



EVALUATE THE EFFECTIVENESS OF HEALTH EDUCATION PROGRAMS IN HEALTH FACILITIES IN THE HOLY CAPITAL

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Abstract: the aim of this study is to diversity and health education for the purpose of access to the largest segment of society and thus positively reflected in the reduction and prevention of diseases, And help decision-makers in the future choices means more down to members of the community in the face of emerging diseases, Dish researcher studied Mecca residents of the community were similar to all the reviewers and intellectuals in primary health centers in the Holy Capital about 60 health center staffed by about 120 educated of their number, according to the division of Directorate of Health Affairs in Makkah has been selected 34 health center from Prince Ahmed scheme and 32 health center of the justice sector and 34 from the smoothing sector and the researcher using random spatial sample Statistics that is compatible with the study, where he was taking a simple random sample is a 200 references and a review of the health center of the 18 health centers from various health sectors in the Holy capital and 26 educated and random sample from health centers in the Holy capital.

Keywords: Evaluate, effectiveness, health education programs, health facilities, holy capital

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1- Introduction: Among the preventive health programs, health education, which cannot be preventive health any member of the community realized unless these individuals have minimal health education (Alabid et al, 2009).

Health education is a translation of health information and the facts and turn them into behavioral patterns right on the individual and society using modern education methods level for the advancement of health and social level of all members of society (Gharbaoui and Ibrahim, 2002), the concept of health education in the early stages ancient limited to the transfer of health knowledge to guide the process patients about how to use the medicine or refrain from certain movements or all kinds of food in order to improve their condition, and it was this concept prevalent on health and disease away from the social, cultural and psychological factors and with the development in all spheres of life occurred evolution in the concept of health education to become more comprehensive and deeper, he became regarded translation of the health of the facts known and transferred to the behavioral patterns of sound on the level of the individual and the group using the methods of modern education, in order to raise the health and social level of the individual and society, by changing society concepts in health and illness and change their behavior and habits about proper health behavior, and became a health education currently the most modern public health, and it was the evolution of the concept of health education agree and simultaneous evolution in people's opinions and perceptions about health and disease and thus occurred to take advantage of recent advances in the social sciences, technology and media, lies the importance of health. education as an essential tool for the prevention of diseases, social ills, and to resist in order to adjust individual's behavior, the study of environmental factors surrounding the individual, the health education shows how to achieve the health center and avoid the middle unhealthy (Gharbaoui et al., 2002). the objectives of health education to change concepts and values of people with regard to health and disease and to help them realize the modern health concepts to help themselves in health events, making health too for all through understanding and awareness of the importance of health and ways and means to achieve the target and encourage the development and success of the units and health services, as the continuing of the successful services rely on understand people for the purposes of the feeling that for him and found the actual and help them (Safadi et al., 2002).

One of the important factors that should be available in the awareness message even succeed in reaching the goal, the message validity and accuracy of the information contained therein, and the clarity of the message and the simplicity and allow the beneficiary to clarify what hidden them and be meaningful to the beneficiary and appropriate for the age, legit, linguistic and social context unacceptable and used an awareness tool active and influential content acceptable, and to provide in a timely manner and will last long enough to influence the health and education need to provide physical potential to be implemented for less than what is spent on medicine and diagnostics and other services (Alansari, 2002)

2-Material and Methods:

Researcher Use descriptive analytical method which uses quantitative description or qualitative of the phenomenon of social, such as health education and the extent of its effectiveness, which is considered very important in the humanitarian and social areas and is characterized by this kind of study on analysis and reason, objectivity and associated with reality, where cares by individuals and agencies and Institutions, governments, countries and described the past, as is the description qualitative which describes the phenomenon (health education) described the effects of its absence and the means used and the extent of their impact on the lives of the individual and society and analysis are instrumental variables in the growth and creation, as for quantitative expression it gives us a description digitally shows how much the phenomenon by eating health education process and the effectiveness of the means used during the social survey method, and taken representative sample of the population under study, and this kind of social survey is interested in studying social phenomena, such as population, traditions and attitudes economic, cultural and political, guardians or in the work environment studies. It will be the study of the variables, the health of the individual, the community, the consumer and the spread of diseases and their relation to demographic variables such as age, gender, nationality, marital status, profession and how the influence of these factors on health education and its effectiveness (Surayhi et al., 2008)

It has been used two questionnaires after Dr. Saad Al-Ghamdi advice and Dr. Anas Dblol (Umm Al Qura University) for their help. And also we have been using personal interview of the study sample (reviewers) health centers and find out how satisfied for health education process, effectiveness and means used them in terms of diversity Questions were put to responsible for health education process of primary health care management Conclave in the

capital, Mr. Mansour Bahamdan was placed on the list of accessories was analyzing the results of the study using the method of analysis statistical Social issue No. 15, to perform statistical analysis such as determining the averages and statistics descriptive been used contrast between the averages analysis and use Excel program Office Group 2007 graphics histogram to arrange results by dragging them on the statistical program (Zoghbi and Tlavhh, 2000).

3- Results and Discussion:

The distribution of a questionnaire with 37 questions, more than 240 references healthy and reviewing health facilities in the Holy Capital, to take explore and their opinions, about health education process and their effectiveness were obtained only 200 questionnaire of the total questionnaires, which was entitled to assess the effectiveness of the methods used in the health education process to prevent disease was the division of the sample in three categories :the first category: the ages of 18-25 years and the proportion of 15% (male and female) second Category the ages of 26-35 years and the proportion of 44% (male and female) The third category: the age 36 years and accounted for 41% (male and female), and the reason for these choices because the age at least 18 years to be targeted by health education programs of the Ministry of Education through the school health units and programs of activities educational supervision in schools, for sexual auditors and audits found that the Saudis are the highest percentage to 79%, while non-Saudis were accounted for 21% because due to obligate private companies to health insurance for their employees and their families.

As for the level of education for members of the sample, we find that the largest number respondents were undergraduates at 49%, followed by holders of a high school diploma by 23%, followed by higher education by 13%, then a medium certificate by 7.5% and 6% for the certificate of First Instance and the proportion who no Reading and Writing 1.5%, which means that a largest rate are educated ensure greater health awareness for the prevention of diseases, for married people find them more than 74% and therefore they are keen on the health of their families, whereas unmarried accounted for 26%, for the most favorable means and follow-up and readily available to the auditors find it Firstly television 73%, Internet 42.5%, The means (road

signs, mobile phone messages and publications) and similar percentage is very between 36% to 38.5%, then followed by (field visits, radio, lectures and seminars) and similar percentage 25% to 26.5%, and finally exhibits 16.5% (table 1).

For the effectiveness and adequacy of the importance of diversity and health education among the reviewers, the proportion who said effectively means used currently 72%, while 28% said on effectiveness of these methods.

When asked respondents about the importance of the participation and cooperation of the private sector and public participation in reducing the cost of health education 91% said the importance of and the need for private sector cooperation in the educational process and 83% of them said yes to the importance of popular participation in the educational process, while 9% said no need to private sector participation to participate in the educational process

For the questionnaire own intellectuals and educated health centers have been the work of a questionnaire composed of 16 questions through the distribution of a questionnaire on 16 cultured and erudite of the total 120 cultured and erudite The results were as follows: For the process of training them on health education stated 69.7% said they had trained theoretical and practical training, while 30.6% said opposite. When asked about Is there a job description health instructor, said 68.4% that they have a description of functionally for cultured health and clearly the task of education, while 29.6% does not have it For distribution of the means of awareness, such as brochures, flyers awareness stated 94.4% of them are aware of this means health centers while 5.6% said they do not have, said 91.7% of them they distribute within and outside the health center, while 8.3% of them do not do.

As for question of arrival of the health information properly to the community, 52.8% of them stated that health education is properly up to the community, while 47.2% of them said opposite.

For the obstacles and problems that hinder the process of health education, 69.4% said that there were problems and obstacles to the process of education, while 30.6% said no problem.

Standard deviation	Medium	No	Yes	Educational means
.44507	1.7300	27%	73%	T.V
.49558	1.4250	57.5%	42.5%	Internet
.48782	1.3850	61.5%	38.5%	Road signs
.48534	1.3750	62.5%	37.5%	SMS

.48120	1.3600	64%	36%	Prints
.44244	1.2650	73.5%	26.5%	Field visits
.43410	1.2500	75%	25%	Radio
.43410	1.2500	75%	25%	Lectures& Seminars
.37211	1.1650	83.5%	16.5%	exhibitions

(table1) shows the most follow- up and preferred means of reviewers

Standard deviation	Medium	No	Yes	Phrase
				There are paintings and posters awareness.
				The distribution of leaflets and pamphlets.
				Used materials and guidance papers in the health education process.
				I have a clear program for the task of health education.
				Been training for the profession of education theoretical and practical.
				I have a job description of the function of the health educated.
				There are obstacles and problems in the health education process.
				It has been training before assigning health education tasks.
				The training period was enough.
				Health education process up properly to the community.
				The intellectual health standards for the performance of the education process in writing .
				There are other activities to educate against the disease.

(table 2) evaluation of the health education program in primary health care centers in the holy capital from the (shows the view of point of health educated)

Conclusion:

The awareness of the management of the Department of Primary Health Care in the Holy Capital is providing all health centers securities and forms awareness posters that will help them to carry out the process of educational aim of implementing the Ministry of Health plans, educational process represented in communicating with schools and seminars within and outside the health centers in order to define and community awareness of disease and how they are transmitted and prevention.

Those who are throwing these lectures for the auditors and audits are nursing and observers health class, but for the majority of those who are in the process of education are non-professionals process education such as nursing class, radiology, laboratory, and a few of them very holds a master's degree in social and educational specialization.

Therefore, the recommendations from the study are as follows:

1- .The importance of specialization has a big role in the effectiveness of health education, where specialization has a role in health education and access properly to the community, and to eliminate all the problems and obstacles that hinder the educational process in the future and the delivery of health information is the most direct route to the community.

2-importance of cooperation between the Ministry of Health and other sectors in the country such as the Ministry of Information, the Secretariat of the Holy City, the Ministry of Municipalities and the peasants, the Ministry of Communications of the definition of health education and its effectiveness in terms of the members of the community.

3-importance of the diversification of the means of health education, because all the way target specific class of members of the community.

4-The need to exploit national and non-national cadres in the health education process, especially practitioners (doctors) both in his specialty.

5-Develop more accurate and take advantage of the countries that have preceded us in this area health plans, preferably close to us geographically and cooperating with them in this area.

6- pay more attention to health education and develop better programs in all regions of the Kingdom.

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