Evaluation of Health Education Services at Primary Health Care Centers in Kirkuk Governorate

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المستخلص

الهدف: تقويم خدمات التربية الصحية في مراكز الرعاية الصحية الأساسيةِ في محافظة كركوك.

المنهجية: دراسة وصفية تقويمية وقد تم اختيار عينة عشوائية (بسيطة) قوامها (٣٨٤) فردا ونتيجة لأختلاف الديموغرافية للعينة المدروسة و تنوعها فقد كانت الحاجة الماسة أستبانات موزعة كألاتي الاستبانة الأولى لدراسة هيكلية الإدارة والبناية التي تقدم فيها خدمات التربية الصحية وقد شملت المراكز الصحية من كل قطاع للرعاية ألصحية الأساسيةِ في محافظة كركوك وبلغ المجموع هذه العينة (٣٢) مركز للرعاية الصحية الأساسيةِ. أما الاستبانة الثانية فكانت لدراسة الملاك العامل في مجال خدمات التربية الصحية وقد شملت الدراسة الصفات الديموغرافية والأجتماعية لهم والرضا والقبول ومشاركاتهم في دورات التدريب والتطوير وأهم النشاطات والواجبات المناطة بهم وبلغ مجموع هذه العينة (٣٢) مثقفا" صحيا". وعلى غرار الاستبانة الثانية كانت الاستبانة الثالثة لدراسة شريحة المستفيدين من خدمات التربية الصحية وقد شملت دراسة الصفات الديموغرافية والاجتماعية للمستفيدين في مراكز الرعاية الصحية الأساسيةِ ومدى الرضا والقبول ومشاركاتهم في نشاطات المركز الصحي وحضور ندوات التوعية والتثقيف وبلغ مجموع هذه العينة (٣٢٠) المستفيدين من هذه الرعاية .

النتائج : أظهرت عملية تحليل البيانات للدراسة الرضا والقبول للمستفيدين ومشاركاتهم في دورات التدريب وتطوير خدمات التربية الصحية في مراكز الرعاية الصحية الأساسيةِ . وبينما أشارت النتائج إلى حول الهيكلية الإدارية بأن هناك تفاوت في توزيع المراكز الصحية حسب الرقعة الجغرافية مما سبب عدم استيعاب بعض المراكز الصحية لأعداد المراجعين لها وهناك تفاوت بين رضا وعدم رضا إدارات المراكز الصحية حول التمويل المالي وطريقة وصول الأموال، أما بنايات المراكز الصحية هي الأخرى كانت دون المستوى المطلوب فعدم كفاية الغرف كانت مشكلة عانت منها إدارات المراكز الصحية إضافة إلى عدم وجود مكتبة أو قاعة محاضرات أدى إلى ضعف وانعدام أدوات التدريب والتطوير الندوات التثقيفية والتوعية الصحية لخدمات التربية الصحية في مراكز الرعاية الصحية الأساسيةِ.

التوصيات: أوصت الدراسة بإنشاء مراكز الرعاية صحية جديدة لتقليل الزخم عن المراكز الصحية التي تعاني أصلا" من كثافة سكانية عالية. التأكيد على إنشاء غرف كافية لبقية المراكز الصحية وإضافة مكتبة وقاعات دراسية وأوصت الدراسة بإعطاء اهتمام بجانب تجهيزَ الأدوات الضَّرُورية للتدريب والتطوير توسيعها لتَلْبِية حاجاتِ المجتمع المُتزايدةِ من المحاضراتِ ودعمِ إستراتيجياتِ التربية الصحية في المراكز الصحية وخلق جو ايجابي لإعطاء المحاضرات والندوات التثقيفية لزيادة التوعية الصحية للمستفيدون من خدمات الرعاية الصحية الأساسيةِ في محافظة كركوك.

Abstract:

Objectives: To evaluate health education services at primary health care centers in Kirkuk Governorate.

Methodology: A descriptive (evaluative) study a simple random sample of (384) person is selected through the use of probability sampling approach. The sample of study is divided into three groups which include (320) consumers, (32) health educators and (32) organization structure (in the (32) primary health care centers). They are comprised of three questionnaires and overall items included in these questionnaires are (157) items. The study included assessment of organization structure, such as work place, material, resources, and workforce, demographic characteristics of care providers and consumers and activities and duties of providers. Interviews are conducted with directors of primary health-care centers, consumers and health educators.

Results: The findings of the study indicate that there is over- load of target population on primary health care centers, poor designed building, program statistical and data reporting system was poor, decrease core financial support and inadequacy of funding for primary health care centers, there is increased demand and decreased supply of primary health care health educators and Poor of strategies of training and development for health educators and poor health education lectures for consumers in primary health-care center .

Recommendations: The study establishment of buildings for primary health care centers according to the numbers of consumers within the geographical area. A Primary care system must grow and be nourished. Health educators need to be expanded to meet growing community needs, once in place, must be supported so it can continue and thrive for program reporting use to project the supply of health educators and support of strategies of health education for consumers.

Keywords: **health education services, primary health care**

Introduction:

Primary care places emphasis on preventive care. Primary health care uses a holistic approach. It is driven by the health care needs of individual communities and maximizes the potential use of all available health resources(1).There is an old saying that 'Health is wealth'. It is also well said that "prevention is better than cure". Hence, it is imperative to educate the society about the health to promote health and prevent disease and to prevent premature death and disability. Health education is an education that helps families, children and staff engage in safe and healthy behaviors (2). Health education is an essential component of any strategy to promote the health of the community. Health education services are an essential element of health care as their goal is to improve health behaviors that enhance well being. The role of health education has been the subject of considerable discussion and has become a profession on its own merit. (3).Health Education is Defined as: any combination of planned learning experiences based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions (4).In the past, health education was used as a term to encompass a wider range of actions including social mobilization and advocacy. Health education encourages behavior that promotes health, prevents illnesses, cures diseases and facilitates rehabilitation (5) .Health education is a tool which enables people to take more control over their own health and over the factors which affect their health. Evaluation in Health Education tools for individuals, groups, and programs in health education focus on methods for selecting instruments and collecting data. The aim of the evaluation is to make the differences visible and understandable. Achievements, barriers and challenges in the implementation process (6).In fact, the terms health promotion and health education are often used interchangeably in the United States. In some countries, such as Australia, although the term health education is used most often. It is to influence both individuals and their social environments, in order to improve health behavior ,enhance health ,quality of life and might include some forms of opportunistic health education to encourage a client towards better health (7).Health education is an effective tool that helps improve health in developing nations. It not only teaches prevention and basic health knowledge, but also conditions ideas that re-shape everyday habits of people with unhealthy lifestyles in developing countries (8).Health education professionals working all over the world in a variety of settings, including schools ,worksites,nongovernmental organizations (including voluntary health organizations), medical settings, and communities (9).This study is the first in the Kirkuk Governorate that aims to determine

priority health issues and to identify the groups of people (target groups) to whom future health education program should be addressed. It is also used as the basis for selecting the media most appropriate for each health issue and to each group. The researcher believes that the most appropriate study is first to find out the evaluation of health education services at primary health Care centers in Govermarate Kirkuk.

Methodology:

Design and Settings of the Study

A descriptive evaluation study is using a quantitative design conducted on primary health care centers in Kirkuk Governorate. as being divided into (6) health sectors according to the Ministry of Health Directorate of primary health care. A total of (32) primary health care centers are selected for the purpose of the study (Table 1).

Sample and instrument of the Study

A simple random sample of (384) subject, it is selected throughout the use of probability sampling approach (an extensive review of relevant literature a questionnaire). It was comprised of three parts and overall items included in the questionnaire were (157) item

a. Organization

The questionnaire is consists of the following:

Part I: This part contains information about building, rooms, material and health education services supplies,

Part II: This part is concerns with the workforce assessment and composed of standards for material and actual staffing.

b. Health Educators

The questionnaire includes the following:

Part I: This part contains information about socio-demographic characteristics of health educator staff which includes age, sex, educational level and experience at health education services.

Part II: This part about training and development.

Part III: This part about working conditions.

Part IV: This part about duties and activities of the educator staff.

c. Consumers

The questionnaire is consists of the following:

Part I: This part is comprised of information about socio-demographic characteristics of clients which include age, social state and educational level.

Part II: This part is related to health education (lecture).

Part III: This part is about satisfaction and acceptance of the consumers for health education services.

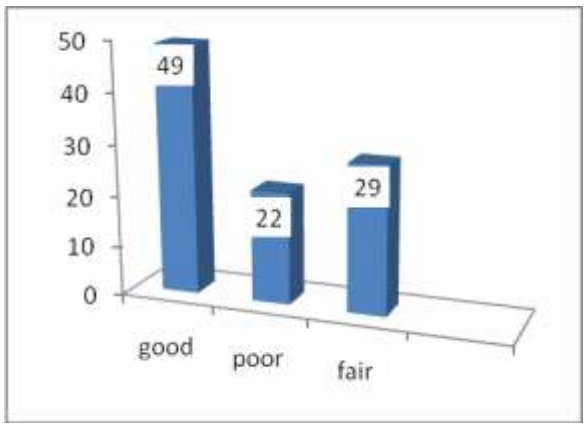
The questionnaire provided a three-point scale: (1) Poor, (2) Fair, (3), good

Results of the Study:

Table 1. Distribution of Settings and Sample Size of Kirkuk Health Directorate for the Study

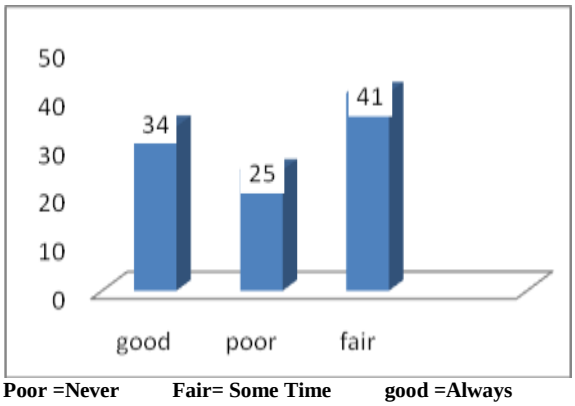
Directorate	Primary HealthCare Sector name	Primary Health Care Center name	Structure	Health educator	Consumers
Kirkuk	Kirkuk I	Rahem Awa(Training)	1	1	10
		Baglar	1	1	10
		Tasaen(Specialty Training)	1	1	10
		Al-Wasty (Specialty)	1	1	10
Kirkuk	Kirkuk II	Qara Hanjer (Emergency-Delivery Room)	1	1	10
		Hawkary(Specialty)	1	1	10
		AL-Tiakhy(Specialty)	1	1	10
		Hay AL-Hujaj(Specialty)	1	1	10
Kirkuk	AL-Dabas	AL-Dabas(Emergency-Delivery Room)	1	1	10
		Copary(Emergency-Delivery Room)	1	1	10
		Colwzay	1	1	10
		Hasar	1	1	10
		Shwan(Emergency-Delivery Room)	1	1	10
		kalwar	1	1	10
Kirkuk	Daqwq	Taza(Emergency-Delivery Room)	1	1	10
		Daqwq	1	1	10
		Haftgar	1	1	10
		Twbzawa	1	1	10
		Abadl Ganm	1	1	10
		Baelo	1	1	10
Kirkuk	AL-Haweja I	AL-aBAsia(Emergency-Delivery Room)	1	1	10
		AL-zab(Emergency-Delivery Room)	1	1	10
		Tall Ali	1	1	10
		Khareb	1	1	10
		Al-Zarareh	1	1	10
		Al-Sabxea	1	1	10
Kirkuk	AL-HawejaII	AL-Haweja	1	1	10
		AL-Reaiz(Emergency-Delivery Room)	1	1	10
		AL-khan	1	1	10
		Al-Sadwna	1	1	10
		HAW Al-sufan	1	1	10
		Martia	1	1	10
Total	6	32	32	32	320

The results of the data analysis are presented throughout this figure. These results are organized as follows:



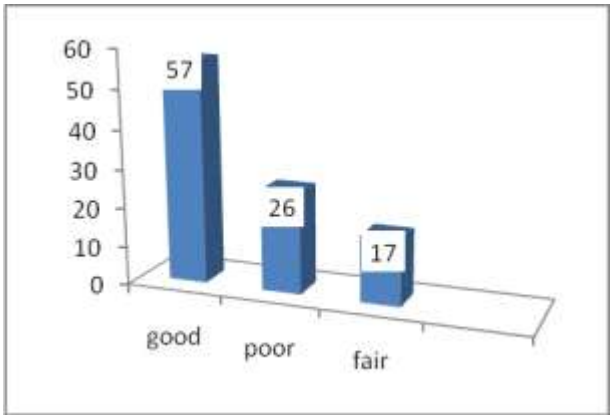
Poor =Never Fair,= Some Time ,good =Always

Figure 1. Determination of Assessment of Organization Structure



Poor =Never Fair= Some Time good =Always

Figure2. Determination of level Health Education in the Primary Health Care Centers



I am Satisfied =good Neutral = poor I am not Satisfied=fair

Figure 3. Determination of Consumers' Satisfaction and Acceptance of Health Education

Table 2. Distribution of the Consumers' Demographic Characteristics

Gender	Frequency	Percent	M.S.	Sig.
Male	129	40.3	1.59	S
Female	191	59.7		
Total	320	100.0		
Marital status:	Frequency	Percent		
Single	52	16.3	2.00	H.S
Married	219	68.4		
Widowed	46	14.4		
Divorced	3	.9		
type of work (occupation):	Frequency	Percent		S
Staff	181	56.6	1.60	
house wife	88	27.5		
worker	46	14.4		
student	5	1.6		
Total	320	100.0		
Age of clients (years)	Frequency	Percent		H.S
≤20-	11	3.4	2.86	
21-30	118	36.9		
31-40	115	35.9		
41-50	58	18.1		
51-60	16	5.0		
61 ≥	2	.6		
Total	320	100.0		
Education	Frequency	Percent		H.S
Unable to read nor write	14	4.4	5.06	
read and write	16	5.0		
Graduate of primary school	53	16.6		
Graduate of middle school	25	7.8		
High school graduate	58	18.1		
Diploma	103	32.2		
Bachelor	51	15.9		
Total	320	100.0		

M.S.: Mean of Scores, H.S.: Highly Significant , S : Significant , Sig. : Level of significance

The distribution of consumers demographic characteristics has indicated that the majority of them were female (59.7%), married (68.4%), age is between(21-30)and (31-40) years the total them as (72.8%) years , staff (56.6%) ,and education level is diploma (32.2%).

Table 3. Distribution of the Health Educators' Demographic Characteristics

List	Demographic Characteristics	Frequency	Percent	M.S.	Sig.
	Male	29	90.6		
	Female	3	9.4		
	Total	32	100		
2	health educators Age(years)	F	%	3.25	H.S
	21-30	8	25.0		

Table 3.Continued

	31-40	12	37.5		
	41-50	8	25.0		
	51-60	4	12.5		
	Total	32	100%		
3	level of education	F	%	5.96	H.S
	Graduate middle school junior	1	3.1		
	High school graduate	7	21.9		
	Diploma	19	59.4		
	High diploma	2	6.3		
	Bachelor	3	9.4		
	Total	32	100.0		
4	Years of Employment	F	%	2.93	H.S
	1-5	4	12.5		
	6-10	15	46.9		
	11-15	5	15.6		
	16-20	2	6.3		
	21-25	4	12.5		
	26- 30	2	6.3		
	Total	32	100.0		

F:Frequency, %:Percent ,M.S.: Mean of Scores, H.S.: Highly Significant ,N.S :non- Significant, Sig. : Level of significance

The distribution of the demographic characteristics had revealed that the majority of health educators is male (n=29;90.6%), Age health educators is(31-40) (n=12;37.5 %) years, the majority of health educators had diploma degree graduates (n=19; 59.4%) and the years of employment at health education services is (6-10) year(n=15;46.9%) .

Table 4. Determination of Health Education Services

Level Variables	**Poor 30-35**		**Fair 36-41**			**Good 42-**		**Total**
Organization Structure	F	%	F	%	F	%	F	%
	7	22	9	29	16	49	32	100
Health Education	Poor 35-45		Fair 46-56			Good 57-		Total
	F	%	F	%	F	%	F	%
	8	25	13	41	11	34	32	100
Consumers	Poor 10-20		Fair 20-30			Good 31 -		Total
	F	%	F	%	F	%	F	%
	115	26	55	17	150	57	320	100
Total	3 84							

F=Frequency, %=Percent

The results out of this table as the health education services presented that most of the organization structure was good (49%), Health educator was Fair (41%), and consumers were good (57%).level of health education services at primary health care centers in Kirkuk Governorate.

Discussion:

The demand for health care can often outstrip available resources and it is not easy to satisfy the competing priorities of different individuals and groups. Thus, each country has to make hard decisions about priorities. Our study is the first in the Kirkuk Governorate that assess future needs and planning of health education programs. It uses a combination of top-down and bottom-up approaches, involving key people in public health services together with a representative sample of the general public.

1. Assessment of Organization Structure

Analysis of this assessment depicts most of primary health care centers Concerning the availability of financial resources, half the primary health care centers acquire fair as centers , and the funding commensurate is unsuitable with the health education requirements for most of health centers and available the building of health centers are designed originally as a health center for the majority of such centers and, un available the rooms specified ,libraries ,low Data show to view the health education activities, different kinds of display screens that are complementary to each display the previous, except the television viewing and, available the devices view the activities the accessories of health education activities such as publications, posters, educational brochures, films and the computers specified for documenting the records of customers of health education. The sources of electric power on an ongoing basis at most of such centers and chair in the room of health education services are enough at half centers, and inadequately the human resources (as health educators) are existing at the majority of such centers. The buildings of primary health care centers depicts there are available different types of posters to be used (inside and outside) the buildings and the white boards "blackboards'' and different kinds of the modalities of presentations is the most available type of boards that are available in the half of the centers and T.V. Video Unit is the most available display device for use more of primary health care centers that shows (Figure 1).

Health center provides services at times and locations that assure accessibility and meet the needs of the population to be served [(11)]. Health education approaches which could be useful to governmental and non-governmental organizations working in resource poor, rural settings of developing countries [(12)].The target of the health education services or organizational unit's activities is the consumer, therefore, evaluating the consumer's perception of the services received should serve as an indicator of the quality and quantity of the services, even though these services are provided by the health care provider [(13)].

The effectiveness of health education units is multi-factorial and depends on many variables, such as commensurate for suitable, specified room, publications, posters, educational brochures and films.

The level of accessibility and availability of the services to the target population and the level of participation and the compliance of the health care providers and consumers with health education programs [(14)].

2. Assessment of Providers (health educator)

Assessment of provider's demographic characteristics for health educator in the study. The health educator consists of 90.6% male and 9.4% female that shows less number of female as health educator in these units or services (for activities and duties of health educators). The average health educator are between the ages of 31-40 years old and 46.9% health educators were had an average length of 10 years experience in related health education unit and 59.4% have diploma as the highest level of education attained. From this outcome, it may be deduced that most of the health educators are qualified to know the importance of research and can be relied on to give reliable information. Therefore the credibility of the data is sustained and the information obtained actually reflects the view of real estate service health educators are shown in (table3and figure 2).

Primary health-care centers maintain a fully health educators inside management team as appropriate for the size and needs of the center [(11)].Health educators are active in preparing new programs and updating them

continuously. However, they have few strategies open to them for increasing satisfaction to the working conditions [15]. Health education by health workers is still seen as an important part of primary health care, although this requires evidence of efficacy [16].

3. Assessment of Consumers

Analysis of consumer's assessment data revealed that the greater number of them (59.7%) was female and (68.4%) married at the time of the study and the age is between (21-40) years(72.8%) consumer's visits to the primary health care centers and increase level of education is diploma (32.2%) degree graduated and year of employment is (6-10) (46.9%) working in the health education unit that is shown (table 2 and figure 3).

Evaluating Consumers satisfaction with Primary Health Care Centers' (PHCCs) services is part of the assessment of quality of care. The results the study showed that although the overall satisfaction was high, some aspects of the services indicated some degree of dissatisfaction. Female and young patients appear to need more attention. Finally, satisfaction is the judgment of the client on the care that has been provided.

The health educator remains a key element in consumer's satisfaction and to determine the relationships [17]. The health care providers in all health plans learning consumers from only one health plan, and they receive health education programs reward health care providers for individual counseling of clients[18].Accessible insight into factors that contribute to consumer satisfaction in health care delivery. The authors found out that relationships characterized by a lecture and caring are the key determinants to consumer satisfaction in health care services [19].

4. Identify the Level of Health Education Services that are Provided at Primary Health Care Centers in Kirkuk Governorate that is shown (Table4).

The health education services were determined through assessment of their components as being statistically examined. The analysis indicated that health education services were determined as good for almost two of organization structure, consumers, and Fair ones for almost two of health educator. The most important to be employed in future health education. The national coordinator usually cooperated with other parts of the organization in order to train health care providers and implement the program. In these health education units, there was no direct access of the health educators to the target population.

Evaluating health education units should provide an overall view of their impact in contrast to the evaluation of a specific program. Data on activity can be gathered from the health educators, health care providers, such as physicians and nurses, or directly from the target population the consumers [18].Health education approaches are systematic, participatory in nature, need-based, focused on the target audience and required local resources [20]. Actually mean that the health educators develop health education programs, but many health care providers have not yet implemented it. An important step in effective communication is being able to remember the message [18].Data analysis for this association depicted that health educator and consumers, activities, duties, training and development had been influenced by their age and employment of health educator who were working in the health education units. A variety of socio-demographic characteristics such as gender, age, marital status, the levels of educational, and employment characterize health education audiences. These factors, while generally not modifiable within the bounds of health education programs, are useful in guiding the tailoring of strategies and educational material and identifying channels through which to reach consumers [10].

Recommendations:

The study recommends the following;.

1. Establishment of buildings for primary health care centers according to the numbers of consumers within geographical area, taken into accounts the global standards and sustainability.

2. Good design features of the buildings and availability of tools and instruments according to the needs of primary health care

centers such as length measure for computer and library of in the centers.

3. Supplying of health educators and providing adequate funding for programs to increase the size of the primary health care.

4. Supporting strategies of training and development for (health education services).

5. Increase core financial support for primary health care. Health educators' needs to be expanded to meet growing community needs, this health educator, once in place, must be supported so it can continue and thrive.

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