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## Editorial

The Second Edition of the Journal of International Council for Health, Physical Education, Recreation, Sport and Dance (ICHPER.SD) Africa Region is finally out. The Edition is in three parts, Volume 2, numbers 1, 2, and 3. As usual the articles cover a variety of issues relating to Health, Physical Education, Sport Science and Dance. I would like to thank the Managing Editor Dr. Ebenezer Morakinyo, the contributors and the reviewers for their contribution in making this edition possible. Most importantly, special thanks and appreciation is due the Late Vice President ICHPER.SD Africa, Professor John Ademola Adedeji who worked relentlessly to move ICHPER.SD forward and whose contribution to this journal is invaluable. The first article in this issue is a contribution from Prof. Adedeji.

I would also like to use this medium to inform everyone that I have since been elected Vice President of ICHPER.SD Africa and will remain the Editor-in-Chief of this journal. Dr. Joseph Ogah of the University of Cape Coast, Ghana has been appointed associate editor. This appointment will be reflected in the next issue (Volume 3).

I appeal to contributors, reviewers, and all ICHPER.SD members in the Region to continue to support the Regional Journal as well as all ICHPER.SD Publications. Our strength lies in the commitment of all us as HPER.SD professionals.

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# Health Education And Nigerian National Development In This Millennium

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## Abstract

*This paper discussed Health education as one of the means of achieving the Millennium Development Goals in Nigeria. Health education is a basic right and the most effective means of preventing disabling conditions and diseases that might cripple the entire workforce in the nation. Indeed, the country will reduce the amount spent on sensitization programmes mounted for different diseases like HIV/AIDS, malaria cancer etc. where health education exists and is made a core subject at all levels of education (kindergarten, primary, secondary and tertiary). It is recommended among others that health education should remain a single separate subject in both primary and secondary schools and tertiary institutions, and should be an examinable subject at senior secondary level.*

## Introduction

The place of health education in our national development cannot be overemphasized as it is only health informed and healthy persons that can contribute meaningfully to national development. Health is one of the cardinal principles of modern education and therefore should form part of the balanced school curriculum in both formal and informal settings. Nakajima (1993) asserted that the recognition of the close-relationship between health and national development led the World Health Assembly at the International Health Conference held in New York in 1946 to decide that the main target of the governments and the World Health Organization should be the attainment of a level of health by all citizens of the World by the year 2000 which permit them to lead a socially and economically productive life.

Health education is a planned sequential curriculum that addresses the physical, mental, emotional and social dimensions of health. The curriculum is designed to motivate and assist students to maintain and improve their health, prevent diseases and reduce health related risk behaviours. It allows students to develop and demonstrate increasingly sophisticated health related knowledge, attitudes, skills and practices. Moronkola (2002) defined health education as a concept, discipline, course of study approach or method by which the right health information is made available to people and at the

same time stimulating positive health attitudes and practice in them to promote personal and community health.

Furthermore, a coordinated health education programme should provide pupils and students adequate knowledge that is capable of improving attitudes, knowledge and practices relating to health and life styles. It is largely directed towards changing and reinforcing the behaviours of pupils and students in order to help them understand what part they should play in the promotion of health and prevention of illness. Emphasis should be made that for the child to derive maximum benefit from the educational programmes, he must be healthy-physically, mentally and emotionally. But since children at school are exposed to a variety of hazards – physical injury, infections and emotional problems, the school should take the responsibility of teaching the child how to prevent these problems.

Tahir (2001) observed that in the last ten years, there have been concerted efforts by various stakeholders and development partners to improve the quality of teaching and learning in Nigerian Primary schools. It is unpleasant to note that this effort has not recognized health education to remain a core course at all levels of education (pre-kindergarten to tertiary), which will help the child reduce all risky behaviours and enhance his health status. The eight Millennium Development Goals (MDGs) which range from having extreme poverty to halting the spread of HIV/AIDS and providing universal primary education by the target date of 2015 (Millennium Development Goals, 2006) cannot be realistic if health education is not made a compulsory subject at all levels of education in Nigeria. There is therefore the need for comprehensive school health programme targeted at all children for behaviour modification and excellent academic achievement.

## Research Objectives

The objective of this paper therefore is to: -

- (1) establish the need for school health Education
- (2) state the importance of school health Education at all levels of education and



- (3) emphasize the role of health education in the achievement of Millennium Development Goals in Nigeria.

### **The Need for School Health Programme**

Schools are good settings for acquiring health knowledge and developing health related values, attitudes and skills that can enable people practice healthy life styles and bring about health supportive conditions. Dhillion (1992) stated that there are over one billion young people of school age in the world currently and that out of this number; hundreds of millions are actually attending school. They constitute the greatest single readily reachable population group providing the ideal opportunity for achieving a brighter health future. Given the above, Moronkola (1996) stressed that the school present, the greatest opportunity for disseminating health knowledge, developing appropriate values and attitudes and encouraging health behaviour patterns. With the teaching of health education in schools, students are empowered to practice preventive behaviours rather than working towards curative measures. They will be able to avoid all preventable diseases by simple hygienic practices. Infant/childhood mortality rates will be reduced. The resources spent on procurement of drugs and hospital bills will be reduced to barest minimum, thereby achieving the goal of reduction of infant mortality as was aimed by the millennium development goals.

Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally and socially. Dhillion and Phillip (1992) emphasized that the goals of education for all and health for all are inseparably linked and that both aim at equity and must be achieved concurrently. Good health is essential for effective learning as education is a powerful means of enabling children and adults attain and maintain health and well being. It is worthy to note that alarming proportions of young people engage in risky behaviours that pre-dispose them to serious health problems. Therefore the schools should take active part in preventing disabling chronic health conditions that create misery, consume a burdensome share of the nation's resources and impoverish the victims. The inclusion of health education into the school curriculum will help:

1. Students learn to take responsibility for their own health, family and community health;
2. In establishing and imparting health facts and knowledge in pupils and confirm the teachings of the parents;
3. In eliminating and controlling organic and communicable diseases resulting from poor hygienic conditions of the children;
4. Pupils adopt health enhancing attitudes and behaviours; and
5. Ensure elimination of poor health practices exhibited by school children.

Udoh (1996) posited that the school is saddled with the responsibility of providing opportunities, which favourably influence knowledge, attitudes and behaviour. He further emphasized that these opportunities are channeled through formal health instruction, provision of health services and ensuring a conducive learning environment.

In terms of instructional programme, there is no organized health education in primary schools. Any health education that takes place is carried out incidentally, and according to the wishes and interest of the class teacher. Udoh (1996) opined that the traditional inspection of pupils' teeth, fingers and toenails to ensure they are clean are considered colonial and therefore not a legacy that should be retained. A visit to bookshops revealed that an array of health education text books for primary schools are displayed on shelves but a quick review of these books showed that the course contents and topics are different. The difference is the result of the lack of a standard curriculum to guide the authors in the development of the texts.

### **Achieving the Millennium Goals through School Health Education Programme**

The international developmental goals set targets for reduction in poverty, improvement in health and education and protection of the environment. The millennium development goals that are health related are education for all, gender equality, reduction in maternal mortality, reduction in infant and child mortality, environmental sensitivity, reduction in HIV/AIDS and improvement in reproductive health. The goals also measure progress from 1990 and what can be accomplished by 2015 (WTO/OECD, 2002).

These ambitious targets provide a formidable challenge to the Nigerian nation especially as regards improvement in health and education. Achieving health for all as stated in the Millennium Development Goals (MDGs) should therefore start with the child. This is because the fundamental issue in the health for all philosophy is that the child should be provided with adequate knowledge on life threatening matters and risky behaviours that stand the chance of reducing his/her life expectancy. The well-being of the child is not only determined by the home setting but also the school and community settings. Education for health should not only require parents to impart health education knowledge or health topics be sub-summed into other subject related areas but for health education to be taught as a separate subject, having its own content and materials in the school curriculum.

The resultant effect of this will not only be seen in the development of a healthy society but will ensure eradication of extreme poverty and hunger as well as achieving universal primary education. It will also help in promoting gender equality, empower women, reduce child mortality and improve maternal health. Equally the scourge of HIV/AIDS, malaria and other preventable diseases will be reduced to the barest minimum. It will



also contribute to the development of sound health habits and attitudes as the child lives in a healthful environment with proper interpersonal relations and hygienic regime.

Health education is needed from the pre-primary school level to impact knowledge on environmental management and to reduce environmental health problems in our communities. Gray-Donald (2004) revealed that countries that have used environmental health education to reduce environmental problems have an active student-centered, value-based form of education such as "environmental education". This education is an effective and sustainable way for protecting and conserving the environment (UNDP, 1996). Sensen and Schnack (1997) reported that changing of environmental behaviour is much more complex than the traditional change in awareness and attitude. The change of environmental health education is to initiate a conscious change of an individual's values from childhood.

Corroborating this view Chu Anh Dao (1994) stated that "If people have the sense of environmental protection and understand the reciprocal influence between people and the environment, between economic development and environmental protection and respect environmental laws, both economic development and environmental protection will be guaranteed on a sustainable basis.

The import of this is that solving today's and tomorrow's environmental sustainability issues depends on people's knowledge, attitude and behaviour. This will encourage environmental sustainability as was advocated by the Millennium Development Goals.

### **Health Education Strategies for the Achievement of Millennium Development Goals (MDGs)**

In order to harness health education to equip citizens with basic resources of achieving Millennium Development Goals, two strategic approaches could be adopted.

- (i) Improving the present In-school programmes in health education.
- (ii) Developing a continuing health education programme aimed at inculcating life long skills.

#### **1. Improving the present In-school Programmes in Health Education**

Improvement in the traditional In-school programmes in health education as a strategy for achieving Millennium Development Goals is very pertinent. This is because the school-age child is vulnerable to life threatening and preventable diseases. There is need to intensify efforts on education of pre-adolescents and adolescents through health education. This is not only because they are vulnerable but because they also constitute the bulk of future workforce of the Nation.

Health education programme in schools should have the following as part of its objective:

- To provide the children with the knowledge and basic experiences that would help them build desirable, health attitudes, habits and skill.
- To stimulate in the children the desire to attain and maintain good personal health.
- To aid children to understand the relationship of their physical environment to personal health.
- To make the learners understand the importance of securing qualified, professional services in medical examination and for needed corrective treatment.

With the realization of these objectives, health education can make significant contributions in helping children acquire the rudiments of healthy living and therefore be able to contribute positively in nation building.

#### **2. Developing a Continuing Health Education Programme**

Currently, traditional school courses in Health Education are institutionally based. Colleges and Universities deal only with a selected age range and with a selected group of students for only a few years. They also train only a small cadre of the population. To ensure a balanced treatment of all citizenry of all ages, there is need to develop and implement a continuous Health Education Programme aimed at fostering life-long learning skills. The inclusion of health education in schools would be an important step towards the development of policies, which would lead to the reduction of child and maternal mortality.

It is important to note that the public awareness strategies mounted on health related issues (guinea worm eradication; HIV/AIDS, family planning and expanded programme on immunization) would not have had any effect without health education. The teaching of health education in and out of school helps the citizens benefit from all government-organized programmes on health related matters. Therefore health education should be made a separate teaching subject at the primary school level. It should be made an examinable subject at the Senior Secondary School level. All tertiary institutions should have health education as a separate department with health course(s) taught at University General Course level. This will help our country in achieving the millennium development goals.

#### **Conclusion**

It is obvious that most often, school health is considered as an extra curricular and a matter of peripheral interest and this is given low priority to a supposed subject of interest. There is the need to place school health education high on the educational agenda of the schools. Health education of the child should start from cradle to adulthood. Therefore, school health education should be made a compulsory subject for pre-kindergarten, Colleges and Tertiary Institutions in Nigeria to help in achieving the Millennium Development Goals for 2015 target. Government should legislate policies concerning the teaching of health



education/instruction in schools so that the basic knowledge of causes, control and prevention of communicable, non-communicable and preventable diseases will be imparted in school children.

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