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Utilization Of Health Communication And Instructional Materials As Correlate Of Fitness And Health Education Knowledge Among Learners In Institutions Of Oro Local Government, Kwara State, Nigeria

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Abstract:

The utilization of health education instructional materials in secondary schools has become very important to making health education and allied fields easy for the teacher to handle and the learners who are the beneficiaries. The research design employed was the descriptive design of the survey type. The study population comprised teachers and learners in institutions in the Oro local government of Kwara State, Nigeria. The stratified random sampling technique was used to respondents. 811 learners were selected while 121 teachers were selected as a sample. The main instruments were the Health Education materials Inventory (HETMI) completed by the health education teachers and the Health Knowledge Test completed by the learners. The knowledge test was drawn from the J.S.S text book and the primary six text books. The two instruments were duly validated and tested for reliability.

The Pearson Moment Correlation Coefficient was used to determine the relationship existing between availability and Utilization of education teaching materials in the institutions of Oro at 0.05 level of significance. It was revealed by the study that significant relationship exist between availability and utilization of health communication materials and health knowledge test scores of learners in the secondary and tertiary institutions in Oro local government of Kwara state, Nigeria. Also, significant relationship was found between availability and utilization of electronic materials and health knowledge test scores of learners in institutions that have and those that do not have. Directional conclusions were made based on the findings.

The implication of these findings is that the present situation where teaching is carried out without the use of instructional materials is not acceptable for students who are not exposed to instructional materials whether, electronic, textual or print medial consistently perform poorly as revealed by this study and others cited. Based on the findings and conclusions of this study, it was recommended among others that there should be deliberate tooling up of schools in respect of health education instruction and materials especially audio-visuals, internet and other relevant electronic gadgets with all stake holders being involved.

Key words: Learners, Tooling up, Directional Conclusions

1.Introduction

Generally, information, education and communication (IEC) is defined as a combination of strategies, approaches and methods that enable individuals including learners, families, groups, organisations and communities to play active roles in achieving, protecting and sustaining their own health and those of others. This meaning embodies the fact that IEC is the process of learning that empowers recipients to make decisions, modify behaviours and change social conditions. IEC on fitness and health education are influenced by

social, cultural, economic and environmental considerations (DeVries 2008). The major tenets of health education are behavioural change in health related matters through the adoption of effective communication procedures. Behavioural change entails learning new skills and unlearning old undesirable skills. Learning is influenced by a kind of stimulus contact with the environment. It is in essence, the result of some forms of communication. According to Egegne (1998), communication is an exchange of thoughts, ideas or options (verbal or non-verbal) through definite channels or network. Bedworth and Bedworth (1998) opined that without communication, learning cannot be created. The objectives of IEC are primarily to Identify and promote specific behaviours that are desirable while utilizing the channels that might include interpersonal communication (such as individual discussions, counselling sessions or group discussions and community meetings and events) or mass media communication (such as radio, television and other forms of one-way communication, such as brochures, leaflets and posters, games, visual and audio presentations and some forms of electronic communication materials (Heinmann 2008).

For any teaching and learning process, there must be a purpose. Miller (1996) refers to this purpose as conscious intent. He reiterated that teaching process has its central interests which are those behavioural situations in which a source transmits a message to a receiver with conscious intent that affect the later (the learned behaviour). Simply, Bedworth et al (1998) and Miller (1996) are of the opinion that health communication is a process of disseminating health information from source (teacher, nurse, doctor) to the receiver (Students, patients). Health communication may be in form of teaching where the teacher utilizes his voice, body movement, demonstrates, discusses, makes eye contacts, uses signs, shows films, use a flannel graph, video clips or broad casts on television or radio. However good the approach, teaching does not automatically mean better learning. Effective communication is an educational force that survives on a two way channel and also a conscious intent that affect behaviour (deliberate change of a person's previous mode of behaviour to a radical change in behaviour for optimum health (Adeniyi 2002).

Teaching in the secondary schools and tertiary institutions without communication materials has been discovered and decried in many quarters as contributing to academic failures. Owajaiye (1998) researched into the effects of health education materials on health knowledge of learners and discovered that 50% of schools and colleges do not have textual materials, text books, pamphlets, journals, afro-media, charts, handbills, monographs, in good proportions, from which learners could receive information. Without the textual materials, the learners were found to be poor in assigned academic endeavour with 67% Of 281 learners scoring less than the average. In the knowledge test, 29.9% scored 60% while only 1.4% of subjects scored 70%. He therefore recommended that textual materials should be pre-requisite for accreditation of programmes and schools should have fully stocked libraries. Equally, Walter, Frank and Turner (1999) recommended concretization of concepts (1999) recommended concretization of concepts from textbooks and textual materials.

Also, Oyerinde and Owajaiye (2000) worked on the effectiveness of electronic teaching materials on learners' sex education knowledge and academic achievement and discovered that only two of the schools have electronic aid materials (radio) used for teaching sex education. Despite the availability of radio, learners failed the sex education knowledge test administered to them. The failure of learners in the sex education knowledge test must have been predicated on the submission of Dopemu (1990) assertion of utility of teaching aids that was not adequately maintained and properly utilized. Construction and use of audio-visual aids to enhance teachers' knowledge of usage of correct methods that can improve their teaching of health skills was also suggested. Ademuyiwa (2000) supported the idea of utilizing the media by teachers, learners and other individuals. Oyerinde (1992) and Alabi (1995) stressed that due to programme presentation on the radio and television, 98% knowledge of drug use and sex was recorded for learners and youths. Related to this, Laderherne (1990) asserted that learner' general ideas that are health related link to electronic presentation which can elicit 78% Knowledge. However, dopemu (1990), Laderherne (1998) and Oyerinde (1992) concluded that the influence of media on drug and sex education knowledge is common in the cities where electricity from the source of energy for electronic media.

2.Problem Of Study

The need for this study is premised around the assumption and observed practice that most health education teachers do not utilize health education instructional materials (HEIM) to teach learners at all levels. Most teachers do not follow the ethics of teaching profession by utilizing communication materials hence most adolescent learners perform poorly. This poor performance in health education by adolescent learners culminates in poorer health behaviour among them. It is stated that more than 1 billion people of the 6 billion in the world are between the ages of 10 years and 19 years. These adolescents encounter health problems as they grow and develop. The period corresponds with their secondary school life and sometimes their first few years of University education.

Poor teaching methods and good use of pedagogy translate to poor health knowledge, acts of promiscuity leading to sexually transmitted diseases including HIV and AIDS, unsafe abortion, drug abuse, smoking, alcoholism, rape, prostitution, unwanted pregnancy and other related health problems. Adolescents receive inappropriate and misleading information on health from their peers, pornographic materials, and tabloid newspapers that are ill edited. Since young persons under 18 years constitute the largest portion of the population in Nigeria (planned Parenthood Federation of Nigeria 2002), it is imperative that national and community programmes take special account of the potentials of this group to contribute positively to social and economic development. Since the sourcing for and utilization of Health Education Instructional Communication (IEC) materials are vehicles for assisting students, it is a factor which shape learning images, public opinion and influences social norms all over the world. The problem of this study was to find out the level of utilization of health education instructional materials (HEIM) in secondary and tertiary institutions in Oro Kwara State, Nigeria.

Two research questions that guided the conduct of the study were:

- Is there a relationship between availability and utilization of health education instructional materials and knowledge test scores of learners in the secondary and tertiary institutions in Oro, Kwara State . Nigeria?
- Is there a difference between health knowledge test scores of adolescent learners from secondary and tertiary institutions in Oro, Kwara State, Nigeria.

Two corresponding null hypotheses were also postulated thus:

- There is no significant relationship between availability and utilization of health education instructional materials and health knowledge test scores of learners in secondary and tertiary institutions of Oro, Kwara State, Nigeria.
- There is no significant difference between health knowledge test scores of leaners from secondary and tertiary institutions that have and utilize electronic aid materials and those schools that do not have.

The study is significant for the information of teachers on the appropriateness and uniqueness of health education instructional materials for teaching and for curriculum planners to plan for education instructional materials that will promote learning and healthful lifestyles at every stage of curriculum planning.

3.Methodology

The descriptive research design of the survey type was adopted for the study. The population comprised learners in secondary and tertiary institutions in Oro, Kwara State, Nigeria. However, learners in the adolescent age group in the only tertiary institution in the study area and five secondary schools in the community were used for the study. On the whole, eight hundred and eleven adolescent learners were sampled by a stratified but proportionate random sampling technique. Hence, 155, 148, 145, 140, 105 and 110 participated in the study from College of Education, Oro, Community secondary school, Okeola Oro, Muslim secondary school, Oro, Christian comprehensive high school, Ijomu, Oro, Notre-dame grammar school, Oro and Oro grammar school respectively. Two main instruments previously validated and duly tested for reliability were used to gather data for the study. The Health Education Instructional Materials Inventory (HEIMI) with a 0.95r took stock of and surveyed the available and utilized instructional materials used in the schools. For the purpose of analysis, the responses to availability and utilization of the materials were coded as Available=2 not available=1; utilized= 2, not utilized=1 respectively. The health knowledge test instrument with a 0.85r was drawn in line with the recommended textbook by the National Primary and Secondary Education commission and the health education past question papers for the Junior Secondary School III. The instrument contained fifty close ended questions in the multiple choice format. The HEIMI was completed by cognate teachers in the institutions. However, the health knowledge test was administered with the help of research assistants who are cognate teachers from the institutions. The inclusion criteria to serve as assistants were that they have basic health education knowledge and have participated in the conduct of not less than two external examinations. The knowledge test was conducted within the stipulated fifty minutes while ten minutes was spent arranging respondents and give instructions. The data collected was analysed descriptively while the PPMC was used to determine the relationship between availability and utilization of education instructional materials and their influence on learners' health education knowledge at 0.05 level of significance.

4.Data Analysis And Discussion Of Findings

The reactions to the inventory provided by the respondents were collated, interpreted, analysed and presented here-to-fore. The Pearson Product Moment Correlation Coefficient was used to determine the level of relationship between the variables and presented in the tables below:

One hypothesis states that there is no significant relationship between availability and utilization of health education instructional materials and health knowledge test scores of learners in secondary and tertiary institutions of Oro, Kwara State, Nigeria. The data are presented in Table 1 below:

SOURCES OF VARIABLES	N	X	SD	DF	CAL VAL.	T.VAL	DECISION
Availability and Utilization of Health communication Materials	811	252.20	24.82	809	0.55	0.062	Rejected
	811	123.239	14.89				

Table 1: Relationship Between Availability And Utilization Of Health Education Instructional Materials And Knowledge Test Scores Of Learners

The table above confirmed that the calculated PPMC of 0.55 is greater than the table value of 0.062. Hence there is significant relationship between availability and utilization of health communication materials and health knowledge test scores of learners in the secondary and tertiary institutions on Oro at 0.05 level of significance. The original null hypothesis is therefore rejected.

Hypothesis two states that there is no significant relationship between health knowledge test scores of learners in secondary and tertiary institutions of Oro, Kwara State, Nigeria that have and utilize electronic aid materials and those who do not have. The data is presented in Table 2 below:

SOURCES OF VARIATION	N	X	SD	DF	CAL.VAL	T. VAL	DECISION
Health knowledge test scores of learners who have and utilize electronic materials	811	809	2.11	809	0.08	0.062	Rejected
	811	1.275					

Table 2: Relationship Between Health Knowledge Test Scores Of Learners In Secondary And Tertiary Institutions Of Oro, Kwara State, Nigeria That Have And Utilize Electronic Aid Materials And Those Who Do Not

The table above confirmed that the calculated PPMC value of 0.08 is greater than the table value of 0.062. This means that there is a significant relationship between availability and utilization of electronic materials and health knowledge test scores of learners in institutions that have and those that do not have.

Based on the finding of this study, it was concluded that health education instructional materials have significant influence on health knowledge test scores of learners in the institutions of Oro, Kwara State, Nigeria. It was also concluded that significant differences existed in the health knowledge test score of learners from institutions that have and utilize electronic materials and those from schools who do not have. The implication of these findings is that the present situation where teaching is carried out without the use of instructional materials is not acceptable for students who are not exposed to instructional materials whether, electronic, textual or print medial consistently perform poorly as revealed by this study and others cited.

5. Discussion Of Findings

In treating the first hypothesis, it was found that a significant relationship exists between utilization of health education instructional materials and the health knowledge test scores of learners. This is because what the students see they remember and what they practice, they master. The utilization of health education instructional materials improve the teaching of the subject and makes learning effective. This is in line with the opinion of Adeniyi (2002) that the teaching in secondary school without instructional materials has been discovered to contribute to academic failures. Also the second hypothesis was rejected by the study to show significant relationship between the health knowledge test scores of learners from institutions that utilize electronic aid materials and those that do not have nor utilize them. Lahaderne (1998) in his submission affirmed that when electronic aid is linked with previous experience the tenets of communication would have been achieved. Oyerinde (1992) stressed that due to programme presentation on the radio and television, 98% knowledge of drug use and sex education was recorded for learners and youths. A major component of communication programmes involve the packaging of educational messages through electronic media such as radio, television and print media. Equally, the results of the work of Oyerinde and Owojaiye (2000) lend credence to the finding obtained with the analysis of data on hypothesis two. They looked at the effectiveness of electronic teaching materials in the schools of Egbe in Kogi State Nigeria and found that when used and well-coordinated and maintained, they are good means of effecting teaching and learning.

6. Recommendations

Based on the findings and conclusions of this study, it was recommended that there should be deliberate tooling up of schools in respect of health education instruction and materials especially audio-visuals, internet and other relevant electronic gadgets with all stake holders being involved. In the event that government finds it unachievable to equip all schools, it should ensure the location of resource centres in local governments which will cater for the schools within ten minutes' walk if the UNICEF standard for location of health centres to school is adopted. Such centers should have the required number of qualified resource specialists who are capable of producing and distributing resource materials to all schools.

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- Embodied in IEC is the process of learning that empowers people to make decisions, modify behaviours and change social conditions.
- The influence of underlying social, cultural, economic and environmental conditions on health are also taken into consideration in the IEC processes.
- Identifying and promoting specific behaviours that are desirable are usually the objectives of IEC efforts.

Channel

- Interpersonal communication (such as individual discussions, counseling sessions or group discussions and community meetings and events)
- Mass media communication (such as radio, television and other forms of one-way communication, such as brochures, leaflets and posters, visual and audio visual presentations and some forms of electronic communication)

Lessons/Importance

his strategy foster participation in the following areas. Amongst the lessons learned are:

- An IEC campaign should precede its use to inform and shape perceptions.
- IEC component helped a great deal in moving from an asymmetrical information environment to a symmetrical one.
- It is important to have an IEC professional in the Management or its equivalent.
- The messages must be clear and simple, and open to as little misinterpretation as possible.
- Back ups are essential for clarification e.g. on radio
- An important IEC component is assessment of the strategies and outcomes
- IEC experiences helps to reinforce the nature of the topic in focus.
- Documenting and disseminating in print and on the radio, tends to restore faith in the learners .
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