

# A review of the role of modifying factors in health education programmes

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## Introduction

Despite technological advances in health, health problems are still rampant. New health problems such as diseases and drug addiction are emerging while old ones are becoming more complex. In a global effort to reduce health problems, health education is extensively used a primary, secondary and tertiary levels of disease prevention. It is gaining more support today than ever because it is cheaper than treatment. In some situations, it is only reliable measure against incurable health conditions.

The application of health education in health programmes is premised on the philosophy of equipping people with health knowledge and skills to promote their health. Empirical studies on behaviour change have been conducted to expound the relationship between health knowledge and health behaviour. In this paper, a conceptual application of health education in health service delivery is given.

## Health Education

Health education is an integral part of health service delivery. It is defined differently by various authors. Beneson<sup>1</sup> defines it as “the process by which individuals and groups of people learn to behave in a manner conducive to promotion, maintenance or restoration of health”. Bedworth and Bedworth<sup>2</sup> define it as “the sum of all experiences that favourably influence knowledge, attitudes and practice relating to individual and community health”. The common denominator in the two definitions is empowering people in order to develop a sense of responsibility over their own health so that they practice healthful behaviours in their daily lives. This implies that individuals have the responsibility of conducting themselves in a manner that will promote their own health.

In order to develop a sense of responsibility over their health, people need health knowledge and skills. Health knowledge and skills are acquired through health education so as to influence health behaviours of the recipients. This approach is used because health behaviours of individuals are a product of health knowledge and attitudes formed<sup>2</sup>. In other words, the engagement of an individual in health behaviour is based on the health knowledge acquired and health attitudes formed thereof. Acquisition of health knowledge leads to a better understanding of oneself, others and the world around. It also acts as a source of power necessary for everyone to make informed decisions about ones health and participate actively in promoting the health of the community<sup>3</sup>. Promotion of the health of community is achieved by individuals in the community engaging in desirable health behaviours based on sound health knowledge and skills. Studies have shown that better

health knowledge positively influences health behaviours. Vundule and Mharakurwa<sup>4</sup> reported that individuals with better knowledge of malaria causation were likely to comply with malaria control measure – a desirable health behaviour. Similarly, Olanyika and Osho<sup>5</sup> studied men with knowledge of AIDS prevention and those without. They report that men with AIDS prevention knowledge were twice more likely to use condom in every sexual encounter than those without.

Health knowledge does not directly influence health behaviour. There is an interface between health knowledge and health behaviour which is health attitude. An attitude is “a favourable or unfavourable evaluative reaction towards something or someone exhibited in ones belief or intended behaviour”<sup>6</sup>. The attitude formed can either be positive or negative and it predicts the kind of behaviour one is to engage in. The influence of health knowledge on attitude has been demonstrated in experimental studies. Van der Broek et al<sup>7</sup> compared the health attitudes of two groups (experimental and control) towards leprosy. A health education campaign on leprosy was conducted on the experimental group only. At the end of the health education campaign, the experimental group developed a more positive and less stigmatizing attitude towards the disease while the control group remained unchanged. The study demonstrates the influence of health knowledge on health attitudes. Health knowledge acquired through health education influences health attitude which in turn determines the type of health behaviour an individual will engage in<sup>5</sup>. In the leprosy study, health knowledge about leprosy positively influenced the health attitude of the experimental group towards the disease. In general, positive health attitude leads to desirable health behaviour while negative health attitude leads to harmful health behaviour.

## Modifying Factors

As much as health knowledge influences health attitude, it does not guarantee a desirable health behaviour. Positive health attitudes will lead to desirable health behaviours if modifying (enabling) factors are available. Modifying factors are factors that enable an individual to engage in health behaviour. They are prerequisites for converting health attitudes into health behaviours (practices) – the presence of modifying factors facilitate practising desirable health behaviours while the absence of modifying factors deters engaging in healthful behaviour. Modifying factors include individual characteristics, time, skills and financial resources<sup>2</sup>. Individual characteristics include religion, gender, self esteem and socio-economic status. For example, the modifying factors for an individual to engage in safer sex would be the availability and accessibility of condoms, and the knowledge and skills to use the condom correctly. Studies have demonstrated that modifying factors such as individual characteristics have a major impact on health behaviour. Ruel et al<sup>8</sup> compared health behaviours of mothers with maternal health knowledge from different socio-economic groups. Mother with higher socio-economic status were more

likely to practice desirable health behaviour for the benefit of their children than mothers of lower socio-economic status. Stronegger et al<sup>9</sup> report similar findings on the effect of enabling factors in a study of the health behaviours of the general population. They compared the health-seeking behaviour of the general population with mixed social characteristics. They report that gender and educational level (individual characteristics) were the important determining factors of the health-seeking behaviour among the subjects. These studies demonstrate the importance modifying factors in achieving desirable health behaviour in the community.

Given this background, understanding modifying factors of the target population is essential for successful health education programme. Information about modifying factors for health behaviour is embedded in the social characteristics of the target population and epidemiology of the health problem. Such information should be available at the planning stage as it provides the basis for the best approach to the health education programme. The value of such information cannot be overemphasized because failure to do so has led to failure of some health education programmes<sup>10</sup>.

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