



ADVOCACY FOR THE TEACHING OF HEALTH EDUCATION BEYOND HEALTH SCIENCE IN SECONDARY SCHOOLS

BY

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Abstract

*This paper examined the status
of health education in primary
and secondary schools and*

*advocated for its teaching at the secondary school level. It
also delved on the issue of the health education
curriculum and its implementation. However it was
concluded that the issue of health education or health
science is just in the name. Therefore recommendation
was made that the name health education would add more
value to the subject than being called health science.*

Keywords: Advocacy, Health Education, Teaching,
Secondary School, Nigeria

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Introduction

Education involves the learning of facts and how to use them as part of decision making about problems and issues of concern and importance to individuals and the society (Their, 2001). It therefore should not be concerned with providing facts alone or teaching decision making without factual reference frame. According to Simons-Morton, Greene and Gottlieb (2015), health education is defined as the rule by which individuals and groups of people learn to behave in a manner favorable to the promotion, safeguarding, or restoration of health. The ultimate aim of Health Education is positive behavioral modification. Education for health begins with people. It motivates them with whatever interests they may have in improving their living conditions.

Its goal is to develop in them a sense of dependability for health conditions for themselves as individuals, as members of families, and as communities. In communicable disease control, health education commonly includes assessment of what is known by a population about a disease, an evaluation of habits and attitudes of the people as they communicate to spread and frequency of the disease and the presentation of precise means to remedy observed shortage. Means (2015) also asserted that health education is included in the curriculum of most schools. In the United States, forty states necessitate the teaching of health education. According to Redican, Olsen and Baffi (2009), a complete health education curriculum consists of planned learning experiences which will help students accomplish desirable mind-set and practices related to dangerous health issues.

Some of these are emotional health and a positive self-image, gratitude, respect for, and



care of the body and its imperative organs, physical fitness, health issues of alcohol, tobacco and drug usage and abuse, health misconceptions and quackery, effects of exercise on the body systems and on general wellbeing, nutrition and weight control, sexual relationships, the scientific, social and economic aspects of community and ecological health, communicable and degenerative diseases including sexual transmitted disease, disaster preparedness, safety and driver education, choosing professional medical and health services and choices of health careers. According to Maduewesi (2013), curricular contents and educational policies have not enjoyed the same level of confidence and diligence in their conceptualization and implementation. Hence, Nigerian education system is plagued by a lot of factors including a mismatch between the values of schooling and what parents and community want, poorly developed instructional materials, incompetence on the part of teachers to deliver new curriculum, and low student achievement especially in science subjects due to irrelevant and overloaded contents. The teaching of health education is no exemption due to some of the identified problems above.

Studies by Eke (2009) and Idehen (2014) as reported by Idehen and Oshodin (2018) revealed that in many parts of Nigeria, health instruction in secondary schools were poorly carried out. This observation is not only limited to Nigeria, for instance Their (2011) observed that in the United States of America, health education is a minor part of the educational experience of most students. At the elementary and early secondary school level, health education if it exists consists of reading out a book about body systems, hygiene and diseases. Their (2011) explained further that even where health instruction is mandated by state or local



education code, the usual program consists of reading the health books once a week and in most cases, it is not as often as that.

Status of Health Education in Primary Schools

In the words of Udoh (2016), and Obioma (2017), there is no organized health education on the public primary school programme. Health education is incidentally taught according to the mood, wishes and interest of the class teacher. Under the 9-year Basic Education Curriculum, health education is correlated into social studies and Physical and Health Education Curriculum (Obioma, 2017). Other aspects of health education i.e. health services and healthful school environment according to Udoh (2016) do not exist in the public primary schools. In the National Policy on Education (2004) the pattern of organization of health education in the secondary schools was outlined. Udoh (2016) explained that the junior secondary health education is to have an integrated approach while it is to be taught as an independent subject at the senior secondary level.

However, studies by Owie (2012) had earlier discovered that the accomplishment of the approved health education curriculum in Nigeria secondary schools was done under the nomenclature of health science. This approach was adopted because it was alleged that the term “education” in health curriculum should not be for secondary school level, hence the adoption of health science. The teaching of health education in the junior secondary was by correlation through integrated science. As explained by Udoh (2016) and Idehen and Oshodin (2018), health education has lost its identity to these subjects compounded by the fact that it is being handled by teachers whose professional preparations are not in health education. In some instances, topics



such as sex education, drugs, alcohol and smoking are taught as special programs- sometimes by parents or outsiders invited for that purpose (Their, 2013). Most times, this may be the only health education to which the student is exposed to.

Moronkola (2012) while enumerating the aims of health education explained that people (students inclusive) should be encouraged to see the need for a healthy life, quality living that will ensure high productivity, and also to be able to take care of their personal and community health. Even at the primary schools where Health Education is taught alongside Physical Education, it is still been overshadowed by Physical Education. There is a global interest in the preventive aspect of medicine and this is the place of health education. When people are taught to take responsibilities for their health, they tend to guard it jealously. This can be achieved when students are taught early in their schooling career to live healthfully.

The Curriculum

Although, the health education curriculum has become a reality today with its approval by the Federal Ministry of Education in 1985 but some pertinent questions need, to be raised in relation to its implementation and the impact of teaching/learning in health education on students capacity in decision making about health issues of concern and importance around them. The approval of health education curriculum at the J SS according to Idehen and Oshodin (2015) shifted emphasis to the principles of healthy living that addressed the physical, mental, emotional and social dimensions of the health of the school child. It leas ten (10) instructional units which are to be implemented by secondary schools in Nigeria.

The ten units include growth and development, food and nutrition, physical health, safety



and accident prevention, avoidance and control of communicable diseases, community and environmental health, family life and sex education, emotional and social health, chemicals which alter behaviour and consumer health. If a robust curriculum for health education had been approved by the federal ministry of education since 1985, how many schools have implemented the curriculum? What is the professional qualification or area of specialization of teachers handling the subject at the school level? What instructional materials are available and how adequate are these materials for teaching health education.

The health science syllabus for the West African Senior School Certificate Examination was observed to be well blended with the course offering for health education graduates in the University. For example, university undergraduates offer courses in anatomy and physiology, community health, family life and sex education and so on. Similarly at WASSCE, students are expected to have acquired knowledge in these areas. Health Education or Health Science At both the primary and junior schools, health education is offered although in combination with Physical Education. However, at the senior secondary, it is not called Health Education but Health Science.

Does it mean that when it is changed to health education, it will lose its course contents? The nomenclature may not change anything in the curriculum rather it may add to the value of the curriculum. McKenzie and Smiltzer (2017) defined health education as any combination of learning experiences designed to facilitate voluntary adaptation of behavior conducive to health. The learning experiences noted in this definition could either be self-taught learning experiences on one end and highly sophisticated thoroughly planned, multi-activity learning experiences, on



the other hand. Obviously each type of learning experience has the potential for educating the intended target population about their health. It was also viewed by Joint Committee on Health Education Terminology Report (1991) as the continuum of learning which enables people, as individuals and as members of social structure to voluntarily make decisions, modifies behaviours and change social conditions in ways which are health enhancing. It is a field of study that draws from the biological, ecological, psychological, physical and medical sciences to foster health and prevent disease, disability and untimely death through education-driven charitable behavior change activities. Health education as a course may not primarily be for examination purposes alone but students will be introduced to skill-based courses that will serve long term benefits.

Conclusion and Recommendations

This paper advocated for the teaching of health education as a school subject as against health science in primary and secondary schools in Nigeria. It observed that although health education had been part of the school curriculum in Nigeria, the teaching of the content had been carried out under physical and health education in the primary and junior secondary schools and as part of the health science curriculum in the senior secondary school level, hence the inadequacy observed in the teaching of the subject by teachers whose professional preparations are not in health education. Also observed was the fact that universities graduate students in health education but the question of their integration into the school system has not been addressed.

Based on the above, the following recommendations are made



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1. That a comprehensive national health education curriculum should be developed for primary to secondary schools in Nigeria, through an inclusive and participatory process that will involve government, health education professionals and curriculum developers.
2. That health education should be separated from other subjects of physical education, health science and home economics to which it has been integrated.

That health education graduates be employed to teach the subject from the primary to senior secondary school level.



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