

AN APPRAISAL OF THE OBJECTIVES OF HEALTH EDUCATION PROGRAMME IN SECONDARY SCHOOLS IN NIGERIA: WAY FORWARD IN THE 21ST CENTURY

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Abstract

The paper is an appraisal of the objectives of health education programme in secondary schools in Nigeria.

The National Policy on Education clearly spells out the objectives of physical education, but is silent about health education, the academic offering for the sciences which has over the years emphasize the mainstreaming of health education with physics, chemistry and biology, has distracted it from its fundamental value as a subject that should at all times stand on its own as a core subject. Achieving the establishment and maintenance of sanitary practices in most Nigerian secondary school health programme as advanced by experts, therefore, still remains an illusion. Based on these and many other contentious it was recommended among others that educational planners should take note of these and now correct the imbalance whenever the next review of the National Policy on Education is to be done.

Introduction

The role of health education in the education of the child is obvious because a good life is centred around the health of the individual which is the core of health education objectives. Anderson and Creswell (1980) asserted that health education in schools is an outgrowth of the universal search for more effective and more enjoyable living. This has been the central dominant purpose of humanity from the beginning of recorded history. It is therefore not surprising that civilization advanced most in those periods during which major progress was made in the promotion of health education in secondary schools.

Health education has been defined by Ogbalu (1997) as that which is concerned with people's health behaviours towards common diseases and other health problems as well as with the educational process used to bring about positive health behaviour. Udoh (1993) sees it as any purposeful effort that helps people to change their ways of living to add years to life and life to years. Furthermore, it is defined as all those experiences of an individual, group or community that influence beliefs, attitudes and behaviours with respect to health as well as the process or methods designed to help in the achievement of goals and objectives. Anderson and Creswell (1980) also define it as the growth of the child's ability to discriminate, appraise and evaluate health knowledge and experience.

Participation in Health Education Programme under skilled leadership should result in certain constructive outcomes for the participants. These expected outcomes constitute the objectives of Health Education which this paper is set to appraise. The task therefore, is to highlight the objectives of health education programme in secondary schools and to assess their successes and failures. It is common knowledge that environmental sanitation and other health programmes have been introduced to reduce health problems in the society, yet there seems to be no change in the types of morbidity and number of deaths annually. These may be as a result of lack of defined health objectives at certain levels of our education system.

The Objectives of Health Education Programme in Nigeira Secondary Schools

The National Curriculum for Senior Secondary Schools (Physical and Health Education (1995) only categorized the objectives of physical education leaving out those health education. It stated that basically, physical education is included in the secondary school curriculum to achieve the following conceptual, process, skill and affective objectives.

1. CONCEPTUAL OBJECTIVES

Physical education programme should develop understanding of movement activities and the relationships between movement and concepts from biological, physical and social sciences so that the learner is able to:

- a. Explain how physical structures of the body are related to posture, and movement.
- b. Tell what physical skills are involved in various movements.
- c. Explain and demonstrate safety rules and precautions for prevention of accidents resulting from physical activity.
- d. Demonstrate exercise routines that contribute to physical fitness

2. PROCESS OBJECTIVES

The physical education programme should enable the learner to demonstrate functional competency in:

- a. Observing activities to learn movement patterns.
- b. Comparing movement pattern in different activities
- c. Defining terms related to games, sports and exercises,
- d. Predicting the outcome of games,
- e. Analyzing folk games and dance to identify rhythmic patterns.

3. SKILL OBJECTIVES

The physical education programme should enable the learner to develop the separate skills needed in basic motor activities, fitness, maintenance and self-awareness and therefore, be able to demonstrate.

- a. Competence in chosen individual and group activities.
- b. Increasing ability in locomotors, manipulative and stability tasks.
- c. Developing physical strength, endurance, flexibility, and power.
- d. Ability to effectively lead and follow.
- e. Competence in planning and engaging in worth while leisure time activities.

iv. EFFECTIVE OBJECTIVES

The physical education programme should equip the learner to develop an appreciation of the role of movement and physical activity in human development so as to demonstrate the following:

- a. An attitude of enquiry toward body capabilities and movement;
- b. Appreciation of importance of developing competence in physical activities.
- c. Respect for individuals who differ in ability, who are handicapped, and who do not meet or who exceed achievements of the group;
- d. Appreciation of physical skills and performance from the view point of a spectator.
- e. Willingness to submit to the discipline of team effort and to assess group activity in the light of rules and standards.

Equally, the National Policy on Education failed to address the objectives of health education programme in secondary schools in Nigeria. Sometimes, some people regard health education as health science while some refer to it as physical education, this making it (health education) look like a bat that has no identify. Section 1, article 3 (6) only made a policy statement that one of the philosophies of Nigerian education is the promotion of emotional, physical and psychological health of all children. This seems to suggest that health education has not been accorded a status of respect it deserves. Although Anderson and Creswell did not write the Nigerian Situation in Mind, it is considered worth while to assess the extent to which these objectives are appreciate, and are being pursued and attained, or otherwise, in Nigerian secondary schools.

Since this paper aims to appraise the objectives of health education programme in Nigerian secondary schools which are neither addressed by the National Policy on Education (FRN, 2004), nor the national curriculum for senior secondary schools for physical and health education of 1985, this author found it compelling to rely solely on the objectives of secondary school health programme listed by Anderson and Creswell (1980, p 18), with the hope that they may guide in the formulation of suitable objectives for health education for Nigerian secondary schools. To a large extent too, the appraisal that would follow thereafter will also be guided by these objectives. These objectives are:

1. Continuing appraisal of each child's health status;
2. Understanding of each youngster's health needs;
3. Supervision and guidance of the health of children;
4. development of the highest possible level of health for each child;
5. Prevention of defects and disorders;
6. Detection and correction of all defects and disorders'
7. Special health provision for the exceptional youngster's
8. reduction in the incidence of communicable and non communicable diseases;
9. Positive health awareness and a desire for a high level of health in each child;
10. Development of wholesome health attitudes;
11. Development of healthful personal practices;

12. Acquisition of scientific and functional knowledge of personal and community health;
13. Development of an appreciation of aesthetic factors related to health;
14. Development of a high level of self esteem and in each youngster;
15. Effective social adjustment.
16. Hygienic mental environment at school programmes;
17. Establishment and maintenance of sanitary;
18. Provision of emergency measures.

Level of Success of Objectives of Health Education in Nigerian Secondary Schools

The objectives of health Education programme in the secondary schools have experienced success to a low extent. The little success records is in the following aspects:

1. Weekly or forth nightly inspection of students.

During these period of inspection, students are engaged in personal cleanliness by washing their clothes and beddings, cutting their hair, fingernails and cleaning their teeth ready for the inspection. Also, students clean their various rooms and making sure that the immediate surroundings which include gutters, toilets and bathrooms are cleaned. To serve as an incentive, the cleanest house/hostel is given a trophy or shield and most at times, some of the cleanest students are appointed as health prefects. This has contributed to the development of wholesome and hygienic mental environment at school as contained in items 10 and 16 of Anderson and Creswell's objectives.

2. **Disease Prevention:** Medical examination is required of students admitted into JSS I and some schools insist that certificate of fitness should be presented in the case of transferred students so as to ascertain the health or fitness level of the students. In some of the secondary schools, most of the communicable diseases are being prevented by the use of vaccination whenever there is out break of disease, and sometime cases of infection are being referred to the nearby health centres.

3. **School health services:** School health services is part of the school health programme which is provided by physicians, nurses, dentists, health educators and other health personnel where available, has helped to protect and improve the health of students, thus aiding their growth and development, enabling them to benefit fully from school experiences. We might find exceptions in the unity and private secondary schools where health service activities are carried on by nurses and adequate arrangements are made for immediate medical care as the need arises. Also, in these schools the physical environment is conducive for learning because of their good structures, large classrooms, well-organized classroom furniture and other facilities. The psychological school climate as well as interpersonal relationships among the school and community members are far superior to what obtains in public secondary schools. Where those health services discussed above are available, the health status of the students would be promoted and learning would be enhanced. School health service has help to achieve the development of the highest possible level of the health for each child, prevention of defects and disorders, reduction in

the incidence of communicable and non-communicable disease as contained in items 4,5, and 8 of Anderson and Creswell objectives.

Failure of The Objectives of Health Education in Nigeria Secondary Schools

In the modern concept, health education deals mainly with the contribution of the behaviour of people to their health status and is therefore concerned with the identification of health related behaviours to be compatible with the health standard of the people. To provide a basis for the appraisal of health education generally, it is to have a combined, approach, while it is to be taught as an independent subject at the senior secondary in the junior secondary school, health education is correlated by integration with the three (3) basic subjects of home economics, integrate science and physical education. In this situation as it relates to health education, the subject is taught by teachers who are not health educationist. This approach as observed by Udoh (1996) can only be useful at the junior secondary school level if it is complementary to the more universal approach which is direct health teaching.

Udoh (1996) remarked that although health education has at long last been given a status of respectability, the academic offering for the sciences which has always deserved streaming it with the trio of physics, chemistry and biology, has distracted if from its fundamental value as a subject that should at all times stand on its own as a core subject. He went further to stress that in spite of its usefulness for career in medicine and other health fields, biology for which it is alternative, continues to be the choice subject. The tragedy of health education is that people are not aware of the fact that it is one subject which everyone needs to be able to function in other aspects of human activity.

Udoh (1996) asserted that the status of health services and healthful environment in the public secondary schools is not too different from what obtains in the public primary schools. Looking at the present junior secondary school syllabus in physical and health education, little is said about the health aspect of that program. To education related is on first aid. At the senior secondary level, health science is being taught instead of health education, the knowledge of which is supposed to equip the students with basic scientific information about health problems, such as the identification of disease organism, its occurrence infective agents, reservoir, mode of transmission communicability, incubation period susceptibility, resistance and control measures. It must be noted that health education deals with the aspect of human behaviour in the onset of health problem and how such behaviours can be used to overcome the problem. Taking, the problem of guinea worm for example, while health science will teach students about the life cycles and mode of transmission of guinea worm, health education will teach them about the behaviour of people that are associated with its spread such as the practice of dipping legs into ponds while fetching water. Students must know that if a person having guinea worm on his leg dips the leg harbouring Cyclops into a pond and another person drinks the water from such a pond without treating the person after a few months can develop guinea worm.

Health problems are eminent in the secondary schools due to the fact that the foundation has been poor right from the primary school level. Ademiwaguri and Oduntan (1986) remarked that in the primary school, health education used to be

practical in nature through the provision of healthful school environment, health inspection, first aid box meant for health service programme, sick log book, etc. Today, according to them, most of these activities are more operational in rural schools than in urban ones. Furthermore operational in rural schools than in urban schools. Furthermore, experience has shown that there is a general decline in such activities due largely to two reasons:

1. The teachers are not interested in the promotion and protection of students' health through health education in that, according to the teachers health is the responsibility of the physician and nurses.
2. The teachers are ignorant of their health education roles.

These attitudes reflect the type of teacher preparation programme which teacher have undergone. To add to this, Ademuwagun and Oduntan (1986), remarked that physical education is better handled in theory an practice and teachers spend most of their time (about 90%) on the teaching of physical education at the expense of health education. Furthermore, the programme evaluation questions usually drawn are also predominantly physical education and few of health education question. Since about 90 percent of the time is spent on teaching physical education at the expense of health education, there is no way the objectives of health education is given equal attention physical education. Therefore, the teachers are forced to develop more interest in physical education because a potential teacher gives out what he knows and not what he does not know. This statement agrees with the adage that no educational system can rise above the quality of the teachers.

Anderson and Creswell (1986) emphasize in the first objective of secondary school health programme on the need for continuing appraisal of each student's health status. Health appraisal is described by Udoh, Ajala Okafor and Nwana, (1987), as the evaluation of the total health status of the individual through the utilization of varied organized and systematic procedures such as medical and dental examinations, laboratory tests, health history and teacher nurse's and parent's observation.

There are two distinct types of medical examination. There is the periodic medical examination, which is used as part of the health appraisal of all pupils. The second type of medical examination is the referral examination which provides an opportunity for the doctor to check any reported cases of deviation from normal health. It is recommended by Udo et al (1987), that a student should have a minimum of four periodic medical examinations at the time of admission into the elementary school, and during the child's fourth year in the elementary school and the first year and fourth year in the secondary school. In most Nigeria secondary schools, students, hardly have many medical or dental examination throughout their school life, as a matter of routine. Any examination that takes place has always been as a result of serious illness which calls for diagnostic medical examination in order to identify the cause of the illness.

Today, most teachers and school nurses have emphasized the continuity of the health appraisal of secondary school students. They fold their arms till a student is weighed down by sickness before action is taken, forgetting that prevention is better than cure.

Achieving the establishment and maintenance of sanitary practices in most Nigerian secondary school health programme advanced by Anderson and Creswell, still remain an illusion. Some secondary schools in Nigerian lack the facilities that can foster the sanitary condition of the schools. For instance, water which is essential for washing classrooms, dining halls, bathrooms and flushing of toilets is grossly inadequate. This has affected, and is still affecting, the sanitary condition of some Nigerian secondary schools. Similarly, some secondary schools lack or have insufficient toilet facilities where students can defecate. The absence of toilet facilities prompts student into littering the school environment with faeces, thereby polluting the school environment. This constitutes health hazard of typhoid fever, cholera, dysentery and intestinal group of diseases.

Detection and correction of all defects and disorders of secondary students are problems that have not yet been tackled in Nigeria secondary schools. Postural defects and disorders prevail among secondary school students because health education specialists who are supposed to spear head the detection and the correction of postural defects before they become irremediable, are hardly found in secondary schools. Their absence often retards the possibility of early detection and correction of postural defects among Nigeria secondary students.

Positive health awareness and a desire for high level of health among secondary school students remain a quackmire, they posse little knowledge about health science and possess on knowledge of health education. Knowledge possessed about health education remains low because most teachers who teach health education are specialists in their biology, health science, home economics, chemistry, physical education etc. Because most teachers who teach health education are not health specialists, there is no way they can impart accurate information on health education to the students as they (teachers) can only teach what they know. Knowledge acquire under such teachers may be half baked partial or low knowledge on health education often confers on warranted sense of security which beclouds students alertness to risk, danger and hazard associated with their health.

The absence of the objectives of health education in the National Curriculum for Senior Secondary School for physical and health education and National Policy on Education, Portrays the magnitude at which health education is neglected and relegated to the background. Again, the failure to mention health education among he core subjects or among the elective subjects to be offered in the National Policy on Education attests to the fact that health education is in the secondary school curriculum just for a mere decoration, since it is not given the backing it deserves and the ingredients to make it teachable are lacking.

Based on the appraisal, it could be deduced that the success of the objectives of health education in secondary schools leaves much to be desired. The failure of the objectives outweigh the success by far and since the failures to a large extent are more than the successes, it goes to suggest that the success (if any), is second to no success to all.

The Way Forward

Based on the above discussion, it is suggested that the following be noted as a way forward.

1. Since literature provides that health education has not been given its rightful place in the national policy on education, educational planners should take note of this and now correct it whenever the next review is to be done.
2. Due to the fact that diseases are on the increase, and authorities have blamed it on poor foundation from the primary school, it is recommended that specialist in health education be trained and allowed to teach the course at all levels of our educational system.
3. Health awareness and a desire for high level of health seems to be a quackmire due to little knowledge on health education, it is suggested that the course be made one of the core subjects to be studied by all students at the primary and secondary school levels of our educational system.

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