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## Contents

Vol. 5 No 2 June, 2008

1. **Psychosocial Risk Factors as Predictors of Youth Violence among In-School Secondary Students in Minna NIGER STATE**  
*T.A. Hammed, Ph.D & K. T. Adebukola.* 1-27
2. **The Predictive Value of Psycho-Sociological factors on Psychological Well-being amongst the Hearing Impaired Adolescents in Southwest, Nigeria.**  
*A. O. Bakare, (Ph.d)* 28-41
3. **Teachers' Perceptions On The Role Of Educational Research In Nigeria Pre-Primary And Primary Schools**  
*B. O. Ogunleye, Ph.D* 42-55
4. **Ict Compliance and Utilization in Nigerian Tertiary Institutions in the 21<sup>st</sup> Century: Counselling Implications**  
*T. A. Adebowale, Ph.D& O. A. Oyinloye, PhD* 56-70
5. **Communication: A Vital Tool in Teaching Communication Health Education**  
*O.O Olubode, Ph.D* 71-81
6. **The Influence of ICT on Teaching/Learning Process in Nigerian Secondary Schools in Lagos and Ogun States**  
*A. O. Amusan, Ph.D & O. S Olaniyi,* 82-90
7. **The Growing Threat of Non-communicable Diseases in Developing Countries: Implications for Health Education and Health Promotion**  
*Ernest I. Achalu, Ph.D* 91-100
8. **Peer Influence, Attachment Security and Gender as Predictors of the Psychopathology of Truancy Behaviour among Secondary School Students in Asaba, Delta State.**  
*Agokei, R. C.* 101-117

9. **Physiological Health Education Knowledge of Substance Use among In-School Adolescents in Okun Land: An Approach to Constructive Nation Building**  
*B. O. Ogundele, Ph.D & F. F. Jacob, (M.Ed)* 118-130
10. **Social Science Researchers' Perception of the Effectiveness of Copyright Law in Protecting their Intellectual Property in Nigeria**  
*Oshiotse Andrew Okwilagwe PhD & Marie Beauty Dirisu PhD* 131-143
11. **Social work Practice in Health Care: It's Relevance in Caring for Health and Psycho-social Well-being of Sick and Non-Sick Individuals**  
*J.K. Mojinyinola, Ph.D.* 144-156
12. **Analysis of some Factors Influencing High Maternal Mortality Rate in Nigeria**  
*B. A. Oyewo. Ph. D* 157-170
13. **Assessing the Status of Physical and Health Education in Ibadan Metropolitan Schools**  
*Dr E.A. Okwilagwe* 171-185
14. **The Yoruba Institution of Marriage and Its Implication on the visually Impaired Individuals**  
*Mike, S. Eniola Ph.D & Agokei,, R.C.* 186-198
15. **Relationship Among Self – Concept, Parental Involvement and Academic Achievement of Students In Ibadan, Oyo State**  
*A.E. Awoyemi, Ph.D. & A. M Raji* 199-207
16. **Determinants of Public Expenditure on Primary Education in Southwestern Nigeria (1990-2004)**  
*S.O. Adedeji, Ph.D & T. Okemakinde, Ph.D* 208-227

# ASSESSING THE STATUS OF PHYSICAL AND HEALTH EDUCATION IN IBADAN METROPOLITAN SCHOOLS

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## Abstract

*The study assessed the status of Physical and Health Education in Ibadan metropolis. Sixty-one PHE teachers were randomly selected from fifty secondary schools in the city. A teacher questionnaire was administered on the respondents and the data analysed using frequency counts, percentages and t-test. The status of PHE in the schools is that the subject is taught and there are teachers to teach it in many sampled schools in the metropolis. Sixty-nine percent of the schools have 2 or 3 teachers and 15% have between 4 and 8 teachers teaching the subject. The teacher profile shows that 52.5% are females and 47.5% are males. Sixty-eight percent are first degree graduates, 20% N.C.E of which 39% have been teaching for over 21 years, 23% for 6-10 years and 11-20 years respectively. Majority (76.2%) are PHE specialists though 8.2% are specialists in other subjects. Sixty percent of the schools spend 2 periods (1½ hours) teaching theory, 45 minutes respectively on physical activities and games a week. A minimum of 1-9 weeks is spent by 42.6% of the schools on inter-house sports whereas 28% do not practice at all. Significant difference exists in the extent of exposure to the various components of PHE by school type. Private schools allocate more periods and hours for theory, health issues and games than public schools. Public schools however, spend more weeks on inter-house sports while private schools spend more time. It is therefore, recommended that the status of PHE be elevated, all schools should have a comprehensive plan and structure in place to enable them execute a comprehensive physical education programme to all students, while some PHE teachers where they are as many as eight in a school, should be redeployed to schools where their services are needed.*

## Introduction

The view that a healthy mind is the precursor of a healthy body is an axiom that holds true even today as it was of old. It is the contention of physical education

experts such as Bucher (1985), that for a nation to remain physically strong, the citizens should be mentally, emotionally, psychologically, spiritually and socially healthy. The youths and indeed children should not only be adequately exposed to physical activities but also to a comprehensive physical education that is all encompassing. He further, contends that such physical education programme should cover a tripartite process of physical education, health education and recreational practices provided in a formal educational setting. Physical education should also create knowledge of the human body, inculcate healthy attitudes, skills, and instill proper health practices (Amusa, Blade, Agbonjimi & Akintunde, 1993; Caldwell & Huitt, 2004).

The need to build strong and virile individuals in a nation has a long history behind it. It dates back to the medieval times when the Romans, Greeks and Spartans introduced games and sports for entertainment which later metamorphosed into an important subject in the school curriculum. Physical education experts such as Bucher (1985) and Caldwell and Huitt (2004) are of the view that a good physical education programme, should ensure a balance between physical education, health and physical activities (inter-sporting activities inclusive). The complementary role of each component ensures proper 'physical fitness' which is the degree to which an individual has 'muscular strength' and possesses 'sound body organs like the heart and lungs' (Bucher, 1985; Amusa, Blade, Agbonjimi & Akintude, 1993; and Caldwell & Huitt, 2004). Besides there is also evidence to suggest that lack of physical activity contributes to obesity and other health risk related diseases among young children now than ever before especially when these children are not exposed to physical activities (Robert Wood Johnson Foundation, 2007; and Boreham, 2001; cited in Bowtell and Verne, 2006).

To develop in young children the physical education knowledge which will be useful in later life, they need to acquire basic attitudes and skills that fit into a regimen which must begin at a young age. Some physical education scholars (Amusa, Blade, Agbonjimi & Akintude, 1993) opt for as early as five years of age, a period which falls within the early years of basic education in Nigeria. It is expected that at adolescence (later basic or junior secondary school years), these adolescents would have fully established their physical performance regimen. Previous studies seem to support this view as they contend that an active child is more likely to become an active adult. These findings are linked to the works of Boreham (2001), Harro (2000) cited by Bowtell and Verne (2006). Also evidence

from the London Health Education Authority (1992), cited by Bowtell and Verne (2006) say these research evidence which tend to suggest that by the time young people leave secondary school, their attitude to and level of perceived ability in sport and activities tend to be highly predictive of their physical activity as adults. In view of the importance or value of physical and health education in building healthy individuals and a virile strong nation, physical education is assuming only the status of an elective subject in our school curriculum. It is of great worth if stakeholders in education have information on the current status, level of exposure and the structure provided in our school system with respect to the subject of Physical and Health Education. Additionally, it will provide information on the extent 'to which the collective well-being' of young people in Ibadan metropolis, Oyo State and perhaps the nation at large is being determined. Such information would provide valuable feedback and empirical data necessary for decision making among policy makers, government and the bureaucrats.

In view of the fact that PHE has gradually been moved to the elective status in our school curriculum, the purpose of this study was to assess the current status of the subject-fields of physical and health education in the metropolitan city of Ibadan, with a view to providing useful information to stakeholders to enable them take relevant decisions on the adequacy of such education.

### **Research Questions**

Four research questions examined in this study were:

1. What is the status of PHE in Ibadan metropolitan schools?
2. What is the profile of PHE teachers in these schools?
3. What is the extent of exposure of students to the components of PHE in these schools?
4. Is there any significant difference in the extent of exposure to the different components of PHE in terms of school type in the metropolis?

### **Methodology**

#### **Research Design**

The study adopted the survey research. The research was designed to assess the status of PHE in the schools. Measures were obtained for five parameters that is, teacher quality (qualification and experience), presence of PHE programme in

school, availability of teachers, work load and exposure to all the components of PHE.

### **The Sample and Sampling Procedure**

The study adopted the multi-stage and random sampling techniques, where the schools in the five local government areas in Ibadan metropolis (Ibadan North, Ibadan North East, Ibadan North West, Ibadan South East and Ibadan South West) were randomly selected on the basis of probability proportionate to population size of the schools, given due consideration to the type of school. From each local government area, therefore, a minimum of 5 to a maximum of 10 public schools were randomly selected depending on the number of schools in the area while two private schools in each area were also selected. A total of 40 public schools and 10 private schools constituted the sample. In each selected school, one PHE teacher or two (where they were in excess), were sampled to participate. The 61 respondents had a mean age of  $X = 37$  years and a S.D. = 6.24.

### **Instrumentation**

The questionnaire was used to elicit information from teachers on the status of PHE, the available facilities and level of exposure of students to physical and health education in the metropolis. The instrument was subjected to expert scrutiny and later given to some secondary school teachers for content validation and no ambiguity was found in it. It was further subjected to test-re-test reliability which yielded a coefficient of 0.79 and 0.84 respectively.

### **Data Collection and Analysis**

Data was collected by the researcher and four other assistants who are trained in the act of data collection. The data collected was subjected to descriptive statistics and independent t-test to establish statistical significance at the 0.05 significant level.

### **Results**

The result of the study are presented in Tables 1a, b,2,3, and 4a,b,c,d, e. Table 1(a) presents the status of PHE in terms of the presence of the subject in the school timetable and number of teachers in the schools. The result shows that PHE is taught in 60 (98.4%) of the schools, while 58 (95.1%) reported they have PHE teachers. Also, 36 (59.0%) reported that they do not have separate Health Education teachers whereas, 9 (14.8) said they had separate Health teachers.

Table 1(b) shows that 42 (68.8%) of the sampled schools had between 2 to 3 PHE and/or Health teachers,

**Table 1(a): Status of PHE in Ibadan Metropolitan Schools by Presence of PHE in School Timetable and Number of Teachers**

Variable	Present/ Number	% age	Not present/ Number	% age	No Response	% age
PHE is taught in the school.	60	(98.4)	1	(1.6)	-	
PHE teachers are in the school.	58	(95.1)	2	(3.3)	1	(1.6)
There are separate Health Education teachers.	9	(14.8)	36	(59.0)	16	(26.2)

**Table 1(b): Status of PHE in Ibadan Metropolitan Schools by Number of Teachers and their Workload**

Variable	Frequency	% age
No of PHE/Health teachers		
Only 1	9	14.8
2 – 3	42	68.8
4 – 8	9	14.6
No teacher	1	1.6
Classes in which PHE is taught		
(i) JSS	46	75.4
(ii) SS	5	8.2
(iii) JSS/SS	9	14.8
Omission	1	1.6
No of Periods for PE on time-table		
2	7	11.5
3	60	82.0
4	3	4.9
No period	1	1.6

No of periods for Health on the timetable		
1	21	34.4
2	22	36.1
4	4	6.0
No period	14	23.0

9(14.6%) schools had one PHE/Health teachers, while also 9(14.6%) schools had between 4 and 8 PHE/Health teachers. Only 1 (1.6%) school had none. Forty-six (75.4%) of these teachers according to Table 1b, teach in junior secondary section, 9 (14.8%) teach both junior and senior sections while 5 (8.2%) teach at the senior section only. Table 1(b) further shows that 60(82.0%) of the teachers teach 3 periods of PHE and Health, on the timetable a week, 7 (11.5%) teach 2 periods and 3 (4.9%) teach 4 periods. Also, 22 (36.1%) of the teachers reported that the timetable has 2 periods for health, 21 (34.4%) said 1 period, 4 (6.0%) said 3 periods and 14 (23.0%) said they had no separate period for Health Education, though health issues are taught during the specified periods.

Table 2 which presents the results of the profile of physical and health education teachers in Ibadan metropolitan schools shows that, of the sampled teachers 32 (52.5%) are females and 29 (47.5%) are males. A greater percentage of these teachers are holders of Bachelor of Education degree 37 (60.7%), NCE 12 (19.7%), Bachelor of Arts, or Science, or Masters of Arts degree 7(11.8%), graduates with PGDE 4 (6.6%) and others 1 (1.6%). In terms of teaching experience, 24 (39.3%) had over 21 years teaching experience, 14 (23.0%) between 6-10 years experience, 10 (16.4%) had 11-15 years, 4 (6.6%) had 16-20 years of experience and 9 (14.8%) had between 1 to 5 years of teaching experience. As presented in Table 2, most of these teachers 53 (86.9%) are specialised in Physical Health Education, 3 (4.9%) in Health and 5 (8.2%) specialised in other subjects.

Table 2 also shows that 46 (75.4%) of the teachers teach Physical and Health Education, 10 (16.4%) teach Physical Education, 2 (3.2%) teach only health and 3 (4.9%) teach other subjects in addition to either Physical and Health Education or Physical Education or Health.

**Table 2: Profile of PHE Teachers in Ibadan Metropolitan Schools**

Variable	Category	Frequency	% age
Sex	Male	29	47.5
	Female	32	52.5
	<b>Total</b>	<b>61</b>	<b>100.0</b>
Teaching Qualification	NCE	9	19.7
	B.Ed	37	60.7
	BA/B.Sc/M.A	7	11.8
	M.Ed + PGDE	4	6.6
	Others	1	1.6
	<b>Total</b>	<b>61</b>	<b>100.0</b>
Teaching Experience	0 - 5	9	14.8
	6 - 10	14	23.0
	11 - 15	10	16.4
	16 - 20	4	6.6
	21+	24	39.3
	<b>Total</b>	<b>61</b>	<b>100.0</b>
Area of Specialisation	P.E	53	86.9
	Health	3	4.9
	Others	5	8.2
	<b>Total</b>	<b>61</b>	<b>100.0</b>
Subject Taught	PHE/Health	46	75.4
	P.E	10	16.4
	Health	2	3.2
	Others	3	4.9
	<b>Total</b>	<b>61</b>	<b>100.0</b>

**Table 3: Extent of Exposure to Various Components of Physical and Health Education**

Aspects of PHE	Frequency	%age	Hours	Freq	% age
Theory 1	9	(14.8)	45 mins	10	(16.4)
2	40	(65.6)	1 <sup>1/2</sup> Hrs	40	(65.6)
3	10	(16.7)	2 <sup>1/4</sup> hrs	8	(13.1)
No period	2	(3.3)	No time devoted	2	(4.9)
Physical Activities	37	(60.7)	45 mins	37	(60.7)
1	2	(3.3)	1 <sup>1/2</sup> hrs	2	(3.3)
2	22	(36.1)	No time devoted	22	(36.1)
No period					
Games					
1	37	(60.7)	45 mins	36	(59.0)
2	4	(6.6)	1 <sup>1/2</sup> hrs	5	(8.2)
No period	20	(32.8)	No time devoted	20	(32.8)
Health					
1	21	(34.4)	45 mins	22	(36.1)
2	22	(36.1)	1 <sup>1/2</sup> hrs	21	(34.4)
3	4	(6.6)	2 <sup>1/4</sup> hrs	4	(6.6)
No period	14	(23.0)	No time devoted	14	(23.0)
Inter-House Sports					
1-3 week	7	(11.5)	6-9	37	(60.7)
4-6 weeks	19	(31.1)	10-19	8	(13.1)
7-9 weeks	10	(16.4)	No time devoted	16	(26.2)
10-12 weeks	8	(13.1)			
No time devoted	17	(27.9)			

Table 3, presents the extent of exposure of students to various components of PHE such as theory, physical activities, games, inter-house sports and health issues. The results in Table 3 show that a great number of the schools 40 (65.6%) spend two periods or one and half hours respectively per week in teaching theory, 37 (60.7%) of the schools spend 45 minutes in physical activities, while about a third of the schools 22 (36.1%) do not take part in physical activities at all.

Furthermore, 37 (60.7%) spent about 45 minutes in games, while 20 (32.8%) do not participate in games. Table 3, also shows that 36 (59%) of the schools spend between 1 – 9 weeks or 6 – 19 hours (73.8%) in inter-house sporting activities, (13.1%) of the schools spend between 10 – 12 weeks or 10 – 19 hours in practicing for inter-house sports. In addition, Table 3 shows that about a third of the schools, 21 (34.4%) and 22 (36.1%) of the schools respectively spent 1 or 2 periods that is between 45 minutes to one and half hour in teaching health issues, while 14 (23.0%) do not teach health at all.

Tables 4a, b, c, d and e, present the results of inferential statistics on extent of exposure to physical activities between public and private schools. Table 4(a) shows that the mean extent of exposure for theory is  $X=1.89$ , S.D. =0.76, for public schools and  $X = 2.00$ , S.D. = 0.00 for private schools, is significant at  $t= -0.522$ ,  $df = 59$ . The mean hours of exposure for theory was  $X = 1.91$ , S.D. = 0.080 for public schools, and  $X = 2.00$ , S.D = 0.00 for the private schools, is significant at  $t = 0.394$ ,  $df = 59$ ;  $P \leq 0.05$ .

**Table 4a: Summary of t-test Analysis on Extent of Exposure to Theory by Type of School**

Variable	Type of School	N	$\bar{X}$	SD	t-test	Df	Sig
Period for theory	Public	47	1.89	0.76	-0.522	59	.000*
	Private	14	2.00	0.00			
Hours of theory	Public	47	1.91	0.80	-0.394	59	.001*
	Private	14	2.00	0.00			

\*Significant at  $P \leq 0.05$

Table 4(b) shows that there was no significant mean difference between public and private schools in terms of periods or hours of exposure to physical activities.

**Table 4b: T-Test Summary of Extent of Exposure to Physical Activities by Type of School**

Variable	Type of School	N	$\bar{X}$	SD	t-test	df	Sig
Period for physical activities	Public	47	0.68	0.56	0.230	59	.633NS
	Private	14	0.64	0.50			
Hours of physical activities	Public	47	0.68	0.56	0.230	59	.633 NS
	Private	14	0.64	0.50			

NS = Not Significant at  $P \leq 0.05$

Table 4(c) shows that the mean extent of exposure to games is  $X = 0.68$ , S.D = 0.63 for public schools and  $X = 0.93$ , S.D. = 0.27 for private schools was significant at  $t = -1.428$ ,  $df = 59$  at  $P \leq 0.05$ . The hours of exposure for games was  $X = 0.70$ , S.D = 0.66 for public schools, and  $X = 0.93$ , S.D = 0.27 for private schools, was significant at  $t = -1.254$ ,  $df = 59$  at  $p \leq 0.05$ .

**Table 4(c): T-Test Summary of Extent of Exposure to Games between Public and Private Schools.**

Variable	Type of School	N	$\bar{X}$	SD	t-test	df	Sig
Times a week for games	Public	47	0.68	0.63	-1.428	59	0.000*
	Private	14	0.93	0.27			
Hours for games	Public	47	0.70	0.66	-1.254	59	0.000*
	Private	14	0.93	0.27			

\* Significant at  $P \leq 0.05$

**Table 4(d): T-test Analysis for Extent of Exposure for Inter-house Sports by Type of School**

Variable	Type of	N	$\bar{X}$	SD	t-test	Df	Sig
	School						
Weeks practiced For inter house Sport	Public	47	1.79	1.37	0.343	59	0.014*
	Private	17	1.64	1.45			
Hours practiced For inter-house Sports	Public	47	0.81		-1.408	59	0.000*
	Private	14	1.07	0.92			

\* Significant at  $P \leq 0.05$

Table 4(d) shows that the mean extent of exposure to inter-house sports was  $X = 1.79$ ,  $S.D = 1.37$  for public schools, while it was  $X = 1.64$ ,  $S.D = 1.45$  for private schools. This was significant at  $t = 0.343$ ,  $df = 59$ ;  $P \leq 0.05$ . The hours of exposure was significant at  $t = -1.408$ ,  $df = 59$ ;  $P \leq 0.05$ , with  $X = 0.81$ ,  $S.D = 0.50$  for public schools and  $X = 1.07$ ,  $S.D = 0.92$  for private schools. Table 4(e): shows that the mean extent of exposure to health issues was significant at  $t = -0.450$ ,  $df = 59$ ;  $P \leq 0.05$  with  $X = 1.23$ ,  $S.D = 0.81$  for public schools and  $X = 1.36$ ,  $S.D = 1.15$  for private schools. The hours of exposure  $X = 1.21$ ;  $S.D = 0.81$  for public schools and  $X = 1.36$ ;  $S.D = 1.15$  for private schools was significant at  $t = -0.531$ ,  $df = 59$ ;  $p \leq 0.05$ .

**Table 4(e): T- test Analysis of Extent of Exposure to Health Issues by Type of School**

Variables	Type of School	N	$\bar{X}$	S.D.	t-test	Df	Sig
No of periods for health	Public	47	1.23	0.81	-0.450	59	0.013*
	Private	14	1.36	1.15			
No of hours for health	Public	47	1.21	0.81	0.531	59	0.011
	Private	14	1.36	1.15			

\*Significant at  $P \leq 0.05$

## **Discussion**

This study has made many revealing findings. With respect to the status of Physical and Health Education in Oyo State Junior Secondary Schools, the teachers reported that, Physical and Health Education is taught in the schools and teachers are available to teach it. However, about 68.8% of these schools have between 2 and 3 PE teachers and sometimes health teachers, whereas 14.6% have as many as 4 or 8 PE teachers in a school. These findings would seem to suggest some form of lopsidedness in the posting and transfer of teachers to some schools, which can portend serious problem to the teaching effectiveness of these teachers because they could be made to teach subjects outside their areas of specialisation, or are underutilised. A larger concentration of these teachers (75.4%) however, teaches at the junior secondary school level. Eighty-two percent of these teachers teach 3 periods of PE in a class per week. Some teach as many as 4 periods (4.9%) and as low as 2 periods (11.5%) per week in a class. In the time-tabling for some of these schools, 34.9% have at least 1 period of health per class, while 36.1% had 2 periods. Only a negligible number (6.0%) had 3 periods.

The profile of PHE teachers in Oyo State Junior Secondary Schools indicates that a modest proportion of these teachers are females (52.5%) while 47.5% are males and about 60% hold Bachelor of Education degree followed by NCE holders (19.7%). Many of these teachers have over 21 years teaching experience, and (23.0%) respectively have between 6-10 years and 11-20 years of teaching experience. Of these teachers 86.9% are specialists in Physical and Health Education, 4.9% in Health Education and 8.2% specialise in other subjects. Seventy-five percent of the teachers teach PHE whereas 3.2% teach only health and 3.9% teach other subjects in addition to Physical and Health Education, P.E. or Health Education.

In terms of the extent of exposure to all components of Physical and health education, a greater proportion of the schools (65.6%), spend two periods or one and half hours in teaching theory per week. Sixty-one percent of the schools spend 45 minutes in physical activities and games respectively, whereas as large as (36.7%) and (32.8%) respectively do not engage students in physical activities and games. However, varying length of time is spent by these schools on inter-house sporting activities. As low as a total of 1-9 weeks or 6-9 hours is spent by 42.6% of these schools on inter-house sporting activities whereas as high as 10-12 weeks or 10-19 hours is spent in some schools for the same activities. Of interest

to stakeholders is that as large as 27.9% of the schools do not participate in inter-house sports at all. The revelation in many of these schools tend to indicate that the saying that a healthy mind is found in a healthy body is not taken seriously and the views of Bucher (1985) that adolescents need a comprehensive physical education that covers physical, health education and recreational practices have equally not been taken serious. Although, in the study, about 45 minutes is spent in physical activities and games, a further decomposition and analysis of how class time is usually spent by Physical and Health Education teachers in our schools is reported by Momodu (1995) to consist of only 26.2% of class time, amounting to 7.8 minutes that is spent on physical fitness activities while the remaining time is spent on non-fitness activities or transitional activities and passive fitness activities. PHE teaching still leaves more to be desired in our schools to achieve better health for our youths since these findings do not seem to conform to the U.S. minimum standards of at least 60 minutes of moderate physical activity most days of the week (Robert Wood Johnson Foundation, 2007).

With respect to the extent in the exposure to physical activities between public and private schools, the findings indicate that there are significant differentials in the extent of exposure to theory, games and inter-house sporting activities. Private schools than public schools spend more time in terms of hours and extent in exposure to theory and games. However, public schools spend more weeks in practicing for inter-house sports whereas private schools spend more time on this activity. The findings in respect of private schools having an edge over the public schools in the extent of comprehensive exposure on all aspects of physical education subscribes to the views of Bucher (1985) and Caldwell and Huitt (2004) that a good physical and health education programme should ensure a balance between physical education, health and physical activities activities.

### **Conclusion**

This study assessed the teaching of PHE at the junior secondary school level in Ibadan metropolis. The study was premised on the contention that youths should be provided with a comprehensive physical education programme that encompasses physical education, health education and recreational activities, because every nation does need a virile and strong workforce that can articulate the economic, political, social, technological and religious dynamics of the nation. The findings of the study indicate that PHE is popular in many schools in Ibadan metropolis and there are experienced experts in the field to teach the subject.

Though all aspects of PHE is taught in these schools, it is in varying degrees and these are exemplified in the difference of exposure between public and private schools. To a large extent, private schools would seem to have greater extent of exposure in theory, games and time for inter-house sporting activities than public schools.

### **Recommendations**

These findings spell implication for stakeholders such as policy makers, teachers of the subject, school administrators, parents and the students. It is recommended that: experienced specialists in the subject should be made to teach the subject. Specialists in areas of excess should be redeployed to other schools where they are needed. Schools should have a comprehensive plan and structure in place (with no exception) to enable them execute a comprehensive physical education programme to all students. The elevation of the status of physical and health education in Ibadan metropolitan schools in particular and in Nigerian schools in general will bear on provision of necessary infrastructure such as provision of facilities, equipment and supplies as well as literature and health education laboratory with appropriate specimens and equipment to stimulate the teacher to want to teach and pupils to want to learn and participate actively in a broad based physical and health programmes.

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