

QUALITY UNIVERSAL BASIC HEALTH EDUCATION CURRICULUM (UBHEC) IMPLEMENTATION AND CHALLENGES OF UTILIZING INFORMATION COMMUNICATION TECHNOLOGY (ICT) FOR NATIONAL DEVELOPMENT

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Abstract

This paper examines quality Universal Basic Health Education Curriculum Implementation and Challenges of ICT Utilization for National Development as a strategy for attainment of set objectives. Health is "a state of complete physical, mental and social well-being and not mere absence of disease or infirmity while UBE is targeted at free compulsory all-inclusive, child participation and gender equity in Nigeria's educational system to reduce illiteracy, ignorance and poverty. The rationale behind the introduction of UBHEC is to expose pupils to elementary health habits health care, hygiene and personal grooming at the early stage of growth and development. The use of ICT for UBHEC implementation in the study is to transmit knowledge of Health Education to the learners by the teachers but many challenges including network inaccessibility, inadequate funding, epileptic power supply and lack of computer teachers affect these objectives. Consequently, it is recommended that ICT training, workshops, conferences and active participation of the stakeholders should be encouraged by schools in conjunction with the ministries (State & Federal) of education to attain quality Health Education Curriculum Implementation in Nigeria in the 21st Century.

Keywords: *Basic Health-Education. Curriculum Implementation, ICT Utilization Challenges, Teacher Quality.*

Introduction

Basic health education is a necessity because education is one of the indices used in measuring the level of development of any nation around the world (Baba & Shehu, 2011) Education is the bedrock of any national development including Nigeria. It is a universal practice engaged in any society which can be formal or non-formal at all stages of their development. Education is "an instrument per excellent designed and adopted for quality national development particularly when it is relevant to the needs and aspirations of that nation (FGN, 2004). It is the best legacy parents can bequeath to their children as a powerful tool for socio-economic changes. Generally speaking, education is aimed at the acquisition of relevant knowledge, skills, abilities, attitude and competencies both mental and physical as equipment for any individual to live and meaningfully contributes to national development (FGN, 2004).

The World Health Organization (WHO) describes health as "a state of complete physical, mental and social well-being and not mere absence of disease or infirmity". It was established in 1948 as an organ of the United Nations Organization to improve and promote health conditions around the world with its headquarters in Geneva, Switzerland. WHO is a World-Wide Organization which contributes funds to sponsor activities of the organization. Basic health education needs to be taught in schools in order to acquire health knowledge and

practices as well as maintain personal cleanliness at home and in the school. It enables learners to understand the need for periodic medical check-up and guide against the sudden incidence of ill-health capable of causing death. Basic health educational curriculum implementation is also required to teach pupils about highway codes to prevent the incidence of accidents both at home and when going to school. The knowledge of health education exposes the learner to water safety, food values, table manners, value of water and food to man.

Basic Health Education Curriculum (BHEC) Implementation

"A healthy nation is said to be a wealthy nation" so the saying goes and this can only be achieved through qualitative teacher education- programme. Adequate teachers' preparation facilitates quality UBHEC implementation (Olumese, 2011). No educational system of any nation can rise above the quality of its teacher (FGN, 2004). To this effect, the provision of an adequate training programmes for health teachers cannot be overemphasized because, no teacher can effectively transmit knowledge, skills, attitudes and competencies which he or she is lacking. Efficient use of the language of the subject in the course of preparation is crucial in the transformation of children's ideas, thoughts and learning styles into actual basic health practices. Many health teachers today cannot effectively explain certain basic health concepts in the primary school curriculum let alone implement them. Accordingly, knowledge and language of the subject matters among other things are psychological tools for teaching or preparing cognitive processing of children's minds toward the acquisition of desirable basic health education knowledge and practice the same (Awuja-Ademu & Nwajei. 2011). Teacher's preparation involves effective classroom management with varying instructional methods, techniques and approaches together with an appropriate desirable personal quality.

Teachers are very busy and industrious persons because of the multifarious responsibilities within and outside the school concerning the education of the children (Peretomode, 1992). What teachers do stretches beyond the hours of the school day and walls of the classroom which require adequate preparation to effectively teach. Some of these roles played by teachers are interwoven and they include:

- Use of the subject matter.,
- Choice of instructional methods to use,
- Decide interactions in the classroom,
- Supervision of the class activities,
- Development of the learning experiences,
- Keep the records and reports of achievements and

Counsel pupils and act as a model while motivating them. A well-prepared basic health education curriculum teacher is expected to have acquired these skills, knowledge and competencies for efficient rapid national development (Peretomode. 1992)

Information Communication Technology (ICT)

There is no gain-saying that ICT is inthing now especially as Nigeria is now set for rapid national development (Awuja-Ademu, 2012). ICT involves e-teaching style through virtual classroom operation to promote international studentships due to digital networking availability environment of the global world. ICT consists of hardware, software, a web-based networking environment and a medium for collection, storage, processing, transmitting and presenting the information. ICT describes equipment essentially put in place for curriculum implementation according to Awuja-Ademu & Kwaja (2010). Information Communication Technology facilitates development, and improves the quality of teaching and learning. The introduction

of ICT encourages efficiency in distance learning which paves the ways for new pedagogical operations whereby students are expected to play more active roles than before. Utilizing ICT as a tool enables basic health education curriculum implementers to fulfil the stated objectives of communication technology national policy according to Olumese (2011).

Curriculum Implementation is the translation of the objectives of the curriculum from paper to practice. It involves quite several activities culminating in translating curriculum documents into classroom practices. It means the translation of theory into practice or proposal into action (Eze & Okoro, 2009). ICTs can be employed for multi-reading, web-based instruction and tutorials using audio computer-assisted instruction. The utilization of ICT by the basic health education teachers can make them to be more productive scientifically and technologically. One of the major purposes of curriculum planning includes pedagogics implementation to ensure the focus of health education on the people and their health behaviours (Awuja-Ademu & Nwajei, 2011). Basic health education curriculum implementation is focused on the healthful pedagogics delivery dimension to reflect the needs and societal aspirations.

Implementation and Challenges of Utilizing BHEC with ICT

Fusing BHEC with ICT in the 21st century is not without impediments. The curriculum is a vehicle to reach education. The term education is somehow difficult to explain as a result of the fact that it possesses glowing qualities like a living organism which one of its attributes is constant change in emphasis by adapting itself to new demands in curriculum- implementation. Utilizing ICT with BHEC fits into one of the new demands required by the National Policy on Education (2004) as a tool for national development but several challenges are confronting BHEC implementers which include:

- a. Lack of computers with ICT facilities in the schools.
- b. Lack of trained ICT teachers who can effectively manipulate it to implement BHEC to achieve national development,
- c. Insufficient incentives are given to ICT specialist teachers who spend most of their valuable time manipulating the internet to ensure that a good number of students are efficiently trained.
- d. Irrelevant Basic Health Education Curriculum materials stand as an impediment against the successful utilization of ICT with BHEC in many schools in Nigeria which directly or indirectly militate against rapid national development in the 21 century and
- e. Inadequate funds to provide and maintain ICT facilities.

Conclusion

In conclusion, this paper observed that the Basic Health Education Curriculum Implementation which utilizes ICT is a necessity for rapid national development since a "healthy nation is a wealthy nation". Education is one of the parameters used to measure the level of national development around the world. WHO sees "health as a state of complete physical, mental and social well-being and not mere absence of disease or infirmity". Quality BHEC with ICT utility emanates from a qualitative teacher education programme to acquire relevant knowledge, skills, attitudes and competencies to perform duties expected of BHEC implementers to enable them to transmit desirable knowledge, skills, helpful practices and positive attitudes. ICT embraces collecting, processing, storing, disseminating, transmitting and manipulating computer gadgets with tools connected to the internet. BHEC implementation connotes translation of theory to practice but many challenges confront utilizing BHEC with

ICT. These problems include a lack of ICT specialist teachers, lack of computers with ICT tools, inadequate funds and lack of incentives.

Recommendations

One of the major aims of this paper is to generate interest and create relevant educative awareness of how quality BHEC implementation could accelerate and fast forward rapid national development. Consequently, the following recommendations have been put forward that:

1. Schools should be provided with adequate basic health education ICT laboratory to facilitate translation of curriculum from theory to practice.
2. There is an urgent need to develop a basic health education curriculum with ICT tools.
3. Adequate BHEC implementers should be trained to facilitate the quick realization of the national development,
4. Periodic ICT training through conferences, workshops, seminars and symposia should be organized for already employed health teachers and
5. Heads of schools and administrators should be exposed to BHEC implementation with ICT operation to enable them to perform their supervisory roles correctly

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