2 Health promotion strategies

Health promotion strategies in a social context relate to individuals lifestyle and personal choices made. These lifestyle and personal choices can have a serious influence on health outcome. Health promotion strategies ranges from physical activity and fitness, nutrition, tobacco, alcohol, drugs, sexual behaviour, family planning, violent and abusive behaviour on women and children. While health protection strategies are concerned with environmental or regulatory measures that is put in place to protect large population groups. These strategies address issues such as unintentional injuries, occupational safety and health, environmental health, food and drug safety, and oral health. Interventions to address these issues may include an element of health promotion, but the main approaches involve a community-wide rather than an individual focus.

In carrying out health promotion strategies, there are set of activities which are aimed at preventing diseases and ill health as well as developing lifestyle skills that can help to optimize health. There are two sets of activities, they include:

- those about providing services for people who are ill or who have disabilities, and
- positive health activities, which are about personal, social and environmental changes aiming to prevent ill health and develop healthier living conditions and lifestyles.

In carrying out these set of activities, there can be overlapping of programmes and some activities because they both contribute to health gain, and they are often closely related in practice. Ten categories of activities are identified, comprising two illness and disability services and eight types of positive health activities. These can further be classified into :

Personal social services. This includes all those social services aimed at addressing the needs of sick people and people with disabilities or disadvantages whose health (in its widest sense) is improved by those services. This includes:

1. Community care of mentally ill people and
2. Home help services that care for the elderly.

Although, these services are not very common in Nigeria due to the prevailing cultural values where it is believed that family members should care for other challenged family members. Meanwhile, most times the professional competence to care for them might be lacking.

Healthcare services. This includes the major work of the health services: treatment, cure and care in primary care and hospital settings.

However, an important question that came to mind when considering the boundaries of service provided by health promoters is: 'If all illness and disability services improve health and produce varying amounts of improvement in health outcomes, can we still classify all as health promotion? Providing a foster home for an orphan. It is however, important to always remember the WHO (1986) definition of health promotion, "about enabling people to increase control over and improve their health". This means that health promotion is concerned with such activities or aspect of care and treatment that are concerned with helping people to take control over their health and improve it (such as educating patients in the skills of self-care, or educating foster parents in the skills of parenting) are legitimate areas of health promotion. So is creating a health promoting environment by, for example, modifying a home to make it suitable for a person with disabilities or providing affordable housing for homeless people with health problems. The emphasis here is that people are empowered to be able to take charge of their own health

Family planning

One of the ways to promote the health of individuals is through health protection and promotion in the work place. This can be through work site health education programmes and or health insurance scheme sponsored by the employer in the work place.

The rationale for employer sponsorship of health promotion programmes includes preventing loss of worker productivity due to avoidable illnesses and disability and their associated absenteeism, improving employee well-being and morale, and controlling the costs of employer-paid health insurance by reducing the amount of health care services required. Similar considerations have stimulated union interest in sponsoring programmes, particularly when their members are scattered among many organizations too small to mount effective programmes on their own.

The workplace is uniquely advantageous as an arena for health protection and promotion. It is the place where workers congregate and spend a major portion of their waking hours, a fact

that makes it convenient to reach them. In addition to this propinquity, their camaraderie and sharing of similar interests and concerns facilitate the development of peer pressures that can be a powerful motivator for participation and persistence in a health promotion activity. The relative stability of the workforce-most workers remain in the same organization for long periods of time-makes for the continuing participation in healthful behaviours necessary to achieve their benefit.

Health promotion in the work place

The workplace affords unique opportunities to promote the improved health and well-being of the workers by:

- Integrating the health protection and promotion programme into the organization's efforts to control occupational diseases and injuries
- modifying the structure of the job and its environment in ways that will make it less hazardous and less stressful
- providing employer- or union-sponsored programmes designed to enable employees to cope more effectively with personal or family burdens that may impinge on their well-being and work performance (i.e., modified work schedules and financial assistance benefits and programmes that address alcohol and drug abuse, pregnancy, child care, caring for elderly or disabled family members, marital difficulties or planning for retirement).

4.0 Conclusion

The health of an individual enhances his/her productivity including successful performance in their work roles. Thus, reducing the burden of diseases that results in incessant absenteeism, disability and poor job performance. Hence, health promotion should be prioritized; sponsoring such programmes will improve health status and quality of life of the individual.

5.0 Summary

The health promotion at the individual level focuses on how health can be optimized by engaging individuals and placing their own health in their own hands. It also emphasizes how occurrence of diseases can be prevented thereby optimizing the quality of life of population. Furthermore, the goal of health promotion activities are to influence voluntary change in

behaviours of individuals that will translate to making healthy choices that affects society at large. Consequently decreasing the risk of illnesses and improving overall health

6.0 Tutor marked Assignments

- Read the Lalonde's report and identify the important submissions of the report.

7.0 References / Further reading

Inyang, M. P. And Oguchukwu, U. L. (2015). Selected health promotion strategies: Potential(s) and challenges. International Research journal of Public and Environmental Health. 2(3):37-42.

Providing Residential Services in Community Settings: A Training Guide.

Michigan Department of Human Services www.michigan.gov/afchfa.

Unit 2: Protection and promotion of human health at community level

1.0 Introduction

2.0 Objectives

3.0 Main Content

3.1 health promotion and protection strategies at the community levels

3.2 factors to be considered in planning health promotion programmes in the community

4.0 Conclusion

5.0 Summary

6.0 Tutors marked assignment

7.0 References/further readings

1.0 Introduction

Health protection and promotion at the community level should be aimed at prevention and education. This health promotion initiative is a reflection of the national and state policies to safeguard the health of the population. Hence the link at the community level sets the stage for implementation of such health policies. The promotion and protection of health at the community level must have a supervisor that is saddle with the responsibilities of ensuring compliance and or implementation. He provides a connection between communities (such as community development areas (CDAs) and local government wards in some quarters) health promotion initiatives with both state and national resources.

Activities include community identifying needs, prioritizing health problems, collaborating with relevant stakeholders in the community, interventions, referrals, and evaluation. Most of these activities are carried out by setting up committees involving public and private organizations as well as civil societies. Also, health promotion at and prevention activities at the community level can leverage on existing frameworks of community mobilization activities in social and religious settings

2.0 Objectives

By the end of this unit, you will be able to appreciate:

- the need for health promotion at the community level

- Various strategies of protecting and promoting health at the community levels
- How work place can be an important site of carrying out health promotion and protection at the community levels

3.0 Main Content

3.1 Health promotion and protection strategies at the community levels

School Health Program: The school health program as observed in many developed countries works to implement the existing health policies targeted at safeguarding the health of young people in school. The program offers technical assistance to schools and health workers in school clinics to carry out periodic surveillance survey to assess behaviours among students that will increase their risk of mortality and morbidity from diseases. It also assess how these risk behaviours change over time. It measures behaviours that could result in injuries and violence; tobacco use; alcohol and drug abuse; sexual behaviours that result in HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancies; dietary behaviours as well as physical activity.

Maternal and Infant Health

At the community level, health promotion and protection provides maternity services through the primary health care at no or subsidized cost to the consumers. This programme targets pregnant women across all the socio-demographic levels. The program goal is to reduce infant mortality by providing accessible antenatal and postnatal care to women who need such services in the community. Vitamin supplementation programme for pregnant women is also in place to reduce the incidence of micronutrients deficiencies such as anaemia in pregnancy. This programme also provide midwife services to assist with delivery of babies as well as providing referral to an obstetrician at a hospital that provides the necessary specialized care for the mother and the baby. Vitamin A supplementation is also given after child birth to ensure adequate vitamin A status of the mother. Continuous health promotion and protection services such as nutrition include education and support for breastfeeding mothers as seen in the breast feeding initiatives carried out in baby friendly hospitals, HIV screening, home visits, family planning, are also provided to clients.

Work site health education programmes

Work place is a good environment appropriate for the furtherance of such health-related assessment, education, counselling and promotion among others. From a public policy perspective, occupational setting provide an efficient environment for activities such as these, involving aggregation of individuals. Moreover, most workers are in a predictable work location for a significant portion of time almost every week. Occupational setting is usually a controlled environment, where individuals or groups can be exposed to educational programming or receive counselling without the distractions of a home setting and avoiding the dreaded atmosphere of hospital setting.

Sponsorship

The kind of health promotion programme should be sponsored by the employers. This may either be fully or partially financed by the employer. However, sometimes, employers may only provide supporting environment such as planning and the arrangement of health promotion activities while the programme is paid out of pocket of the employee for example; the government of Lagos state is said to encourage its worker to go for comprehensive medical check-up in the government hospital on their birthdays at no cost to the employee.

3.2 Factors to be considered in planning health promotion programmes in the community

1. The discrepancy between the incidence of the health problem locally and the incidence at state or national levels? This will should include the number of individuals that are affected by the health problem.
2. The impact of the health problem disability or mortality? The predisposing factors to such health problem should be identified as well as the detrimental consequences of not taking action towards solving the problem.
3. The anticipated challenges that may arise in the bid to solve the problem and how difficult are these challenges?
4. Existence of other organizations involved in health promotion in the said communities and if yes, what problem are they addressing?
5. The resources (materials and human) required to solve the health – related problem?

6. Acceptability of the program: Will the stakeholders want and accept the proposed solution to the health problem?
7. Policy issues: Do current laws permit the proposed health - related program activities to be conducted?

Things to do while working with and for communities to improve health and wellbeing

1. Facilitate the development of people and learning in communities.
2. Create an environment that supports learning from practice and experience.
3. Encourage and support communities to plan and take collective actions.
4. Facilitate the development of community groups/ networks for learning and information sharing
5. Encourage people to discuss and address issues related to health and wellbeing.
6. Enable people to improve others' health and wellbeing.
7. Work with individuals and others to minimize the effects of specific health conditions.
8. Improve health and wellbeing through working with and for communities

4.0 Conclusion

Health promotion at the community levels emphasizes community engagement as an important tool in solving endemic health problems. Activities include community identifying needs, prioritizing health problems, collaborating with relevant stakeholders in the community. Encouraging people to discuss and address issues related to health and wellbeing as well improving others' health and wellbeing.

5.0 Summary

Health protection and promotion at the community level should be aimed at prevention and education. To achieve this, health policies at the national level should be domesticated and implemented at the community levels. Ensuring implementation of policies projects the community as a good reflection the national and state policies to safeguard the health of the population. Hence the link at the community level sets the stage for implementation of such health policies. Health promotion at and prevention activities at the community level can leverage on existing frameworks of community mobilization activities in social and religious settings

6.0 Tutor's marked assignment

- 1 Identify two employer sponsored health promotion programme around you.
- 2 Enumerate activities to be carried out while working with the community

3 Identify and study two health promotion programmes going on in your community

7.0 references and further readings

Fertman, Carl I. and Allensworth, Diane D. (2010). Health promotion programs: from theory to practice. Jossey-Bass.

Inyang, M. P. And Oguchukwu, U. L. (2015). Selected health promotion strategies: Potential(s) and challenges. International Research journal of Public and Environmental Health. 2(3):37-42.

Unit 3: Protection and promotion through food

1.0 Introduction

2.0 Objectives

3.0 Main Content

3.1 Food safety and dietary concerns

3.2 Contribution of anti-oxidants and dietary fibres to health

3.3 Dietary pattern and health

4.0 Conclusion

5.0 Summary

6.0 Tutors marked assignment

7.0 References/further readings

1.0 Introduction

Protection and promotion of health through food is an important part of the health promotion framework. The health of the population has been directly linked to the food consumption and nutrition of the population. Therefore it is necessary to have a well-developed framework that integrates the availability of safe and nutritious foods guidelines necessary for safe guarding the health of the entire population. Stakeholders in the health sectors develops policies, guidelines, and provides technical assistance and training to guide environmentalists and inspectors in inspecting food and food processing establishments. Also, food service/processing environments and facilities are inspected regularly to ensure that facilities comply with state and federal laws, rules, and regulations for safe food production and distribution. Additionally, it is expected that all permanent food service establishments should be licensed to operate. They must also have staff that is competent to deliver safe foods and beverages to consumers. Some developed countries have a well-established Food Protection Division that works in partnership with industry and academic institution to train prospective food handlers to accomplish certification. They also works with food establishments to achieve effective control of food borne illness risk factors.

Some developed countries have programmes that catered for food and nutrition needs of vulnerable women and children. The United States of America's special supplemental food program for women, infants and children, often called WIC, is funded by USDA. The WIC

program provides nutritious foods, nutrition counselling, and referrals to health and social services at no charge to participants. Vulnerable low-income pregnant, and lactating women, infants and under-five children who lives in the United States and meet the income guidelines are enrolled into the programme. Statistics showed that over 7.5 million people nationwide gets this WIC assistance monthly across the country.

2.0 Objectives

By the end of this unit, you will be able to appreciate:

- How foods can contribute to health
- Important foods components and their health implication
- Factors that can contributes to dietary pattern

3.0 Main content

3.1 Food safety and dietary concerns

Milk and Dairy Protection

Countries where dairy and dairy products contributes substantially to food consumption have instituted government agencies that see to the protection of the population from food borne illnesses that can result from milk intake. These government institutions develops policies, rules and regulations and also provides framework for monitoring compliance. They have health/hygiene inspectors saddled with the responsibility to ensure compliance with state and federal laws, rules, and regulations regarding dairy farms, bulk milk haulage, transfer stations, receiving stations, pasteurization plants, and frozen dessert plants. They also oversee compliance and enforcement rules guiding milk sanitation, distribution and supplies within the states. There must be inspection and certification of dairy establishment and permit to sell milk is issued to them. Quality control checks is carried out on milk product samples through laboratory analysis to ensure high sanitary quality and that the product meets the minimum public health requirements.

3.2 Contribution of anti-oxidants and dietary fibres to health

Anti-oxidants and phytochemicals

Antioxidants are substances that prevent or slow down cells damage that might be caused by free radicals in the body. They neutralize or remove free radicals by donating an electron to stabilize these unstable molecules produced by the body in response to physiological stress thereby preventing damages that could have been caused by these free radicals in the body. The sources of antioxidants can be natural or artificial. Many plant sources foods are thought to be rich in antioxidants. These plant-based antioxidants are also called phytonutrients, or plant based nutrient. Antioxidants act as a radical scavenger, hydrogen donor, electron donor, peroxide decomposer.

Types of antioxidants

Endogenous antioxidants: These are antioxidants that are produced by the body also. Cells naturally produce antioxidants such as glutathione.

Exogenous antioxidants: these are antioxidants that come from outside the body. Examples of exogenous antioxidants are: vitamin A, vitamin C, vitamin E, beta-carotene, lycopene, selenium, manganese, zeaxanthin etc. These antioxidants have different functions which are not interchangeable with one another.

Benefits of antioxidants

- Antioxidants helps to protect against cell damage resulting from oxidative stress
- Antioxidants help to improve/boost the immune system. It is one of the first line of immune system of the body preventing infections and some forms of cancer.
- Antioxidants such as ascorbic acid (Vitamin C) terminate chain reactions produced by free radicals.

Food sources of antioxidants

Vitamin A: Dairy products, eggs, liver and some fortified products

Vitamin C: Most fruits and vegetables, especially berries, oranges, and bell peppers.

Vitamin E: Can be found in most nuts and seeds, sunflower and other vegetable oils, green leafy vegetables and some fortified products.

Beta-carotene: This is common in coloured fruits and vegetables, such as carrots, peas, spinach and mangoes

Lycopene: This is found in most pink and red fruits and vegetables, including tomatoes and watermelon

Lutein: green leafy vegetables, corn, pawpaw, and oranges

Selenium: Rice, corn, wheat, and other whole grains as well as nuts, eggs, cheese, and legumes

Dietary fibre

Dietary fiber, are also called roughages in foods. This is the part of plant cell that are not digestible and hence, cannot be absorbed in the small intestine. It therefore moved to the large intestine where intestinal flora (bacteria) decomposes it through complete or partial fermentation with complete or partial fermentation. There are two categories of fiber.

Soluble fiber: These are the class of fiber that can dissolve in water in the small intestine. Because it absorbs water, it forms a gel like substance in the stomach. It is known to slow the movement of the stomach thereby slowing down stomach emptying and the movement of the food mass through the small intestine. This reduces the rate of glucose digestion and absorption. Soluble fiber is known to help increase the bulk and water in stool. Studies have also shown that it helps reduce cholesterol in affected people.

Insoluble fibers: These are not soluble in water in the stomach and small intestine. They pass through the digestive system without being digested. They accelerate the movement of food mass in the intestine as well as fecal mass. It also results in an increased frequency of defecation. As the fiber moves through the intestine, it promotes the removal of waste from the large intestines. This characteristic of insoluble fiber is very important for the management of constipation, hemorrhoids and diverticular diseases. There are evidences that insoluble fiber can prevent against some cancers especially colon cancers.

Also, high-fiber diets have been used for the management of overweight and obesity because it helps to provide satiety when foods are eaten thereby helping reduce caloric intake without necessarily reducing portion size. Dietary fibers are found only in plant foods such as fruits, vegetables, nuts, and grains.

3.3 Dietary pattern and health

Factors affecting dietary pattern

Sociocultural factors: - Social factors such as the influence of social class, cultural influences and social context affects what people eat, where they eat and how they eat. There are a lot of social reasons why people eat and drink. For example, alcohol/wine is largely consumed with friends and is an integral part of menu for many ceremonies. And in some cultures, alcohol is seen to be used in prayers and as a sign of support. Social support can therefore have beneficial effects on food choices and healthful dietary patterns. Social support within the household and from peers can have serious influence on individual's food choices and dietary patterns. By observing their parents, children learn which foods and combinations of food are appropriate to consume and under what circumstances. Moreover, in many cultures, food has symbolic meanings related to family traditions, ethnicity, social status and even sometimes superstitiously tied health and wellbeing. One of the strongest influences on food preferences is traditional or cultural background. In all societies, no matter how simple or complex they are, eating is the primary way of initiating and maintaining human relationships. Sometimes, these cultural acquired preferences are culturally engineered (Rozin, 2000).

Economic factors: - The cost of food is one of the primary determinants of food choice. Low income groups have a greater tendency to consume unwholesome and unhealthy diets and many times, have low intakes of fruits and vegetables. Also, educational level can influence dietary behaviour since level of education is associated with socioeconomic status and increased purchasing power; it affects food preferences and choices.

Religion: Food is known to be an important part of religious rites. It sometimes symbolizes commitment and devotion. There are some religious obligations that apply to every day eating, while others are concerned with special celebrations. Different religions such as, Christianity, Judaism, Buddhism, Hinduism and Islam among others all have distinct dietary laws. These laws are seen in various dietary practices. For instance, Islamic dietary laws specify the foods that are "fit and proper," or "halal", to eat. To be "kosher", meat must come from clean animals that chew cud and have cloven hooves; fish must have fins and scales while pork, crustaceans and shell fish and birds of prey are not acceptable.

Lifestyle: Another influential factor is life style, the fast-paced society has little time or patience for food preparation. This time constraint has led to an increase in meals eaten away from

home. There is also increased number of food outlets and street food vendors where convenient foods, from frozen entrees to complete meal “in a box or take away”, saturates the food market and supermarket shelves (Ma and Sucher, 2004). Current trends suggest that there are more ready-to-eat and pre-prepared foods available than main dishes that were made from scratch available to consumers.

Biological factors: Hunger and Satiety: Humans need energy and nutrients in order to survive and will respond to the feelings of hunger and satiety. The central nervous system is involved in controlling the balance between hunger, appetite stimulation and food intake. Additionally, the physiological needs provide may also drive the choice of food eaten especially the craving for glucose and fatty meals when under stress. The hormonal responses to stress such as increase in cortisol levels can stimulate the appetite for sugar and fatty foods.

Psychological Factors: Stress and mood is common feature that affect individuals’ food consumption pattern. Some people eat more and some eat less than normal when experiencing stress. Studies also suggest that if work stress is prolonged or frequent, then adverse dietary changes could result, increase the possibility of weight gain and consequently, cardiovascular risk (Yau and Potenza, 2013).

Palatability: This is the proportion of pleasure someone experiences when eating a particular meal. A like for sweet foods and a dislike for bitter foods are considered innate human traits present from birth. Also, colour, flavour and texture of foods can drive the preference for such meals.

4.0 Conclusion

Health protection and promotion through food and nutrition is a viable tool in ensuring the health of the populace. Optimum food safety practices following the safety standards will prevent contamination and outbreak of food-borne illnesses in the community. Also, adopting a healthy dietary pattern can ensure optimum health,. Food components such as antioxidants and dietary fibre should be incorporated in meals regularly to ensure good health

5.0 Summary

The health of the population have been directly linked to the food consumption and nutrition of the population. Therefore it is necessary to have a well-developed framework that integrates the availability of safe and nutritious foods guidelines necessary for safe guarding the health of the entire population. Stakeholders in the health sectors develops policies, guidelines, and provides technical assistance and training to guide environmentalists and inspectors in

inspecting food and food processing establishments. Also, the knowledge of essential food components such as anti-oxidants and dietary fibres that can protect health is necessary. These nutrient components though will not contribute calories in food, helps in protecting the body against the action of free radicals in the body. Knowledge on dietary pattern presents another aspect of human food consumption that is related to health. Adopting healthy dietary pattern have been shown to improve health, however, there are other external factors that drives dietary patterns

6.0 Tutors marked assignment

- 1 list the types of antioxidants and their food sources
- 2 What are the factors that can affect dietary pattern?
- 3 explain the relationship between safe foods and health

7.0 References/further readings

Franco R., Martinez-Pinilla E. (2017) chemical rules on the assessment of antioxidant potential in food additives aimed at reducing oxidative stress. Food chem

Rozin, P. (2000). Acquisition of Stable Food Preferences. Nutr Rev 48:106-113

Ma, O.K., Sucher, N.J. (2004). Molecular interaction of NMDA`Receptor Subunit NR3A with Protein Phosphatase 2A. 15(9): 1447-50.

Yau, Y. H. C. and Potenza, M. N. (2013). Stress and eating behavior. Mineva Endocrinol. 38(3):255-267.

Unit 4: Protection and promotion through drug control

1.0 Introduction

2.0 Objectives

3.0 Main Content

3.1 Approaches to health promotion to control drug abuse

3.2 Challenges of drug prevention

3.3 Communication methods in drug education

4.0 Conclusion

5.0 Summary

6.0 Tutors marked assignment

7.0 References/further readings

1.0 Introduction

WHO defines drug any chemical entity or mixture of entities, other than those required for the maintenance of normal health, the administration of which alters the biological function and possibly structure. Health protection and promotion against drug abuse is very important in the prevention of health problems.especially among young adults and adolescents who are more susceptible to drug abuse. "Abuse" is defined, in the first place, as harmful to the human consciousness, and in the second, as harmful to the human body.

2.0 Objectives

At the end of this unit, student will understand

- The definition of drugs and why abuse should be controlled
- The challenges of controlling illicit drugs use
- Illicit drugs control approaches
- Forms of education and communication strategies used in health promotion to control illicit drug and substance abuse

3.0 Main content

3.1 Approaches to health promotion to control drug abuse

Supply reduction: this is the prevention of the supply of drugs. This approach can be achieved through national and international legal measures legislative and policy enforcement. However, many developed countries put emphasis on “substance abuse” from the background that a world without drugs, seems unrealistic. And the approach approach from “drug” does not give room for the beneficial effects of some mind-altering drugs for recreational, medical or therapeutic reasons. whereas for some drugs, dose response is emphasized in individuals rather than an outright ban.

It was further pointed out that personal and social effects of drugs are influenced by the legal status of the drug which also varied from country to country, its pharmacological characteristics and patterns of use. Therefore, a compromise should probably be sought whereby availability of drugs is restricted to circumstances where the use presents only limited risks.

Demand reduction: This preventive efforts is directed to people using or intending to use a substance, instead of the substance itself. The approach is to discourage people with intention of using drugs. The assumption is that social problems, including discrimination, war and drug abuse can be reduced through reprogramming the people’s perception. It is of interest to notice that those who have traditionally put most emphasis on supply reduction, are concerned that supply reduction approach have not been so effective in reducing drug use. The common method used in demand reduction approach is usually information, education and health promotion. Although professionals in drug prevention and health education consider this a counterproductive approach. this is from the premise that the more people hear about it, the stronger the temptation to try it out.

3.2 Challenges of drug prevention

1. Drug education versus skills training,
2. Individual education versus environmental education,
3. Education versus legalization - with which many prevention workers are unfamiliar or have not thought them through.

For effective drug abuse control, combining the two approach is what is being practiced in many countries; reducing the motivation for drug use and abuse, at the same time employing the policy control of availability of the drugs. It is important to acknowledge that controlling

availability of drugs is important in the prevention of drug abuse. Therefore, limiting availability and discouraging abuse of drugs and other psychotropic substances are the primary plan of action introducing an effective drug abuse prevention policy.

3.3 Communication methods in drug education

Education using group methods: this includes:

1. Classroom teaching on drug effects on the nerves and the brain
2. Lectures on drug use targeted to young adults and adolescents as well as for an audience of parents. This can be done in school as part of extra curricula lessons
3. Small group discussion on how to provide support to a drug user in a family
4. Training such as continuous education and seminars for professionals and general practitioners on how to detect drug problems early.
5. Symposia and study conferences on a wide range of drug prevention matters.

Applying group methods can be an effective health promotion tool as this will give the educator to physically interact and read the body language of the audience while teaching. There can also be opportunity for question and answer in real time. There is opportunity to pay more attention to specific cultural and social psychological factors peculiar to the audience which can have great impact on attitudes and perception in respect of drugs and its abuse. Additionally, community leader can be educated and trained to heighten the awareness of the prevention of drug abuse in their communities.

Education using mass media: There are different methods and approaches to achieve this, they include:

- 1 Mass media campaigns at national, regional, local levels,
- 2 Broadcasting anti-drug spots on television and/or radio
- 3 Television and radio programs such as series on drug information education on drug treatment, interviews with ex-addicts, drug experts among others
- 4 Newspaper advertisements (or in weekly, monthly magazines): Magazines for young people with background information, interviews, prevention and education materials.
- 5 Educational materials containing drug information distributed house-to-house; -

6 Posters, booklets, stickers, leaflets, distributed to the general public in the streets, stations, markets, etc;

Education utilizing mass media channels has a potentially wider range of public exposure, but the relationship between the source and the target audience is often rather weak. It is hardly possible to discuss social norms and behaviour with the target audience in these circumstances, and we cannot therefore expect dramatic changes in attitudes or behaviour through mass media education. However, mass media could help in raising awareness of drug problems by giving correct information and publicizing the current trends, news about line of treatment and research findings.

4.0 Conclusion

Health protection and promotion against drug abuse is very important in the prevention of health problems especially among young adults and adolescents who are more susceptible to drug abuse. Educating people through different means such as mass media, small group discussion, conferences and symposia among others are suggested in reducing the use of drugs among young people. Also, policy and legislative measures are necessary to control the use to drug so that drugs for therapeutic purposes will not fall into wrong hands

5.0 Summary

Health protection and promotion targeted at controlling the use of hard drugs is essential to be able to protect the vulnerable young people and adolescents. Two approaches was identify in controlling drugs, the first is demand control which entail adopting health belief model in encouraging behaviour change to discourage the use of drugs and reduce the motivation for drug abuse. The second approach is the supply control which basically uses policy and legislative tool to control availability and circulation of drugs. However, experts have suggested that for effective drug abuse control, combining the two approaches which is reducing the motivation for drug use and abuse, at the same time employing the policy control of availability of the drugs. Therefore, limiting availability and discouraging abuse of drugs and other psychotropic substances are the primary plan of action in producing an effective drug abuse prevention policy.

6.0 Tutors marked assignment

- 1 What are the challenges of drug control
- 2 Explain the approaches for effective drug control

- 3 Suggest education methods of health promotion to control illicit drug use

7.0 References/further reading.

Faccio, E., Iudici, A., Turco, F., Mazzucato, M. and Castelnuovo, G. (2017). What works for promoting health at school: Improving programs against the substance abuse. *Front. Psychol.*

Bray, J. W., Galvin, D. M. and Cluff, L. A. (2011). *Young adults in the work place: A multisite initiative of substance use prevention program.* RTI Press Publication.

ISDD. *Facts and Feelings about Drugs, but Decisions about Situation.* Teachers manual. London.

Unit 5: Protection and promotion through personal hygiene

1.0 Introduction

2.0 Objectives

3.0 Main Content

3.1 Factors affecting growth of microorganism in the environment

3.2 Personal cleanliness

3.3 Ways of personal care

4.0 Conclusion

5.0 Summary

6.0 Tutors marked assignment

7.0 References/further readings

1.0 Introduction

The word sanitary is derived from the Greek word “Sanis” which is translated as sound and healthy or sound and clean. A very high sanitary standard is required in every environment for healthy living to be attained and maintained. The professionals saddled with the responsibility of health promotion and protection must have a good understanding of the interplay between microorganism and sanitation, as well as the relationship between sanitation and health. Poor sanitation can lead to invasion of pathogenic organisms in the environment where people live thereby predisposing to contamination, infections and diseases. For instance: The presence and growth of bacteria in food can lead to food spoilage. Moreover, the presence of microorganism in food can be very hazardous, however, this will depend on the type of organism present and the by product from their growth. It is important to know that maintaining good health requires good personal hygiene which can also be referred to as personal care such as bathing, washing of hands regularly, hair, nails, skin, genitals and dental care. Personal hygiene should be carried out at individual level to promote personal cleanliness so as to ensure prevention of transmission of diseases. Keeping good personal hygiene ensures the cleanliness of the body and protection against the spread of germs.

It is good to know that many health problems are preventable and this can be achieved with good personal hygiene. However, in developing countries where little attention is paid to personal hygiene by the populace, the gains of health innovations and the various intervention

programmes are easily eroded when people do not practice good personal hygiene. For example, the benefits of various government and philanthropist projects on safe water supply and some sanitation efforts may not come to fruition if the people still carry on with the poor personal hygiene.

2.0 Objectives

By the end of this unit, you will be able to appreciate:

- The factors that affect microorganism proliferation
- Importance of personal hygiene
- Various ways of personal care

3.0 Main content

3.1 Factors affecting growth of microorganism in the environment

Water activity/ presence of moisture in the substrates: Adequate water is required for the sustenance of life of all microorganism. Low water content of less than 5% is required to restrict microbial growth but their spores can still be found in substrates at this moisture level. And when this happens, these spores can germinate into vegetative cell as soon as moisture content is favourable

Opportunity for contamination: foods and water are favourable substrate for the growth of microorganisms. They consume many of the foods that we eat. Limiting the amount of food available to a microbial population will limit their growth. For example, through the practice of cleaning plates, equipment, and other measures promptly can greatly control the growth of many pathogenic microbes.

Maintenance of favourable temperature: Favourable temperature is important for the growth of microbes. Temperature requirement is dependent on the type of microbe species and tolerance. This forms the basis of microbial control on foods as dairy when they are subjected to high temperature.

3.2 Personal cleanliness

Keeping personal cleanliness costs very little when it is compared with its importance. In this case everybody can practice it at home with the available materials. Personal cleanliness includes; the hygiene of the hand, body, feet, tooth, eye, cloths, genital areas, and the likes.

Hygiene of the hands and fingernails

The hand is the part of the body that is used to handle many objects daily, it can be contaminated by many contaminants such as air, dust, sweats and microbes among others. These contaminants will depend on the hygiene of the environment as well as some climatic conditions. Also, it is important to trim and clean fingernails regularly because it can become a house to many bacteria that are collected underneath it. Regular and thorough hand washing practices is important to prevent contamination. Intestinal worms can be harboured in the fingernails and are possibility of transferred during food preparation and into the mouth when eating especially in Nigeria where some foods are eaten with hands. Moreover, when nails are too long, there is every tendency for it to scratch and care the skin which may in turn result in local infection of the injury sustained. Thorough and regular washing should not be restricted to the hands but should be extended to the feet, toe and toe nails to prevent athletic foot which is a fungus infection characterized by inflammation, cracking, and peeling of the skin between the toes and infections.

Tips of hands and feet hygiene

Keep finger nails always clean

Keep finger nails always trimmed or short

Use soap for hand washing before and after eating

Use soap for hand washing after visiting latrine

Use soap for hand washing before any food preparation is carried out.

Keep feet hygienic by regularly washing of feet with soap

Wearing of clean socks to absorb the sweat if possible

Wearing of shoes as much as possible

Bathing

Bathing means cleaning of the body from head to toe. This should be done regularly and thoroughly to ensure cleanliness of the whole body. During bathing, the perineal care should not be left out Perineal care means the bathing of the “private parts” (genital and anal (rectum) area). It is important to note that bathing is crucial to the cleanliness of the skin. Bathing helps to clean secretions such as sweats and oils from the skin. This secretion from the skin allows dusts and some parasites such as spores of worm, eggs of flies and some bacteria to stick to the

skin and bread on it. These parasites can cause skin lesions and sometimes give off some unpleasant odours.

3.3 Ways of personal care

skin care

Every part of the body should be washed with warm water and soap preferably to remove dust and dirt

The right size and type of clothing should be worn and the climatic condition at every point in time should be put into consideration when wearing clothes to suit prevailing weather conditions

Regular exposure of the skin to air and sunlight is beneficial

Perineal care

Shaving pubic hair is one of the important parts for the genital hygiene. It helps to avoid the harbourage of pests and make cleaning easier. Cleaning the genitals must be prioritized. Here are some of the benefits of cleaning the genitals

The Benefits of keeping genital hygiene are:

- Prevent disease transmission
- Prevent parasite infestation
- Good relationship with sexual partner
- Prevent from developing offensive smell

Oral hygiene

It is important to always keep the mouth and teeth clean. If oral hygiene is neglected, food particles that were caught between the teeth and that were hiding in the corners of the mouth will be available for bacteria to work on thereby bringing the pH of the mouth to acidic state. When this persists, the enamel part of the teeth will start to melt. This is the basis of dental caries (hole in the teeth). This can also result in the disease of the gum (gingivitis) as well as bleeding gums. It is usually painful and will result in chewing difficulties. For dental caries and diseases of the gum, it is necessary to visit the nearby health facility for adequate medical attention. Apart from these, the particle of food in the mouth will also decay; this will result in the mouth giving off an awful smell when talking. This of course is not socially acceptable.

Proper oral hygiene includes rinsing the mouth thoroughly with clean water after eating. Also, little salt can be added to the water to be used in rinsing the mouth. It is important to brush the teeth and tongue with tooth paste and a good tooth brush twice daily (morning and night before going to bed). In situation where proper toothbrush is not available, traditional brushes such as twigs of selected trees can be effective substitutes particularly in rural settings.

4.0 Conclusion

Personal hygiene is very important in promoting good health. Personal cleanliness should be carried out at individual level to ensure prevention of the spread of germs and transmission of diseases. It is good to know that many health problems are preventable and this can be achieved with good personal hygiene. However, in developing countries where little attention is paid to personal hygiene by the populace, the gains of health innovations and the various intervention programmes are easily eroded when people do not practice good personal hygiene. For example, the benefits of various government and philanthropist projects on safe water supply and some sanitation efforts may not come to fruition if the people still carry on with the poor personal hygiene.

5.0 Summary

Poor sanitation can lead to invasion of pathogenic organisms in the environment where people live thereby predisposing to contamination, infections and diseases. It is important to know that maintaining good health requires good personal hygiene which can also be referred to as personal care such as bathing, washing of hands regularly, hair, nails, skin, genitals and dental care. Furthermore, appropriate tools are necessary to ensure adequate cleanliness of the body. This will reduce susceptibility to infections and diseases.

6.0 Tutors marked assignment

- 1 Explain the various ways of personal care
- 2 what are the consequences of poor oral hygiene

7.0 References/further readings

Khatoon, R., Sachan, B., Khan, M. A. and Srivastava, J. P. (2017). Impact of school health education program on personal hygiene among school children of Lucknow. *Journal of Family Medicine and Primary Care*. 6(1):97-100.

Al-Rufai J. M., AlHaddad and Qasem, J. A. (2018). Personal hygiene among college students in Kuwait: a health promotion perspective. *Journal of Education and health Promotion.* 7:92

Module 4: Essential Services in Health Protection and Promotion

Unit 1: Water supplies in health protection and promotion

1.0 Introduction

2.0 Objectives

3.0 Main Content

3.1 Health promotion through improved water supply

3.2 Relationship between WASH and health

3.3 Health promotion and protection programmes to promote WASH

4.0 Conclusion

5.0 Summary

6.0 Tutors marked assignment

7.0 References/further readings

1.0 Introduction

The environment in which an individual lives, the water, the air or the houses occupied can greatly affect health outcomes. For instance, if drinking water is polluted and contains high numbers of pathogenic microorganisms, it can predispose to disease and infection. Globally, 1.8 million people die every year from diarrhoea diseases, of which, 88% are attributed to unsafe water supply, inadequate sanitation and hygiene. Additionally, about a third of the population of the developing world is infected with intestinal worms – in some communities the infection rates are even as high as 95 %. Many also suffer because of chemical contaminants in drinking water.

2.0 Objectives

By the end of this unit, you will be able to appreciate:

- The importance of improved water supply
- The concept of the waster sanitation and hygiene programme (WASH)
- The relationship between WASH and health

3.0 Main content

3.1 Health promotion through improved water supply

Improvements in drinking water and sanitation services could result in a 25 – 45 % reduction in occurrence of diarrhoea disease. Keeping a drinking water source free from chemical, organic and/or micro-biological contaminants may also improve the water quality. It is therefore very important to pay attention to the environment in which people live because it greatly affects health. The household, workplace and outdoor environments can pose a variety of health hazards from contamination of the air breathed, the water drunk and the food eaten, to the risk of accidental injury from vehicles or insecure and unsafe settlements.

Water sanitation and hygiene (WASH)

Better hygiene and access to drinking water and sanitation will accelerate progress toward a number of the SDGs “ensure healthy lives and promote wellbeing for all ages” and “ensure availability and sustainable management of water and sanitation for all” by the year 2030. According to United Nation development Programme (UNDP), meeting these goal will require infrastructure investments to improve water services for about 2.3 billion more people because 80% of water waste goes into waterways without adequate treatment and water stress affect 2 billion people. Hence, WASH refers to the provision of safe water for drinking, washing and domestic activities, the safe removal of waste (toilets and waste disposal) and health promotion activities to encourage protective healthy behavioural practices. It is essential to meet the SDGs related to health and wellbeing as well as environmental sustainability.

3.2 Relationship between WASH and health

Water supply, sanitation, and hygiene and health are closely related. Inadequate quantities and quality of drinking water, lack of sanitation facilities, and poor hygiene cause millions of the world’s poorest people to die from preventable (primarily diarrhoea) diseases each year. Women and children are the main victims. Water, sanitation and health are linked in many ways:

- If contaminated water is consumed, it may result in waterborne diseases including viral hepatitis, typhoid, cholera, dysentery and other diseases that cause diarrhea
- Also, without adequate quantities of water for personal hygiene, it can increase the risk and spread of skin and eye infections.

- Inadequate WASH can restrict medical treatment in health facilities, safe practices of health facilities and health workers; degrade environmental conditions and increase community vulnerability.
- Some water-borne diseases and other water-related vector-borne diseases can result from water supply projects (including dams and irrigation structures) these sites provide good environment for mosquitoes to thrive. It can also multiply the number of snails that are intermediate hosts of parasites that cause malaria, schistosomiasis, lymphatic filariasis, onchocerciasis among others
- Hazards, natural or manmade, can compromise vital water and waste management infrastructure
- High levels of certain chemicals (like arsenic and nitrates) in drinking water supplies can cause serious disease.
- Inadequate provision of WASH can lead to an increased risk of several diseases including: diarrhoea, Hepatitis A, Cholera, Typhoid and Shigella Dysentery, Intestinal helminths, Malaria and Trachoma.
- Also, adequate water supply is necessary for the effective management of human excreta which poses a serious health risk due to potential contamination. Interestingly, children's excreta are particularly high risk: it has been found to be more infectious than adults', however, it is perceived by communities to be less infectious.

3.3 Health promotion and protection programmes to promote WASH

Promoting WASH have been found to worth the investment in countries where it has been adopted and properly integrated into the public health structures and programmes. Programs to improve hand washing behaviour appear to be feasible and sustainable especially by engaging and consulting the community in planning WASH services to identify culturally and socially acceptable interventions which will be effective, long lasting and sustainable. This will be incorporated and fit into the existing structures of traditional hygiene practices and beliefs. The government in collaboration with private sectors can invest in water supply and sanitation in other to provide enabling environment to help people take control of their health. There is need for aggressive Public health promotion and education strategies to achieve voluntary change in behaviours so as to realize the health benefits of improved water supplies. One of such commendable move in Nigeria is the involvement of some players in the private sector in advertising soaps and the importance of regular hand washing in preventing infections in the mass media as well as taking the campaign into the schools.

School and work place health programs

School and work place health programs offer a good entry point for improved water supply and sanitation facilities and for community hygiene promotion. It is a realistic goal in most countries to ensure that all schools, work places and most public places have adequate facilities for clean water and sanitation. This enables reinforcement and translation of health and hygiene messages into action, and set an example to students and the community. This can lead to community and household adoption and procurement of similar facilities. Other ways to improve WASH includes:

- Working with other agencies and private sectors involved in enterprise or activities that manage water resources and basic water and sanitation services to advocate and promote these investments.
- Ensuring that activities and programs that promote WASH, safe sewage disposal and continuous use and cleanliness of sanitation facilities are encouraged.
- Ensure adequate mobilization of task force to monitor water quality and sanitation to help ensure that safe and healthy practices are strictly adhered to at all times.
- Provide other sectors and the general public with sufficient and reliable data on water associated diseases and effectiveness of interventions to facilitate better decisions with respect to water and sanitation projects at the community and household levels.
- Design, implement, and monitor hygiene education and promotion components of water supply and sanitation projects.

Water supply, sanitation and hygiene interventions

Improving hygiene (hand washing) and sanitation (latrines) have been found to have more impact than the effectiveness of drinking water quality on health outcomes, specifically reductions in diarrhoea, parasitic infections, morbidity and mortality, and increases in child growth (Esrey et al 1991; Hutley et al 1997). Most endemic diarrhoea are not water-borne, but transmitted from person to person because of poor hygiene practices, so we can safely say that an increase in water quantity will have greater health impact than improved water quality because it makes it possible for people to adopt safe hygiene behaviours (Esrey et al 1996).

Also, sanitation facilities is not enough to improve health: it is very important to accompany every investment in sanitation infrastructure with hygiene promotion because for optimal health, hygiene behaviour must be improved. It is important teach people hand washing with soap after stool, before food preparation as well storage hygiene for improved health outcome.

There are scientific evidences that hand washing with soap could reduce diarrhoea incidence by 47% and save at least one million lives per year.

4.0 Conclusion

Unhygienic environment increases the risk of contamination of water supply. Chemical contaminant if in water will render the water unsafe for domestic uses. However, inadequate water supply have been found to be more related to diseases. Hence, promoting WASH holds enormous benefits and there are evidences that its proper integration into public health programmes.

5.0 Summary

Adequate water supply is very important for proper sanitation of the environment at individual, household, and community levels. As important as the quality of water drinking is, it have been found that the quantity of available water for domestic use is also very important. Availability of adequate water for domestic use have been found to reduce occurrence of diarrhoea and other infections. WASH is essential to be able to meet the health and wellbeing related SDG goals. Programs to improve hand washing behaviour appear to be feasible and sustainable in many settings especially when there is adequate community engagements and participation. Therefore, in planning WASH services, it is important to identify culturally and socially acceptable interventions that will be effective, long lasting and sustainable.

6.0 Tutors marked assignment

- 1 Explain the concept of WASH
- 2 Highlight the relationship between WASH and health
- 3 Suggest two WASH related health promotion programme in Nigeria

7.0 References/further readings

Musoke, D., Ndejjo, R., Halage, A. A., Kasasa, S., Ssempebwa, J. C. and Carpenter, D. O. (2018). Drinking water supply, sanitation and hygiene promotion intervention in two slum communities in central Uganda. *Journal of Environmental and Public Health* <http://doi.org/10.1155/2018/3710120>

UNICEF (2009). Introduction to hygiene promotion: Tools and approaches. Global WASH Cluster, UNICEF, New York

Unit 2: Waste disposal in health protection and promotion

1.0 Introduction

2.0 Objectives

3.0 Main Content

3.1 Types of solid wastes

3.2 Component of solid waste management

4.0 Conclusion

5.0 Summary

6.0 Tutors marked assignment

7.0 References/further readings

1.0 Introduction

Activities of humans naturally generate solid wastes and the handling (such as storage, collection and disposal) of these wastes can influence health outcomes at all levels such as individual household and community levels. It is important to note that poor sanitation will eventually jeopardize the health of people. Whereas improved sanitation contributes to human health, dignity, security and wellbeing unfortunately, disposal of waste can be very challenging due to rapid urbanization and geometric increase in rate at which waste are generated. This is because the increasing urban population comes with its rising demand for food and other essential services which in turn will increase waste generated daily by each individual and or household. Hence, environmental health addresses all the physical, chemical and biological factors external to a person, and all the related factors impacting behaviours. It encompasses the assessment and control of those environmental factors that can potentially affect health. Protecting human health can also lead to improving the natural environment. Therefore, environmental health should be targeted towards preventing disease and creating sustainable environments. (WHO, 2008). It comprises:

- Sustaining a natural environment free from undue hazard. Ensuring a built environment free from undue hazard.
- Providing essential environmental services to households and communities.
- Of these environmental health related diseases, people in developing countries and especially children, carry a disproportionately heavy burden.

- Environmental services as part of health promotion in particular sanitation, water treatment and solid waste management could contribute significantly to achieving the Sustainable Development Goals (SDGs).

2.0 Objectives

At the end of this unit, student will understand,

- How solid waste are generated
- The types of solid waste
- The component of effective waste management

3.0 Main contents

3.1 Types of solid wastes

Environmental sanitation is one of the major problems that is facing the developing countries. And as population increases, so do solid waste, unfortunately, there is limited capacity to manage these wastes in developing countries. There are different types of solid waste, they include:

Organic waste: These are waste generated from food either as agricultural and market losses as well as food waste from food preparation.

Dead animal: These are carcasses of animals and livestock

Bulky waste: These are tree branches

Combustible: These are papers, wood, leaves packaging materials that can decompose etc.

Non-combustible: These include metals, cans, bottles etc.

Hazardous waste: These can be medical waste, battery acids etc.

Construction waste: These are rubble, broken concrete, tiles etc.

Factors that determines the quantity and type of waste

Socioeconomic status: The level of at which individuals are empowered to acquire things to the point of being excess can contribute to the amount of waste generated.

Urbanization and the geographical region: Urbanization comes with population explosion, this will increase the waste generated

Seasons: Seasonal variation can also determine the type of waste that can be generated. There can be more organic waste during the harvest than in dry season.

Solid wastes sources

Markets and produce stores

Restaurant and food outlets

Domestic areas

Health facilities

Warehouses

3.2 Component of solid waste management

Waste generation: Generation of waste begins with buying things in excesses without any clear cut plan on how they will be used. This results in unnecessary accumulation of wares and materials that will not be in use because they are no longer required. The owners may desire to get rid of such. Also, having children around may increase generation of waste

Storage of waste: Storage of waste is very important in a waste management system. It's a system of keeping wastes after they have been discarded. In many developing countries, this storage sites are usually around the homes. This definitely poses a problem of sanitation and will increase the risk of susceptibility to infections. Therefore, there should be a system of regular collection of waste around the living areas. Also, improved storage facilities can be made available to the neighbourhood to encourage safe disposal. Moreover, health promotion efforts can be geared towards educating the community on proper waste disposal as well as enlightening them on the hazards of indiscriminate disposal of waste. Improved storage facilities include:

1. Household size plastic waste bins with lids: Here families have the responsibility to have their own basket or bins and empty them when they are full into communal bins or depot. The advantage is that it has the potential of high sanitary standards however, there might be need for several bins and they will bear the cost the final disposal.
2. Large containers for communal bins
3. Shallow pits: this can provide a long term waste management for households that own this type of facility if there is adequate space. This ideally should be fairly shallow and about 1m deep. This method is best if the majority of waste generated is organic wastes

and households involved should be advised to always cover the soil with soil or ash or fire used in cooking. The advantage here is that families are the one managing the facility themselves and therefore may come with no monetary charge however, a considerable space is needed and maintenance can be challenging.

4. Communal depots. This must be fenced areas to prevent children from falling into it. Here, consumers dispose waste directly into the communal pit or depot. It should not be more than 100meters from the community it will serve. The size of this pit or depot should depend on the number of people that will use this facility. The recommendation is six cubic meters per fifty people. The advantage of this facility is that it is very easy to implement, however, waste workers will be needed to manage this facility in order to prevent indiscriminate littering of the area.

Collection of waste: This involves how waste is collected and transported to the final disposal sites. The system of collecting waste must be well planned in terms of the size/volume capacity of the collection equipment as well as the frequency of such services. This is very important in order not to overload the equipment while ensuring clean communities. These services can either be manned by the government agencies or by private sector as seen in many states in Nigeria.

Transportation: At this stage, the waste is transported to the final disposal site. The mode of transportation will depend on the volume of waste as well as the available facilities in the community. There are three types of transportation

1. Human-powered: These are wheel barrows, open carts etc. Wheel barrows are usually ideal where the communal pit is close to the house and hand carts are preferred if the distance of disposal is longer because it can carry more wastes and can be pulled by more than one person.
2. Animal powered: Some communities use animals such as donkey-drawn carts to convey waste to fairly distant sites
3. Mechanical: These are tractors, trucks, trailers etc. These are necessary where the volume of waste to be transported is so large, the choice of motor will depend on the availability and speed of procurement.

Final disposal: The final stage of waste disposal must be design with safety in mind. There are four major methods of safe disposal of waste, they include:

1. Land application: this may be by burial or land filling. Many wastes are usually transported to land fill site. These sites are large excavation in the ground which should be back-filled with the excavated soil when waste is tipped. To prevent animals from digging up waste, about 5m of soil should be used to cover the waste each day. The advantage is that this is usually managed by professionals and sanitary disposal is assured but a large expanse of land may be required.
2. Composting: organic wastes can be dug into the soil to add humus. This can be very advantageous for people that have farms or gardens. The method is safe and also helps crops to grow. It is environmentally friendly and beneficial to crops but if on a large scale, professional will be needed to man such facilities.
3. Burning or incineration: This is used for combustible waste, however, it should not be done around the home because it may create smoke and can constitute fire hazard especially during the harmattan (very dry) season and if several of that is going on at the same time.
4. Recycling

4.0 Conclusion

To effectively manage a communal waste, appropriate methods and professional input will be required. There must be appreciable public awareness on importance of environmental sanitation and the need to ensure a very high sanitary standard at all times. The consequence of poor waste collection and management is countless and the health burden is grave. Insufficient collection and poor waste disposal practices can lead to serious health related problems to humans and the environment (Loboka *et al.*, 2013). This have been found to aggravate health related problems and many dumpsites in Nigeria and other developing countries are smelly and are in unsightly conditions. The negative effects are seen during the rainy season when there is very high humidity and other conditions that will encourage bacteria growth. If collection, disposal, recycling and treatment of solid waste is not appropriately done, it can increase environmental pollution and increased susceptibility to food contamination, regional water resource pollution as well as outbreak of infectious diseases and global greenhouse gases.

5.0 Summary

Environmental health addresses all the physical, chemical and biological factors external to a person, and all the related factors impacting behaviours. It encompasses the assessment and

control of those environmental factors that can potentially affect health. Protecting human health can also lead to improving the natural environment. Solid waste management is essential to maintain health wellbeing. Because of the different types and sources of solid waste, management of these wastes need an appreciable professional expertise as well as availability of physical plant and land. Health promotion and protection needs to be directed to the effective management of every stage, to be able to prevent infection outbreak. Environmental services as part of health promotion in particular solid waste management could contribute significantly to achieving the Sustainable Development Goals (SDGs).

6.0 Tutor's marked assessment /Assignment

- 1 what are the different sources of solid waste
- 2 highlight the steps I the effective management of solid waste at household level
- 3 list and explain the major methods of safe waste disposal
- 4 Highlight the three possible methods of waste transportation

7.0 References/Further reading

World Health Organization. (2003). Looking back: looking ahead : five decades of challenges and achievements in environmental sanitation and health.

World Health Organization. (2011).Disaster Risk Management for Health Water, Sanitation and Hygiene. Disaster Risk Management for Health Fact Sheets. Global platform.

World Health Organization(2011) Four steps for the sound management of health-care waste inemergencies

http://www.searo.who.int/en/Section1257/Section2263/Section2310/Section2320_12500.htm

Unit 3: Role of government and health agencies in health protection and promotion.

1.0 Introduction

2.0 Objectives

3.0 Main Content

3.1 Key approaches of government to health protection and promotion

3.2 Other government interventions in protecting and promoting health

4.0 Conclusion

5.0 Summary

6.0 Tutors marked assignment

7.0 References/further readings

1.0 Introduction

Health problems are on the rise in many communities around the world. Unfortunately developing countries are worse hit due to inefficient health system structures. Multiple burdens of health ravaging a country like Nigeria needs efficient health promotion strategies to forestall the preventable disease, as well as providing adequate health care services to those in need of them. Also, there is need to provide safety-net for the millions of poor people who have limited access to the available resources in the country. To make significant progress in eliminating economic health disparities between the poor and the high income, government and other health agencies must direct resources to communities in greatest need so as to improve the health and wellbeing of communities most adversely affected by negative health outcomes.

2.0 Objectives

At the end of this unit, student will understand

- The role of government in health promotion
- Advantages of government approaches to health protection and promotion

3.0 Main content

3.1 Key approaches of government and health agencies to health protection and promotion

There are different approaches in which government and health agencies drive health promotion and protection at different levels. They include:

Dissemination of adequate Information

One of the roles of government is to make adequate information available to the public through training and information dissemination. Awareness about health risks and the best way to alter risky behaviours pattern of vulnerable groups is done using various means of information dissemination. Government should provide free and open information to empower the public, this will help people make informed choices and reduces the likelihood of individuals being harmed by other individuals and groups, as well as preventing misinformation. Misleading or hiding information from people will endanger health. Public and professional understanding of the prevailing health problems in the community , it should also play leadership role in building support for public policies that transform neighbourhoods and health of the populace and public awareness of these policies that affect health should be encouraged through advertising and public awareness campaigns of the subject matter. For instance some countries have laws and policies compelling manufacturers to disclose factual information about their products. Some of the information to be made available to the public include:

- ❖ Nutrition-facts of products
- ❖ Pharmaceutical package inserts
- ❖ Public reporting of health care provider performance
- ❖ Calorie labelling of meals in the restaurants
- ❖ Graphic tobacco-pack warnings
- ❖ Anti-tobacco advertising in the public
- ❖ Warning label on alcoholic beverages

3.2 Other government interventions in protecting and promoting health

There are some other laws protecting Individuals from harm caused by other individuals or groups. Some of these include:

- ❖ Non adulteration of food
- ❖ Laws against alcohol-impaired driving
- ❖ Infectious-disease reporting
- ❖ Worker safety Protection against naturally occurring health threats
- ❖ Laws requiring smoke free workplaces and public places
- ❖ Alcohol ignition interlock devices for people convicted of drunk driving
- ❖ Restrictions on sales and marketing of tobacco and alcohol (especially to children)
- ❖ Elimination of artificial trans fat

Taking Societal Action to Protect and Promote Health

- ❖ Children and vulnerable groups vaccination across the country
- ❖ Policy for micronutrient fortification of manufactured foods e.g. sugar, flour and oils and Iodization of salt
- ❖ Elimination of lead in paint and gasoline

Health research system

It is important to encourage and strengthen research infrastructure in the colleges of health and departments of community medicine in various universities. More collaboration of these research institutions with local, state and federal health services should be encouraged to facilitate adoption of research finding.

Regulation and enforcement in public health

It is necessary for government to build good regulation system to be able to ensure good public health outcomes. Good regulatory system will reduces to disease exposure through enforcement of sanitary codes and regulation e.g., control of quality of food, beverages and pharmaceutical products by National Agency for Food and Drug Control (NAFDAC)

Health promotion

Government is involved in health promotion programmes aimed at stopping the spread of STDs and HIV/AIDS, helping public especially the vulnerable youth understand the dangers of tobacco smoking and excess alcohol use. These are a few examples of behaviour change communication that focus on encouraging people to make healthy choices.

Human resource development and capacity building

There are several shortfalls that need to be addressed in the development of human resources for public health services. There is a dire need to:

- ❖ To improve infrastructures training facilities for public health specialists along with identifying the scope for their contribution in the field.
- ❖ To strengthen training, research and policy development in health promotion and protection by committing more financial resources to research in health promotion strategies.
- ❖ Pre-service training is essential to train the medical workforce in public health leadership and to impart skills required for the practice of public health. This can be done by including relevant subjects o health promotion and education in the curriculum of student in medical and allied medical sciences

Government and health agencies should give attention to some determinants of health

Some of these fundamental determinants of health include:

- ❖ Investments in basic education,
- ❖ Public health and primary care.
- ❖ Safe living conditions
- ❖ Availability of safe water and sanitation are critical determinants of health, which would directly contribute to reduced burden of communicable diseases. There is need for the provision of basic services like water supply, sewerage and solid waste management in the urban areas because of population explosion.

Ten greatest public health achievements in the 20th century

It is important to note that these achievements were driven by government in collaboration with other health agencies at both national and international levels. They include:

Vaccinations

- Motor vehicle safety
- Safer workplace environments
- Control of infectious disease
- Reduced mortality and morbidity for heart disease and stroke
- Safer and healthier foods
- Healthier mothers and babies
- Family planning
- Fluoridation of drinking water
- Recognition of tobacco use as a health hazard

Comparison of government-led approaches versus voluntary initiatives/agencies to address public health

Advantages

- May have large-scale impact on population health
- Level the playing field
- May catalyse and amplify the effectiveness of private sector self-regulation
- Required by law and/or regulation
- Can purposefully address health disparities and reach vulnerable populations

Disadvantages

- May be onerous
- Attract the criticism of paternalism or government overreach

Industry-led or private/public initiatives

Advantages

- Self-regulation, with a defined set of practices/commitments
- Proving ground for improving population health outcomes
- May help to improve relationships between government and industry
- Can become the basis for federal/state law, showing proof of concept

- Public knowledge of voluntary agreements can help encourage participation and ensure compliance
- Possibility of creation of new governance regulatory regime

Disadvantages

- Industry unlikely to take voluntary actions that prioritize population health interests above shareholders or profit
- Ceding regulation to industry carries opportunities, but there is also risk
- Putting a positive public relations spin on an existing downward or negative market trend
- Often created to offset possible government regulation, litigation, or critical public opinion
- Stave off robust government and exert undue influence over regulatory agencies
- If voluntary commitments by industry are relatively vague, nonbinding, and permissive, then measurable effects will be small

4.0 Conclusion

The government plays a major role in protecting the health of vulnerable communities from environmental hazards as well as from harm and injuries from other individual or group. The approaches used by the government are usually driven by legislations and policies. They have been proven to be very effective in protecting the whole population if there are effective structures to ensure implementation and compliance by all stakeholders. Some of these laws and regulation have been seen to take care of health disparities to reach the vulnerable population.

5.0 Summary

Protecting the health of all the population in a country requires the government to be proactive in taking calculated steps towards policies and actions to providing adequate health care services to those in need of them. There is also the need for to provide safety-net to poor people who may not have been able to access adequate health care services. There are many health promotion initiatives by government in safeguarding the health of population which include protecting the vulnerable from the hazards that actions of others can cause. Some of such initiative is the policy that disallows smoking in public places. This is to protect others from second hand smoke from smokers. To make significant progress in eliminating economic

health disparities between the poor and the rich, government must direct resources to communities in greatest need.

6.0 Tutor's marked assessment/assignments

- 1 Highlight some specific roles of government in human resource capacity building for health protection and promotion
- 2 State the determinant of health that government should give attention
- 3 State laws in Nigeria protecting Individuals from harm caused by other individuals or groups
- 4 What are the advantages of government-led approaches in protecting and promoting the health of the population?

7.0 References/Further reading

Hammond D. (2011). Health warning messages on tobacco products: a review. *Tob Control* 20:327-37

Strategic Alliance Action Brief. Promoting healthy Food and Activity Environment: Government's role in promoting physical activity and healthy eating.

Thomas R. Frieden (2013). Government's Role in Protecting Health and Safety. *The New England Journal of Medicine (Perspective)*. 1857-1857

Tomaselli G, et al. Government continues to have an important role in promoting cardiovascular health. *American Heart Journal* (2018), <https://doi.org/10.1016/j.ahj.2017.11.002>