

STUDENTS' PRACTICAL HEALTH KNOWLEDGE ACQUISITION IN NIGERIA, DEVELOPMENT OF HEALTH EDUCATION TEACHERS AND CURRICULUM OVERHAULING

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ABSTRACT

This position paper examined "students' practical health knowledge acquisition in Nigeria, development of health education teachers and curriculum overhauling" through review of Health Educator's opinion. Variable statements discussed include: - (i) Education implementation in Nigeria. (ii) Health Education teaching in Nigeria (iii) Fashioning new health education curriculum (iv) Implementation of health education curriculum and (v) reasons for negative students teachers-classroom-behaviour. It was summarized that negative teacher students - classroom behaviour are the causes of students low practical health knowledge acquisition. Therefore like children, like parents, citizens in Nigeria are not healthy since, drug addiction, armed robbery, raping, religious bigotry that health education propagates to eliminate still prevails in Nigeria. It was recommended among others that health education should be approved as a core - subject to be taken by every student from kindergarten to secondary school level.

Keywords: Students', practical health knowledge, development, teachers, curriculum, overhauling

INTRODUCTION

Education conceives the process of knowledge acquisition through training for experiencing and changed behaviour for positive living in the Nigerian environment. This concept is premised on certain literary beliefs of philosophies. Practical exhibition of good attitudes suitable for civilized citizens had been entrenched in the National Policy of Education of the Federal Republic of Nigeria (1993): even though the objective of FRN (1993) had remained unachievable as expected. This National Policy on Education states as follows: (i) *Developing in the entire citizenry, a strong consciousness for education and a strong commitment on its vigorous promotion.* (ii) *Providing free compulsory basic education for every Nigerian child of a school going age.* (iii) *Reducing drastically drop - out rate from the formal school system through improved relevance and efficiency.* (iv) *Catering for drop - out of school children or adolescent through various forms of complimentary approaches to the provision and promotion of basic education.* (v) *Ensuring the acquisition of the appropriate level of literary, numeric, manipulative and life skills as well as the ethical, moral and civil knowledge needed for laying the foundation for life - long learning.*

The entire citizenry in Nigeria had been promised enlightenment through free education that is supposed to last forever. Though this National Policy is rightly conceptualized; but had the NPE (1993) taken into cognizance, adequate process of accomplishing the

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policy? Had adequate and conducive environment to improve the quality and standards of education in Nigeria been put in place? Health education as an integral part of total education is poised to train and refined citizen that may not engage in all avarices like armed robbery, advanced fee fraud, religious bigotry inter - tribal wars and other devastating vices in Nigeria. However the Nigeria government is not properly sensitized to regard teaching profession as humanitarian service and social service that is not money generating venture. Teachers employed to teach also do not teach with the aim of contributing their quota to the development of humanity in Nigeria; they (teachers) teach to earn money for their daily living. So, teachers do not teach students for changed behaviour, rather students only learn the methods of achieving knowledge to amass wealth for themselves. Health education (the total man trainer) unlike Mathematics and English Language is not focused as a core- course. So the subject is not accorded the importance it desired. Therefore, the curriculum of Health Education is not made functional since it is merged with Physical Education, which students detested. The curriculum is not implemented as adequate as required. The health education curriculum is not made functional (practical) and it is not approved to compete with the status of Mathematics and English Language (core subject status in Nigeria). This study is embarked upon to: (i) explain briefly on educational implementation in Nigeria; with the aim of revealing the flaws and values. (ii) expatiate on the functional health education ideas, concepts, views and opinions. (ii) Elucidates on the techniques of implementing health education curriculum. Furthermore, the study is undertaken to: enlighten health education teachers on reasons why teachers and students do not perceive formal education (academic and professional training within the four walls of classroom) as very important in Nigeria (ii) to engineer the interest of Nigerian curriculum planners, Federal Ministry of Education, Health educators in Nigeria on implementation of health education as a core subject. (iii) to awaken the interest of non-governmental organizations in propagating health knowledge achievement within Nigeria environment as medium for curbing moral, ethical and social decadence (iv) to sensitize teachers; teach public to develop interest on medical studies via adequate teaching and learning in health education (v) to exhibit the proper shape of health education curriculum (course content) that may ensure changed behaviour within Nigerian environment.

LITERATURE REVIEW

It's as if the provision made for health knowledge achievement by the curriculum planners in the Universal Basic Education is not thoroughly understood. This assertion is non provision of adequate infrastructural facilities; in the school building environment and the classroom environment; the attitude of the teachers to student is not appropriate. The citizenry's consciousness had not been awoken for education; in Nigeria the 85% of the boys in Eastern Zone would rather opt from rather than attending school (Ademokoya 2001) and 95% youths in Northern zone would prefer to beg for arms (Almajiri) (as approved by Northern religious beliefs and culture). How then can Nigeria citizens learn adequately? The non-provision of health education infrastructure and improper use of facilities and non-use of school toilet, home

economic laboratory; Physical exercises, gymnasium; cardio -vascular recreational building, weight reducing exercises, (which is referred to as exercise physiology laboratory, first aid and safety education box/room (Mulenwa 2004) teachers' washing basins and towels, brooms, scrubbing apparatus, pipe borne water, borehole water (Owojaiye 1999) had contributed to improper comprehension of health and healthy habits. It had been revealed that provision of medical tools like sphygmomanometer, stethoscope, auriscope, audiometer, weight measuring instrument, height measuring instrument had not been taught significant to influence students interest in studying medicine.

HEALTH EDUCATION TEACHERS IN NIGERIA

Health Education Teachers teach students to acquire attitude and skills for healthy life styles, social and economic survival, self reliance, self sustenance, healthy family life, sex education, marriage and parenting, good nutritional habit, healthy views on environmental cleanliness, personal health control and behaviour respectful disposition to the elder's love of brotherhood and philanthropic sense. But health education is not a core subject in Nigeria (Owojaiye 1999). Whereas, in Botswana, curriculum theorist agreed that among the science educators that can influence life are the health educators (Mulemwa 2004) Curriculum Blueprint 1997, UNICEF 2000 and science syllabus 1991 posited that the curriculum in Botswana is students -centered and teachers are adequately taken care of and schools are adequately funded. Teachers are employed and constantly trained through in-service training to take care of pupils body, soul and mind to respect law and order in the nation. Nigeria situation is not like Botswana. In Nigeria, the followings shortcomings are glaring and these shortcomings inimical to educational development. And illiteracy is resultant factors of national disunity.

- (i) Low salary payment to teacher; non - recognition of teachers; non-consideration of health education as a core-subject (Ogunwuyi 1991, Mgbodile 1994 and Ogunsanya.
- (ii) Inadequate provision of health education infrastructural facilities, equipments and supplies (Owojaiye 1999)
- (iii) Empirical topics are taught by discussion; which do not provide learners with first experience.
- (iv) Students do not handle equipment; they are shown always. And students should be able to manipulate equipment, teaching aids and objects of learning (Rammuna 2000).
- (v) Students do not always come to school; they are away from schools due to non-payment of school fees, lack of textual materials, exercise books, pen, pencils, biros and with torn school uniforms. Some students are hungry and are afflicted with nutritional illness.

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- (vi) Student sit down in large numbers, crowded in one classroom: 70 – 80 students in a class instead of 25 students. There is no breathing space. A lot of communicable diseases are rampant in these observed classrooms. Teaching aids are not provided enough for this large class. Teachers cannot go round the students to mark their (students) work tools, exercise books and drawings. Class control is zero; students' noise making become deafening, students cannot achieve functional health knowledge.

TEACHERS TASK FOR FASHIONING NEW HEALTH EDUCATION CURRICULUM

Can the issues of educational development in Botswana be applied in Nigeria? In Nigeria, researches are carried out yearly in tertiary institutions on education sectors development: but researches submissions in Nigeria are swept under the carpet, however Botswana agitated for educational development through the following steps.

- (i) Improvement of schools through commissioned needs and an assessment studies to involve all stakeholders in education.
- (ii) Teachers and students' parents (Curriculum Blueprint 1997)
- (iii) Improvement of schools' need through tertiary institutions outside the country (National Policy on Education 1993).
- (iv) Improvement of schools needs through implementation of the finding and the recommendations from research projects (Pandaeli, Oguniyi and Mosathwane 1993)
- (v) Improvement of school needs through new syllabus construction to accommodate self reliance, students personal development and independent reading culture (Curriculum Blueprint 1997)

Can a syllabus review on health education be instituted to involve 214 experts in Nigeria to make the subject a core course in kindergarten, primary schools and secondary school to change students-teacher's behaviour in classroom and indeed behaviours of people in the communities. The subject (Health Education) is perceived by students to be running and jumping. It is called PHE. The national curriculum planning committee could be constituted as follows:

- (i) 36 secondary schools teachers (special unity schools) each from the six geo-political zones in Nigeria).
- (ii) 12 curriculum development and evaluation BrEd health education each of (2 officers from the six geo-political zones to serve as secretaries, professors (health education).
- (iii) 6 universities lecturers from ABU, IFE, ILORIN)
- (iv) 6 Chief Lecturers from colleges of education (KANO, ABRAKA, OYO)

- (v) 72 B.Ed (Health Officers from the department of teacher training school and development (two officers from each of the 36 states in Nigeria)
- (vi) 72 Education officers from designated universities in Physical and Health Education in Nigeria.
- (vii) 12 consultants from each of West African Examination Council, National Examination council, NABTEB
- (viii) 36 officers (preferably B.Ed Graduate of Education Supervision and Educational management) from Junior Secondary Schools).

IMPLEMENTATION OF HEALTH EDUCATION CURRICULUM

Can the draft of such a freshly fashioned out syllabus be submitted to the Ministry of Education (Federal and States) for approval and thereafter sent National Assembly for approval and back to Ministry of Education and then distributed to schools for implementation? Many representatives of teachers from Kindergarten, Primary Schools, Junior Secondary schools and senior secondary schools need to be made to attend implementation workshops. After the implementation, follow up studies could be carried out for determining its acceptability among students, parents and teachers? The terms of reference should be "practical health education curriculum for formation for viable, amiable behaviour in Nigeria. The variable statements for discussion are:

- (i) Content (ii) objectives (iii) Assessment (iv) Teaching Methods (v) Organization of syllabus (vi) teaching orientation (vii) Utilization of laboratory resources (viii) computer (internet utilization) (ix) student's community health involvement (x) Healthy life-style (xi) socio-economic survival (xii) self enhance as in acquisition of independent emulate able character (xiii) health family life (xiv) sex education – growing from infancy adolescence – adulthood.

Engaging the 252 (two hundred and fifty two) to review the health education curriculum (HEC) has become imperative for: - (i) statewide coverage of health education Nigeria (ii) senatorial coverage and (iii) international coverage. The curriculum drafting committee in Nigeria had not been appropriately constituted pre-2007 and this brought the poor and non-informed implementation. There had not been uniformed brought the poor and non-uniformed implementation. There had not been uniformed strategy of curriculum implementation throughout Nigeria wards, local government areas, state and senatorial districts: because the curriculum had always been imposed on teachers. The teachers (the loco parentis) are the experienced psychologists, philosophers, religious instructors who can readily discuss the behaviour of teachers and students, and fix the course content.

One would feel convenient if the entire Nigerian citizenry achieve total health and healthful maintenance and promotion (NPE 1993) it's upon good healthy mind in healthy body assures one of the individual's possessions of excellent mental capability to pursue life tasks, think faster and reasonably react appropriately, and therefore achieve

life benefits isn't it conceived that health is a crown upon a well man's head as seen by a sick man?

Its noteworthy that constituting 252 man panel to redirect health knowledge teaching to save Nigerian people from malaise of:

- (i) Influx of armed robber; who steal due to misplaced priority, loving enjoyment at the detriment of their healthy status.
- (ii) Unwanted pregnancy among youths (infants and adolescents): thereby inflicting heartbreak to parents and inducing failures into these teenagers and therefore drop-out of school (NPE 1993).
- (iii) Literacy; which induce the citizenship into trailing dangerously deadly life pattern. When money making dominated the mind of average Nigerian instead of proper search for knowledge.
- (iv) Addiction to drug use; the supposed pain reliever, and boldness induction that may influence , insanity and turn citizens into mad men and mad women; causing Nigerians government to spend fortunes (Billions of naira on asylum).
- (v) Marriages and parenting to eradicate divorce, broken home, single parenthood etc.
- (vi) Nutritional adequacy (eating balance diet, choosing time of properly and nutrients control and accessibility).
- (vii) Environmental health and control (keeping the environment clean of refuse, treating the insane, removal of used vehicles, house hold utensils, and eradication of dangerous reptiles etc).
- (viii) Personal health – cleanliness of body, character/attitudes and behaviour.
- (ix) Conforming with social norms and standards, controlling and management of behaviour.
- (x) Love of brotherhood, tolerance and respect for other people views on religion, ethics, social functions and social acceptability.
- (xi) Philanthropic disposition and sensible application of intrinsic complacency, zeal to assist, spirit of community development.
- (xii) Accountability to social reforms peace, justice and fair play.

Teachers teaching as in teachers behaviour in the classroom deserve overhauling; because teachers pay:- (i) lackadaisical attitude to teaching (ii) teachers do not attend lessons as promptly as deserve (iii) teachers do not teach adequately as deserve (iv) teachers teach contents in arrears (v) abscond from their teaching posts (vi) teachers

are not concerned about the progress of their student (whether they fail or passed). (vii) teachers do not use teaching aids to teach (viii) teachers do sleep putting their head on the table-asking their students to read their notes or copy notes (ix) teachers send their students on errands during classes (x) teacher stay in the staffroom discussing and making noise (xi) teachers tell stories in class rather than teaching the subject content (xii) teachers do not prepare notes of lessons (xiii) teachers do not have teachers workbook and teachers textbooks. And they are not bothered (xiv) some teachers sell goods among students/co-teachers (xv) some teachers travel for weeks to buy goods and make business transactions.

REASONS FOR NEGATIVE – TEACHERS – STUDENTS – BEHAVIOUR

Teachers of health and physical education are observed to indulge in these unethical negative teaching techniques as Mgbodile (1985), Ogunsakins (1988) and Ogunwuyi (1994) discovered that teachers attitude to work, had been predicted by lack of recognition from the public and the government dampened teachers morale at teaching. Other teachers of other disciplines too use health education periods for other school activities. Teachers are not properly remunerated. Teachers are not considered and rewarded like other professionals. Some teachers do not stay at the job due to financial problems. There is teacher' inadequate-classroom-behaviour. The types of instructional materials used are inadequate. The classes are not of manageable size. Students in each class are too numerous. Some class accommodate 70 – 80 students (Ogunwuyi, 1994).

It is even unconstitutional for the government to abandon the consideration of teachers as builders of the nation Teachers deal with production of human resources to man the civil and public services. Also, it is suicidal not to provide adequate materials (teaching aids, buildings, environment that are adequate and conducive for learning. How wouldn't the students dropout of school when students are not sufficiently motivated to learn by given them free tuition. Free textual materials, free exercise books, biros, pencil, mathematical sets, rulers and required health and home economics materials, free lunch? Really NPE, 1993) objectives can not be achieved due to inappropriate teachers' classroom behaviour, students too exhibit negative classroom behaviour:-

Students formed the habit of truancy; students make noise in the class; they are restless; students cannot study on their own; students cheat in the class tests and examinations; student lie, laze about in class work and dependent on teachers spoon feeding syndrome; students spend their school fees to make school authority drive them away from class; students disrupt the arrangement of the school orderliness through playing pranks; disrupt classroom benches arrangement through restlessness; students are not career conscious and they lack focus; students feign hunger because they are not provided free lunch (mid day meal).

SUMMARY.

Students-teachers-classroom-behaviour in Nigeria had predicted students low practical health knowledge achievement that required the curriculum overhauling in Nigeria. Students-teachers-classroom-behaviour had not prevented the citizenry, societal and communal behaviours. Inferences are drawn from curriculum planner to put amendment to the hitherto unpopular education objective this write-up had studied: Overview of education implementation in Nigeria; Health Education in Nigeria (flaws and values); Fashioning a new health education curriculum in Nigeria; Implementation of health education curriculum in Nigeria. Reasons for teachers-students classroom behaviour.

RECOMMENDATION

Based on the review, it could be recommended that:

- (a) New health education curriculum should be drafted, inducted and implemented in Nigeria.
- (b) Teachers – students-classroom-behaviour should improve through provision of free education (tuition textual material, mid-day lunch, adequate building) and 25 students per class
- (c) Teachers-classroom-behaviour should become positive through the recommendation adopted and paid teachers' salary structure and other allowances
- (d) Health education should be approved as a core-subject to be taken by every student (from Kindergarten, primary school, secondary schools in Nigeria) and made compulsory like mathematics and English Language.

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