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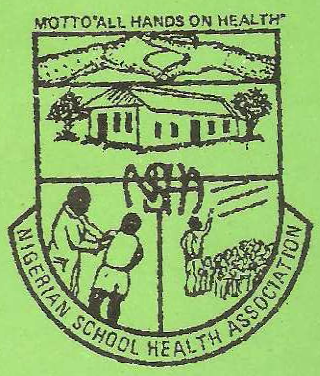

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APPRAISAL OF TEACHERS' INVOLVEMENT IN PUPILS HEALTHFUL SCHOOL LIVING IN TWO LOCAL GOVERNMENT AREAS OF LAGOS STATE.

Dr: Femi Adeogun, N.A., Setonji and Anthony Dansu

ABSTRACT

This study investigated teachers' involvement in pupils' healthful school living in Badagry and Ojo local Government Areas of Lagos State. Four hundred and eighty teachers were randomly selected from 30 primary schools in the area of study. A self- constructed questionnaire was validated for the purpose of data collection and administered on the selected subjects whose responses were statistically analyzed. Findings showed that teachers give adequate health instructions to pupils, but do not supervise their activities and counsel them for good health habits, and they do not involve the pupils in regular sporting and recreational activities nor see to their good nutritional status. It was, therefore recommended that in-service training should be organized for health teachers to familiarize them with their roles in school health programmes.

BACKGROUND

Teachers constitute one most essential personnel within the educational system. In the early days of western education, teaching was an interesting profession and the dream of most parents then was for their children to become. teachers, because teaching profession was highly regarded in the society (Ayo Shobowale, 1997). Teachers play significant roles in training the school child for a better future.

In the aspect of health, Alakija (2000) described the teachers as first among those who should actively be engaged in promoting health among school children, and teachers' efforts in ensuring healthful school living of the children should be consolidated by nurses, doctors and other health personnel.

Healthful school living as used in this study connotes schooling in a conducive environment that is free from all kinds of physical, emotional and social health hazards to ensure wellness and good health of the school child. Alakija (2000) lists some of the health hazards that are exposed to by going to school to include infectious diseases, accidents of various kinds, emotional strains and competition of school life. Eboh and Esimike(1991) added to list as they opined that personal hygienic problem, unsanitaiy environmental condition, nutritional deficiencies and communicable diseases are still among the major health problems e still among the major health hazards in the society. The causes ofthe prevalence of these health problems are related to the people's poor health habits and practices as well as their att tudes towards diseases and their causes, which are not conducive to desire measures that would lead to the eradication of the problem&

According to Alakija (2000), The child needs supervision in school because he is exposed to the influence of various health hazards and such supervision, which is basically the role of teachers, enables the school child to adjust during this vulnerable period.

Borof lice (1997) quoting Bucher (1975) and Birch and Caussow (1970) asserted that the importance of pupils' health to educational outcome cannot be overemphasized; for it had been reported that a healthy person has a better chance of being successful in school and college, being more effective scholastically and academically.

However, Alakija (2000) stated the following as among the objectives of School Health Service:

(i) ensuring that every child is as fit as possible so as to obtain maximum benefit from education;
(ii) To supervise the treatment of the defects and ensure that serious defects impede educational progress as little as possible by recommending for special education
(iii) Promoting and maintaining positive health through health education and prophylactic immunization and sanitary condition of school.
(iv) to identify previously unrecognized defects by periodic medical inspection;
(v) to appraise the health status of school children,
(vi) to appraise the health status of school food vendors and also inspect their homes;
(vii) rendering advice to local government authority on factors affecting the health of the schoolchild; and
(viii) pre-employment medical examination of teachers.

According to Boroffice (1997), in developed countries the school health programme is adopted to ensure that the health of every school child is safeguarded through itsthree phases, which include school health service, school health education and healthful school environment. Previous studies have shown that a programme like this is non-existent as far as Nigeria is concerned (Boroffice, 1997; 1991; Fajewonyomi and Afolabi, 1993).

Observation made in the Nigerian schools revealed that only the last two phases, that is, health education and healthful environment are being passively encouraged perhaps due to the fact that this is specifically stated in the National Policy on Education. This study therefore investigated the extent to which teachers in primary schools of Badagry and Ojo Local Government Areas of Lagos State are involved in ensuring that healthy pupils learn in a healthy school environment.

Major Hypothesis

Teachers will not be significantly involved in ensuring healthful school living of school children in Badagry and Ojo Local Government Areas of Lagos State.

Sub-Hypothesis

1) Teachers would not give adequate health education to pupils.

2) Teachers would not adequately supervise pupils' activities and counsel them for good health habit.

3) Teachers would not engage pupils in regular sports and recreational activities.

4) Teachers would not ensure good nutrition and nutritional status of the pupils.

Methodology

The population for this study includes all the primary school teachers in Badagry and Ojo Local Government Area of Lagos State, but the scope was delimited to 480 teachers of both sexes selected from 30 primary schools in the area of study at the average of 16 teachers per school, using the simple random sampling technique.

A structured questionnaire, which was constructed by the researchers, was the main instrument used for data collection in this study. The questionnaire was in two sections (i.e., section A and B). Section A dealt with the bio-data of the respondents while section B which was in four scale Likert pattern contained items that seek information on involvement of teachers in ensuring the pupil's healthful school living.

This questionnaire was given to four authorities in health education for face/content validation. It was thereafter subjected to test-retest to establish its reliability co-efficient. The data collected were statistically analyzed via PPMCC and this gave a result of r= 0.84.

The instrument was administered on the subjects by the researcher. To make data collection easier and faster, six undergraduate students of department of Physical and Health Education, Lagos State University were employed as research assistants to cover some of the selected schools.

All copies of questionnaire administered were retrieved the same day; this gave 100% retrieval. The data collected were analyzed using simple percentage on the demographic. Hypotheses of the study were tested and inferences were made via chi square statistics. All hypotheses were tested at 0.05 level of significance,

Results

Of the total 480 respondents, 297 representing 61 .9% were female teachers while 183 representing 38. 1% were male. On work experience, 9% of the respondents were hi low 5 years

while 20.4% were between the range of 6 to l0yeais. 30.45,21.3% and 18%hadbeenonthejobforbetween ii to 15 years, 16 to 20 years and above 20 years respectively.

TABLE I

Chi square analysis of data on teachers' adequate health education to pupils.

	SA	A	D	SD
0	157.3	172.9	85.0	64.8
E	120	120	120	120
O-E	37.3	52.9	35.0	55.2
(O-E)	1391.29	2798.41	1225.0	3047.04
(O-E)/E	11,59	23.32	10.21	25.39

X 70.51, df= 3 (P>0.05)

Critical value = 7.82

Hypothesis 1

Hypothesis one which states that teachers would not give adequate he education to pupils was statistically tested in the above table and the table shows that the calculated chi square value of 70.51 was greater than 7.82 critical value at 0.05 level of significance. Based on this, the above stated hypothesis is rejected; connoting that teachers would give adequate health education to pupils.

This finding is in line with the opinion of Boroffice (1995; 1991) and Nemir and Schuller (1975) that every teacher is a health educator, hence they should possess the skills to carry out the requirements of the three phases of the school health programme. Boroffice (1995) stresses frirther that teachers must teach health education as an organized subject and use those methods that facilitate behavioural change.

TABLE II

Chi square analysis of data on teachers' supervision and counselling of pupils.

	SA	A	D	SD
0	127.2	112.5	117.8	122.5
E	120	120	120	120
(O—E)	7.2	7.5	2.2	2.5
$(O—E)^2$	51.84	56.25	4.84	6.25
$(O-E)^2/E$	0.43	0.47	0.04	0.05

X 0.99, df= 3 ($P<0.05$) Critical value = 7.82

Hypothesis 2

Teachers would not adequately supervise pupils' activities and counsel them for good health habits.

The result of analysis in table II tests the validity of the above hypothesis. The table shows that the calculated chi square value 0.99 is less than 7.82 critical value at 0.05 level of significance. Based on this result, the stated hypothesis is accepted. It means that teachers do not render adequate supervision of the pupils' activities, and do not give proper health counselling.

This finding is contrary to Fabiyi and Ogunmodede's (1997) assertion that the health educator being a facilitators or social catalyst and not just a provider of only one specific aspect of health service should act as a stimulating and coordinating agent in a given setting! community, helping people to attain a better understanding of their difficulties and how to overcome them. This responsibility should be much more performed in the school than the larger community. Oragui and Agbonjimi (1991) also support the position of Fabiyi and Ogunbodede (1997) when they recommend that physical education teachers should carry out routine postural evaluation on pupils to ascertain the cause of genu valgum (GVK).

Ezenduka (2002) also mentioned the role of teachers in monitoring the health attitudes and practices of pupils in school.

TABLE III: Chi square analysis of data on teachers' engagement of pupils in sports and recreational activities.

	SA	A	D	SD
0	131.9	124.6	109.3	114.2
E	120	120	120	120
O-E	11.9	4.6	10.7	5.8
(O-E)	141.61	21.16	114.49	33.64
$(O-E)^2/E$	1.18	0.18	0.95	0.28

X= 2.59, df=3 (P< 0.05).Critical value = 7.82 Critical value = Z 82

Hypothesis 3

Teachers would not engage pupils in regular sports and recreational activities.

This hypothesis was tested based on the result of analysis on table III. The table indicated that the calculated chi square value 22.59 is less than 7.82 critical value at 0.05 level of significance. The hypothesis is therefore accepted; meaning that teachers do not engage pupils in regular sporting and recreational activities.

Among the objectives of school health service as stated by Alakija (2002) is to make sure that every cl is as fit as possible so as to obtain maximum benefit from education. And physical fitness can only be adequately acquired through regular involvement in sports and rc activities that demand physical exertion. (Venkateswarlu, 1991; O'Neifl, 2000; Okuneye 2000; 2002 and Momodu. 1994).

TABLE IV

Chi square analysis of data on teachers concern of good nutrition and nutritional status of pupils.

	SA	A	D	SD
0	111.8	106	130	132.3
E	120	120	120	120
O – E	8.2	14	10	12.2
$(O-E)^2$	67.24	194	100	148.84
$(0-E)^2/E$	0.56	1.63	0.83	1.24

X= 4.26, df= 3 (P<0.05).

Critical value = 7.82

Hypothesis 4

Teacher would not ensure good nutrition and nutritional status of the pupils. This statement of hypothesis was tested based on the analysis in table IV. The table shows that the calculated chi square value 4.26 is less than7. 82 critical value 0.05 level of significance. This indicates that the above stated hypothesis should be accepted.

Okuneye (1995), Borofice (1995) and Ezenduka (2002) all agreed that there is need for nutritional education practices, which should be developed right from childhood, teachers therefore require specific course work on nutrition knowledge.

Alakija (2002) suggests the appraisal of the health status of school food vendors and inspection of their homes. He also states ways to determine the nutritional status of school children.

CONCLUSION AND RECOMMENDATIONS

Based on the findings of this study; it is concluded that, though primary schoolteachers in Badagry and Ojo Local Government area of Lagos state do give adequate health instructions to pupils, but do not pay serious attention to adequate supervision of pupils' activities; hence, do not counsel them to develop good health habits. It is also concluded that there is laxity in the teachers' engagement of pupils in regular sporting and recreational activities for the purpose of

fitness, and ensuring good nutrition and nutritional status of the pupils. It is therefore recommended that:

(1) In-serviced training/workshops should be organized by Ministry or Education for primary school teachers to familiarize them with the roles they are expected to play in promoting healthful school living of pupils.

(2) Teachers, especially those in training should be exposed to varieties of sports and recreational activities that they could engage the pupils in for fitness purpose.

(3) Further studies should evaluate the health knowledge, attitudes and practices of primary and secondary school teachers.

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