

HOW PUBLIC HEALTH PRACTITIONERS CAN USE SOCIAL APPROACHES TO ADDRESS TYPHOID ISSUE IN A COMMUNITY TOWARDS PROMOTING HEALTH EDUCATION AND HYGIENE

1. INTRODUCTION

It is pertinent to note that the management of several health issues and preventive health programs mainly focus on promoting informed lifestyle choices, risk-factor modification, and active patient self-management and consciousness about health and hygiene. Such a process relies heavily on better health or hygiene education. Most observers agree that this vital role requires improved education and understanding of health behavior and disease management. However, for individuals to realize the benefits of health education also requires a high level of participation and engagement, i.e., action or behavior related to health.

Health and hygiene education is described by the Institute of Medicine as “the degree to which individuals have the capacity to obtain process and understand basic health information and services needed to make appropriate health decisions ^[1].” Usually, patients with limited health education have insufficient drug adherence and inadequate self-care behavior ^[2]. Thus, these patients may use more health care services such as hospital or emergency department visits ^[3] and, as a consequence, incur higher medical costs ^[4]. The studies of Peterson, Shetterly, Clarke, *et al* ^[5] and McNaughton, Cawthon, Kripalani, Liu, Storrow, Roumie ^[6] discovered the associations between poor health education and mortality, and hospitalization. However, these results were generated in smaller convenience samples, chiefly of hospitalized patients, relying on composite end points (death and hospitalizations combined). This study dwells on community development regarding Typhoid fever.

PROBLEM STATEMENT

In 2010, the global estimate of typhoid fever caused by *Salmonella enterica* serovar Typhi (S. Typhi) was estimated to be 26.9 million cases with 217,000 deaths recorded. This estimate was adjusted for blood culture sensitivity based on a conservative assumption of 50% ^[7]. However, only Egypt and South Africa contributed to this estimate for the African continent. A previous global estimate of the burden of typhoid fever indicated that south-central and east-central Asia had the highest incidences of typhoid fever with more than 100 cases per 100,000 people

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