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Health Education and Promotion Primary Health Care (PHC) in Nigerian

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Abstract: Background: Health education and health promotion are fundamental pillars of the primary health care (PHC) system in Nigeria, designed to empower individuals and communities to take charge of their health and address the broader social determinants of well-beingObjectives: This study examines the integration, execution, and effectiveness of health education and health promotion initiatives within primary health care facilities in Nigeria, identifying core challenges and exploring pathways for optimization. Methods: Utilizing narrative review framework drawing on contemporary literature, policy documents, and field indicators, this study evaluates how health education is operationalized at the grassroots level. It analyzes the interplay between community participation, health literacy, and primary healthcare delivery models across diverse geopolitical zones. Results: Findings indicate that while health education structures exist—primarily delivered through routine immunization, antenatal care, and community outreach by frontline health workers—their impact is frequently constrained. Major systemic barriers include a shortage of financial investments, dedicated and specialized health promotion personnel, infrastructural deficits, and weak multi-sectorial coordination at the Local Government Area (LGA) level. Conversely, facilities that leverage structured community engagement, localized communication channels, and routine staff training report improved health-seeking behaviors and higher disease-prevention compliance among rural and urban populations. Conclusion: Health education remains an indispensable tool for transforming Nigeria's PHC system from a curative-focused model to a preventive, sustainable powerhouse. Strengthening health promotion requires targeted financial investments, continuous capacity building for frontline personnel, and the deep integration of culturally tailored community participation frameworks to achieve Universal Health Coverage (UHC).

Keywords: *Health Education, Health Promotion, Primary Health Care, Public Health, Nigeria, Universal Health Coverage.*

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I. INTRUDUCTION

Health education and promotion are foundational pillars of Primary Health Care (PHC), as established by the 1978 Alma-Ata Declaration and reaffirmed in the 2018 Astana Declaration. While curative care treats existing illnesses, health education and promotion empower individuals, families, and communities to take control of their own health, prevent diseases, and address the underlying social determinants of well-being. (WHO, 1978). It is an action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. Despite being enshrined in national health policies as a core component of the Ward Minimum Health Care Package, a persistent shortage of healthcare professionals and weak health systems, impede its progress toward achieving UHC. (Sarah Sokolabe Yisa, Tolulope Joseph Ogunniyi , Roseline Dzekem Dine, 2025).

- Health Education: Any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes and voluntary behavior. (fasoranti Afolabi Joseph,and Adeyeye,Mayowa Festus, 2015).

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- Health Promotion: A broader concept defined by the World Health Organization (WHO) as the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions. Health promotion is the process of enabling people to increase control over, and to improve, their health.

➢ *Principles in Primary Health Care*

Health education according to WHO 2018 in (Fasoranti, etal 2015) has five major needs in Primary Health Care such as: improve Health, improve Decision making, Fight diseases, fight Misconception, and improve resources in the form of filers with health messages, posters and Pamphlets to create awareness on health services available.

➢ *To be effective within a PHC framework, health education and promotion must adhere to several core principles such as:*

- **E**quity and Social Justice: Programs must reduce disparities and ensure that vulnerable, marginalized, or hard-to-reach populations have equal access to health information and resources.
- Community Participation: Communities must be active partners—not passive recipients—in identifying their health needs, planning interventions, and implementing solutions.
- Multi-sectorial Action: Health cannot be achieved by the health sector alone. Promotion efforts require collaboration with education, agriculture, water and sanitation, local government, and community leadership.
- Cultural Appropriateness: Messages and delivery methods must align with the local culture, language, beliefs, and social norms of the target population.
- Sustainability: Interventions should build local capacity so that health-promoting practices endure long after external project funding or initial campaigns conclude.

➢ *The Ottawa Charter Action Areas in PHC*

The WHO Ottawa Charter for Health Promotion (1986) outlines five major strategies that guide community-level health promotion:

- Build Healthy Public Policy: Advocating for local bylaws and policies that support health (e.g., smoke-free public spaces, safe water policies, clean market regulations).
- Create Supportive Environments: Ensuring that the physical, social, and economic environments make healthy choices the easiest choices (e.g., establishing community water points, shaded resting areas, or safe walking paths).
- Strengthen Community Action: Empowering local groups, women's associations, youth clubs, and village health committees to lead health initiatives and drive social change.
- Develop Personal Skills: Providing individuals with accurate health literacy and life skills through counseling, school health programs, and community workshops to manage chronic conditions, practice hygiene, and recognize danger signs of illness.

Reorient Health Services: Shifting the focus of the healthcare system from purely curative, hospital-based care toward preventive, community-oriented primary care and wellness.These points are re-iterated by (Phyllis O Ogah, Nkolika Uguru, Chinyere Okeke, Nurudeen Mohammed, Oritseweyimi Ogbe, Wende G Ashiverand Muyiwa Aina, 2024) that Providing high-quality PHC depends on well-equipped, adequately staffed, and properly resourced health facilities with the necessary infrastructure, essential medicines, and consumables.

Nigeria's Ward Minimum Health Care Package illustrates a minimum healthcare package defined by several nations. Methods and Delivery Channels at the Grassroots Level Primary health care utilize diverse channels to reach populations effectively:

- Interpersonal Communication: One-on-one counseling during antenatal care (ANC), immunization visits, or home-visiting by Community Health Workers (CHWs).
- Group Education: Health talks at PHC clinic waiting rooms, mothers' meetings, school health clubs, and village square gatherings. This is to improve community participation as stated by Alma-Ata Declaration of 1978 (WHO, 1978) as: the process by which individuals and families assume responsibility for their own health and welfare and for those of the community, and develop the capacity to contribute to their community's development.
- Mass Media and Digital Health: Utilizing local radio broadcasts, community theatre, mobile loudspeakers, and SMS/telemedicine reminders for vaccination schedules and outbreak alerts.
- Participatory Tools: Participatory Rural Appraisal (PRA) techniques, community dialogues, and focus groups that encourage dialogue rather than one-way lecturing. This is similar to a research conducted by (Osahon, 2017), which was to ascertain the awareness of health care training in the community as well as the influence of these trainings on both the health workers and the quality of services they render towards the community in Esan West Local Government Area, Edo state, Nigeria. The finding had it that the primary health care trainings had not been really felt in the community as initiations of these health care programs is to bring about an improvement in the health care delivery services as well as improving the rate of tackling disease conditions in the community.

➢ *Challenges in Resource-Constrained Settings*

Implementing robust health education and promotion programs often faces systemic hurdles:

- Inadequate Funding: Health budgets frequently heavily favor curative drugs and infrastructure over preventive campaigns and community mobilization. Setting aside the country's annual budget of 15% to Healthcare as agreed by the Abuja (2001) Declaration by African (Abuja, 2001)
- Low Health Literacy: Complex biomedical concepts must be carefully translated into accessible, practical local concepts without losing accuracy. The implementation of Health Informatics helps in solving this.
- Cultural Barriers: Deeply entrenched myths, traditional practices, or stigma surrounding certain diseases can

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impede Health behavioral change. There is need for adequate health promotion to health behavioral change.

- Workforce Constraints: Primary health facilities are frequently understaffed, leaving clinical staff with limited time for dedicated community outreach like immunization and education and Health promotion. To assess the feasibility of overcoming needs-based shortages in countries with a value of health worker density below the SDG index value of 4.45 skilled health workers per 1000 population can be implemented (World Uealth Organization, 2016).

II. RECOMMENDATIONS

- Efforts should be made by the stakeholders to improve the quality and use of primary health care in Nigeria by focusing not only on providing better resources, but also on low-cost, cost-effective measures and personnel that can address the process of service delivery in our communities. There should be review of the job descriptions of key field staff in different sectors to ensure that they adequately reflect Health Promotion functions
- Review of curriculum of initial training courses for relevant field health workers so that the health content reflects the needs of the Health Promotion policy.
- There should be reorientation/training of existing field staff in health and other sectors to improve delivery of the Health Promotion component of their work; including a combination of specific workshops on Health Promotion, integrating Health Promotion into on-going programs of continuing education. (Lambo, 2006)
- Review of conditions/scheme of service of specialist Health Educators/ Promoters (Public Health, epidemiologist, etc to take into account their Health Promotion specialist role and the need to elevate their role and improve morale, attract and retain staff.
- Reorientation/training of specialist Health Educators within health and other sectors, NGOs, ministries, media etc. to enable them to implement the Health Promotion approach in inter-sectorial collaboration.

III. CONCLUSION

Health education remains an indispensable tool for transforming Nigeria's PHC system from a curative-focused model to a preventive, sustainable powerhouse. Review of current numbers of Health Promotion specialists at the National, State and LGA remains sacrosanct to the development of Health Promotion services, identifying shortfalls and initiating of measures to fill vacant posts. Strengthening health promotion requires targeted financial investments, continuous capacity building for frontline personnel, and the deep integration of culturally tailored community participation frameworks to achieve Universal Health Coverage (UHC) at the grassroots level.

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