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Research Article

ASSESSMENT OF HEALTH EDUCATION TALKS IN HEALTH FACILITIES OF REGION ANSEBA-ERITREA

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A B S T R A C T

Health education talks are powerful tool to promote health in communities. Objective of this study is to assess the quality of health education talks delivered by health professionals in 32 health facilities of Anseba Region. This was observational study conducted in 32 health facilities of Anseba region. Data is collected through a checklist specifically designed for the assessment and was done by a team of public health officers who are trained in IPC, IEC and C4D by observing during routine health education session of each selected health facility in the study. Desk reference was also retrieved from the health facility. The collected data has processed using the Statistical Package for Social Science (SPSS). As a result of the assessment 5 health facilities scored from 75% - 88%, 10 health facilities scored from 63% - 71% and 17 health facility scored from 31% - 58%.

INTRODUCTION

The Ministry of Health, has given the Health Promotion a structure in its organogram. A structure in its organogram means that it has a lot of activities to do for the prevention of communicable and non-communicable diseases and rehabilitation of societies in need[4]. Health promotion is a behavioral social science that draws from the biological, environmental, psychological, physical and medical sciences to promote health and prevent disease, disability and premature death through education-driven voluntary behavior change activities[1].Health promotion is the development of individual, family, group, institutional, community and systemic strategies to improve health knowledge, attitudes, practice, skills and behavior. The purpose of health promotion is to positively influence the health behavior of individuals and communities as well as the living and working conditions that influence their health[1].

The Ministry of Health of Eritrea, in the organogram of its institution, Health Promotion is sited at a Division level to address the core communicable and non-communicable diseases that are prevalent in the society[4]. Health promotion is important because it improves the health status of individuals, families, communities, states, and the nation.

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It promotes the quality life for all people, reduces child mortality and morbidity, reduces maternal mortality and morbidity, it reduces the cost (both human and financial) that individuals, employers, families, insurance companies, medical facilities, communities, the state and the nation would spend on medical treatment. As Eritrea is one of the developing countries, its MOH is burdened by preventable communicable and non-communicable diseases. Some of the common preventable diseases to mention are (Diarrhea, Upper Respiratory Infections, Malaria, Tuberculosis, HIV/AIDS etc.), non-communicable diseases such as Diabetes, Hypertension, Cardiovascular problems etc. If the MOH is to treat diseases such as the above mentioned once and for all, there will be no enough resource (human, medicaments and facilities) and health services will not be able to focus on other priority diseases that need attention and resources to combat them. Thus, it is the importance of health promotion to prevent the occurrence of such preventable diseases from exerting additional burden to the health services of the country. Health education talk is one of the powerful tools of health promotion because it increases communities' awareness as this is one of the major ways of preventing disease.

Objective of the Survey

- To assess the health education given in health facilities prior to health service provision.
- To assess the communication skills of health workers.

- TO assess the utilization of existing health promotion materials.

METHODOLOGY

This was observational study conducted in 32 health facilities of Anseba zone. Data was collected through a checklist specifically designed for the assessment and was done by a team of public health officers who are trained in interpersonal communication (IPC), information education and communication (IEC) and communication for development C4D by observing during routing health education session of each selected health facility in the study. Desk reference was also retrieved from the health facility.

Assessment Population

The assessment populations are health workers that work in their respective health facilities and giving health education during observational time.

Sample Frame

Sample frame was convenient sampling method. As there are 37 health facilities in Zoba Anseba, 32 (86%) health facilities (Regional referral hospital, Health Centers and Stations) were included in the assessment.

Data Collecting Technique

Observation checklist developed to encompass all relevant points in the health education talks that are conducted at health facilities for patients and accompanying family members. The checklist is completed by observation when the health worker giving health education at the morning session in respective health facilities. The observation checklist is completed by the health promotion staffs from the zoba who are public health officers and have taken IPC, IEC and C4D training.

Data Processing

The collected data has processed using the Statistical Package for Social Science (SPSS).

RESULTS AND DISCUSSION

97% of the facilitators had a good smiling approach in addition to a relaxed presentation not being tense to the audience. This approach gives the audience a relaxed atmosphere whereby they can ask, answer oppose any idea generated in the discussion. Hence, the assessment observed that health workers that facilitate health education have a good approach. 72% facilitators selected good introductory topic. The rest 25% did not. It is important to equip health workers that facilitate health education presentations at health facilities with exemplary ideas on selecting introductory speeches that correlates with the topics. The discussions should take place in the middle or after the presentation. Discussion took place in 97% of the presentations. It was satisfactory with the discussion, however, besides the discussion, what the others are verbal speeches, storytelling, exemplary events, testimonies from participants etc. These presentation methods should have been specified in detail.

In any health education talks, objective of the presentation is very important. Patients or family members take a summary of what is being said by the health worker. A health topic that is given to audience within 15 minutes cannot be grasped well within this short time. However, if the presentation objective is stated with one or two points, they can understand what is being said. In the assessment, in only 41% of the presentation, objective was clearly stated. In the rest 59%, no specific objective was mentioned.

Majority of the health facilities are health centers or stations in rural or semi urban areas. Probably, majority of the audiences that come to these health facilities can be illiterate or may be elementary education level people. These people are not interested with medical theories that could be presented by health workers. They are more interested on messages that are action oriented because they do it or maybe they don't do it. So, if presentations are supported by action oriented messages, they can understand and discuss with others about it. However, the assessment result indicated that 78% of the presentations were not action oriented which could minimize its credibility by the audience. If the health education talk's objective is to bring about behavior change of audience, the facilitator should know what they believe and do regarding the health topic of the presentation. If, the health worker does not explore what they believe and do regarding the health topic of the presentation, then the session becomes one-way message transfer from the health worker to the audience with no regard to what they believe and practice about the health topic. Definitely, such presentation will not bring any behavior change of the audience.81% health workers' presentations did not explore audiences believes and practices regarding the health topic of the presentation. In such presentation, no health knowledge or practice change will be gained by the audience.

In health education talks, the discussion should be participants centered in order to address their concerns. Therefore, it is important that the facilitator should first explore participants' knowledge; attitude and practice to invite them participate in the discussion. In the assessment, 72% of the health facility facilitators explored participants KAP and involved them in the discussion. However, in 28% of the health facility facilitators did not explore participants KAP, which means; they only presented what they prepared for the presentation which might be that participants were simply listening without any input of the main audiences. In 75% of the health talks presentations, the discussions were two ways. According to the assessment, 75% of the presentations were two way discussions which enrich the discussion holistically rather than from one prospective.

Misconceptions are rumors that are not scientifically true and rotate around the community. Therefore, it is a good opportunity to correct misconceptions when people are gathered in one such as in the health education sessions at health facilities. Health workers are the credible source of information regarding health issues. Hence, if health workers fail to correct misconception in health education talks, then the misconception health rumor that circulate around the community will be considered correct because health workers did not correct it on time. In this assessment finding 28% of health workers corrected misconceptions that are raised in the health education session instantly. The majority health workers 72% did not correct misconceptions missing the opportunity of correcting them on time.

A facilitator is not a teacher. The role of a facilitator is to guide the discussion to the point of the discussion agenda. 91% of the health workers were good facilitators and 9% were not. The good facilitation skills of facilitators could be smiling

face, have self-confidence, attracts audience attention, invites participation, systematically guides the discussion to focus on the objective, initiates discussion among the audience etc.

The principle of all ideas in a discussion is to accept ideas generated by the participants to will be accepted or rejected. However, facilitators should not react to ideas generated by participants. So, the positive reaction of a facilitator in this context is to accept audience ideas and forwarding to discussion for accepting or rejecting ideas. So, 84% of the facilitators were not reacting to any negative or wrong ideas or misconceptions mentioned by the participants which encourages participants to fluid their ideas and feelings without reservation.

During health education talks, facilitators that have used IEC materials are about 41% of the facilitators. However, using IEC materials needs skills and the health promotion of the Zoba should equip health workers with the skills of using various IEC materials such as posters, flip charts, video shows etc. The assessment finding proofs that 97% of the facilitators had a good command of the session which is positive. A good command of a facilitator in a session could be elaborated by attract audience attention by speaking loud, looking to all participants evenly, pour some entertaining jokes related to the topic of presentation, encourages participation of audience etc.
In the health education talks' session, in only 25% sessions, facilitators asked questions if they have gained something that could change their behaviors. The majority were focusing on theories and scientific raw messages only. It should be clear that adults learn by sharing experience among them. Adults learn from what they hear, see and do. So, the focus of the facilitator should be directed toward action-oriented messages. However, the scientific theory part could be mentioned as an introductory part with less emphasis.

In the assessment, 78% of the facilitators thanked the audience for their attention and contribution in the health education talks which is a positive measure. Thanking audiences shows a respect to their contribution and the time spent in attending the health education talks. It encourages them to further attend in such interesting sessions for themselves and other peers. Thanking participants is a respect to their knowledge and sharing of their experience to others.

The time taken to present the health education talks was almost 10 – 15 minutes which is at the acceptable range. Almost majority of the facilitators 95% took 10 to 15 minutes to present their health education talks. In health education talks, facilitators should bear in mind that participant come to health facility to be treated for their illness or accompanying their relatives. So, their concern is probably in the treatment of the patient and not attending sessions. However, if the session presentation is attractive and participatory, they can attentively participate, understand and take away core message to home.
All health education talks should be scheduled with a well prepared facilitator and not simply teach audiences. A facilitator should identify his/her audience in order to prepare appropriate presentation fit for specific audience. Thus, all health education talks' presentations should be audience centered and not passes messages of health professionals' knowledge in a one-way message transfer from the health worker to the audience. As indicated in the assessment results, only 56% of health facilities have schedule on what topics to present each day. This indicates that 44% of the health education talks were not scheduled thus, simply whoever comes to do the facilitation with what is a convenient topic for him/her.

Out of the 18 (56%) health facility respondents, 72% verified that they have a document to verify their schedule is available. The rest 28% responded in the interview that they have schedule but cannot show or verify a document. Practically, no verification document means no work is done. So, health facilities need to accompany their activities with credible document to proof that they are doing a fine job regarding health education talks.

Assessment finding indicated that 72% of the health facilities use health message video shows to audiences. In the retention of health messages, what you have seen is more remembered than what you have heard. But to gain a high retention of the core message, if you hear and see, a synergic effect of more than the sum can be gained. Therefore, to use other IEC materials that can be seen such as video shows, posters, flip charts etc. can be a very good tool in boosting the retention of messages by audience.

Assessment findings indicated that only 9% health facilities verified that they use health message video shows in their health facilities. The rest 91% health facilities cannot show any documents that they have used video shows to their audience. Zoba Anseba MOH has attached a reference of health message video and gadgets distribution to almost all health facilities.

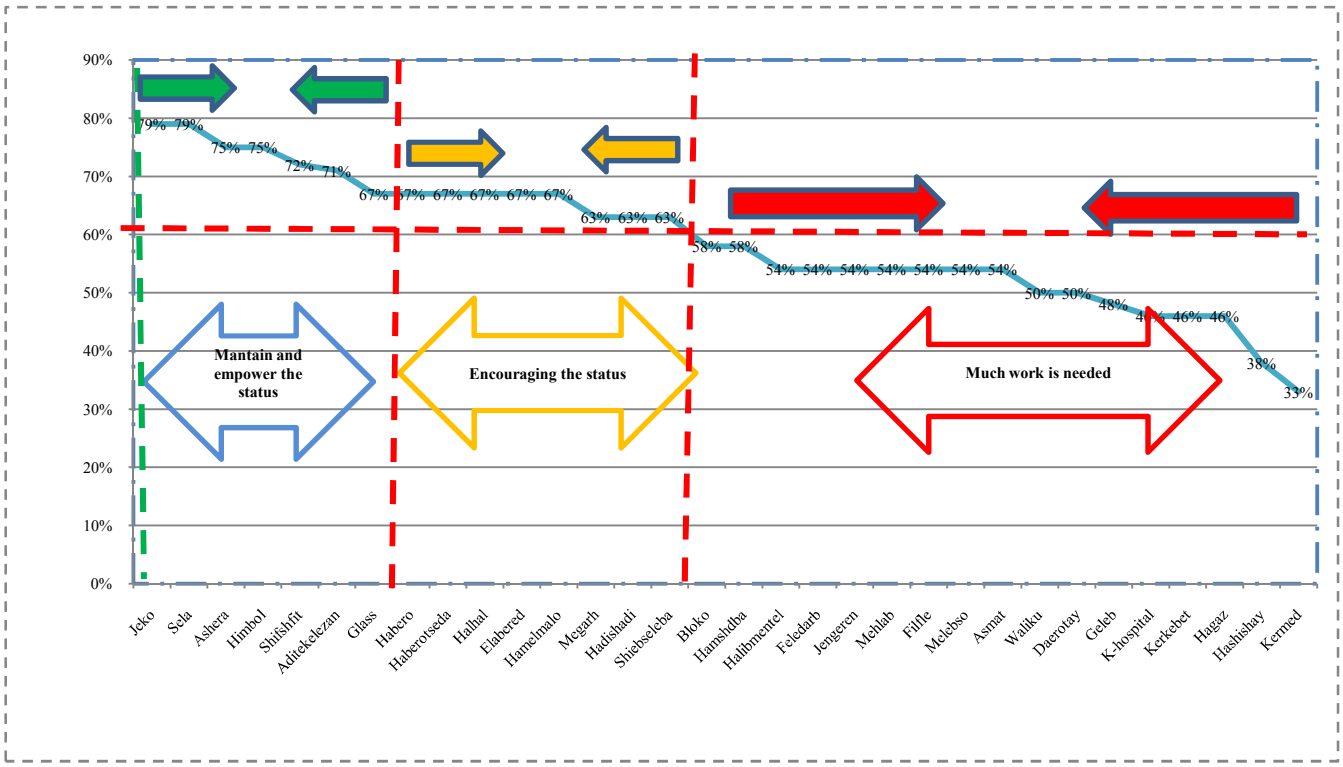
The assessment indicated that 91% health facilities do carry out social mobilization activities in their respective areas. As the main task of primary health care services is to prevent diseases, social mobilization of all partners to empower communities with preventive measures becomes a priority. Spending resources for treatment is not cost effective. It is easier to prevent diseases than to cure them. Therefore, health workers should conduct aggressive social mobilization on all prevalent preventable diseases in their respective catchment areas.

Verification of social mobilization activities by documents was only observed in 21%health facilities. The rest 79% health facilities said that they conducted social mobilization with no document to proof. It is very important to document social mobilization activities because you can refer what has been done and not in order to bring about efficiency to other social mobilization activities. In addition to what has been said in the above, there could be community groups that promised to do some activities regarding the social mobilization objective of the day. Hence, to follow the progress documents are important for retrospective references.

HMIS report is a mandatory report that should be sent to the MOH headquarters monthly. As there is an office that asks if they have completed it, health facilities are urged to report it regularly. Therefore, 91% health facilities did register what they have done regarding health education talks'. The rest 9% health facilities did not conduct health education or did not register it in the HMIS register book.

General trend of the assessment results

All primary health care provision in addition to the health services provision to the public even to the remote area residents; it should be accompanied by the preventive and rehabilitative interventions to decrease morbidity and mortality rates of citizens.



Thus, health promotion activities should be encouraged to empower individuals, families and communities at large through health education, advocacy, and social mobilization. To implement these activities empowering health workers in health communication is of high importance. Out of all health facilities in zoba Anseba, Shifshifit, Joko, Sela (Health Center), Ashera and Himbol health stations scored the highest scores. This means, the health workers are able to communicate with the community regarding health issues in their respective areas. However, this achievement is not enough, still they need additional trainings to be best in achieving their objectives in mobilizing their respective communities. Adi-Tekelezan (Health center), Glass, Habero (Health Center), Halhal (Health Center), Elaberad (Health center), Hamelmalo, Haberotsaeda, Megarih, Hadish-Adi and Shiebseleba health stations are with good scores. Much improvement is needed through training and specifically through on job training. The remaining health facilities in this category have scored fair because of the attempt they have made in exercising this health education talks. Aggressive training programs should be done to empower them. Thus, to measure their skills, this assessment is conducted with the following results which are reportedbelo

CONCLUSION

The most of the prevalent diseases in our country especially in rural areas are preventable diseases (Diarrhea, URI, Malaria, TB etc.). If these preventable diseases are to be prevented, communities should be sensitized through various methods such as in attending health education talks in health facilities, schools, social gathering etc. To facilitate such community sensitization programs, health workers should be the vanguards in leading such activities along with other partners. Therefore, most health facilities have fair health education activity requires more work to improve.

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