

## KNOWLEDGE AND PERCEPTION OF HEALTH PROMOTION AMONG HEALTH EDUCATORS IN NIGERIAN HIGHER INSTITUTIONS

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### **Abstract**

*This study was embarked upon to find out the knowledge and perception of health promotion (HP) among health educators in higher institutions in Nigeria. The study adopted the descriptive survey research design, and four research questions and two null hypotheses guided the study. Simple random sampling technique was used to select fifty one (51) health educators that were used for the study. Researcher-designed valid and reliable questionnaire was used for data collection. Percentages were used to answer the research questions, while chi-square ( $\chi^2$ ) statistic was used to test the null hypotheses at .05 alpha level. The results indicate that health educators in higher institutions in Nigeria possessed average level of knowledge (50.5%) and perception (44.3%) regarding HP. Health Educators that have 5-10years work experience (64.4%) had higher level of knowledge than those with <5years (48.1%) and above 10years (47.3%). Health Educators that have above 10years work experience (52.5%) had higher perception about HP than those that have 5-10years (39.8%) and <5years (37.5%). There was no significant difference in the level of knowledge and perception of health promotion by health educators based on work experience. Based on the findings and conclusions, the study recommended among others that Government in collaboration with line ministries, private sectors, NGOs and other stakeholders should sponsor intensive training/workshop on health promotion for health educators at various levels of education so as to improve their knowledge and equip them to play the required role in making health promotion adequately functional in the country and achieving desired goals.*

**Keywords:** Knowledge, Perception, Health, Promotion, Health educators

### **Introduction**

Health promotion (HP) is a multidisciplinary field that relies on education and targeted interventions to help change behaviours and environments in ways that are conducive to health. Health promotion is based on the premise that individuals are responsible for their own health. As a concept and set of practical strategies, it remains an essential guide in addressing the major health challenges faced by developing and developed nations, including communicable and non-communicable diseases and issues related to human development and health (Public Health Agency, 2009). Health promotion activities are geared towards all those activities that are designed to improve the health status of individuals and communities as well as worksite and schools.

The charter for Health Promotion was issued in the year 1986 by World Health Organization-WHO initiative, and it was the first international conference called the Ottawa charter for health promotion held in Canada on 21<sup>st</sup> November, 1986 (Federal Ministry of Health [FMOH], 2007). Over 7 global conferences have been held so far, and Kenya is the only African country that has hosted Health Promotion global conference (WHO, 2013). Health promotion was defined by the World Health Organization Bangkok Charter as "the process of enabling people to increase control over their health and its determinants, and thereby improve their health" (WHO, 2005).

Nigeria joined the rest of the world in adopting this global strategy with the launch of the National Health Promotion Policy and the Implementation Guidelines in 2006. The FMOH in that policy called on educational institutions to facilitate the incorporation of health promotion into school curriculum and teachings as well as promote human resource development in health promotion (FMOH, 2006). The need for a trained and competent workforce, which has the necessary knowledge,

skills and abilities in translating policy objectives and current research knowledge into effective action, is a key component of the capacity needed by nations to promote the health of their populations (Wise, 2003; Barry, 2008). Urgent and sustained action is, therefore, required to strengthen the capacity of academic health promotion (International Union of Health Promotion and Education (IUHPE) & Canadian Consortium for Health Promotion Research, 2007). This is based on the understanding of the critical role the academia has in the development of manpower for health promotion. Hence, Ekenedo and Ezedum (2013) stressed the need for Nigeria to encourage the development of health promotion programmes in higher institutions as this would facilitate quick and massive training of health promotion professionals.

Although, over the years health promotion has emerged as an academic discipline, unfortunately, most institutions of higher learning in the country are yet to establish health promotion as a course of study. This situation is worrisome considering the fact that the first department of health promotion was established since 2009 at the College Hospital Ibadan in partnership with WHO which trained the needed manpower to run the programme. Most health educators in higher institutions of learning were not prepared in the task of teaching Health Promotion since no such course existed in universities curriculum in Nigeria. This means that they may not be able to incorporate health promotion into their teaching as directed in the National Health Promotion Policy. An additional concern is that as awareness on the concept of Health Promotion gradually grows in Nigeria among health professionals, divergent perceptions of health promotion and its practice seems to persist.

Adequate knowledge of health promotion among health educators assists in broadening the narrow focus of health education and in training manpower for health promotion practice. Knowledge is the ability to recall or recognize something such as a concept, principle or custom (Kalua, 2009). Knowledge can be acquired through formal setting either by the help of someone or alone. Health Educators should possess adequate knowledge of health promotion, so that they could sensitize others and help them to improve their health through employment of strategies and interventions that assists in achieving optimal health. This is more so for health educators in institutions of higher learning who are entrusted with the responsibility of training health educators and health promoters at the lower educational levels as well as other health promotion settings.

It is logical that one can only give from what is in one's possession. Observations and experiences have revealed that the basic sensitization about health promotion in various levels of professional training was not accompanied with practical exposure to HP activities and implementation guidelines and strategies. However, there is no published study that has sought to find out the knowledge of health promotion possessed by health educators in Nigeria. In view of the above, the need arose to find out if health educators in higher institutions in Nigeria possessed adequate knowledge and perception of HP. This was the crux of the study. Following from this, four research questions were posed, and two hypotheses were postulated to guide the study.

### **Research Questions**

Four research questions guided the study.

1. What is the level of knowledge of health promotion among Nigerian health educators?
2. What is the perception about health promotion among Nigerian health educators?
3. What is the level of knowledge of health promotion among Nigerian health educators based on work experience?
4. What is the perception about health promotion among Nigerian health educators based on work experience?

### **Hypotheses**

Two null hypotheses were postulated and tested at .05 alpha level.

1. There is no significant difference in the level of knowledge of health promotion possessed by health educators based on work experience.
2. There is no significant difference in the perception about health promotion among health educators based on work experience.

## Methods

This study adopted the descriptive survey research design. The population for the study comprised health educators in higher institutions in Nigeria. The sample for the study consisted of fifty one (51) health educators from various higher institutions in Nigeria who attended a health promotion conference. All the attendees were included in the study. Researcher-designed and validated 23-item questionnaire served as the instrument for data collection. The reliability of the instrument was established using test re-test method. Person Product Moment Correlation was used in analyzing the data. A correlation coefficient of 0.81 was obtained and adjudged reliable for embarking on the study. Data collected with the instrument were analyzed using percentages for the purpose of answering the research questions, while chi-square ( $\chi^2$ ) statistic was used to test the null hypotheses at .05 level of significance.

In determining the level of knowledge of health promotion, Ashur's (1977) modified version by Okafor (1997) was utilized. By these criteria, below 20 per cent score of the respondents who indicated correct responses in any aspect of the variables being investigated was considered very low level of knowledge, a score of 20- 39 per cent was considered low level of knowledge, a score of 40-59 per cent was considered average level of knowledge, a score of 60-80 per cent was considered high level of knowledge, and a score above 80 per cent was considered very high level of knowledge.

## Results

**Table 1: Health Educators' Knowledge of Health Promotion (n = 70).**

S/n	Knowledge of health promotion	Correct Ans		Wrong Ans		Dec.
		f	%	f	%	
1.	Health promotion is a WHO initiative	59	84.3	11	15.7	VHK
2.	The charter for health promotion was issued in 1986	39	55.7	31	44.3	AK
3.	The first global conference on HP was hosted by Canada	26	37.1	44	62.9	LK
4.	More than 7 global HP conferences have been held from inception till date	7	10.0	63	90.0	VLK
5.	Kenya is the only African country that has hosted global HP conference	9	12.9	61	87.1	VLK
6.	Nigeria has a national policy on health promotion	60	85.7	10	14.3	VHK
7.	HP policy document was launched in Nigeria in 2006	25	35.7	45	64.3	LK
8.	HP is the process of enabling people to increase control over and improve their health	39	55.7	31	44.3	AK
9.	HP key strategies	12	17.1	58	82.9	VLK
10.	Major settings for health promotion	44	62.9	26	37.1	HK
11.	HP has evolved as a professional discipline across the world.	69	98.6	1	1.4	VHK
<b>Overall percentage</b>		<b>50.5</b>		<b>49.5</b>		<b>AK</b>

**Key:** VLK = very low knowledge = below 20      LK = low knowledge = 20 – 39%  
 AK = average knowledge = 40 – 59%      HK = high knowledge = 60 – 80%  
 VHK = very high knowledge = 81% and above      Ans = Answer

Table 1 shows that the overall percentage of health educators' level of knowledge of health promotion was 50.5 per cent. This implies that health educators in higher institutions in Nigeria possessed average level of knowledge of HP. The table further shows that the respondents' level of knowledge of HP indices such as health promotion is a WHO initiative (84.3%), Nigeria has a national policy on health promotion (85.7%), and HP has evolved as a professional discipline across the world (98.6%) were very high. In the table also, major settings for health promotion (62.9%) was high; the charter for health promotion was issued in the year 1986 (55.7%), and HP is the process of enabling people to increase control over and improve their health (55.7%) were average. The table also revealed that the first conference on HP was hosted by Canada (37.7%), and HP document was

launched in Nigeria in year 2006 (35.7%) were low. Furthermore, responses on the items: more than 7 HP global conferences have been held from inception till date (10%), Kenya is the only African country that has hosted HP global conference (12.9%), and HP key strategies (17.1%) were very low.

**Table 2: Nigerian Health Educators' Perception of Health Promotion (n=70)**

S/n	Perception about HP	Correct Ans		Wrong Ans	
		f	%	f	%
1.	Medical personnel are the only ones qualified to practice health promotion	3	4.3	67	95.7
2.	HP can be practiced by individuals from diverse sectors apart from health	61	87.1	9	12.9
3.	HP is the same as disease prevention	31	44.3	39	55.7
4.	Health education and health promotion are the same	29	41.4	41	58.6
<b>Overall percentage</b>		<b>44.3</b>		<b>55.7</b>	

Table 2 shows that the overall percentage of health educators' perception about health promotion was 44.3 per cent. This implies that health educators in higher institutions in Nigeria had a moderate perception of health promotion. The table further shows that the respondents had more true perception on HP can be practiced by individuals from diverse sectors apart from health (87.1%) than the other items in the table.

**Table 3: Health Educators' Knowledge of Health Promotion based on Work Experience (n = 70).**

S/n	Knowledge of health promotion	< 5 years (n=28)			5 – 10 years (n=12)			Above 10 yrs (n=1)				
		f	%	D	f	%	D	F	%	D		
	Health promotion is a WHO initiative	22	78.6	HK	12	100	VHK	25	83.3	VHK		
	The charter for health promotion was issued in 1986	13	46.4	AK	9	75.0	HK	17	56.7	AK		
	The first global conference on HP was hosted by Canada	10	35.7	LK	8	66.7	HK	8	26.7	LK		
	More than 7 global HP conferences have been held from inception till date	2	7.1	VLK	3	25.0	LK	2	6.7	VLK		
	Kenya is the only African country that has hosted global HP conference	4	14.3	VLK	2	16.7	VLK	3	10.0	VLK		
	Nigeria has a national policy on health promotion	24	85.7	VHK	11	91.7	VHK	25	83.3	VHK		
	HP policy document was launched in Nigeria in 2006	7	25.0	LK	8	66.7	HK	10	33.3	LK		
	HP is the process of enabling people to increase control over and improve their health	14	50.0	AK	9	75.0	HK	16	53.3	AK		
	HP key strategies	5	17.9	VLK	2	16.7	VLK	5	16.7	VLK		
	Major settings for health promotion	19	67.9	HK	9	75.0	HK	16	53.3	AK		
	HP has evolved as a professional discipline across the world.	28	100.0	VHK	12	100.0	VHK	29	96.7	VHK		
<b>Overall percentage</b>		<b>48.1</b>			<b>AK</b>	<b>64.4</b>			<b>HK</b>	<b>47.3</b>		<b>AK</b>

Table 3 shows that the overall percentage of health educators affirmed that health educators that have 5 – 10 years work experience (64.4 %) had higher level of knowledge of health promotion more than those that had < 5 years (48.1 %) and above 10 years (47.3 %) experience that had average level of knowledge. The table further shows that irrespective of the health educators’ work experience, they had very high level of knowledge on Nigeria has a national policy on HP, and HP has evolved as a professional discipline across the world. Furthermore, irrespective of the health educators’ work experience; they had very low level of knowledge about Kenya being the only African country that has hosted HP global conference and HP key strategies.

**Table 4: Health Educators’ Perception of Health Promotion based on Work Experience (n=70)**

S/N	Perception about health Promotion	< 5 years (n=28)		5-10 years (n=12)		Above 10yrs (n=1)	
		f	%	f	%	f	%
1.	Medical personnel are the only ones qualified to practice health promotion	0	.0	2	16.7	1	3.3
2.	HP can be practiced by individuals from diverse sectors apart from health	24	85.7	10	83.3	27	90.0
3.	HP is the same as disease prevention	10	35.7	4	33.3	17	56.7
4.	Health education and promotion are the same	8	28.6	3	25.0	18	60.0
<b>Overall percentage</b>		<b>37.5</b>		<b>39.6</b>		<b>52.5</b>	

Table 4 shows that the overall percentage affirmed that health educators that have above 10 years work experience (52.5%) had higher perception about health promotion than those that have 5 – 10 years (39.6%) and < 5 (37.5%) work experience. The table further shows that irrespective of the health educators’ work experience, they had more true perception on HP can be practiced by individuals from diverse sectors apart from health, and HP is the same as disease prevention.

**Table 5: Summary Of Chi-Square ( $\chi^2$ ) Analysis of No Significant Difference in the Level of Knowledge of Health Promotion among Health Educators in Nigeria Based on Work Experience.**

Knowledge of HP	< 5 years (n=28)		5 – 10 years (n=12)		Above 10 yrs (n=30)		$\chi^2$ -cal	df	P-value
	CA	WA	CA	WA	CA	WA			
Health promotion is a WHO initiative	22 23.6	6 4.4	12 10.1	0 1.9	25 25.3	5 4.7	2.948	2	.229**
The charter for health promotion was issued in 1986	13 15.6	15 12.4	9 6.7	3 5.3	17 16.7	13 13.3	2.798	2	.247**
The first global conference on HP was hosted by Canada	10 10.4	18 17.6	8 4.5	4 7.5	8 11.1	22 18.9	5.915	2	.052**
More than 7 global HP conferences have been held from inception till date	2 2.8	26 25.2	3 1.2	9 10.8	2 3.0	28 27.0	3.624	2	.163**
Kenya is the only African country that has hosted global HP conference	4 3.6	24 24.4	2 1.5	10 10.5	3 3.9	27 26.1	.425	2	.809**
Nigeria has a national policy on health promotion	24 24.0	4 4.0	11 10.3	1 1.7	25 25.7	5 4.3	.486	2	.784**
HP policy document was launched in Nigeria in 2006	7 10.0	21 18.0	8 4.3	4 7.7	10 10.7	20 19.3	6.481	2	.039*
HP is the process of enabling people to increase control over and improve their health	14 15.6	14 12.4	9 6.7	3 5.3	16 16.7	14 13.3	2.248	2	.325**
HP key strategies	5 4.8	23 23.2	2 2.1	10 9.9	5 5.1	25 24.9	.017	2	.992**
Major settings for health promotion	19 17.6	9 10.4	9 7.5	3 4.5	16 18.9	14 11.1	2.223	2	.329**
HP has evolved as a professional discipline across the world.	28 27.6	0 .4	12 11.8	0 .2	29 29.6	1 .4	1.353	2	.508**
<b>Overall <math>\chi^2</math></b>							<b>2.593</b>	<b>2</b>	<b>.407**</b>

Table 5 shows the overall chi-square value with the corresponding p-value for hypothesis of no significant difference in the knowledge of HP among health educators in Nigeria based on work experience ( $\chi^2 = 2.593$ ,  $P = .407 > .05$ ). Since the p-value was greater than .05 level of significance at 2 degree of freedom, the null hypothesis of no significant difference was therefore not rejected. This implies that no significant difference existed in the knowledge of HP among health educators in Nigeria based on work experience.

**Table 6: Summary Of Chi-Square ( $\chi^2$ ) Analysis of No Significant Difference in the Perception of Health Promotion among Health Educators in Nigeria Based on Work Experience.**

Perception of HP	< 5 years (n=28)		5 – 10 years (n=12)		Above 10 yrs (n=30)		$\chi^2$ <sup>cal</sup>	df	p-value
	True	False	True	False	True	False			
	O E	O E	O E	O E	O E	O E			
Health promotion is a WHO initiative	0 1.2	28 26.8	2 .5	10 11.5	1 1.3	29 28.7	5.804	2	.055**
The charter for health promotion was issued in 1986	24 24.4	4 3.6	10 10.5	2 1.5	27 26.1	3 3.9	.425	2	.809**
The first global conference on HP was hosted by Canada	10 12.4	18 15.6	4 5.3	8 6.7	17 13.3	13 16.7	3.281	2	.194**
HP has evolved as a professional discipline across the world.	8 11.6	20 16.4	3 5.0	9 7.0	18 12.4	12 17.7	7.506	2	.023*
<b>Overall <math>\chi^2</math></b>							<b>4.254</b>	<b>2</b>	<b>.270**</b>

Table 6 shows the overall chi-square value with the corresponding p-value for hypothesis of no significant difference in the perception about HP among health educators in Nigeria based on work experience ( $\chi^2 = 4.254$ ,  $P = .270 > .05$ ). Since the p-value was greater than .05 level of significance of 2 degree of freedom, the null hypothesis of no significant difference was therefore not rejected. This implies that no significant difference existed in the perception about HP among health educators in Nigeria based on work experience.

## Discussion

The findings of this study as shown in table 1 revealed that health educators in Nigerian institutions of higher learning had moderate level of knowledge (50.5%) of health promotion. This finding was unexpected and therefore surprising. It shows the unpreparedness of the health educators to carry out manpower development as expected of them in the National Health Promotion Policy. The implication is that even if HP is made a separate discipline in higher institutions, health educators in those institutions will not be adequately qualified to teach it. However, the finding that they possess very high knowledge (98.6%) on health promotion being a professional discipline across the world may indicate that they would readily accept the idea of developing health promotion as an academic discipline in higher institutions of learning across the country. The finding that was in line with the revelations of Federal Ministry of Health (2007) that the charter for Health Promotion was issued in the year 1986 by World Health Organization-WHO initiative, and it was the first international conference called the Ottawa charter for health promotion held in Canada on 21<sup>st</sup> November, 1986; and WHO (2013) that over 7 global conferences have been held so far, and Kenya is the only African country that has hosted Health Promotion global conference.

The health educators' perception of health promotion was moderately right (44.3%) as shown in table 2. This is not good enough especially the fact that majority of the respondents as shown in the table had wrong perceptions about who is qualified to practice health promotion. It is difficult to trust somebody with wrong perception of a concept to successfully educate or train others on it. Even though there was no significant difference in the health promotion perception by the respondents with regards to work experience ( $\chi^2 = 2.593$ ,  $P = .407 > .05$ ), data in table 3 indicates that health educators with 5-10 years had more true perception than the others. The finding was in line with the suggestion of International Union of Health Promotion and Education (IUHPE) & Canadian Consortium for

Health Promotion Research (2007) that urgent and sustained action is, therefore, required to strengthen the capacity of academic health promotion. Also, the hypothesis shows that there was no significant difference in their perceptions of HP with regards to work experience. What this means is that the need for improved knowledge and perception of HP cuts across all levels of work experience.

### Conclusions

Based on the findings of the study, the researchers concluded that health educators in Nigerian higher institutions had average knowledge and perception about health promotion. Health. All health educators in higher institutions in Nigeria irrespective of years of experience need training in HP to prepare them to adequately handle academic health promotion.

### Recommendations

Based on the findings, discussion and conclusions drawn, the following recommendations were made:

1. Government in collaboration with line ministries, private sectors, NGOs and other stakeholders should sponsor intensive training/workshop on health promotion for health educators at various levels of education so as to improve their knowledge and equip them to play the required role in making health promotion adequately functional in the country and achieving desired goals.
2. Health promotion should be offered in academic institutions as a separate programme or in combination with health education to assist in better achieving its objectives. Therefore, programme planners and policy makers should also incorporate it fully into health curriculum in all levels of health institutes.

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