

This study investigated the influence of health education on primary school pupil's health care seeking behaviour in Kangundo DEB Primary School, Machakos District, Kenya. The study was premised on the emerging realization that individuals' actions continue to determine their health status. Health education appears to empower individuals to take responsibility for their health and that of others. Again, health education is increasingly being seen as a cost-effective way of enhancing preventive health care. This is in consideration of the diminishing financial resources available to most individuals and governments to commit to health care services.

The theoretical premise of the study was that human actions are purposive. Human actions are often a result of careful consideration. The assumption of this study was that learning enables one to make informed choices of action to be taken, depending on the circumstances, which inform his/her worldview. Hence the need for health education to be programmed in such a manner that it enhances the learners' capacity and competence to take appropriate health action. Accordingly, the study's broad objective was to establish whether and to what extent health education improved the health behaviour of primary school pupils in terms of taking appropriate health care seeking behaviour.

This was a qualitative study. In-depth interviews, guided by semi-structured checklist questions, were carried out with key-informants. These included ten pupils, three teachers, two parents, two health officials, and one curriculum development specialist. Additional data was generated through focused group discussions (FGDs), observations, free listing and drawings. Triangulation of sources of data as well as tools of data collection enhanced the data collection process as well as validated data. Qualitative data analysis involved transcription and reconstruction of interviews as well as pattern coding of the emerging issues and themes. Presentation, discussion of data and conclusions were drawn from the emerging issues and themes.

The study found that health education enhanced pupils' awareness of their health status. Informants reported that as a result of health education, they were able to practice such health behaviour as regular washing of hands, washing of fruits before eating, keeping the home and compound clean, brushing teeth, not sharing clothes and combs and avoiding unprotected sex.

The study however found that while health education could be said to enhance the health awareness and capacity for appropriate health care seeking behaviour among pupils, nevertheless, there was a gap between awareness and action. Various factors made it difficult for pupils to practice what they were taught in health education. For example, water was not readily available when needed for washing hands or fruits. Boiling water for drinking was not routinely done due to lack of time as well as shortage of wood fuel.

Some of the teacher based constraints to application of health education included failure by teachers to be good role models; overload on teachers as well as the examination oriented way of teaching which made it difficult for pupils to translate what they learnt in health education into appropriate health care seeking behaviour. The school environment as well as the neighbourhood often presented a picture contrary to what pupils learnt in health education. Existence of dirty latrines in the school, the Kangundo hospital dump, and uncollected garbage in Kangundo Town market were some examples. Again, traditional beliefs and practices with regard to health care also led to a dilemma on the part of pupils with regard to what they were to follow: the health education defined practices or traditional prescriptions?

In the main, however, the study concluded that health education influenced pupils' health care seeking behaviour. It also concluded that those enabling factors that enhanced health education teaching and learning needed to be reinforced. These were factors like teaching and learning

materials, the health and the learning environments. While the study demonstrated that knowledge by itself need not lead to action, the study also concluded that environmental factors largely determined the extent to which the health education generated knowledge and skills would be translated into appropriate health care seeking behaviour.

The study recommended that there was need to improve the way health education was taught. That is, to re-assess the overload on teachers, the resources available and also to downplay the examination orientation in teaching and learning and emphasize the lasting value of health education. The study also recommended that an enabling environment should be created both in school and outside the school, so that pupils see that what they learnt in school was applicable in the outside world. This calls for community wide health education. The study therefore recommended that the Ministry of Health enhance its health education outreach services through giving in-service training to health education teachers. The Ministry of Health personnel should recognize and utilize the potential inherent in primary school pupils to learn and enhance health education among themselves and the wider community.

The study further recommended that Kenya Institute of Education (KIE) produce durable and long lasting teaching and learning aids as it was found that, for one, teachers did not have the time to develop them in school. Secondly, the school did not have the required resources to avail to teachers for the development of teaching and learning aids. Teachers also need to be trained on cost-saving and innovative methods of improvising on teaching and learning aids. Since language was found to be a major constraint in the teaching and learning of health education, the study recommended the need to strengthen the teaching and learning of English in Kenyan schools.

Lastly, the study made recommendations on areas for further research. Such areas for further research would include how to institutionalize health education in schools and society so that meaningful health practices become routine. The issue of why some people chose risky health practices and behaviour despite their knowledge of the consequences of such action needs to be investigated.