**Government Policies and Primary Health Care Delivery: The Role of a Nurse Using Information, Education and Communication (IEC) as Tools**

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**Introduction**

This project intends to critically examine the effect of Government Health Policies, with a particular reference to the policies that have direct bearing on primary Health Care Delivery. It would also consider the impact of these policies on the duties of a Nurse, the economic condition and socio-cultural beliefs of a community.

The study would attempt to address the negative perception by some communities that rejected immunization against some infectious disease e.g. poliomyelitis, measles Diphtheria, tuberculosis etc. Also rejected by some communities was the program on family planning e.g. use of condoms, child spacing etc.

The project would also carefully look at the effect of the role of a Nurse using the appropriate method of information, education and Communication in addressing the aforementioned challenges.

In the end, an evaluation would be carried out with a view to measuring the impact of pre and post government policies, the Nurses role using communication as a tool.

**Government Policy:**

Let me for the purpose of this presentation attempt to define a government policy on National Health System especially those policies that affects primary Health Care Delivery in Nigeria.

The National Health Policy represents the collective will of government and the citizens of the country to provide a comprehensive Health Care system that is based on Primary Health Care.

It describes the structures, a clear strategic directions and goals. Roles and responsibilities of all stake-holder and key players are usually well defined.

The Federal Government of Nigeria has some policies on Health Care System including but not limited to Primary Health Care of the Country.

The Federal Government of Nigeria described Primary Health Care as the key to attaining the goal of Health for all citizensof the country. It is an essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individual and family in a community, through their full involvement and at a cost that the community and state can afford to maintain at every stage of their development in the spirit of self-reliance.

Concerned, with quality Primary Health Care delivery to its people, the Federal Government through the Federal Ministry of Health Revised the National Health Policy in September 2004 with some these objectives;

- An articulated programme of information, Education and communication (IEC) which should also include specific program on school health services.
- Maternal and Child Health Care, including family planning.
- Immunization against the major infectious diseases.
- Prevention of sexually transmitted diseases etc.
Primary Health Care (PHC)

It is pertinent to understand what are primary health care as well as the government policies on the delivery of Primary Health Care Services to its citizens. Primary Health Care forms an integral part of country’s health system. It is the first level of contact of an individual, family and the community.

The purpose of Primary Health Care is to bring Health Care Services closer to the people. The Primary Health Care is defined as “the essential care based on practical, scientifically sound and socially acceptable method and technology made universally accessible to individuals, families and communities through their full participation and at a cost they and the country can afford to maintain in the spirit of self-reliance and self-determination”. TAU lms

Arising from the above definition it would be noted that Primary Health Care has some characteristics that needed to be understood.

- It forms an integral part of country’s health system and the first level of contact by individual, families and communities.
- It is an essential care required by individuals, families and communities.
- It is scientifically and evidence based practice.
- It reflects the socio-economic and cultural conditions of the targeted community.
- Promote maximum community and individual self-reliance and participation.
- Made universally acceptable to communities.
- The technology and the method are socially accessible.

The meaning and characteristics of primary Health Care as shown above has a lot of health benefit to the citizens if properly considered and implemented.

The desire by the government to deliver a quality Health Care to individuals, families and communities gave birth to formulation of some Health Policies particularly that of Primary Health Care.

National Primary Health Care Development Agency (NPHCDA) was established by decree 29 of 1992. The Agency is a parasternal under the Federal Ministry of Health with the following mandates;

- Control preventable diseases
- Improve access to basic health services
- Improve quality of care to the people.
- Strengthen Primary Health Care Institution
- Promote maternal and child health care including family planning
- To engage communities in the activities of Primary Health Care in their areas

In order to achieve these goals or the mandates especially on maternal and child Health; and control preventable diseases, the Federal Government through the Primary Health Care Agency made some policies.

- A policy on maternal and child Health Care was to ensure recruitment/employment of adequate number of midwives to man the entire primary health care facilities nationwide.
- On control of preventable diseases, the government expanded its program on immunization against the infectious diseases.

Such as: - Polio, Cerebral Spinal Meningitis, Measles, Hepatitis, Diphtheria, Tetanus, Tuberculosis etc.

Vaccination against the infectious diseases were made and given free and shall be house to use vaccination after a period of time.

- Maternal and Child Health Care: particularly family planning. The government has made a policy of free distribution of all kind of condoms (male and female condoms).

The government moved toward establishment of key indicators in maternal, newborn and child health for the achievement of the MDGs.
The MDGs aim is to create inclusive, equitable, economically productive and health communities in the 21st century. Nurses play a critical role to improve the health outcome of individuals, family and community including focusing attention on the sexual and reproductive health of adolescents.

It is important to mention here that this study was focused more on the component of Primary Health Care.

Community participation in Health Care delivery is the backbone of the public system for Primary Health Care services.

The Primary Health Care centers are for nonprofit making. They receive funding from Federal Government; these centers are situated/located in very relevant areas to serve a medically under-served community. The services must be available to all residents of the targeted community.

**The Role and Responsibility of a Nurse in Primary Health Care Delivery**

The Primary Health Care workforce consist of a multi-disciplinary team of Health Care providers such as generalist and public health physicians nurses, dentists, pharmacists, outreach workers, menial health counselors, translators etc.

A Nurse therefore needs to understand that in a multidisciplinary establishment, professionals are encouraged to reciprocate each other’s respect for harmonious and cordial relationship with each other.

The Nurse has enormous roles and responsibilities that are keys to achieving quality Primary Health Care delivery.

A Community Public Health Nursing which is not entirely different from the Clinical Nursing practice, also promotes wellness and prevents illness through Education and Health teachings, provide comfort and care through its delicate Nursing Care intervention and emphasizes curative and rehabilitative interventions: through individual efficient approach.

However, it is peculiar in the sense that it involves not only caring for a single client but by extending through the whole family and community.

The above was affirmed by the definition of in the book of Community Health Nursing which said “is a unique blend of Nursing and Public Health practice woven into a human service that is properly developed and applied which has a tremendous impact on human wellbeing. Thus taking this into consideration makes Nurses roles and responsibilities a tremendous mix of art and science.

Therefore a Nurse has the following roles and responsibilities in the delivery of quality Primary Health Care.

1. **Programmer/Planner**
   - The Nurse identifies the need and concerns of individuals, family, groups and the community.
   - Formulates Health plans, especially in the absence of a community Health Physician which is the case in Nigeria.
   - The Nurse interprets and implements the Nursing plan and program as identified and formulated.

2. **Community Organizer**
   - Promotes self-reliance of community and emphasizes their involvement and participation in planning, organizing, implementation and evaluation of Health Services.
   - Initiate and implements community development activities.

3. **Health Educator/trainer/counselor**
   - Acts as a resource speaker on health and health related services.
   - Advance health programs in the community through dissemination of information, Education and Communication (IEC) materials.
   - Conducts advocacy education on premarital, pre-breast feeding and immunization counseling.
• Identify and interprets training needs of health team members and formulated appropriate training program for them.
• Conducts and facilitates necessary training or Educational orientation to other health team.
• **Nursing Care**
  • The Nurse provides direct Nursing Care for many patients with various needs in different location.
• **Change Agent**
  • The Nurse promotes and encourages change in the individual, family and community health practice and lifestyles/behavior. This would promote and maintain good health in the community.
• **Health Monitor**
  • Monitors and detects the health concerns in the community through contacts or home visits.
  • Utilizes various effective data gathering techniques in keeping an eye on the health status of all clients.
  • Records and reports health status and presence of health problems in the community.
• **Coordinator of Services**
  • Coordinates health services with concern individual and family through the community health members.
  • Coordinates nursing plans and programs with other health programs

**Communication as a tool**

Communication is the exchange of information between two or more persons. It could be oral, written, verbal and non-verbal.

Communication is also said be a Latin word “communicant” which means to share. It is the act of conveying message through the exchange of taught, information using visuals, signal, speech, behavior or writing.

For the purpose of this project I would like to define communication as a tool that brings about changes in the attitude and views of clients to motivate, establish and maintain good relationship with them.

However for a communication to be effective there must be a source, message, channel, receiver and a feedback.

There are basic types of communication;

(i) **One way communication:** e.g. from the communicator to the audience as could be noted in watching video, listening to radio etc.

(ii) **Two way communication:** communication in which both the communicator and the audience take part. The audience may wish to express some reactions to the message received.

(iii) **Visual Communication:** This type comprises of chart and graphs, poster, maps, pictogram etc.

It is important to note that for this type of communication to be successful, it must pass through some mode as earlier stated in the definition of communication.

These modes are:-

**Verbal communication:** is spoken and written word and conscious because people choose the words to use.

When choosing word to speak or write, Nurses should consider the pace, simplicity, intonation, clarity and brevity, credibility, timing and relevance etc.

These, if applied appropriately would have a positive impact on the client, family and the community been targeted.

**Non-Verbal Communication:** sometimes refer to as body language, includes gesture, body movement, physical appearance and touch.
It often tells others more about how you feel because nonverbal communication cannot be easily control except deliberate. This could be observed on facial expression, personal appearance, posture and gesture etc.

**Electronic Communication:** The high level of advancement in technology had made computers to play a big role in nursing practice. In fact some Primary Health Care centers are moving toward electronic medical records when nurses document their assessment and nursing care. E-mail can be used in sending laboratory results.

**Health Information**

Activities are developed based on needs assessment, sound education principles and periodic evaluation using a class set of goals and objectives.

The influences of socio-cultural, socio-economic and environmental conditions are also taken into consideration when passing Health information to individual, family or community.

The objectives the information is to identify and promote specific behaviours that are desirable. Behaviours are usually affected by many factors including the most urgent need of the target population and the risks people perceive in continuing with their current Health lifestyle or changing to different behavior.

**Service Users**

Primary Health Care information can be communicated through so many channels with a view to increasing awareness and assess the knowledge of different communities about various health behaviours.

A Health provider can pass information through individual discussion, counseling session and community meetings.

**Strategies of passing information to groups and communities**

Beyond communication with service users, it is very important to open up dialogue with influential individual and groups within the community.

When these individuals and groups are identified, the nature and intention of the services are carefully explained in details so that their concern and priorities would be discovered and understood.

This will not only help make the service more appropriate but it will garner support from individual, groups and communities.

Some of the strategies are;

- Familiarizes yourself with the community with the help of someone who lives in the environment.
- Mass media houses such as Radio, television and other forms of one way communication e.g. brochures leaflets, posters visual and audio visual. Presentation may be used to pass a message to the target community, groups and families.

Effective communication between a community and Health Care provider is very essential, but it is more important when providing Primary Health Care Services given the sensitive nature of some of the issues. Such as family planning, maternal newborn and child care, immunization against dangerous infectious diseases. etc.

Therefore information dissemination must be carefully and appropriately designed and selected so as to achieve results.

- Identify individual who are most important in the societal structure of the community. They may be formal or information leaders such as traditional rulers, chairman of local government council etc.

It accepted they can be made role models

- Provide these individuals with clear information about the programme and let them know the role to play. Tell them in clear terms what would be their gain for working and allowing you access to their community members.
The problems

The problem to be addressed was refusal by some communities in the North-western Nigeria to allow their Children to be immunized against the dangerous infectious diseases as stated in the introductory part of this project.

(2) These communities have also rejected the use of condoms for prevention of sexually transmitted disease (STD) and child spacing that could help in reducing maternal mortality.

These communities rejected Primary Health Care Service because:
(i) Immunization would cause barrenness and infertility among their people.
(ii) It was against their believes to use condoms during sexual intercourse.

Strategies used to Address to Problem

1. The Federal Government of Nigeria has a policy on house to house free immunization programme.
2. Free distribution of condoms in most public places e.g. hotels, and during relevant workshop and seminars.

A special primary health care service teams were put in place to visit those communities with specific terms of references among others were to
(1) Create awareness with a view to disabuse their minds, that immunization does not cause infertility.
(2) Ensure that their children are immunized before the expiration of their tenure.

Strategies used by the Special Teams of Primary Health Care Providers

1. Familiarize themselves with some members of the communities using their son and daughter that are well educated.
2. Embarked on advocacy visit to leaders of the various communities with a view to educating them properly and seek permission to access the community members.
3. Embarked on Radio and television jingles using the native language of these communities.
4. Printed Hand bill, posters and bill board with relevant messages in their local languages.

The Impact and outcome of the Strategies used.

The community leaders after due information and education were convinced that both programmes were not in any way harmful.

The traditional rulers (Emirs and Chiefs) accepted to participate by using their own children as role models to encourage the community members and to attest to the un-harmful nature of the services.

The religious leaders were also convinced and agreed to educate their followers using the communication material provided.

Having gotten the consent and approval of all stake-holders in these committees the various special health teams expanded their services by involving the local primary health care workers to takeover from them.

Evaluation

Three months later a motoring and evaluation team from the National Primary Health Care Development Agency (NPHCDA) visited these communities and discovered that the communities have embraced the programmes with about 53.8% of their children been immunized but only (22%) agreed to the use of condoms.
References

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