Abstract
The study determined the need for Nutrition and Health Education among members of different households in the urban city of Umuahia. Two research questions guided the study. A descriptive survey design was employed for the study. The instrument for data collection was a structured questionnaire and validated. The questionnaire elicited information on the demographic characteristics of the household members, information on the need for health and nutrition education to be promoted and the expected skills necessary for the nutrition and health education. Multistage cluster sampling technique was adopted to elicit information from 400 respondents from 90 households. The reliability of the instrument was ascertained using Pearson product moment correlation coefficient which yielded a reliability index of 0.63. The data collected were analyzed using mean to answer question one and two. The result of the showed that household members within Umuahia have an agreeable level of nutrition education knowledge. Item No 9 with a mean of 1.65 indicate that good job may not necessarily depend on knowledge of health and nutrition education. While answer to research question two showed that these households do not utilize these skills in promoting health and nutrition education knowledge. The target population area is Umuahia south and North L.G.A. added to support estimated level of nutrition education among households. The study recommended that regular advocacy on health and nutrition education be organized by independent, non-governmental and governmental agencies to enhance and promote family and national development.

Keywords: Health, Nutrition, Education, Households

Introduction
Health is the state of whole physical, mental and social well-being and not merely the lack of diseases, (World Health Organization 2012). Within this context, healthcare suppliers transmit these critically important undertakings aiming to encouraging good health in persons by systematically averting or curing health problems. Healthcare can thus be described as “the stoppage, cure and controlling of illness and the protection of mental and physical well-being through the services presented by the medical and associated health professions”. Access to healthcare is extremely influenced by a variation of social factors such as economic situations or existing national health plans, thus greatly varying across countries, inhabitants and individuals Ball L, MD Loyl, & Zatz LY (2014)

Advancement of health is a guiding notion involving activities envisioned to enhance individual, household, community health and over-all well-being Krischner (2014). It seeks to upsurge involvement and control by the individual, household and the community in their own health. It acts to advance health and social welfare, and to decrease specific factors of diseases and risk factors that unfavorably touch the health, well-being, and prolific abilities of an individual and household. Household comprises of one or more people who live in the same abode and also share at meals or living space, and may comprise of a single family or some other grouping of persons, A single abode will be measured to contain numerous households if either meals or living space are not shared.

Nutrition education is the procedure of teaching the science of diet to an individual or group. Health experts have a diverse role in enlightening an
individual in the clinic, community, or long-term health-care facility Kriss (2014). In these situations, the dietician, nutritionist, or nurse helps to assist or enable individuals to integrate changes in eating designs and behavior into their lives. The key emphasis of this type of nutrition is not information and facts, but rather knowledge and skills capable of assessing the level of nutrition education knowledge among individuals. This is the skill of nutrition education – breaking down a great body of knowledge into small, individual constituents that are denoted to a patient or client at a level and equal, at which they are able to engross and use the data. Actual education is making diet information digestible and functional in an everyday location.

Statement of Problem
Non-awareness of the level of nutrition education knowledge among fellows of households in the city of Umuahia has modeled so many health risk on individuals, families, communities and the whole city Dianna (2014). It has been perceived that many household members are not conscious of some tactical skills that can help in enhancing their level of nutritional education knowledge, thereby attaining best health Yahia,(2016). Communications with associates and individuals within the work setting reveals that most individuals and consumers who are members of households face the difficulties of admitting that nutrition education encourages good health. Household members in Umuahia city to some level do not know their rights as consumers, detect or assess nutrition knowledge and interpret the data this is because most of these individuals are not fortified with accurate and acceptable knowledge regarding health and nutrition education that are essential Ball et al (2014). The support on issues that will encourage health and nutrition education among households in the Urban City of Umuahia is seeming to raise alertness of families concerning eating right to uphold good health.

Purpose of Study
The general purpose of the study was to promote health and nutrition education among households in the urban city of Umuahia. Specifically the study:-

1. Determined the level of nutrition education knowledge by members of different households in the Umuahia.

2. Identified the expected knowledge on health and nutrition education among household members in the urban city of Umuahia.

Research Questions
The following research questions guided the study

1. What is the level of nutrition education knowledge among households in the city of Umuahia?
2. What are the expected skills needed in promoting health and nutrition education knowledge among households?

Methodology
A descriptive survey design was employed for the study. The design involves collection of data for the purpose of describing and interpreting existing conditions and ongoing processes. According to Agu (2009) descriptive survey design is concerned with collecting data from a sample of a population in order to describe conditions or relationships that exist, opinion that are held, process that are going on, effects that are evident or trends that are developing. A structured questionnaire was used as the instrument for data collection.

Area of the Study
Umuahia, town, capital of Abia state, southern Nigeria. It lies along the railroad from Port Harcourt to Enugu. It is an agricultural market centre and (since 1916) a collecting point on the railway for the crops of the surrounding region: yams, cassava (manioc), corn (maize), taro, citrus fruits, and palm oil and kernels. The town has a palm oil–processing plant and several breweries, and the National Root Crops Research Institute, at Umudike, is adjacent to the town. Umuahia has teacher-training colleges, Trinity College (theological), and several hospitals. Urban aglow 330,000 Amy McKenna, (2016).

Population of the Study
The population of the study consist of Umuahia North and South L.G.A. The population of Umuahia North is given as 137, 500 while the population of the south is given as 138,570 giving a total of 276,070.

Sample and Sampling Technique
Multistage cluster sampling technique was adopted to elicit information from 400 respondents from 90 households. Subjects were selected from residential
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houses, institutions and establishments. Sample of 450 from 90 households were selected by multistage. 400 out of 450 questionnaire administered were retrieved and analysed.

Instrument for Data Collection
The formulation of the questionnaire was guided by the stated objectives and research question. The questionnaire was divided into section A which elicited information on the demographic characteristics of the household members. Section B sought information on the need for health and nutrition education to be promoted. Section C covered the expected skills necessary for the nutrition and health education. They are required to indicate their views on each of the items based on 5 points likert scale Often (O), Seldomly (S), Not Sure (NS), Rarely (R) and Not At All (NAA). The values are \(5 + 4 + 3 + 2 + 1 = 15/5 = 3\)

Validity of the Instrument
The instrument was validated by three lecturers from home economics department education faculty of vocational technical education federal college of education technical Akoka Lagos state. Who are considered knowledgeable in the area of nutrition and health education. At the end of the validation, their observation was used to enhance the instrument.

Reliability of the Instrument
The instrument was tested for reliability before being administered to the respondents. Test of reliability entails how consistent a test instrument measures what is supposed to measure. The researcher pre-tested the instrument on a group of 10 respondents which was repeated after 3 weeks. The two sets of the results was subjected to Pearson product moment correlation coefficient with a reliability index of 0.5. The result of the reliability test yielded 0.63.

Analysis of Data
The data generated was analyzed using mean and 3.00 which was set as a limit for decision for research questions 1 and 2.

Results
The results of the data collected from the study were presented in two parts.

1. Response to research questions 1
2. Response to research question 2

Nine items were responded to on why health and nutrition education is necessary for household members? Variation was only one item with a value of 1.65

Table 1

<table>
<thead>
<tr>
<th>S/N</th>
<th>ITEMS</th>
<th>O 5</th>
<th>S 4</th>
<th>NS 3</th>
<th>R2</th>
<th>NAA 1</th>
<th>X</th>
<th>REMARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Optimum health</td>
<td>800</td>
<td>320</td>
<td>6</td>
<td>12</td>
<td>18</td>
<td>4.06</td>
<td>Agree</td>
</tr>
<tr>
<td>2</td>
<td>Nutritional adequacy</td>
<td>480</td>
<td>296</td>
<td>54</td>
<td>72</td>
<td>10</td>
<td>3.61</td>
<td>Positive</td>
</tr>
<tr>
<td>3</td>
<td>Checking diseases/infection</td>
<td>440</td>
<td>224</td>
<td>54</td>
<td>82</td>
<td>26</td>
<td>3.25</td>
<td>Positive</td>
</tr>
<tr>
<td>4</td>
<td>Preventive measure</td>
<td>1000</td>
<td>150</td>
<td>18</td>
<td>16</td>
<td>02</td>
<td>4.76</td>
<td>Positive</td>
</tr>
<tr>
<td>5</td>
<td>Eradicating diarrhoea</td>
<td>1200</td>
<td>184</td>
<td>60</td>
<td>0</td>
<td>0</td>
<td>4.53</td>
<td>Positive</td>
</tr>
<tr>
<td>6</td>
<td>Body Nourishment</td>
<td>900</td>
<td>112</td>
<td>54</td>
<td>36</td>
<td>32</td>
<td>3.67</td>
<td>Positive</td>
</tr>
<tr>
<td>7</td>
<td>Sustainability</td>
<td>960</td>
<td>296</td>
<td>54</td>
<td>72</td>
<td>10</td>
<td>3.61</td>
<td>Positive</td>
</tr>
<tr>
<td>8</td>
<td>Longevity</td>
<td>760</td>
<td>232</td>
<td>72</td>
<td>52</td>
<td>40</td>
<td>3.13</td>
<td>Positive</td>
</tr>
<tr>
<td>9</td>
<td>Good job</td>
<td>0</td>
<td>60</td>
<td>60</td>
<td>72</td>
<td>115</td>
<td>1.65</td>
<td>Positive</td>
</tr>
</tbody>
</table>

O= Often, S=Seldom, NS=Not Seldomly, R=Rarely, NAA= Not at all

Table 1 above showed that all except 1 item had a mean score of 3 and above. This implied that household members within Umuahia have an agreeable level of nutrition education knowledge.

Item No 9 with a mean of 1. 65 indicate that good job may not necessarily depend on knowledge of health and nutrition education.
Research Question 2 What is the expected skill in promoting health and nutrition education knowledge for households?

<table>
<thead>
<tr>
<th>S/N</th>
<th>ITEMS</th>
<th>O 5</th>
<th>S 4</th>
<th>NS 3</th>
<th>R 2</th>
<th>NAA</th>
<th>X</th>
<th>REMARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Households with designed eating pattern</td>
<td>420</td>
<td>296</td>
<td>132</td>
<td>168</td>
<td>86</td>
<td>2.96</td>
<td>Negative</td>
</tr>
<tr>
<td>2</td>
<td>Households with meal menu</td>
<td>300</td>
<td>168</td>
<td>78</td>
<td>92</td>
<td>37</td>
<td>2.95</td>
<td>Disagree</td>
</tr>
<tr>
<td>3</td>
<td>Households with adequate breakfast</td>
<td>0</td>
<td>120</td>
<td>120</td>
<td>144</td>
<td>310</td>
<td>1.65</td>
<td>Negative</td>
</tr>
<tr>
<td>4</td>
<td>Households with evaluated food hygiene</td>
<td>0</td>
<td>144</td>
<td>120</td>
<td>310</td>
<td>120</td>
<td>1.65</td>
<td>Negative</td>
</tr>
<tr>
<td>5</td>
<td>Households that consume fresh food</td>
<td>132</td>
<td>168</td>
<td>132</td>
<td>296</td>
<td>420</td>
<td>2.96</td>
<td>Negative</td>
</tr>
</tbody>
</table>

Table 2 indicates that homemakers in Abia state do not utilize these skills while promoting nutrition and health education knowledge among households because all the terms had a mean score 2.96, 1.65, 2.65, 2.96 respectively which were all disagreement.

Discussion of Findings
With the research carried out on the household members in Umuahia where the research question one aimed at analyzing the level of nutrition education knowledge, it was gathered that most household members have a positive agreeable understanding of the level of their knowledge in terms of the items listed which is a measure of nutrition education knowledge. Table one above indicate that household members is often knowledgeable about their optimum health which has a value of 800: 4.06%. The table also indicates that household members having a good job may not necessary depend on knowledge of health and nutrition education with a value at 1.65%. This is in line with the findings of deacon and small wood 37 indicate that around 40% of construction workers are unaware about healthy eating habit which is a skill of the nutritional knowledge is suggested as a prerequisite for making changes in eating behaviours McNulty,(2013).

Table 2 indicated that even though those members of households have expected skills to promote health and nutrition education, they do not utilize it efficiently for maintaining optimum health, this is similar to the report of Rohlman (2018), where he stated that in view of the stages of change, active nutrition education is more effective than passive environmental interventions with respect to healthy nutritional behavior change. Based on the findings of the study and reviewed literature, promoting health and nutrition education knowledge not only in the urban city of Umuahia but in Nigeria generally can become a measure to be adopted in reducing ignorance, eradicate hunger and enhance longevity and quality of life: Improving information for consumers, in particular by way of nutritional labeling, the overhaul of which is currently being studied by the Commission

In table 2 above it was observed that skills 2 and 3 which are households with adequate breakfast and households with evaluated food hygiene where not practiced by household members in the Umuahia city do not practice the skills which promotes health and nutrition education among households, this is in line with the findings of Yahia, (2016) in which he stated that it is evident that nutrition knowledge is determined by education level and construction apprentices are usually at low level. Therefore the construction apprentices may need more time to understand and apply nutrition knowledge by repeating and refreshing practices in their daily life. The result further showed households that consume fresh food commodities with a score of 2.96 which is not up to the mean score of 3, these implies that they do not have the expected skills to promote health and nutrition education knowledge. This findings is similar to the study carried out on the effect of intervention on daily fruit and vegetables consumptions on construction apprentices by Nagler (2013), in this study, the participated construction
apprentices increased both daily fruit consumption and daily vegetable consumption significantly, demonstrating an effective strategy by using skill training as an opportunity in promoting fruit and vegetable consumption. Although the number of servings still cannot meet the recommended intake, the effects were effective, taking account of a minimal time spending on the lessons (three hours), contributing 0.4%–0.5% of total learning hours of the skill training program. The effects of the nutrition education on fruit and vegetable consumptions was shown effective immediately after the intervention Kushida,(2014). Though the increase of fruit and vegetable consumption from post intervention to follow up was not significant, the intervention effect was sustained at three months after intervention. The findings suggested the effect of healthy food choices was sustained because the mean daily intake of fruits and vegetables increased further and no significant drop in consumption at three months Hendren (2017). This indicated the education demonstrate a markable impact to influence workers’ food choice. The findings of this study supported previous research that individualized nutrition programs were necessary to help construction workers to consume more fruit and vegetables.

Conclusion
Promoting health and nutrition education is a pre-requisite in keeping good standard of acceptable health status for family members. When this is done family wellbeing will be adequately guaranteed and longevity and quality of life will be enhanced.

Recommendations
1. Awareness campaign should be geared towards encouraging and enforcing home food preparation; this will help in the eradication of hunger among households and the public at large.
2. Households should imbibe the culture of maximizing the usage of food in season, preserve some; engage in home gardening with fruits and vegetables instead of ornamental plants.
3. Government at the federal, state and local levels should provide an enabling environment for all round sustainability, growth and development mostly in the area of nutrition.
4. Policy to monitor and limit the establishment of fast foods centres and eateries should be formulated and enforced to cut down the rapid increase of fast food centres that serve unwholesome meals to consumers.
5. Homemakers should be educated on the use of fruits and vegetables, functional foods and bioactive compounds and ingredients to be included as family menu.

References
Amy Mckenna (2016) Editors of Encyclopedia Britannia


Kriss EPM Akabas SR, Bales &Braun L, E. (2014) the need to advance nutrition education in the Training of health care professionals and recommended research to evaluate implementation and effectiveness.


