Health Education As A Tool For Revamping Academic Performance Of Primary School Pupils In Southwest Nigeria

Dr Alebiosu, Eunice Oluyemisile, Adeyemi, Beatrice Abimbola

Department of Human Kinetic and Health Education, Faculty of Education, Ekiti State University Ado-Ekiti, Nigeria +2348034957206, oloyemisialebiosu@gmail.com

Department of Human Kinetic and Health Education, Faculty of Education, Ekiti State University, Ado Ekiti, Nigeria. +2348037073019, bawadeyemi@gmail.com

Abstract: The transmission of accumulated knowledge from one generation to another through formal education has led to significant advances in mankind’s ability to protect and maintain health. This study presented health education as a tool for revamping academic performance of primary school pupils in Southwest Nigeria. The population consisted of all health education teachers in public primary schools in Southwest Nigeria out of which 1006 health educators were sampled all primary six pupils. Multistage and purposive random sampling techniques were adopted for the study. The instrument used was a questionnaire designed by the researcher and a proformal titled Data Retrieval Format (DRF). The reliability of the instrument was ensured by test-retest method using Pearson Product Moment Correlation and a coefficient of 0.86 was obtained. Descriptive statistics of percentage and frequency counts were used to answer the research questions while Pearson Product Moment Correlation statistics was used to test the hypothesis generated at 0.05 alpha level. Findings showed that the level of School Health Education in primary schools in Southwest Nigeria was moderate while academic performance of primary school pupils was high. Findings also revealed that there was significant relationship between school health education and academic performance of primary school pupils in Southwest Nigeria. Based on the findings, recommendations was made that government, health educators, curriculum planners and school administrators should design school health education programme that will address current health issues to further boost the level of health education and benefit school pupils and staff.

Keywords: Health Education, Academic Performance, Formal Education, Curriculum Planners, School Administration.

Introduction
At no time in history has so much emphasis been laid on health education’s importance to revamp the health and academic performance of primary school pupils. There is no doubt that the public is becoming more aware of the importance of this laudable programme. The recent surgeon general’s report on health education and health (Healthy people 2010) emphasized health education is one of the key tools contributing to optional health and that could also be used to revamp the academic performance of school pupils. Research has demonstrated the effectiveness of health education in promoting the health of school children and in preventing illnesses and diseases. From the beginning of time, human beings have sought to protect their health by controlling diseases, improving the environment, caring for the sick and protecting food and water supplies to school children (Ajala, 2003). Health education, according to Anderson and Creswell (2003), is the objective of health instruction. For school children to have a positive and integrated view of health, health education needs to be regarded as a specific health subject with time and content given to it in the curriculum. Health education is the section of the health field with the goal of promoting healthy attitude and behaviour through systematic programmes. Health, as defined by Adeyemo (2001) is freedom from disease or pain. Physicians view health as normal functioning of the body organs and systems; while the World Health Organisation (1948) defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Kulbir (2007) affirmed that good health is the most valuable asset a school pupil can possess. Health education is the acquisition of knowledge about living healthfully, and immediate participation in healthful practices. Health education represents the sum of all experiences in school and elsewhere that favourably influence habits, attitudes and knowledge related to individual, racial and community. Health education entails sequential, planned, incidental and integrated learning experiences with adequate skills wherein various health concepts based on the age, interest, needs of students and community are presented to learners to make informed decisions and take actions for personal, community growth, development and welfare thereby revamping pupils academic performance. The objectives of health education are to provide basic information about health issues to learners, develop life skill-based learning experience to influence the development of desirable health habits and discourage unhealthy practices. Health education as component of the school health programme should develop cognitive ability of learners in health concept through planned health instruction, developing instructional programme that suits learners needs in line with the overall community and national interests, needs and interests of the community through utilization of appropriate learning resources and facilities so that learners may be equipped with experiences of daily living as they learn, so that citizens could have positive health attitudes towards health and well-being of self and others leading to desirable health practices. Moronkola (2012) asserted that health education should have a goal of not only increased health knowledge of learners and improve academic performance but must also improve health attitude and practices. It is therefore important that health
education programme be periodically evaluated to show the extent of effectiveness in improving the health knowledge, attitude, behaviour, habit and practices of school pupils. Ajayi (2004) posited that health education is the phase of school health programme where information concerning subjects such as drugs, sex, nutrition, exercise, rest, stress, sanitation, first aid and other related subjects are presented. The researcher noted that the purpose of school health instruction is to inculcate in pupils knowledge about health that may enable them to attain and maintain both in behaviour and practice the highest level of health. Moronkola (2012) discovered that there are four ways of teaching health education in schools which are concentrated, correlated, integrated and incidental teachings. Direct or concentrated instruction is a situation where health is taught as a separate subject at a regular and designated time by professional health educators. It is a formal health instruction that provides for solid foundation for pupils on health matters. Correlated health instruction is when health concepts are included in various school subjects. e.g. Health and nutritional services. Integrated health instruction is integrating health teaching into other aspects of classroom programme while incidental health instruction is when daily events stimulates student interest in health matters e.g. fire outbreak or flooding in the community. Ademuwagun and Oduntan (2003) affirmed that an effective health instruction would lead to the students having better understanding of the values of health and the need to strive to be healthy always as this will revamp their knowledge about health issues and make them change agents at home and in the community. The researchers observed that educating school pupils on health matters can revamp their health as health education activities brought home by school children had been found to positively influence parents, caregivers and the school community. Moronkola (2012) discovered that there are various methods of teaching health education in school which include; classroom teaching, lecture, debates, discussions, experiments, audiovisual aids and role plays. These methods should be to increase knowledge, build positive attitudes and values, dispel myths, increase skills and provide support for a healthy life style.

**Statement of the Problem**

The researchers observed that the quality of life of school children is at the root of health education and this quality of life is determined by how healthy school children feel physically, socially, mentally and emotionally. The researcher observed that the status of health enjoyed by school children at a given time is determined by multifaceted factors in which health education plays a vital role. Many factors combined together to affect the health of school pupils including their home circumstances and their environment hence the usefulness of health education to revamp the health and academic performance of the school pupils in Southwest Nigeria. Observation showed that many of the schools are not having enough health education teachers as teachers prefer to go for accounting, science and other subjects other than health education. Other findings include the substitution of health education period for other subjects like Mathematics and English with the aim that they are more vital than health education. Of note also is the under supply of necessary equipment, infrastructure, teaching and health personnel and materials necessary for effective teaching and learning of health education in public primary schools in Southwest Nigeria. School health education in various primary schools in Southwest Nigeria seems not to get attention of government and stakeholders that the issue of health appraisal of school pupils had become neglected to a worrisome level. Many of the school pupils suffered from preventable diseases like malnutrition, anaemia, hearing impairment, dental caries and other preventable illnesses which if detected early through effective school health education could have been treated and permanent damage avoided. Educational funding in primary schools has drastically reduced to the level that first aid boxes for emergency care could hardly be provided. If the health of our school pupils could be revamped, the trend of things in the various schools would change. It is in pursuance of this that this study attempts to find solution to the following research questions.

1. What is the level of school health education?
2. What is the level of academics performance of primary school pupils?
3. Is there any relationship between school health education and academic performance of primary school pupils?

**Hypothesis:** There is no significant relationship between school health education and academic performance of school pupils.

The study was a descriptive research of the survey type. The population consisted of all Health Education teachers and all primary six pupils in public schools in Southwest Nigeria. The sample consisted of one thousand and six (1006) Health Education teachers from the three states sampled (Ekiti, Ondo and Osun) out of the six states in South west Nigeria. Multistage, simple random sampling and purposive random sampling techniques were used to select the respondents. A structured questionnaire designed by the researchers was used to collect data for the study. A proforma titled “Data Retrieval Format” was used to collect the placement examination results from Primary Six to JSS1 to determine the level of academic performance in the placement examination. The instruments were validated by experts in Human Kinetics and Health Education and experts in test and measurements, Ekiti State University, Ado Ekiti. The face, construct, content, validity was employed for the study. Face and content validity were done by thorough screening by experts who ascertained the appropriateness of the instrument to measure what they are supposed to measure. Convergent method was used to ascertain the construct validity of instrument of the instruments. A test-re-test method was used to determine the reliability of the instrument using Pearson Product Moment Analysis which yielded a co-efficient of 0.89 which was considered high enough to establish the reliability. The data collected were using both descriptive and inferential statistics. The result shows that the level of school health education in south west Nigeria is moderate while the academic performance is high.
Results:

Question 1
What is the level of school health education in South West Nigeria?
In analyzing this question, the responses of the teachers to the questions raised on school health education were computed scores of the teachers to the questions were categorized into school health programme were computed, “low”, “moderate” and “high” level of school health programme. The result is presented in table 1

Table 1: Levels of school health education in Southwest Nigeria.

<table>
<thead>
<tr>
<th>Range</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW 15.00-36.48</td>
<td>1.48</td>
<td>14.7</td>
</tr>
<tr>
<td>MODERATE 36.49-50.73</td>
<td>7.10</td>
<td>70.6</td>
</tr>
<tr>
<td>HIGH 50.74-60.06</td>
<td>2.48</td>
<td>14.7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1006</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 1 showed the level of school health education program in public primary schools in South West Nigeria. It showed that 14.7% of the respondents fell into low level, 70.6% of the respondents showed were in moderate level while 24.8 fell into high level of of school health program in south west Nigeria. This shows that much is needed to be done to overhaul the level of school health education to achieve the desired result for high level improvement on the health of the pupils in public schools in south west Nigeria.

Question 2
What is the level of academic performance primary school pupils?

In answering the question, results of primary six pupils in the placement examination into JSS1 for 2010-2012 were obtained from the state ministry of education of the three states sampled in South west Nigeria (Ondo, Ekiti and Osun). The analysis of the result is as presented in table 2

Table 2: Level of academic performance of school pupils in Southwest Nigeria.

<table>
<thead>
<tr>
<th>ENROLMENT</th>
<th>PASS</th>
<th>FAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>128530</td>
<td>114692</td>
</tr>
<tr>
<td>2011</td>
<td>126023</td>
<td>109414</td>
</tr>
<tr>
<td>2012</td>
<td>127575</td>
<td>114341</td>
</tr>
<tr>
<td>TOTAL</td>
<td>382128</td>
<td>338447</td>
</tr>
</tbody>
</table>

Source: Ministry of Education (Examination and Record Department)

Table 2 showed the level of academic Level of academic performance of school pupils in Southwest Nigeria. It revealed that 89.2% of the total enrolment in 2010 passed the placement of examination. Similarly, 86.8% and 89.6% pass were recorded in 2011 and 2012, respectively. During the period under review, less than 15% of the pupils that sat for the placement examination failed. The overall performance indicates 88.6% pass while 11.4% failed. This implies that the level of academic performance of school pupils in southwest Nigeria was high.

Testing Of Hypothesis
The hypotheses generated for the study was tested using Pearson Product Moment Correlation co-efficient at 0.05 level of significant.

Hypothesis 1
There is no significant relationship between school health education and academic performance of school pupils. In order to test the hypothesis, academic performance of school pupils in the placement examination from the three sample states were obtained and converted to weight scores. Similarly, scores relating to school health education were computed using the items in section B of the questionnaire. Scores on school health education and academic performance of school pupils were subjected to statistical analysis involving Pearson Product Moment Correlation at 0.05 level of significant. The result is presented in table 4.

Table 3: Pearson correlation of school health education and academic performance of school pupils.

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>N</th>
<th>MEAN</th>
<th>SD</th>
<th>rcal</th>
<th>rtable</th>
</tr>
</thead>
<tbody>
<tr>
<td>School health education</td>
<td>1006</td>
<td>43.61</td>
<td>7.13</td>
<td>0.24*</td>
<td>0.195</td>
</tr>
<tr>
<td>Academic performance</td>
<td>1006</td>
<td>1.86</td>
<td>0.03</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* P< 0.05

Table 4 showed Pearson Correlation of School Health Education and academic performance of public school pupils in Southwest Nigeria. It revealed that r cal (0.246) is greater than r table (0.195) at 0.05 level of significance. The null hypothesis is rejected. This implies that there was significant and positive relationship between school health education and academic performance of school pupils. This shows that the academic success of school pupils is strongly linked with their health and it is one of the ways to predict their health outcomes.

DISCUSSION OF FINDINGS
Findings from this study revealed that the level of school health education is moderate. The finding is in line with the view of Adeokuwagun and Oduntan (2003) who stressed that effective health education/instruction would lead to the pupils having better understanding of the values of health and the need to strive to be healthy always. This view was supported Borrofice, Idowu & Adeogun (2003) who posited that health instruction planned to provide for sequential arrangement of learning opportunities designed to favourably influence health values, attitudes, practices and cognitive capabilities that are conducive to the optimum development of the
individual, family and community. The study further revealed that the level of academic performance of school pupils in Southwest Nigeria was high. This is in line with Okafor (2001) who discovered that where school health programme is well put in place, the academic performance of pupils would be enhanced. The study also revealed that there was significant relationship between school health education and academic performance of primary school pupils in Southwest Nigeria. The finding is in line with the findings of Ademuwagun and Oduntan (2003) who discovered that school health education is very vital to school health programme, because when you educate a child, you are educating the whole family and health habits learned in school may likely remain with the child for life.

**Conclusion**

Based on the findings of this study, the following conclusions were drawn:

a) The level of practice of school health programme in Southwest Nigeria was above average. Hence school health programme can be an effective way of improving student’s health related behaviours which will in turn enhance better academic performance.

b) The findings revealed further that academic performance of primary school pupils in Southwest Nigeria is relatively high to some extent as a result of the practice of school health education programme. This means that positive behaviours and outcome will come from children empowered through exposure to a well-planned and implemented school health education programme and given opportunities to play meaningful roles within the school as healthy children will grow up to become healthy adults.

c) Comprehensive school health education programme can facilitate healthy behaviours by pupils through positively changing health-related knowledge, skills, attitudes which in turn can play vital roles in improving school attendance and academic performance of school pupils in Southwest Nigeria.

**Recommendations**

Based on the finding of this study, the following recommendations are adduced:

1. Government, health educators and school administrators should design educative programmes that will address current health issues to benefit young school pupils and staff.

2. Head teachers, school administrators and curriculum planners should advocate for the return of Health Education as a separate subject in all primary schools in Southwest Nigeria.

3. In-service training and exposure to seminars and workshops relevant to teaching health education should be given to teachers to encourage innovations in teaching techniques, improve their knowledge on the subject matter and boost their morale.

4. Federal, State Government, State Ministries of Health and Education, educational curriculum planners and other stakeholders in the implementation of school health policies should ensure that policies guiding the implementations of school health education in all states in south west Nigeria are fully implemented for the health benefits of school pupils and staff.

**References**


**Author Profile**

**Author 1** received the B.Sc., M.Sc., and PhD degrees in Health Education from University of Ado Ekiti now (Ekiti State University) in 2005, 2011 and 2015, respectively. At present a lecturer of same University.

**Author 2** received the B.Sc. and M.Sc. degrees in Health Education from University of Ado Ekiti now in (Ekiti State University) in 2003 and 2017 respectively. At present PhD student of same University. She is working in the Ministry of Health and State Primary Health Care Development Agency as State Health Educator, Ekiti State Nigeria.