



Deficient Health Knowledge Of Tertiary Institutional Students In Nigeria

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ABSTRACT

This paper represent a review of flaws of the Nigerians curriculum in health education judging from the following statement ;education implementation in Nigeria(ii) health education teaching in Nigeria (flaws and values)(iii) techniques of fashioning new health education curriculum (iv)implementation of health education curriculum and (v)reasons for negative student –teachers –classroom behaviour. It was summarized that negative teachers-students- classroom behavior are the causes of students low practical health knowledge acquisition. Therefore, citizens in Nigeria are not proper healthy since, drug addiction armed robbery, raping, religious bigotry that health education should propagate to eliminated ravage the country. 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. Also, teachers’-classroom behavior s should improve through provision of free education; intuition tactical material, mid- day meal, adequate building and free school uniform.

Keywords: Health education curriculum, teaching, classroom environment

INTRODUCTION

Education is meant to 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 philosophers. So, practical exhibition of attitudes suitable for civilized citizens had been entrenched in the National Policy of Education of the Federal Republic of Nigeria (1993); even though the objectives of FRN (1993) had remained unachievable as expected:

- Developing in the entire citizenry, a strong consciousness for education and a strong commitment to its vigorous promotion.
- Providing free compulsory Universal Basic Education for every Nigerian child of a school going age.
- Reducing drastically drop-out rate from the formal school system through improved relevance and efficiency.
- Catering for drop-out of school children or adolescent through various forms of complementary approaches to the provision and promotion of basic education.
- Ensuring the acquisition of the appropriate level of literacy, numeracy, manipulative and life skills as well as the ethical, moral and civil knowledge needed for laying the foundation for life-long learning.

Therefore the entire citizenry had been promised enlightenment 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 policy? Had adequate and conducive environment to improve the quality and standards of education been put in place? Health Education, as an integral part of total education is even poised to train refined citizen that may not engage in armed robbery, Advanced Fee Fraud, religious bigotry and other devastating vices.

In Nigeria, the government is not properly sensitized to view teaching profession as humanitarian service and social service that is, not money generating venture. Teachers 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, but the way and manner of achieving knowledge to amass wealth for themselves. Health education (the total man trainer) 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. The curriculum is not implemented as adequately as required. The health education curriculum is not functional (Practical) 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) Expatriate on the need on new health education curriculum by fashioning out functional health education ideas, concepts, views and opinions, (iii) Elucidate on the techniques of implementing health education curriculum.

Furthermore, this study is undertaken to; (i) Enlighten health education teachers on reasons why teachers and students do not perceive formal education (academic and professional training within the four walls of a classroom) in Nigeria, (ii) To engineer the interest of Nigerian curriculum planners, Federal Ministry of Education, Health Educators of Nigeria on implementation of health education as a core subject; that is worth studying for good character formation at schools, (iii) To awaken the interest of non-governmental organizations in propagating health education knowledge achievement within Nigerian environment as medium for curbing moral, ethnical and social decadence, (iv) To sensitize teachers, to reach 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.

Education Implementation in Nigeria

It is the provision made for health knowledge achievement of Universal Basic Education is not thoroughly understood, because here is non-provision of adequate infrastructural facilities; and the school building environment and the classroom environment. The citizenry's consciousness had not been awakened for education. In Nigeria 85% of the boys in Eastern Zone would rather opt from business (Ademokoya 2001) and 95% youths in Northern Zone would prefer to beg for alms (Almajiri) (as approved by Northern religious in-junction and culture). How then can Nigerian citizens learn adequately?

Infact, non-provision of health education infrastructure facilities and improper use of; and non- use of i.e.

(1) School toilet (2) Home economic laboratory; (3) Physical exercises gymnasium; (i) cardio-vascular recreational building, (ii) weight reducing exercise, (which is refer to as exercise physiology laboratory); (4) First aid and safety education box/room (Mulenwa 2004); (5) Teachers' washing basins and towels; (6) Brooms, scrubbing apparatus; (7) Pipe-borne water, borehole water (Owojaiye 1999) had contributed to improper comprehension of health and healthy habits.

Furthermore, it had been revealed that provision of medical tools like sphygmomanometer, stethoscope, auriscope, audiometer, weight measuring instrument, height measuring instrument had not significantly influence students interest in studying medicine.

Health Education Teaching in Nigeria (Flaws and Values)

Health education teaches students the attitude and skills for a healthy life-styles, social- 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 elders, 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 (Mulenwa 2004). Curriculum Blueprint (1997), UNICEF (2000) and Science Syllabus (1991) posited that the curriculum in Botswana is students-centred and teachers are adequately taken care of and schools are adequately funded. Nigeria situation is not like Botswana. But in Nigeria, the following shortcomings are inimical to educational sector:

- Low salary payment to teacher; non-recognition of teachers; non-consideration of health education as a core-subject (Ogunwuyi 1991, Mgbodile 194 and Ogunsanya 1988).
- Inadequate provision of health education infrastructural facilities, equipments and supplies (Owojaiye 1999).
- Empirical topics are taught by discussions; which do not provide learners with first hand experience.
- 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).
- Students do not always come to school, they are driven away from schools due to nonpayment of school fees, lack of textual materials, exercise books, pen, pencils, biros and some students with torn school uniforms. Some students go hungry and are inflicted with nutritional illnesses.\
- Students sit down in large numbers, crowded in one classroom: 100 students in a class instead of 25 students. There is no breathing space. A lot of communicable disease are rampant in these observed classrooms. Teaching aids cannot be provided 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.

Fashioning New Health Education Curriculum

Can the issues of Botswana be applied in Nigeria? In Nigeria, researches are carried out yearly in tertiary institutions on educational sectors' development: but such researches are swept under the carpet. However Botswana agitated for educational development:

- Improvement of schools through commissioned needs an assessment studies to involve all stakeholders.
- Teachers, students, parents (Curriculum Blueprint 1997).
- Improvement of schools' needs through tertiary institutions outside the country (National Policy on Education 1993).
- Improvement of schools' needs through implementation of the finding and the recommendations from researchers (Pandaeli, Oguniyi and Mosathwane 1993).
- Improvement of schools' 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 schools to change students - teachers - behaviour in classroom and indeed behaviours of people in the community. The National Curriculum Planning Committee could be constituted as follows:

- 36 Secondary school teachers (special schools) 6 each from the six geo-political zone in Nigeria.
- 12 Curriculum development and evaluation B.Ed Health Education each officers (2 officers from the six geo-political zone to serve as secretaries.
- 6 University professors (Health Education) from (ABU, IFE, ILORIN).
- 6 Chief lecturers from College of Education (KANO, ABRAKA, OYO).
- 3 B.Ed (Health Education) officers from the department of teacher training and development (two officers from each of the 36 states in Nigeria).
- 72 Education officers from designed and department of in-service education (Two officers each from each of the 36 states) in Nigeria.
- 12 consultants from reach of West African Examination Council, National Examination Council, NABTEB.

- 36 officers (preferable B.Ed Education, Supervision and Management teachers) from junior secondary schools.

Implementation of Health Education Curriculum

Can the draft of such syllabus be submitted to the Ministry of Education (Federal and States) for approval before been sent to schools for implementation? Many representatives of teachers from junior secondary schools and senior secondary schools be made to attend implementation workshop? After the implementation, follow up studies be carried out for determining its acceptability among students, parents and teachers? The terms of reference should be: "practical health education curriculum for formation of viable amiable behaviour in Nigeria".

(i) Objectives; (ii) Contents; (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) Health life-style; (xi) Socioeconomic survival; (xii) Self enhance as in acquisition of independent emulate able character; (xiii) Self sustenance; choosing career adequately for self growth; (xiv) Healthy family life; (xiv) Sex education-growing from infancy - childhood - adolescence - adulthood.

Engaging the 252 (Two hundred and fifty-two) Health Educators 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-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 ben imposed on teachers. Whereas, 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 that academic pursuit can be achievable. 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?

It's noteworthy that constituting the 252 man panel to redirect health knowledge possesses the propensity to save Nigerian people from the malaise of:-

- Influx of armed robber; who steal due to misplaced priority; loving enjoyment at the detriment of their healthy status.
- Unwanted pregnancy among the youths (infants and adolescents); thereby inflicting heartbreak to parents and inducing failures into these teenagers and therefore drop-out of school (NPE 1993).
- Illiteracy; 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.
- 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 Nigerian government to spend fortunes (Billions of Naira as asylum).
- Marriage and parenting.
- Nutritional adequacy (eating balance diet, choosing time of properly and nutrients control and accessibility).
- Environmental health and control (keeping the environment clean of refuse, insane, used vehicles, house hold intensives, dangerous reptiles, etc).
- Personal health-cleanliness of body, character, attitudes.
- Personal health-control and management of behaviour.
- Conforming with social norms and standards
- Love of brotherhood, tolerance and respect for other people views on religion, ethics, social functions and social acceptability.

- Philanthropic disposition and sensible application of intrinsic complacency, zeal to assist, spirit of community development.
- 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 are promptly as deserve (iii) teachers do not teach adequately as deserve (iv) teachers teach contents in arrears (v) teachers abscond from their teaching posts (vi) teachers are not concerned about the progress of their students (whether they failed or passed), (vii) teachers do not use teaching aids to teach (viii) teachers do sleep putting their heads on the table-asking their students to read their notes or copy notes (ix) teachers send their students on errands during classes (x) teachers 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.

Reasons for Negative - Teachers - Students - Behaviour

Teachers of health and physical education are observed negative teaching techniques as Mgbodile (1985), Ogunsakin discovered that teachers attitude to work, had been predicated by

Lack of recognition from the public and the government dampened teachers morale at teachers. Teachers allowed other teachers of other disciplines to use their health education periods. Teachers are not properly remunerated. Teachers are not considered and rewarded (still due to lack of recognition). Some teachers do not stay at the job due to financial crunch there is teacher' inadequate classroom behaviour. The types of instructional material used are inadequate. The classes are not of manageable size.

It is even unconstitutional for the government to abandon the consideration of teachers as builders of the nation through 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 drop-out of school when students are not sufficiently motivated to learn by giving them free tuition, free textual materials, free exercise books, biros, pencil, mathematical sets, rules and required health and home economics material, free lunch? Really NPE 1993) objectives cannot be achieved due to inappropriate teachers-classroom-behaviour, Students too exhibit negative classroom behaviour:-

- Students imbibe the culture of truancy.
- Students make noise in the class;
- They are restless;
- Students cannot study on their own;
- Students cheat in the class tests and class examinations
- Students 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 the 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 school lunch (mid-day meal).

SUMMARY

Student-teachers classroom behaviour had predicated students' low practical health knowledge achievement that required the curriculum overhauling in Nigeria. Students-teachers classroom behaviour reveals the citizenry, societal and communal behaviours. Inferences are drawn from curriculum planner to put commandment to the hitherto unpopular education objective by elucidation on:- (i) Overview of education implementation in Nigeria (ii) Health education in Nigeria (flaws and values); (iii) Fashioning a

new health education curriculum in Nigeria; (iii) Implementation of health education curriculum in Nigeria; (v) Reasons for teachers-students classroom behaviour.

RECOMMENDATION

Based on the review thus far, it could be recommended that:-

- New health education curriculum should be drafted, induced and implemented in Nigeria.
- Teachers-students-classroom-behaviour should improve through provision of free education (tuition, textual material, mid-day launch, adequate building).
- Teachers-classroom behaviour should become positive through the recommendation, and payment of Teachers' Special Salary Structure and other allowances.
- Health Education should be approved as a core-subject to be taken by every student (from kindergarten, primary school, secondary schools) in Nigeria.'

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