

STUDY ON AWARENESS OF HEALTH EDUCATION IN SOCIETY WITH RESPECT TO SUSTAINABLE DEVELOPMENT GOAL

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Abstract—Education is the significant predictor of health and longevity. It is central to the underlying intentions of U.N. Sustainable development goal. The aim of this paper is to increase knowledge on potential strategies to meet the U.N. SDG4 on quality education, the SDGs being the U.N. flagship programme on “Transforming our world. A cross sectional descriptive study with questionnaire was developed that collected information related to quality health education linking to SDG4. The questionnaire represented an opportunity to gather qualitative information on governance system for ensuring equity in health. Data were analysed using thematic framework approach. The result of the survey indicates that the governance system for health equity differ in terms of commitment, resources and public view. The proliferation of different public intervention that refers to different pathways and different target priorities may reflect difficulties in identifying interventions that effectively reduce inequalities in health. Increasing will to take action at national and regional level by policy makers and by creating awareness of health inequalities at regional levels can enhance literacy rate. Good cooperation between different sectors with better measurement system. Low literacy skill can bring barrier in accessing health information, on medication use, technical devices usage and to the prevention of diseases. The survey highlights a weakness of governance system in terms of evaluation of health education and impact of interventions in reducing inequality and integrated vision between the national and regional level.

Keywords; sustainable development goal, health education, health inequality.

INTRODUCTION

Quality of Healthcare is vital for growth of any nation. India has several value propositions to offer effective outcomes that compare with the best overseas, Trained & qualified Doctors, Paramedical staff, Internationally qualified experts, a technology edge that many other South Asian countries are yet to master, very competitive in costs, quality of services that is being constantly upgraded. Health inequities are driven by the social contest in which people are born, live and work – the social policies that shape resources, institution and laws; the economic system through which material and financial

resources are created and distributed; and the social norms that can govern interaction for sustainable development. The condition in which people live for example the built environment, public transportation, urban design, crime rates and the location of polluting factor determined by education and cultural well used that shape them. This paper explores the relationship between education and health from the perspective of community members engaged through a research work, to blend insights from live experience with data accumulated from research. SDG4 is to ensure inclusive and equitable quality education and promote life long learning opportunities for all.

1.1 Need for the study- The basic purpose of research is to sensitise the reader in addressing health in educational setting. It is through its influence on learning that health would advance people thinking. This emerges a new and powerful concept in higher education linking health and academic success. In this way of thinking, health related programs and services can reach to each citizen of India. Public health is therefore a critical foundation with which students can optimize their learning, reach their potential and achieve their goals. Education needs attention as academic performance does not develop in isolation of Health. The differences in morbidity, mortality and risk factor are patterned after social determinants of health such as education and income as well as place- based characteristics of the physical and social environment in which people live and the microstructural policies that shape them. The high infant and child mortality rates are among the most important factors related to high fertility rates, which in turn play a crucial role in development. Healthcare of any country is the multi factorial. It is based on numerous factors that influence health status like economic outlook of the country, lifestyle of the population, literacy rate, healthcare insurance, availability of medical facilities, socio economic condition, availability of health infrastructure, per capital health expenditure (Park K, 1994)

1.2 Lack of education among student can lead to-

Students’ health is essential to the education and preparation of its whole life. There is a complex interrelation of health issues with the vicious cycle of academic, personal and financial health concerns sometime resulting in dropping out or reduction in academic performance. It plays an important role in school enrolment and school performance of children, and in labour supply and productivity of adults and in earnings. Therefore, improvements in health and better education would promote learning, reduce absenteeism, improve stamina and would contribute to improve the economic status of the poor.

1.3 OBJECTIVES

- To understand the importance and awareness of quality education.
- To access the ways in understanding inequality in terms of promotive and preventive measures.
- To understand how to reduce inequality in terms of education, health.

2. RESEARCH METHODOLOGY

A cross sectional descriptive study was conducted. The questionnaire represented opportunity to gather qualitative information on governance system for ensuring equity in health. The primary data was collected and compiled in the form of questionnaire which was compared to explain the linkage between education and health. Secondary data was obtained by accessing the websites to collect information regarding sustainable development goal and health care knowledge.

2.1 Study duration- Academic month of April and May of the year 2019

2.2 Inclusion criteria-All 20 years to above 60 aged people were included for the study.

2.3 Exclusion criteria-People who cannot participate throughout this study were those who have some chronic disease like liver disease, kidney disease, heart disease, and thalassemia were also excluded from the study.

2.4 Tool for data collection-Structured self-administered questionnaire was used to collect data from respondents.

2.5 Data collection technique- Questionnaire

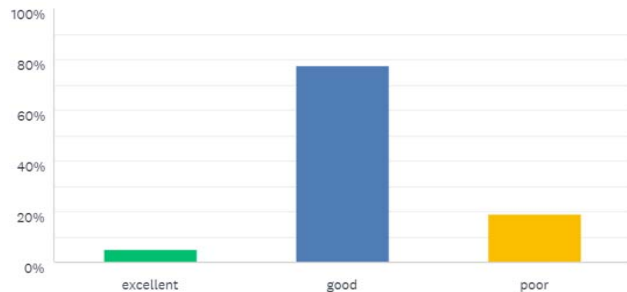
2.6 Data analysis method-The data was organised, and analysed using descriptive and inferential statistics. It was presented in graphical form.

3. RESULT AND DISCUSSION

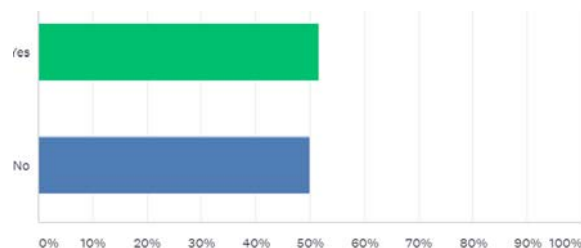
This study was conducted among 58 participants among which people of age above 30 were majority; few also were more than 50 and below 30 ages were 5. The findings and analysis

of questionnaire among 58 respondents are illustrated in the graphical form.

3.1 Graph 1: Generally, the health of people is depicted in statistical form below-

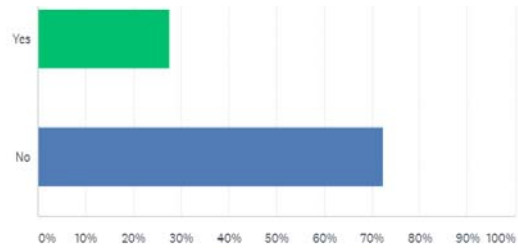


The factors that influence health can be income, environmental factors, and clinical factors. Stress, anxiety and depression are the other reason for poor health.



Graph 2: Do people have health insurance coverage for themselves and for their family?

Report suggests that many urban people (especially 35 aged one) had the knowledge of health insurance scheme but they don’t claim it. They believe it’s wastage of money. But after getting a severe disease ailment (like cardiac disease, bypass surgery, cancer) they realise the importance of it. Even for people with less economic background PM Ayushman health insurance scheme has been launched. But sadly not everyone is aware of that. The uninsured person is less likely to receive preventive care with disease management and have higher risk of mortality. Health insurance and education appears to be the main contributors to health inequalities in India, posing great challenge for designing public health strategies and social policies (journal of epidemiology and community health).



Graph 3: Do public have any religious, cultural practices that may affect their healthcare benefits?

Cultural influences can be easily linked to education and health. Cultural issues can be segregation, institutional discrimination, reduced access to goods and services. These in turn can lead to stress and stressed related health disparities. Language, cultural values, patient belief, folk illness are the other cultural competency affecting health.

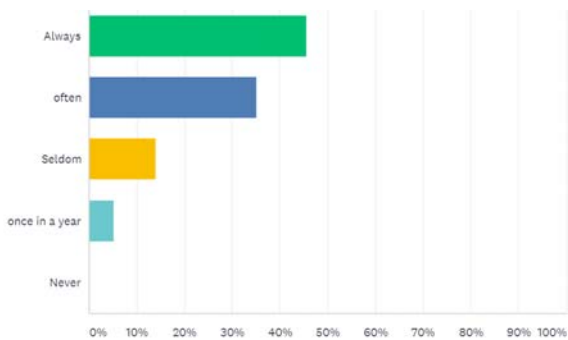
Breast Feeding: Early weaning bottle fed infants living under unhygienic conditions are more susceptible to die than the breast fed infants living under similar conditions.

Religion and Caste: The differences are associated with socio-cultural patterns of living, including age-old habits, customs, and traditions affecting cleanliness, eating, clothing, child care and almost every detail of daily living.

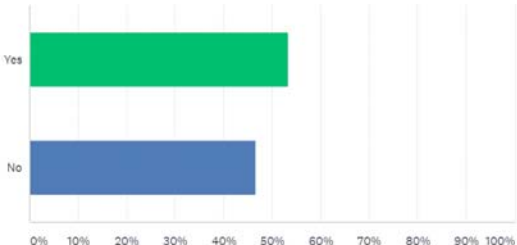
Sex of the Child: In most parts of India (especially Haryana, Madhya Pradesh, Bihar, Uttar Pradesh, Rajasthan)) female infants receive unfavourable care and far less attention than males. This happens especially in the case where the mother already has several female children. The birth of a girl child is unwanted and unwelcomed in many families (WHO, 1993).

Broken Families: Infant Mortality rate rises where the mother or father has died or separated in the family. A child born from unmarried mother is unwanted or not accepted by the family as well as society

Brutal Habits and Customs: Certain customs and beliefs highly influence infant mortality rate. These involve depriving the baby from getting colostrum, application of cow dung to the cut end of umbilical cord.

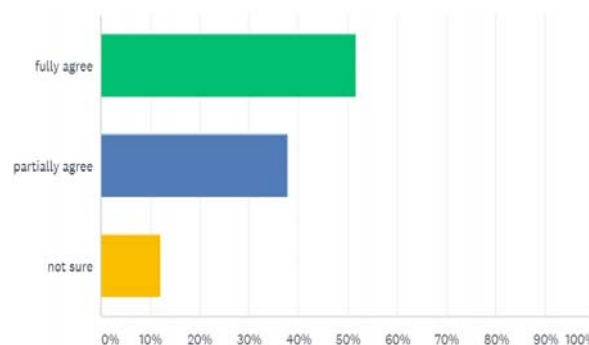


Graph 4: How often were people able to help their family members if they had question concerning health issues?



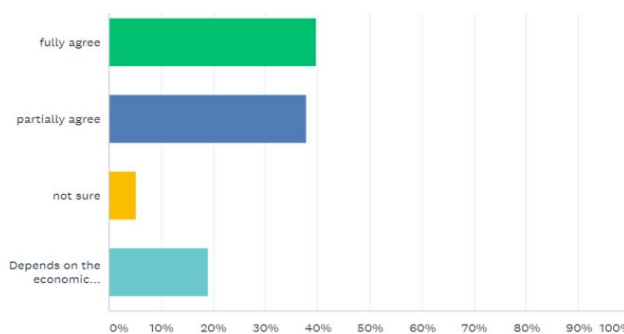
Graph 5: Are people aware of health promotion via cell phone? (Like use of it in increasing uptake of breast self-examination in women)

It was found that most people were aware of internet facility. They can access to internet easily and can found a lot of dietary knowledge from it. Very especially older people were not aware of it. So they had to go to the library or they gather information from magazines and newspapers.



Graph 6: How far do people agree that your economical and financial situation define your medical awareness and healthy lifestyle?

The health status of a population of any country is related to the economic development. An indicator of economic development; shows the ability and success or failure of a country to provide for the most basic needs of the people (food, clothing, shelter and adequate sanitary conditions). The relation between crude indicators likes child mortality and life expectancy on the one hand, and per capita income on the other, is very robust and well documented in economic literature.



Graph 7: People with less literacy rate are not aware of balanced-diet concept. How far do people agree?

Individual who are aware of health education are more likely to purchase healthy food. Parental education is strongly associated with nutrition status of children. Campaigns through mass media can produce awareness regarding health related behavioural changes across population (Wakefield et al, 2010).

3.2 RESULT OF SURVEY

The result of the survey indicates that the governance system for health equity differs in terms of commitment, resources and tools. The survey highlights a weakness of governance

system in terms of evaluation of health education and impact of interventions in reducing inequality and integrated vision between the national and regional level.

The study shows that knowledge and awareness does not always lead to better health as there are many demographic and cultural factors that affect it. It may education status, son preference and negative attitude of family.

3.3 IMPLICATIONS

The relationship between education and health are relevant in the beginning with the parent's ability to understand diagnostic information and treatment recommended. Healthcare professional and social workers must ensure that instructions given are fully understood by an individual ranging from reading prescription of medicine and how to file for claims. Community program such as summer camps, youth development programs can provide opportunity to engage young people in new experiences.

Maternal Education: Mother's educational level is an important determinant of their children's health. The art of child care is to be learnt. It is the "quality of mothering" that matters a lot in reducing infant mortality.

Quality of Health Care: Inadequate pre natal care and irregularity in health check-ups are another likely factor which affects infant mortality in contemporary India. Inadequate trained health care personnel like dais, midwives and health visitors is another determinant of high infant deaths in India.

In addition to this daily newspapers covering health and fitness, and there are special T.V. channels devoted exclusively to fitness, audio video tapes by health expert on how to become physically fit. Sports and Education have a deep relationship to develop an integrated balanced personality of the human being. The integration and harmonious development of individual, Physical Education activities should be included in the main part of physical education to general education.

CONCLUSION

Health education is a significant addition to the nation because health is a source of major concern. The existence of health problems can disrupt the opportunities for learning. The development of attitudes at a young age can increase the probability that behaviours will be altered and a more balanced lifestyle would be developed. Finding ways to live sustainably on earth requires a solid grounding and scientific understanding of our natural and social systems. Solving environmental problems can move us toward health, longevity, peace and prosperity. This can be achieved through education. Socioeconomic and gender inequalities in health often manifest through inequities of access to healthcare in particular for ethnic minorities, refugees and older age. Education and training programmes for both health and media in health communication would enhance the cooperation.

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