

Promoting Quality Family Health Through Adult Education Programme in Udenu, Enugu State

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Key words: Family health, adult education, health education, household hygiene

Abstract: Quality family health is the condition in which family members are able to effectively carry out their duties or responsibilities in the society. Health education programme help individual members of a family to improve household hygiene so as to achieve quality family health. The objective of this study was to assess the extent adult education programmes could promote quality family health in Udenu Local Government Area of Enugu state. Descriptive survey design was used for the study. The 288 respondents from the 3 Adult Education Centers and 1 College of Education in Udenu Local Government Area of Enugu state were used for the study. The study was guided (2) research questions. The data collected from the research questions were analyzed using mean score. Instrument for data collection: A 14 item questionnaire was used to collect data for the study. The instrument was validated by three experts. Cronbach Alpha technique was used to establish the reliability before administrating the instrument to the respondents. Reliability co-efficient of 0.85 was obtained. The findings, among others were that health education could improve household hygiene for achieving quality family health by improves the skill of family members on water purification processes such as chlorination. Adult education programme such as health education have the potential to improve the household hygiene of various families in the society; enabling them to enjoy good drinking water and clean environment which is necessary for achieving quality family health.

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Page No.: 112-117

Volume: 15, Issue 5, 2020

ISSN: 1816-9155

Agricultural Journal

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INTRODUCTION

Quality family health is the condition in which the members of a family are able to effectively carry out their various duties and responsibilities in the family and the society at large. This condition could be achieved when

the family is able to provide its individual members with necessary conditions for enjoying a healthy life such as good food, clothing, shelter, good sense of self-worth and access to good medical care. Family could be defined as a group of people who are related by blood line, marriage or adoption and often live together^[1]. On the other hand,

family health is a state of positive interaction between individual family members which makes it possible for the members of the family to enjoy considerable level of physical, mental and social well-being^[2]. It is necessary to discuss family in relation to the health status of its individual members because individuals first learn about behaviors and patterns of living central to their health through the family system.

More so, the family system serves as a stage for interpreting the relationship between health policies and health-related behaviors such as exercise, diet and smoking. WHO defined family health as the health status of the family as a unit, including the impact of the health of one member of the family on the family as a unit and on individual family members also the impact of family organization or disorganization on the health status of its members. This implies that family health is the ability of members of a family to effectively carry out their responsibilities to the society both collectively as a family unit and as individual members of the society. More so, there are some necessities for achieving quality family health these necessities include ensuring good household hygiene practices.

Household hygiene practices are those actions associated with the protection of health and healthy living of family members. According to Ahmadu *et al.*^[3], household hygiene is a health tool which is used for promoting disease prevention and health promotion among individuals in a family. On another note, poor household hygiene is a big threat to quality family health; it could lead to worm infections, skin infections, fall and slip injuries and other serious health challenges. While good household hygiene helps in creating the perfect environment for maintaining quality family health and well being. Based on this, Musoke *et al.*^[4] noted that about 85% of the disease burden in Africa could be prevented through improved household hygiene especially improved access to good drinking water.

Household hygiene can be improved by educating individuals in a family about basic tips for achieving personal cleanliness through their organized efforts and informed choices. Good household hygiene of individuals in the family can significantly reduce the threats of communicable diseases, thereby improving the overall health of the family^[5]. Therefore, good household hygiene is essential for the prevention of diseases, injuries and other health conditions and ensuring quality family health. Good household hygiene could be achieved by creating awareness in the members of the family on healthy behavior and practices which could save them from diseases and injuries. This awareness can be created through adult education programme such as health education.

Adult education programme is an educational process designed to equip youth and adult members of a society

with adequate skills and knowledge for personal development. Adult education programme involves any form of learning process which members of the society engage in for updated information leading to development in health and other related sectors^[6]. Therefore, for the purpose of this study, adult education programme is an educational activity organized to equip youth and adult members of various families in the society with relevant skill and knowledge to enable them practice good household hygiene for quality family health. Adult education programme which could effectively create awareness on family members about maintaining good household hygiene for quality family health is health education.

Health education is a vital tool of awareness creation on the maintenance of good family health through the promotion of good household hygiene practices. Health education is the educational programme designed to enable people learn how to take proper care of their health and the health of their community by sensitizing them towards proper health behaviours^[7]. This implies that health education help individual members of the family to become aware of the relationship between their hygiene practices and their health. The aim of any health education programme is to raise awareness, improve knowledge and change the attitude of individual members of the society, so as to enable them engage in good hygiene practices which will improve the quality of their health^[8]. Therefore, health education programme equip members of a family with adequate knowledge and positive attitude for making proper hygiene related decisions affecting their health.

There are numerous strategies with which health education could improve the awareness of various families in Udenu Local Government area on proper household hygiene practices for quality family health.

Health education could sensitize various families in the community towards maintaining good hygiene through traditional methods of communication such as town criers, stories, games, drama, songs and dances so as to influence the health behaviour of the people especially those in the rural area^[9]. The use of traditional methods of communication is essential since they do not require understanding that comes with modern education in the majority of instances and motivate the people to change their age long wrong behaviour.

Udenu is a Local Government Area in Enugu state, Nigeria. Udenu Local Government Area is made up of (3) development centers and about communities which are mostly rural communities. The members of the communities in Udenu Local Government Area are predominantly farmers and petty traders while only few are civil servants. There are some factors which challenge the ability of many families to observe proper household hygiene; a significant portion of families in the area do

not have adequate access to good drinking water while other do not have adequate provision for good toilet system among others^[10]. Those without adequate access to good drinking water drink water from sources which are not healthy; some families also practice open defecation. These conditions have threatened the quality of family health in the area and often lead to higher rate of diseases in the area. The government has tried to reduce the rate of diseases and illness in the area by building health centers in most communities; however, the effort has not achieved its desired success because of the poor hygiene behaviour of the people. Therefore, this study seeks to elicit information from the adult facilitators and learners in Udenu Local Government Area, so as to ascertain health education strategies for promoting quality family health by improving household hygiene practices in Udenu Local Government Area of Enugu state.

Objective of the study: The general objective of this study is to assess adult education strategies for improving household hygiene towards the promotion of quality family health in Udenu Local Government Area of Enugu state. Specifically the study sought to:

- Determine the contents of health education for improving household hygiene towards the promotion of quality family health in Udenu Local Government Area of Enugu state
- Determine health education strategies for improving household hygiene towards the promotion of quality family health in Udenu Local Government Area of Enugu state

Hypothesis: The following null hypothesis which were tested at 0.05 level of significance guided the study:

- H_{01} : there is no significant difference in the mean ratings of adult education facilitators and adult learners on the contents of health education for improving household hygiene towards the promotion of quality family health in Udenu Local Government Area of Enugu state
- H_{02} : there is no significant difference in the mean ratings of adult education facilitators and adult learners on the health education strategies for improving household hygiene towards the promotion of quality family health in Udenu Local Government Area of Enugu state

Theoretical framework: The study was based on the theory of planned behaviour propounded by Ajzen^[11]. Kosma^[12] described theory of Planned Behavior as highlighting the relationship between attitudes and behaviors an individual's attitude towards outcomes of a

behavior is an important factor for engaging in that behavior. Theory of planned behavior states that intention as the main and direct determinant of a behavior reflects one's motivation and willingness for behavior.

Based on this theory, the objective of this study is to design an adult education programme (Health Education) which will improve the attitude of the people towards good house hold hygiene behaviours so as to promote quality family life. The relevance of this theory is that the maintenance of good house hold hygiene and family health is dependent on the attitude of the people towards their hygiene and health.

MATERIALS AND METHODS

An action research design was used for the study. Action research design is appropriate for the study as the researchers sought to gather information from respondents in Udenu Local Government Area, so as to assess the strategies for promoting quality family health through an adult education programme in Udenu Local Government Area of Enugu state. This is in line with Meghan^[13] who stated that action research design involves carrying out a study of the situation of a given population and designing theoretical and practical approaches for improving the situation.

The study was conducted in Udenu Local Government Area of Enugu state. Udenu Local Government Area is one of the 17 local government areas in Enugu state with its administrative headquarter in the town of Obollo-Afor. The local government area boasts of many private and government primary and secondary schools, three adult education centers and a college of education (study center). The population of the study comprised (298) respondents made up of (18) adult education facilitators and (280) adult learners from the (4) adult education centers in the Local Government Area. The entire population was used for the study because the number is manageable. The researchers made structured questionnaire titled "Promoting Quality Family Health through Adult Education Programme" (PQFHAEP) was face validated by three experts.

Cronbach alpha technique was used to determine the internal consistency of the questionnaire items and the reliability coefficient of 0.85 was obtained. The respondents were closely guided while they filled the questionnaire. Hence, out of the 298 copies of the questionnaire administered, 288 representing 97% were correctly filled and used for the study while 10 copies (3%) were wrongly filled and was discarded for the study.

The weighted mean was used to answer the research questions. The criterion mean of the scale of the items is 2.50. Any item with a weighted mean

value of 2.50 and above was considered accepted while any weighted mean of <2.50 was considered not accepted.

Data collected were analyzed using mean and standard deviation to answer the research questions while t-test of independent samples was used to test the hypothesis at 0.05 level of significance.

RESULTS

Table 1 shows the mean ratings of the facilitators and adult learners on the contents of health education for improving household hygiene towards the promotion of quality family health. It shows that the mean ratings of both facilitators and adult learners on items 1-7 are within the mean range of 2.50 and 3.49.

This implies that both facilitators and adult learners agree to the statements of the items 1-7 as the contents of health education for improving household hygiene towards the promotion of quality family health. However, the overall mean ratings of 2.86 and 2.92 for the facilitators and adult learners, respectively indicate that the adult learners had higher mean rating than the facilitators:

- H_{01} : there is no significant difference in the mean ratings of adult education facilitators and adult learners on the contents of health education for improving household hygiene towards the promotion of quality family health

Table 2 reveals that there is no significant difference in the mean ratings of adult education facilitators and adult learners on the contents of health education for improving household hygiene towards the promotion of quality family health, $t(286) = -0.499$, $p = 0.618$. Thus, the null hypothesis was not rejected since the probability value of 0.618 is >0.05 level of significance. Hence, there is no significant difference in the mean ratings of adult education facilitators and adult learners on the contents of health education for improving household hygiene towards the promotion of quality family health in Udenu Local Government Area of Enugu state.

Table 3 shows the mean ratings of the facilitators and adult learners on the health education strategies for improving household hygiene towards the promotion of quality family health. It shows that the mean ratings of both facilitators and adult learners on items 1-7 are >2.50 criterion mean. This implies that both facilitators and adult learners agree to the statements of the items 1-7 as the health education strategies for improving household hygiene towards the promotion of quality family health. However, the overall mean ratings of 2.92 and 2.94 for the facilitators and adult learners, respectively indicate that the adult learners had higher mean rating than the facilitators:

- H_{02} : there is no significant difference in the mean ratings of adult education facilitators and adult learners on the health education strategies for improving household hygiene towards the promotion of quality family health in Udenu Local Government Area of Enugu state

Table 1: Mean and standard deviation of the ratings of facilitators and adult learners on the contents of health education for improving household hygiene towards the promotion of quality family health

Items statement	Groups	N	Mean	SD	Remarks
1. Description of water purification processes such as chlorination	Facilitators	18	3.16	0.70	High extent
	Adult learners	270	3.20	0.68	High extent
2. Lesson on techniques for preparing healthy food	Facilitators	18	2.88	0.83	High extent
	Adult learners	270	3.05	0.91	High extent
3. Steps for proper food storage techniques	Facilitators	18	2.61	1.03	High extent
	Adult learners	270	2.74	1.10	High extent
4. Knowledge of process and materials for taking adequate care of menstrual cycle	Facilitators	18	2.91	1.03	High extent
	Adult learners	270	2.88	0.96	High extent
5. Skill for proper solid waste management	Facilitators	18	3.44	1.29	High extent
	Adult learners	270	2.42	1.24	High extent
6. Training on care for personal hygiene such as clean nails, toes, teeth and clothes among others	Facilitators	18	3.11	1.32	High extent
	Adult learners	270	3.27	1.30	High extent
7. Knowledge and skills for construction of waste water drainages for liquid waste	Facilitators	18	3.22	1.30	High extent
	Adult learners	270	3.35	1.28	High extent
Overall mean	Facilitators	18	2.86	0.70	High extent
	Adult learners	270	2.92	0.69	High extent

Table 2: t-test analysis of the difference in the mean ratings of facilitators and adult learners on the contents of health education for improving household hygiene towards the promotion of quality family health

Groups	N	Mean	SD	df	t-values	p-values
Facilitators	18	2.86	0.70	286	-0.499	0.618
Adult learners	270	2.92	0.69			

Table 3: Mean and standard deviation of the ratings of facilitators and adult learners on the health education strategies for improving household hygiene towards the promotion of quality family health

Items statement	Groups	N	Mean	SD	Remarks
1. Utilize already existing traditional methods such as town criers for creating household hygiene awareness	Facilitators	18	2.88	1.49	Agree
	Adult learners	270	2.84	1.44	Agree
2. Emphasize on short term benefits of house hold hygiene practices	Facilitators	18	3.38	1.03	Agree
	Adult learners	270	3.44	0.99	Agree
3. Use demonstration to emphasize the benefit of observing proper hygiene in the family	Facilitators	18	2.72	1.17	Agree
	Adult learners	270	2.80	1.12	Agree
4. Do not give long speeches as it could become boring	Facilitators	18	2.72	1.31	Agree
	Adult learners	270	2.83	1.31	Agree
5. Make convenient provision for interaction and feedback	Facilitators	18	2.55	1.14	Agree
	Adult learners	270	2.60	1.10	Agree
6. Train members of various families in the community as grass root hygiene facilitators and monitors	Facilitators	18	2.72	1.27	Agree
	Adult learners	270	2.61	1.23	Agree
7. Make hygiene education interesting through the use of games	Facilitators	18	3.44	1.19	Agree
	Adult learners	270	3.44	1.11	Agree
Overall mean	Facilitators	18	2.92	0.87	Agree
	Adult learners	270	2.94	01.84	Agree

Table 4: t-test analysis of the difference in the mean ratings of facilitators and adult learners on the health education strategies for improving household hygiene towards the promotion of quality family health

Groups	N	Mean	SD	df	t-values	p-values
Facilitators	18	2.92	0.87	286	-0.098	0.922
Adult learners	270	2.94	0.84			

Table 4 reveals that there is no significant difference in the mean ratings of adult education facilitators and adult learners on the health education strategies for improving household hygiene towards the promotion of quality family health, $t(286) = -0.098$, $p = 0.922$. Thus, the null hypothesis was not rejected, since, the probability value of 0.922 is >0.05 level of significance. Therefore, there is no significant difference in the mean ratings of adult education facilitators and adult learners on the health education strategies for improving household hygiene towards the promotion of quality family health in Udenu Local Government Area of Enugu state.

DISCUSSION

Table 1 of this study revealed that the contents of health education for improving household hygiene towards the promotion of quality family health in Udenu Local Government Area of Enugu state should include description of water purification processes such as chlorination. This finding is unsurprising because most of the health problems faced by families are as a result of poor drinking water; hence, if they could be able to drink only purified water, their health status would be improved. This agrees to the earlier findings of Sheri *et al.* which stated that improving the quality of drinking water is a significant way for reducing diseases such as diarrhea in the family. Hence, the youth and adult members of the family could learn how to purify their drinking water through health education; this in turn will help the reduce various diseases associated with unsafe drinking water.

This study further revealed that health education strategies for improving household hygiene towards the promotion of quality family health include the use of already existing traditional methods such as town criers for creating household hygiene awareness and the use of grass root hygiene facilitators and monitors. This is true because when grassroots facilitators and monitors are used for enlightenment campaigns, the beneficiaries will feel more relaxed as they are already familiar with the facilitators and their means of facilitation. This agrees with the findings by Agboeze *et al.*^[14] which revealed that household hygiene practices of individuals in a family could be improve by health education programme through the use of community radio, television, print media and grassroots enlightenment campaigns. This is true because the use of grass root enlightenment campaigns or resource persons will make the people welcome the enlightenment campaign as their own and therefore are more likely to adopt information from the programme. Traditional methods such as songs and drama will also make the health education programme more appealing to the beneficiaries and will motivate them to practice what was learnt from the programme.

CONCLUSION

Quality family health which has been identifies as a social need for achieving sustainable development goals could be challenged by factors such as poor household hygiene. Poor household hygiene could lead to diseases and illness which challenge quality family health. However, adult education programme such as health

education have the potential to improve the household hygiene of various families in the society; enabling them to enjoy good drinking water and clean environment which is necessary for achieving quality family health. Finally, in order to effectively promote household hygiene for quality family life, health education should apply techniques such as drama and grass root awareness campaign, so as to adjust the hygiene behaviour of most of the families in the community.

RECOMMENDATIONS

The government alongside National Commission for Adult and Non-Formal Education should ensure that health education is delivered through wide spread channels such as radio, television and newspapers. This will make it possible for larger number of families to acquire knowledge and skills through health education for improving household hygiene. This will therefore make it easier for the family to adequately take care of their health.

National Commission for Adult and Non-Formal Education should ensure that members of the community are trained to participate in health education programmes. This is because having familiar faces among the facilitators will make the programme more acceptable to the people. The community members will also be able to recognize the hygiene needs of the people more than others.

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