

Why invest in adolescent health?

Life



Health Promotes and accelerates economic development of one country.

Healthy people are more productive, healthy infants and children can develop better and become productive adults. A healthy population can also contribute to a country's economic development.

The increased investment in health would translate into hundreds of billions of dollars per year of additional income, which could be used to improve living conditions, standard, wellbeing of society and social infrastructure in poorer countries. It is estimated that for every 10% increase in life expectancy at birth, there is a corresponding rise in economic growth of 0.4% per year (Abdikama et al, 2014).

In this Era of globalization, health systems in sub-Saharan Africa faced by different kind of Challenges that posed by health transition, i. e. double burden of communicable disease and non communicable diseases One of the challenges is how to equip primary care to respond effectively to this double burden. Communicable diseases impose not only heavy human cost in terms of suffering and death, but also heavy financial costs on poor individual, households and Society at large (WHO, 2002).

Ethiopia compares poorly to other low-income Sub-Saharan countries with respect to population health status (Federal Ministry of Health (FMOH), 2009). The major causes of these unacceptably poor health outcomes are associated with preventable infectious illness and malnutrition (FMOH, 2005). Close to 80% of illnesses in Ethiopia are attributed to communicable diseases (FMOH, 2009). In 2010 malaria, respiratory tract infections and

intestinal parasites were the major causes of outpatient visits to health care facilities (FMOH, 2010).

The Government of Ethiopia has invested heavily in the health care system strengthening guided by its pro-poor policies and strategies resulting in significant gains in improving the health status of Ethiopian People. As a result, Ethiopia has done remarkably well in meeting most of the millennium development targets. Among the notable achievements include achievement of millennium development goal -4.

The country's most critical program Health Extension Program has been the principal vehicle in expanding access to essential health service packages to all Ethiopians, with specific focus on women and children. It has also been the primary vehicles to drive improvements in hygiene and sanitation. More than 38, 000 health extension workers have been trained and deployed all over the country.

Health extension workers are tasked to transfer knowledge and skills to families they serve so that households have better control over their own health. This philosophy of training and graduating model families, who have demonstrated behavior change and improved understanding of high-impact health interventions, have been scaled up to reach close 3 million families across the country (FMOH, 2016). Despite this progress, substantial disparities in health outcomes persist across the country (Fetene et al. 2016)

Statement of the Problem

Ethiopia launched the health extension program (HEP): a program with package of basic and essential health promoting, preventive and curative

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health services targeting households in a community, based on the principle of Primary Health Care to improve the Family's health status with their full participation (Asseffa et al, 2014).

The premise of health extension program is the belief that access and quality of primary health care for communities can be improved through the transfer of health knowledge and skills to households. Accordingly, its main strategy is building the capacity of families to be " model households". The plan of the HEP is to qualify all households as model households within three years of the program based on diffusion of innovation theory.

However, the health extension program has faced challenges in meeting some of its targets. For instance, low participation of Health the Development army, low Performance in model family training, in some health packages like; adolescent reproductive health package, Nutrition package, accident prevention package and qualification are one of the major targets not yet achieved. Failure to achieve these targets will adversely affect progress towards achieving Growth and Transformation Plan of the country (FMOH, 2012).

A health extension program has thirty years intellectual history in Ethiopia. Some studies have been done on various aspects of challenges that affect implementation of the Health extension program, for example: According to the study made by Tewodros (2011), the implementation of health extension program is affected by different challenges. They include frequent attrition of Health Extension Workers, low budget allocation, insufficient training, and scholarship programs for HEWs, absence of infrastructure facilities, and

insufficient supply of logistics for the Health Posts function were identified as the major challenges of the program.

In addition, the study made by Hailom (2011) revealed that development partners those who are primary implementer of the program with the collaboration of worker also use health extension worker to execute their programs, creating heavier workloads for workers. The other challenges identified by another researcher include; limitations in designing the health extension program package and its implementation strategies itself responsible for ineffective implementation of the program (Nejmudin, 2012).

According to the Ministry of Health report 2013, supervision, controlling and monitoring measures rendered to health extension workers is inadequate. The short training that supervisor of health extension workers received is also considered inadequate to help the implementation of the program (USAID, 2012).

Although the Urban Health Extension Program has been implemented by the Health Office of Batu Town Administration for more than nine years, the members of the targeted local community do not exhibit a significant improvement in their health status. Annual Report of the Fiscal Year of 2017 by Health Office also shows that, among the ten top reported illnesses, were those communicable diseases and infections caused by poor hygiene.

Moreover, there is a gap between the local HEWs and the local community, kebele administrators, development partners and Municipality in working together in collaboration for the implementation of the program. This study is different from those researchers discussed above in that their focus area <https://assignbuster.com/why-invest-in-adolescent-health/>

where most of them on the rural health extension program regardless urban health extension program.

Besides, they did not see the factors with respect to the different perception and attitudes of households towards the program, perception of households towards Health extension service provision and participation level of Health development army which has effects in the implementation of the urban health extension program.

In spite of the prevailing problems, no reliable and consistent research has been conducted in the Study area except some assessments undertaken at national level. Therefore, this study will fill the gaps observed in the study area, at National level and will find a solution for the challenges that hinder the implementation of the urban health extension program in the study area.