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**INTEGRATING HEALTH EDUCATION AS A  
CORE SUBJECT INTO THE SECONDARY  
SCHOOL CURRICULUM: THE FUTURE  
IMPLICATIONS**

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## Integrating Health Education As a Core Subject into The Secondary School Curriculum: The Future Implications

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### Abstract

The purpose of this paper was to investigate the status of health education in secondary school settings in Lagos State, Nigeria. A structured questionnaire designed for teachers and students on the importance of health education at the secondary schools was used in the study. The sample used for the study was made up of 982 respondents. Stratified random sampling technique was used. Secondary schools in Lagos State were stratified into six using Local Government Areas and a total of nine hundred and sixty two (962) questionnaires were eventually returned. A teacher was also selected from each of the schools. Descriptive statistics of frequency counts and percentages were used for demographic profiling of the respondents while Pearson-Chi-Square (X<sup>2</sup>) was used to analyze the data. The results indicated that the dangers of excluding health education as a core subject in the curriculum of secondary schools in Nigeria were identified; smoking, increase of unwanted pregnancy and abortion, spread of communicable infections, poor healthy living and practices, drug misuse and abuse, inadequate knowledge of pertinent health issues and so on. In conclusion, there have been no plans to facilitate the integration of health education as core subject in Nigerian secondary schools. Efforts to integrate this subject should urgently be sought to avert more challenges in this area.

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### Introduction

Health is an important aspect of human life. It encompasses all activities aimed at ensuring the protection of the body from diseases and promoting good nutrition habit. According to World Health Organization (1947), Health is defined as a complete state of physical, mental, and social wellbeing and not merely the absence of diseases or infirmities. In this definition, emphasis is made on the importance of not just caring for the physical body but also the mind and social interactions of the individual. Health education, however, is viewed as all organized and deliberate activities aimed at promoting good healthy living. It encompasses the direct teacher and student classroom interaction. Standard Wesley Dictionary (1999), defined curriculum as the set of courses, and their content offered at school. Moronkola, Akinsola & Abe (2000) quoting Willgoose (1974) that curriculum is a word which came from the latin word *curre*; means to run as it was earlier associated with race courses and the running of races and it is now commonly defined as a work schedule or a particular body of courses and generally linked with an orderly plan and progression. As an idea, curriculum stems from the Latin word for race course, referring to the course of deeds and experiences through which children grow to become mature adults. Igwe (2000) however said that curriculum planning is the set of educational goals and certain learning experiences, patterns of organization, instruction and evaluation. She further explained that, these components are integral to the planning of the curriculum. The term curriculum development is a complex process involving decision making on a number of issues culminating in the production of a curriculum plan. What forms the basis for curriculum development is the objective which it purports to achieve, as determined by the societal and child's needs.

In Nigeria, the need for a child to develop potent health habits and skills through the acquisition of knowledge has become imperative. The secondary school curriculum in Nigeria has not created the needed awareness and information through moral instruction and personal health teaching. The fundamentals of applying basic practices in the prevention of hazards at homes, schools and other places must be given priority. The need for the study of personal hygiene, drug education and safety, environmental health education, sex and sexuality education, child abuse education, mentorship role modeling education, disease control and prevention, safety environment and disaster and crisis management should give priority from the very foundation. Primary and secondary school curricular in Nigeria are yet to fully recognize the role of health education as an important subject in providing the child with invaluable knowledge and information on positive and viable health habits required to fit into the society. Henshaw (1998) established that health education should form the daily learning experience of the child. Therefore, exclusion of health education as a core subject in primary and secondary school curricular in Nigeria

has left much to be desired. Federal Ministry of Education (1993), that one in every fourteen schools in Nigeria offer health education. This report projects an alarming figure in the future based on current trends of incorporating health instructions as sub-topics in courses like Biology, Integrated Science, Home economics and Physical education. In these subjects, health instruction is treated on the peripheral, without an in-depth synthesis and analysis of core areas of health education. This results in the ignorance displayed by students on health practices that could positively impact on them.

### **Research Objective**

The study examined.

1. Change in the educational policies formulated on health education as a core subject in secondary school curriculum in Lagos State.
2. Change in the attitude of educational administrators towards the teaching of health education as a core subject.
3. Difference in the preference given to health education as a core subject by curriculum planners.
4. Difference between the health practice of student and integration of health education as a core subject.

### **Research Hypotheses**

Ho<sub>1</sub>: There will be no significant change in the educational policies formulated on health education as a core subject in secondary school curriculum in Lagos State.

Ho<sub>2</sub>: There will be no significant change in the attitude of educational administrators towards the teaching of health education as a core subject.

Ho<sub>3</sub>: there will be no significant difference in the preference given to health education as a core subject by curriculum planners.

Ho<sub>4</sub>: there will be no significant difference between the health practice of student and integration of health education as a core subject.

### **Review of Related Literature**

#### **Concept of Health Education**

Health education is a concept or method of imparting adequate health information, health knowledge, health attitude and health practices and communication for the purpose of behavior modification, as this will reflect on the societal demands. Health education plays a crucial role in the development of a healthy, inclusive and equitable social, psychological and physical environment. According to Telljohann (2009) who affirmed develop a dynamic comprehensive school health education curriculum that increases knowledge, builds essential skills and addresses the health needs of children and youth in grades prek-12. Bring a small team of professionals (3-4) to develop or update existing health education curriculum for your school district. She continued that this will: Provide an overview of national and state health education standards, state mandates and recommendations for policy, program and curriculum in comprehensive school health education; Provide national and state resources and guidance for curriculum development and evaluation; Identify research and data that show the need for and benefits of effective comprehensive school health education programs and curricula; Share effective advocacy skills and resources supporting comprehensive school health education; Provide opportunity for inter-district sharing and networking; and Provide an opportunity for district “team time” for curriculum development.

Health education helps provide health knowledge, enhance wellness behaviors, promote health situations, facilities; healthful relationships and enables students make responsible decisions. Bernard (1992) said that, the objectives of health instruction can help learners to develop resistance skills when appropriate, promote protective factors, and ensure resilience in terms of the ability to prevent or to recover from sickness and to promote health literacy. Health education is the development of individual, group, institution, community and systemic strategies to improve health knowledge, attitudes, skills and behavior. The purpose of health education is to positively influence the health behavior of individuals and communities as well as the living and working conditions that influence their health (Society for Public Health Education, 2007). Health education improves the health status of individuals, families, communities, states, and the nation. Health education enhances the quality of life for all people. Health education reduces premature deaths. By focusing on prevention, health education reduces the costs (both financial and human) that individuals, employers, families, insurance companies, medical facilities, communities, the state and the nation would spend on medical treatment. Health education is effective in reducing many high risk behaviors, teenage pregnancies, smoking rates among young people.

Health education can be viewed as other subjects like Mathematics, English, physics and so on and so forth. It utilizes scientific principles, facilities, and learning strategies for behavioral changes in health personnel, students, and consumers. American Association of Health Education (2008) said that health education comprises of the sum of all experiences which favorably influence habit, attitude, and knowledge in relation to individuals, families, and communities.

Health education is the profession of educating people about health. Areas within this profession encompass environmental health, physical health, social health, emotional health, intellectual health, and spiritual health. It could be defined as the principle by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance, or restoration of health. However, as there are multiple definitions of health, there are also multiple definitions of health education. Curriculum and programs are based on the school's expectations and health. In school, health educators teach health as a subject, promote and implement coordinated school health Programs, which includes health services, student, staff and parent health education, and promote healthy school environments and school-community partnerships. Countries in every region have organized sexuality education programs of one type or another. Such programs, if thoughtfully designed and well implemented, can provide young people with a solid foundational knowledge and skills.

### **Objectives of Health Education**

Health education seeks to aid the process of thinking in ways that are both challenging and empowering, so that people are equipped to make their own decisions on what is good and healthy for them. Health education is an essentially humanistic project that places individuals at the center of its practice. The duty of a health educator is multidimensional. The needs for a health educator to adapt his approach to suit the peculiarity of the situation are stated below:

- i. Assess individual and community health
- ii. Plan health education programs
- iii. Implement health education programs
- iv. Evaluate health education programs
- v. Encourage health behaviour
- vi. Develop audio, visual, print and electronic materials etc.

### **Concept of Curriculum**

The word curriculum derives from the Latin *currere* meaning 'to run'. This implies that one of the functions of a curriculum is to provide a template or design which enables learning to take place. Curricula usually define the learning that is expected to take place during a course or program of study in terms of knowledge, skills and attitudes. They should specify the main teaching, learning and assessment methods and provide an indication of the learning resources required to support the effective delivery of the course. A curriculum is more than a syllabus. Most curricula are not developed from the scratch and all operate within organizational and societal constraints.

The idea of the curriculum, as presented here, is only applicable to formal or class-room education, and not to traditional African or Nigerian indigenous education which is basically informal without a defined curriculum. The first school curriculum that Nigeria had was brought down by the Christian Missions. This was followed by the curriculum prescribed by various examining bodies.

### **Curriculum development and planning**

The curriculum that is written and published, for example as course documentation, is the official or formal curriculum. The aim of educational development is to ensure that the official curriculum is delivered as the functional curriculum and there is no mismatch as development turns into implementation. The hidden curriculum describes those aspects of the educational environment and student learning (such as values and expectations that students acquire as a result of going through an educational process) which are formally or explicitly stated but which relate to the culture and ethos of an organization. This highlights that the process of learning is as important as its product and as teachers we need to be aware of both the formal and informal factors which impact on learning. The organization of schooling and further education has long been associated with the idea of a curriculum.

## Methodology

This research work was carried out in Lagos State, Nigeria using secondary school students and physical and health education teachers as population for the study. The instrument used for collecting data from the respondents was a validated and reliable questionnaire which was administered on the two categories of respondents. One thousand questionnaire forms were administered on students and twenty copies of questionnaire on teachers respectively but nine hundred and sixty two questionnaire forms were retrieved from the students. Individual parameters were assessed on YES or NO format. Secondary schools in Lagos State were stratified into six districts as local government areas. Systematic stratified sampling technique was used to pick the respondents (students) while purposive sampling technique was used to select the second category of the respondents (teachers).

## Results

The result will be shown below through providing a demographic profile of the respondents.

Age	Frequency	Percent
11 - 20	954	99.2
21 and above	8	8
Total	962	100.0
Sex	Frequency	Percent
Male	346	36.0
Female	616	64.0
Total	962	100.0
Tribe	Frequency	Percent
Hausa	18	1.9
Yoruba	630	65.5
Igbo	198	20.6
Others	116	12.1
Total	962	100.0
Class	Frequency	Percent
Junior	610	63.4
Senior	352	36.6
Total	962	100.0

### Age

The age distribution of the respondents shows large proportion (99.2%) of the students are 11-20yrs while 21yrs and above formed 0.8%. It could be derived that majority of young people are in secondary schools and their career prospect should not be neglected.

### Sex

It was discovered, according to the analysis, that the proportion of female respondents is greater than that of their male counterparts. Where the female respondents make up 64.0%, the males are just 34% of the total sample.

### Tribe

According to the analysis, students who are Yorubas formed the highest proportion i.e. 65.5%, Igbo 20.6%, other tribe 12.1% while Hausas formed the least percentage 1.9%. This result revealed that the integration of health education into the secondary school curricular in Nigeria will not only assist the students but will also meet the social demands

### Class

The class of the respondents shows that junior secondary school students has the larger percentage, 63.4% and senior secondary school students formed 36.6%.

### Demographic profile of the teachers' respondents

Age		
Age	Frequency	Percent
21 - 25yrs	12	60.0
26 - 30yrs	5	25.0
30yrs and above	3	15.0
Total	20	100.0

### Age

In the research work, 20 different physical and health education teachers supplied responses to the questionnaire. The result of the analysis revealed that, the twenty physical and health education teachers actually teach the subject. Unlike other subjects that can hardly be taught by just anybody.

### Result of Pearson Chi Square analysis

Secondary school curricular are well designed and implemented	There are specialized health education teachers in Nigerian secondary schools	Health education is integrated in the Nigerian secondary school curriculum	The teaching of health education in secondary schools in Nigeria assist in child's growth and development
Pearson chi-square	6.27	12.157	9.583
Df	5	5	5
Assymp. Sig. (2-sided)	.280	.033	.088
			60.669
			.000

### Discussion

In testing the hypothesis one which stated that, there will be no significant change in the educational policies formulated on health education as a core subject in secondary school curriculum in Lagos State. The calculated Chisquare (X<sup>2</sup>) value 6.27 is less than the table value 11.07 at degree of freedom of 5 at 0.05 level of significance. The hypothesis is upheld and result not significant. This implies that educational policies by curriculum planners have no effect on this. Hypothesis two stated there will be no significant change in the attitude of educational administrators towards the teaching of health education as a core subject. The calculated Chi-square value 12.15 is greater than the obtained value 11.07 at degree of freedom of 5 at 0.05 level of significance. The null hypothesis stated is hereby jettisoned and result significant. This means that the attitude of educational administrators towards the teaching of health education as a core subject is important to build the students and society as this will go a long way to ensure that the subject is established. There will be no significant difference in the preference given to health education as a core subject by curriculum planners. The calculated Chi-square value 9.58 is greater than the obtained value 11.07 at degree of freedom of 5 at 0.05 level of significance. There will be no significant difference between the health practice of student and integration of health education as a core subject. The calculated Chi-square value 60.66 is greater than the table value 11.07 at a degree of freedom of 5 at 0.05 level of significance. The null hypothesis stated is hereby jettisoned.

### Conclusion and Recommendation

The study was conducted on integration of health education as a core subject into the curriculum of secondary schools in Nigeria. In conclusion, the study revealed that the integration of health education into the curriculum is essential. It corroborated the opinion of the researchers that, the inclusion of health education in the curriculum will bring development to the nation's economy and also serve as career prospect for the young people. It is therefore recommended that government at all levels should have a formidable policy to ensure that the health issues facing young adolescent are brought to the bare minimum. For instance, smoking at tender age, drug addiction, teen pregnancy, cybercrime, abortion, alcoholism, child abuse, drug abuse and misuse. Also, contemporary issues related health are taught within the health the scope of health education. The secondary

school curriculum in Nigeria should be re-visited and ensure that students benefit from the well-designed curriculum to meet their expected and desired goal for the purpose of their future.

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