

INTERNATIONAL
Journal of
PROGRESSIVE
and DR AKUGHA
ALTERNATIVE EDUCATION
(ASPROAEDU)

VOLUME 1 NO. 1, MARCH, 2015

ISSN: 2408 - 6452



**INTERNATIONAL JOURNAL OF
PROGRESSIVE AND ALTERNATIVE EDUCATION
(ASPROAEDU)**



VOLUME 1 No. 1, MARCH, 2015

ISSN: 2408 - 6452

Published by

**Association for Progressive and
Alternative Education (ASPROAEDU)**

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website: www.globalacademicgroup.com

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JOURNAL OF ASPROAEDU

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BASIC HEALTH EDUCATION CURRICULUM DEVELOPMENT FOR SUSTAINABLE TECHNOLOGICAL IMPLEMENTATION IN DELTA STATE

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Abstract

The paper discussed on Basic Health Education Curriculum Development for Technological Implementation (BHECDTI) as the nexus for school health status. BHECDTI deals with a planned composite that communicate necessary health habits like care of the eyes, ears, hair, fingernails, use of leisure hours, sports, table manners and avoiding rough play (Nwajei and Awuja, 2013). Health is a state of complete physical, social and mental well being and not mere absence of disease or infirmity according to "WHO". Implementation of the Basic Health Education Curriculum is aimed at transmitting better Health knowledge, skills and practices to pre-primary and primary school pupils as the nexus in Delta State. Lack of health educators, learners' poor home training, disinterest, inadequate modern technological facilities plus inadequate funding kick against its implementations. Hence, the government in collaboration with basic school health educators have been urged to constantly fund BHEDTI via conferences/ seminars and train teachers among other things to attain the set goals in the policy document.

Keywords: Basic Health Education, Curriculum Development & Technological Implementation.

Basic health education in its expanded contexts caters for the primary health learning needs of all categories of children irrespective of their socio-economic background or circumstances. Basic health education is not limited to formal schooling alone but it cuts across inside and outside school learning which may not be dependent on the years of schooling. It satisfies the health learning needs of children, youths and adults as well as lays a solid foundation for lifelong learning through literacy/ numeracy.

Basic education is free, universal and compulsory for all children of school-going age. It is given to children aged 0 to 15 years (FRN, 2008). It includes early childhood from 0 to 5 and 9 years of formal schooling respectively. Private sector and social development services manage affairs of daycare centres for 0 to 3 years while ages 3 to 5 are within the formal education sector. The Federal Ministry of Education (FME) coordinates and monitors the activities of managers of basic education programmes through the States' Ministries of Education (SME) and Local Government Education Authorities (LGEA) across the country. There are laid down requirements for meeting the Basic Health Education learning needs of pupils that will continue to evolve sustainable comprehensive curriculum development to attain 'Education for All' (EFA) by 2015 as resolved during the famous Jimtuen (Thailand) World Conference on Education (WCE) and Dakar in April 2000.

Basic Health Education Sustainable Curriculum Development

Basic Health education sustainable curriculum development involves the active participation of curriculum experts, curriculum planners, teachers, administrators, students, health educators, health workers, medical scientists, technologists, engineers, market women, subject specialists and pressure groups like Science Teachers Association of Nigeria (STAN), Nigerian Union of Teachers (NUT), Nigerian Medical Association (NMA), Nigerian Bar Association (NBA), government officials and wider society. Each of them has significant roles to play either in providing funds, knowledge, ideas, methods, materials or organizing learning experiences within basic health education curriculum content and how it should be taught (Nwajei, Awuja-Ademu and Kwaja, 2012). Modern basic health education curriculum development is a process that calls for planning and actual construction of the document based on one or more designs like the core curriculum, the subject curriculum, the broad-fields curriculum, the integrated curriculum, the subject pattern and many others.

Basic health education sustainable curriculum development is focused on personal grooming, hygiene, good health habits, like care of the eyes, ears, hair, fingernails, use of leisure hours, sports, games, table manner and avoiding rough play which can result in industrial hazards within and outside school environment (Nwajei and Awuja-Ademu, 2013). The curriculum describes an embodiment of knowledge, skills, values, cultures and attitudes that a nation uses school to transmit to her citizens.

Dike and Eze (2009) defined curriculum development as all the facts, theories, principles, rules and knowledge required to be competent in a field. Obviously, there are recent curriculum issues like internet-web-based learning, web-based-education, e-learning, ICT, HIV/AIDS, mass literacy, gender equality in education by 2015 and achieving MDGs for a sustainable culture of excellence in basic health curriculum

implementation. This is a foundation cornerstone for all aspects of quality education. It has to be globally acknowledged that curriculum development involves a series of cognitive, affective and psychomotor activities whose complexity of application largely depended on the national philosophy and objectives of education of the country in question. The approaches employed in curriculum development in one country may differ significantly from the other (Biodun, 2009). However, the following are the four possible levels of applying curriculum concept:

Four Levels of Applying Curriculum Concepts

- a. Societal level of curriculum development reflects on its societal philosophy, priorities and general modus-operandi according to target group which the curriculum is designed to serve. The national policy on education, for example, can represent societal level of curriculum development because it spells out clearly how educational philosophy and objectives should be directed towards the goals of Nigeria's educational system.
- b. Institutional curriculum level deals with activities dependent on the national framework for curriculum planning that employs the services of the federal government agency such as the Nigeria Educational Research Development Council (NERDC), National Council for Education (NCE), Comparative Educational Study and Adaptation Centre (CESAC).
- c. Instructional level is an aspect of its process that falls within-subject specialist's authority to implement curriculum content as well as syllabus into learning experiences or activities through which learners benefit. In this regard, basic health educators should be careful of their pedagogic instructional orientation to play roles of curriculum developers, implementers and evaluators to attain set objectives and
- d. Experiential curriculum developmental level explains the meaning which basic health education learners derive from the teaching and learning process. It focuses on the learner's reception of the curriculum (Nwajei, Awuja-Ademu & Kwaja, 2012).

The essence of implementation of a basic health education curriculum is for socialization which leads to harmonious self-development to broaden personal horizons by improving quality of life to adapt to rapidly changing times in order to become literate health-wise.

Sustainable Basic Health Education Curriculum Implementation in Delta State

Implementation of the Basic Health Education Curriculum is the translation of the goals, objectives, visions, dreams and theories earlier stated during the curriculum development stage into workable practices. This is the stage when the policy decision emanating from executive orders, edicts and administrative rules are put into practice. It is argued that for any sustainable curriculum implementation to succeed, the implementers must be involved right from the conceptual or developmental stage to make their own contributions. Unfortunately, teachers are not involved most of the time at the development stage. And so, teachers must be called upon to make their own input to attain success during implementation. Sustainable Basic Health Education Curriculum Implementation should be goal-directed so that desirable health knowledge practices and status could be attained in our schools.

The basic health educators need to be given adequate training since no educational system can rise above the quality of its teachers (FRN, 2008). Basic health teaching should favourably influence knowledge, habits, attitudes, practices, competencies and skills to produce improved healthier personality. High-quality school health education programme reduces the number of absences of pupils from school due to illness, accidents and infirmity. Accurate adequate technological health information enables many children to make intelligent decisions vital to prevent them from accidents or death (Nwajei and Awuja-Ademu, 2013).

Health is a state of complete physical, mental and social well-being and not mere absence of disease or infirmity". Basic health education increases pupils' knowledge of anatomy/physiology, functionality, complexities of the body system, physio-therapy, food poisoning, nutritional values and food processing as it affects health. Basic health education curriculum implementation deals with maintenance of personal health within and outside school premises. The learners learn the need for periodic medical check-ups to guide against some killer diseases. The knowledge of basic health practices exposes children, youths and adults to table manner, food values and importance of water to man. Sustainable basic health education implementation is the actual translation of stated objectives at the development stage from paper to practice that involves quite several activities culminating in classroom activities and practices (Nwajei and Awuja-Ademu, 2013). It is the translation of planned or officially designed course of study by the teacher into syllabus, schemes of work and lessons to be delivered to learners.

Implementation Challenges of Basic Health Education Curriculum

Technological implementation of BHEC is taskful and all involving since it has grown beyond environmental classroom education targeted at getting learners out there to learn healthy habits as well as the natural world of real-time and real-world

learning experiences (Tella and Adu, 2009). It becomes more difficult for basic health education learners who may be confronted with the facts of the digital age from push "button age". Curriculum experts usually employ manual tedious Tyler's model, Kerr's model or Wheeler's model in an attempt to explain a given curriculum design but the modern digital approach uses technological implementation via internet accessibility. It helps specialized teachers to produce physically, mentally, emotional and socially healthy persons who possess the necessary industrial, economic, agricultural, political, educational and social skills for optimal national transformation. Problems of technological implementation of BHEC range from inadequate funding, lack of health educators who are ICT literates, power failure and lack of computer teachers among others. The focal point of technological curriculum implementation is to help the learners acquire knowledge, skills and develop desirable health attitudes/interests toward healthy living. However, resistance to change is one of the greatest challenges of basic health education technological curriculum implementation of our time.

Impediments to BHEC Implementation are Classified as:

- a. Teacher-related impediments,
- b. Learner-related problems,
- c. School-related impediments,
- d. Community/Parents/Government-related impediments and
- e. External agencies like UNESCO and World Bank related problems.

Conclusion

Basic health education curriculum development and proper technological implementation provide opportunity for trained health educators to become reflective, creative thinkers and critical at the point of dissemination of knowledge to form essential health habits such as care of the eyes, ears, teeth, hair, fingernails, table manner and to avoid rough play anywhere anytime. The calibre of basic health educators who can use technical know-how to implement BHEC as well as ICT experts has been examined. It was observed that mere initial qualifications cannot allow basic health education teachers to perform their duties intelligently well in the BHCDI without retraining in ICT, internet and computer operations in recent time.

Recommendations

Hence, it is recommended that:

- i. Teachers are urged to intensify efforts to be ICT and computer literate to be able to implement BHEC to enable pupils make use of the available internet facilities,
- ii. Government should equip primary schools with functional computers and finally,

- iii. Government should adequately monitor the effective utilization of the computer machines supplied to ensure proper utilization of the facilities.

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