

# HEALTH EDUCATION: PROSPECTS AND CHALLENGES IN THE 21<sup>ST</sup> CENTURY

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## **Abstract**

The importance of health in human life cannot be over emphasized when the kind of life to be enjoyed and productivity to various phases of human endeavor are considered. This paper examines Health Education; its prospects and challenges in the 21<sup>st</sup> century. It provides an overview of health education, values of health education, why health education is necessary in the school curriculum, state of health education in Nigeria schools and problems facing health education in Nigeria. The paper concludes that the efficient implementation of school health programme is the best hope of achieving significant life extension and learning process among school children which has been poorly implemented by stakeholders.

Education is the process by which a person systematically acquires the basic knowledge, practical skills and desirable attitudes vital to the total development and growth of himself and his community (Oyekan, 1994). Education has always been a powerful force that brings about possible change in every society. One of the inducers of education that bring about promotion of social change is health education through a meaningful, well organized school health programme. Unfortunately many societies have failed to give due recognition to health education in their school curriculum forgetting that a healthy and educated child means a healthy and prosperous future.

Adegboyega Ajayi and Adesina (2005) affirmed that education prepares a child to be self-reliant and to be a healthy and productive citizen. Educating children at school on health should be given a higher priority not only for their health per se but from the perspective of education since if they are to learn, they need to be in good health. The World Health

Organization's Expert Committee on School Health Service noted that "to learn effectively children need health".

Applying this proposition to Nigerian setting, it is obvious that for Nigeria to survive in her present struggles for self-reliance, she must place great emphasis on the health and welfare of her citizens through well selected health education programme. This contention is reinforced because it is the healthy strong and fit persons in positions of responsibilities that can contribute effectively to the economic growth of the nation and harness Nigeria's abundant natural resources to fashion a better and healthier life than the citizens have hitherto enjoyed.

Fabiyi (2000) observed that now that the nation is increasing her investment in education by increasing the number of primary, secondary and post-secondary institutions it is right that steps should be taken to safeguard the health of the school children in the society in order to maximize the returns of the nation's investment in education. Therefore, a well-organized school health education programme for the nation becomes imperative.

Health education in the school system is an outgrowth of the universal search for more effective and more enjoyable living. It has been observed that school as agent of cultural transfer and change can prepare an individual to do what is necessary for the protection, preservation and promotion of his health. Regrettably, despite the fact that Nigerian Educational curriculum houses school health programme in terms of policy and contents, it is implemented partially, poorly executed or not implemented in its totality.

Therefore, the objective of this paper was centered on health education in Nigerian schools; prospects and challenges in the 21<sup>st</sup> century.

However attempt was made to provide answers to the following under listed questions of which the answers given would determine the focus of this write-up:

- What does health education mean?
- What values do school children stand to derive from health education?
- What are the attitudes of stakeholders toward the implementation of health education in Nigerian school?
- What is the state of health education in Nigerian school?

### **Overview of Health Education**

Udoh, Ajala, Fawole, Okafor, and Nwana (1987) defined health education as an educational force or progress by which agents of education-teachers, parents, nurses or community health workers exert their influence on individual in such a way as to affect their health behaviour. It is a process with intellectual, psychological and social dimensions relating to activities which increase the abilities of people to make informed decisions affecting their personal, family and community well-being. This process is based on scientific principles, activities, learning and behavioural change in health personnel, consumers, youth and children.

According to Ajisafe (1980) health education can be regarded as the sum total of experiences, which contribute to the development of desirable habits, attitudes and knowledge, related to an individual, family and community. It is a planned intervention, utilizing human learning to alter information, attitudes, skills and behaviours held by individual or groups in the direction of improved physical, mental, social and spiritual well-being.

Health education is not the same as health information, though correct information is certainly a basic part of health education, but health education addresses factors that affect health behaviours such as availability of resources, effectiveness of community

leadership, social support from family members and levels of self-help skills. It uses variety of methods to help individuals to understand their own situations and choose actions that will improve their health, for “good health behaviour is not health education”.

Many of the ailments suffered today by people are to a large degree self-inflicted by anti-health practices such as smoking, over-eating, lack of exercise and drug abuse.

These are known to be determinant of an individual’s wellness and welfare.

Individuals have the opportunity to control these anti-health practices through comprehensive health education by influencing the behaviour through a well-planned health education programme.

### **Values of Health Education to School Children**

Allensworth and Kolbe (1987) strongly opined that health is undoubtedly an important factor in any human endeavour. A sound knowledge of health behaviour and practices acquired through health education equips the average youth with good health that will help him or her to achieve the basic goals of education and make him or her fit to bring about positive changes unto himself/herself, family and the society at large. Other values include:

- Provision of scientific health knowledge to the school children so as to be able to make and take intelligent health decisions.
- Ensure the development of desirable health attitude in order to inculcate in children the wholesome respect and appreciation of other excellent health habits.
- Protecting school children against communicable diseases and other preventable ones in the school and community at large.

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- Contributing meaningfully to the physical, social, emotional and spiritual development of the school children.
- Ensuring the provision of healthy school living for both the school children and personnel.
- It providing an insight into the identification and correction of remediable abnormalities in the school children.
- It inducing students to be wise consumers and providers with respect to health related goods and services
- It encouraging prompt emergency care in the school plants as well as developing in each school child the optimum health level through the help of home-school and community cooperation in health related matters. However, Agbaje and Olanipekun (2008) believed that effective implementation of health education at all levels of education brings about achievement of expected societal change in the field of economy, productivity, politics and technological advancement.

#### **Why is Health Education Necessary?**

Our environment is polluted as a result of alterations that bring about an unfavourable development in our surrounding arising from human activities. The by-product of man's actions renders plant and animal's life less resistant to diseases causing their death or reduction. Today, there exist many health problems and unhealthy health practices ravaging the Nigerian School children such as health taboos and misconceptions, venereal diseases, problems of accidents, teenage pregnancy and early parenthood to mention a few need to be addressed knowing fully that a society with healthy children is bound to raise productive adults that would contribute to the development of a Nation at large.

Udoh et al (1987) indicated that some of these health problems impair physical, mental and social development; some interfere with learning while others lead to disability and death. Therefore there is need to be concerned about these problems since they are related to patterns of growth and development, conception through adulthood.

Education is the appropriate route through which all citizens can learn to understand the relationship between these social, economic and psychological problems and individual patterns of growth and development. It is through such understanding that positive action can improve the quality of life for the individual as well as for the family and the society.

Therefore, it is necessary that health education must be put in its proper place in the society and in schools so that all citizens would be better prepared to avoid preventive health problems, prevalent in the community.

Drake, Jukes, Sternberg and Bundy (2000) and Stoltzfus, Albonico, Tielsch, Chwaja and Savoli (1998) submitted that globally, millions of children are infected with different types of communicable diseases with great burden in the poorest Nations of the World, which School age children are the most heavily infected group both in terms of prevalence and intensity of infection and this has negatively hindered their growth and affected their cognition. Skill based health and hygiene education programme plays a vital role in combating infectious diseases among school children which Health Education is meant to achieve. This is done through promoting knowledge in areas such as disease prevention and control, and promoting behaviour that are specifically relevant to bringing about sound health within the community.

Healthy skills such as maintaining personal, family and community hygiene should be impacted into individuals starting from the home since the home is the primary agent of

socialization to change unhealthy habits, avoiding behaviours that are likely to cause infections among school children, coupled with comprehensive and well selected health education programme within the school setting which could in turn affect the community positively knowing fully that the school is an integral part of the community (WHO 1996).

### **State of Health Education in Nigerian Schools**

It is noteworthy to state that health education as a subject has not been given its due place in the educational curriculum of basic and secondary school in Nigeria (Akinbile and Adelusi, 2010). Since health has continued to be man's greatest need, it is the only hope of man to continue to function to his full potential. The goal of health education is to provide scientific knowledge that an individual can use to enhance his health status as well as prevent the occurrence of disease and death.

Health education is a frontline defense in the efforts of preventive medicine to ward off ignorance and diseases thereby bring about effective positive changes to the individual and the society at large. Unfortunately, this important role of health education which is supposed to be pursued through the implementation of school health instruction, school health services and school healthful environment has not been given due recognition by the nations school administrators both at basic and secondary school levels (Ademuwagun, 1971).

In primary schools, little or nothing is known about health education. Though health education in the lower basic schools syllabus but teachers teach only the "hygiene" or "personal health" aspect of health education because they lack adequate knowledge of the subject. The broad based school health programme which caters for health instruction, health services, school healthful environment and school-community relation is completely absent.

In secondary schools, the need to make health education a full fledge subject has been jeopardized. Though physical and health education is recognized as a subject in upper basic schools the National Commission for Colleges of Education (2010) in her recent proposal/restructuring exercise indicated that health education should be scrapped off in secondary schools since there is no provision for training teachers in the field of health education based on the restructuring exercise. While the already practicing health education teachers in secondary schools teach the subject with Luke warmness reason being that it is not offered by students at the senior secondary schools and not recognized as one of the examinable subjects at the senior secondary school certificate examination.

Akinbile and Adelusi (2010) posited that the school health services being part of health education involving the services of nurses, physicians, health counselors, cleaners and grounds men no longer exist in either Nigerian basic or secondary schools. This is blamed on the fact that provisions are not made in terms of facilities, personnel and materials needed for its execution.

Consequently, the non-implementation of the healthful school environment as an integral part of health education programme is premised in the existence of dilapidated buildings, inadequate seats in the classroom for students and teachers, the use of uncompleted buildings for private nursery and basic school, bushy environments and absence of sporting and recreation facilities in Nigerian schools.

### **Problems Facing the Teaching of Health Education**

Implementing an effective health education programme for school children both at basic and secondary schools would not be an easy task, however, the first step to solve a particular problem is to identify the obstacles that

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may hinder the solutions proffered. Health education as a new discipline in Nigerian schools and college is confronted with a lot of problems right from curriculum planning to its implementation. Hence the subject is still not autonomous in the school time table. It is either marched with physical education or health science. The major problems confronting health education include;

\* **Inadequate trained health educators:** Oshodin (1990) observed that the teaching of health education has advanced in developed nations more than the developing countries in which Nigeria is inclusive. He emphasized that most of the personnel handling the teaching of health education as subjects in basic and secondary schools are not suitably qualified. In most cases, teachers who teach biology and other science related subjects are coopted to teach health education in both basic and secondary schools.

\* **Inadequate indigenous textbooks:** Oshodin (1990) referred to this as learning materials that can help to reduce the burden of teachers and also serve as basic resource references in teaching health education. Turner (1981) observed that adequate textbook places a major role in determining the effective teaching of health education. He stressed that health education cannot be taught successfully without reasonable textbooks that take into cognizance the cultural heritage of the people where it is being used.

\* **Poor methods of teaching:** Methods of teaching health education are the systematic and organized procedures a teacher uses to determinate knowledge of healthful living in order to influence students health practice, behaviour, attitude and knowledge. He stressed that teaching health education should involve the eclectic methods of technology but most

practicing health education teachers adopt a single method of teaching.

Bamide (1984) expressed concern about the medium through which teachers pass instruction during the teaching-learning process to the learners. He indicated that teachers should endeavours to use language or idea which are within the level of students understanding.

\* **Inadequate facilities and equipment:** The teaching of health education should be from known to unknown which requires adequate equipment and facilities in terms of laboratory, films and films ships, tape-recorder, health charts, radio and television, and overhead projectors of which are not available in most Nigerian basic and secondary schools. Many scholars have adduced this to the inadequate funding of education in Nigerian which cuts across all levels of education.

\* **Confusion on whom to handle the subject:** Most school administrators believe that biology teachers, integrated science teachers and teachers of other science related subjects are in best position to effectively teach health education. Be this as it may, school administrators do not see the need to actually commit the teaching of health education into the hands of professionally trained health educators.

\* **Funding of Health Education:** There are so many programme competing for attention in the face of limited resources and as a result of the ailing economy of Nigeria therefore, it becomes difficult to convince the government to give priority to health education in schools. Furthermore, neither the Ministry of Health nor Ministry of Education is ready to take responsibilities for the funding school health programme. Even with the schools, most school heads are lacking in this regard. They see schools inter-house sports as a fund raising avenue just to enrich themselves instead of using the funds

generated to fund the health aspect of Physical and Health Education. This is a sin crying to God for vengeance. Not even the Health Education teacher has a say in this as they connive with their school heads in sharing this booty

### **Conclusion**

Health is an important factor that influences one's way of life. It improves personal goals. However, health education may not be panacea to all health problems since there is no easy solution to any of the complex problems of living. Hence, combating such problems will definitely take continuous well planned efforts by society's agencies. The school is one of these agencies through which a comprehensive health education programme can be effectively implemented.

Health education philosophy and practice are based on the fact that human behaviour can be influenced through well-organized health programme of instruction. Today in Nigerian basic and secondary school curriculum Health Education as a subject is either partially implemented, wrongly executed or not implemented in its totality.

The efficient implementation of school health programme is obviously the best hope of achieving any significant extension of life expectancy this lies in the area of disease prevention which can be made known to school children through education.

### **Recommendations**

Based on the foregoing, the following recommendations were made:

- Health education should be given priority in Nigerian Educational curriculum right from basic schools through secondary and tertiary institutions.
- The proposed restructuring of NCE programmes by National commission for colleges of Education to scrap health

education as a teaching subject should be jettisoned

- In-service training programme should be provided for active health educators in both basic and secondary school level.
- The organs of school health programmes; school health instructions, school health services, healthful school environment and school community relation should be given recognition in all levels of education through coordinated efforts of all stake holders.
- All tiers of government should expedite actions in the provision of facilities, equipment and materials for the effective implementation of School Health Instruction at all levels of educational system.
- Emphasis should be placed on the recruitment of personnel such as physicians, nurses, counsellors, grounds men and cleaners to complement the programme of instruction imparted by trained health educators at basic and secondary school levels.

### **References**

- Adegboyega, J.A., Ajay, V.O. & Adesina M.O. (2005). *Essentials of school health programme*, Ibadan. Macmillian Nig. Ltd.
- Ademuwagun, Z.A. (1971). The preparation of teachers in health education at the University level in Nigeria. *International Journal of Health Education* XIV (3), 121-126.
- Ajisafe, M.O. (1980). *Teaching physical and health education*. Ibadan. Macmillan Nig. Ltd.
- Agbaje, O. S. & Olanipekun, O.K. (2008). *New comprehensive physical and health*

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- education for schools and colleges.* Enugu. Olis Nigeria Ventures.
- Akinbile, P.O. & Adelusi, J.O. (2010). *Non-implementation of school health programme in schools; An impediment to societal change.* Paper presented at the International conference on transformative education Obafemi Awolowo University Ife.
- Allensworth, D.D. & Kolbe, I D (1987). The comprehensive school health programme. Exploring and expanded concept. *Journal of School Health* 10( iv) 409-412.
- Drake, L.J., Jukes, M.C.H. Sternberg, R.J. & Bundy, D.A.Y. (2000). Geohelminth infections; Congnitive and development impact. *Seniors in pediatric infectious diseases*, 11, 245-251.
- Fawole J.O (1981). Pregnancies in our Secondary Schools: A task for Educators. *Nigerian School Health Journal*, 3 (1) 15-20.
- National Commission for College of Education (2011). Interactive session with provosts of COES on the restructuring of NCE programmes and Institutions. Unpublished N.C.E restructuring exercise.
- Oshodin, O.P. (1990). *Taxonomy of educational objective handbook on Cognitive* York, David Mickay Company.
- Oyekan, S.O. (1994). *Fundamental of education for the Nigeria certificate education* (ed) Vol. 1. Ibadan. Alafars Nigeria Company.
- Stoltzfus, R.J.; Albonico, M, Tietsch, J.M Chwaya, H.M. & Savioli, L. (1998). School-based deworming yields small improvement in growth of Zanzibari school children after one year. *Journal of Nutrition* 128, 2187-2193.
- Udor, C. O, Fawole, J.O, Ajala, J.A; Okafor, C. & Nwana, Q. (1987). *Fundamental of health education.* Ibadan, Heinemann Education Books. 195-245.

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