Selected health promotion strategies: Potential(S) and challenges

Mfrekemfon. P. Inyang* and Ugwulor Louis Oguchukwu

Department of Human Kinetics and Health Education, Faculty of Education, University of Port-Harcourt, Choba-Rivers State, Nigeria.

*Corresponding Author
E-mail: mfrekemfon@yahoo.com

Health promotion is receiving more attention in the world today due to the associated benefits. This is a review paper which provides conceptual and practical guidance on how to use nutrition, exercise, stress management and other healthy lifestyles in health promotion. A number of local and international case studies demonstrate how these strategies can be used in health promotion programmes. There are barriers to these gateways. The paper identifies these multiple challenges to include scarcity of data, rapid social changes, insufficient legislation, inadequate resources, limited inter-sectoral cooperation, inadequate involvement of the private sectors in health promotion, lack of capacity for health promotion practices in many countries and low priority placed on health promotion by decision makers in countries like Nigeria. The ways of encouraging health promotion among people were proffered vis a vis effective health promotion initiatives to address the social and environmental determinants of health that seek to empower communities to take control of their health. Materials consulted for this article included print and online Journals, internet materials and relevant books. The paper concluded that the four strategies have been effective in addressing many of the health related issues faced in the 21st century. These strategies include building healthy public policy, creating supportive environments, strengthening community actions, developing personal skills and reorienting health services. They have relevance for the future if they are integrated with one another.

Key words: Health, promotion, strategies, potentials, challenges

INTRODUCTION

In the world today, very few causes engender more universal interest and appeal than the issue of health (Onuzulike, 2007). World Health Organization (WHO) in 1978 declared health, a fundamental human right and as such the greatest of natural resources of a nation upon which the happiness and powers of the people depend. An individual may seem incomplete without sound health. No wonder, in 1948, the World Health Organization defined health as a state of complete physical, mental and social well-being of an individual and not merely the absence of disease or infirmity. It is that fitness of the body and mind that empowers an individual to achieve a personally satisfying and socially useful life (WHO, 1948).

Health occupies a central point in our lives and is so important that everyone is concerned. This concern for the health of individuals has brought an increased focus in the international community on the importance of maintaining or improving one’s health status through the practice of health enhancing activities. In 1986 at the First International Conference on Health Promotion in Ottawa, Canada, health promotion was defined as "the process of enabling people to increase control over and to improve their health (WHO, 1986). The Ottawa Charter focused on five key strategic actions which include building healthy public policy; creating supportive environments; strengthening community actions; developing personal skills; and reorienting health services. Though other declarations (for example the Amman Declaration (WHO,
1989) which emphasized health promotion through Islamic Lifestyles; the Jakarta Declaration (WHO 1997) which described health promotion as an essential element of health development; Bangkok Charter (WHO, 2005), adopted in August 2005 which identifies actions, commitments and pledges required to address the determinants of health in a globalized world through health promotion) guided by the World Health Organization have come into age since Ottawa 1st International Conference. That does not mean that these ideas are now outdated and weakened. Instead, it seems that they are more vibrant than ever as more doors continue to open for an improved collaboration among nations of the world towards health promotion and protection of life.

Our health must be protected (by promoting it) because the world we live in faces serious problems. These problems include prevailing Ebola outbreak in West Africa; environmental crises such as climate change and deforestation; human physical suffering, particularly the prevalence of chronic and lifestyle-related illnesses; the breakdown of the family and general lawlessness in our society. These problems point to a human crisis of global proportions (Christoff and Eckersley, 2013). In order to overcome it, now is the time to reconsider and change the way we live bearing in mind that one of the most fundamental ways to address this crisis is to tackle and prevent health problems before they develop. In this way, the control and responsibility for someone's health are becoming an integrative part of everyday life of the individual, school, with the support of the home, community, and government (Moronkola, 2004).

Health promotion is a broader concept that enables people to undertake a conscious control over their health. To achieve improved health and quality of life, this concept and principles are increasingly being adopted by countries around the world. While health promotion has emerged as a respected field of study in the United States and Europe, many African nations (including Nigeria) are also putting considerable efforts for advancement and recognition of the field (Onuzulike, 2006). These developments have generated a global desire for intense networking and international collaboration in the area of health promotion. Indicative of this development for example, is the close analysis of the developments (in health promotion) in Australia and New Zealand. One research study (Wise and Signal, 2000) found that health promotion has become an established approach to addressing public health problems in both nations over the past two decades.

More collaboration among nations is very necessary to meet the complex challenges to the health of populations. Rapid changes in health promotion approaches which vary in content, direction and strength are seen in advanced nations (WHO, 2014). This is also good for the developing countries because health promotion has moved beyond maintaining health to improving health status and consequently is concerned with developing health potential and achieving health gains. Health potential may take the form of proper nutrition, or good immunity, or physical fitness which enables a person to cope well with the stress which the body may face (Khayat, 1997). The double burden of disease and particularly the rising burden of non-communicable diseases in the world have made imperative the development of health promotion strategies and activities to prevent health problems and to add healthy years to life.

The Bangkok Charter, adopted in August 2005 (WHO, 2005), emphasized the challenges facing health due to globalization, such as new patterns of consumption, urbanization, environmental degradation and commercialization led by multiple uncontrolled channels of communication, marketing unhealthy products and behaviour. Such challenges have resulted in constantly evolving patterns of health and demographic transitions for example in Nigerian communities. According to WHO (2004) annual report, "A strategy for health promotion," health promotion among the regions of the world is guided by principles.

The regional strategy on health promotion is grounded in a holistic view of health, which includes physical, mental, social, emotional, occupational and spiritual well-being, and not merely the absence of disease or infirmity (Khayat, 1997) and which considers health to be a fundamental human right (Alma-Ata, 1978). The strategy will provide support to the countries of the world in developing sound and explicit national policies and strategies for health promotion, keeping in mind the roles and responsibilities of all the stakeholders from different sectors. This paper addresses four strategies that can promote the health of individuals such as nutrition, exercise, stress management and other healthy life styles.

**Health promotion strategies**

Health promotion is a proactive approach to health care that stresses prevention of diseases along the health care continuum. A strategy according to Hornby (2009) is a general plan or set of plans intended to achieve something, especially over a long period. Health promotion strategies focus on keeping people well and preventing diseases from occurring, in other words they are primary prevention activities (plan) (Centre for Health Promotion, 2006). Health promotion is the process of empowering people to make healthy lifestyle choices and motivating them to become better self-managers (Centre for Health Promotion, 2006).

**Nutrition**

Nutrition is all about the food people eat and how the body uses it. WHO, (2014a) defines nutrition as the science of food, the nutrients and other substances therein, their action, interaction and balance in relation to health and disease, and the processes by which the organism ingests, absorbs, transports, utilizes and excretes food substances. Nutrition has different meanings to different people. To some nutritionists, the subject is only biochemistry while to
nurses, dieticians and physicians, nutrition may mean meals for the sick in terms of calories, proteins, carbohydrate, fat, minerals, and vitamins (Onuzulike, 2007). To the layman, it represents food or it may mean a special diet. Onuzulike, (2007) states that nutrition is a combination of processes by which the living organisms receive and utilize the materials (foods) necessary for the maintenance of its functions and for the growth and renewal of its components. It could also be described as the analysis of the effect of food and its constituents on the living organism. To prevent certain diseases and to promote good health, it is important that individuals should eat in moderation and avoid unhealthy food items and patterns. It is a healthy eating habit for people to be conscious of what they eat (Chek, 2004).

Many costly and disabling conditions such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases are linked by common preventable risk factors. Unhealthy nutrition, tobacco use, physical inactivity and excessive alcohol use are major causes and risk factors for these conditions (WHO, 2014a). Edlin, (2003) believes that half of all cancer deaths are related to nutritional problems such as cancer of various organs from diets high in total fat, cholesterol and saturated fat, cancer of the colon from too much consumption of meat; diseases of gastrointestinal tract from not consuming sufficient fiber. Excessive consumption of food rich in cholesterol should be minimized so as to reduce the risk of arteriosclerosis. Examples of high cholesterol food include egg, red meat, margarine and oil among others. Age is also an important factor that should be considered in the choice of feeding and quantity of food taken.

The Centre For Disease Control (CDC, 2010) in collaboration with experts from universities, ministries and non-governmental agencies have through the review of researches, theories, and current practices summarized strategies that are most likely to be effective in promoting healthy eating as eating a variety of foods, balancing the food one eats with physical activity, maintaining and improving weight, choosing a diet low in fat, saturated fat, and cholesterol and choosing of a diet moderate in sugars, salt and sodium, including of more fruits, vegetables, breads, cereals, dry beans and peas in the meals. Others include buying of fresh fruits and vegetables. They are likely to have greater amounts of vitamin and minerals than processed varieties. When fresh fruits and vegetables are not available, frozen produce is preferable to canned produce because it retains more nutritional value. Increasing the consumption of whole grain products, such as whole- wheat bread, whole-grain (wheat, or oat) cereal, and brown rice. Refined-grains products, such as white bread, enriched or instant rice, macaroni, egg noodles, indomie and the like, have undergone processing that valuable nutrients and fibre are lost. Some of these lost nutrients are replaced in products labeled as "enriched", but there is danger that nutrients both known and unknown, have been removed or altered in ways currently understood.

Generally, if the goal for everyone is to remain healthy, we should therefore follow these nutritional guidelines so that we can avoid the somewhat painful outcomes of unhealthy nutrition. By the current WHO report, chronic conditions are projected to be the leading cause of disability and death throughout the world by the year 2020. This has to be prevented and managed, if not our health care systems will face expensive problems. People with diabetes, for example, generate health care costs that are two to three times those without the condition, and in Latin America the costs of lost production due to diabetes are estimated to be five times the direct health care costs. In this light, chronic conditions pose a threat to all countries from health and economic standpoint (WHO, 2014a).

Exercise

One of the basic ingredients for promoting optimum health is engaging in moderate physical exercises (Achalu, 2001; Kempe et al., 2004). Physical exercise is any bodily activity that enhances or maintains physical fitness and overall health and wellness. (Stamper et al., 2000). Agha, (2001) opined that physical exercise is a sub-category of physical activity, and a term used to refer to structured forms of physical activity for reasons of gaining or maintaining fitness. According to the U.S. Department of Health and Human Services (DHHS) (2006), exercise can be classified into aerobic and anaerobic exercises. Agha (2001) also identified categories of exercise to include dynamic aerobic, low intensity, isometric, isotonic, therapeutic and relaxation exercises.

Aerobic exercise is any physical activity that involves the use of large muscle groups and causes the body to use more oxygen than it would while resting. The aim of aerobic exercise is to increase cardiovascular endurance. Examples of aerobic exercise include cycling, swimming, brisk walking, skipping rope, rowing, hiking, playing tennis, continuous training, and long slow distance training.

Anaerobic exercise on the other hand is called strength moves or resistance training. This is because it strengthens, tones and firms the muscles, as well as improving bone’s strength, balance, and coordination. Examples of strength moves are pushups, lunges, and bicep curls using dumbbells. Weight training, functional training, eccentric training, interval training and sprinting are also forms of anaerobic exercise (DHHS, 2006).

Isometric exercise involves little application of mild force (push or pull) against immovable objects for about 5 to 8 seconds. It is useful in preventing muscle atrophy (Agha, 2001). Relaxation exercises, low intensity exercises as well as breath-control exercise like yoga and activities such as stretching which help to improve joint flexibility and keep muscles limber. The goal is to improve the range of motion which can reduce the chance of injury (O’Connor et al., 2005). However, some activities are designed to correct alterations in the body’s anatomy or physiology. Example of this is therapeutic exercises. Exercise is an important component of health promotion. Anything that gets you
mildly out of breath and a little sweaty is fine. For example, heavy gardening, swimming and cycling. A brisk walk each day is what many people do and that is fine. However, the more vigorous the exercise, the better. To gain most benefit you should do at least 30 minutes of exercise on most days (Morgan, 1992). Such daily systematic physical exercises in the open air will be beneficial in the following ways such as conditioning the organs of the body to meet the needs of the whole body, toning up the muscles, straightening the bones, and making the joints flexible. Calories of fat are burnt off, raising body temperature by several degrees, and killing potential pathogens. Sensitivity to insulin is heightened (Agha, 2003; Morgan 1992; Pollock and Wilmore, 1990).

Several short bursts of exercise are also thought to be just good e.g. engaging in 3-10 minutes bouts of exercise at different times in a day makes for healthy living (Onuzulike, 2007). Regular physical activity contributes to health and wellbeing of people involved in such activities. According to Agha (2003) exercise produce relaxation response in the body and also lowers the risk of high blood pressure, obesity, diabetes, cerebrovascular accidents (stroke), heart diseases, colon and ovarian cancers among others. Exercise is also an important tool in stress management because it lifts a person’s mood, relieves depression, gives energy as well as boosts immune response (Wilmore and Knuttgen, 2003). A person’s overall risk of a heart attack is about 50% less if one exercises regularly than if inactive (Edlin, 2003).

With regular exercise one can have a level of physical fitness comparable to an inactive person 10 to 20 years younger. Regular exercise increases the output of neurotransmitters and endorphin like substances that produce feelings of euphoria, increased alertness, inner peace, concentration, and creativity (Edlin, 2003). Exercising thirty minutes a day for five days in a week is all that is required to obtain some of these health and wellness benefits (Edlin, 2003).

**Management of stress**

Stress is a continuous feeling of worry about your work or personal life that prevents you from relaxing (Longman Dictionary of Contemporary English, 2003). Stress is one of the health threatening factors that emanate from lifestyle. Accordingly, Albrecht (2001) defined stress as the biological response to events that threaten to overwhelm the individual’s capacity to cope satisfactorily with the environment. Stress is inevitable in human life because of too many human activities and the insatiability of human wants. According to Onuzulike, (2006) certain lifestyle features could lead to stress.

These include too much working with little balance. Those who devote all their time to work and work-related activities and put other areas of their lives - like relationship, hobbies, and exercise on hold put themselves at high risk for burnout. No help or supportive resources. Everybody needs support, backup, and so one could off-load responsibilities to others.

**Other healthy life styles**

Onuzulike (2007) defined healthy lifestyles as behaviours and social practices conducive to good health that are adopted by individuals but reflect the values and identities of the groups and societies in which they live. In real life, lifestyle is a product of some combination of choices, chance and resources. Life reflects patterns of behaviours, while lifestyle deals with collective patterns of life and conduct. Other healthy lifestyles include safe sexual behaviours, personal hygiene and good grooming, avoidance of excessive intake alcohol, avoidance of smoking and tobacco use, effective parenting, spirituality and prevention of unintentional injuries.

**Challenges to health promotion**

There are many challenges facing health promotion all over the world. Many countries lack capacity for health promotion practice. Jahan, (2012) citing Potvin and Jones (2011) declared that an important challenge is to build capacity of the workforce, organizations and infrastructure for health promotion. In Nigeria this challenge manifest in the form of inadequate resources (both human and financial) for health promotion interventions and activities. Another challenge is in the field of research in health promotion. There is need for better use of research to understand how the values, principles and processes of health promotion can help to achieve public health mandates (Potvin and Jones, 2011). Nigeria is not left out in this burden because of scarcity of data to identify
priority problems and evaluate health promotion interventions.

Vested interest of various groups is also another challenge for health promotion. Due to economic reasons many influential industries, multinational companies like fast food chains selling junk ‘food’, alcohol and tobacco industries; ‘porn’ media outlets tries so much to influence decisions made regarding health promotion programs (Livingstone, 2011). There is also the problem of limited inter-sectoral cooperation and coordination; inadequate involvement of the private sector in health promotion especially at national level. Laverack and Keshavarz (2011) identified another major challenge for health promotion. To build and maintain the trust of communities, especially the socially marginalized in society. The global conditions of growing inequality and poverty, the socially marginalized, such as youth and migrant groups, Lesbian, Gay, Bisexual and Transgender (LGBT) populations may not be receptive to messages related to health promotion.

In Nigeria, other challenges exist but the unprecedented paradigm shift in the demography and disease patterns in the country has complicated the premise and the nature of these challenges which include low priority placed on prevention and promotion from decision makers and other stakeholders; rapid social changes representing a threat to regional cultural characteristics traditionally thought to be protective against ill health or risky health behaviour; insufficient legislation or non-enforcement of existing laws in favour of health promotion; access to health services and environmental factors such as housing and water quality. Efforts to promote health in the region must take into account these challenges as well as national context and priorities in addressing health issues and developing effective interventions.

Conclusion

Health is determined by a complex interplay between individuals and biological, social and environmental factors. By thinking about health and risks to health in terms of health determinants, lifestyles and resultant patterns of exposure to risks and adverse outcomes, we gain a better understanding of how health is maintained or illness sets in. The world is undergoing an unprecedented shift in the demography, burden of communicable and non-communicable diseases. Despite this fact, communicable diseases still pose a great challenge. In this fast changing world, our health has to be protected and the answer is promotion. Health promotion is cost-effective. Evidence suggests that minimal inputs in terms of resources at the population level results in maximum benefits. Effective health promotion initiatives can address the social and environmental determinants of health by empowering the community to take control of their health. The public sector is already engaged to varying degrees in encouraging people to care for themselves. There is good evidence that health promotion reduces the cost and pressures on the health sector created by marginalized groups, an ageing population and the growing incidence of disabilities. The continuous use of the strategies for health promotion described in this paper has the potential over the long term to reduce health care costs

Suggestions

The following suggestions were made based on the findings from the reviewed literature:

1. There should be periodic sensitization of the people by the government and other concerned bodies on the need to use nutrition, exercise, stress management and living a healthy lifestyle in health promotion.

2. The seven strategic directives by WHO for encouraging health promotion among people should be adopted by all nations.

3. The level of awareness of the use of health promotion strategies should be raised through health education in schools and communities.

4. Health promotion should be included as a compulsory course in school curriculum at all levels.

REFERENCE


Jahan S (2012). Health Promotion: Opportunities and
Challenges. J Biosafety Health Educ 1:e105. Crossref