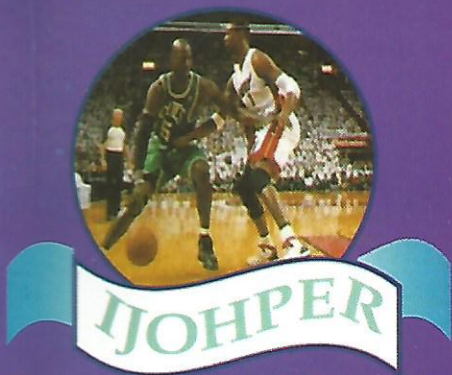




**VOLUME 8,
[2015]**

ISSN: 0795-6061



ILORIN JOURNAL OF HEALTH, PHYSICAL EDUCATION AND RECREATION (IJOHPER)

**A Publication of
The Department of Human
Kinetics Education,
University of Ilorin, Ilorin, Nigeria.**

**ILORIN JOURNAL OF HEALTH,
PHYSICAL EDUCATION AND
RECREATION (IJOHPER)**

**A PUBLICATION OF
THE DEPARTMENT OF HUMAN
KINETICS EDUCATION, UNIVERSITY OF ILORIN,
NIGERIA**

ISSN: 0795-6061

VOLUME 8, 2015

© Department of Human Kinetics Education,
University of Ilorin, Ilorin, Nigeria

All rights reserved. No part of this Journal may be reproduced, stored in a retrieval system or transmitted in any form without the written permission of the Department of Human Kinetics Education, University of Ilorin, Ilorin

EDITORIAL BOARD**Editor-in-Chief****Dr. Tajudeen Olanrewaju Ibraheem**Department of Human Kinetics Education,
Faculty of Education, University of Ilorin, Nigeria**Managing Editor**

Dr. Olufunmilola Leah Dominic

Department of Human Kinetics Education,
Faculty of Education, University of Ilorin,
Nigeria.**Assistant Editor**

Dr. Babatunde Samson Adebayo

Department of Human Kinetics Education,
Faculty of Education, University of Ilorin,
Nigeria.**Advisory Board**

Professor Abimbola Abefe Adesoye

Department of Human Kinetics Education,
Faculty of Education, University of Ilorin.

Professor Olawole Olatunbosun Obiyemi

Department of Human Kinetics Education
Faculty of Education, University of Ilorin

Professor Adetayo Ebun Talabi

Department of Human Kinetics Education
Faculty of Education, University of Ilorin**Associate Editors**

Professor E. B. Okunrotifa,

Obafemi Awolowo University,
Ile-Ife, Osun State, Nigeria.

Professor Monsuru Lasun Emiola

Department of Physical and Health
Education, Bayero University, Kano,
Nigeria.

Professor Grace O Otinwa

Department of Human Kinetics and
Health Education, University of
Lagos, Nigeria.

Professor Baba Gambari

Kwara State University, Malete,
Kwara State, Nigeria.

Professor Jonathan Ammah

Department of Health, Physical
Education and Sports, Faculty of
Science Education, University
of Winneba, Ghana.

Dr. Sanmuga Nathan

Faculty of Sport Science, Sultan Idris
Education, University of Malaysia.

CONTENTS

Page

1. Effects of myofascial release technique and conventional therapy in the management of mechanical low back pain **OLADIPO Ishaq Oladele & AJALA Rachael Bolanle**..... 1-14
2. Implementation of Physical and Health Education Curriculum towards achieving optimal Health Status among Secondary School Teachers in Ilorin Metropolis - **IBRAHEEM, Tajudeen Olanrewaju, OLOGELE, Ibrahim ABDURASAQ Qazeem Onaolapo & AKOREDE Seun Nurudeen**..... 15-25
3. The influence of sports on the emotional rehabilitation of prison inmates in Kogi State of Nigeria - **BAMIBELE Benson Babatunde, BAMIDELE Bose Oluwafunke & OBASEKI Johnson Sunday**..... 26-34
4. Managerial capabilities of knowledge management and learning behaviour as correlates of sports management among administrators in Southwestern Nigeria. **BECKLEY Samuel Gbenga & OMOLAWON Kayode Omotayo**...35-49
5. Exposure to pornographic materials as a determinant of premarital sexual behaviour among Senior Secondary School students in Kaduna State, Nigeria. **BADAKI Olusegun Lasisi & ADEOLA Moses Folusayo**..... 50-60
6. Domestic violence among female Senior Non-Teaching Staff in Federal College of Education (Special), Oyo. **ONIYANGI Shuaib Olanrewaju & FAGBAMILA Sayofunmi Olaniyi**..... 61-74
7. Improvisation: the panacea to dearth of Physical Education equipment in Universal Basic Education programme. **ADELAKUN Kayode & UZORKA Beatrice**..... 75-90
8. Promoting children's health through active Physical and Recreational Activity Programmes **ADODO Samuel Monikhe & OKUNBOR Anthony Okhuomanrui**..... 91-109
9. Analysis Of motor performance profile of elite female handball players in West African Universities. **BAKINDE Surajudeen Tosho & ADEBAYO Babatunde Samson**..... 110-125
10. Perceived influence of group cohesion on performance of athletes in Federal Universities in South-East, Nigeria. **AMAEFULE Katheleen Chimeziem**.....126-136

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

*¹IBRAHEEM Tajudeen Olanrewaju, ²OLOGELE Ibrahim,
²ABDULRSAQ Qazeem Onaolapo & ²AKOREDE Seun Nurudeen

¹*Department of Human Kinetics Education, University of Ilorin*

²*Department of Health Promotion and Environmental Health Education, University of Ilorin*

Corresponding Author: infoiot@yahoo.com; +234-8033380286

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

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 in turn 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.

References

- Agbeko, W.W. (2010). Predictors of socio-cultural health related risky-behaviours among in-school adolescents in Nigeria and Ghana. (Unpublished doctoral field proposal). University of Ibadan, Ibadan.
- Afolabi, F.O.; Aroyehun, A.A. & Adekunle, A.O. (2009). Dissemination of Education Research Finding in a Period of Economic and Political Stress in Nigeria: Implication for National Development . COEASU BOOK of Readings of Multidisciplinary Studies. 3, 2, . 316-322
- Alonsade, O. (2009). *Lead Implementation and Enrichment*. Excels, CEAMED-INNOTECH, 2005. Retrieved on 9/08/2013
- Eboh, L.O. & Omohwakpon, A.S.O. (2002). Occupational Health Hazards and Safety Measure in Delta Glass Plc, Ugheth, Delta State. *Nigeria School Health Journal*. 14, 2, 95-104.
- Eleso, T.T., Asikhia, T.F. & Ajao, A.G. (2010). Percieved Influence of Physical Activities on the Health, Work Efficiency and Reduction of Blood Pressure of Adeniran Ogunsanya College of Education Staff. *Conference Proceedings of School of Science 2010 National Conference*. 1, 1, 172-176.
- Federal Ministry of Education (2009) *Senior Secondary Education Curriculum Physics for Senior Secondary Schools*. Lagos: NERDC Press.
- Federal Republic of Nigeria (2005): National Policy on Education. Lagos: Nigeria Educational Research and Development Council Press.
- Green, L. W. and Kreuter, M. W. (2005). Health programme planning. An eduactional and ecological approach (4th ed). Boston McGraw-Hill.
- Huber, M. (2011). *Advantage of Sports on Health: Introduction to physical and health education* . Lagos: COBAT Press.

- Jahad, A.R. & Grandy, L. (2008) How should health be defined? Available at: <http://www.binj.com/cgi/content/full/337dec10>. Retrieved on 28/12/2012.
- Ogunsola, M.T. (2011): Safety Education and Usability: *A Journal of Pure Science and Science Education (JOPSSSED)*. A Publication of the School of Science, Emmanuel Alayande College of Education, Oyo. 5, 2, 230-237.
- Ogunsola, M. T. (2011). Exercise: A Determinant of Health Status among Secondary Schools Teachers in Oyo Township. *Olumo Journal of Education*. Federal College of Education, Osiele, Abeokuta. , 2, 1, 159-166.
- Ojedokun, I.M. (2004). *Accident Emergency Management Skills and Safety Education*, Ibadan. Allelula Venture Ltd.
- Ojo, A.L. (2015) Teaching Physical Education in Nigeria Schools is a Barrier: An implication for Future Generation. *International Journal of Education. Learning and Development*. 3, 5, 38-53.
- World Health Organisation. (2011). Determinants of Health. Available at: <http://www.who.int/bulletin>. Retrieved on 21/06/2012
- World Health Organisation. (2012). *Ottawa Charter for Health Promotion*. Geneva, Switzerland.