

A CRITICAL EXAMINATION OF CAPACITY BUILDING THROUGH HEALTH PROMOTION PROGRAMME IN A TERTIARY INSTITUTION IN NIGERIA

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ABSTRACT

The need for people to focus more on how diseases can be prevented, rather than on how they can be treated have been emphasized in recent times since it has been observed that a huge burden of diseases exist but the number of health care providers are few. Hence the need to organize capacity building through health promoting programs becomes imperative. This paper critically examined the health promotion programs organized by a tertiary institution in south west Nigeria through lecturer series and health seminars, community services which includes measurements of blood sugar, blood pressure and body mass index of people in the university community and participation in physical exercises. People's responses to these programs and the need for evaluation were also examined. Ways to improve the participation of those capacity building programs are organized for to ensure that it increases community ability to respond to emerging health issues was recommended. The implications for sustainable development and poverty alleviation was emphasized in line with ensuring that resources are not wasted in treatment endeavors when health issues can be prevented by teaching members of the university community ways to improve their lifestyle and enjoy good health.

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KEYWORDS: capacity building, health promotion program, university community, health seminars, community services, sustainable development

INTRODUCTION

It has been observed that a huge burden of disease exist but the number of health care workers or providers available to tackle the increasing number of cases (the number of people who fall sick) are relatively small (Ayankogbe, 2014). There is therefore need for people to focus more on how diseases can be prevented, rather than on how they can be treated. There is also emphasis that each individual should take control of their own health and the first step in taking control of one's health is to understand their health status, (Konwea, 2011).

The term capacity building is not a new terminology in health service but has become more popular in literature, (Hawe, King, Noort, Gifford, & Lloyd, 1998; Smith, Coveney, Cartar, Jolley, Laris, 2004). Capacity building in health promotion has been defined as processes or development of sustainable skills, resources and commitments that will lead to improvement in health and health promotion in various settings and health sectors in order to prolong and multiply health gains many times over (Labonte, Woodard, Chad & Laverack, 2002; Cooker, 2005; Bowen). Capacity building thus refers to the ability of an initiative or program to build upon or add value to existing resources to promote effective, efficient sustainable outcomes (Smith et al, 2004; Crisp, Swerissen & Duckett, 2002). It is about increasing the capabilities of people to articulate and address community health issues and to overcome

barriers to achieve improved outcome in the quality of their life (Labonte et al. 2002).

One of the ultimate goals of capacity building is to run programs that will respond to particular types of issues like building capacity for disease surveillance or heart disease prevention as posited by Hawe, King, Noort, Jordens and Lloyd (2000). Capacity building therefore is concerned with improving the capability and productivity of people through training and retraining, conferences, seminars, induction courses, collaboration, through welfare packages directed at empowering the members of staff. These programs are also geared towards providing knowledge to help improve the health of the populace and ensure that they are current with issues related to their health. This will enable the members of staff to move with the global trend in health.

However, as reported by Hawe et al (2002) capacity building in health promotion funding is tied most of the time to direct activities with population groups in relation to specific disease entities or national targets. So that efforts or endeavours seeking to sustain programs and multiply health gains as a result are disguised with health promotion budget at the lower levels.

Health promotion programs include education which consists of creating opportunities for learning. These learning are intended to improve personal health

literacy and thereby the capacity of individual and community to act to improve and protect their health. (Smith et al., 2004). Hence the Ottawa Charters as cited by Smith et al. (2004) defined health promotion as the process of enabling people to exert control over the determinants of health and thereby improve their health. It involves activities that are directed towards enabling people to take action.

Need For Capacity Building through Health Promotion Programs in Nigeria

For effective and efficient health care delivery program, curative and appropriate preventive, promotive, and rehabilitative health care programs must go hand in hand. Curative care is very expensive and hazardous; to reduce costs and minimize the undesirable effects of curative care, increased emphasis must be placed on preventive health care. Mass health education is one way of achieving this in a community.

The whole world is facing seriously palpable economic “meltdown” today. This obviously worsens the already deplorable socio-economic situations prevalent in Nigeria, where there is a high unemployment rate, food shortages, lack of basic infrastructures such as good roads, good transportation, stable electricity, functional health care system, good housing, safe and adequate water supply, and high illiteracy rate. According to the World Population Data Chart 2008, majority of Nigerians live under a per capital income of less than \$2 per day (Population Reference Bureau, 2008). Also, not only are child maternal mortality rates high, the incidence and prevalence of non communicable diseases such as hypertension, diabetes, cancer etc are increasing.

According to UNICEF, malnutrition plays a significant role in the causation of high infant and child mortality rates in Africa. So also, obesity, poor nutrition and stress contribute substantially to the development, treatment and outcome of these non-communicable diseases. As shown by the 2010 world population data report, the average life expectancy at birth in Nigeria is 45 years for males and 47 years for females. Also, the maternal, infant and childhood mortality rates in Nigeria are amongst the highest in Africa. This is grossly unacceptable in a country blessed with both human and material resources.

The need for worksite capacity building a health promotion, strategy arose primarily because many individual life style change education and social education program were having only modest effect in behavior change. It was also based on the assumption that if capacities improved, through seminars or education of the workers and community service, health indicators would improve and be sustained beyond the often-limit program period (Labonte et al., 2005). Capacity building is of particular

importance to health promotion because it increases the likelihood that effective health promotion program will be sustained.

The Situation in a Tertiary Institution in Southwest, Nigeria

The University community mirrors the society at large. Stress is ever present from all angles, poor nutrition due to poor dietary knowledge, lack of regular physical exercise and inappropriate attention to personal health are not uncommon features even in a highly literate community. These, apart from aging may have contributed to increasing prevalence of non communicable diseases in the University community

During the health screening program conducted in all the 16 Local Government Areas of the State to mark 100 days in office of the state governor, a high prevalence of diabetes mellitus and hypertension was noticed as reported in the dailies recently. Adegun and Konwea (2009) reported a high prevalence of hypokinetic disorders among academic and non academic staff of the institution. Statistics at the University health centre also showed a rising incidence of diabetes and hypertension amongst the staff and students.

From research and epidemiological studies, infectious diseases such as HIV/Aids, Tuberculosis (TB), malaria, diarrhoea, acute respiratory diseases and non-communicable diseases such as hypertension, cancer, diabetes, road traffic accident, malnutrition, political assassination, and pregnancy-related complications account for more than 80% of the causes of morbidity/mortality in Nigeria. Most of these diseases that cut people down in their prime are preventable.

By bringing the stakeholders together in a forum and disseminating information on topical health issues affecting the University Community in particular and the International Community in general, will avail the University the opportunity to take informed decisions on positive health living. This will not only lead to improved individual, family and community health, but to increased productivity and enhanced economic growth as well.

The aim of preventive health program, therefore, was to health educate, inform and advise the University Community on topical health issues relevant to the community with the hope that people will be able to make informed decisions about appropriate behavioural changes and the adoption of healthy life style that will promote healthy living and longevity. Looking at the prevailing health problems facing the country today, the need for people to adopt a healthy life style cannot be over emphasized while awaiting the messiah who will improve health infrastructure and health care delivery program of Nigeria.

Capacity Building through Health Promotion Programs in a State Tertiary Institution

In view of the above, the health centre of the tertiary institution began the organization of a 4-day program of events tagged 'health centre week' to educate the community. The maiden edition of the program took place in 2006 and others in 2009, 2011 and in 2014. For every year the process of the program included health promoting activities as shown on table 1

Table 1. Activities of the 4- day health promotion program

Activities	Process
Awareness campaign	A week to the program and the week of the program through use of posters, handbills, live band (boys brigade) and Disc jockey. With members of staff of the health centre moving to the different departments in the institution to create awareness.
Lectures with interactive sessions	In the University main auditorium where topical issues related to prevailing health conditions of staff were presented and discussed.
Community Service	Includes measurement of Blood sugar, Blood Mass Index, Blood Pressure and Voluntary blood donation. The community service took place in four designated points in the university campus.
Physical Activity tagged "EKSU walk"	Involve walking from the campus gate to a designated area where minor exercises are engaged in.

The theme for each of the seminars as shown on table 2 was developed as a response to health issues and cases reported by both members of staff and students at the university Health Centre. Each health week was enriched with topical issues to provide information to the university community in order to improve the knowledge and capabilities in maintaining their health. This was to ensure that people would be able to make informed decision about appropriate behavior changes and the adoption of healthy lifestyle that would promote healthy living and longevity which ultimately will lead to enhanced productivity.

Table 2; Themes of the health centre week organized

Year	Theme
2006	Sudden death: causes and prevention.
2009	Impact of nutrition and stress on longevity
2011	Healthy living a panacea for longevity and wealth creation.
2014	Stemming the scourge of diabetes, hypertension and cancer in Nigeria.

The objective of the worksite health promotion program in 2009 was to highlight the relationship between good nutrition, stress and longevity, encourage the adoption of right nutritional habit for healthful living, highlight the importance of voluntary blood donations as opposed to "blood selling", encourage the habit of donating blood voluntarily amongst the youth, to highlight importance of responsible sexual behavior, the effects of smoking on health, and the dangers of self

medication. The target audiences were Students, staff, visitors, vendors of the institution and invited guests.

Responses of Staff to the Capacity Building through Health Promotion Programs Lecture Series/ Health Seminars

The health seminars formed a very important aspect of the health week and provided an opportunity for informal learning for staff which is one of the types of learning for health promotion (Hawe, et al., 2000). It provided opportunity for this type of learning where the learners are aware of their engagement in the learning process. The workers in the university were therefore aware that learning was occurring so that they may develop more skills in promoting and maintaining their own health.

However, the number of those who attended was quite few compared to the total number of staff in the university. According to the records of the health centre the number of those who attended from other institutions, like the state teaching hospital, the school of nursing, two other higher institutions in the state were more than those for which it was organized. This is not surprising since it is possible that most of the people saw it as an activity meant for the staff of the health centre. Also other normal work activities were running currently with the health centre week, it was therefore not compulsory for all to attend, and possibly the other reasons stated on table 3

Table 3: Reasons for not attending the health seminar

Reasons	very Frequent response	Less Frequent response	Not a response
The program was for the members of staff of the health centre	33	19	6
I was not aware of the program	22	8	28
I was aware but I forgot to attend	6	27	25
I was too busy in the office	40	10	18
My boss did not permit me to go	8	24	26
There was no time to attend	15	33	10
I had work to do in the office	45	6	7
It is not compulsory/ necessary	12	11	35

Data reported here are from reports and interview with the Director of health service, the Matron and 56 other members of staff of the health centre (making a total of 58 responses representing sixty percent of the health centre staff n=96). Who gave a report of the reasons people gave when they interviewed or interacted with them after the programs.

The Community Health Service

The community health service was provided to carry out measures that would enable workers to determine their health status in relation to their blood pressure,

blood sugar level, and body mass index. It was meant to enable workers to determine the risk of developing diseases related to these measures and this would help them determine whether or not changes needed to be made in order to avoid becoming ill since it is easier to prevent diseases than to recover from it.

This approach emphasized how to foster skill development through health promoting capacity building program that involved learning by accident or incidental learning. According to Hawe et al (2000) it describes a non formal workplace learning where the learner is not consciously aware that learning was taking place. Workers may not know they are learning about health promotion, so the ownership of the new skills by them may be increased. This approach was described to be a useful strategy for those who do not perceive themselves to have the time to attend seminars or conferences to learn new things. Those who had health issues were asked to see the doctor who provided information on what was observed about their health status and what to do to remain healthy or improve and maintain their health depending on the finding. However, this incidental learning may lead to informal learning where seminars and conferences to consciously provide information and improve the knowledge of participants on health issues observed to be prevalent amongst the populace. (Hawe et al, 2000).

In this academic institution, however, it was reported by the workers in the health centre that most of those referred to see the doctor did not do so. It was also observed that peoples turn out for the aspect was also not satisfactory as indicated by the members of staff of the health centre as reported in another study (Konwea, 2014). Reasons mentioned in an interview with some members of the health team and workers of the university include 'fear of wrong report of a situation that may lead to unnecessary worries', that 'there was no need trying to find out if one can get a disease or not', 'it was not necessary', some believe 'they had no problem or that they can never have problem'.

Furthermore there were those who had no trust for the process. They saw it as a 'plan of management to screen out people who were not in good state of health' and then 'judge their level of productivity based on their health status'. Hence, they feared that it was just a way to monitor the health status of the workers. Most of the designated areas were visited more by students of the institution than the workers for which it was organized.

Physical Activity or Exercise Program

The physical activity segment of the health centre week involved making members of staff park their cars at the entrance of the campus gate and walk into and around some areas of the campus and then engage in some mild exercises. This became a part of

the universities monthly program after the 2014 edition of health week. The University Sport Council was charged with the responsibility of ensuring the continuity of the program. It was observed that the turn out on the day it took place during the health week was very high but the percentage of those who participate in the 'walk' reduced every month.

The reason for this could be the fact that during the health week it was compulsory for all members of staff of the health centre to attend, the management staff including the Vice- chancellor were in attendance, all those who got to the campus at the time were not allowed to drive in so it became necessary to walk down or wait. Hence it increased the curiosity of those who came late and they walked in to find out what was going on. The number of those who participate continued to dwindle after the first edition to the extent that most of the members of staff of the health centre did not participate again.

Need for Evaluation of the Capacity Building through Health Promotion Program

Smith et al (2004) defined evaluation is as the assessment of the extent to which an action achieves a valued outcome. They emphasized that health promotion outcomes that should come from capacity building includes: Improve health knowledge, motivation concerning healthy lifestyle, Knowledge of where to go and what to do to gain access to health and other support services, empowering people by giving people necessary skills and confidence and Self-efficacy to participate in everyday activities. Evaluation therefore involves access of the success of an intervention against a set of indicators or criteria (Cooker, 2005)

Nutbeam (1998) posited that one indicator that should be used to assess the achievement of health promotion outcome is to aim at improving health literacy This has to do with improving the knowledge relevant to the problem of interest and ensuring self empowerment – i.e providing opportunities for workers to be empowered both in knowledge and ability to change certain lifestyles that would lead to improvement in health. It aims at changing or influencing the attitude and behavior. Health promotion programs should influence workers and enable them to adopt behaviours that are beneficial to their health and reject those that are detrimental to same. Hence the emphasis on the need for capacity building to enhance the ability of participants to build their research skill.

Nutbeam (1998) also emphasized the need to ensure that what is presented would be beneficial to the workers by ensuring that they are related to current health issues and would be beneficial to them in the future. For example a population of workers between the ages of 50 and above should benefit from health education program related to their feeding, coping

with stress or middle age and degenerating health problems as well as how to slow down the aging process and other topical issues that would enable them prepare for that stage of life. Kegler, Norton and Aronson (2008) confirmed that much of community health improvements can occur through organization who develop program, obtain and allocate resources and implement policies that directly affect the quality style for community residents.

Health promotion program would succeed more if workers or a group of the leaders, heads of departments and /or the representatives of each unit participated in the program planning and implementation. Broad participation in planning process was started by Kegler et al (2008), as one of the characteristics for achieving substantive change in capacity building. As well as a strategically partnership among highly committed and strategically placed individuals.

Timing in terms of responding to real and competing needs also play a key role in determining people's response to capacity building program. Hence Kegler et al (2008) placed emphasis on combination of people in the right place at the right time.

Availability and use of funds provided or resources limitation is also very important. According to Kegler at al. (2008) programs have to have funding to exist.

Conclusively, the programs in the institution should be planned and evaluated to determine how they can improve the participation of members of the university community. It should also engage community groups or departments in the programs. The barriers to participation should be identified and ways to overcome these barriers. Also effective methods of communicating with the people and addressing issues related to their needs by involving them in the planning as well as increased community ability to respond to emerging health issues may help in increasing participation and accessing the effect of capacity building on positive health outcomes.

Implications for Sustainable Development and Poverty Alleviation

Sustainable development is the development that meets the need of the present without compromising the ability of the future generation to meet their own needs. (United Nations Development of Economic and Social Affairs Division for Sustainable Development, 2013). People either benefit or suffer from the choices that are made from one generation to the other. The goal of sustainable development can only be achieved in the absence of high prevalence of debilitating communicable and non communicable diseases. The purpose of health promotion programs is to detect early asymptomatic, undiagnosed cases at high risk and then prevent complications through the

prompt and effective treatment of diagnosed cases of hypertension, diabetes as well as other health issues plaguing the University community. This will help in reducing the rate of absenteeism form work, low productivity due to ill health and extra cost in the treatment of complicated cases as well as death of members of staff and other members of the University community.

Capacity building program is an approach to community building that raises peoples knowledge, awareness and skills to use their capacity and form available support systems to resolve the underlying courses of mal-development (Emeahara, Ibeagha, & Agbanusi,2009). There had been cases reported by the health centre where extra cost was incurred by the University to refer complicated cases either to other tertiary health institutions and even outside the country for treatments or care requiring more sophisticated and advance technology which are absent in the country. Some of those cases ended with successful results while some ended in the loss of the staff to death. This is an indication of waste of resources which if spent on educating the populace (if they respond) would reduce the cases of some of the health problems . Losing staff as a result of death from preventable health issues and expenses as a result of seeking care does not favor poverty alleviation or foster sustainable development.

A sign of wholeness of the body and mind is shown in the vitality and high energy level to accomplish any task or goal. Helping and teaching people to take control of their wellbeing therefore is of utmost importance. According to the United Nations Development of Economic and Social Affairs Division for Sustainable Development (2013) health is a precondition for sustainable development, therefore it emphasized the need for governments to increase public awareness for health aspects especially with emphasis on nutrition, communicable diseases, population issues and health hazards from modern lifestyle through secondary and adult education. Hence the need for health educators and other stakeholders in health to focus attention to develop positive attitude towards programs geared towards improving their health and attention to lifestyle and endeavors (Emeahara, et al. 2009). This will also ensure that development is sustained and less would be spent on the treatment of health problems thus alleviating poverty that would have occurred from low productivity and treatments abroad

CONCLUSION

Capacity building through health promotion programs in the workplace is necessary for the achievement of sustainable development and alleviation of poverty in the tertiary institution. However programs have to be organized in ways that will appeal to the members of the community that it

is organized for. This may be achieved by involving them in the planning and implementation of the programs and identifying the barriers to effective involvement of those the program is organized for. This will ensure that people are empowered to take control of the determinants of health and improve their well being and thus their productivity which will on the long run ensure that development is sustained and resources will not be spent on the curative which is more expensive than prevention programs..

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