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Benefits of Health Extension Education Programmes in Healthcare Delivery in Boki Local Government Area of Cross River State

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Abstract

The study was designed to ascertain the extent to which Health Extension Education Programmes (HEEP) improved healthcare delivery in Boki Local Government of Cross River State. Specifically, the study determined the extent to which HEEP improved maternal and child health, disease prevention and control as well as early identification of diseases and treatment. The study answered three research questions. Descriptive survey design was adopted. Population of the study comprised of 305 health workers in the ten primary health centres in the ten wards of Boki LGA. A random sample of 100 workers was drawn for the study. Questionnaire was used to elicit information from the respondents. Data was analyzed using mean. Findings revealed that, health workers to a high extent benefited from the Health extension education programmes in their abilities to educate people on needs and methods to prevent common diseases, provide remedial treatment, encourage child spacing, identify early symptoms, handle pre and post natal cases, reduce maternal and infant mortality and improved relationship with patients. The paper recommended that, health extension education programmes should be integrated into health workers knowledge, skills update and re-training programmes for an improvement in maternal and child health, disease prevention and early identification of disease.

Keywords: Health Extension Education, Health Workers, Healthcare.

Introduction

The quality of life enjoyed by the citizen of any nation, depends on the capability of the government to make healthcare delivery accessible, affordable, sustainable, properly managed and controlled especially at the grassroots level. Access to health services is one of the greatest challenges that are facing most African countries as most of the available health institutions especially in rural Nigeria are inaccessible to the majority of the population (Bisrat and Nega, 2014). Health care is a basic social responsibility any directional government owes her citizens as a fundamental right.

Health care is the provision of suitable environment which is aimed at the promotion and development of man's full potentials (Eme, Uche and Uche 2014). It is the identification of the

health needs of the people and providing them with the requisite medical care. Primary health care services are basic programmes that design to attend to the health needs of rural people where secondary health is not accessible. It is in their views that Fajewonyomi, B. A. (2010) and Oyibocha, Irinoye, Sagua, Ogungide, Edike, & Okome, (2014) posited that, the Federal Ministry of Health in 2005, estimated 23,640 health facilities in Nigeria of which 85.8% are primary healthcare facilities.

In spite of the availability of this huge number of healthcare facilities and advancement in technology as well as the teeming population now estimated 180 million, Nigeria is still struggling with the provision of basic health services. This of course clearly explains the high child mortality and maternal death rates. According to the Federal Ministry of Health (2005) nearly fifteen percent of Nigerian children do not survive to their fifth birthday as a result of the severity of child health problems. In addition, World Health Organization (WHO) estimated that 587,000 maternal deaths result each year from complications arising from pregnancy, and a high proportion of these deaths occur in Sub-Saharan Africa (WHO, 2010). Nigeria accounts for about 10% of all maternal deaths globally and has the second highest maternal mortality rate in the world after India (WHO, 2004). Furthermore, key issue linked with health indicators in Nigeria is poverty, household survey was conducted by the government and results revealed that 54.4 percent of the Nigeria population is poor, with a higher poverty rate of 63.3% in rural areas. Over half of the population live below the poverty line, and so cannot afford the high cost of health care (HERFON, 2006). Hence; the sustainability of any healthcare delivery system is dependent on the capacity and ability of the rural health workers to understand and perform their required roles effectively for an improvement in the health care delivery. This requires a dedicated and efficient healthcare delivery system such as health extension education that places emphasis on knowledge update and capacity building for effective service delivery.

Health extension education is one aspect of extension education whose function is to ensure the dissemination of useful and practical information that is related to health and also ensure the practical application of such knowledge to health situations for improvement in the standards of living of the people (Ezimah, 2004). It is a planned educational activity which is carried out outside the fore wall of a formal institution, for health workers to upgrade existing knowledge and provide valuable health information for the purpose of providing preventive and basic curative health services to the people. According to Sally, Henry, Garba, Musa, Abu, Cathy and Godwin (2014) the impact of the intervention on maternal health outcomes in 3 northern Nigerian states by comparing data from 2360 women in 2009 and 4628 women in 2013 who had a birth or pregnancy in the 5 years prior to the survey. Results: From 2009 to 2013, women with

standing permission from their husband to go to the health center doubled (from 40.2% to 82.7%), and health care utilization increased.

Health workers are people trained and empowerment to render services in health care delivery systems for curative, preventive, palliative, informative and rehabilitative as well as health maintenance (Ugwu, 2015). Health workers require to regularly update their professional knowledge through health extension education programmes. The programmes have tangible benefits on the delivery of rural health relating to maternal and child health, disease prevention and control, early identification of disease symptoms and treatment, family health, hygiene and environmental sanitation, health education and communication (Federal Ministry of Health, 2010). The success of the programmes is based on models that will ensure effective mobilization of the people for participation (Akinola, 2003).

In spite of the many benefits of these education programmes to health workers, little is known about its practice in rural health facilities in Boki Local Government Area. Literature on the subject matter is scanty and it's an indicator of poor patronage of the programmes in enhancing the capacity of health workers for an improvement in healthcare delivery. Health workers in Boki may not have benefits from the programmes and it may be because the programmes are yet to be incorporated in their retraining programmes which may account for their low performance. This has necessitated this study on the benefits of health extension programmes to health workers in health care delivery in Boki LGA of Cross River State.

Purpose of the study

The general purpose of the study was to ascertain the benefits of health extension education programmes improving healthcare delivery in Boki Local Government of Cross River State. Specifically, the study determined

1. The extent to which health extension education programmes improves maternal and child health,
2. The extent to which health extension education programmes improves disease prevention and control
3. The extent to which health extension education programmes improves early diagnosis of disease symptoms and treatment in Boki Local Government of Cross River State.

Research questions

The following research questions guided the study:

1. what extent did health extension education programmes improve maternal and child health?
2. what extent did health extension education programmes improve disease prevention and control practice?
3. what extent did health extension education programmes improve early diagnosis of diseases symptoms and treatment?

Methodology

Design of the study: The study adopted a descriptive survey design. According

to Nworgu, (2015) descriptive survey design studies seeks to collect data and describe them in a systematic manner showing the characteristics features or facts about a given population. This design is considered appropriate for the study as data collected from the respondents in the primary health centres is described in a systematic manner without manipulation.

Area of the study:The study was carried out in Boki Local Government Area of Cross River State. The Local Government is made up of ten council wards with one primary health centre in each ward. The justification for using Boki local government area is based on the fact most of the wards and communities where the health centres located lack good access road which makes it difficult for the local health workers to regularly update their skills and knowledge on current practices.

Population of the study: The population comprised of 305 health workers in the ten primary health centres in the ten wards of Boki LGA. The decision to use health workers in the study is borne out of the fact that, they are directly responsible for the provision of healthcare services in the primary healthcare centres in the area. It is also based on this responsibility that they are regularly trained and retrained through in-service programmes as workshops, conferences, seminars and symposia.

Sample and sampling technique: A sample of 100 health workers was drawn for the study from the ten health centre in the Local Government Area. Ten health workers were randomly selected from each of the ten health centres in the LGA through the balloting process, where only respondents from each health centre who picked "yes" were sampled representing about 40 percent of the population used for the study. The decision to use 10 respondents from each health centre was to ensure equal responses that will not be lopsided.

Instrument for data collection: Data for the study was collected through a researcher designed structured questionnaire and focus group discussions. The questionnaire was titled "Benefits of Extension Education Programmes to Health Workers in Healthcare Delivery Questionnaire" (BEEPHWHCDQ). It was used to elicit information from the respondents. The instrument was divided into two sections. Section "A" was designed to elicit information that is related to the respondents' health centres, while section B was arranged into three clusters. Cluster "A" elicited information on improvement of maternal and child health. Cluster "B" elicited information on improvement of disease prevention and control, while cluster "C" elicited information on improvement of early diagnosis of disease symptoms and treatment. The instrument was based on a 4 point rating scale of Very High Extent (4), High Extent (3), Low Extent (2) and Very Low Extent (1). The instrument was face-validated by three experts and the Cronbach Alpha method of reliability was used to ascertain the reliability of the instrument and the reliability coefficient was .72, .75 and .81

for the three clusters, with an overall reliability coefficient of 0.771.

Method of data collection and analysis: The instrument was administered to the health workers in their respective health centres with the aid of two trained research assistants. This was done after meeting with the Director in charge of Primary Health Care in the Local Government Council for approval to allow the respondents respond freely to the instrument and also participate in the focus groups discussions. 100 copies of the questionnaire were distributed by hand and all were completed and returned immediately. The instruments were accordingly completed and a 100% return rate was recorded.

The focus groups (subjects) comprised of health workers and the subjects were chosen from the ten health centres. The subjects in each group were considered independently. The subjects were randomly selected from each of the health centres in the ten wards of the local government area, comprising of ten health workers each. In all ten focus group discussions were conducted and each group met three times and the sessions lasted for two hours with every participant contributing. Discussions were strictly focused on benefits of health extension education programmes to health workers in healthcare delivery. With specially emphasis on improving maternal and child health, improving disease prevention and practice and improving early diagnosis of disease symptoms and treatment. The participants were adequately informed of the purpose of the discussions for the purposes of eliciting objective and correct responses about the benefits of the programme in terms of cost effectiveness. Analysis of the responses arising from the focus group discussion was carried out through adequate control of statements on issues, consensus and differences. Disagreements were noted and summarized.

Data collected were analyzed using mean, the analyses were interpreted using the real limit mean of numbers and any item with mean rating of 3.5-4.00 is regarded as very high extent 3.00-3.49 is regarded as high extent, 2.00-2.59 is regarded as low extent and X< 2.00 is regarded as very low extent.

Results

The following findings were made:

A. What extent did health extension education programmes improve maternal and child health?

Table 1: Mean of respondents on the extent health extension education programmes improve maternal and child health (MCH)

	Improvements in MCH	Mean	Decision
1	conducting retraining workshops to Improves health workers ability to handle pre-natal cases	2.82	High Extent
2.	Upgrading health workers capability of handling post natal cases through seminars	3.48	High Extent
3	Providing on the job refresher courses to improve health workers capability to refer cases that cannot be treated locally	3.33	High Extent
4	Providing retraining programmes for health worker to improves on the way they relate with their patients through discussions.	3.37	High Extent
5	Acquisition of new skills in workshops Improves ability to handle maternal and child health cases	3.36	High Extent
6	HEEP improves ability to reduce infant mortality	3.47	High Extent
7	HEEP improves ability to educate on child spacing	3.35	High Extent
8	HEEP enhances ability to control maternal mortality	3.44	High Extent
9	HEEP improves overall mother and child health	3.00	High Extent
10	HEEP improves ability to handle pre and post natal cases	3.50	Very High Extent

Key: LE = Lower extent, HE = High extent, VHE =Very high extent. N=100

The result in Table 1 shows the respondents agree with items 2, 3, 4, 5, 6, 7, 8, and 9 on the improvement in maternal and child health to a high extent. The items have mean rating ranging from 3.33- 3.50 indicating of mean for items 1,2, 3, 4,5, 6, 7, 8, 9 and 10 are greater than the criterion mean of 2.5.

B. What extent did health extension education programmes improve disease prevention and control?

Table 2: Frequencies and means of respondents on the extent health extension education programmes benefited health workers in disease prevention and control

Improvement in disease prevention and control	Mean	Decision
1. Knowledge acquire in seminars improves Ability to educate people on prevention of common diseases	3.30	High Extent
2. Regular retraining improves ability to Prevent spread communicable diseases	3.39	High Extent
3. Knowledge acquired in retraining Seminars provides opportunities to Learn new techniques of disease Prevention	3.41	High Extent
4. New knowledge enhances ability to Provide first aid before referral	3.47	High Extent
5. Conferences provide new knowledge On how to educate people on prevention Of common diseases	3.44	High Extent
6 HEEP enhances ability to administer remedial treatment	3.47	High Extent
7 HEEP improves ability on timely referral of complex cases	3.51	Very High Extent
8 HEEP improves control measures for infectious diseases	3.36	High Extent
9 HEEP improves knowledge on home hygiene	3.31	High Extent

Key: LE = Lower extent, HE = High extent, VHE =Very high extent. N= 100

The result in table 1 shows the respondents agree with items 1, 2, 3, 4, 5, 6, 7, 8, and 9 on the improvement in disease prevention and control to a high extent. The items have mean rating ranging from 3.30- 3.51 indicating that the mean for items 1,2, 3, 4, 5, 6, 7, 8 and 9 are greater than the criterion mean of 2.5.

C. What extent did health extension education programmes improves early diagnosis of diseases symptoms and treatment

Table 3: Mean of the respondents on the extent health extension education programmes improves early diagnosis of disease symptoms and treatment

Improvement in early diagnosis of disease symptoms and treatment	Mean	Decision
1. New knowledge from retraining programmes enhances ability to diagnose early symptoms of communicable disease	3.46	High Extent
2. New skills and knowledge improves ability to treat common communicable disease	3.36	High Extent
3. Acquisition of new skills enhance ability to conduct simple tests to diagnose common diseases	3.38	High Extent
4. Knowledge update in seminars enhance		

ability to administer remedial treatment	3.36	High Extent
5. Seminars provide new techniques on how isolate patients with infectious diseases	3.33	High Extent
6 Retraining enhances ability to diagnose	3.47	High Extent
7.HEEP improves ability to apply confinement of contagious case	3.50	V. High Extent
8 HEEP improves ability to conduct simple test for treatment	3.48	High Extent

Key: LE = Lower extent, HE = High extent, VHE =Very high extent: N=100

The result in table 1 shows the respondents agree with items 1, 2, 3, 4, 5, 6, 7 and 8 on the improvement in early diagnosis of disease symptoms and treatment. The items have mean rating ranging from 3.33- 3.50 indicating that the mean for items 1, 2, 3, 4 and 5 are greater than the criterion mean of 2.5.

Responses from the Focus Group Discussions

The responses revealed that health workers in the various health centres perceive health extension education programmes as avenues to improve their skills, knowledge and capacity for the purpose of improving healthcare delivery in Boki Local Government Area of Cross River State. The health workers express happiness in the opportunities offered them by health extension education programmes to improve their ability to handle cases related to maternal and child health, educate the people on the methods of preventing and controlling diseases and also assist them carried out early diagnosis of diseases through the symptoms and also treat cases that fall within the purview of their operations. The responses from the participants also revealed that health extension education programmes encourages immediate application of knowledge gained in the programmes. The implication is that whatever new skills or knowledge they acquire in the programmes is immediately put into use in their work places.

Discussion of Findings

The result of this study revealed that health extension education programmes upgrades health workers capacity to handle pre and post natal complications, understand when to refer cases they cannot handle, improves their relationships with patients. The findings are related to that of Ordinioha (2010) who revealed that health workers who undergo retraining treat cases with phone conversations with doctors, treat some less complex cases in their health post, while complex cases are referred. It is related to the findings of Araya, Mark and Yemane (2016) which revealed that extension education enables workers attend to a variety of health cases, enhances service delivery and also offer services on child spacing.

The study also revealed that health extension education programmes improves ability to educate people on methods preventing diseases,

preventing spread of infectious diseases and provide remedial treatment. Abdulraheem, Olapipo and Amodu (2012) in their study revealed that, ability of the health workers to prevent and control diseases especially communicable diseases is one benefit of health extension education. Ibama and Denis (2016) also reported that adequate retraining of health workers has improved their ability on maternal and newborn services and also assisted in the overall improvement of malnutrition levels.

The findings of the study further revealed that health extension education programmes improves the application of modern methods to quarantine patients with highly contagious diseases, enhance ability to carry out simple laboratory analysis and also dictate and diagnose symptoms of diseases. Gombe., Suandi., Ismail and Omar (2016) in their findings revealed extension education enables the health workers to function effectively in the absence of professional personnel in arresting health cases that might degenerate without timely and adequate care. Gadanya (2016) also revealed that extension education programmes enriches and enhances the operational scope and also develop confidences in the health workers with a view performing maximally.

Conclusion

This paper was targeted at awakening the consciousness in health educators, health workers and indeed government on the need to develop and implement health extension education programmes that benefits and improve the skills of health workers with a view to ensuring quality healthcare delivery. Health extension education programmes should be routine exercise to update health staff on the most recent skills of promoting maternal and child health, disease prevention and control and early diagnosis of symptoms and treatment.

Recommendations

The paper recommended that:

- Health extension education should be integrated into the healthcare delivery system.
- Improved funding of health extension education programmes for health workers efficiency
- Health workers are encouraged to participate on retraining programmes.
- Government should partner NGOs to provide incentives for training programmes

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