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Editorial Board

Editorial Comment

Articles published in Ibadan Journal of Educational Studies cut across various fields in Education and allied disciplines. The current edition (Volume 15) consists of articles published in January and June 2018 respectfully. Therefore, No 1 of the current edition (January publications) is made up of twenty (20) articles most of which are empirical studies:

They are: Sexual culture and practices among married female students of Distance Learning Programme at University of Ibadan; Copyright violation and combating Mechanisms in selected Publishing Houses in Ibadan, Oyo State, Nigeria; Relationship between Socio-economic status and well-being of Elderly persons with Arthritis in Ibadan, Nigeria; Input Indicators as correlates of students Achievement in Senior Secondary Mathematics in UDU, L. G. A. Delta State; Analysis of Differential Item Functioning on Computer Studies Multiple choice Questions in WAEC Senior School Certificate Examination; Impact of Non-Governmental Organizations (NGOs) Intervention Programmes on the Psycho-social Well-being of Orphans and Vulnerable Children from selected NGOs in Ogun State; Challenges of combining Teaching Practice with Counseling Practicum among Counsellor-trainees of University of Ibadan, Nigeria; The Media and Diffusion of Technology for Educational Development in the 21st Century; Fun-Rigor Theory of child Development; Repositioning Childrearing and Childhood Education Practice in Africa; Capacity Building and Material Resources as Determinants of practitioners' Effectiveness in Delivering Health Education for poverty Alleviation and Sustainable Development in Oyo State. The January publications also consist of the following articles among which are: Monetary Incentives as Determinants of Job Performance of Employees in the Bursary Department of Ekiti State University, Ado-Ekiti, Nigeria; Analysing the Factors that influence Undergraduates choice of Nigerian Universities: The Case Study of University of Benin; Mathematics Teachers' Perceptions of Quality Assurance Strategies on Teachers' Productivity in Osun State, Nigeria; School Facilities and Teacher Competence as Predictors of Pupils' Achievement in English Language in Primary Schools in Lagos State, Nigeria; Attitude and School Type on Academic Achievements of Senior Secondary Schools' Students of Christian Religious Studies in Ibadan, Nigeria; Employee Involvement, Reinforcement, Job Satisfaction and Job Performance of Employees in Selected Workplaces in Ibadan, Oyo State, Nigeria; Raising the Bar of Achievement in Poetic Literature: Implications for Senior Secondary Students Vocabulary Knowledge, Attitude to Poetry and Teaching Strategies in Osun State; African Values of Extended Families: Past, Present and Future as Viewed by Irosun Oyeku in Ifa Divination System; Entrepreneurship in Nigeria Universities and Graduate Participation in the Labour Market in Rivers State.

No 2 of the current edition (June Publications) comprises eighteen (18) articles most of which are scientific studies. They are: Availability and utilization of Educational Technology Laboratory Gadgets in Higher Education for Life Long Learning in Basic Science and Technology; Influence of Management Styles and Job Stress on Job Performance of Records Management personnel in Selected Ministries in Rivers State Civil Service, Nigeria; Differential Adjustment of Students with Congenital and Acquired Blindness in Oyo State and Lagos States, Nigeria; The Role of Administrators in Strategic Planning for Effective University Education in Nigeria; Unpleasant Life Occurrences as Determinants of Mental Health Status Among Undergraduates of University of Ibadan; Conscientiousness, Self-efficacy, Social support and Health Information Seeking Behaviour of Senior Secondary School Adolescents in Ibadan North Local Government Area of Oyo State; The New Connectivities in the Digitization of Education and Their Implications for Teacher Education and Learning; Teachers' Effectiveness and Instructional Materials as Determinants of Students' Performance in Mathematics among Secondary Students in Ibadan Nigeria; Guided Practice on Occupational Health and Safety Competencies of Workers in the Construction Industry in Oyo State, Nigeria; Karl Marx Historical Dialectics, Cultural Education and Nigeria's Economic Goals. The June publications also consist of the following articles; Effects of Occupational Therapy on Socio-Economic Wellbeing of Mentally Ill patients in Selected Hospitals in Oyo and Ogun States; School Health Modifier of the causes and Effects of Nonconsensual Sexual Habits among Undergraduates Students of the University of Benin, Edo State; Influence of Self-efficacy Antecedents on Career Decision-making among Business Educating Students in Federal Universities in South Southern Nigeria; Status of School Feeding Service in selected Boarding Secondary Schools in Edo State: Implication for School Health; Awareness and utilization of E-Commerce Competencies among Small Scale Business owners in Edo and Delta State, Nigeria; Text Selection, Utilization and Preparation for Examination and Students' Achievement in Literature-in-English in Selected Secondary Schools in Ibadan Metropolis; The Roles of Finance on Teaching and Learning of Physical Education in Secondary Schools in Kogi State; Symptomatic Experience of Peri and Post Menopausal Women Attending Out Patient Clinics of University College Hospital (UCH) Ibadan, Nigeria.

GUIDELINES FOR SUBMISSION OF ARTICLES FOR IBADAN JOURNAL OF EDUCATION STUDIES (IJES)

The editorial board of Ibadan Journal of Educational Studies (IJES) is seeking articles for the next edition of the journal. The guidelines for submission of research and position based article in all areas of education would be as follows:

1. The manuscript should be precise and not more than 12-15 typewritten pages in double space A4 white paper and should include quoted materials and references.
2. The article must be preceded by an abstract of not more than 150 words typed single-line spaced.
3. Separate cover paper should indicate author's/authors' name, status and contact address.
4. Table and figures should be closed and logically presented and be included within the 12-15 pages A4 paper.
5. The reference should be APA (American Psychological Association) format e.g

- Ogundele B.O. and Folarotimi A.A. (2008). Effectiveness of Health Education Intervention on Knowledge of Strategies for Student Nurses in Lagos State. Ibadan Journal of Educational Studies. 5(1), 1-17.
- Hameed, T.A. and Adebukola, K.T. (2008). Psychological Risk Factors as Predictors of Youth Violence among In-Secondary Students. Journal of Educational Studies 5(2):1-27

6. Titles of Journals should not be abbreviated.
7. Materials submitted for publication in IJES should not be submitted to another journal.
8. Articles which do not conform with the above specification will be returned to the author(s).
9. Submitted articles must be accompanied with a sum of **Five Thousand Naira (#5,000.00)** as assessment fee.

All correspondence should be addressed to:

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10. Articles are accepted throughout the year but published twice a year - January and June.

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Capacity Building and Material Resources as Determinants of Practitioners' Effectiveness in Delivering Health Education for Poverty Alleviation and Sustainable Development in Oyo State

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Abstract

The study investigated capacity building and material resources as determinants of practitioners' effectiveness in delivering health education for poverty alleviation and sustainable development in Oyo state rural communities. A descriptive survey research design was adopted. The study sampled 244 community health practitioners from fifteen local government areas of Oyo State in South Western Nigeria. Data were collected through questionnaire. Three hypotheses were tested at 0.05 level of significance. The finding showed a significant joint effect of variables of capacity building (collaborative learning, knowledge management and technological support) and material resources(equipment, facilities and fund) on practitioners' effectiveness in delivering health education($F_{(6,237)} = 17.732$; $P<0.05$). It was concluded that effectiveness of community health practitioners in delivering health education is a function of technical exposure, motivation and provision of necessary materials. It was recommended that community health practitioners should be equipped with knowledge and skills through regular attendance of conferences, symposia, and seminars. Also, they should be given necessary motivation and materials with which to be effective in delivering health education.

Keywords: capacity building, material resources, practitioners, health education, poverty alleviation, sustainable development.

Introduction

The problems of ill health, poverty and ignorance have been an age-long impediment to sustainable development in African countries. The health of the people in the continent has continued to be affected negatively by the indices of underdevelopment. Poverty and ill-health are inextricably linked. Poverty tends to keep an individual in poor health state just as ill-health condition retains one in poverty. It then follows that health improvement strategies put in place are also potent for solving the problems of ill-health, poverty and low level of development.

Poverty is characterized by a condition of deprivation of basic elements for human survival such as food, shelter, fresh air, water and most especially education. Poverty can be defined in relative or absolute terms. Absolute poverty measures poverty in relation to the amount of money necessary to meet basic needs. Relative poverty describes poverty in relation to economic status of other members of the society (UNESCO, 2014). In Nigeria, community people are vulnerable as they live a life below certain minimum standard quality of life that depicts absolute poverty. World Bank report of 2001 stated that Nigerian communities characterize poverty in terms of social exclusion, vulnerability and insecurity as an overwhelming denial of their right to a quality of life that is enabling and empowering (Dare, 2002).

World Health Organisation (WHO) (2014) stated that poverty is still pervasive in Nigeria given the following indices: 68% of the population lives on less than US $1.25 a day; maternal mortality and under-5 child mortality are 630 per 100,000 live births and 124 per 1000 live births respectively; malaria contributes some 30% to childhood mortality; HIV/AIDS, lower respiratory tract infection and diarrheal diseases are among the leading causes of years of life lost; malnutrition is very common and the extent of stunting has stagnated at 40%; the increasing burden of non-communicable diseases including hypertension, diabetes, neurological disorders and road traffic injuries present a novel challenge for health system. Also, WHO (2012) reported that the prevalence of tuberculosis is on the increase in developing countries and Nigeria is ranked as 4th among the 22 high burden countries of the world.

Developments in all areas of life including economic, social, political and infrastructure have and will continue to elude Nigeria. This is because health status of Nigerian population is poor. It is a statement of fact that only healthy population of a country can contribute to her development. Development is essentially improvement in the quality of life. Sustainable development is indicated

by certain components such as general comfort, increase in educational level of the polity, high degree of economic comfort, low level of poverty, high level of equality, freedom and adequate management of economy (Onyeaghalaji and Igberaese, 2010). According to World Commission on Environment and Development (1987) sustainable development connotes meeting the needs of present generation without jeopardizing the ability of future generation to meet their own. In other words, a better quality of life for everyone now and the generations to come. Good health is an important index of quality of life.

The health care delivery system in Nigeria is deplorable. According to communiqué of Nigeria National Health Conference (2009), health system remain weak as evidenced by lack of co-ordination, fragmentation of service, dearth of resource including drug and supplies inadequate, and decaying infrastructure, inequity in resource distribution and access to health care and very deplorable quality of care. Three-quarters of adolescent (13.2%) reported having serious problem accessing health care for themselves, when they are sick (NPC and ICF Macro, 2008). It is obvious from the foregoing that Nigerians are underserved in terms of medical treatment. Therefore prevention is a better option.

WHO (2015) defined health education as any combination of learning experiences designed to help individuals and communities improve their health by influencing their knowledge or influencing their attitudes. Poverty alleviation connotes upward shift in standard of living. Ill-health largely contributes to poverty. This is why development programme that addresses the health needs of people is a component of poverty-reduction strategy. Therefore poverty alleviation strategy must begin with provision of knowledge of prevention of diseases. Health education teaches disease prevention and basic health knowledge that helps to correct poor health habits that can predispose community people to ill-health. It contributes to improvement of health by enhancing people's capacity to care for their health, families and community. However,health education deliveries that impact on the health of community people require investment on human and material resources.

Human capacity building and material resources are crucial to effective health education delivery. Capacity building is leveraging on strength of an organisation or community so as to ensure that capability of the group to provide service delivery is at maximum level. Capacity development is the process by which people, organizations, society systematically stimulate and develop their capability over time to achieve social and economic goals through improvement of knowledge, skills, system and institutions (United Nations, 2010). Essentially capacity building is an effort directed at increasing the skill level of individuals and organization for increased productivity. Capacity building produces competent personnel who can deliver organization objectives. Barry (2008) opined that capacity building and training of workforce is central plank of building the infrastructure required for providing health at the population level.

The strategies of capacity building examined in this study are collaborative learning, knowledge management and technological support. Collaborative learning is an active exchange of ideas within an organisation. The strategy allows individuals in a group to contribute and learn. The strength of collaborative learning lies in the fact that knowledge can be created and shared for solving organisation problem. Collaborative activities include co-authoring, group discussion, group project, joint problem solving and study group. People can collaborate using platform such as staff meeting, social media, chat, computer discussion and correspondence. Knowledge management strategy helps the individuals in a department to develop a set of practice to collect information and share such knowledge for collective improved service delivery. Liebowitz (2011) listed knowledge management skills as knowledge creation, knowledge capturing, knowledge sharing and knowledge transfer. Technological support avails workers of the opportunities of using Information and Communication Technology (ICT). ICT offers opportunity for two-way audio-visual communication. The use of this strategy is capable of enhancing collaborative learning.

Material resource is the total means available to an organisation for increased service delivery. The materials required for health education delivery are equipment, facilities and funds. Equipment and facilities include posters, flannel boards, filmstrips, billboards, radio, microphone, loudspeakers, television, video-machines, libraries and means of transportation such as bicycle, tricycle, motorcars and buses. Funds must be available in an organisation for use. Prompt payment of workers' salaries and other entitlements is capable of enhancing workers effective task performance.

Practitioner is used to identify community health officer, junior community health extension workers and community extension workers. They are essentially community health workers whose role is to bring about improvement in the health status of people in the rural communities. According to Valuemedic (2016) roles of community health workers include providing culturally appropriate health education on topic related to chronic diseases prevention, physical activity and nutrition; advocating for underserved individuals to receive appropriate services and providing informal counseling. Community health workers mostly serve in rural communities. They are very close to the people at the grassroots and therefore at vantage position to deliver appropriate health education.

Statement of the Problem

Many people in Nigerian communities are suffering ill-health as a result of preventable diseases. Meanwhile, ill-health reinforces poverty. Literature has it that people in Oyo state are adversely affected by poverty as 98.3% experienced low standard of living, 89.2% had low income level,75.0% experienced low life expectancy,67.5% had low rate of employment and 58.3% had poor housing condition;52.5% were affected by poor nutrition, 45.8% experienced high rate of illiteracy and 42.5% had overpopulation rate;20.8% were affected by high level of starvation or hunger,15.0%experienced high rate of crime and violence while 9.2% had incidence of infectious diseases,3.3% were affected by high level of mental illness and high rate of alcoholism while 0.8% were affected by physical and health problems, high infant mortality rate and drug dependence (Ayoade and Adeola, 2012).Obviously, people under this condition cannot participate effectively in community development programme. Health education is a better health protecting option as the health system of the country is constrained by inadequate resources to deliver effective medical treatment. But then community health workers who should deliver culturally appropriate health education to improve the health status of community people are ill-equipped to perform the role effectively. It follows then that the spate of ill-health, poverty and underdevelopment with their negative consequences on the people will continue unless appropriate intervention is put in place. Previous studies on poverty alleviation focused on strengthening economic structure. This study examined capacity building and material resources as determinants of practitioners' effectiveness in delivering health education for poverty alleviation and sustainable development in Oyo State, Nigeria.

Objectives of the Study

The broad objective of the study was to investigate capacity building and material resources as determinants of practitioners' effectiveness in delivering health education for poverty alleviation and sustainable development in Oyo State. Specifically, the study examined;

(i) Relationship between the indices of capacity building and material resource, and practitioners' effectiveness in delivering health education

(ii) Joint effect of capacity building and material resources on practitioners' effectiveness in delivering health education

(iii) Relative effect of capacity building and material resources on practitioners' effectiveness in delivering health education.

Hypotheses

(1) There is no significant relationship between capacity building and material resources indices and practitioners' effectiveness in delivering health education for poverty alleviation and sustainable development in Oyo State, Nigeria

(2) There is no significant joint effect of capacity building and material resources on practitioners' effectiveness in delivering health education for poverty alleviation and sustainable development in Oyo State, Nigeria.

(3) There is no significant relative effect of capacity building and material resources on practitioners' effectiveness in delivering health education for poverty alleviation and sustainable development in Oyo State, Nigeria.

Methodology

Research Design

The study adopted a descriptive survey design to achieve the purpose of the study.

The Population

The population of the study comprised all 2,053 community health practitioners in Oyo state, Nigeria.

Sample and Sampling Techniques

Simple random sampling technique was used to select 15 representing 45.5% of the 33 local

government areas in Oyo state, Nigeria. Preference was given to local governments with rural areas. Also, proportionate sampling technique was used to select 246 representing 12% of the total population of 2053 community health workers. 12% of each of the cadres in each of the selected 15 local government areas was selected using simple random sampling technique giving a sample size of 246. However, 244 copies of questionnaire were successfully retrieved.

Research Instrument

A self-developed questionnaire structured according to variables in the hypotheses tested was the instrument for the study. The instrument was titled 'Capacity Building and Material Resources Questionnaire' (CBMRQ). It was a 4-point modified Likert format using strongly agree (4), agree (3), disagree (2) and strongly disagree (1). The questionnaire was validated by experts in the field of Health Education. The reliability of the questionnaire was established through a test retest procedure yielding a correlation coefficient of 0.81.

Procedure for Data Collection

The researcher with six assistants administered the questionnaire on the respondents. The questionnaire forms were collected on the spot in order ensure high rate of retrieval.

Procedure for Data Analysis

Regression was used to test the hypotheses set at 0.05 alpha level of significance.

Results

Table 1: Test of significant correlations between independent variables and practitioners' effectiveness in delivering health education.

Variables	1	2	3	4	5	6	7
Health Education delivery	1.000						
Collaborative learning	.350*	1					
Knowledge management	.209*	.305	1				
Technological support	.310*	.348	.276	1			
Equipment	.327*	.121	.185	.312	1		
Facilities	.300*	.338	.194	.426	.102	1	
Funds	.261*	.966	.196	.393	.428	.255	1

The table above shows that independent variables of collaborative learning (r=.350, P<.05), knowledge management (r=.209, P<.05), technological support (r=.310, P<.05), equipment (r=.327, P<.327), facilities (r=.300, P<.05) and funds (r=.261<.05) correlated positively with practitioners' effectiveness in delivering health education in this study. This implies that all the identified variables significantly correlated with practitioners' effectiveness in delivering health education for poverty alleviation and sustainable development in Oyo State, Nigeria.

Table 2: Multiple Regression Summary table showing joint contribution of the independent variables to practitioners' effectiveness in delivering health education

R = .557
R^2 = .310
Adj. R^2 = .292
Std Error of Estimate = .638

ANOVA

Model	Sum of square	Df	Mean Square	F	Sig.	P.	Remark
Regression	43.369	6	7.228	17.732	0.000	<0.05	Sig.
Residual	96.611	237	.408				
Total	139.980	243					

The result on the table two above shows that there was significant contribution of the independent variables to practitioners' effectiveness in delivering health education (R=.557, P<0.05). The Table further shows that 29.2% (Adj. R^2 = .292) variance in the perception of community health practitioners.

effectiveness in delivering health education was determined by collaborative learning, knowledge management, technological support, equipment, facilities and funds. The result of Analysis of Variance (ANOVA) from regression analysis also shows joint effect of the independent variables on practitioners' effectiveness in the delivery of health education ($F_{(6,232)}$=17.732, P<.05). This implies that the independent variables observed actually predicted practitioners' effectiveness in the delivery of health education. The unexplained variance or chance factor were taken as variables that were not within the scope of this research.

Table 3: Relative contribution of the independent variables to practitioners' effectiveness in delivering health education

Model	B	Std. Error	Beta	T	Sig.	P
Collaborative learning	.198	.052	.229	3.778	.000	Sig.
Knowledge management	.32	.064	.031	0.510	.611	N Sig.
Technological support	.198	.061	.198	3.254	.001	Sig.
Equipment	.129	0.82	.129	2.072	.039	Sig.
Facilities	.174	.041	.266	4.224	.000	Sig.
Fund	.170	.056	.202	3.023	.003	Sig.

The result on table three above shows relative contribution of the independent variables to practitioners' effectiveness in delivering health education. The magnitude of contribution of each of the independent variables revealed thus: facilities (=0.266, t=4.224, <0.05) collaborative learning (=0.229, t=3.778, <0.05), fund (=0.202, t=3.023, <0.05), technological support (=0.198, t=3.254, <0.05) and equipment (=0.129, t=2.072, <0.05) had significant relative contributions to practitioners' effectiveness in delivering health education while knowledge management (=0.031, t=-0.51> 0.05) did not contribute significantly.

Figure 1: Bar Chart showing Relative contributions of Capacity Building and Material Resource indices to Practitioners' Effectiveness in Delivering Health Education

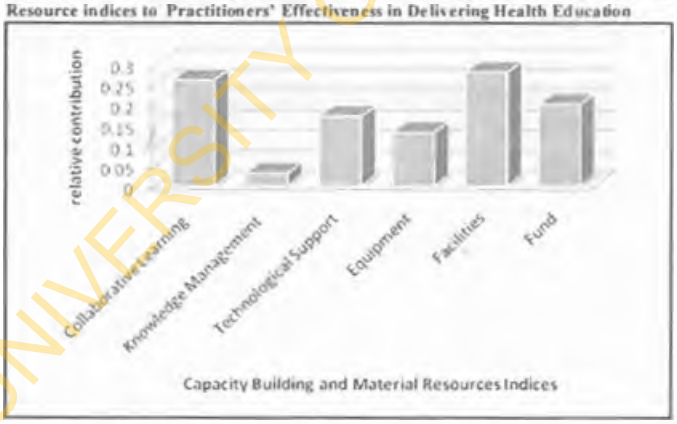

Figure one above shows relative contributions of each of the independent variables. It shows the value of contribution which each variable made to practitioners' effectiveness in delivering health education.

Discussion of the Findings

The results of the findings from this study show a significant relationship between the independent variables and practitioners' effectiveness in delivering health education. In other words collaborative learning, knowledge management, technological support, equipment, facilities and fund aided community health practitioners in delivering health education effectively to community people.

The findings of the second hypothesis revealed that indices of capacity building (collaborative learning, knowledge management,

technological support) and capacity building (equipment, facilities and fund) when taken together contributed to practitioners' effectiveness in delivering health education. The finding of the third hypothesis shows that facilities, collaborative learning, fund, technological support and equipment independently contributed significantly to practitioners' effectiveness in delivering health education while knowledge management did not.

In this study it was revealed that facilities significantly contributed to practitioners' effectiveness in delivering health education. This result is in agreement with Ogundele and Olafimihan (2009) who found that facilities predicted significantly effective health care delivery services. The result of the finding also shows that collaborative learning contributed significantly to practitioners' effectiveness in delivering health education. This is in line with the submission of Gokhale (1995) that in collaborative learning, individuals are able to achieve higher levels of learning and retain more information, also the facilitators of knowledge, the instructors and the receivers of knowledge - the students benefitted.

It was revealed in this study that fund contributed significantly to practitioners' effectiveness in delivering health education. Adequate funding is necessary for effective implementation of developmental programme. A robust financing mechanism that guarantee employment of qualified personnel, prompt payment of workers' salaries, on-the-job-training of workers and purchase of equipment and facilities would enhance quality service delivery. The finding from this study that technological support contributed significantly to practitioners' effectiveness in delivering health education agreed with Kent, Surrey and Sussex (2015) that technology enhanced learning can only be truly effective if it is supported by educators with well-developed skills and knowledge in using the technologies. Also, in this study, equipment contributed significantly to practitioners' effectiveness in delivering health education. This result is in agreement with Ogundele and Olafimihan (2009) that equipment is a strong predicting factor in effective health care delivery service.

Implications of the study

The study examined capacity building and material resources as determinants of practitioners' effectiveness in the delivery of health education for poverty alleviation and sustainable development in Oyo State, Nigeria. It postulated that health education is capable of solving the problem of ill-health causing poverty and low level of development in Nigerian communities. Indices of capacity building and material resources were identified. The implication is that in designing poverty alleviation and developmental programme for Nigerian communities, health education must be included. Also, the effectiveness of practitioners in the delivery of health education to community people depends largely on training and material provision.

Conclusion

The present era of knowledge economy has made health education a potent instrument for solving the problems of poverty-induced ill-health and underdevelopment in Nigerian communities. Health education that can bring about positive health behaviour change among community people depends on competent personnel who have necessary knowledge, skills and abilities to deliver health instructions in communities. This study revealed that community health practitioners would always exhibit competence in the delivery of health education to community people if they have required technical exposure, motivation and materials to work.

Recommendations.

The following recommendations are made based on the findings;

1. Community Health Practitioners in the Department of Primary Health Care at local government councils in Nigeria should as a matter of duty attend conference, seminars and symposia from time to time to acquaint themselves with the knowledge of new global best practices in health education delivery.
2. Facilities and equipment for health education programme should be provided adequately. Safety and maintenance of available resource materials must be ensured.
3. Community Health Practitioners should be encouraged to use Information and Communication Technology in the delivery of Health education to community people.
4. Community Health Practitioners in the Department of Primary Health Care should

hold meeting regularly, whereby knowledge can be shared on innovations and problems encountered in the delivery of health education in rural communities.

5. Adequate supervision should be given to Community Health Practitioners especially those in rural communities. This is to ensure that health instructions adequate enough to impact on health behaviour of community people are delivered.
6. Health education programme in the Department of Primary Health Care should be well funded. All administrative bottle-necks hindering adequate funding should be addressed. Funds released should be judiciously used for the purpose of health education programme.

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