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Health Education Services in the Selected District Hospitals: Service Providers and Service Receivers Perspective

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ABSTRACT:

This descriptive cross-sectional study was carried out for one year in two district hospitals under Dhaka division among 71 service providers and 135 service receivers with the aim of assessing the status of health education services in district hospitals from both service receivers and service providers' perspective. Data was collected from the respondents through face-to-face interviews using a pretested semi-structured questionnaire. The study revealed that health education was provided in the district hospitals mainly by nurses (78.9%), followed by physicians (14.1%) and health education officers (7.0%). Among them, 54.9% were trained in health education. They were providing health education on environmental and personal hygiene, food and nutrition, immunization, diarrhoea, breast feeding, antenatal care, postnatal care, tuberculosis and pneumonia through different methods. In spite of having limitations on health education support services, most of the service receivers were satisfied with the cooperation as well as the media or methods of health education used by the service providers during health education sessions. The findings of this study may be useful for the improvement of the health education service status in the district level hospitals.

KEYWORDS : Health education, Service providers, Service receivers, Hospital.

INTRODUCTION:

Health education services are the most important issues to develop the overall health services for the people of Bangladesh. Many unwanted health related diseases and events can be prevented as well as controlled by effective health education services. Health education is a profession of educating people about health, which encompass a large area including environmental health, physical health, social health, emotional health, intellectual health and spiritual health.[1,2] The main objective of health education service is to preventing disease, promoting health and rational use of health service facilities and resources. District Hospitals are the secondary level referral hospitals responsible for delivering comprehensive secondary health care services to the people in the respective district. It has both outdoor and indoor services embedded with curative, preventive and social services. Bangladesh has 64 districts and 63 districts have a district hospital with multiple service delivery units with an indoor, outdoor and also emergency services capacity varying from 100 - 250 beds. Along with the curative services district hospitals provide health education services as preventive and social services, which might play vital role to prevent diseases and health hazards in the community people. Health literacy is an outcome of effective health education which is extremely important to prevent health hazards and for the maintenance of basic health.[3] Health Education and promotion strive to maximize welfare at the population and community level with a focus that spans from epidemiology, prevention of communicable and non communicable disease, maternal and child health to environmental health, emergency preparedness, protection from hazards, health administration and quality assurance. [4] In the developing countries due to the lack of proper health related knowledge people are suffering

from various types of diseases which can be prevented and controlled. This study tried to assess the status of health education services in the selected district hospitals from service receivers and service providers perspective to address for further improvement that may be helpful for the health managers and/or policy makers in upgrading the future program planning and policy formulation.

MATERIALS AND METHODS:

A descriptive type of cross sectional study conducted for one year duration with the aim to assess the status of health education services in the district hospitals from the health education service providers and service receivers point of view. A total 71 health education service providers and 135 health education service receivers were selected purposively form two district hospitals under Dhaka division named Munshigonj General Hospital, Manikgonj Sadar Hospital and the respondents were interviewed with a semi structured questionnaire. The questionnaire focused on the types, methods of health education services, status of health education support services from service receivers and service providers point of view. After developing the questionnaire was pre tested for necessary modification and finalization. Through proper checking and editing the collected data were analyzed with the help of SPSS software (Version 21) on the basis of study objectives and the results were presented in tabular and graphical form. Ethical clearance was obtained from the Institutional Review Board (IRB) of National Institute of Preventive and Social Medicine (NIPSOM). Prior to the study, a written permission was taken from the concerned authority of the hospital and verbal consent was taken from the respondents to conduct the study. Maintenance of confidentiality was assured by the researcher.

Table 1: Socio demographic and occupational characteristics of health education service providers

[N=71]

Socio demographic and occupational characteristics		N(%)
Age group (in years)	≤ 39	28 (39.4)
	40 – 49	41 (57.8)
	≥ 50	2 (2.8)
	Mean (± SD) : 41.6 (±4.6), Range : 30 – 55 years	
Sex	Male	22 (31.0)
	Female	49 (69.0)
Professional designation	Physician	10 (14.1)
	Nurse	56 (78.9)
	Health education officer	5 (7.0)

Table 1 shows the mean age of health education service providers was 41.6 (±4.6) years with range 30 – 55 years, majority 49 (69.0%) were female, more than one third 56 (78.9%) were nurse.

Table 2: Socio demographic characteristics of health education service providers [N=135]

Socio demographic characteristics		N(%)
Age group (in years)	≤ 29	21 (15.4)
	30 – 39	42 (31.1)
	40 - 49	48 (35.5)
	≥ 50	24 (17.8)
	Mean (± SD) : 38.9 (±10.8), Range : 24 – 61 years	
Sex	Male	42 (31.1)
	Female	93 (68.9)
Religion	Islam	110 (82.0%)
	Hindu	25 (18.0%)
Place of residence	Urban	55 (40.7%)
	Rural	33 (24.4%)
	Suburban	47 (34.8 %)
Monthly family income (in taka)	≤ 20000	67 (49.6%)
	20001 - 30000	49 (36.3%)
	>30000	19 (14.0%)

Table 2 shows the mean age of health education service receivers was 38.9 (±10.8) years with range 24 – 61 years, majority 93 (68.9%) were female, 110 (82.0%) were Muslim, less than one third 55 (40.7%) were urban resident.

Table 3: Training status of health education service providers

Training status		N(%)
Training on health education	Received training	39 (54.9)
	Not received any training	32 (45.1)
Duration of training	≤ 3 days	5 (12.8)
	4-7 days	28 (71.8)
	>7 days	6 (15.4)
Subject of training on health education (*Multiple response)	Environment and personal hygiene	4 (10.2)
	Food and nutrition	7 (17.9)
	Immunization	14 (35.8)
	Antenatal care	17 (43.5)
	Post natal care	10 (25.6)
	Breast feeding	32 (82.0)

Table 3 shows almost half 34 (54.9%) service providers received training, among the training receivers majority 28 (71.8%) received 4-7 days training, among the subjects of training on health education breast feeding was highest 82.0%, followed by antenatal care, immunization, post natal care, food and nutrition, environment and personal hygiene.

Figure 1 : Subjects of health education provided by the health education providers to the health education receivers (Multiple response)

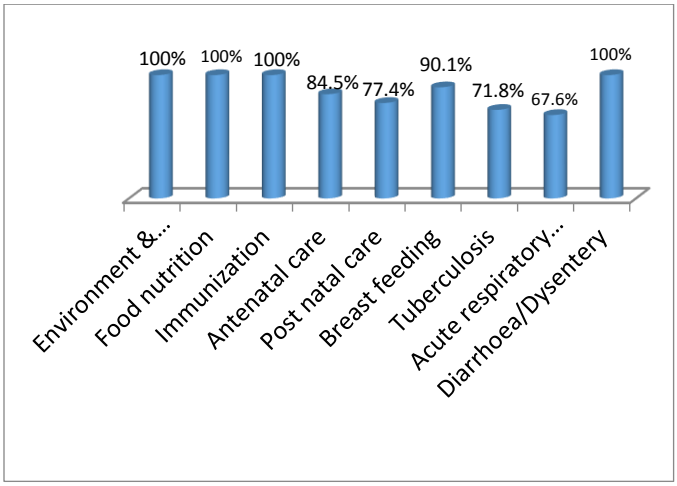

Figure 1 shows that all the health education providers provided health education on environment and personal hygiene, food and nutrition, immunization. Other subjects of health education provided were breast feeding (90.1%) followed by antenatal care (84.5%), post natal care (77.4%), tuberculosis (71.8%) and acute respiratory infection / pneumonia (67.6%).

Table 4 : Status of health education support services in the hospital [N=71]

Health education support service		N(%)
Availability of manpower	Available	4 (5.7 %)
	Not available	67 (94.3%)
Availability of fixed room/ place	Available	30 (42.2%)
	Not available	41 (57.8%)
Availability of furniture/logistic support	Available	58 (81.7%)
	Not available	13 (18.3%)

Table 4 shows health education support services from service providers perspective. Majority 67 (94.3%) service providers responded unavailability of manpower, 41 (57.8%) responded unavailability of fixed room or place, but majority 58 (81.7%) responded about the availability of furniture / logistic support of health education service.

Table 5 : Methods used for providing health education

Methods for providing health education	N(%)
Interpersonal communication	71 (100.0%)
Group discussion	16 (22.5%)
Flip chart	2 (2.8%)
Posters	60 (84.5%)
Lecture	4 (5.6%)
Audio aid	5 (7.0%)
Audio visual aid	21 (29.5%)
Multimedia	3 (4.2)

*Multiple response

Table 5 shows all the service providers used the method interpersonal communication for providing health education, other methods used to provide health education was posters (84.5%), followed by audio visual aid (29.5%), group discussion(22.5%). The least used method was flip chart (2.8%) for providing health education.

Table 6 : Satisfaction of service receivers regarding health education services

[N=135]

Satisfaction regarding health education services	Highly satisfied n(%)	Satisfied n(%)	Dissatisfied n(%)
Environment	50 (37.0)	63 (46.7)	22 (16.3)
Media or method of health education	47 (34.8)	79 (58.5)	9 (6.7)
Co-operation of service providers	49 (36.3)	78(57.8)	8 (5.9)

Table 6 shows almost half 63 (46.7%) service receivers satisfied regarding the environment, also more than half found satisfied regarding media or method used for health education and the environment. Where as a least portion of service receivers found dissatisfied regarding the different services of health education.

DISCUSSION:

Present study assessed the status of health education services in district hospitals from the service providers as well as the service receivers point of view. In two district hospitals this study conducted where almost equal number of service providers and equal number of service receivers interviewed from each hospital. Among the service providers it was found that majority (69.0%) were female, the mean age was 41.6 ± 4.6 years, more than half (57.8%) were in 40-49 years age group. On the other hand among the health education service receivers the mean age found 38.9 ± 10.8 years, which was almost similar with the study conducted by Khatun[5], majority 68.9% service receivers were female. The health education service receivers were from different areas, but the highest percentages (41.0%) were from urban area. In order to fully understand the health education delivery system in Bangladesh, it must find out the wider context about the health education providers. This study finds that, the health educations are mainly provided by the nurses (78.9%), followed by physicians (14.1%) and a small portion (7.0%) by the health education officer. More than half of them (54.9 %) received training on health education. With respect to the

health education service delivery system in the district level hospitals, the personnel required for providing health education are inadequate**.** Also above half (58.0%) of the health education providers responded that, there are no fixed room/place for providing health education. However, the furniture and logistic supports for providing health education services were found inadequate in number**.** Instruments / aids or methods have a large impact on the health education. Most of the times these play an important role as well as make a bridge between health education provider and health education receiver. The health education providers always try their level best to understand and solve the patients issues. In a district level hospital of Bangladesh the health education providers use different types of aids/ instruments or methods including interpersonal skills, group discussion, poster, television, leaflets, flipchart as well as multimedia during health education session. The highest used method for providing health education was interpersonal communication followed by posters (84.5%). The least used method for providing health education found flip chart (2.8%). Though there were some problems faced by the service providers as well as the service receivers on providing and receiving health education service, but most of the service receivers expressed their satisfaction with the cooperation as well as the media/methods used by the health education provider during health education session. In the study conducted in National Institute of Cardiovascular Diseases Hospital (NICVD), only 40% patients expressed their satisfaction with health care service they received from this institute.[5] This difference in satisfaction might be due to the difference in nature of service delivery and difference in expectation of care from the receivers; the patients in the present study are general patients and they were receiving health education as additional service, while in the NICVD study the service receivers were cardiac patients and they were mostly of in urgent need of service.

CONCLUSION:

Present study addressed some of the service aspects as well as lack of personnel regarding health education services in district hospitals. Very minimum percentages of designated supportive manpower found for providing health education service, where as the health education service mainly provided by nurses, followed by physicians and health education officers. The service providers were providing health education mainly on environment and personal hygiene, food and nutrition, immunization, diarrhoea, breast feeding, antenatal care etc through different methods, even though a noted portion among the service providers didn't receive any specific training regarding health education. The service receivers were mainly urban resident and majority of them found satisfied different aspects of health education services provided in the hospital, though the service providers reported the shortage of health education support services in the hospitals. The findings of this study may be useful for the improvement of the health education service status in the district level hospitals.

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