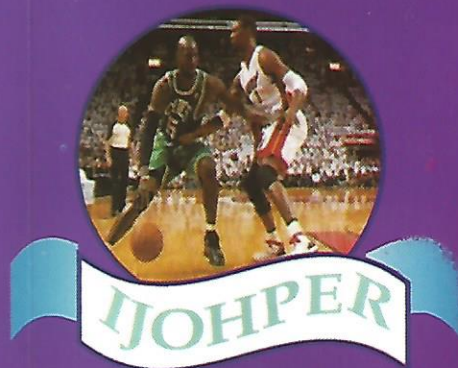




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Ilorin Journal of Health, Physical Education and Recreation (IJOHPER) is a research journal meant to address contemporary issues from the following aspects of Physical Education including: Health Promotion, Exercise Physiology, Exercise and Sports Science, Sports Administration and Management, Psychological Health and wellness, Sport and Society, Analysis of Human Movement, Recreation and Leisure studies.

This journal with its international outlook will assist students and researchers by providing them with first-hand information through well researched articles and empirical presentations contained in this current issue of the journal.

It is envisaged that this publication will constitute an invaluable resource to students, teachers and researchers in Human Kinetics Education and related fields in Nigeria and beyond.

Editor-in-Chief

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Ilorin Journal of Health, Physical Education and Recreation (IJOHPER) invites original papers from the following aspects of Physical Education including: Health Promotion, Exercise Physiology, Exercise and Sports Science, Sports Administration and Management, Psychological Health and wellness, Sport and Society, Analysis of Human Movement, Recreation and Leisure studies.

Authors are to comply with the following guidelines:

The papers should be written in clear and concise English. Manuscript can be submitted electronically as attachment to the Editor-in-Chief through e-mail or hard copy submission in triplicate with soft copy in a DVD Rewritable disc to the following address:

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1. Abstracts (in English) not exceeding 250 words should be included. The Abstract should give concise information on the study, methodology adopted, summary of findings and conclusion. Literature citing and abbreviations should be avoided.
Keywords: Author(s) should supply 4 to 6 keywords
2. No paper should be more than fifteen (15) pages including references. References should be arranged in alphabetically at the end of the article using American Psychological Association (APA) 6th Edition reference style.
3. The paper should be typed (double spaced) on 2 point before and below, 1 point left and right (A4), font size of 12 point Times New Roman is required

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 - (ii) Organizational affiliation of each author and address to which proof are to be sent
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7. Assessment fee: #5,000 (Five thousand Naira) and publication fee: #15,000 (Fifteen thousand Naira). Payment should be made directly to the Managing Editor or Editor-in-Chief.

IMPLEMENTATION OF PHYSICAL AND HEALTH EDUCATION CURRICULUM TOWARDS ACHIEVING OPTIMAL HEALTH STATUS AMONG SECONDARY SCHOOL TEACHERS IN ILORIN METROPOLIS

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Abstract

This study investigated the implementation of physical and health education curriculum towards achieving optimal health status among secondary school teachers in Ilorin metropolis. The study examined whether methods of curriculum implementations among others have relationship in achieving optimal health status among secondary school teachers in Ilorin metropolis. Descriptive research design of survey type was employed for this study. Population for the study comprised all secondary school teachers in Ilorin metropolis. Purposive and simple random sampling techniques were used for the study. A researcher structured questionnaire was used to collect data for the study. Test-retest method was used to establish the reliability of the instrument using Pearson Product Moment Correlation, coefficient of 0.75r was obtained. Inferential statistics of Pearson Product Moment Correlation was used to test the hypotheses at 0.05 alpha level. The findings of the study revealed that method of curriculum implementation has significant relationship in achieving optimal health status calculated (r) value (0.231) > critical value (0.117); experience of physical and health education teachers also has significant relationship in achieving optimal health status calculated (r) value (0.134) > critical value (0.117). It was concluded that poor implementation of physical and health education curriculum have significant influence in achieving optimal health status among secondary school teachers in Ilorin metropolis. Therefore, it was recommended

amongst others that the approaches /methods adopted for curriculum implementation should be situational and adequate so as to achieve optimal health status among secondary school teachers in Ilorin metropolis.

Key words: implementation, physical and health education curriculum, secondary school teachers

Introduction

Physical education is a systematic instruction in sports, training, practice, gymnastics, exercises and hygiene gives as part of a school or college program. Physical education is the study, practice and appreciation of the art and science of human movement. The course appeared in the school curricula and it utilizes the learning in the cognitive, affective and psychomotor domains in a play or movement exploration settings (Ojo, 2015). Physical education as an integral part of general education aimed at developing physical, mental, social and emotional well-being through physical activities. The significance of physical activities on health and improvement makes effective implementation of physical and health education curriculum mandatory. Ogunsola (2011) stressed that exercise and health can not be separated because maintenance and improvement of the state of health is a continuous process which involvement in physical activities played a vital role while physical activity maintains and improves the good state of health, the level of efficiency in performing physical activity is determined and influenced by level of health of the individual.

There has been a keen awareness that physical activities constitute the greatest instrument which can be used to develop the individual physically, economically, mentally, socially and emotionally. This purpose could not be achieved in a vacuum but through effective and meaningful implementation of physical and health education curriculum. Eleso, Asikhia and Ajao (2010) claimed that automation and mechanization in our lives undoubtedly provide us with many blessings, but the physical inactivity that accomplishes this advancement has also brought disastrous effects. This condition result to health problems such as heart disease, hypertension, obesity, anxiety, depression and lower back problems are directly and indirectly associated with lack of physical activity. The teacher is considered to be the major and first instrument in education.

School relies upon teacher in preparing generation of students and in facing problems that hinder their ability to perform duties representations in student progress and leveraging their level. There is no doubt that physical education course carries a primary significance among the entire students body with all their differences, status and experience. Thus, teacher is the corner stone in learning and teacher and the most important factor in education process. This requires the availability of an effective teacher who seeks to be competent and influential (Ojo, 2015).

Awareness of the relationship between physical activities and well-being can be developed in students for onward transfer to the community through effective implementation of physical and health education curriculum. Alonsade (2009) expressed curriculum implementation as the actual use of the curriculum or what it consists of in practice. Implementing the curriculum does not focus on the actual use but also on the attitudes of those who implement it. These attitudinal dispositions are particularly important in educational systems where teachers and principals have the opportunities to choose among competing curriculum packages. Teachers are expected to follow the prescribed syllabus exactly and make sure that they do not miss any component. Federal Ministry of Education (2009) stated that the type of physical and health education taught is based on curriculum which reflects depth, appropriateness and interrelatedness of the curricula contents.

According to Green and Kreuter (2005), health education is seen as any planned combination of learning experiences designed to facilitate voluntary behaviours conducive to health of individuals, groups and communities. World Health Organisation (2012) stated that a broad purpose of health education is to encourage people to value health as an essential asset and making people to know how they themselves can take appropriate actions to promote their health as individuals and that of their communities. In addition to the broad purpose, there is need for a healthy life for quality living that will ensure high quality productivity and it helps individual to cultivate, nurture, reinforce desirable and positive behaviours and lifestyles that are capable of improving their health and that of their families and communities. World Health Organisation (WHO) defined health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Health according to Jadad and Grady (2008), and Huber (2011) is defined as the level of functional efficiency of a living being. It is the general condition of a person's mind, body and spirit, usually meaning to be free from illness,

injury or pain. W.H.O (2011) stated that health is not just a state but also a resource for everyday life. Agbeko (2010) claimed that people's attitudes to health often affect personal and societal concepts which are based on experiences and views on well-being. Health is seen as the conditions of safety, soundness and wholeness of the body, freedom from diseases and defects.

The role of physical education through effective implementation of physical education and health education curriculum cannot be underestimated as a weapon for an improved quality of life. Eleso, Asikhia and Ajao (2010) claimed that physical inactivity that accomplished technological advancement can be reduced through effective implementation of physical and health education curriculum. Ogunsola (2011) reported that inadequate knowledge of what is expected to be gained through exposure to causes and prevention of communicable and non-communicable diseases as well as first aids and safety education prones the adult students to various degrees of diseases and accidents. Ojedokun (2004); Eboh and Omohwakpon (2002) claimed that exposure to safety education through effective physical and health education curriculum implementation enables the beneficiaries to develop orderly pattern of behaviour to meet those hazardous situations in modern daily living.

Afolabi, Aroyehun and Adekunle (2009) observed that the standard of education towards achieving optimal level of health depends on the effectiveness of curriculum implementation. The contents of physical and health education include development of physical fitness and safety management skills among others. Physical and health education programme is expected to have certain contribution(s) towards optimal level of health. Hence, this study investigated the implementation of physical and health education curriculum towards achieving optimal health status among secondary school teachers in order to make recommendations for improvement.

Research Hypotheses

The following research hypotheses were formulated and tested

- Methods of curriculum implementation would not have significant relationship in achieving optimal health status among secondary school teachers in Ilorin metropolis.

- Experience of physical and health education teachers' would not have significant relationship in achieving optimal health status among secondary school teachers in Ilorin metropolis.
- Effective curriculum implementation in physical and health education would not have significant relationship in achieving optimal health status among secondary school teachers in Ilorin metropolis.

Purpose of the study

The purpose of this study were to:

- examine whether methods of curriculum implementation have relationship in achieving optimal health status among secondary school teachers in Ilorin metropolis;
- investigate whether experience of physical and health education teachers have relationship in achieving optimal health status among secondary school teachers in Ilorin metropolis;
- examine whether effective curriculum implementation in physical and health education have relationship in achieving optimal health status among secondary school teachers in Ilorin metropolis.

Methodology

Descriptive research survey was used for the study. The research population comprised of all secondary school teachers in Ilorin metropolis. The target population used for this study comprised of teachers that have used five years and above in the service. Purposive random sampling procedure was used to select four secondary schools that have higher number of students in each of the three local government that made up of Ilorin metropolis and twelve secondary schools were used for the study. Simple random sampling technique was used to select twenty five teachers from each of the selected secondary school. One hundred respondents were selected from each local government and three hundred (300) respondents participated in the study.

The instrument used for the study was structured questionnaires that have been validated by four experts in the department of Health Promotion and Environmental Health Education and department of Human Kinetics Education, faculty of Education, University of Ilorin. Test-retest method was used to establish the reliability of the instrument using Pearson Product Moment Correlation and correlation coefficient of 0.75r was obtained. Inferential statistics of Pearson Product Moment Correlation was used to test the hypotheses at 0.05 alpha level of significance.

Results

The data collected were coded, analysed and interpreted as shown underneath:
Hypothesis 1: Methods of curriculum implementation would not have significant relationship in achieving optimal health status among secondary school teachers in Ilorin metropolis.

Table 1: Pearson's 'r' showing the relationship between methods of curriculum implementation and achieving optimal health status

Variables	df value	crit	r	sig(2 tailed)	alpha	decision
Methods of curriculum Implementation and achieving optimal health status	299	0.117	0.231	0.000	0.05	Ho Rej

Table 1 shows the calculated r-value of 0.231 with significant probability value (p-value) of 0.000 computed at alpha level of significance of 0.05. Since the calculated r-value of 0.231 is greater than critical value of 0.117, therefore, the null-hypothesis is rejected. This implies that method of curriculum implementation have relationship in achieving optimal health status among secondary school teachers in Ilorin metropolis.

Hypothesis 2: experience of physical and health education teachers would not have significant relationship in achieving optimal health status among secondary school teachers in Ilorin metropolis.

Table 2: Pearson's 'r' showing the relations between experience of physical and health education teachers and achieving optimal health status

Variables	df	crit value	r	sig(2 tailed)	alpha	decision
experience of PHE teachers and achieving optimal health status	299	0.117	0.134	0.004	0.05	Ho Rej

Table 2 indicates 0.134 as the calculated r-value with the significant probability value (p-value) of 0.004 computed at alpha level of 0.05. Since the calculated r-value of 0.04 is greater than critical value of 0.117, therefore, the null-hypothesis is rejected. This means that experience of physical and health education teachers have relationship in achieving optimal health status among secondary school teachers in Ilorin metropolis

Hypothesis 3: effective curriculum implementation in physical and health education would not have significant relationship in achieving optimal health status among secondary school teachers in Ilorin metropolis.

Table 3: Pearson's 'r' showing the relationship between effective curriculum implementation in physical and health education and achieving optimal health status

Variables	df	crit	r	sig(2 tailed)	alpha	decision
effective		value				
Level						
Curriculum						
Implementation in						
PHE and						
achieving optimal	299	0.117	0.213	0.001	0.05	Ho Rej
health status						

Table 3 reveals calculated r-value of 0.213 with the significant probability (p-value) of 0.001 computed at alpha level of significance of 0.05. Since the calculated r-value of 0.213 is greater than critical value of 0.117, therefore, the null-hypothesis is rejected. This indicates that effective curriculum implementation in physical and health education have relationship in achieving optimal health status among secondary school teachers in Ilorin metropolis.

Discussion

The result on hypothesis one stated that method of curriculum implementation has significant relationship in achieving optimal health status among secondary school teachers in Ilorin metropolis. This finding corresponds with Alonsade (2009) who stated that curriculum implementation approach can either be 'Laissez-faire or let-alone' which gives teachers absolute power to determine what they see best to implement in the classroom. This allows teachers to teach lessons they believed are appropriate for their classes "or" authoritarian where teachers are directed by authority, thereby imposing curricular implementation on them in the classroom. Federal Republic of Nigeria (2005) said that to achieve physical and health education curriculum objectives, the guided discovery instructional approach advocated in the national policy on education will expose the students to discover new knowledge, ideas and innovations.

On hypothesis two, the finding revealed that experience of physical and health education teachers have significant relationship in achieving optimal health status among secondary school teachers in Ilorin metropolis. This corroborates with Alonsade (2009) who expressed that curriculum implementation does not focus on the actual use but also on the attitudes of teachers and principals who implement it.

The finding on hypothesis three indicated that effective curriculum implementation in physical and health education can enhance optimal health among secondary school teachers in Ilorin metropolis. This finding is in line with the view of Federal Ministry of Education (2009) who asserted that the role of physical and health education through effective implementation of curriculum contents by the teacher cannot be underestimated as a weapon for an improved quality of life.

Conclusion

Based on the findings, the following conclusions were made:

1. Method or approach used in implementing curriculum is essential in achieving optimal health status among secondary school teachers in Ilorin metropolis.
2. Experience of physical and health education teachers have relationship in achieving optimal health status among secondary school teachers in Ilorin metropolis.
3. Effective curriculum implementation in physical and health education enhances physical fitness and safety skills. This inturn promotes work efficiency and safety assurance at workplace by improving quality of life.

Recommendations

Considering the conclusion, the following recommendations were made:

1. Approaches / methods adopted for curriculum implementation should be situational and adequate so as to achieve optimal health status among secondary school teachers in Ilorin metropolis.
2. Professionally trained teachers should be employed for curriculum implementation for its effectiveness.
3. Impacts of effective curriculum implementation resulting from research finding should be made known to the public. This is necessary because, unknown research findings prevent their usability and practicability for obtaining optimal level of health.

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