

The teaching of health education as a secondary school subject in Bayelsa State, Nigeria

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ABSTRACT

Health education (HED) as a subject in the secondary school curriculum has been made a compulsory subject in West African Examination Council (WAEC) and Senior Secondary School Certificate (SSCE) examinations for any candidate wanting to study any course in the medical and health-related disciplines in Nigerian tertiary institutions. This study seeks to find out the extent of the teaching of HED as a school subject in secondary schools in Bayelsa State; not as components of other subjects like health science, biology, and physical and health education. The proposed approach of the study was a State-wide survey of the teaching of HED as a school subject in secondary schools. This was done by involving 114 schools out of the 192 schools in the State. Findings revealed that out of the 114 schools visited, 38 schools only teach Physical and Health Education (PHE) as a subject in the Junior Secondary School level. During interviews with heads of schools that teaches PHE; it was gathered that the teachers who teach PHE also doubles as teachers of HED at the Senior Secondary (SSS) level. Implying that only 38 schools out of the 114 sampled schools teach (HED) as a school subject; this reveals an abysmal absence of the teaching of Health Education as a school subject in Senior Secondary Schools (SSS) in Bayelsa State, Nigeria. The none-teaching of HED underscores its importance to healthful-living. It is therefore recommended that health education as a subject be encouraged and taught in all SSS in the State.

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1. INTRODUCTION

Health education teaches about physical, mental, emotional and social health. It motivates students to improve and maintain their health, prevent disease, and reduce risky behaviors. The maxim of 'prevention is better than cure' underpins the importance of health education. Health education curricula and instruction help students learn skills they will use to make healthy choices throughout their lifetime. Curing a patient's illness is good, but many other people may fall sick from the same disease and it may not be possible to cure all of them at the same time. If the disease can be prevented, everybody is helped [1-2]. This is where health education comes in. It is sum of all experiences which influence habits, attitudes and knowledge relating to individual, family and community health. In other words, it is a process that causes change in knowledge and attitude. It motivates a person to acquire health information and put it into practice [3]. Health education according to [4] is also a process that bridges the gap between health information and health practices, little

wonder why [4] presented that health education is a distinct academic programme that has its own philosophy, aims and objective. The aims of health education as summarized by [5-7] are: to inform and educate people on the need for a healthful life for quality living that will facilitate productivity; encourage people to change negative attitude and practices to positive ones that promote personal and community health; encourage people to be aware and use available health care services; make people see the need to prevent diseases rather than spending more time and money to treat them; encourage people to continue in their local ways that promote health.

Studies [8-10] have discovered that promoting and establishing healthy behaviours for younger people is very useful to their growth and development. According to [8] education and health are inseparable and ensuring that children are healthy and able to learn is an essential part of an effective education system. The school according to [9] is a very good contact for the development of a child's experience of good health knowledge and practice. Schools according to [9] are places where good health promotion begins, starting in kindergarten and continuing through high school. Thus, well-designed, well-resourced, and well-sustained health education in Nigerian primary and secondary schools are pivot for a sustainable health in the nation. [4, 11, 12] reiterated the place of health education in school health programme in that children are taught life skills, not merely academic skills with the aim of increasing a child's health knowledge, thereby fostering a positive attitude towards promoting healthy behavior. The school has direct contact with more than 95% of a nation's young people aged 5-17 years, (which constitutes about twenty three percent (23%) of the population of a nation) for about 6 hours a day, and for up to 13 critical years of their social, psychological, physical and intellectual development [10]. Be that as it may schools in Bayelsa State seem not to give the needed attention to health education.

The need for the teaching of health education as a school subject in Nigeria secondary school cannot be over emphasized when viewed from the under listed backdrop: a lot of health challenges that occur later in life are caused by lack of information on healthy living [13]; preventable or treatable infectious diseases [14, 15] such as malaria, pneumonia, diarrhoea, measles and HIV/AIDS account for more than 70 percent of the estimated one million under-five (5) deaths in Nigeria; malnutrition is the underlying cause of morbidity and mortality of a significant proportion of children under-5 in Nigeria [16, 17]; it accounts for more than 50 percent of deaths of children in this age bracket; lack of proper and prior knowledge of a child about his/her health could subsequently lead to death [18-20]. With regards to the above, one needs to be well informed to be able to make the right choices in daily life opportunities for one to enjoy good health. And in doing this health education needs to be taught in schools. This article aims to underscore the teaching of health education as a school subject in Nigerian schools especially in Bayelsa State which is prone to disease outbreak as a result of its river terrain.

2. MATERIALS AND METHODS

The area of study is Bayelsa State which is one of the thirty six States in Nigeria. It is located in the south-South Geo-political zone of the country. It is in the rich oil Niger Delta region of Nigeria, it shares boundaries with Delta State on the North, with Rivers State on the East, and the Atlantic Ocean on both the west and south. Bayelsa State was created on 1st of October, 1996 and was carved out of Rivers State. It has Yenagoa as its State Capital. The main language spoken by the people is Ijaw, with dialects such as Ogbia, Epie-Atissa, Kolokuma, Nembe, Mein, Bomo. However, the official language of the people is English. The State has eight (22) Local Government Areas namely, Brass, Nembe, Ogbia, Yenagoa, Southern Ijaw, Kolokuma-Opokuma, Sagbama and Ekeremor. Bayelsa State is basically wetland with 70% of its area covered by water. Its land mass is about 9,415.8 square kilometer stretch and is approximately 185 kilometer stretch of the Atlantic Ocean coastline [21]. The area lies almost entirely below sea level with a mass of meandering creeks and mangroves. The Multiple Indicator Cluster Surveys census projection of 2016 puts the State population at 2,278,000 people, State Education Sector Plan (SESP, 2019-2028). The State has a large proportion of rural dwellers. The 2015 Nigeria Education Data Survey (NEDS) reports shows 74% of the rural population, a shift from, the 81% in the 2010 report, while the urban dwellers increased from 19% in 2010 to 30% in 2018, a significant 11% increase within 8 years [21]. The name BAYELSA is an acronym of the three Local Government Areas formally in Rivers State which constitutes Bayelsa State. The Local Government Areas were Brass, Yenagoa, and Sagbama. Bayelsa State is home to the Oloibiri the place where oil was first discovered in commercial quantities in Nigeria in 1956, and is a major oil and gas producing area, accounting for over 40% of Nigeria's oil production [22].

The study is an ethnographic study of the teaching of health education as a school subject. The purpose of ethnographic research is to attempt to understand what is happening naturally in the setting and to interpret the data gathered to see what implications could be formed by the data. Ethnographic research is also known as qualitative research. The objective was to find out if health education is taught in

secondary schools in Bayelsa State. Data were gathered through observation, interviews and documents analysis from Post Primary Schools Board and Ministry of Education. Two research questions were posited for the study which was: is health education taught in secondary schools in Bayelsa State? And which class is health education taught? Bayelsa State has three senatorial Districts (Bayelsa Central, Bayelsa West and Bayelsa East) one hundred and ninety-two (192) public secondary schools from the nine (9) Educational Zones in Bayelsa State and these constituted the population of the study. One Education Zone each of the Senatorial District was randomly selected making three (3) out of the nine (9) Educational Zones as representative sample of the population and the State capital Yenagoa Local Government Area was purposively included because of its proximity and convenience to the Research team. This then brings the sample size to four (4) Educational Zones. This was done by writing the names of the nine Educational Zones on pieces of paper and shuffled in a bag; without looking into the bag three papers were picked in succession and the names on these three papers constituted the sample for the study. The nine Educational Zones are: Brass, Ekeremor, Kolokuma/Opokuma, Nembe, Ogbia, Sagbama, Southern Ijaw 1, Southern Ijaw 2 and Yenagoa. The four zones involved in the study were: Southern Ijaw I, Sagbama, Ogbia, and Yenagoa.

Southern Ijaw I Educational Zone is in Bayelsa Central Senatorial District and consisted of twenty four public secondary schools, Sagbama Educational Zone is in Bayelsa West Senatorial District and consisted of also twenty four public secondary schools, Ogbia Education Zone is in Bayelsa East Senatorial District and consisted of thirty two public secondary schools, and Yenagoa Educational Zone is also in Bayelsa Central Senatorial District and consisted of thirty four public secondary schools. All the 114 schools in these four Educational Zones were visited by the research team over a period of four months (April – July, 2019). This was to ascertain firsthand the teaching of health education in the schools as against the documents obtained from the Ministry of Education and the Post Primary Schools Board detailing the statistics of schools and the number of teachers teaching each subject.

The instruments for data collection were an observation checklist and interview schedule for school administrators and teachers. There were two interview schedules: one for school administrator (principal or vice principle) and another one for teachers of health education. The instruments were validated by experts in educational measurement and evaluation of the Faculty of Education, Niger Delta University, Wilberforce Island, Bayelsa State, Nigeria. The comments from the expert team were used to rework the instruments to be valid. The reliabilities of the two instruments were determined by administering the instruments to a school in Kolokuma/Opokuma Educational Zone - a test-retest method with an interval of two weeks. Pearson Product Moment Correlation Coefficient of 0.81 for the interview schedule and 0.80 for the observation checklist was realized which makes the instruments reliable.

3. RESULTS

In answering the two research questions posited for the study, documents from the Bayelsa State Ministry of Education and the Post Primary Schools Board were compared with the primary data generated from the study. The documents detailed the statistics of schools in each educational zone and the number of teachers teaching the various school subjects offered in the schools. Research question one was: is health education taught as a school subject? The first observation from the State Ministry of Education and Post Primary Schools Board documents was that Health Education as a school subject is not taught in any of the schools in the sampled educational zones involved in this study. Rather what is contained in the document as subjects taught are Food and Nutrition as a subject and then Health Science was slashed with Physical and Health Education as a subject. Firstly, Health Science should stand as a subject of its own while Physical and Health Education should also stand as a subject of its own. Physical and Health Education is usually taught at the junior secondary school level while Health Science and Health Education are supposed to be taught as two distinct subjects at the senior secondary school levels.

The documents from the Ministry of Education and Post Primary Schools Board were analysed subject by subject as were taught in each of the schools in the four educational zones involved in the study. Yenagoa Zone: this consisted of thirty-four (34) public secondary schools; Sagbama Zone consisted of twenty-four (24); Southern Ijaw Zone 1 consisted of twenty-four (24) whilst Ogbia Zone consisted of thirty two (32) public secondary schools. The subjects taught in the various secondary schools ranges from: English Language; Mathematics; Biology; Agric Science; Fisheries; Chemistry; physics; Economics; Marketing; Government; Commerce; Health Science; Literature in English; Christian Religious Knowledge; History; Geography; Financial Accounting; Home Economics; Civic Education; French; Fine Arts; Social Studies; Business Studies; Physical and Health Education; Music; Introductory Technology and Further Mathematics. None of the one hundred and four schools teaches all the subjects, most of the schools teach an average of eight to ten subjects only due to dearth in manpower. This further shows the abysmal absence of the teaching of a lot of school subjects in secondary schools in Bayelsa State, Nigeria showcasing the slop sided

knowledge that is being imparted to the children. The primary data generated from the interviews with school managers gave a different picture as some school principals mentioned in the affirmative that Health Education is taught in their schools, illustrated in Table 1 below.

Table 1. Number of schools that teach health education as a school subject in the sampled educational zones

S/N	EDUCATIONAL ZONE	NUMBER OF SCHOOLS
1	Yenagoa	23
2	Southern Ijaw 1	3
3	Ogbia	6
4	Sagbama	6
TOTAL	38	

Source: Field data 2019

Table 2 below summarizes the distribution of academic staff in all the nine educational zones in Bayelsa State teaching health science, food and nutrition, and physical and health education as distinct school subjects in secondary schools vis-à-vis the total number of teachers in the State.

Table 2. Bayelsa state secondary schools summary of academic staff distribution of teachers of health science, physical and health education, and food & nutrition as school subjects in the nine educational zones of the state.

Zone	Health Sci. and Physical and Health Education	Food & Nutrition	Total of Academic Staff for the Three Subjects	Total no of Academic Staff in the Zone
Brass	2	1	3	101
Ekeremor	12	0	12	300
Kolokuma/Opokuma	4	1	5	251
Nembe	2	0	2	154
Ogbia	7	7	14	692
Sagbama	16	2	18	443
Southern Ijaw 1	6	0	6	291
Southern Ijaw 2	6	3	9	168
Yenagoa	33	8	41	1312
TOTAL	88	22	110	3712

Before the detailed comparison of the number of teachers teaching health related subject and the total number of teachers in the State, it is worthy of note that Table 6 lumped Health Science and Physical and Health Education together as one subject but differentiated food & nutrition as a separate subject which is supposed to be a theme in the subject – health education in the senior secondary curriculum. Health Science is a subject which is completely distinct from Health Education, but people erroneously think they are synonymous and one could do for the other. If the details of the content of Health Sciences as a subject enshrined in the National curriculum is studied; then the glaring difference between the two subjects can be seen. Health Education as a subject has its objectives amongst others: the inculcation of healthy behavioural changes that will lead to the pursuit and adaptation of healthy lifestyle. Health Education as a subject is situated in behavioural/social sciences while Health Science as a subject is situated within sciences (science domain). Physical Education on the other hand is a subject that combines concepts of physical exercises and healthy living and is usually taught at the junior secondary school level.

3.1. Analysis of records of numbers of teachers in Bayelsa State

From the records in the Post Primary Schools Board, Brass Educational Zone has a total of one hundred and one (101) academic staff teaching the twenty eight (28) different secondary school subjects but out of this 101 teachers only three (3) are teaching a combination of the three subjects - Health Science, Physical and Health Education, and Food & Nutrition as school subjects. A similar trend was observed in Ekeremor Educational Zone which has a total of three hundred (300) teachers teaching the twenty eight different subjects but having only twelve (12) out of the 300 teaching the three subjects under consideration (Health Science, Physical and Health Education, and Food & Nutrition) in this write up. From Table 6 above, Yenagoa Educational Zone has the highest number of academic staff – one thousand three hundred and twelve (1312) in comparison to the other zones in the State followed by Ogbia Educational Zone with six hundred and ninety two (692) academic staff; whilst least number of academic staff was in Brass Educational

Zone, followed by Nembe Educational Zone. Yenagoa which has the highest staff strength still has only forty one out of the 1312 teachers teaching the three subjects.

Research question two was: which class is health education taught? For the few schools that indicated that they teach Health Education as a school subject said it is taught in the senior secondary school level (i.e. Senior Secondary one to three – SS1 to SS3). This is in line with Nigeria National Curriculum [9] for Senior Secondary School (SSS1-3). It is prescribed in National Health Education Curriculum section of the Nigeria National Curriculum that Health Education be taught as a distinct school subject in the SSS levels with about twelve themes namely: History and Development of Health Education; Human Anatomy and Physiology; Personal Hygiene; Environmental Health; Community Health; Food and Nutrition; Safety Education and First Aid; Drug, Alcohol and Tobacco Education; Consumer Health as well as Communicable and Non-Communicable Diseases.

4. DISCUSSION

In answering the first research question posited for this study which is if health education is taught as a school subject in secondary schools in Bayelsa State, Nigeria; it is obvious from the Bayelsa State Ministry of Education and Post Primary Schools Board (the regulating board of secondary schools) records as well as the field data (data collected in the study), that there is an abysmal dearth of the teaching of Health Education as a school subject in the senior secondary school level. The level at which health education is supposed to be taught as a school subject. A further probe during the interview sections with school principals further revealed a gross misconception in the understanding of Health Education as a school subject as some of the principals indicated that the concepts of Health Education are taught in Biology as a school subject while some indicated that Health Education is the same thing as Health Science as a school subject. An excerpt from the interview stated thus ‘it does not matter as long as the two subjects (biology and health science) are being taught in the school’. ‘Teaching health education as a subject will amount to repetition’. This gross misconception may have accounted for the lack of push for the teaching of Health Education in schools. Interview with the few teachers who indicated that they teach Health Education as a school subject indict the State Ministry of Education and the Post Primary Schools Board who are the recruiting agent for secondary school teachers; for not recruiting teachers of health education despite the turnout of qualified health education graduates yearly since 2007 from the Niger Delta University, Wilberforce Island (the oldest tertiary institution in the State with a Faculty of Education since its inception in 2002 running health education programme), which have been graduating qualified health educators that should feed into the secondary schools in the State.

From the literature, there is a debate of the level at which Health Education is to be taught in schools [23]. C.A. Ajibola [9] posited that teaching of health education in primary and secondary schools provides an introduction to the human body and to factors that prevent illness and promote or damage health, which implies that the teaching of health education as a subject should start early from primary school. O.S. Olatunya, *et al* [24] was of the view that health education is a subject meant for the secondary school level. They stressed that health education falls within the instructional aspect of school health programme and is vital in equipping school children in their formative years with key issues. If this assertion is to be reckoned with then how would the children attain good health knowledge if it is not taught as a school subject? It would not be wrong to state then that this could be the reason why [24] explained that: curriculum (school health education curriculum) and instruction provide opportunities for students to learn skills necessary in making healthy choices; these choices according to [24], resolve around alcohol, tobacco, and other drug use; sexual behaviour (abstinence, prevention of pregnancy and sexually transmitted disease); driving, risk taking behaviours, and stress management. Through health education, according to [9], young children are exposed to various aspects of health such as nutrition, disease prevention, physical growth and development, reproduction, mental health, drug and alcohol abuse prevention, consumer health and safety (crossing streets, riding bikes, first aid). This could be the reason why also the [25] stressed that early education of young children long before having to make choices about their behaviour has been viewed as the best and most effective approach in developing lifelong health skills, attitude and practice.

5. CONCLUSION

In conclusion the misconception and misconstruing of what health education as a school subject entails could be a reason why it is not been taught as such. Despite some bits and pieces of some concepts of health being taught in biology and health science; health education as a school subject is more encompassing and present a holistic view of healthful living which is the aim of the teaching of health education. *Health education* teaches about physical, mental, emotional, social health, spiritual, intellectual, occupational, and

environmental health. It motivates students to improve and maintain their *health*, prevent disease, and reduce risky behaviors. *Health education* curricula and instruction help students learn skills they will use to make *healthy* choices throughout their lifetime. The Federal Ministry of Education in Nigeria has instructed the inclusion of health education as an examinable subject at the West African Certificate Examination; however the training of personnel to handle this subject in proportion to the number of secondary schools in Nigeria and the population growth of students is still lagging behind; and as a matter of priority be addressed. It is envisaged that health education in Nigeria will still need to be given close attention by health education experts and all stakeholders.

6. RECOMMENDATIONS

Based on the findings of this research, the following recommendations are made:

- a. Health education promotes learning among students in subjects taught in schools; hence it should be included as one of the compulsory subjects in schools;
- b. Health education emphasizes the teaching of health information and vital skills necessary to adopt, practice, and maintain health-enhancing behaviours; so it should be encouraged;
- c. Programs might include not only physical activity and proper nutrition; they can also include themes such as stress management, drug use, and sexual conduct etc and as such should be taught as a distinct subject;
- d. Health education motivates students to improve and maintain their health, prevent disease and reduce risky behavior; it is essential for teachers to start teaching health education in Nigerian schools early on from preschool to elementary and then to secondary as a distinct school subject;
- e. Educational institutions should focus on teaching health education intensively and include it into their curriculum. It is crucial that health education is taught at all grade levels as children are more at risk to preventable diseases and infections;
- f. Government should intensify action in recruiting health education graduate to teach health education as school subjects in schools.

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