

A CONTEXTUAL REVIEW OF HEALTH EDUCATION PROFESSION IN NEPAL

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Abstract: *This article belongs to professional development of health education in Nepalese context. It comprises its concept on different aspects of professional development as quality assurance, research, advocacy, promoting the profession, and dynamic/contemporary practice in health education. It is based on review of the work done at national level for professional development in health education.*

Keywords; *Health education, development, quality assurance, research, advocacy, contemporary practice*

Background

The process of preparing for a career is referred to as professional preparation (Bruess, 1976). Health education professional preparation is the academic coursework and associated fieldwork required for students to receive a degree in health education (CNHEO, 2001). So, we can say that it is a process of preparing the trained, capable, efficient and a dedicated health teacher to provide health education.

To prepare a trained, dynamic, capable, and dedicated health teacher to grant health education, is called the professional preparation in health education. The different universities and their colleges do offer professional preparation for health educators at the bachelor, master, M Phil. and PhD levels. Health education professional preparation programs have a responsibility to provide quality education for their students, thus benefiting both the profession and the public.

Such quality education derives from and develops in students key responsibilities and competencies defined by the profession at both the entry and advanced levels. Many programs also offer specific courses for those preparing to work in various settings (e.g. community/ public health, schools, universities, medical care, or the workplace). Formal accreditation and approval mechanisms help ensure the quality of professional preparation programs. Different professional preparations programs have been conducting the health education programs in developed countries. So, there have been numerous endeavors on Certification, Accreditation and Licensure too, but in developing countries like Nepal, professional preparation programs are in initial phase and not satisfactory as other developed countries.

Some professional organizations which were established for the development of health professionals in Nepal are Nepal Medical Association(NMA) -1951, Nepal Nursing Council (NNC) -1960, Nepal Medical Council(NMC) -1964, Nepal Health Research Council(NHRC) - 1991, Nepal Public Health Association(NEPHA) -1990, and Nepal Health Professionals Council(NHPC) -1996. Similarly, some other professional programs in health education conducted by different organizations in Nepal are Faculty of Education, TU, Institute of Medicine, Ministry of Education, Council for Technical Education and Vocational Training (CTEVT), National Education Board, Ministry of Health and Population, and Health Education Association of Nepal(HEAN).

Quality Assurance

Quality is defined as having mainly three dimensions: effectiveness, safety and provision of the best possible experience. While Quality Assurance (QA) is one of the mechanisms to ensure that graduates attain adequate standards of education and training. There are two parts to a quality assurance system, an internal and an external quality assurance process.

In case of Health Education Quality Assurance, it is the ability to ensure quality in its professional preparation and practice. It refers to professional accountability in conforming to established standards and criteria in health education. Examples of Quality Assurance in health education include certification of individuals, the accreditation and/or approval of professional preparation programs in health education, and the application of health education ethical standards. There may be several standards to assure the quality in health education profession; among them some criteria are self-study by the institution, external quality assurance,

accreditation, and quality assurance in approving new courses. Similarly, in case of Nepal, the criteria that can be taken as an assuring quality in health education are accreditation, certification and licensure. These all are the forms of credentialing.

The quality assurance is a vital process that checks the non-professional's entry in the sector of health education. In case of Nepal, license is necessary to enter into the teaching field but, there has not been the provision of licensing to enter into the health education profession and the Nepalese Government recognizes *Health for All* as its national goal. To meet this goal, the government plans for medical training to produce skilled and qualified physicians. But the Nepalese health care and medical education are facing a number of challenges. Therefore, the burden of diseases in Nepal is still large. The need for quality assurance programs in health education field has been recognized to conduct the health education profession until now. For the quality assurance in the Health Education Profession, a mandatory and reliable mechanism with accreditation, validation and audit should be provided by the people and agencies outside the institution.

Research

Health education research is both applied and basic. It draws from theoretical constructs found in educational, social, behavioral, and life sciences. Health education theory and research derives from and uses rigorous social science methods. The knowledge derived from this research forms the basis of the practice of health education. Health educators apply these constructs to improve individual and population based health. The practice of health education, in turn, influences health education theory and research. The basic architecture of health research is the Nepal Health Research Council established in 1991 by an act of parliament. NHRC is the national apical body who is responsible to promote health research in the country in order to promote health development. The overall goal of the NHRS is to function as the "Brain" of the health system.

NHRC is committed to take up all the activities to promote health research in Nepal. Some of the major activities are promotion of research environment, promotion of research culture, monitoring and evaluation of research, and development of national health research policy. The present situation analysis demonstrates that NHRC as the apical national institution has been playing a catalytic role in promotion of health research in Nepal. It is trying to forge linkage with other research institutions and organizations in a spirit of partnership to promote health research in Nepal and establish the National Health Research System (NHRS).

NHRC faces many constraints, but has been trying to address these issues by developing short term and long term plans and developing strategies to implement them. NHRC has initiated many activities over the last five years and made significant progress towards developing a sustainable NHRS but still a lot needs to be done. NHRC would need a lot of support from the government, WHO and other national and international research institution and organization to achieve the goals.

Advocacy

Advocacy is the process of speaking out for something, such as a cause or a policy (Global Forum for Health Research, 2004). Advocacy is identified as powerful tool to promote actions on the social determinants of health. It is an action directed at changing the policies, positions or programmes of any type of institution; it is speaking up, drawing a community's attention to an important issue, and directing decision-makers towards a solution (Sharma, 1997). It is identified as powerful tool to promote actions on the social determinants of health. Various evidences emphasize that advocacy can have positive implications on population's health. According to WHO (1986), advocacy for health as, "a combination of individual and social actions designed to gain the political commitment, policy support, social acceptance and systems support for a particular health goal or program". The goal of advocacy efforts is in support of to arouse public concern and mobilize resources and forces an issue, policy or constituency. Department of Community Medicine and Public Health, Institute of Medicine has played a crucial role in designing the bachelor and master's curriculum in health education.

Though the situation of advocacy to advance and strengthen health education profession in Nepal is not satisfactory, some activities to promote the profession are seen to be conducted in different fields. Health education teachers across the country have been the advocates to uplift health education professional preparation in various sectors such as faculty of education and institute of medicine under TU. All health education students under FoE, ANM, CMA, HA, SN/PHN under CTEVT and MBBS under IOM are prepared to cope with the health education need of the country. MoHP and others have advocated more strict NMC skilled based licensing examination for doctors to maintain professional standards. Nepal Public Health Association (NEPHA) has advocated to safeguard and promote the profession of the public health graduates; and to support for the development of public health professionals (Save the Children Federation, 2018).

Similarly, some of the researchers in Nepal have advocated increasing the investment in public health education (Mahat, Bezruchka, Gonzales, & Connel, 2013). Health Education Association of Nepal (HEAN) advocates the need for HE professional preparation to teach needful people of different strata. The Cabinet of Nepal has endorsed "National Health Communication Policy, 2012" which is the milestone for health education under MoHP/GoN (Department of Health Service, MoH Nepal, 2014).

Promoting the profession

Promoting the profession involves informing employers, third party payers, governmental regulatory and funding agencies, and the public at large about the skills and competencies of practicing health educators. It involves advocating for the employment

and promotion of professionally prepared, qualified individuals to fill health education positions. It involves promoting health education not only within the profession but promoting to those external to the profession including regulatory agencies, third party payers, and the general public.

Health education organizations have taken an active role in promoting health education within the profession by such actions as establishing a Code of Ethics, placing health education in the position of a profession in the field of Health Professions, and strengthening the CNHEO communication network. However, based upon the external actions/goals, the professional organizations have not been as active promoting the profession outside the profession. Training is provided to the teachers of health professions in educational methods; continuing education for health professions have been initiated and maintained; different programs have been carried out to promote the planning, implementation and evaluation of Information Communication Technology (ICT) in health care and health professions education sectors; various researches have been conducted in health professions education and practice; coordination is maintained of medical education with national health care services; forum for communication and focus of ideas for all those concerned with development of human resources for health (HRH) are provided; and regional and international linkages with other institutions belonging to health professions education have been developed.

Dynamic/contemporary practice in health education

Dynamic/contemporary practice takes into account and reflects changing community demographics, technology, organizational and marketing strategies, educational processes, and environmental factors. It relies upon effective continuing professional development that is based on a planned program, sound educational principles, and current and projected workforce needs, and flexibility to adapt to changing needs.

Dynamic/contemporary practice in health education addresses issues tangential to the present state of the profession. It focuses on changes within communication, technology, educational theory, authentic methods, community dynamics, and human biology. To stay current and relevant, health education programs need to reflect changes in various work settings through their choice of materials, resources, technology, organizational and marketing strategies, and educational processes. There is no adequate provision of health care services to all the Nepalese people and the main hindering factors are inaccessible and difficult geography, poor level of literacy, ineffective communication channels, transportation problems, financial deficit and lack of skilled human resources, with some cultural and religious beliefs.

Almost all of the hospitals and health posts are funded and regulated by the government. There is no reliable insurance system, and the poor families living in the rural areas are unable to afford the medical facilities and services. The primary health care system is criticized for its failure to consider the norms and values of the distant village people which lead them to follow the traditional mal-practices. For example, removal of green leafy vegetables from the diet of breastfeeding mothers, the ceremonial introduction of rice and salt into the food of newly born baby of five to six month, extraction of colostrums from the mother's breasts, etc.

Nepal Medical Council (NMC) has developed a code of ethics and professional conduct-2017 for its members (NMC, 2017). Nepal Health Research Council (NHRC) supervises the health research activities in the country, has laid down the national ethical guidelines for health research and standard operating procedures (NHRC, 2011). The seventh amendment of Education Act has outlined the code of conduct for teachers (as cited in Nuland & Khandelwal, 2006). Teacher Service Commissions are constituted for the recruitment and promotion of the teachers in different levels of government schools and campuses. Teaching license system enforced in all levels of schools to develop professional efficiency in teachers.

Nepal Public Health Association (NEPHA) has aimed to organize all the public health professionals and to enhance the quality through the development of their professional abilities (NEPHA, 2018). Specific health education home page was not found running by any Nepalese organizations, but a home page, "MedlinePlus" for health professionals and consumers was found in Nepalese language and was managed by US National Library of Medicine. In a list of 130 journals, a very few of them are related to health and medicine in Nepal Journals Online (NepJOL), but none of them are specified in health education and promotion. All the universities and some of their campuses have their own web-sites, but none of them are providing vital information for health professionals.

Conclusion

Health education is a profession focusing on the behaviors, systems, environments, and policies affecting health at a variety of levels. This profession requires intensive specialized training encompassing the biological, environmental, psychological, social, physical, and medical sciences. It also involves the development of individual, group, institutional, community, and systemic strategies to improve health knowledge, attitudes, skills, and behaviors, which empowers people to take more control over their personal, community, and environmental health and well-being. Health education enhances the quality of life for all people. It requires intensive specialized study. So, qualified and efficient teachers are needed to take health education as the professional criteria.

Globally, different levels of educational programs on professional preparation are being conducting in health education and the process of accreditation, licensure, and certification is strictly followed for quality assurance which is not followed well in the countries like Nepal. The oldest and the biggest university of Nepal, Tribhuvan University is producing health educators every year in

a large volume, but most of them are unemployed with a few in teaching. Though different governmental and non-governmental organizations in Nepal are working for the professional development of health education, they are just striving to begin some works in research and advocacy, and far behind in quality assurance and contemporary practice. That's why, a joint effort of all the sectors, whether from public or private ones, need to focus their activities towards professional preparation, quality assurance, research, advocacy, promoting the profession, and dynamic/ contemporary practice to meet the needs and aspirations of the Nepalese people in the 21st century.

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