

Innovative health education project in Al-Qassim region, Saudi Arabia

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مشروع مستحدث في التثقيف الصحي بمنطقة القصيم ، في المملكة العربية السعودية
مزمّل حسن عبد القادر ، وطلال بن حسين البياري ، وعلاء الدين الهادي العامري ، ونسيم اختر قريشي ،
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تم تنفيذ هذا المشروع الارتياضي بهدف تدريب وتنمية العاملين في مجال التثقيف الصحي ، والنهوض ببحوث التثقيف الصحي ، وإنشاء مركز للتثقيف حول تعزيز الصحة في منطقة القصيم بالمملكة العربية السعودية . لقد قدمت برامج التثقيف الصحي لمدة ثلاثة شهور لأربعة عشر مشاركاً من الرجال ، ولمدة أسبوعين إلى ثلاثة أسابيع لمئتين وثلاثة وخمسين من المشاركات . وتم رصد وتقييم أداء المتدربين في مواقع أعمالهم . وانتهت الدراسة إلى أنه من خلال مثل هذه البرامج يمكن تدريب الأفراد المستهدفين تدريباً جيداً . كما أن هؤلاء المتدربين ربما يستطيعون نقل المفاهيم الأساسية للتثقيف الصحي إلى السكان عموماً ، ولاسيما المترددين على مراكز الرعاية الصحية الأولية .

A pilot project was conducted with the aim of training and human resources development in health education, enhancing health education research, and establishing a health promotion and education centre in Al-Qassim region, Saudi Arabia. Health education programmes of three months for males ($n = 14$) and two to three weeks for females ($n = 253$) were offered. The work activities of such trained personnel were monitored and evaluated. It was concluded that through these programmes the targeted population could be trained to a satisfactory extent. Second, they would probably be able to convey basic health education concepts to the population at large, especially primary health care centre visitors.

Projet novateur d'éducation sanitaire dans la région d'Al Qassim en Arabie saoudite

Un projet pilote a été réalisé avec pour objectif la formation et le développement des ressources humaines dans le domaine de l'éducation sanitaire, ainsi que l'établissement d'un centre de promotion et d'éducation sanitaire dans la région d'Al Qassim en Arabie saoudite. Des programmes d'éducation sanitaire d'une durée de trois mois pour les hommes ($n=14$) et de deux à trois semaines pour les femmes ($n=253$) ont été proposés. L'activité professionnelle de ce personnel a été suivie et évaluée après la formation. On est parvenu à la conclusion que par le biais de ces programmes, la population visée pouvaient être formés de manière satisfaisante. Ensuite, ils seraient vraisemblablement en mesure de transmettre des concepts fondamentaux d'éducation sanitaire à la population en général, et en particulier aux visiteurs des centres de soins de santé primaires.

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Introduction

Four levels of health care have been identified within the primary health care (PHC) system: home level, community level, health-care facility level and first referral level [1]. From this, it can be seen that the first contact with health professionals does not occur until the third level, thus direct health care comes rather late. But health care can begin at home through individuals becoming more knowledgeable about health issues and developing skills to deal with them. This is the specific function which health education programmes should be able to fulfil.

Health education needs to develop new approaches and more thorough understanding of the true complexity of health problems than has been the case so far [2]. The Alma-Ata Declaration recognizes that the basis for better health for all is primary health care, which operates at four levels: home or family, community, primary medical care and medical referral system [3]. Within this framework, health education is mainly concerned with the home or family level, whereas health promotion is projected at the community and health care levels. This differentiation seems to be arbitrary, since neither health promotion nor health education alone can solve the problem. Accordingly, they should be considered in the light of a dynamic functional relationship and as interdependent; most of their activities will overlap or depend for success on simultaneous intervention on all four levels [4].

In spite of the excellent facilities available in Saudi Arabia, training is extremely deficient in the area of health education. Therefore, one apparently cost-effective approach followed by this intervention project was an intensive health education training programme for Saudi male health inspectors, female Saudi and non-Saudi

nurses, midwives, school teachers, and community volunteers.

The objectives of this project were:

- training and human resources development in the field of health education. The selected participants were male health inspectors, female nurses/midwives, female school teachers and female community volunteers;
- enhancement of health education research work; and
- developing a plan for establishing a health promotion/education centre.

Material and methods

The study was carried out in Al-Qassim region. It was started with a survey of *all* health inspectors ($n = 73$) affiliated to Al-Qassim Health Directorate and working in different parts of Al-Qassim region. A questionnaire/interview was used to assess the level of interest of the health inspectors in attending a three month training programme in health education, and their willingness to be converted from health inspectors into health educators after training. Out of the total, 44 (60%) showed interest, and 29 (39%) were not interested in joining the health education training programme (Table 1). Another detailed questionnaire was distributed to those who showed interest in the training programme, and 14 (32%) were finally selected and found suitable for training. The considerable attrition rate (59. or 81%) might be, among other factors, due to the expected change in their main job following health education training—from health inspector to health educator. Those selected for training were then subjected to an intensive three month health education training programme, which included the following main areas:

Table 1 A survey of Saudi health inspectors interested in joining the health education training programme in Al-Qassim region

City	No. of health inspectors	Interested		Uninterested	
		No.	%	No.	%
Buraidah	13	8	62	5	38
Meradissiah	3	3	100	—	—
Methnab	5	4	80	1	20
Al-Rass	18	11	61	7	39
Bukairiyah	16	8	50	8	50
Unaizah	8	5	63	3	37
Oyoun Al-Jawah	3	3	100	—	—
R-Al-Khabra	7	2	29	5	73
TOTAL	73	44	60	29	40

- health education principles and methods;
- communication and counselling;
- health education curriculum development;
- health education research and field work

These Saudi health inspectors were all from the same health directorate, with previous educational input during their training in health education. Also they were supposed to hold permanent jobs that specifically included administrative as well as coordinating activities at various centres. They were trained rigorously for three months, unlike the females, who were given training for only a two or three week period. This was a cost-effective planning, because females belong to different cadres, and from an administrative point of view, they were not allowed to be away from their work for a long period. Also they were included in in-service training programmes, and would repeatedly receive educational training.

By the end of the three month health education training programme, the 14 newly

graduated health educators were sent to 14 (out of a total of 17 such centres, or 82%) supervisory primary health care centres in the Al-Qassim region with the objective of planning, implementing, monitoring and evaluating health education activities. Additionally, an average of around five primary health care centres (and their catchment population) per educator were also included. So the 14 trained health educators now covered 88 (62%) out of a total of 142 primary health care centres in Al-Qassim region (Table 2). We would like to emphasize that other health inspectors will be encouraged to join the health education programme.

In relation to the female health education training programmes, Al-Qassim region was divided into four main areas, namely, those of Buraidah, Unaizah, Al-Rass and Oyoun Al-Jawah, according to population density. Four female physicians were trained in basic health education by the principal investigator. Following the training programme they were designated regional coordinators for female health education training programmes, and were given the task of training female school teachers, fe-

male nurses and midwives and female community volunteers. The sociocultural barriers (Al-Qassim being the most conservative region of the country) prompted us to delegate the responsibility for training female cadres to these female physicians. Notably, the health education programme for females also covers the four areas as defined above for male health inspectors. The total number trained reached 253 in the four areas of Al-Qassim region (Table 3).

It has been observed that females, compared to males, underutilize the health care services in Saudi Arabia. From this perspective, females need comparatively more health education, hence the greater number of female health educators at different levels and places. This training might enhance their abilities to come up to par with their male counterparts as regards the utilization of primary health care. In addition to their

original jobs, these candidates also took up the charge of coordinating and planning health education at the workplace, as well as in the catchment area. The main objective of the female health education project was to train one female school teacher from each primary, intermediate and secondary school; one female nurse or midwife from each PHC centre; and a number of community volunteers at the project's four main study areas, in Buraidah, Unaizah, Al-Rass and Oyoun Al-Jawah (Table 4).

Results and discussion

This innovative health education project has created a permanent local health education infrastructure comprising both sexes ($n = 267$), who were intensively trained in different methods of health education by a

Table 2 Allocation of Saudi males trained in health education in Al-Qassim region

No. of trained health educators	No. of supervisory PHCCs covered	No. of other PHCCs covered	Total No. of PHCCs covered
14	14 (82%)	74 (52.11%)	88 (62%)

Note: Total number of supervisory PHCCs = 17
Total number of PHCCs in Al-Qassim region = 142

Table 3 Females trained in health education in Al-Qassim region, Saudi Arabia

City	Nurses/midwives		Teachers		Volunteers		Total	
	No.	%	No.	%	No.	%	No.	%
Buraidah	14	5.5	39	15.4	10	4.0	63	24.9
Unaizah	30	11.9	29	11.5	14	5.5	73	28.9
Al-Rass	39	15.4	14	5.5	11	4.3	64	25.3
Oyoun Al-Jawah	12	4.7	29	11.5	12	4.7	53	20.9
TOTAL	95	37.5	111	43.9	47	18.6	253	100

Percentages calculated out of total trained, i.e. 253 females

Table 4 Number of health units to be covered in the first phase of female health education project in Al-Qassim region, Saudi Arabia

City	No. of PHCCs		Other health units
	No.	%	
Buraidah	20	37.0	One school health unit
Unaizah	15	27.8	One school health unit One hospital (King Saud Hospital)
Al-Rass	8	14.8	One school health unit One kindergarten school
Oyoun Al-Jawah	11	20.4	
TOTAL	54	100	Five other units

team of health educators. Following the training they were deployed in different primary health care centres, and in primary, intermediate and secondary schools in the Al-Qassim region. They were provided with a checklist of health tasks and duties to facilitate their role in the management of health education activities at the place of their work.

The close coordination and collaboration between the local health authorities and education authorities in Al-Qassim region was a prominent factor in the implementation of this project. Therefore, this project, with special reference to primary health care at the regional level, appears to support one of the recommendations made by the Alma-Ata Declaration, which sees intersectoral collaboration as an effective approach towards the success of health education programmes and projects [5,6].

It has been noted that "even within the best social environment and with the best medical care available, the health of individuals will depend on their competence to deal with health problems that face them" [7]. In the same vein, our project of health education attempts to increase individual

and family competence in promoting their health, preventing and managing diseases through self-reliance, and proper utilization of existing health services. This is highly dependent on the ability of the health educators to translate what they have learnt in terms of defining the important health education problems in the community, specifying aims and objectives, using acceptable health education methods and approaches, and choosing suitable and sensitive indicators for monitoring and evaluation [8].

The success of our innovative health education project has been reflected in the creation and establishment of a modern new health education centre situated in Buraidah City in Al-Qassim region. Its goals are to enhance research and medical education and also to provide effective health education services. This centre has been already visited by the Regional Adviser for Health Education and Promotion at WHO's Regional Office for the Eastern Mediterranean (EMRO) and the Director of the International Communication Enhancement Center, Tulane University, USA; and they have recommended that it be desig-

nated a WHO Health Education Collaborating Centre for the Region.

Conclusion

It is essential in planning any training programme to assess the students' interests, needs and expectations. We have found this very effective and appropriate in the selection of suitable candidates for this project, candidates who continued their health education activities at the place of their work. Constant motivation and encouragement were highly appreciated.

The creation of health education infrastructure and training of personnel in Al-Qassim region has increased the enthusiasm, interest and motivation of other

health districts in Saudi Arabia to take up Al-Qassim experiment.

The positive evaluation of the project by experts from WHO/EMRO and Tulane University has evoked a feeling of reassurance among the graduates. What is left now is to evaluate the long-term effect of this infrastructure on the health of people of Al-Qassim region.

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