

## ABOUT THE BOOK

This treasure of a book, *Matters Arising in Health Education* contains a great store of up-to-date discussions on health issues. It is an assertive attempt to provide lines of thoughts, discussional framework and reference materials for students and professionals in the field.

While this book has been designed as a University textbook, and offers a wealth of teaching opportunities at this level, it should also prove valuable to anyone called upon to counsel young adults in relation to their physical or emotional health.

Indeed, this is a unique contribution to Health Education, the key to human well-being. It is highly recommended for use in promoting wellness of the people.

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Matters Arising in Health Education



# Matters Arising in Health Education

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Foreword by J.A. Ajala

MATTERS ARISING  
IN  
HEALTH EDUCATION

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For A. Dansu

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## Matters Arising in Health Education

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## FOREWORD

This new book, *Matters Arising in Health Education*, like so many of its kinds, contains a great store of up-to date health issues. An informed opinion and a rational point of view pervade the work. While written primarily for the students in the universities and colleges of education, this book might well serve a parallel need for intelligent adults of any age.

One of the basic purposes of this book is to put to eternal rest the false notion that a person's health or lack it is a happening over which the individual or society has little or no control. The recent advances in the health sciences have provided enormous amounts of health knowledge that need to become a part of our decisions concerning health. There is growing realization that the kind of life-style a person leads may promote health or predispose him to disease and death. The decisions a person makes as to how he will live can be more important than any actions a doctor may try to take in restoring health sometimes beyond repair.

The text also reveals how the solutions to our health problems of bomb explosion, mental and emotional health, contemporary disease, stress, physical fitness and solid waste environmental control need the informed concerned actions of citizen groups and health professionals. There is also a straightforward discussion of

## **CHAPTER 10**

### **PROBLEMS RELATED TO THE TEACHING OF HEALTH EDUCATION IN NIGERIAN SCHOOLS**

**Dansu Anthony; Adefuye Micheal;  
And Emokpae Glory.A.**

#### **Introduction**

People often say "Health is wealth" without attributing much meaning to the word "health". It has different meanings to different people in different professions. The meaning of health had posed problems to mankind until the world health organization (WHO) during the Alma-ata declaration in 1978, defined it as a state of complete physical mental and social well-being and not merely the absence of disease or infirmity (O'Neil, 2000).

However, improvement in the conditions of health any nation is inevitably related to the economic development of such a nation of course, a nation must not only be able to provide health services for citizens but to sustain them over the long term (Achal, 1993). Therefore, education for health is a fundamental right of everybody. Health is inextricably linked to educational achievement, quality of life and economic productivity. Fabiyi and Ogunbodede

(1997) quoting Joseph (1980) assert that by acquiring health related knowledge, values, skills and practices, children can be empowered to work as agents of change for the health of their communities.

Health Education, according to Ross and Mico (1980) is the educationally oriented process or planned change which focuses on those behaviour that directly or indirectly affect people's health Oladipupo - Okorie (2002) quoting Ademuwagun (1975) defined health education as embracing knowledge attitude and practices which is concerned with the study of consumers behaviour towards diseases and health problems as well as their reaction toward diseases and health programmes and the dispenser of health services in the consumers total environmental setting.

It is also concerned with the use of educational processes including consumer participation and of motivational facilitating and helping methods and techniques paying particular attention to the total setting of the consumer, to bring about a positive health behaviour.

Health education may also be defined as a process of persuading people to accept measures which would improve their health positively and to reject those that are negative to health. It is all the experience planned, unplanned, direct or indirectly influencing the way the learners feel, think and act in regards to personal health as well as that of the community.

Conclusively, health education can be said to be the translation of what is known about the principles of healthy living with emphasis on staying healthy into desirable individuals and community behaviour patterns by means of educational process. The body of knowledge is drawn from sciences of medicine, physiology, psychology and sociology.

In developing countries, especially Nigeria, health education has not really found its feet whether as a process, service, tool or as a concept. Studies investigated reasons for this and what could be done to correct the problem (Achal, 1993; Ojo 1993; Boroffice, 1995; Olaniyan and Olaniyan, 1995; Ajala 1997; and Oladipupo-Okorie (2002) It has then been discovered that if an individual should have respect for health education it should begin from the time the individual starts to learn and throughout the schooling period.

It has also been found that the school plays an important role in the health of the children. Beside the home, the school is the most important for the child's health, especially in forms of the instructional Health Programmes (IHP). Actually, the school is more important than the home in some cases as it is the opportunity for the child to undergo formal health instruction in life. Moreso, it is discovered that some children do not even come by this opportunity again once they miss at the elementary level and this adversely affects their later lives.

For the fore-going reasons and others, this chapter examines the problems related to the teaching of Health Education in Nigerian Schools.

### **ANALYSIS OF THE PROBLEMS.**

#### **Non Acceptance of Health Education as a field and as a discipline**

A major problem faced by health education in Nigeria is that it has neither been accepted as a field nor as a discipline in its own right. Many people have still not recognized its importance. While health education programmes are often expected to contribute meaningfully to the overall health of the citizenry, there is frequently an inadequate understanding of its role particularly in Nigeria (Achal, 1993). Where it has been adopted as a vital part of the overall health care system, health education is yet to be seen as valuable.

It is surprising to even realize that many learned, men and women in Nigeria have not yet recognized health education as a multidimensional entity with physical, social and economic implications. According to Fawole (1987), most parents show little or no interest in what their children learn in Health Education, they rather concentrate on other subjects with least attention to health education. Infact, such parents stop children from asking such questions which they consider as taboos and embarrassing owing to their own ignorance.

Fawole (1987) asserts further that school administrations, mostly principals of schools have also been identified with the problem of not showing interest and not paying attention to health education. Some of them are known to be personally and officially opposed to giving aspects of health education, e.g. Sex education in schools, thus, their lack of support for the scheme.

Due to this lack of clear-cut idea of the subject of Health Education, the affection of people in general for the field very much vary and by this inconsistent responses to health educational programmes results. This problem affects the teaching of Health Education in Nigerian Schools either directly or indirectly as the case may be.

#### *Turn-out at seminars and workshops*

Several local and international conference and workshops are organized annually or periodically all over the nation to identify contemporary health problems and to proffer solutions to such problems. Critical issues that concern individuals' health and the health of the nation are discussed to reasonable conclusion. For instance, Udoh (1993) describes the following as the broad objectives of Nigerian school Health Association (NSHA); for achievement of which annual convention / conference are organized.

- 1 To serve as a forum for constantly reviewing the health needs and problems of the Nigerian School child and for helping formal authorities when called upon, in the planning of meaningful measures in solving identified problem.

- 2 To act as a catalyst by working for effective collaborative and cooperative efforts of homes, schools, communities and governments in matters concerned with the protection, promotion and rehabilitation of the health conditions of all Nigerian school Children.
- 3 To Promote and encourage health knowledge, attitudes and practices among pupils/ students and school personnel.
- 4 To publish the Nigeria school Health Journal (NSHJ) which should contain research reports and views relating to health of the school child.

It is unfortunate that due to people's non-conviction about health education as an "approved" field of study, people, even the so-called health experts find it difficult to attend health seminars and workshops. They simply brush it aside and think they should have better things to get done.

It should be considered that these seminars, conferences, conventions and workshop may have the aims of finding ways to promote the level of health education in our schools and society. If people has attended. They might have gained and made their own contributions to knowledge.

**Behaviours of Authorities Involved.**

The Federal Ministry of Health is the sole authority involved in health education in Nigeria. It makes use of the lesser authorities like the state ministries of Health, the state Health Boards, the Local Health Department, the

Health Officers and Superintendents. More so, for the fact that it involves education, educational authorities from the federal to local levels have significant roles to play in ensuring Health education in Nigeria schools.

Boroffice (1995) observed that the school Health programme in (SHP) which is usually made an integral part of the overall school educational programme in schools of most countries is not given attention in Nigeria. She further assets that the National policy on education (1987) emphasize the teaching of health education, yet, no significant attention is paid to the subject, it is left at the stage of blue print.

It is unfortunate that the people holding the power to authorize have seen health education only as a small area in people's health, it has not been given much thought as an area of preventive medicine.

The Federal Ministries of Education and Health have not been giving enough to ensure health education of people and make them see its importance or bring them to the light of healthy living. Much has not been done in provision of facilities and equipment for training people in the field of health education. It is obvious that enough financial consideration has not been given to the area. Funds used by various states on health are highly negligible. It is now evident that our health education system is faulty from the peak of the pyramid, which is marked by the Federal Ministry of Education.

Fawole (1987) reports the problem of inadequate funding of research studies in health education. Nigeria, rather unfortunately, usually depends on researches conducted in the developed countries whose results are supplied with little relevance to Nigeria's problems. There is virtually no revolution in concern of health education yet in this country, and this is to say that the government and all authorities involved still have stones to turn.

**Lack of Standardized Health Education Curriculum**  
Designing a curriculum for any subject involves keeping in constant view what is generally accepted or agreed upon to be the substance or definition of the subject (Adeniyi, 1993). Therefore, the greater the agreement on the definition of the subject, the easier it is to draw up the content. There is no standardized health education curriculum in Nigeria as the subject is always been integrated as units under subjects like Biology, Home Economics, Physical Education, Health Science and Integrated Science.

Adeniyi (1993) observed that the content of health education curriculum for the primary schools is essentially health science and for it to have a health education outlook, it must focus primarily on the identification of those behaviours of school children and their community which are significant to the on set and control of disease rampant among school children.

Studies have emphasized that the biggest problem is not what to put into curriculum but what we leave out (Ajala, 1989, 1997, Willgoose, 1982 and Goodlad, 1980)

Flexibility of our health content is not maintained so that it will be applicable to the local situation in which it is being taught. More so, teaching does not reach the pupils to the extent that the personal living habits are affected by the content under discussion.

Infact, health education is not taught as an independent subject in most schools. There is much variations in the way health education is offered in schools and these variations seen as from mandates of individual schools or state's educational policies.

Health education has not really been given a place in this society, hence it has not been regarded in our school curriculum as it is not popularly offered at the West African school certificate Examination (WASCE) and National Examination Council (NECO) which are the highest examine body at the school certificate level.

#### **Few or No Lessons of Health Education on the Schools Time-Tables**

Only a few lessons of health education is noticeable on the time-tables of many schools in Nigeria. Some schools do not even have any period for treating health educator separately. Adeniyi (1993) reported that up to 1968 in the former western Nigeria, "Health" was taught by implication in subjects like Hygiene, Nature study, physical training and Agriculture. And it was in 1969 that the first outline of the curriculum for "physical and health Education" was drawn up based on the guidelines

provided by the Nigerian Educational Research Council (NERC). The corresponding syllabus which became operative in 1971 allotted only one period a week to physical and Health Education under the title "nature study and Health". And by this arrangement, 'Nature Study' and 'Health' were each allotted a period in alternate weeks.

According to Fawole (1987) health education specialists often advocate that the subject should stand on its own on the timetable like physical Education and other subjects. This is to avoid the insufficient time allotted to it or its not being included on the time table.

#### **Lack of (or shortage of) Qualified Personnel**

The success of the school health education relies heavily on the contributions of committed and dedicated health education teachers. According to Boroffice (1995), teachers must teach health education as an organized subject and use those methods that facilitate behavioural change. Also, skills to be inculcated include those that help students cope with life situations.

Studies have shown that there are not very many people that have undergone trainings in the field of health education in Nigeria especially those involved in the teaching areas. Even, if Health Education is to be taught in schools, the teacher, who is supposed to be at the operational level lacks the idea of the subject.

Inadequate professional preparation of staff whereby practicing as well as prospective health teachers are found to lack the necessary knowledge on health education as a result of which the teacher impacts wrong and inadequate information to students has been reported by Fawole (1987). There is also what has been identified as lack of interest on the part of some teachers assigned to teach health education. There are cases where Geography teacher or some other teachers who have no training and interest in the subject is assigned by a principal to teach the subject. The result in such cases, according to Fawole is that health education lessons, if given that all, are turned to story telling lessons or at best, lessons in silent reading or reading aloud any materials the students fancy whether in classroom or in the school library depending on the teacher's own fancies. Ajala (1997) also reports that teachers who are properly qualified often are geared to the anatomical and behavioural sciences.

Due to the lack of concept by some teachers, they actually exhibit unpardonable acts of reluctancy and negligence that go a long way to retard the development of health education in our primary and secondary schools. Most of them, when teaching do not go into the required details at the appropriate levels, they simply say "who has the time to be bothered with that much of a detailed analysis.

#### **No adequate Facilities and equipment for teaching**

At present, health education is not given adequate attention in our institutions (Nwaje 1993).

It has been mentioned that the Federal and states ministries

do not vote enough fund to the area of health education, hence, the lack of equipment and facilities for teachings. The teachers themselves are not resourceful enough in most cases. They do not make any attempts to improvise or supplement. Some are not even smart enough to utilize the available resources and facilities in the surroundings and in the community at large. Nwajei asserts that in many places where the facilities are provided the teachers take little or no interest to organize the pupils to use and maintain the facilities.

#### **Teachers are generally not encouraged.**

The teaching profession has been relegated to the background in our society. The government does not care adequately for the profession and the society does not regard it as well.

According to Bolarin (1997), teaching as a profession in Nigeria is faced with numerous problems of which late payment of salaries is a major one. Bolarin reports further that some years ago and even up till 1992, the complaint often associated with teachers' salary was that the salary was poor when compared with salary paid in other sectors of the economy to people who hold similar qualifications as the teachers.

Due to this lackadaisical attitude of the government and the society toward the teaching profession many teachers use most of their time for private business to make ends meet or they keep finding way of escape from the

profession, by applying for job here and there. The finding of Bolarin (1997) indicating clearly that most of our young people are not opting for the teaching profession.

In addition, there is no improved in service health education programmes though workshops, seminars and compulsion for teachers to attend journals are not available to teachers for increased knowledge purpose so that they can see the relevance of teaching health education.

#### **Poor school environment or non conducive learning conditions**

Poor school environment affect the teaching of health education as it affect all other subjects in the school. Studies have shown that the environment condition are not healthy enough to foster speedy learning in many schools as they lack the building to accommodate students for teaching and learning, no furniture and at times when they have the facilities, they are not adequately maintained.

Nwajei (1993) opined that in many schools, the youngsters are not being encouraged to be familiar with good environmental health habits in most of our schools, facilities for sanitary waste disposal like simple toilets, dustbins, and simple incinerators are not provided. And in such situation pupils often resort to the in sanitary and primitive methods of using surrounding, bushes as toilets, thereby making the school environment harmful for individuals health and learning.

Research reports (Olaniyonu, 1996 and 1997) have also revealed serious problems of poor location of schools, inadequate size of school land, and shortage of classroom to accommodate increase in school population. Moreover, there is no concern or consideration for environmental health and safety in the schools and the community, people often forget that this has a role to play in learning.

### **The poor coordination Between Homes, Schools and Community**

In most cases there is no coordination between the home, the school and the community, hence the fragmentation of ideals and view. There is more often than not conflicts between cultural taboos, superstitions and health education in most localities. These have a lot of impact on the teachers and the students as the teachers have to be careful in dishing out ideas which should not contradict the cultural orientation of the children while condemnation is difficult.

Some children come from homes with a high level of healthful living. This standard is expected to be further fortified by a high level of healthful living in the school. According to Ajibola (1995) when a child has grown up respecting healthful family and public living conditions, as an adult he will be more likely to maintain an excellent home life and insist on a whole some community environment. For children whose home life is on a lesser plane from stand point of healthful living, the school can serve both as an incentive and an experience in attaining a higher standard of healthful living.

The students at times do not share the same opinions with the facts of the knowledge. It is certain that the home, school and community do not jointly plan what the children should know as far as health education is concerned. Ogunsina (2002) asserts that there is no gainsaying in the fact the home, school and community cannot be divided as far as issues in health are concerned.

### **CONCLUSIONS AND RECOMMENDATIONS**

Health education has not been placed in its rightful place in the Nigerian educational system. It has to be fully accepted as a field of study, a discipline, a process and as well as a service which everyone should possess in one way or the other. Health education should be given its proper place in the curriculum like any other subject. The curriculum development should be carefully planned and implemented and at all level.

The curriculum should refer to the systematic selection of goals, content, teaching methods, materials and evaluation procedures for each given topic of study in the course. In addition, more lessons of health education have to appear on the schools time tables so that the objectives of the curriculum should be effectively attained.

There should be no reason why institutions should not offer health education as a field of specialization when people intending to specialize increase yearly. Therefore, facilities have to be provided to accommodate intending students, this will help to increase the number of qualified personnel we have in the field.

Teachers have to be seen to be in a noble profession and respected in the society so that they can see the volume of their jobs. They have to be encouraged through in-service trainings and kept up to date by seminars and workshops. More so, there should be a triangular linkage between the school, home and community to avoid conflicts of ideas which is reflected in the learning of the school child. The opinion of Ogunlana (2000) is that there are a lot of influences in the home, school and community that could affect the health status of the child.

It should be realized that children are not only exposed to health education to retain the knowledge to themselves alone, they would definitely extend the health knowledge and practice to their various homes. This is conspicuously important in that, not everybody is opportune to attend formal health education lessons. So when children get home, the interaction they have with their uneducated parents, neighbours and peers goes a long way to change some health behaviour in the people.

Sincere learning is simply defined as relative changes in behaviour, the teaching of health education in schools help to spread the knowledge of health and its usefulness "Health is Wealth"

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