

PHC team, PHC in Jordan and health education

Lecture 3

Learning objectives



By the end of this lecture, you should be able to;

1. Identify the healthcare professionals who are involved in the PHC team.
2. Identify essential characteristics of teamwork.
3. Describe the status of PHC provision in Jordan.
4. Identify the causes of death in Jordan.
5. Understand the significance of health education as a basic element in the context of PHC.

PHC team?

- **A team** : A group of people who make different contribution towards the achievement of common goal.
- composition of PHC team
- Family health services, which are administered by Family Health Service Authorities (FHSAs), and include the four practitioner services:
 1. GPs.
 2. Dental practitioners.
 3. Pharmacists.
 4. Opticians.

PHC team?

- Community health services, which include:
 - Community doctors
 - Dentists
 - Nurses, midwives, and health visitors
 - Other allied professions such as chiropody and physiotherapy
- - Counseling social workers, psychologists, and psychotherapists.
- Administrative
 - - Reception of clients/ for making appointments
 - - Secretarial / clerical work

Essential characteristics of teamwork

- - The members of a team share a common purpose which binds them together and guides their actions.
- - Each member of the team has a clear understanding of his own functions and recognizes common interests.
- - The team works by pooling knowledge skills, and resources: and all members share the responsibility for outcome.

Current health status and health care in Jordan according to population and family health survey ...

- 1- Health status has improved significantly during the past quarter century. Some important indexes to go with that are:
 - a. Life expectancy at birth increased from 49 years in 1965 to 66 years in 1990 to 72 in 2004 to 73 (71.6 males and 74.4 females) in 2012

73.3 (72.3 males and 75.1 females) according to HPC publications 2023

- Ranging from 57 in developing countries to 78 years in developed countries).

- b. Infant mortality decreased from 130 in 1960 to 35 per 1000 live births in 1992 to 22 in 2002 to 19 in 2007 to 17 in 2012
- Dropped too 14 per 1000 live births in 2017 , (HPC , Nov. 2023)

Infant mortality: The probability of dying between birth and the first birthday.

- Smallpox was eradicated on 1979
Measles, polio prevalence rates were decreased alot.

Selected Indicators 2017

- Total Population 11,500,000 . (HPC ,2023)
- 2.3% Population Growth Rate. (HPC ,2023)
- Population Doubling Time (years) 29
- 34.4% Population Less Than 15 Year of Age (HPC ,2023)
- 3.7% Population Age 65+years
- 73.3 Life Expectancy at Birth (year) 72.3 Male , 75.1 Female (HPC ,2023)
- Jordanian women median age at marriage is 22.4 years, for males would marry 5 years later.
- Total fertility rate dropped from 5.6 to 3.7 to 3.5 to 2.7 on 1990 and 2002 ,2012 , 2017 respectively

Primary Health Care Provision in Jordan: Summary and Update

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A country in demographic and fertility transition

- Over the next 50 years, Jordan's **demographics will change dramatically** – This will pose great challenges for the country (resources and services).
- The country's population is growing rapidly, doubling over the last 20 years and likely to double again after 29 years. However, it is undergoing a demographic transition moves from high fertility and mortality, to low fertility and mortality (David Bloom, [“Demographic Transition and Economic Opportunity: The Case of Jordan,”](#) April 2001).

Fertility rate

- The fertility rate is the average number of children born by one woman while being of child-bearing age.
- **Fertility declines** in Jordan have contributed to slowing the population growth rate down to 3.2 percent in the second half of the 1990s, and to **2.8** percent in 2002 (JPFHS, 2002) to 4.9% in 2015.
(HPC , Nov.2023)
- 4.9% increased in population growth rate in 2015 due to increased in immigrants.

- **The urban population increased by 14 percent between 1980 and 1994, increasing from 70 to 79 percent. (JPFHS, 2002) to 82.6 % 2012) to 90.3% in 2017.**
- Results of the 1994 census indicate that the **age structure of the population** has changed considerably since 1979 – the result of changes in fertility, mortality, and migration dynamics.

- The proportion of the population under 15 years of age **declined from 51 percent in 1979 to 39 percent by 2002 to 37.3% by 2012 to 34.4 by 2023**, while the proportion of those age 65 and over has been rising from 2.1% (JPFHS, 2002) to 3.2 % by the year 2012 to **3.7% by the year 2023.**

- **The Ministry of Health (MOH), through its Maternal and Child Health Centers (MCH), provided optional and predominantly free family planning services as an unofficial and indirect intervention in the population policy.**
- **The efforts made by the Jordan Association of Family Planning and Protection (JAFPP), as well as by some voluntary nongovernmental organizations, were invaluable in this regard.**

Challenges

- While low infant mortality rates and high life expectancy - are among the best in the region, the population growth rate continues to be a major development constraint - especially when analyzed in light of the **quantity and quality of services to be provided** to accommodate this rapid increase in population.

What would be the top 10 causes of deaths?

Leading causes of death globally

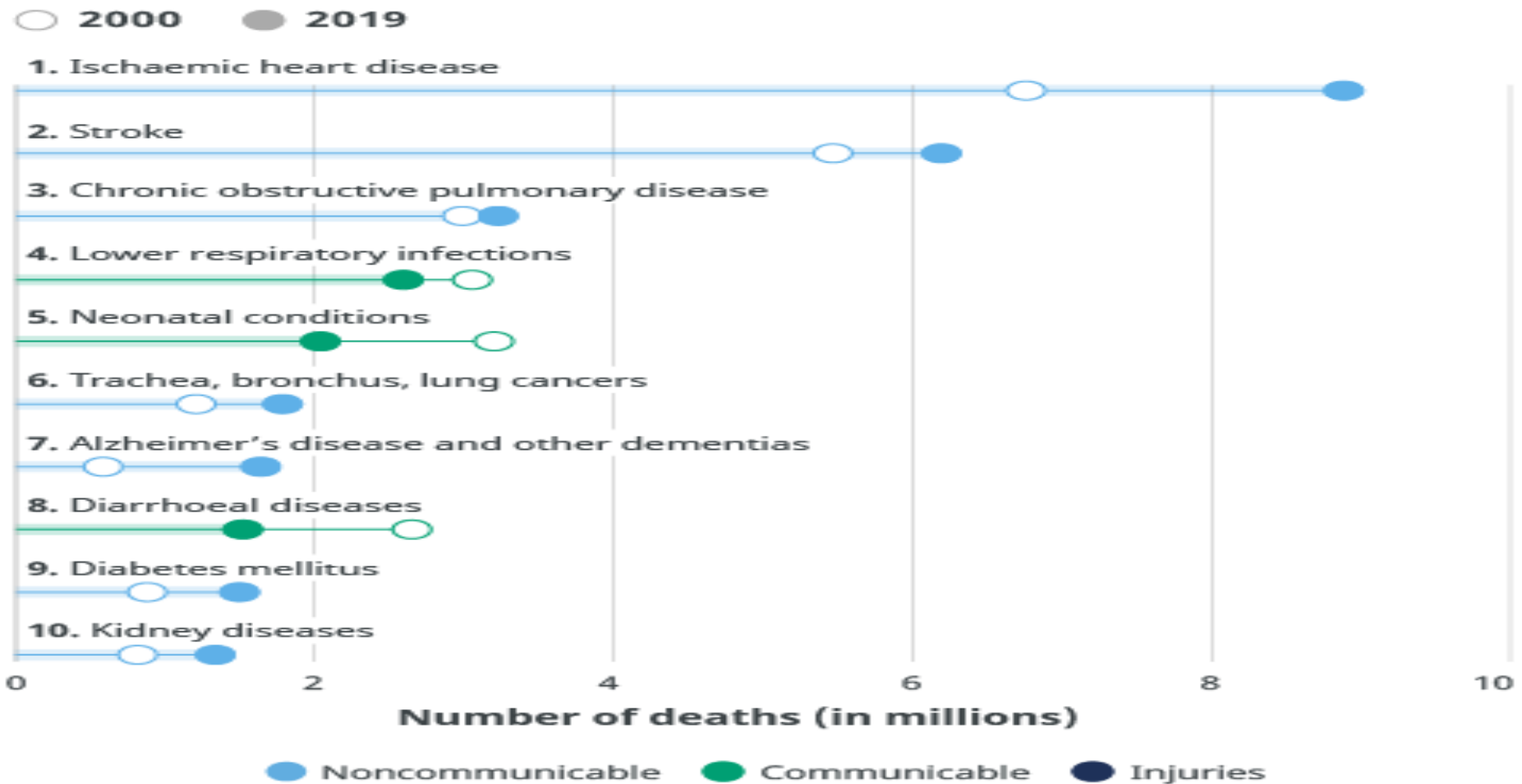


Table (1) Number and percentage of deaths by cause of death according to ICD-10, Jordan, 2016

Cause of death	Frequency	Percent
Diseases of the circulatory system	7957	40.40
Neoplasms	3084	15.70
External causes of mortality	1719	8.70
Endocrine, nutritional and metabolic diseases	1349	6.90
Diseases of the respiratory system	1216	6.20
Certain conditions originating in the perinatal period	761	3.90
Congenital malformations	695	3.50
Diseases of the genitourinary system	682	3.50
Diseases of the digestive system	584	3.00
Certain infectious and parasitic diseases	573	2.90
Diseases of the nervous system	353	1.80
Symptoms and signs not elsewhere classified	481	2.40
Diseases of blood and blood forming organs	92	0.50
Pregnancy, childbirth and the puerperium	46	0.20
Diseases of skin and subcutaneous tissue	40	0.20
Diseases of the musculoskeletal system& connective tissue	38	0.20
Mental and behavioral disorders	6	0.02
Total	19676	100

Table (2) Number of Male deaths by cause of death according to ICD-10, Jordan 2016

Cause of death	Frequency	Percent
Diseases of the circulatory system	4491	39.92
Neoplasms	1706	15.16
External causes of mortality	1294	11.50
Diseases of the respiratory system	723	6.43
Endocrine, nutritional and metabolic diseases	694	6.17
Certain conditions originating in the perinatal period	432	3.84
Diseases of the genitourinary system	405	3.60
Congenital malformations.	378	3.36
Diseases of the digestive system	320	2.84
Certain infectious and parasitic diseases	294	2.61
Symptoms, signs ,not elsewhere classified	239	2.12
Diseases of the nervous system	190	1.69
Diseases of the blood and blood forming organs.	44	0.39
Diseases of the skin and subcutaneous tissue	21	0.19
Diseases of the musculoskeletal system and connective tissue	15	0.13
Mental and behavioural disorders	5	0.04
Total	11,251	100

Table (3) Number of Female deaths by cause of death according to ICD-10, Jordan 2016

Cause of death	Frequency	Percent
Diseases of the circulatory system	3466	41.14
Neoplasms	1378	16.36
Endocrine, nutritional and metabolic diseases	655	7.77
Diseases of the respiratory system	493	5.85
External causes of mortality	425	5.04
Certain conditions originating in the perinatal period	329	3.91
Congenital malformations.	317	3.76
Certain infectious and parasitic diseases	279	3.31
Diseases of the genitourinary system	277	3.29
Diseases of the digestive system	264	3.13
Symptoms, signs, not elsewhere classified	242	2.87
Diseases of the nervous system	163	1.93
Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism	48	0.57
Pregnancy, childbirth and the puerperium	46	0.55
Diseases of the musculoskeletal system and connective tissue	23	0.27
Diseases of the skin and subcutaneous tissue	19	0.23
Mental and behavioural disorders	1	0.01
Total	8425	100

Primary Health Care Initiatives Project

- 380 PHC clinics
- Renovation and provision of furniture and specialized medical equipment.
- Clinical training of service providers.
- Establishment of performance improvement review systems.
- Improvement of the management information system.

Primary Health Care in Jordan

- It follows that for a community like JORDAN were:
 - The population is small and highly urbanized.
 - Highly qualified medical personnel are abundant.
 - Intermediately qualified paramedical staff are scarce .
 - Piped water and safe waste disposal are almost universal

مديرية الرعاية الصحية الاساسية

قسم العيادات ومراكز الرعاية الصحية الاولية	قسم مكافحة الامراض السارية	قسم صحة البيئة	قسم النهوض بالصحة العامة
	الملاريا والبلهارسيا	الهندسة الصحية	الصحة المدرسية
قسم التدرن	الامراض الصدرية	رقابة البيئة	رعاية الامومة والطفولة
	التطعيم	الصحة الصناعية	التغذية
	الاستقصاء الوبائي والصحة العامة		التثقيف الصحي
	شعبة الاسهالات والكوليرا		تمريض الصحة العامة
	برنامج الايدز الوطني		شعبة الطب الرياضي

Health Education

- First line of Prevention
- Skeleton of primary health care services.
- Essential for Health Promotion and Preventive Services.
- Helping people to understand their behavior and how it may affect their health.

Main goal of health education is:

- **To improve the quality of life individual and Community in all aspects: health, social, economic and political, taking in consideration that health is a state of complete physical, psychological and social well being and not the mere absence of diseases.**

Health promotion

- Health promotion encompasses a variety of activities aiming at improving the health status of the individual and the community .
- And if successful, it will affect the lives of people, so health promoters should be equipped with practical skills, and should understand the values and ethics implicit in their work.

Who is the health educator?

- **Specialist** : person who is especially trained to do health education work.
- **Any health worker who is concerned with helping people to improve their health knowledge and skills.**
- **Any person in the Community can participate in health education process, like teacher, mothers... etc.**

Health Education (HE) in Jordan

- In Jordan, health education (HE) is an important pillar of the work of the Ministry of health.
- Recently the HE division was promoted to a full directorate, where qualified experts develop their HE plans, based on priorities, community needs, and information collected from different reports, surveys and studies. Their work also includes training of health workers and preparation of different HE media
- Unfortunately , the traditional health education approach used in Jordan , and many other countries, was aimed solely at changing people to fit the environment, and did little to make the environment a healthier place to live in.

Approaches of HE

Specialists identify five approaches that can be used individually or in combination to achieve the desired goal:

1- The medical approach involves medical intervention to prevent ill health using a persuasive method and expects patients to comply with the recommended intervention.

Approaches of HE

- **The educational approach** provides information and helps people to explore their values and make their own decisions.
- **The change in behavior approach** involves changing people's attitudes so that they adopt healthy lifestyles as defined by the health promoters. This approach can be applied using locally available methods and media such as leaflets and posters.

- **The individual -centered approach** considered the individual to have a right to control his own health, so he should be helped to identify his concerns, and gain the knowledge he needs to make changes happen.
- **The change in society approach** aims at changing the society rather than the individual by putting health on the political agenda at all levels, and by shaping the environment so that it becomes conducive to health.

Target groups for health education programs

- women have the role of raising children and teaching them practices and concepts as the personal hygiene and nutrition. also women must be aware of the basics of preventive of health services. E.g. A.N.C., W.B.C, etc.
- **Children:** any concept learned in childhood will affect behavior in adult life major subjects in health education for children are sanitation, nutrition, personal hygiene and environment.
- **Elderly.**

Conclusions

- Health education is the translation of health knowledge into desirable individual and Community behavioral patterns by means of educational process.
- Health education is the skeleton of PHC system –since no other activity can be performed without health education.
- The needs and interests of individuals, families, groups, organizations and communities are at the heart of health education program.
- Health education is the responsibility of every person in the Community.

Conclusions

- Primary health care is the first point of contact between a community and its country's health system.
- The World Bank estimates that 90% of all health needs can be met at the primary health care level.
- Investment in primary health care is a cost-effective investment – it helps reduce the need for more costly, complex care by preventing illness and promoting general health

Thank you