REVIEW ARTICLE

PUBLIC HEALTH AWARENESS: A PRECURSOR TO BETTER PREVENTIVE & CURATIVE HEALTH CARE IN PAKISTAN

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ABSTRACT

Based on a thorough analysis of the facts reported over and over (in print, mass and now social media), this paper argues that in the perspectives of Pakistan, 'Public Health Awareness (PHA)' is the strongest precursor to define, predict and resolve the health issues more quickly and substantially. For example, an individual having knowledge of 'preventive healthcare (PHC)' can prevent becoming sick thereby reducing the need for 'curative healthcare (CHC)' practices. Thus, greater emphasis on increasing and strengthening PHA is recommended. This paper argues that 'public health authorities' must capitalize on social media for making community healthier through 'more awareness than medicine.' At the moment we are living in a global-village of information-society, which is well-equipped with digital-gadgets (i.e. Smart-Phone) therefore ready than ever to be injected with public health awareness.

KEY WORDS: Public Health; Awareness; Health care.

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INTRODUCTION

In public health administration, the question of type and volume of health-related information needed by citizens, with regard to healthcare facilities and services arises.[1] Print and electronic media can be used to launch health awareness programs and give healthcare messages. An educated and well-informed community takes better care of health with good impact on health indicators. Use of e-technology is an emerging area that can be utilized to educate and advice communities with regard to health matters at a low cost.[2] Such proposition may involve costs that Pakistan can find difficult to afford but such an investment will pay dividends in future by favorably impacting health of Pakistani communities.[3]

In 1978, Pakistan became signatory to World Health Organization's Alma-Ata Declaration, which defined the target for 'Health for All' by the Year 2000.[4,5] One of the five principles of Alma-Ata focuses on disease prevention, health promotion, and curative and rehabilitative services. These policies did not appear in Pakistan until 1990 when Pakistan Government unveiled its ever first National Health Policy (MHGP, 1990). This policy focused on school health services; control of communicable diseases; nutrition programs; family planning; malaria control programs; sanitation and safe drinking water.[6]

Second National Health Policy, 1997 (MHGP, 1997) was introduced focusing on health promotion and 'health education.' The health promotion focused on 'health education' and five principles of Ottawa Charter as a guiding framework.[7] Then came National Health Policy 2001 (MHGP, 2001), wherein plan was "to create mass awareness in public health matters" using "multimedia to disseminate information." The emphasis were on disseminating preventive information on healthy practices including treating drinking water, washing hand and sanitation.[8]

The private sector and NGOs can play important role in spreading awareness among schools, colleges and universities. In 2009, the private Procter & Gamble Pakistan and NGO 'Save the Children' collectively built 100 sanitation facilities in 100 days across Lahore, Quetta and Karachi.[9] Their target was to create health and hygiene awareness among 40,000 school-age children thereby helping in reducing the burden of communicable disease to

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a large extent.

Improved monitoring and evaluation is also necessary not only to improve the performance of the health sector but also to create public awareness through multiple programs. Pakistan developed Health Monitoring Information System (HMIS) in 1992 funded by USAID, however, it should be noted that our system for public health surveillance is still weak and incompetent to provide required data for informed decisions about public health. Researchers conducted intervention at a BHU to watch public sector worker absenteeism using smartphone technology thereby virtually increasing the inspections of clinics. Similar will be useful in establishing effective means of monitoring and evaluating a health system.[10]

This paper is an effort to highlight the need for public health awareness with a view to help public health sector in implementing health related programs with the support and understanding of the general public. Educated and well-informed citizens respond more powerfully to the public health initiatives by extending full cooperation through their awareness about the sensitivity of the health issues and the efforts made by the government to handle those issues effectively. It is well-established that public health awareness affects preventive healthcare campaigns positively making the people able to control health issues before they strike them.

RESEARCH DESIGN

The researcher has used TFA (theoretical framework approach) as a tool to process qualitative data. TFA capitalizes on 'Theory' as a set of techniques to collect, analyze and document the results. Theory is a set of variables, connected together as per underlying principles/ premises to represent cause and effect relationships between the variables. TFA collects data in the form of primary themes (cards), reorganized into organizing-themes (classified data) and finally connecting organizing themes into a global theme called 'theoretical framework'. 'Argumentation' tool has been used to weld different themes together to 'form' and 'support' research 'question' and 'answers.' The whole process is detailed in the Figure 1.

Besides using model by Jennifer A Stirling (2001); 'Grounded-theory' by Glasser & Strauss (1967), 'Framework-Analysis' by Ritchie and Spencer (1994) and many other related concepts have been used as guideline in developing TFA.[11,18,19] It should however be noted that TFA is primarily founded on 'Argumentation-theory' by Toulmin (1958).[12] Toulmin's (1958) Argumentation is a 'systematic procedure to analyze logical sequence of a statement with an idea, position or claim. The components of arguments are ways to explore connections between the 'explicit statements' and 'implicit meanings' in people's verbal or written dialogue. Argumentation moves from accepted 'data/ evidence' through a 'warrant' to a claim. A claim is the conclusion to an argument, which is to be supported by data/ evidence. Warrants refer to principles upon which arguments to support the claim are constructed. There are also 'backings' to support warrants, 'qualifiers' (probability of claims), 'rebuttals' (counter-arguments).

PUBLIC HEALTH AWARENSS [PHA]

Prevention is better than cure is commonly understood reality and every rational citizen knows that if measures are taken at the environmental hygiene and food levels (preventive healthcare), the vulnerability to diseases is reduced to maximum extent. In advanced countries, citizens are bombarded with updated healthcare information to keep their preventive level of healthcare updated in terms of awareness. In developing countries like Pakistan where health related facilities and services are very limited and poor in quality, the tool of public awareness about their healthcare measures and issues can help a lot in better handling health of the nation.[13]

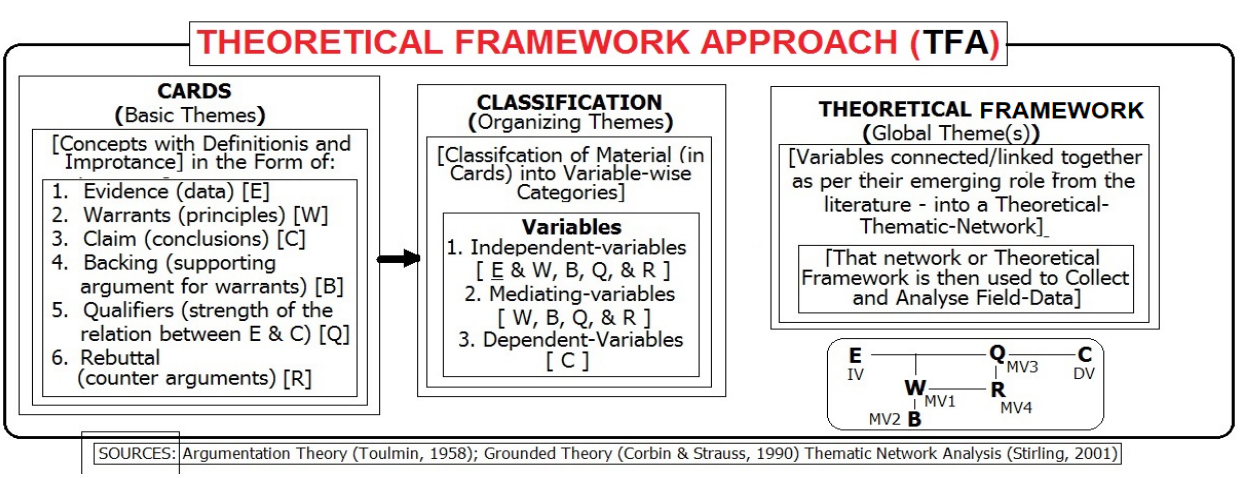


Figure 1: Dynamics of Theoretical Framework Approach - TFA

At the moment mass media and more widely, the social media has become most powerful tool in disseminating health-related information to all types of stakeholders including children to adults and old-age citizens simultaneously. According to WHO reports, most developing countries like Pakistan are far behind the targets in human development and health-related indicators, for instance, the life expectancy is 65.4 years in Pakistan (a developing state), in comparison to Japan where it is 83 years (a developed country).[7]

The 'community needs' must be unfolded through involving the community in the process. If communities are given the ownership of their healthcare, they can successfully surface their health needs thereby improving their health status. Healthcare delivery models, based on community needs are best for financial acceptability and sustainability.[14] Another researcher suggests that a model based on public-private partnership is more likely to be successful to improve health in developing countries like Pakistan.

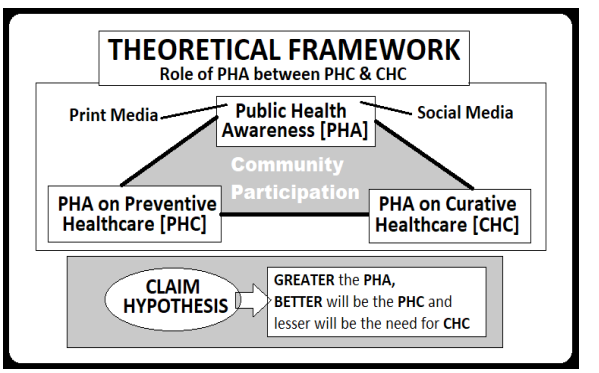
PHA ON PREVENTIVE HEALTH-CARE [PHC]

The most effective and what characterizes advanced healthcare systems of the world, is the maximum public health awareness before the diseases strike the society at the preventive levels of healthcare both in terms of food management and preventive vaccinations.[15] A human development approach stands on health-related education and social development along with provision of healthcare. An educated and socially civilized person is more likely to take care of his/her health as well as of his family. It is notable that top health indicators in South Asia come from Sri Lanka with life expectancy of 72 years due to having very 'high literacy rate' as well as better support, facilities and services at primary care level. Pakistan can also learn from Sri Lankan experience as workable model address native health issues.

PHA ON CURATIVE HEALTH-CARE [CHC]

As far as curative healthcare is concerned, the community should be aware of all the healthcare facilities available at the primary, secondary and tertiary levels in the area. Public awareness about hospitals, clinics, medical stores and patient help centers along with contact information so that health related help should be sought as quickly as possible in the moments of emergency. Likewise, public awareness is also needed and continuously updated about the medicines and drugs sold in the markets. Measures must be taken by the public health authorities to display latest information on the drugs commonly available in the market through print media, social media, Bill-boards in public places, educational institutions and markets of consumer products.

Availability of healthcare facilities and services at the primary level are more critical and need to be robust alongside maximum and updated awareness of general public regarding the facilities and schedules of healthcare services. Under the Family Planning and Primary Healthcare Program, the Lady Health Worker Program had recruited more than 103,000 lady health workers (LHWs) by March 2012. Around 76 percent of the target population is now covered by LHWs [16], which has accelerated routine immunization for children across the country and brought about some improvement in antenatal care, contraceptive prevalence and skilled birth attendance in the areas covered. LHWs are trained primarily at basic health units (BHUs), to which they also refer their clients. However, absenteeism and an inadequate supply of medicines at the BHUs mean that many patients are still denied both preventive and curative treatment. The quality of services delivered by the LHWs also requires regular monitoring and evaluation-processes that are yet to be strictly implemented.



This schematic diagram of the theoretical framework shows that the role of public heal awareness is critical and decisive in many dimensions. It obviously improves the attention of people to apply all possible preventive measures and stay healthy and at distance from diseases. Likewise, PHA reduces the chances of need for CHC due to more attention at the prevention thereby decreasing dependence on curative arrangements.

DISCUSSIONS & CONCLUSIONS

The Millennium Development Goals (MDGs) provide time-bound objectives to overcome extreme poverty and provide education and security as underlined in the Universal Declaration of Human Rights. Furthermore, political devolution within Pakistan provides a greater opportunity for public healthcare to address issues related to system-planning, healthcare delivery structures, programs and services.[17] Given the fact that developing countries like Pakistan are not able to provide all required health facilities and services to all citizens of the country in length and breadth of the country's landscape so there is acute need to prepare community in assisting the public health authorities in handling healthcare

issues collectively. This is only possible if 'public health awareness' programs are launched using multiple sources and ways of approaching diversity of communities through that media which is in access of a specific community.

Thus, community participation in public health programs is widely considered as the best way to help citizens in having best possible healthcare services in both advanced and developing countries like Pakistan. Social media has become the dominant form of communication with billions of users possessing a smart phone to access multiple platforms like facebook, WhatsApp, twitter and many more. Millions of Pakistani citizens are already 'international-citizens' by having and using 'Smart Phones' exchanging a diversity of messages about different shades of life like educational, social, political, religious, cultural, technological as well as 'health-tips.' Public health authorities must explore different ways to use social media for 'public-health-awareness' to access masses simultaneously with the intention to 'kill the possibility of bad health than bad health itself.'

REFERENCES

1. Ansari WE, Stibbe A. Public health and the environment: what skills for sustainability literacy – and why? Sustainability 2009:1:425-40. doi:10.3390/su1030425.
2. Bonderup AM, Hangaard SV, Lilholt PH, Johansen MD, Hejlesen OK. Patient support ICT tool for hypertension monitoring. Stud Health Technol Inform 2012;180:189-93.
3. Qidwai W. Healthcare delivery system improvements: A way forward to improve health in developing countries and Pakistan. J Coll Physician Surg 2013;23:313-4.
4. WHO. Declaration of Alma Ata. Geneva, WHO. Available at http://www.who.int/publications/almaata_declaration_en.pdf.
5. WHO (1986) Ottawa Charter for Health Promotion. Geneva, WHO.
6. Ronis KA, Nishtar S. Community health promotion in Pakistan: a policy development perspective. IUHPE – PROMOTION & EDUCATION, 2007;14:60-2.
7. WHO (2013). Global health observatory data repository. Available at: http://apps.who.int/gho-data/?vid=3000&theme=country.
8. Afzal U, Yusuf A. The state of health in Pakistan: an overview. JEL 2013;18:233-47.
9. Tanwir F, Saboor A, Shah MH. Water contamination, health hazards and public awareness: a case of the urban Punjab, Pakistan. Int J Agr Biol 2003;5:460-2.
10. Callen M, Gulzar S, Hasanain A, Khan Y. The political economy of public employee absence: Experimental evidence from Pakistan. 2013 Unpublished manuscript. At: http://econ.ucsd.edu/~mjcallen/pdfs/pea.pdf.
11. Ritchie J, Spencer L. Qualitative data analysis for applied policy research. In Bryman and R. Burgess (eds) analyzing qualitative data, 1994 pp. 173–94. London: Sage.
12. Toulmin S. The uses of argument, Cambridge University Press, Cambridge, 1958.
13. Nishtar S. Choked pipes: Reforming Pakistan's mixed health system. Karachi, Pakistan: Oxford University Press, 2010.
14. Bawden R, Lindsay E. Patient empowerment: a general practice perspective. Br J Community Nurs 2007;12:28-30.
15. CDC. The health communicator's social media toolkit. Center for disease control and Prevention, 011. At: http://www.cdc.gov/eval/resources.htm.
16. Khan A. Health and nutrition. In Pakistan economic survey 2010-11. Islamabad, Pakistan: Finance Division.
17. Ali N, Khan MS. Devolution and health challenges and opportunities- a year later. Pak J Public Health 2012;2:62-5.
18. Glaser B, Strauss A. The discovery of grounded theory. Aldine publishing company, Hawthorne, NY, 1967.
19. Stirling JA. Thematic networks: an analytic tool for qualitative research. Qualitative Research. SAGE Publications. London, Thousand Oaks & New Delhi. 2001;1:385-405.

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