

# IMPORTANCE OF HEALTH EDUCATION TO FUNCTIONAL TERTIARY EDUCATION IN NIGERIA

By

VICTORIA NWAMAKA NWONYE

*Department of Primary Education, Federal College  
of Education (Technical), Asaba.  
Delta State.*

## Abstract

*World Health Organization defined health as a state of complete physical, mental and social well-being, not the absence of disease and infirmity. A variety of definitions have been used for different purposes over time. The term “complete state” is no longer fit for purpose given the rise of chronic disease. This definition has since been altered from health as a ‘state’ to reflect health as a ‘resource’. Health Education may be defined as the sum of experiences, which favorably influence habits, attitudes and knowledge relating to the individual, community and social health. Health education like general education is concerned with changes in knowledge, feelings and behaviour of students. In its most usual form, it helps students to value health as a worthwhile asset and enable them to make informed decisions about health matters. Good health is a resource for everyday living, which enables students to enjoy life, achieve academically and make them happy citizens contributing to the socio-economic and cultural development of the nation. The paper discusses concepts associated with health and Health Education, theories of behavioural change, functions of education and impact of health education on functional tertiary education.*

**Key words:** Health, health education/goals and theories of behavioural change.

## Introduction

Health education like general education is concerned with changes in knowledge, feelings and behaviour of people. In its most usual form it concentrates on developing such health practices as are believed to bring about the best possible state of well being. People in both developed and developing countries are seeking better health and better education. Health has been linked with productivity and better academic performance. The World Health Organization defined health (WHO) (1948) health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Health is more than a non-disease state but an overall well-being of an individual’s physical, mental and social well-being.

Students in tertiary institutions experience great intellectual stress during the period of their education. Various activities carried out by them constitute a threat to their health and environment, for instance their eating habits, refuse and sewage disposal among others. Accidents result in physical injury, drug abuse results in impaired physical mental and social health. Health education in the school environment makes students value their own health and enables them to promote health as individuals and communities. Health can be promoted by encouraging healthful activities, such as regular physical exercise, and by reducing or avoiding unhealthful activities or situations, such as smoking or excessive stress. Some factors affecting health are due to individual choices, such as whether to engage in a high-risk behavior, and others are due to structural causes, such as whether the society is arranged in a way that makes it easier or harder for people to get necessary healthcare services. Still other factors are beyond both individual and group choices, such as genetic disorders.

Health education promotes good nutrition, relaxation, disease prevention, prevents teenage pregnancy resulting in improved health for the students to engage in their educational activities. The paper discussed concepts associated with health and health education, theories of behavioural change, functions of education and impact of health education on functional tertiary education.

### **Concept of health**

The current WHO definition of health, formulated in 1948, describes health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” A variety of definitions have been used for different purposes over time. The term “complete state” is no longer fit for purpose given the rise of chronic disease. This definition has since been altered from health as a “state” to reflect health as a “resource”. Health is the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs and on the other hand to change or cope with the environment. Health is seen as a resource for everyday life, not the objective of living, it is a positive concept emphasizing social and personal resources as well as physical capacities.

In the above definition of health, actualization and adaptation are important components. Health as a resource is supported by Kristin & Fuschia, (2017). They linked health with development (individual

and national productivity). “Health”, they say is “wealth”; healthy individuals engenders a healthy community and healthy community engenders a healthy nation for national development.

### **Meaning of Health Education and its goals**

Health education like general education is concerned with changes in knowledge, feelings and behaviour of people. In its most usual form it concentrates on developing such health practices that are believed to bring about the best possible state of well being. Nwonye & Ayomah (2018) defined health education as the sum of experiences, which favorably influence habits, attitudes and knowledge relating to the individual, community and social health. Health Education is concerned with promoting health as well as reducing behavior induced diseases. In other words health education is concerned with establishing or inducing changes in personal and groups’ attitudes and behavior that promote healthier living. The goal of teaching health education in Nigerian schools is to not only increase health knowledge and create a positive attitude towards well being, but also to promote healthy behaviours and lifestyle choices. It involves helping people to help themselves, either individually, in families, or in larger communities, by using a wide range of teaching techniques to achieve goals which often involve changing behaviours, attitudes and social circumstances (Connelly, 2002).

Danielle (2021) also defined health education as 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’s well-being. Indeed, health education helps students to value health as a worthwhile asset and enables them to make informed decisions about health matters. Good health is a resource for everyday living, which enables students to enjoy life, achieve academically and make them happy citizens contributing to the socio-economic and cultural development of the nation.

### **Theoretical framework**

Theory is a set of interrelated concepts, definitions, and propositions that presents a systematic view of events or situations by specifying relations among variables in order to *explain* and *predict* events or situations. (Basavanthappa, 2008). Thus,

according to this definition, health behavioural theories (HBTs) have been proposed at a variety of levels, including the individual, interpersonal, group, organizational and community levels to explain, predict and influence health behaviours. One theory or a combination of theories may be used to influence health related behaviours at different levels Such as individuals, interpersonal, community and organizations. (Murphy, 2005).

At individual level, stages of change model and Health Belief model may be utilized. Stages of change models describe an individual's readiness to change or attempt to change toward healthy behaviours. Lucas & Giles (2003) identified five distinct stages of change model such as: pre-contemplation, contemplation, decision, determination, action and maintenance. This is a circular model and not a linear model; the basic premise of this model is that behaviour change is a process and not an event, and that individuals are found at varying levels of motivation or readiness to change. Burkholder & Evers, (2002) alludes that if health education is to be effective in changing negative health behaviours towards positive health behaviour, then health educators should design programmes that students in tertiary institutions at different points in the process of change can benefit from and this should match to their stage at that time.

In the 1950s, Rosestock proposed a health belief model (HBM) intended to predict which individuals would or would not use such preventive measures as screening, for early detection of cancer. Reacker (1974) in Basavanthappa (2008) modified the health belief model to include these components: individual perceptions, and modifying factors variable likely to affect initiating action. The health belief model is based on motivational theory. It assesses the persons' perception of the threat of a health problem and appraisal of recommended behaviour(s) for preventing or managing the problem. Rosestock assumed that good health is objective and common to all people. Achalu (2001) and Garcia & Mann (2003), stated that Rosenstock suggested certain concepts that influence whether or not a person will seek preventive health care are perceived susceptibility, perceived benefit of action, perceived barriers to action, cues to actions and self efficacy. The right combinations of perceptions add up to an individual's readiness to act. Health promotion messages through mass

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media, peer education and other interventions act as cues to action translating that readiness into overt behaviour. Health promotion messages through mass media, peer education, films and field-trips are necessary in tertiary institutions in order to overcome unhealthy health practices or health risk behaviour which ranges from poor personal skills (indecision, sexual molestation, low self esteem, inferiority complex, poor negotiation and assertiveness skill), to drug abuse, poor eating habits, smoking among others. These negative health behaviours can hinder health and interfere with educational performance. For example an adolescent who is a drug addict may not think he/she is capable of quitting on his/her own can be educated on how to quit and encouraged to enter a supportive drug cessation programme and belong to a drug free club. This in no small measure, prevent unhealthful activities, situations, or excessive stress, including diseases - coronary heart disease and cancer which can result in truncated education among students. Health education promotes good nutrition, relaxation, disease prevention, prevents teenage pregnancy resulting in improved health for the students to engage in their educational activities.

At an interpersonal level, Social Learning Theory is utilized. This theory explains behaviour via a three-way, dynamic reciprocal theory in which behaviour continually interacts. The theory emphasizes behavioural capability, reciprocal determinism, expectations, self efficacy, observational learning and reinforcement; while physical and social environment shapes behavior; people can change their environment for adaptation. For example students can be put at risk by high prevalence of malaria where they live in the school environment, but they can reduce their personal risk by using insecticide, clearing bushes around the hostel, they can pressurize the student union to liaise with the school management of higher institution to drain mosquito breeding sites and also fumigate the environment from time to time.

At community level, health promotion interventions are targeted at, the entire communities or specific groups. Community-level models analyze how social systems function and therefore how communities, organizations that serve them, and policy makers who have power over them can be mobilized for change. Three conceptual frameworks relevant are: diffusion of innovations theory, community mobilization and theories of organizational change. Diffusion of innovations theory is a process by which an innovation is communicated through certain channels over time among the members of a

social system. Diffusion process is one that is concerned with new ideas and adoption of the innovation. It addresses how new ideas, products and social practices spread within a society or from one society to another (Oxfpor academic, 2005). Health innovations activity can spread from individuals to individuals, groups to groups or individual to groups or campus to campus. Behavioural changes at all levels are dwelt with by this theory. Advantage of the innovation must be seen and the innovation must not contradict values and life context of intended users. Channels of communication- mass media, peers and respected leaders are important social networks for disseminating information about health innovations.

Community Mobilization theories emphasize active participation and development of communities that can better evaluate and solve health problems. The key concepts are empowerment, community competence, participation and relevance issue selection and critical consciousness (Rejeski & Jason 2019). Basavanthapaa (2008) alluded that one of the challenges in mobilizing communities is building group consensus around the most pressing problem common to all, such as sanitation in the hostel, then deciding to provide toilet or harnessing local money and labour to solve the problem as students' self help project what to do.

Organizational change theories concern processes and strategies for increasing the chances that healthy policy and programmes will be adopted and maintained in formal organizations. The major concepts are problem definition (awareness stage) initiation of action (adoption stage) implementation of change and institutionalization of change (Roshanri & Bett, 2009). The school authority or the students can identify problems and proffer solutions. Actions are initiated to solve problems and resources are allocated to solve or implement the change. The last step is incorporating the change as an ongoing part of the institution. Tertiary institution managers, health educators and students should be aware of this model in order to understand the process of change in an organization. Healthy policies and programmes adopted by the tertiary institution management can help control campus air pollution through cigarette smoking. No smoking policies and no alcoholic beverage selling on campus can also help to reduce prevalence of drug abuse and campus vices which impact negatively on students' health; thereby interfering in educational performance or functional education. All the theories are important in addressing negative health behaviours in educational

institutions which can impact on education negatively therefore interfering with the function of education to the society at large. (Sussman, 2005).

### **Functions of education**

Education is of two forms: Formal and informal education. Formal education takes place under the auspices of a school, which provides the setting for the implementation of the curriculum. Informal education mainly occurs in a family setting or outside the school. Both types of education have an impact on the individual's general life.

According to Werner, Dimitris, & Michailakis, (2012) functions of education can be divided into manifest and latent functions:

### **Manifest Function**

Whether it is basic general education or training in a specific field, the primary manifest function is to prepare people for occupational roles. Practically, all occupational roles require basic literacy, while many also demand some type of specialized training. The industrial revolution with computer-controlled machines is cutting the demand for unskilled labour, whereas the market for professionals, semi professionals and technicians is expanding (Olaofe, 2013). Tertiary institutions provide the manpower for these positions.

Education preserves the culture by passing it on from one generation to the next. It encourages democratic participation by teaching verbal skills and developing the person's ability to think rationally and independently. In our tertiary institution, seminars are organized and students organize elections into student union executive and also participate in departmental and Local Government Association's elections.

- Education enriches life by enabling the student to expand his or her intellectual and aesthetic horizon; improving personal adjustment through personal counseling and such courses as applied psychology, sex education, family living, drug abuse; improving health of the nation's youth by providing physical exercise, and lectures on hygiene principles.
- Education also helps to provide patriotic citizens through topics illustrating the country's glory; and finally building character.

### **Latent Functions**

The latent functions of Education are as follows:

- Education keeps youths off the labour market and weakens parental control over their children. Keeping youth off the labour market may be attractive to unions but it appears in a different light to farmers and poor parents who need help from their children especially in developing countries like Nigeria (Obara, 2004).
- Education also alter the class system enabling those from lower class to move to higher status while it also perpetuate the class status because only those who can afford to pay for education are those who send their children to school.

### **Importance of health education to functional tertiary institutions**

Health Education in Nigerian tertiary institutions should be given priority. This is because it helps school students learn skills they will use to make healthy choices throughout their lifetime. Nwonye & Ayomah (2018) highlighted the following facts as the importance of health education in Nigerian schools:

1. A lot of health challenges that occur later in life are caused by a lack of information on healthy living by both parents and students
2. Preventable or treatable infectious diseases such as malaria, pneumonia, diarrhoea, measles and HIV/AIDS account for more than 70 per cent of the estimated one million under-five (5) deaths in Nigeria.
3. Malnutrition is the underlying cause of morbidity and mortality of a significant proportion of children under-5 in Nigeria
4. It accounts for more than 50 percent of deaths of children in this age bracket
5. Lack of proper and prior knowledge of a child about his or her health could subsequently lead to death

According to Kirby, Coyle, Roller & Robin (2011) health education promotes learning among students in subjects taught in schools. Health education emphasizes the teaching of health information and vital skills necessary to adopt, practice, and maintain health-enhancing behaviours. Programs might include not only physical activity and proper nutrition; they can also include subjects such as stress management, drug use, and sexual conduct.

Health education motivates students to improve and maintain their health, prevent disease and reduce risk behaviour. Most educational institutions should focus on teaching health education intensively and include it in their



curriculum. It is crucial that health education is taught at all levels as children/ students are more at risk of preventable diseases and infections. The goal of teaching health education in Nigerian schools is to not only increase health knowledge and create a positive attitude towards well being, but also to promote healthy behaviours and lifestyle among students.

Health education is important in our contemporary society; because our environment is made up of living and non-living things and it is polluted through men's innumerable activities. The by-products of men's actions such as those from the industries render plants and animal life less resistant to diseases causing death or reduction. There are many hazards in the environment which adversely affect human health and the environment e.g. physical hazards – noise, automobile accidents etc, biological hazards micro-organisms, insects, snakes etc, chemical hazard – insecticides, mercury, aniline amongst others: Socio-cultural/psychological hazards: beliefs, religion, taboos etc. These hazards get to man through environmental media: air, water, food, housing soil and man (Kristin & Fuschia (2017).

The aim of health education is to encourage people to value health as a worthwhile asset and let them know what they can do as individuals and communities to promote their own health. (Karen, Barbare & Kasisomayajula, 2008). In this effect health education is designed to alter attitudes and behaviour in matters concerning health and environment. The more people (students) know about their own health, the better they are able to take appropriate measures in such matters as diet, exercise, use of alcohol, tobacco, teenage pregnancy, general diseases and hygiene. The school as a community will be willing to allocate resources for improvement of environmental sanitation and for priorities within the school medical services.

Health education helps students to value their environment thereby preventing environmental pollution, which can result in respiratory tract infection, enteric fevers, diarrhea and others; excessive noise can result in hearing impairment. Illness results in absenteeism, which is associated with low academic performance. Hearing impairment interferes directly with learning even when the student is present; this also leads to low academic achievement.

Health education also helps in correcting health misconceptions and prevents sexually transmitted diseases. AIDS has no cure and there is no immunization against it, so the only way to prevent the spread is through health education. This reduces morbidity and mortality among students.

*Victoria Nwamaka Nwonye*

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Problems of identity especially among our adolescents in secondary and tertiary institutions, teenage pregnancy and early parenthood are all concerns of health education (Kristin, & Fuschia, 2017). Teenage pregnancy and early parenthood result in abandoning education thereby depriving the society of needed manpower. Teenage pregnancy results in such complications as anemia, cephalo-pelvic disproportion, vesico-vaginal fistula and even death. Nancy, Glen, Rena & Judith (2009) stated that unsafe abortion which follows teenage pregnancy can result in hemorrhage, infection and damage to the reproductive tract or organs. Chronic pain, ectopic and infertility are long term effects. (Basavanthappa, 2008).

Good nutrition enables students to be healthy, improve concentration and the ability to remember because the brain cells are well nourished (Ewuzie, Nwonye & Ayomah, 2015). Exercise reduces obesity, cardio-vascular/heart disease, hypertension etc. (Nwonye, Arinze & Owoeye, 2018), alcoholism results in loss of memory, poor concentration, violent behaviour, impaired judgment etc. (Danielle, 2021)). Tobacco use can cause hypertension, cardio-vascular heart disease, respiratory tract infection and impaired physical exercise etc.(Samuel & Commodore, 2014). Indian hemp smoking and cocaine use can induce psychosis and result in impaired learning and drop-out from school. (Basavanthappa, 2008). These health problems impair physical, mental and social development.

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. Health Education helps students to be better prepared to avoid the preventable health problems prevalent in tertiary institutions and communities.

## **Conclusion**

Health education as one of the components of primary health care is recognized as a tool for promotive and preventive care for the population. Health education is important because of its role in functional education it cannot be held lightly. Good health is a resource for everyday living, which enables students to enjoy life, achieve academically and make them happy

citizens contributing to the socio-economic and cultural development of the nation.

### **Recommendations**

1. Health education should be made a compulsory course for every student in the tertiary institution because without health it is impossible to accomplish academic achievement.
2. Health education should be extended to everybody in the tertiary institution – lecturers, non-academic staff and their families to utilize positive role models. Schools can do this by getting role models that students look up to. Invite them to speak to the students on related health topics and tips in handling situations.
3. Schools should provide educational seminars for parents on issues of health and parenting.
4. There should be an integrated approach to health education. The Government should liaise with NGOs in order to enable people to take control of their own health.

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