

Assessing Health Workers Knowledge on the Determinants of Health: A Study in Enugu Nigeria

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ABSTRACT

BACKGROUND: Different social economic and personal factors have been touted as determining a person's health. This encompasses a person's living environment, economic status, genetic makeup, physical attributes and not just access to health services. It is important that health workers recognize that a person's socio-economic environment can have an adverse effect on the health status of the individual so as to capture this aspect in their choice of intervention.

METHODS: The study was carried out in two tertiary institutions in Enugu state selected purposively because they housed a dental clinic. It was a descriptive cross sectional study consisting of 87 participants which represented all the dental staff available during the study period. The participants were interviewed with a structured questionnaire used to elicit the knowledge of health workers on health determinants.

RESULTS: When individual factors were considered, a greater percentage of health workers, believed that safe drinking water (98.9%), where a person lives (96.6%) and a balanced diet, affect health more than availability of health services (59.8%) or the ability of the health care system to meet the needs of the people (55.2%). However when ranking the magnitude of the contribution of the various determinants of health the majority (37.9%) considered a good health care system the most important contributory factor to determining health of a community while social environment (14.9%) was the least.

CONCLUSION: The ranking of good healthcare system over social environment points to the emphasis being laid on curative instead of preventive management of diseases, which have been entrenched in our health workers. Considerations should therefore be made for public health institutions to dwell more on health promotion and education activities to educate both health personnel and individuals on the importance of the social determinants on health.

KEY WORDS: Determinants of Health, Health workers

infirmity^{1,2}. A multitude of different social, economic and personal factors determine a person's health³. This means that people living in the same community or people of the same age can have vastly different chances of good health. One might be led to think that access to health services is the biggest factor in determining health. However many of the determinants of health are out of any individual's personal control given the fact that many other things significantly affect our likelihood of attaining good health².

Some of the main determinants of health include where we live, where we work, our education, our early childhood, our social power, our access to land and water: all these social determinants, and many more, affect our health². On each of these main determinants, there are some basic attributes that best describes them for example:^{2,3}

- Physical environment; that is where a person lives or works: safe water and clean air, healthy workplaces, safe houses which are not over crowded, safe communities and good roads all contribute to good health.
- Employment and working conditions people in employment are healthier, particularly those who have more control over their working conditions
- Genetics: inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses.
- Personal behavior, nutrition and coping skills balanced eating, keeping active, smoking, drinking, and how we deal with life's stresses and challenges all affect health.
- Income: higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.
- Education: Low education levels are linked with poor health, more stress and lower self-confidence; going to school can improve many of the determinants of health.
- Relationships with friends and family: better support networks are linked with better health.
- Gender: men and women face different diseases at different ages. In many countries, women also face many extra challenges that affect their health.
- Culture: customs, traditions and beliefs can all affect health for better or worse.

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INTRODUCTION

Health is a complete state of physical, mental and social wellbeing, not merely the absence of disease or

- Social status and social exclusion: people who are excluded, or on the margins of society have worse health chances.
- Access to and use of health services: This is the availability of service nearby to prevent and treat poor health which influences health positively.

All these health determinants interact to create a complex set of health dynamics. Reducing poverty, providing livelihood, increasing access to education and promoting gender equality are key parts of the puzzle^{2,3}.

Increasing amount of attention is being paid to how these factors mentioned above and others impact on people's health. One example is the Commission on Social Determinants of Health, which was launched by the World Health Organization in 2005⁴. It has focused on the social aspects known to be among the worst causes of poor health and inequalities between and within countries. The causes identified include unemployment, unsafe workplaces, urban slums, globalization and lack of access to healthcare⁴. All these are "societal risk conditions", rather than individual risk factors that either increase or decrease the risk for a disease.

There is also a growing consensus on the importance of systematic differences in exposure to health hazards and risk conditions in the population. This means some groups in society have a much poorer chance of achieving their full health potential because of their life circumstances including political, social, economic and environmental conditions.

Differences are observed in the health status of groups according to a range of socioeconomic indicators. The most disadvantaged groups have the poorest health and the highest exposure to health-damaging risk factors.⁵ Furthermore, there is evidence which suggests that the poorer socioeconomic groups tend to have poorer nutrition, less physical activity in leisure time, greater prevalence of smoking and more damaging patterns of alcohol use^{6,7,8}. The life circumstances of people experiencing one form of disadvantage or the other like social exclusion, economic, ethnicity, gender, environmental etc, will make it more difficult for them to live a healthy lifestyle^{6,9}. In addition, cultural diversity and the failure of the system to address issues of access to appropriate services and programs for diverse groups can create inequalities in health status⁹.

Social determinants of health have a significant impact on the predisposition of individuals and groups to illness, as well as the way in which they experience and recover from illness. It is critical that health workers understand the impact of these factors on the individuals and groups that they work with and include these factors in their assessments. This information may affect the choice of

intervention and the need for other community resources⁶. At a broader level, health workers can use their experience to advocate for progressive policies that address the social determinants of health. Thus, planners of services that aim to improve health and wellbeing and reduce the burden of preventable disease need to be concerned not only with the individual context or factors, but also with the context of broad public policies and environmental influences, group and family influences and the community context⁶.

A previous study has shown that it is not possible to decide how best to support the improvement of health without first understanding the associated contextual factors⁶. Thus, this study has been carried out to assess the knowledge and beliefs of a group of health workers in public hospitals in Enugu state Nigeria about the determinants of health. It is believed that the findings from this study will help health care workers and planners to focus more on the factors that will best improve health in our environment.

METHODS

Study area: The study was conducted in the University of Nigeria Teaching Hospital (UNTH), Ituku Ozalla Enugu, Enugu State Nigeria and Federal School of Dental Therapy and Technology (FSDT) Trans-Ekulu, Enugu.

Study design: This was a descriptive cross sectional study involving all the health workers in the Dental clinics at the University of Nigeria Teaching Hospital and those of the Federal School of Dental Technology (FSDT) Enugu. There were 87 respondents. The consent of the study subjects was obtained then; an interviewer administered questionnaire (annex 1) was used to elicit knowledge of health workers on the determinants of health.

Sample and sample size: Two institutions UNTH and FSDT were selected purposively out of the five tertiary health institutions in Enugu state namely; UNTH, FSDT, Enugu State Teaching Hospital, National Orthopaedic Hospital and Federal Neuro-psychiatric Hospital because they housed dental units. The dental personnel were purposively selected from the two institutions. Eighty-seven respondents were interviewed as this was the total number of dental personnel working in both institutions during the period of data collection.

Data analysis: Data were entered, validated and analyzed using SPSS for windows version 16. Tabulations are used to present the results.

RESULTS

Table 1: Demographic characteristics of the Health workers

Variables	Frequency (%) (n=87)
Sex : Male	22(25.3)
Female	65 (74.7)
Age last birthday	
19-24	8(9.1)
25-29	8(9.1)
30-34	20(22.9)
35-39	16(18.3)
40-44	10(11.4)
45-49	14(16.0)
50-54	7(7.9)
55-59	4(4.5)
Marital status	
Single	33(37.9)
Married	52(59.8)
Widowed	2(2.3)
Education level	
Secondary School	3 (3.5)
Technical College	39 (44.8)
University	36 (41.4)
Post University	9 (10.3)
Occupation	
Administration	18(20.7)
Dental Technologists	15(17.24)
Dental therapist	23(26.4)
Nurse	10 (11.49))
Pharmacist	4 (4.6)
Dental Surgeon	17(19.5)
Years of Practice	
1-4	30 (35.3)
5-9	24 (28.3)
10-14	11 (13.0)
15-19	4 (4.8)
20-24	7 (8.3)
25-29	2 (2.4)
30-34	7 (8.3)

Table 1: shows that a greater percentage of the health workers were females between 30-34 age group, who had worked for about 1-4 years. The majority of the respondents were dental therapists. A large percentage of them were dental therapists and administrative staff as compared to pharmacists who were in the minority.

DISCUSSION

This study was carried out in order to assess the perception of a group of health workers on determinants of health. Highest numbers of participants were found in the 30-34 and 35-39 age group as they represent the 'crème' of the workforce in any society. Twenty-nine (33.3%) were of the opinion that health care systems do not meet the needs of the population. This may not be unconnected with availability, lack of access, or limited access, to health services, which greatly influence an individual's health status. For example, when individuals do not have health insurance, they are less likely to participate in preventive care and are more likely to delay medical treatment¹⁰. In addition, the organization and output of health care systems may lead to patients' dissatisfaction¹¹. Patients' satisfaction has been an issue to contend with and sometimes health institutions and health care givers might not meet the health needs of their clients as normative needs rather than the perceived needs are met thereby leaving the patient dissatisfied¹¹.

Table 2: Health workers perceptions of health determinants

Perceptions of determinants of health	Yes N (%)	No. N (%)	Don't Know N (%)
Available health services	52 (59.8)	28(32.2)	7(8%)
Health care system meets needs	48(55.2)	29(33.3)	10(11.5)
Physical disability affect health	72(82.8)	9(10.3)	6(6.9)
Genetic traits	75(86.2)	8(9.2)	4(4.6)
Safe drinking water	86(98.9)	0(0)	1(1.1)
House where a person lives	84(96.6)	1(1.1)	2(2.3)
Surrounding environment	78(89.7)	7(8.0)	2(2.3)
Social support network	78(89.7)	5(5.7)	4(4.6)
Low education level	66(75.9)	16(18.4)	5(5.7)
Rich enjoy better health	55(63.2)	26(29.9)	6(6.9)
Well balanced diet	85(97.7)	0(0)	2(2.3)

Table 2: shows that a greater percentage of health workers, believed that safe drinking water (98.9%), where a person lives (96.6%) well balanced diet affect health more than availability of health services (59.8%)

Table 3: Ranking of magnitude of contribution of various determinants of health to health

Variables	Least contributory (grade-1)	Fairly contributory (grade 2)	Highly contributory (grade 3)	Most contributory (grade 4)
Good health care system	14(16.1)	13(14.9)	17(19.5)	33(37.9)
Biologic and Genetic endowment	18(20.7)	16(18.4)	22(25.3)	19(21.8)
Physical environment	7(8.0)	31(35.6)	18(20.7)	19(21.8)
Social environment	28(32.2)	9(10.3)	23(26.4)	13(14.9)

Table 3: shows that the respondents ranked good health system as most contributory to the health determinants (37.9%) and social environment as least contributory (14.9).

Our study also shows that most of the participants feel biologic and genetic endowment ranked as highly contributory to health. This is not surprising, as this comprises physical disability and genetic trait, which from our study were perceived to be important health determinants. This is collaborated in another study which points to the fact that an individuals' life circumstances like physical disability which might cause social exclusion can have a huge effect on health^{6,9}. Physical disability if well managed should have negligible impact on health. For instance, as regards oral hygiene, special electrically operated toothbrushes and other oral hygiene tools have been devised so that what the individual lacks in the physical may be compensated for with the automated devices¹². Thus if a health worker is aware of the various determinants of health and knows that biologic or genetic endowment is a problem; it will help improve management of such patients.

From a previous report, it was observed that the social environment contributed more to health than the other determinants¹³. This is contrary to the observations in our study, which showed that the respondents felt that the availability of health services ranked higher than the other determinants in terms of its contributory value to health. In literature the house where a person lives and the surrounding environment is often cited as an

study think that the rich do not enjoy good health; this to important factor influencing the health status of individuals¹⁴. This usually includes characteristics of the natural environment, the built environment, and the social environment. Factors such as clean water and air, adequate housing, and safe communities and roads all have been found to contribute to good health, especially the health of infants and children^{4, 14}. Diseases such as malaria, cholera, asthma and the like have been attributed to environmental factors such as poor housing, unsafe drinking water and air pollution¹⁴. We strongly believe that with a drive to meet the targets of the United Nations Millennium Development Goals (MDGs) especially MDG numbers 4, 6 and 7¹⁵ some of these health issues could be avoided.

The disparity between our study and other studies on social factors could suggest an underestimation or ignorance of the impact of the social environment on health by the participants in this study or the inordinate focus of our society including health workers on curative medicine instead of preventive; hence the perception of availability of health services contributing more to health. It could also be a reflection of the unavailability and inaccessibility of good health services in developing countries like Nigeria, which cuts across different socio-economic groups thereby making social environment to be less associated with health than availability of health services; a finding that may be contrary to countries that have a more efficient and better developed health care system. The government and other established institutions should not relent in setting up good health care systems to eliminate “victim blaming” which targets individual lifestyle instead of factors which produces the observed lifestyles¹³.

Majority (89.7%) of the health workers in this present study are of the opinion that social security network could help improve healthy outcomes. A previous report had summarized the findings of two studies as a clear association existing between social security network and mortality; suggesting lack of social relationship as a major risk to health¹³. This corroborates our own findings; however, it might not be as highly rated in Nigeria or most African countries as in the developed countries because of our extended family system, which acts as an informal social security network, in the absence of a more formal structure.

Low education levels are linked with poor health, more stress and lower self-confidence. Education given to an individual will invariably affect his/her knowledge about health; it also determines attitude and practice in form of decision making about health¹³. On the relationship between wealth and health, 29.9% of participants in this

an extent may be true as it is the interrelationships among different factors that determine individual and population health. This notwithstanding, wealth is

known to have a powerful influence on health; increased income allows people particularly the poor to buy more food, have better housing and afford higher quality health care^{4,13}. However our inefficient public health system, which is characterized by unavailability of good quality services also mean that both the rich and the poor basically suffer the same fate, and even if the rich were to get good health care it would be at a high cost in mostly private hospitals.

CONCLUSION:

In conclusion it is obvious that access to good quality health services is a serious health determinant in this country and it cuts across both the rich and poor. The social determinants of health are mostly responsible for health inequities and the unfair and avoidable differences seen. It is the authors' view that considerations be made for public health institutions to address the issue of availability, access, cost, and patients' satisfaction; invariably, these would eliminate “victim blaming” as factors producing the observed lifestyles of individuals are by-passed.

The awareness and knowledge of health determinants by health workers could contribute to how patients are being managed and how interventions are being structured which will no doubt help improve the health situation in the country. However this cannot be done in isolation of the policy makers and individuals who need to be aware of these determinants of health in order to bring an overall improvement in our country's health indices.

LIMITATIONS OF THE STUDY

This study was carried out in a small specialized group of health workers, namely staff of two major dental centers in Enugu Nigeria and thus may not be an overall representation of knowledge of health determinants in all health worker groups in Nigeria. It may be necessary for further similar studies to be carried out in other health worker groups in different regions of Nigeria so that comparisons can be made.

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