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A COMPARISON OF PROFESSIONAL PREPARATION PROGRAMS FOR
HEALTH EDUCATION IN SELECTED NIGERIAN AND AMERICAN
COLLEGES AND UNIVERSITIES

The Ohio State University

Ph.D. 1979

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A COMPARISON OF PROFESSIONAL PREPARATION PROGRAMS FOR
HEALTH EDUCATION IN SELECTED NIGERIAN AND AMERICAN
COLLEGES AND UNIVERSITIES

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree of Doctor of Philosophy in the Graduate
School of the Ohio State University

By

Christopher Ofuonye Udoh, Dip. P.E., B.S., M.A.

* * * * *

The Ohio State University
1979

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Approved By

Robert Kaplan
Advisor
School of Health, Physical Education, and Recreation
To my wife

Emengini

and children

Elujo, Ojore, Omite,

Alueka and Ekojoka

whose personal sacrifice
and moral support made it
possible for me to complete
my doctoral program at O.S.U.
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**Fields of Study**

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Minor Field - Physical Education
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CHAPTER I

INTRODUCTION

The professional preparation of the health educator has been a subject of continuous appraisal in the United States for over 50 years. The National Tuberculosis Association (NTA) founded in 1904 is reported as one of the earliest and most active health agencies which not only led the crusade in the promotion of health, but also recognized the fact that success of such a crusade depended on the co-operation of the teachers. (1:445) As a result it shifted its emphasis to supporting a program of health education in teacher-training institutions and to developing health programs in secondary schools and colleges in later years.

The importance of teacher education in health was also underscored by a report prepared by the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association, titled, Health Education, A Program for Public Schools and Teacher Training Institutions. (1:446)

There were other health agencies like the American Child Health Association, Child Health Organization, National Safety Council, National Congress of Parents and Teachers and many others that made significant contributions to school health during the early part of this century in
the United States. Deobold Van Dalen, Elmer Mitchell and Bruce Bennett
in the earliest edition of *A World History of Physical Education*, (1)
Richard Means in his *History of Health Education in the United States*,
(2) and Raymond Snyder and Harry Scott in their book, *Professional
Preparation for Health, Physical Education and Recreation*, (3) give
excellent accounts on the early developments of health education as well
as health teacher preparation.

In more recent times too, health education, and more specifically
the preparation of health education teachers has assumed a greater
significance with professional associations, voluntary and official
health agencies, philanthropic organizations, groups and even individuals.
The American Public Health Association (APHA) for an example, has over
the years shown concern for the training of health educators. Adeniyi
and Brieger pointed out that between 1943 through 1966, there were five
sets of proposed or recommended educational qualifications for health
educators prepared by the committee on Professional Education of APHA.
(4:5) These proposals appeared in the American Journal of Public Health
in 1943, 1948, 1957 and 1966. These five reports, according to Adeniyi
and Brieger, showed a gradual evolution in public health content of the
curriculum—from personal health to community health approach. (4:5)

In 1967 also, the Teacher Education Committee of the Health Educa-
tion Division of the American Association for Health, Physical Education
and Recreation (AAHPER) was charged with the task of initiating a long-
range program to strengthen pre-service professional preparation in
health education. The committee developed *An Appraisal Guide for
Professional Preparation in Health Education*, to evaluate the quality of
programs throughout the United States of America. (5)

In 1976, the American School Health Association (ASHA) committee on Professional Preparation and College Health Education, published its guidelines in its report, Professional Preparation of the Health Educator.

Also in 1976, the Society for Public Health Education prepared and published a document entitled Guidelines for the Professional Preparation and Practice of Health Education Specialists. (7)

There have also been several suggestions on how to improve the program by a number of health educators such as John Burt, (8:22-24) Jack Osman, (9:12-13) Howard Hoyman, (10:17-25) Marvin Levy, Walter Greene and Frank Jenne, (11:26-32) Helen Slocum (12:8-10) and Ruth Abernathy, (13:26-35) just to name a few.

There seems to be a consensus on the need to develop more effective programs which will enable preprofessional, at the end of his or her training, to fulfill his or her functions as a health educator. The American School Health Association committee on professional preparation lists these functions:

1. disseminating health information, formulating educational strategies and coordinating programs for the purpose of clarifying and motivating responsible health behavior;

2. utilizing current literature and research to increase personal and professional competency;

3. developing, maintaining and promoting effective working relationship with fellow professionals in other public and private sectors for health education purposes;

4. identifying, coordinating and developing community health education resources;
5. assisting in the preparation of future health professionals;
6. utilizing counseling procedures and resources to assist or facilitate individual, groups and communities health decision-making;
7. assessing the nature of health problems, needs and interests of individual, groups and communities.
8. evaluating the appropriateness and influence of health education programs. (6:419)

The fulfillment of the above functions calls for the acquisition of quite a number of skills which are bound to be affected by various factors such as faculty, program content, student quality, facilities, equipment and available resources, and so on. Evaluations are needed to determine whether or not preprofessionals are adequately being prepared to carry out the functions listed above. Although this is a comparative study, it is nonetheless an evaluation of the Nigerian program against a typical program from selected U.S. colleges and universities.

This study will be the first of its kind on Nigerian undergraduate health education programs. There is therefore practically no literature on any previous study. There is, however, some literature describing professional preparation program in health education in Nigeria. These are also very few and will be referred to under the literature review section of this study.

As a result of the paucity of written materials in Nigeria, especially on research as well as guidelines, the writer therefore decided to review the literature in studies, articles and reports of meetings and conventions of the professional associations, the preponderance of which are based on the practices in the United States. The writer also decided to examine the Nigerian undergraduate health education curriculum
against those of a selected number of colleges and universities in the United States that prepare health education teachers within the department of Health and Physical Education. The rationale for the above approach is based on two important facts: (1) the United States has had the longest history in the training of professional health educators, and (2) the largest number of accredited schools for the training of health education teachers is also found in the United States. These two reasons are considered important because of the need to give the Nigerian program an international status, even though the main emphasis will have to be placed on the special needs and problems of the Nigerian community.

There is currently a strong force to separate health education and physical education and to certify both as two independent disciplines in the United States. This trend started more than fifty years ago with leaders in physical and health education like Jesse F. Williams, (14) Shattuck, Hartwell and Fall, (2) Agnes Wayman, (15) and Oberteuffer, (16). Although they were not advocating an administrative separation then, they identified health education as a field of study which was not the same as physical education.

In 1927, for example, Williams (1:vii) remarked that the confusion which exists in the terminology of health education and physical education need not exist because health education and physical education were not the same thing, and that to classify physical education as health education was a misuse of language.

In 1938, Agnes Wayman (15:42) in her book, Modern Principles of Physical Education also drew a clear cut distinction between health
education and physical education. She remarked that there were two phases or fields of education. On the one hand is health education with the health of the individual as its goal, but using physical education (activities) as one of the approaches to achieve this goal; on the other hand, physical education has the health of the individual as one of its many objectives. Each has its own body of knowledge and methodology and therefore cannot adequately and effectively be taught as a single subject.

In 1960, writing about the relationship between physical education and health education in his book *School Health Education* Oberteuffer stated that school health education and physical education have often been thought of as one and the same thing. They do have many similarities he contends, but concluded that there is enough difference between them to warrant recognition as two different aspects of a total educational program. (16:490)

Speaking on the "Implications of the School Health Education Study for Professional Preparation of Teachers" in 1965, Elena Sleipcevich (17) stated quite categorically that the time had come when health education and physical education should be regarded as two separate fields of specialization if any effective job is to be done with health teaching in schools.

Baker in 1969 (18:37) also spoke strongly for the separation of health and physical education in order to do a more effective job at health teaching in schools and colleges.

In view of the above trend, a comparison of the programs of the colleges and universities awarding combined degrees in health and
physical education in Nigeria and the United States, for the purpose of
developing a program for Nigeria may appear a retrogressive step. If
one were to use the United States history of the separation trend and the
time lag between when the idea was first generated and now that most
colleges and universities have separated health education and physical
education programs as evidence and fact of life, it will certainly be a
long time before Nigeria seriously contemplates the separation of the
two disciplines, because of several factors such as tradition, staffing
problems and the financial involvement in running two separate departments.
The writer does not suggest the separation will never come. In fact it
may come sooner than anticipated. But what seems workable and sensible
at this point in time and for the foreseeable future is to strengthen the
health education component in the physical and health education profes­
sional programs in Nigerian colleges and universities.

STATEMENT OF THE PROBLEM

The problems in this study are (1) to compare the current under­
graduate health education curriculum for health educators in Nigerian and
American colleges and universities awarding combined degrees in health
and physical education by examining the following variables known to be
important factors in any teacher preparation program: faculty; program;
field experience for preprofessional; student personnel services;
facilities, equipment and teaching resources and career opportunities,
and (2) to develop an appropriate undergraduate health education curriculum within the department of Physical and Health Education for Nigerian colleges and universities.

The study involved the collection of data on (1) the qualifications and status of faculty members responsible for teaching health education courses, (2) the health and physical education course content, (3) the criteria for the recruitment of students for the program (4) the opportunities for professional field experiences for the preprofessional, (5) the quality of the facilities, equipment and instructional materials, and (6) career prospects for the graduates of the program.

A sub-problem was the development of the questionnaire needed to facilitate the collection of the required data.

SIGNIFICANCE OF THE STUDY

There is a growing recognition of the expanding role of the teacher in the school health program. This recognition has led to considerable attention toward the way and manner the health educator is prepared in many countries, particularly in the developed nations of the world. It is known, for example, that since 1918 every major educational policy statement in the United States of American has had health as one of its major objectives. However, the implications of health to the attainment of national educational objectives are not often realized in most developing nations. Nigeria unfortunately falls into this category. This lack of recognition has also been reflected in the teacher preparation programs in health education, as well as the way the subject is taught in the schools.
In 1960 the report of the Joint WHO/UNESCO Expert Committee on the preparation of health educators clearly indicates this problem:

Many existing programs for the preparation of teachers in health education are not sufficiently practical or comprehensive. The instruction is often based on an insufficient understanding of health problems and of available services and resources. There is also a mistaken assumption in some instances that health education can be taught adequately and entirely, in such courses as physical education and biology. The amount of time assigned to these courses is usually too brief and the instruction too often consists only of lectures to large classes. Further, practice teaching in health education is, in many instances, either absent or insufficiently planned and executed. There is a serious lack also of teaching staff with health education training as well as appropriate textbooks and other educational materials and media. (19:18)

The above report does indicate quite clearly the inadequacies in the professional preparation programs for health educators in the global scene. It calls for a continuous examination of the current programs with the objective of improving the standards as well as making them satisfy current health needs. Each country has to examine its own program and assess its health needs, to see whether or not it meets the needs, interest and problems which are unique to its culture.

As a result of the current pressure for public accountability, there has been an increasing need for the evaluation of programs for which the public funds are expended. The Nigerian public will need such a justification for the financial support which it gives to support education. Since health education is so vital for general education it is necessary to improve health education programs at the preprofessional level so that the graduates of the program can do their best in influencing knowledge, beliefs, attitude and health habits of the
children committed to their care. Although the problem of health education continues to be that the results of instruction are often imperceptible and sometimes long range to excite public sympathy, a continuous examination and improvement in program content, methods of instruction, learning experiences, resource materials and so one, are needed. This is the only known way an institution preparing health teachers can hope to increase the degree to which the objectives of health education are attained.

Although the matter of accountability is vital, the importance of this study will rest on the use of its outcome to strengthen or to improve the existing programs in the older Nigerian universities and to plan new programs in the new colleges and universities. This pioneer effort will also create a much desired awareness for the discipline of health education among educational planners and policy makers. More importantly, it will stimulate further interests in new areas of investigation with regards to professional preparation programs for health educators in particular and health education in general.

**DELIMITATION**

This study was delimited to:

1. Colleges and universities in both the United States and Nigeria which are currently awarding a Bachelor of Education (B.Ed.), a Bachelor of Science (B.S.) or a Bachelor of Arts (B.A.) degree in health and physical education combined.
2. Colleges and universities which have graduated at least one set of students in the above degree level, since the program was started.

3. Colleges and universities which are state supported, i.e., state-owned rather than privately owned institutions.

LIMITATIONS

1. The study is limited by the fact that the colleges and universities in the United States and in Nigeria are situated in different cultural and ecologic settings and have health needs and problems which may differ markedly in several respects and which may influence the current health preparation programs.

2. American undergraduate programs are offered over a period of four years, while the Nigerian standard undergraduate programs are offered over the period of three years. While specialization most often begins in the second or sophomore year in the United States, specialization in Nigeria begins in the first year of college. This study is therefore limited by the fact that students in the American and Nigerian colleges/universities spend two different periods of time to get their degree.

3. While the author was able to have face-to-face interviews with the administrators and faculty members of the departments of physical and health education in Nigeria, because of the small number of institutions involved, it was not possible to adopt the same procedure in the
case of the administrators of the departments of health and physical education in the American colleges/universities. This was because of lack of time and specifically lack of funds to travel to the campuses of the institutions which were spread all over the United States. The fact that data were collected through interviews along with questionnaires in Nigeria and with questionnaires alone in the U.S. therefore constitutes a limitation.

4. The study was also limited by the small number of responses from American colleges/universities, chiefly because quite a sizeable number of the institutions which were originally listed as offering combined programs in health and physical education now have separate programs. A small number of college/university administrators in the departments of HPER failed to return the questionnaires sent to them despite their original offer to participate in the study. The conclusions drawn in respect of the American colleges/universities programs were therefore based on returns from the 17 colleges/universities that responded.

DEFINITION OF TERMS

First School Leaving Certificate:

A certificate granted by the Ministry of Education upon the successful completion of prescribed courses and passing an examination based on those courses, after a six-year elementary school program.
Elementary Training Center, (etc.):

A two-year post-elementary professional preparation institution for the training of teachers for the lower elementary classes (Grades 1-3). Students for the program were recruited from the elementary school graduates. These centers have now been phased out.

Higher Elementary Teachers College (HETC):

A two-year post-ETC or four-year post-elementary professional preparation institution for the training of teachers for the upper elementary classes, (Grades 4-6).

Diploma in Education: A certificate awarded to a non-college degree graduate after a successful completion of prescribed courses in teacher education program, as well as passing an examination. The program lasts one academic year. Students are recruited from among the HETC graduates with at least five years teaching experience.

Advanced Teachers Training College (ATTC):

A three-year non-degree teacher preparation program for the award of the Nigerian Certificate in Education (NCE). The graduates were originally prepared to teach in the lower levels of the secondary school (Junior high). But they are now employed to teach at all levels of the secondary.

Post-Graduate Diploma in Education:

A certificate awarded to a college-degree graduate after a successful completion of prescribed courses in the teacher education program, as well as passing an examination based on the courses offered.
Students are recruited from among the graduates who have followed a course of study for their degree without having taken education courses. The program lasts for one academic year.

The Nigerian College of Arts, Science and Technology:

This was a three-year non-degree granting institution which was established in 1952 by the Nigerian government. The purpose was to produce adequate intermediate, but well qualified non-college degree personnel in the various fields, for the various sectors of the country's growing economy.

Faculty:

A term used in relation to Nigerian universities which refers to an administrative unit, with a dean, and which comprises of several academic departments. The term means the same as the administrative unit of a "school" or "college" in the American colleges and universities. When the above meaning is not intended, then the term faculty means a teaching staff.

Class of degree:

The bachelor degree granted by Nigerian universities are classified by the quality of the performance of a student in her/his discipline. The classifications are designated 'first class', 'second class upper division', 'second class lower division', 'third class pass' and a 'pass'. Some Nigerian universities do not have the third category.
Usually, the marks obtained in the second and third year courses are converted to percentages, and these percentages which vary with institutions determine the class of degree which a student earns. The criteria for the award of classes of degree are indicated under each university in the text.

**Senior Cambridge Certificate Examination:**

An examination administered to post primary students after completing a six-year academic (as opposed to vocational) course in a government approved secondary (grammar) school. Successful students were awarded the Cambridge School Certificate. This examination has been replaced by the West African School Certificate Examination granted by the West African Examination Council.

**A Graduate:**

A term used in Nigeria to describe an individual who has attended a university-degree awarding institution and who has successfully completed the prescribed courses and passed prescribed examinations for which he has been granted a degree.
REFERENCES


CHAPTER II

REVIEW OF LITERATURE

In order to organize the review of literature in a logical manner, this chapter has been divided into five sections: (1) the development of teacher education in Nigeria; (2) an analysis of the professional preparation of health educators in Nigeria; (3) research and studies dealing with the trends, evaluation and development of programs in health education on the professional preparation level in the United States; (4) reports of health professional associations' conferences on the professional preparation of health educators in the United States, and the published thoughts of the leaders in health education; and (5) the global concern for the professional preparation of health educators. This method has been adopted in order to clearly identify the contributions made by each element in program evaluation and development.

THE DEVELOPMENT OF TEACHER EDUCATION IN NIGERIA

The development of teacher education in Nigeria was a very slow process. The first teacher-training institution was established by the Church Missionary Society (C.M.S.) from England in 1859 at Abeokuta, followed by the Presbyterian Church of Scotland in 1892 with the
establishment of the Hope Waddell Training Institute in Calabar. The Baptist mission and the Methodists followed in 1897 and 1905 respectively. (1:196)

The first participation in the provision of teacher education by any Nigerian government was in 1909, when the then Northern Nigerian government established the Nassarawa school.

By 1925, there were fourteen teacher training centers and departments in the different parts of the country. (2:29)

The early effort in the establishment of teacher training education was almost exclusively those of the missionary bodies. It was therefore common for teachers, especially in what was then southern Nigeria, to combine evangelistic and educational work in their training. Fafunwa gives an account of these early teacher-training institutions. (2:30) Students recruited into the program were drawn from standard six (grade 6). Before starting on the training which lasted for two years, they were expected to serve as pupil-teachers for two years and to pass the pupil-teacher examination and then to have acted as assistant teacher. At the end of the two years during which they had received instructions, they took a prescribed final teachers' certificate examination and were certified if they passed the examination.

The Phelps-Stokes Committee appointed in 1925 to review teacher education programs, in its report criticized this system of teacher-training education as being most unsatisfactory on the following grounds:

1. the pupil-teacher was over-worked and underpaid;
2. the curriculum was poorly conceived;
3. the supervisory system was inadequate; and,
4. the missions did not understand the purpose of African education. (1:197)

In 1929, consequent to the Phelps-Stokes report, two types of teacher-training institutions were evolved: (1) the Elementary Training Centers (ETC) for the preparation of lower primary school teachers, and (2) the Higher Elementary Training Colleges (HETC). (1:197) The ETC training lasted for two years and culminated in the award of the Grade III teachers' certificate, while the HETC course which also lasted for two years, led to the award of the Grade II teachers' certificate. However, a person wishing to be a teacher had to serve as a pupil-teacher for two years before proceeding to the ETC. On the successful completion of the Grade III certificate course, the graduate had to teach for at least two years before proceeding to the HETC for the teachers' Grade II certificate course.

A six-year primary education which culminated in the award of the "first school leaving certificate" or the "Standard Six certificate" was intended to provide education for life for the majority of the children who would not go beyond this level and at the same time, prepare the rest of the children for further education. With these objectives in mind, emphasis was placed on agriculture, handicrafts, hygiene and interest in the environment. (1:132) This emphasis was also reflected in the curriculum of the ETCs and HETCs.

With the establishment of the Yaba Higher College in 1932, the aim of which was to provide vocational courses at the post-secondary level,
the diploma of education course was also introduced. The program
catered to secondary school graduates who had passed the "Senior
Cambridge School Certificate examination" as well as the Yaba entrance
examination. Emphasis in this program was on science teaching rather
than in the arts courses. (1:198) Physical education and hygiene
which were part of the ETC and HETC programs were conspicuously left
out.

In 1948 when the University College, Ibadan was established, the
Yaba Higher College was merged with it. Twenty-one of the students
were in teacher education. The diploma course in education was then
discontinued in 1950 when the students transferred from the Yaba
Higher College completed their studies. For nearly eight years after,
there was no alternative program in the country for the training of
teachers at the post secondary level. (1:198)

The University of Ibadan established in the Institute and Depart­
ment of Education, during the 1957-58 session a one-year program for
graduates which led to the award of a "diploma in education." In 1961
the Institute of Education in the same university started a one-year
"Associateship" program for selected graduates of the HETC (Grade II)
teachers who would take over the headships of primary schools after
successfully completing their studies. (1:199)

In 1952 the Nigerian Government established the Nigerian College
of Arts, Science and Technology with branches in the then Western,
Eastern and Northern Regions of Nigeria at Ibadan, Enugu and Zaria
respectively. (1:177)
The Zaria branch started operation first, and offered only teacher-training courses pending the completion of the permanent building and equipment before the inclusion of other courses. The teacher-training programs included physical and health education, the first of its kind at the post secondary level in Nigeria. The graduates of the program were awarded the "Nigerian Certificate in Education" (NCE) in Physical and Health Education. Neither of the other two branches offered courses in physical and health education, although the Ibadan branch had a program for teacher education. So for the next ten years, Nigerians who could not go to England for their professional training in physical and health education went to the Zaria program.

In 1962 the Nigerian College of Arts, Science and Technology was closed and its assets (and liabilities presumably) in the three branches were taken over by three of the four new Nigerian universities; the University of Ife, Ile-Ife, took over the Ibadan branch, Ahmadu Bello University, Zaria, the Zaria branch and the University of Nigeria, Nsukka, the Enugu branch.*

The University of Nigeria, Nsukka was the first of the Nigerian universities to start a three-year program for the Bachelor of Arts and Science combined honors degree in Education—i.e., a B.A. and B.S. (Education) degree in 1961, just a year after the inception of the university. This was a revolutionary step. Prior to the Ashby Report**

*The fourth of the new Nigerian universities was the University of Lagos.
**One of the recommendations of the Ashby Commission appointed in 1959 by the Federal Government "to conduct an investigation into Nigeria's needs in the field of Post-Secondary School Certificate and Higher Education over the next twenty years (1960-1980)" was that "all the (Nigerian)universities should have B.A. (Education) degree courses."
Ibadan University, in keeping with other colonial and commonwealth universities' Institutes and Departments of Education, followed the conventional British pattern of university teacher education of offering a post-graduate diploma in education. According to Fafunwa, this was "a system whereby a thin layer of education courses was spread on top of a three-year academic subject-matter specialization." (1:200)

Other Nigerian universities soon followed the example of the University of Nigeria, Nsukka. Ibadan University started in 1963, Ahmadu Bello University, University of Lagos and the University of Ife, Ile-Ife followed in 1964, 1965 and 1967 respectively.

A further development in teacher education in Nigeria at the post-secondary level was the establishment of the five Advanced Teachers Training Colleges (ATTCs) in 1962, "as an emergency scheme to produce well-qualified non-graduate teachers for service at the lower forms of the secondary schools." (1:201) Today, there are 19 ATTCs and 13 universities. While the ATTCs are essentially teachers colleges, the function of teacher training in all the Nigerian universities is vested in the institutes and department of education or the faculty of education.

Most of the ATTCs offer a three-year program in physical and health education with one other teaching subject. But only six of the 13 Nigerian universities currently have degree programs in physical and health education: Nsukka, Ife, Ibadan, Zaria, Lagos and Benin.

It has been stated earlier that the development of teacher education was a slow process. The development of the programs of physical and health education at the university level was even slower. This was
because of the adherence to the British tradition on which lines the Nigerian higher education developed. Physical education on which health education was, and on which it is still tagged, was considered purely a professional course rather than an academic discipline.

The first physical education program on the post-secondary level as mentioned earlier was at the Zaria branch of the Nigerian College of Arts, Science and Technology in 1957 and it was affiliated to University of Leeds Institute of Education in England. (1:179) The certificate awarded was the Nigerian Certificate in Education (NCE).

It was not until the establishment of the University of Nigeria, Nsukka in 1960 that a degree program in health and physical education was started in 1961. This was made possible because the various programs had been developed along the lines of the American colleges and universities. It was seven years later that other Nigerian universities decided to throw over-board the shackles of the British educational traditional heritage and started degree programs in physical and health education as well. The University of Ife, Ile-Ife started its degree program in physical education in 1967, Ahmadu Bello University in 1970, University of Ibadan, Nigeria's oldest university, in 1974, while the programs at the universities of Lagos and Benin started in 1976.

The teacher education program has continued to be the key to educational development in Nigeria. This is understandable because it is only with an adequately trained teaching personnel that Nigeria can hope to expand her educational facilities or meet her educational
objectives. Consequently, the university level of training as well as the training of teachers at the post-secondary level continues to get considerable attention and support from the Nigerian Federal and state governments. Most teachers are trained at tax payers expense, and many teacher education students receive allowances while in training. Teacher education in Nigeria has continued to be the most heavily subsidized level of education in Nigeria.

AN ANALYSIS OF THE PROFESSIONAL PREPARATION OF HEALTH EDUCATORS IN NIGERIA

Literature on the professional preparation of health educators in Nigeria is very scant. A search of the literature reveals that there has been no study in this area. However, there are a number of reports and articles which describe the development and the status of health education programs at the pre-university as well as at university level.

Asikiye Kiri, contributing to the text on The World Today in Health, Physical Education and Recreation in 1968, described the teacher education program in health, physical education and recreation. The sample of the four-year program for Health, Physical Education and Recreation at the University of Nigeria, Nsukka where he was a professor, showed that the emphasis on health courses was placed on personal health; mental health, first aid and accident prevention; care for the atypical and anatomy and physiology. At the ATTCs which conducted courses leading to the award of the Nigerian Certificate in Education (NCE) health courses in the program of health and physical education included human anatomy
and physiology and the theory of health and the organization of health, both of which were taught along with physical education. (3:291)

In 1971, Ademuwagun described the teacher preparation program for health educators in the University of Lagos. (4:121-126) Health education was a required course for graduation for the three categories of education students which comprised those receiving the pre-university Nigerian Certificate in Education (NCE), the B.A./B.S. (education) degree and the post-graduate diploma in education (PGDE).

The pre-university students who elected to specialize in physical education as one of their two main teaching subjects were given more health courses. But the students working for their bachelor or post-graduate degree in education were given, what Ademuwagun described as "health education orientation to make them more health conscious in their educational duties." (4:123) The health courses for both the post-graduate diploma and the bachelor degree students were developed under two units: Personal and Community Health and School Health Education. The following is the outline of the post-graduate course:

**Unit One: Personal and Community Health**

Course 1: Introduction to health education concepts.

Course 2: Health needs, interests and problems of students in Nigeria and the implications for health education.

Course 3: The individual, society and health behavior.

**Unit Two: School Health Education**

Course 1: The health education function of school administrators, teachers and students.

Course 2: Preparation in instructional theory and development in health education.
Course 3: Selected health education topics for instructional planning. (4:123)

However, the health programs for the bachelor degree and the postgraduate diploma were not intended to prepare health education specialists. The non-inclusion of health education on the students teaching practice schedules clearly demonstrate this statement. Health education was taught in order to enrich the health experiences of the students, and not to prepare them as health educators. The above point was succinctly stated by Ademuwagun when he wrote:

...health education is not yet a degree or diploma subject; it is at present regarded as an essential part of the general education for teachers as well as a required course in physical education at the pre-university degree level. (4:124)

Also in 1975, writing on the preparation of physical education and health education teachers in secondary schools in developing countries and with Nigeria in focus, Ademuwagun attributed the decline in the status of health teaching in Nigerian schools to two main reasons:

1. Most teachers are not interested in the promotion and protection of the health of the children through health education; their main concern is to teach all other school subjects but health which is the responsibility of doctors,

2. Ignorance of their health and health education roles.

(5:124)

Although Ademuwagun gave the impression that the status of health education teaching in Nigerian schools was in decline, yet there was no evidence in literature to show that health education teaching in schools ever had a high profile. However, his conclusion that the two reasons given above constituted "a sad reflection on the type of teacher preparation program which teachers currently undergo" can be accepted, only in consideration of the current status of health teaching in schools.
Udoh, commenting on the shortcomings of teacher preparation programs for health and physical education for the elementary schools made the following remarks:

Students of the Lower Elementary and the Higher Elementary colleges have a special problem in relation to physical and health education. Before entering the training college, they must have followed a systematic course of instructions in the so-called academic subjects such as mathematics, geography, English, the sciences, as well as in vocational subjects like home economics, art, craft and agriculture. But not in physical and health education. Students, while in training, make up for their poor background and foundation by spending a great deal of time and sometimes money in preparing themselves or improvising pieces of apparatus and teaching aids for the teaching practice period. But the enthusiasm with which the teaching practice is prosecuted soon wanes when the students enter the teaching field. (6:32)

The above two remarks seem to point to the multidimensional factors undermining the status of health education and physical education at all levels of education in Nigeria. This study is therefore a first attempt to document the status of health education in the undergraduate professional preparation of health educators in university departments of health and physical education in Nigeria.

The College of Medicine of the University of Ibadan during the 1975-76 academic year established in the Department of Preventive and Social Medicine, a post-graduate program in public health. The program provided general preparation in public health and offered courses of study for specialization in various public health disciplines, of which the first developed area of specialization was in the field of health education leading to a masters degree denoted as MPH (H.Ed). The duration of the course was two academic years, including 12 weeks of internship during the long vacation. (7:5)
The program which was jointly sponsored by the University of Ibadan, the World Health Organization and the UNICEF was developed with the following ends in view:

1. To develop and consolidate facilities for the preparation of specialists at post-graduate level for the anglo-phone countries of Africa, and

2. To develop facilities for applied research in behavioral problems related to public health practice and their solutions needed for policy formation and planning of health program in Africa. (7:3)

The shortage of qualified public health personnel in Nigeria (as well as in Africa as a whole) and the two-year curriculum for the MPH (H.Ed) degree created a need for a crash program. This was executed by establishing, in addition, as a temporary measure a one-year, non-graduate course for the award of the Advanced Diploma in Health Education. The intention was to terminate within two or three years the Advanced Diploma course after "most of the senior staff currently employed in health education in the English-speaking countries (of Africa) should have been trained." (7:7) The duration of the course was one academic year including an internship period of twelve weeks during the long vacation.

The University of Ibadan MPH (H.Ed) degree program has continued to be evaluated and new curriculum evolved as there is a suspicion that the current curriculum is over-crowded or too ambitious. But it is believed that more time is needed to confirm or deny this. (8:20) It will be noted also that the degree awarded is a post-graduate degree and that it is public health oriented. However, the graduates of the program will make a valuable contribution to the cause of health education in Nigeria.
Mary K. Beyrer in 1959 examined the "Current Trends in School and College Health Programs" rather than the curricula specifically. Using the questionnaire technique and with different geographical locations, different employment levels and different sexes, she compared the opinions of three groups of professionals (school and college health educators, public health educators and general educators) on current trends in health education. The subjects which were randomly sampled were asked to respond to the importance of each of the 104 trends identified from the review of literature. She finally came up with the ten most significant trends in health education as perceived by the respondents.

1. Increasing recognition that the emotional health of the teacher influences emotional tone of the classroom.

2. Growing acceptance of the health program as a vital and necessary part of the total educational panorama.

3. Emphasizing the importance of health of all school personnel.

4. Increasing the opportunities for inservice education of professional personnel in the form of workshops and conferences.

5. Producing ACTION in health education through the functional approach to health instruction.

6. Accepting the purpose of health education as a process which favorably influences knowledge, attitudes, and practices.

7. Accepting the positive concept of health as a state of total well-being.

8. Organizing the school health program with the realization that the family has the primary responsibility for the health education of the student.

9. Recognizing the value of the continuous observation and appraisal of students by all teachers.
10. Involving the classroom teacher to a greater degree as part of the health team in the health service program. (9)

Gilbert E. Wilson in 1967 carried out a study on "Health Education Teacher Preparation Programs in Colleges and Universities of Illinois." (10) The purpose of the study was to evaluate the undergraduate health education professional preparation program. A corollary to this purpose was to make recommendations for the improvement of areas of the program where current practices failed to meet his evaluative criteria.

Wilson's evaluative criteria for health education teacher preparation in the undergraduate health major were developed around four major areas.

1. Faculty standards,

2. Student Personnel Services,

3. Curriculum Standards,

4. Facilities and Instructional Materials.

Wilson's study had the following conclusions:

1. The University of Illinois and Southern Illinois University have national recognition for their health education programs.

2. All the universities in Illinois met Wilson's established criteria in the area of student personnel services.

3. The number of staff in professional health education varied from 2 to 17 and all institutions were similar in their provision of faculty benefits.

4. The facilities and instructional materials for professional programs at the four institutions were considered excellent.

The instrument used by Wilson was a modification of the Tentative Appraisal Guide for Institutions Offering Professional Preparation in
Health Education prepared by the Teacher Education Commission of the Health Education Division of the American Association for Health, Physical Education and Recreation.

Jay M. Kirchner in 1968 studied the Health and Safety Education in University Extension Programs. He used a checklist which he organized into three groups: (1) the Informal Health Education Program, (2) Formal Health Training and (3) Program Development and Coordination. (11)

Major conclusions follow:

1. Criteria for providing library references for extension students were only partially met in most instances.

2. More than 97% of the programs were reported to have standards for academic work which were the same as those in other university areas.

3. The most popular teaching methods used in the extension programs were (1) assignments from printed materials, (2) audio-visual materials, (3) lecture discussion, (4) problem solving and (5) talks by visiting consultants.

4. There was evidence of weakness in administrative coordination.

5. Most of the 90 administrative problems listed were related to staffing administration, the program and program promotion.

6. In a majority of the extension programs, 77% health and safety education courses leading to the bachelor's degree were offered.

7. The facilities judged most adequate were those used for classroom activities, facilities for library research and study, and equipment for duplicating materials.

8. Content for health and safety education in extension programs was indicated to be at least partially based on a consideration of student needs, interests, abilities, and maturity levels in all reported programs.
9. Staffing practices involved the use of teachers of health and safety education from the main university in more than 95% of the programs studied. Special consideration was given to faculties professional preparation, rank, special interests, abilities, salary, professional load, experiences and acceptability to adult groups.

10. Opinions about the future of health and safety taught as extension courses indicated an optimistic future.

In 1968 Grimes, Donnell, Godfrey, Ritchie and Tinnin carried out a study with the purpose of establishing "a systems approach to the design of a model undergraduate curriculum for health educators." Their method of approach to curriculum design was by reviewing written standards, teacher certification requirements and literature, and surveying and interviewing leaders in health education regarding the future needs for requirements of health educators. Resulting from this process, 247 different statements of desired competencies were obtained. These were arranged under seven general categories of competencies with three to eight subcategories under each general category.

Grimes and his associates, from the findings of the study, concluded that the curriculum for the health educator should have a three-level of learning in the preparation process:

1. Education in the communication skills, social sciences and basic and applied sciences;

2. Administrative, educational, community development and socio-economic skills, and;

3. Problem-solving seminars and field work.

The possession of the skills in the first tier will enable the student to progress to the second level. The knowledge acquired from
the second level will enable the students to participate effectively in the third phase and the third phase will prepare students to attack the problems of health education which they will face in their future employment. (12)

Dale Evans in 1969 evaluated the doctoral program in Health and Safety Education at Indiana University and the purpose of the study was to determine the extent to which these programs met the requirements which were expected by professionals in the field of health and safety education. (13) The focus of the study was on the follow-up of the graduates of the program. Data was collected through questionnaires. Fifty-nine of the 64 graduates of the Indiana University program contacted responded to the survey. Major conclusions were:

1. Most of the respondents considered the major strengths of the programs to be in the area of health education;
2. Most respondents favored the separation of health education and safety education.

Martchi Puthoff in 1969 also carried out a historical case study of the doctoral programs in health, physical education and recreation at Indiana University. (14) The purpose of the study was to locate and interpret major trends and issues which were active in education and which applied to health, physical education and recreation. Investigative criteria were: aims and objectives, curricula, faculty and students, doctoral program requirements, organization and administrative structure, administrative policies and procedures, facilities and lastly graduate enrollment.
Jim Lockner in 1969 studied the Professional Preparation of Health Education Personnel and the Status of Health Education in Public Secondary Schools of Colorado. (15) Lockner utilized the evaluating criteria prepared by the 1962 National Conference on Undergraduate Professional Preparation in Health Education, and of the 1968 School Health Division Conference on Teacher Preparation in Health Education. He found that the teachers evaluated met only the minimum standards. The principals, 282 of whom responded to the mailed questionnaire, reported a lack of properly trained personnel. He recommended a greater coordinated effort to insure better quality of health instructors in schools and even advocated the use of the state legislature to accomplish this, if need be.

Wilma Moore in 1969 investigated the Need for the Preparation of School Health Educators. (16) The study set out to determine the need for school health educators in the state of Washington, as well as identify the accredited four-year colleges and universities in the Northwest (Idaho, Montana, Oregon) and state of Washington that grant bachelor's degrees in Education. Inclusive in the study was the determination of curricular patterns, and course requirements, develop criteria for the school health major and made recommendations for the improvement of school health education.

Moore found from the data collected that:

1. There was a need for school health educators in Washington State Public schools and in colleges and universities in the Northwest.
2. The school health education program in the state of Washington was not meeting the needs of the students;

3. Northwestern colleges and universities were not adequately preparing school health educators.

Patricia C. Dunn in 1972 investigated the "Status and Future Directions of Graduate Programs in Health Education in the United States." (17) Investigative criteria used were (1) faculty, (2) program (curriculum), (3) strengths and weaknesses of graduate health education and (4) proposed emphasis for the profession in the next ten years.

A survey-questionnaire method was used and 55.3% of the institutions contacted returned usable questionnaires. On matters pertaining to the faculty, Dunn found that:

1. The majority of the 284 graduate faculty in schools and colleges of health education had a doctoral degree;

2. Over half the faculty taught nine or more credit hours per term;

3. Clerical aid led the list of available supporting staff for all responding institutions;

4. Over 80% of the 47 institutions allowed sabbatical leave in each seven-year period for the purposes of self-improvement;

5. Over 75% of the faculty qualified in an area of specialization and taught at least one graduate course annually in the area of specialization.

6. Approximately 60% of the faculty advising graduate students' research projects had written an article or a book or had done research in at least one area in which they were advising.

7. The opportunity to keep abreast of professional skills by attending conferences was available in all 47 institutions studied.
On the question of program, Dunn concluded that there was greater emphasis on preparation for public school and junior college teaching in the Master's degree program and greater emphasis on research and college and university teaching in doctoral degree programs.

On the future direction of graduate health education programs, Dunn indicated three directions for the 70's: (1) more specialization in areas such as drugs and sex education, (2) closer relationships between school and community health education and (3) more interdisciplinary and multi-disciplinary approaches.

In 1972 Lorraine Davis examined the health education curriculum for undergraduates and graduates at the University of Oregon with emphasis on course work experience, through the evaluation and ratings of previously determined competencies by past students. She also proposed guidelines for curriculum development and changes for professional preparation for health educators. (18) A three-part survey instrument was developed and mailed to health education majors who graduated from the University of Oregon during the years 1967-71. From the reported responses, Davis concluded that:

1. The graduates of health education program felt adequately prepared in the field of health education;

2. The graduates employed in school health indicated adequate or more than adequate preparation in each of the degree categories.

3. Graduates employed in community health felt prepared to a much less degree than their counterparts in other employment groups.

4. Graduates generally felt competent to coordinate health education activities with other professionals, fulfill the tasks expected of a health educator.
5. Graduates indicated they were least competent to perform administrative functions, train fellow professionals, use correct educational tools where appropriate and identify the need for the involvement of the community and its leaders in health education.

6. The most cited health courses as being of most value for the bachelor's degree graduates were: communicable and non-communicable diseases, community health problems health instruction, personal health problems, social health, practicum experience and student teaching. The health courses deemed of less value are: evaluation of school health education, safety education and school health services.

7. To better prepare health educators, increased emphasis on administration techniques, community health, more flexibility in program and practical experience was suggested.

In 1976 Larry M. Bridges carried out a study of "The Current Status and Future Development of Undergraduate Professional Preparation in Health Education." (19) The purpose of the study was to describe the current status of undergraduate professional preparation in health education in selected institutions and to study the future directions of professional preparation in health education. The descriptive-survey technique was used and the instrument was interview-questionnaire and his evaluative criteria were (1) organizational patterns, (2) degree programs, (3) faculties, (4) students, (5) career patterns and (6) legal provisions. Data were obtained from nine department chairmen and 44 selected faculty members in health education departments studied and from four selected national leaders in health education who were concerned solely with predicting the future of undergraduate professional programs in health education.
The conclusions of Bridges' study follow:

1. The future trend of health education was seen to be moving away from department or colleges of health, physical education and recreation and colleges of education and toward the allied health sciences.

2. The budgets for health education increased when the program was independent of both the colleges of education and the schools and colleges of health, physical education and recreation.

3. There was resistance to the addition of specialized community health programs in health education departments allied with colleges of education or colleges of health, physical education and recreation.

4. There was a trend toward the development of single degree programs in health education with school health and community health options.

5. There was a direct relationship between the increases in full-time faculty members' positions and the number of specialized programs offered.

6. A trend toward increased efforts to attract only the best qualified students to undergraduate professional preparation programs in health education was in evidence.

7. States with specific certification standards for health education teachers coupled with legislation to back this certification standard up would continue to have better health education.

8. Overspecialization could become a problem in the expanded community health programs. Narrow specialization could also reduce the career opportunities for students graduating from such programs.

9. Of significance to administrators was the potential for conflict among faculty arising from differing philosophical viewpoints about the relative importance of school health and community health.
Some important professional conferences and committee actions relating to health education in U.S. in the last thirty years

The periodic conferences and discussions on the need to upgrade health education preparation standards have resulted from the continuous evaluation of existing programs and practices in teacher preparation institutions.

The concern over the improvement in health education, particularly in the manner of preparation of health teachers for all levels of education both here in the United States and elsewhere was succinctly catalogued by Dr. Ruth Abernathy in her keynote address at the National Conference on Teacher Preparation in Health Education sponsored by the School Health Division of the AAHPER in 1968. (20)

It was evidently clear that, in spite of the low profile which health may still have because of its historical relationship with physical education, it is slowly and surely weathering the storm which disciplines like medicine and some of the social sciences went through during their most formative years.

The 1947 third National Conference on Health in Colleges sponsored by the National Tuberculosis Association called for the need for cooperation among the areas of school health services, healthful living and health instruction and the guiding principles for health education and the qualifications for health personnel were developed. (21) The first and second national conferences known as the National Conferences on College Hygiene were held at Syracuse University and in 1936 at Washington.
In 1948, the Athletic Institute sponsored the Jackson's Mill Conference (22) on the undergraduate professional preparation in health physical education and recreation paid particular attention to the area of organization of health programs in terms of interrelationships among the three areas of the school health program: healthful school environment, health services and health instruction. The conference also defined the role of the health teachers in each of the areas above. Finally, the conference outlined the teacher competencies which were needed to perform their functions, although the organization of the curriculum in health education, staffing and qualifications, resources and facilities, relationships to other areas of teaching such as physical education, biological science, home economics, social science as well as health education were concerned with guidelines and principles rather than materials.

In 1949, the U.S. Office of Education sponsored the Conference on Undergraduate Professional Preparation of Students with Health Majors, took a much closer look at what was happening in colleges which were offering majors and minors in health education. Twenty-four colleges and universities were represented. Health education needs were categorized into four areas: (a) the need by all teachers, (b) the need of teachers in fields related to health education such as health science and physical education, (c) the need of health education majors and (d) the need of graduate students specializing in health education for "administrative and special educational capacities." Most of the curriculum in health education at this time was closely related to physical education.
and, although home economics is a field from which secondary schools
often drew their health education teachers, the colleges and universities
represented indicated there was no relationship between health education
and home economics. (23)

The Pere Marquette National Conference on Graduate Study in Health
Education, Physical Education and Recreation held in 1950 gave special
attention to recommendations for prerequisites for admission to
graduate study in health education. The prerequisites included satis­
factory background in:

1. Basic health science areas such as anatomy and physiology,
bacteriology, nutrition, physical and emotional health,
human growth and development and principles of heredity;
2. Social sciences, social psychology and cultural anthropology;
3. Introductory studies in health problems, curriculum, methods
   and materials in health education.

The conference also dealt with four other areas:

1. The expected outcomes of the program were identified as
   broad, focused, flexible, scientific, unique, practical,
   challenging;
2. The core areas of the program which were identified as
   scientific foundations, history and philosophy, administration
   supervision and curriculum teaching, evaluation and research.
3. The need for additional work for the doctoral level with
   particular reference to cultural foundations, critique
   and research;
4. The need for field work. (20:28)

The mobilization of resources to meet the needs created by the
national emergency was the main objective of the 1951 National Con­
ference for Mobilization of Health Education, Physical Education and
Recreation. Consequent upon the emergency, it was clear to the conferrees that careful planning as well as the acceleration of effort was needed to meet the needs which were identified as overcrowded living conditions, possible enemy attack, working mothers, migration of workers, loss of professional personnel, mental and emotional stress and personal problems. The roles of parent and teachers and of the school and community in meeting the long-term and specific needs of children were listed. Program areas were defined and teacher competencies were identified. (24)

In 1953 the Second Conference on Students Majoring in Health Education sponsored by the U.S. Office of Education met in Washington. The participants who represented the colleges and universities who were at the 1949 Conference reviewed the reports of the first Washington Conference, at Jackson's Mill, the Pere Marquette Conference on graduate studies and the work of the Committee for Improvement of Professional Preparation in Health Education. The purpose of this conference was to exchange plans, materials and views and to identify the number and types of schools preparing health personnel. Undergraduate preparation programs were seen as leading toward understanding and comprehension of how human beings interact with their social and physical environments through the study of biological, physical and social sciences and also to the maintenance and improvement of individual health. The important product of this conference was the recommendation:

1. Of specific courses for an acceptable undergraduate curriculum for the major in health education;
2. That the requirements for school health education and public health education on the graduate level be assembled in one document for convenience; and,

3. That there was need for cooperation with the Society for Public Health Education (SOPHE), the Committee on Professional Education and the Health Education Committee of the Association of Schools of Public Health (APHA) (25).

The Society of State Directors of Health, Physical Education and Recreation identified itself for the first time in 1953 with the problems of health education. This concern was shown at the conference of 1953 and 1955 and at workshops in subsequent years. In 1953 for instance, emphasis was placed on evaluation of current practices, the job ahead, methods and needed materials and suggested solutions. And, in 1955 emergent problems were identified and categorized as (1) the development of local cooperative planning groups, (2) working with state coordinating cooperative groups—work load and priority decisions (3) the role of state directors in reorganization of the state educational program (the what and where of health education's rightful place in the emerging educational pattern), (4) determining priorities in health education—what comes first, how much, where, by whom? and (5) leadership in giving direction for the scope and sequence of health education. The two major issues identified were the problems in working more effectively with others and the problems in improving the curriculum in health education. (26)

The 1955 National Conference on the Minor in Health Education and the Desirable Health Education Emphasis for Physical Education Major sponsored by the AAHPER met in Washington. In attendance were 86 participants from 25 states and Puerto Rico. The report stated that
minor offering was "to serve as a temporary practical measure to strengthen the preparation of the non-major." The conclusion of the report suggested that in order to upgrade the program for the minor in health education by training institutions it was necessary to expand and improve the course offerings in this area. (27) The conference agreed that preparation in at least a minor of the health and physical education courses described, including community health, field work, and student teaching in health education, must be considered as prerequisite and minimal. It further stressed the need for anyone with such health education preparation who accepted responsibility for health instruction or health coordination to proceed as rapidly as possible to secure additional background and work toward full qualification.

In 1956, the Health Education Division of the AAHPER sponsored two National Conferences on College Health. (28) The first of the conferences which gave considerations to the needs of college students regarding health education led to the publication of "A forward Look in College Health Education." According to Mayshark the goal for the conference was to study and make recommendations for a basic personal health course for all college students. (29:45) The criteria and standards for the following aspects of personal health were outlined by the report: objectives, basic content of courses, methods and resources, interrelationships, understanding the college student, health needs of student, and evaluation.
The second conference studied the results of a survey on the education for prospective teachers. The participating institutions reported on their respective programs. While 7% reported no health education for prospective teachers, 76% indicated a general course in personal health, plus health education for prospective teachers. The report entitled "Health Education for Prospective Teachers," according to Bridges, served as a basis for institutional discussion by recommending evaluative guidelines in an attempt to encourage colleges and universities to identify existing strengths and weaknesses of health instruction for potential teachers. (19:45)

Between 1957 and 1959, the Committee on Professional Preparation in Health Education of the School Health section, APHA, made a study of available employment opportunities and preparation programs. The results which were reported in 1961 showed the types of positions, employment problems in voluntary and official public health agencies and types of institutions preparing health teachers. The report noted the overall shortage of qualified health education teachers and the general conclusion dealt with the wide variation in employment required among states and agencies. (20:30)

In October 1959, the Health Education Division of the AAHPER sponsored the Health Education Planning Conference to develop a long-range plan of action in schools and colleges. In a kind of review of this conference, Ruth Abernathy wrote:

Specific purposes were identified: to define and examine critical issues; and to project a program both immediate and long-range, designed to (a) increase understanding of health, education,
give direction to the efforts of all groups involved, and (c) improve the quality of school health at all levels. . . .

Crucial problems and issues were identified as questions. How can behavior be modified? If health education’s roots are in the health services and behavioral sciences, how should it operate within the school program? Do health educators, through overprotection, serve as their own barriers to cooperation? Does the medical profession foster health education?

What guidelines and goals for health are needed by teachers? Where in the curriculum does health education best fit, and how much time is really needed? What is the status of school health?

Are there conflicting objectives between school health and public health educators? What is the health education responsibility of the classroom teacher? How shall we improve the evaluation of health education? What are the limits and the priorities?

In education toward intelligent reasonable decisions about health, who decided what is intelligent and what is reasonable? What preparation is really needed for the health educator? (20:30)

These are far reaching and crucial questions and in the writer’s view the attempt to find answers to them has been the essence of the numerous conferences and meetings related to health education. The questions were categorized into six groups under philosophy, curriculum, research, motivation, teacher education and professional relationships.

In 1962 the National Conference on Professional Preparation in Health Education, Physical Education and Recreation at the insistence of the AAHPER met to reappraise the health education curriculum against the standards laid down by the National Council for Accreditation on
Teacher Education. (28:45) Issues raised and discussed included the development of suggested principles and standards, definition of professional competencies, the provision of leadership responsibilities, the improvement of professional consciousness and stature, and the development of guidelines for implementation of the conference report. (19:47)

Also in 1962 the Inter-regional Conference on Postgraduate Preparation of Health Workers for Health Education was held and representatives of various countries met in Philadelphia for the purpose of "exchanging technical information on areas of need, objectives, scope, methodology and developments in postgraduate preparation for different categories of students in public health including those specializing in health education and to consider future needs, methods and resources." (20:31)

The publication of the School Health Education Study (SHES) "Basic Document," "Health Education: A conceptual Approach to Curriculum Design" with it supporting documents (Teacher-Student Resources, Teaching-Learning Guide and a set of Transparencies) was a follow-up of one of the most comprehensive, nationwide health surveys ever conducted in the U.S. to determine the effectiveness of health teaching in grades K-12. (32:28) Reporting on this SHES Committee undertaking, and how it affected or should affect college professional preparation of health educators, Richard Means stated that the problem of the content selection as well as its use in health education is perhaps more complex than the problem encountered in
other fields of study. The selection of the most significant ideas from each content area thus becomes one of the major problems. (33:1-11)

In 1967 the National Conference on Graduate Preparation in health education, physical education and recreation once again devoted its attention to the discussions of standards and guidelines needed for quality programs in health, physical education, recreation, safety education and dance. The Committee's report focused on the establishment of organizational patterns, guidelines for faculty, student, and teaching methodology for the five areas. (34)

In the following year (1968) the National Conference on Teacher Preparation in Health Education was held in Washington where recommended guidelines and standards for the professional education of teachers of health education in secondary schools were developed. Schools and colleges offering professional preparation programs in health were implored to study the recommendations, relate the implications to their own program, evaluate the existing curricula and to take appropriate action. (19:49)

The Second National Conference for Research in School Health which was initiated by the Research Development Commission of the Association for Advancement of Health Education (a part of the American Alliance for Health, Physical Education and Recreation) was held in Detroit in 1971. The conference objective was to identify research needs and stimulate scholarly research in school health.
Topics which were reviewed included behavior modification, computer use in health referrals, health science in the preparation of the health educator, schools in the 70's and beyond, school health education today, educational aspects of smoking research and an example of computer use in health education research. (19:51)

In 1973 the AAHPER sponsored a National Conference on Undergraduate Professional Preparation in New Orleans. The conference recognized the unique nature of each of the divisions—health, physical education and recreation—as well as a need for cooperation among the three since each through its own unique perspective accentuates the human factors involved in movement, well being, leisure and communication. The concept of "unity through diversity" seems to be the vehicle through which the Alliance hoped to achieve its objectives of promoting mental, social and spiritual health.* The conference also came up with a set of definitions for health, health education, health instruction, school health education, school health educator, school health program and competency. (35:12)**

*The purpose of the School Health Division of the AAHPER at the Conference was to identify guidelines for undergraduate teacher preparation programs and to define recommended competencies and behavioral objectives for prospective school health educators. Prior to the conference, members of the Teacher Preparation Commission of the School Health Division, AAHPER had referred to the recommendations made at the 1968 AAHPER Conference on Teacher Preparation in Health Education, reviewed the recommendations which were developed by the Teacher Preparation Commission between 1968 and 1972 and had followed to a large extent the statements of the competencies as established by the National Council for the Accreditation of Teacher Education (NCATE).

**The report of the Conference came in two parts: the first part followed the NCATE Standards as applied specifically to undergraduate teacher preparation in health education, and part two presented an interpretation of the NCATE Standards in terms of recommended teacher competencies and suggested behavioral objectives.
GLOBAL INTEREST IN HEALTH EDUCATION AND TEACHER PREPARATION IN HEALTH EDUCATION

One of the earliest concerns shown for the cause of health education on the international scene was the report of the "Work of the Commission on Education in Hygiene and Preventive Medicine," appointed in 1924 by the Health Committee of the League of Nations. The Commission's report released after the conferences of Directors of Schools of Hygiene held in Paris (May 20-23) and Dresden (July 12-17), 1930 were in two parts. The first part dealt with the need for an effective education in hygiene and preventive medicine and the second part, a comparison of the instruction in public health and preventive medicine given in various European countries. (36)

Although the report focused specifically on the training of medical doctors, sanitary engineers, public health personnel as well as the various groups of the auxiliary sanitary personnel (sanitary inspectors, nurses, health visitors, health counsellors, midwives), and not on the training of school health educators as we know it today, it did contain some useful inferences as to the need for adequately trained school health personnel in the school systems. In his introductory remarks to the "teaching of hygiene in certain European countries," contained in the above report, Dr. Carl Prausnitz, Professor of Hygiene at the University of Breslau, stressed the need for the adequately prepared school-teacher in health:

...in every health campaign, the best results will be secured through the intelligent cooperation of the general public. This may be achieved--especially with the younger
generation—through the medium of the school teacher who can render valuable service in urban, and even more in rural areas provided he has received adequate training. (36:4)

The World Health Organization (WHO) one of several of United Nations Organization's specialized agencies took over what was formerly the functions of the Health Committee of the defunct League of Nations. Among its several areas of concern in health matters has been how best to disseminate health information and scientific knowledge relating to health, to the public, and youths and children in schools. These concerns have been expressed in several of its reports.

In 1950 the World Health Organization published a report on school health services in which it stressed the teacher's need of knowledge, and the consequent need for emphasis on health instruction in the preparation of teachers. (20:29)

In 1953 another World Health Organization Report was released and it deals with the health education of the public. This report pointed out that the health of the school age child necessitated joint contributions from school administrators and teachers on one hand and the physicians and nurses on the other. (37) Expatiating on the health of the child, the report stressed that the child must be seen as a whole entity as well as a member of the community. Health, the report continued, was a concern of the parents, the health workers and the educators.
Teachers as well as other health workers such as physicians, nurses, medical-social workers, environmental sanitation personnel, nutritionists and midwives must have adequate understanding of the economic and cultural environment of the local community, human growth and development, and also of the role of the school in community health problems. It was essential that all the above health personnel be trained to make the best possible use of education opportunities and to possess both knowledge and skills in the use of educational methods, approaches and media. (37:20)

The World Health Organization and the United Nations Educational, Scientific and Cultural Organization (WHO/UNESCO) jointly appointed a committee in 1955 to prepare a Study Guide on Teacher Preparation for Health Education. The guide which was based in part on the WHO's reports of 1950 and 1953 stressed the need for effective cooperation of health workers and educators. (38:16). The WHO/UNESCO joint development of a study guide for teacher preparation for health education was a recognition of the important potential contribution school teachers could make in the promotion of good health. The study guide was intended to be used by national authorities and leaders in education and health, concerned with teacher training and school health programs. The committee hoped that the guide would not only prove to be a useful tool in itself, but would also contribute to bringing about a better understanding between the schools and the health fields. (38:15)

In 1958 the World Health Organization published yet another report: Report of the Expert Committee on Training of Personnel in Health Education of the Public. In this report, the committee stressed that the
school teachers must be considered as the health workers' principal collaborators, if it were they who would present to school children the elementary ideas of hygiene and prophylaxis, thus creating "health consciousness" in the children from their early days. It was important therefore to provide teachers with health education.

The report continued:

This means that the health education services must turn their attention particularly to the teachers' training schools in order to obtain their collaboration, to provide them with documentation, and to encourage them to stress the health aspects of the subject they teach. A particular appeal should be made for collaboration on the part of teachers of natural science, biology, elementary physiology, home economics, history, geography, drama, etc. (39:15)

The report pointed out that the training of the health worker (which includes the health educator) should include some study of education, psychology, social and preventive medicine, anthropology and sociology to provide the knowledge which would guide the health worker in his assessment of the educational situation (39:17) on which depended the success of health education.

The report also called attention to the need for accuracy of this assessment and also in the health educator's skill in communication with people. This skill could be increased by training to develop an understanding of the way people learn, and the ability to choose and use effectively the various techniques which facilitate and encourage learning. The ability to listen, learn, and teach must be made effective on a personal as well as on a community
basis, and for this the health educator needed some training both in the team work and in administration. He must be able to plan, organize and conduct his educational projects and to evaluate their effectiveness. (39:17)

In November 1959, a joint WHO/UNESCO Expert Committee discussing teacher preparation for health education noted the increasing interest among health and educational authorities about the health of the school age children and youth, and the importance of cooperative efforts among health personnel. The report of the committee published in 1960 discussed among other problems, the teaching of basic health subjects, health needs and the interests of children and youth; teacher attitude towards health and health education; skills of the teachers in using opportunities for education in health; the locale for school health and the healthful school day; the present status of teacher preparation in health education; and the development of objectives for health education. The report also indicated some of the opportunities the teacher has in health education and suggested some aspects and approaches for the improvement of teacher preparation in this field.

1. A standard of personal health practices which will help to maintain the health of the individual and serve as an example to pupils and students;

2. Understanding and skills in maintaining an optional emotional environment through desirable interpersonal relations;

3. An appreciation of the value, importance and place of education in health as a part of the total educational program;
4. A willingness to play an appropriate part in the promotion of health in the school and in the community;

5. An adequate background of professional knowledge about child growth and development, personal and community health, and programs and procedures in school health;

6. Understanding and appreciation of a healthy physical environment and how it is maintained;

7. Skills in promoting health education and in working cooperatively with others in this sphere;

8. A knowledge of community health and social agencies and the way in which the teacher may work properly and effectively with them and with the home. (40:9)

The committee further observed that in order to enable the teacher to work in health education successfully and with satisfaction a specific and systematic preparation must be included in the general teacher training program. In order to accomplish the dual task of maintaining his own health and of contributing effectively to the health education of his pupils the committee stipulates the teacher's needs for knowledge in five subjects: growth and development; personal health; community health; school health practices; and methods of health education. (40:10)

The World Confederation of Organization of the Teaching Profession (WCOTP) also showed its concern for the proper education of the school child in health. In 1960 the WCOTP met in Amsterdam to discuss child health in the schools. The resolutions adopted by the WCOTP delegates concerning health education, healthful school living, health services and teacher health were preceded with a preamble which can be considered a global commitment to "opportunities for children to grow in health and to develop physically, mentally,
morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity." Due to the fact that there are differences in needs, beliefs, values, in programs and the availability of personnel, the WCOTP guidelines approved in its resolutions must be seen in terms of the general enunciation of principles. Nations were to use these principles subject to the limitations imposed by the differences above.

CONCLUSION

The synopsis of the development of teacher education in Nigeria shows the very slow pace of the process at all the various levels of education. The analysis of the reports and articles on the preparation of the Nigerian health educator shows the paucity of documentation of what happens in the field of health education, and more so in the area of professional preparation. A search in the literature reveals that practically no research studies have been carried out on any aspect of the professional preparation program of health educators in any Nigerian institution. Without research studies, it is difficult to assess the status of the discipline or to evaluate the adequacy or the effectiveness of what program there is.

From the analysis of research studies on the professional preparation program for the health educators in the United States, in the last 20 years, it is evident that evaluation of curricula is an on-going process and for an effective change process, continual program evaluation is needed.
The brief historical sketch of the periodic conferences and discussions on the need for improving the professional preparation of the health educator does also indicate the need for continuous evaluation of what exists at a point in time. Each conference tackled a specific problem or reviewed problems that had been discussed before and came out with new recommendations. The fact that these conferences will from time to time dwell on the professional preparation of health educators for all levels of education is in keeping with the demands of a democratic society, whose needs, consequent upon societal changes, must be accommodated by a constant review of what happens in a school and community health program. This includes reviewing how well health educators of today and tomorrow are being prepared. Continual evaluation of current status and development of curriculum for the health educator is very much in keeping with societal needs.

Seen running through the series of reports of the World Health Organization, WHO/UNESCO joint efforts and the World Council of Teaching Profession (WCOTP) briefly outlined, is the unmistakable emphasis for the role of the health educator and consequently the need for adequate professional preparation. These world organizations can only review existing health situations, offer advice and suggest what measures each nation should take to improve an existing program or where non-existent, initiate new programs in cooperation with a country to meet the needs of that country. The onus of doing something concrete lies with individual countries. The WCOTP and WHO resolutions should be considered only as guides to nations because of differences in
cultures, manpower problems and economic limitation. However, these resolutions show genuine concern for the professional preparation of health educators, and the need for continual evaluation and development of health education programs at the teacher preparation levels.

The foregoing does strongly emphasize the need, as well as provide the rationale for this study. Firstly, there is the need to examine the status of the professional preparation of health educators in Nigeria, in order to know where we are in our professional preparation practices. Secondly, there is a need to compare what exists at this point in time with the programs of well established institutions with similar objectives, in order to identify the areas of strengths and weaknesses. The American programs have evolved over the years, and changes have had to be made as a result of experiences gained from reports and resolutions aimed at improving standards. Since Nigeria has not had such opportunities of making use of years of deliberations culminating in curriculum guidelines, so much could be gained by a comparative study of the undergraduate programs in both countries' institutions. An assumption in this study was that there would be evidence of some areas of strengths and weaknesses in the Nigerian program. Therefore, in Nigeria development of undergraduate programs in health education within the departments of physical and health education are needed to eliminate identifiable weaknesses.
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29. Cyrus Mayshark and D. F. Shaw, Administration of School Health Programs (St. Louis: C.B. Mosby, 1967.)


CHAPTER III

METHODOLOGY AND PROCEDURES

Method of Research

The principal methods of obtaining the data for this study were through questionnaires, interviews and the study of college catalogues and/or bulletins.

Data from the four Nigerian universities were obtained through the completed questionnaires by the administrators and faculty members in the Department of Health, Physical Education and Recreation, interviews of the administrators and the analysis of departmental programs. Since a part of the purpose of the study was to compare the professional preparation of health educators in both Nigerian and American colleges and universities that grant combined degrees in health and physical education, it was also necessary to adopt the same procedure in obtaining the relevant data from the American institutions. However, the method could not be duplicated because of some limiting factors. Lack of time and money in particular made it impossible to carry out personal interviews with the chairpersons or heads of departments of health and physical education. The data collection was, therefore, limited to questionnaire completion and the study of college programs contained in college catalogues or departmental bulletins.
The Development of the Questionnaire

In order to develop an appropriate instrument for this study, it was necessary to carry out a review of some questionnaires used in related studies, the national conference reports on the professional preparation of health educators as well as of articles on the issues of professional preparation in health education by leaders in the profession.

An evaluation standard entitled An Appraisal Guide for Professional Preparation in Health Education, prepared and published in 1967 by the American Association for Health, Physical Education and Recreation was of tremendous value because the specific questions asked reflected standards and principles that had been widely accepted in health education program evaluation in the United States (1).

The specific areas which were investigated and for which data collection questionnaire was developed included the following:

1. Teaching staff (faculty), administration and organization;
2. Undergraduate health education program;
3. Pre-professional field experiences;
4. Student personnel services;
5. Facilities, equipment and instructional materials; and,
6. Health education as a career/profession/discipline.

A draft questionnaire was developed for each of the above parameters. In view of the descriptive nature of the study, the questionnaire was
designed to give opportunities for open-ended as well as close-ended responses. The questionnaire was therefore grouped in two parts. In part one, the questionnaire was designed to elicit responses to the close-ended questions on a five-point Likert Scale, while part two contained the open-ended questions which were intended to give respondents the opportunity to elaborate on their responses, where necessary.

After the initial draft questionnaire was developed, a pilot project was conducted with five heads of department of health and physical education in the non-degree awarding institutions as well as two health administrators in Nigeria. The purposes of this exercise were to: (1) determine the clarity of the directions and wording of the draft instruments and (2) obtain respondents' opinions regarding the useability and appropriateness of the component parts of the instruments. The above individuals therefore constituted the jurors for the questionnaires. (Specimen letter to jurors is found in Appendix A.) As a result of the comments and recommendations, the instruments were modified. The modified instruments were then discussed with two of the writer's advisors, including the chairman of the writer's dissertation committee. The discussions lead to further work on the instruments before a final draft was produced for the approval of the chairman of the dissertation committee. The specimen copy of the instrument is found in Appendix B.

The faculty profiles were also developed. One was a profile for individual faculty to be completed by each faculty member in the department of health and physical education in Nigerian institutions. The other was a summary of faculty profile which was completed by the administrator
in respect of his/her faculty members in the American colleges and universities. The specimens of both profiles are found in Appendices C and D.

Collection of Data from Nigerian Universities

The collection of data involved writing initially to the heads of departments of health and physical education in four Nigerian universities selected for the study, to solicit their co-operation as well as request descriptions of their current physical and health education programs. The correspondence also indicated the writer's intention to present some questionnaires during his visit to Nigeria at a later date. The heads of the health and physical education departments were requested to bring to the notice of the faculty the substance of the correspondence, since they would also be required to complete the questionnaires. Since only four Nigerian Universities satisfied the criteria for inclusion in the study, it was deemed necessary to increase the number of respondents beyond the heads of department by including four senior faculty members of each of the universities in the population of Nigerian respondents. The number of respondents from the Nigerian universities was 20. The following is a list of selected Nigerian universities:

Ahmadu Bello University, Zaria
University of Ibadan, Ibadan
University of Ife, Ile-Ife
University of Nigeria, Nsukka.
As the interview was expected to be carried out in person by the writer during Winter Quarter of 1978/79 session, letters were dispatched with sufficient time for reactions to be received from the recipients. But responses to this initial letter were not received before the writer arrived in Nigeria. A follow-up letter in which the writer indicated the dates he would visit each of the four university campuses was mailed in Nigeria. The specimens of the initial letter and a follow-up letter indicating the itinerary of the writer in Nigeria are found in Appendices E and F.

Collection of Data in Respect of American Colleges and Universities

A list of colleges and universities awarding combined degrees in health and physical education in the United States was compiled from the HPER Directory of Professional Preparation Institutions published in the JOHPER of September 1974 (2) and updated in JOHPER of January 1975 (3). The information regarding their programs was obtained through direct correspondence with the chairpersons or heads of the departments of health, physical education and recreation in each of the institutions that satisfied the selection criteria. Initial correspondence, including a reply slip and self-addressed and stamped envelope was sent to each of the 41 institutions which qualified to be included in the study. The purpose of the initial letter was to request the approval of the administrator of each program to have his/her program included. (The specimen of the initial letter is found in Appendix G.)
Of the 41 institutions contacted, six did not respond, twelve institutions declined to participate, chiefly because they now had separate programs for health education and physical education. Twenty-three institutions indicated their willingness to participate in the study. The questionnaires with a stamped self-addressed return envelope were sent to each of the accepting institutions by February 28, 1979. By March 20, some institutions had returned completed questionnaires with or without any information regarding their departmental programs, while others had sent neither the completed questionnaires nor information on their programs. A follow-up letter requesting the return of the completed questionnaire as well as information regarding programs, was sent out by March 22, 1979. This brought in more responses. The final figures on which the data analysis was based were on the returns of seventeen institutions. Only twelve of these sent their programs along with the completed questionnaire. Twenty American institutions were to be required for the study. The choice of the number twenty was arbitrary. But only seventeen heads of departments returned the questionnaire. Therefore, the whole seventeen heads of departments, became the population. (The list of American institutions and the specimens of the letter accompanying the questionnaires as well as the subsequent follow-up correspondence are found in Appendices H, I, and J, respectively.)
Processing and Analysis of Data

In Section One of the questionnaire which contained the closed-ended statements, the respondents were required to examine each statement, and then to indicate their opinion by scoring the way they felt on a five-point scale, numbered 1 to 5 in a descending order of magnitude. The scores were interpreted as follows: 5 = strongly agree, 4 = agree, 3 = undecided, 2 = disagree, and 1 = strongly disagree. For the purpose of analysis, the scores of 5 and 4 were considered positive responses, and therefore, and acceptance of the statement. On the other hand, the scores of 2 and 1 were considered negative responses, and therefore, a rejection of the statement. The score of 3 represented an undecided opinion regarding a statement.

Information from Section One of the questionnaire was coded and recorded on the fortran coding form. The data were then punched to the IBM computer card for each respondent whose completed questionnaire was received. The coded information was then processed by the IBM computer of the Ohio State University Computer Center. To provide a more meaningful analysis, the Statistical Package for the Social Sciences (SPSS) was used in the analysis of the data. Comparison was made of the two groups of respondents—Nigerian administrators and faculty in the departments of Health and Physical Education, and American administrators in similar institutions and departments.

The nature of the study did not require the use of sophisticated statistical analysis. Therefore, simple statistical computations
involving frequencies, percentages, means and t-tests were employed in presenting and interpreting the data in part one of the questionnaire.

The classification and tallying of data for the open-ended questions in Section Two of the questionnaire was done manually. Responses by each of the Nigerian and American respondents and the frequencies of responses given for each question was recorded. Statements were then made concerning the reactions of the Nigerian and American respondents.

Organization of Remainder of the Dissertation

The subsequent chapters in the dissertation have been organized as follows:

Chapter IV Programs of Nigerian Universities Awarding Undergraduate Degree in Health and Physical Education

Chapter V Health and Physical Education Courses Offered by American Colleges/Universities

Chapter VI Presentation of Data

Chapter VII Interpretations of the Data and Suggestions for the development of Health Education Curriculum for Nigerian Universities.

Chapter VIII Summary, Conclusions and Recommendations for program improvement and for future research.
REFERENCES


This chapter presents the undergraduate programs for the Department of Physical and Health Education in four Nigerian universities. A common characteristic is the award of the bachelor degree in physical and health education, denoted by B.Ed. (Bachelor in Education), B.A. (Bachelor of Arts) or B.S. (Bachelor of Science) degree in Physical and Health Education.

The University of Ife, Ile-Ife awards both the B.A. and B.S. degrees depending on whether or not a student had taken a combination of arts courses with physical and health education courses.

Both the Universities of Ife and Nigeria offer a four-year or a three-year degree program, depending on the entry qualifications and past experiences of the student. However, the standard program is usually of the three-year duration.

Course titles and descriptions for the physical and health education courses for each of the four universities are listed, and for the purpose of comparison, four categories were used to group course requirements of students in respective programs:

1. Health Education Courses,
2. Physical Education Courses,
3. Education Courses,

4. Courses from other areas including Social and Behavioral Sciences, Pure Sciences and the Humanities.

An analysis of the course units/hours for the program based on the above categories for each university is presented, and finally, a summary is presented to insure that the reader obtains a composite picture of the requirements of each institution in relation to the others.

AHMADU BELLO UNIVERSITY, ZARIA

The Department of Education at the Ahmadu Bello University awards the Bachelor of Science (Education) degree with specialization in physical and health education and one other teaching subject. The admission requirements for the program is the same for all university departments. There are no additional departmental requirements.

The program is designed to prepare personnel needed as physical and health education instructors in secondary schools, teacher training colleges, sports coaches, administrators and organizers in colleges and sports councils and commissions. Graduates of the program also have orientation in either "supplementary science" or "integrated science" subject, to enable them to assist in the teaching of integrated science, health science or biology in the secondary schools.

The program is offered over a period of three academic years and there is usually an examination of courses taken at the end of each term or year. However, for the purpose of arriving at the class of
degree which a student earns, only grades* obtained in the courses which are examined in the second and third year and the grades obtained in the supervised student teaching and field work are considered. The second year course grades account for 40% of the final grade while the third year course grades account for 60% of the final marks. Degree classifications are based on the following criteria:

<table>
<thead>
<tr>
<th>Classification</th>
<th>Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>First class (honors)</td>
<td>70 - 100 Marks</td>
</tr>
<tr>
<td>Second class (upper division)</td>
<td>60 - 69</td>
</tr>
<tr>
<td>Second class (lower division)</td>
<td>50 - 59</td>
</tr>
<tr>
<td>Third class pass</td>
<td>45 - 49</td>
</tr>
<tr>
<td>Pass degree</td>
<td>40 - 44</td>
</tr>
</tbody>
</table>

*For the purpose of obtaining percentage, the letter grades are converted to numbers in accordance with an agreed criteria.
TITLES AND DESCRIPTIONS OF HEALTH EDUCATION COURSES*
OR HEALTH AND PHYSICAL EDUCATION COURSES IN
AHMADU BELLO UNIVERSITY, ZARIA

First Year

PHE 111: Human Anatomy and Physiology
A study of the general structure of the human body and body systems with emphasis on the skeletal, muscular, circulatory, and excretory systems.

PHE 115: Seminar on Problems of Physical and Health Education
Examination and discussion of problems relevant to physical education, sports and health education in the contemporary society of Nigeria, Africa and the world.

PHE 121: Introduction to Health Education
The concept and meaning of health and health education in schools, and in the society. Factors affecting the health of children in Nigeria.

PHE 122: First Aid and Safety Education
The concept and role of First Aid in the home, school and the community. Practical and theoretical skills; First Aid Kits and supply. Students will be encouraged to take the Red Cross Proficiency tests at the Intermediate and advanced levels.

Second Year

PHE 216: Seminar in Physical Education, Sports and Health Education
Discussion of relevant topics in Health, Physical Education and sports relating to modern Nigerian, African and world society. Philosophical, political and sociological views of issues of the day.

PHE 221: Applied Anatomy and Physiology
A study of the structure of the human body with emphasis on the structural factors underlying human motion. Concepts of force, leverage, gravity and chemistry of muscle action; an analysis of muscle in various ranges of motion.

*Extracted from the Ahmadu Bello University Sub-department of Physical and Health Education Bulletin.
PHE 222: Personal and Community Health Problems

Personal hygiene, major public health problems in communicable and non-communicable disease control and environmental sanitation. Organization and administration of public health programs.

PHE 224: Health Education Curriculum in Teachers' Colleges

A detailed study of the Grade II teachers' curriculum in health education and an exploration of appropriate teaching strategies with particular reference to the Grade II health education syllabus.

PHE 232: Research and Project Techniques in Physical and Health Education

Nature and purposes of research field projects. Field technique, analyzing and interpreting results. Students will be required to present a project proposal. This will be a tutorial course in conjunction with Education 205 (ED 205: Educational Inquiry).

Third Year

PHE 322: Treatment and Care of Athletic Injuries

Diagnosis, treatment, prevention and causes of athletic injuries. Bandaging, massage, etc. (Prerequisite: Human Anatomy and Physiology).

PHE 324: Administration of School Health Program

The structure and functions of World Health Organization, agencies in health education, public and voluntary organizations in health education, planning and administering school health programs, developing school health policies.

PHE 335: Tests and Measurements in Physical and Health Education

Purposes and concepts of tests and measurements in physical and health education. Study of tests concerning physical fitness, motor ability and sports skills.
SYNOPSIS OF COURSE TITLES AND CREDIT HOURS*

<table>
<thead>
<tr>
<th>First Year</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Anatomy and physiology</td>
<td>6</td>
</tr>
<tr>
<td>Foundations of Physical Education</td>
<td>6</td>
</tr>
<tr>
<td>Methods on Elementary School Physical Education</td>
<td>2</td>
</tr>
<tr>
<td>Theory and Practice of Games and Athletics (1)</td>
<td>21</td>
</tr>
<tr>
<td>Seminar on Problems of Physical and Health Education</td>
<td>2</td>
</tr>
<tr>
<td>Materials and Methods in Secondary School P.E.</td>
<td>2</td>
</tr>
<tr>
<td>Introduction to Health Education</td>
<td>2</td>
</tr>
<tr>
<td>First Aid and Safety Education</td>
<td>2</td>
</tr>
<tr>
<td>Foundations of Education</td>
<td>6</td>
</tr>
<tr>
<td>Development Psychology</td>
<td>6</td>
</tr>
<tr>
<td>General Methods and Instructional Technology</td>
<td>6</td>
</tr>
<tr>
<td>Supplementary Science (Biology)</td>
<td>2</td>
</tr>
<tr>
<td>Integrated Science (Chemistry, Physics and Biology)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>67</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Year</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Community Recreation</td>
<td>1</td>
</tr>
<tr>
<td>Principles of Curriculum and Program in P.E.</td>
<td>2</td>
</tr>
<tr>
<td>Theory and Practice of Games and Athletics (2)</td>
<td>14</td>
</tr>
<tr>
<td>Seminar in Physical and Health Education and Sports</td>
<td>2</td>
</tr>
<tr>
<td>Applied Anatomy and Kinesiology</td>
<td>4</td>
</tr>
<tr>
<td>Personal and Community Health Problems</td>
<td>1</td>
</tr>
<tr>
<td>Secondary Schools Health Science</td>
<td>2</td>
</tr>
<tr>
<td>Health Education Curriculum in Teachers' Colleges</td>
<td>2</td>
</tr>
<tr>
<td>Research and Project Methods in Health and P.E.</td>
<td>4</td>
</tr>
<tr>
<td>Educational Inquiry</td>
<td>4</td>
</tr>
<tr>
<td>Educational Psychology</td>
<td>4</td>
</tr>
<tr>
<td>Educational Administration and Supervision</td>
<td></td>
</tr>
<tr>
<td>Curriculum Studies</td>
<td>4</td>
</tr>
<tr>
<td>Guidance and Counselling</td>
<td></td>
</tr>
<tr>
<td>Supplementary Science (Biology)</td>
<td>4</td>
</tr>
<tr>
<td>Integrated Science (Chemistry, Physics &amp; Biology)</td>
<td></td>
</tr>
<tr>
<td>Teaching Practice</td>
<td>4</td>
</tr>
<tr>
<td>Field Work</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>52</td>
</tr>
</tbody>
</table>

*Extracted from the Ahmadu Bello University Sub-department of Physical and Health Education Bulletin.
### Third Year

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychology of Coaching and Athletics Theory</td>
<td>2</td>
</tr>
<tr>
<td>Physical Education and Recreation for the Physically</td>
<td>2</td>
</tr>
<tr>
<td>Handicapped</td>
<td></td>
</tr>
<tr>
<td>Organization and Administration of Games &amp; Sports Clubs</td>
<td>2</td>
</tr>
<tr>
<td>Theory and Practice of Games and Athletics (3)</td>
<td>4</td>
</tr>
<tr>
<td>Comparative Study of Nigerian Physical Education</td>
<td>2</td>
</tr>
<tr>
<td>Seminar in Physical Education and Sports</td>
<td>1</td>
</tr>
<tr>
<td>Motor Learning and Human Performance</td>
<td>1</td>
</tr>
<tr>
<td>Treatment and Care of Athletic Injuries</td>
<td>2</td>
</tr>
<tr>
<td>Physiological Conditioning and Fitness</td>
<td>2</td>
</tr>
<tr>
<td>Administration of School Health Program</td>
<td>2</td>
</tr>
<tr>
<td>Field Work (Teaching Practice/Coaching)</td>
<td>6</td>
</tr>
<tr>
<td>Physiology of Exercise</td>
<td>2</td>
</tr>
<tr>
<td>Tests and Measurements in Physical and Health Education</td>
<td>2</td>
</tr>
<tr>
<td>Supplementary Science (Biology)</td>
<td></td>
</tr>
<tr>
<td>Integrated Science (Chemistry, Physics &amp; Biology)</td>
<td>2</td>
</tr>
</tbody>
</table>

Total Credit Hours: 147

The summary of course units for the undergraduate program for the B.Sc. (Physical and Health Education) degree (Table 1) showed a paucity of health courses in relation to physical education. It was also clear from the interview with the head of the department that even in those courses with combined physical and health education titles, emphasis was placed on the physical education aspect of the course. Quite often the course description bore this out.
TABLE 1
Summary of Course Units for Undergraduate Program
for B.Sc. (Physical and Health Education)
at the Ahmadu Bello University

<table>
<thead>
<tr>
<th>Courses</th>
<th>Course Hours</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Education</td>
<td>72</td>
<td>50.0</td>
</tr>
<tr>
<td>Health Education</td>
<td>27</td>
<td>18.4</td>
</tr>
<tr>
<td>Education Courses</td>
<td>40</td>
<td>27.2</td>
</tr>
<tr>
<td>Other Courses</td>
<td>8</td>
<td>5.4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>147</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

UNIVERSITY OF IBADAN, IBADAN

The University of Ibadan, Ibadan, is the oldest university in Nigeria. It was established in 1948, as a University College, and was affiliated to London University under a special relationship. The institution formally became an autonomous university and began awarding its own degrees in 1963.

The university Department of Physical and Health Education was established in the Faculty of Education* in 1974 to provide courses for certificate, undergraduate and post graduate programs in health and physical education. The programs are intended to contribute to a

*The faculty of Education in Nigeria is the equivalent of the School of Education or the College of Education in the United States.
better understanding of health and physical education, with the dual objectives of:

1. Training health educators to teach in the secondary schools and teacher training institutions or to work in the government and local councils health agencies.

2. Training physical educators to teach in the secondary schools, and teacher training institutions; to function as coaches and sports administrators in schools, colleges, the states' sports councils and the national sports commission.

The department awards the bachelor of education (B.Ed.) degree, master of education (M.Ed.), master of philosophy (M.Phil.), certificate in education and the post-graduate diploma in education (PGDE).

The regulations governing admission, the award of degrees and certificates and the duration for the programs offered by the department are the same as for other departments in the faculty of education. The undergraduate program extends to three years. For the determination of degree classification, the prescribed minimum number of course units in health and physical education taken during the second and third years are considered. Included are all the prescribed courses taken in the second and third years in other departments as well. The final aggregate mark for the calculation of the class of degree is awarded on the following criteria:

<table>
<thead>
<tr>
<th>Class of Degree</th>
<th>Mark Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>First class honors</td>
<td>70% and above</td>
</tr>
<tr>
<td>Second class honors (upper division)</td>
<td>60 - 69%</td>
</tr>
<tr>
<td>Second class honors (lower division)</td>
<td>50 - 59%</td>
</tr>
<tr>
<td>Third class pass</td>
<td>40 - 49%</td>
</tr>
</tbody>
</table>
TITLES AND DESCRIPTIONS OF HEALTH EDUCATION COURSES
OR HEALTH AND PHYSICAL EDUCATION COURSES IN
UNIVERSITY OF IBADAN, IBADAN*

First Year

PHE 104: Elementary Anatomy and Physiology

Meaning of anatomy and physiology; the anatomical position, body regions, the skeleton. The bones, the muscles, the cardio-respiratory systems, and the aspects of neuromuscular system with particular application to physical activity.

PHE 109: Health Education

A discussion of the process of promoting safe living in school and society. Caring for pupil's health, injury, dental health, health of school personnel and an overview of school health services.

PHE 110: Health Problems in School and Colleges


PHE 111: Accidents, Sickness and Disabilities

A close study of how accidents happen; emotions and accidents; water accidents; looking ahead to prevent accidents; seizures among school children; school diseases.

PHE 155: Public Health

Awareness of health misconceptions; control of communicable diseases; vaccination and immunizations; environmental pollution.

*Extracted from the University of Ibadan Department of Physical and Health Education information bulletin, 1978.
Second Year

PHE 206: First Aid and Sports Injuries

Examination of treatment techniques; pathology; etiology; prevention and prognosis of injuries occurring most frequently on playgrounds; rehabilitation techniques and demonstrations.

PHE 212: Foods and Nutrition

A study of different food groups, functions of good constituents; importance of diet and nutrition in sports; diet in athletic performance; and nutrition deficiency diseases.

PHE 213: Personal Health and Sanitation of Primary and Secondary School Children

A study of the health habits of youths; personal and environmental care; importance of physical exercise, food and domestic hygiene; mid-day meals preparation and service.

PHE 215: Community Sanitation in Public Health and Consumer Education

Courses will be based on the historical development of the principles of organized public health activities, individual and collective efforts in the prevention and control of diseases; forms of pollution in the community-air, land, water and personal pollution.

Third Year

PHE 302: Tests and Measurements in Physical and Health Education

The study of the theory of measurement in physical and health education; place and limitations of measurements of organic vigor and health; of skills; of knowledge and character. Individual testing procedures and classification of students.
PHE 309: School Health and Safety Education

Physical defects and their control; communicable diseases; and their control; health supervision; prevention of accidents through safety consciousness.

PHE 310: Mental and Social Health

Definition of mental and social health; acceptance of individual differences; accepting responsibility; how to handle angry feelings; basic emotional needs; emotions as causes of accidents; effects of emotions on body functionings; importance of good manners and good sportsmanship.

PHE 311: Issues in Health Education

Attention will be focused on health issues of current concern; obesity and underweight; mental health; sex education; mood modifiers; environmental pollution.

PHE 312: Methods and Materials in Health Education

A study of methods and materials involved in teaching health supervision; the principles and practice of health teaching at the various level of schools—primary and secondary schools; the scope of school health services and standards.

PHE 313: Individual Projects

Students are expected to carry out a supervised individual project on current issues in Health or Physical Education.

SYNOPSIS OF COURSE TITLES AND CREDIT UNITS/HOURS

First Year

<table>
<thead>
<tr>
<th>Title of Courses</th>
<th>Units/Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practical Skills &amp; Techniques of Sports &amp; Games (1)</td>
<td>4</td>
</tr>
<tr>
<td>Historical Background of Physical Education</td>
<td>2</td>
</tr>
<tr>
<td>Principles of Physical Education</td>
<td>2</td>
</tr>
<tr>
<td>Elementary Anatomy and Physiology</td>
<td>2</td>
</tr>
<tr>
<td>Approach to Officiating in Physical Education</td>
<td>2</td>
</tr>
</tbody>
</table>
Movement Education in Physical Education 2
Health Education 2
Health Problems in Schools and Colleges 2
Accidents, Sickness and Disability 2
Physical Education Methods 2
Public Health 2
Principles and Practice of Education 2
Instructional Media and Resources 1
Education and Society 1
Elementary Statistics and Achievement Tests 1
Psychology of Learning 1

Second Year

Practical skills & Techniques of Sports & Games (2) 4
Teaching of P.E. in Primary and Secondary Schools 2
Introduction to Community Recreation 2
Motor Learning (1) 2
Physiology of Human Activities 2
First Aid and Sports Injuries 2
Coaching and Officiating in Sports 2
Kinesiology (1) 2
Organization and Teaching Health Education in Schools and Colleges 2
Foods and Nutrition 2
Personal Health and Sanitation of Primary & Secondary School Children 2
Administration, Organization and Supervision of Health Education 2
Community Sanitation in Public & Consumer Education 2
Teaching Practice 2
Organization of Nursery & Primary Education with Reference to Nigeria 2
Nursery and Primary Education Teaching Methods 3

Third Year

Scientific and Psychological Basis for Coaching Sports and Games 4
Tests and Measurements in Physical and Health Education 2
Physiology of Exercise 2
Kinesiology (2) 2
Psychology of Coaching 2
Motor Learning (2) 2
Methods in Physical Education 2
Curriculum Development 2
School Health & Safety Education 2
Issues in Health Education 2
Methods and Materials in Health Education 2
Individual Project 2
Teaching Practice 2
Introduction to Instructional Technology 2
Development Psychology 2
Inferential Statistics in Education & Psychology 1
Basic Concepts in Educational Planning Administration 2
Mental & Social Health 2

Total Units for Graduation: 103

The summary of the course units for the undergraduate program for the award of B.Ed. (Physical and Health Education) degree showed a concerted attempt to make health education as important as physical education. However, it was noted that there appeared to be a considerable degree of overlapping of the health courses as indicated by not only the course titles but also the course descriptions. The summary is shown in Table 2:

**TABLE 2**

Summary of Course Units for Undergraduate Program for B.Ed. (Physical and Health Education) at the University of Ibadan

<table>
<thead>
<tr>
<th>Courses</th>
<th>Course Units</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Education</td>
<td>51</td>
<td>49.5</td>
</tr>
<tr>
<td>Health Education</td>
<td>30</td>
<td>29.1</td>
</tr>
<tr>
<td>Education Courses</td>
<td>15</td>
<td>14.6</td>
</tr>
<tr>
<td>Other Courses</td>
<td>7</td>
<td>6.8</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>103</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
The University of Ife, Ile-Ife was established in October, 1962, and the Institute of Physical Education came into existence during the 1968-69 academic year. Admission requirements for the Institute are the same as for those laid down by the university for other departmental programs. In addition, interviews are conducted to ensure the prospective students have above average skill in some sports, but this additional requirement is in respect to physical education alone.

The designation of the degree awarded was firstly a B.A. (Education) degree in physical education. And in the 1978-79 academic year, both the B.A. (Education) degree and the B.Sc. (Education) degree in physical education would be awarded depending on whether a student combined physical education courses with more courses in the humanities or in sciences.

Although the area of specialization is indicated by physical education in the degree awarded, the Institute expects the graduates of the program to be able to teach both physical and health education.

The first year of the four-year program is devoted entirely to general studies courses. All the departments in the university offering a four-year undergraduate program require all students to spend the first year entirely on the general studies program. Students then moved to their respective areas of specialization in the second year provided they have successfully completed the first year's studies. The writer therefore felt it would be more appropriate to consider the Institute's program for physical education from the second year.
TITLES AND DESCRIPTIONS OF HEALTH EDUCATION COURSES
OR HEALTH AND PHYSICAL EDUCATION COURSES IN
UNIVERSITY OF IFE, ILE-IFE*

PED 201: School Health Education - I
Knowledge and recognition of signs and symptoms of injuries and minor ailments; awareness of the immediate steps to take to relieve pains and prevent injuries from growing worse.

PED 202: Human Biology - I
Anatomy in relation to human movements; an overview of tissues-locomotor (skeletal and muscular) and nervous systems. An in-depth study of anatomy and physiology of cardiovascular, respiratory, urino-genital, digestive, endocrine and reproductive systems as related to human movements.

PED 302: Prevention and Care of Sports Injuries
Athletic injuries, practical and theoretical aspects of massage, taping and bandaging; diet and conditioning, various therapeutic procedures.

PED 491: Human Biology - II
Elementary physiology: an elementary study of the effects of muscular activities upon the muscular, respiratory and circulatory systems.

PED 404: School Health Education II
Comparison of the traditional and modern medicine to appreciate the past and present health problems in Nigeria; the study of natural balance as affected by human activities; possible solutions to pressing ecological problems of our time.

PED 407: School Health Education - III
Knowledge and understanding of factors which affect health in Nigeria; consumer habits as related to modern social problems of stimulants, depressants and habit forming drugs.

*From the information bulletin of the Institute of Physical Education, University of Ife, Ile-Ife.
### SYNOPSIS OF COURSE TITLES AND CREDIT UNITS/HOURS for B.A. (Physical Education)

#### Second Year

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>History &amp; Philosophy of Physical Education - I</td>
<td>2</td>
</tr>
<tr>
<td>Human Biology - I</td>
<td>2</td>
</tr>
<tr>
<td>Skills and Techniques of Team &amp; Individual Sports - I</td>
<td>3</td>
</tr>
<tr>
<td>School Health Education - I</td>
<td>2</td>
</tr>
<tr>
<td>History and Philosophy of Physical Education - II</td>
<td>2</td>
</tr>
<tr>
<td>Skills and Techniques of Team &amp; Individual Sports - II</td>
<td>5</td>
</tr>
<tr>
<td>Use of English</td>
<td>2</td>
</tr>
<tr>
<td>African Culture and History</td>
<td>2</td>
</tr>
<tr>
<td>Historical &amp; Philosophical Foundations of Education</td>
<td>3</td>
</tr>
<tr>
<td>Psychological Foundations of Education</td>
<td>3</td>
</tr>
<tr>
<td>Instructional Strategies</td>
<td>3</td>
</tr>
<tr>
<td>Practice Teaching - I</td>
<td>3</td>
</tr>
<tr>
<td>Religion and Human Values - I or</td>
<td></td>
</tr>
<tr>
<td>Nigerian Traditional Social Structure</td>
<td>3</td>
</tr>
<tr>
<td>Religion and Human Values - II, or</td>
<td></td>
</tr>
<tr>
<td>Nigerian Contemporary Social Structure</td>
<td>3</td>
</tr>
</tbody>
</table>

38

#### Third Year

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills &amp; Techniques of Team &amp; Individual Sports - III</td>
<td>4</td>
</tr>
<tr>
<td>Skills &amp; Techniques of Team &amp; Individual Sports - IV</td>
<td>5</td>
</tr>
<tr>
<td>Kinesiology</td>
<td>2</td>
</tr>
<tr>
<td>Tests &amp; Measurements in Physical Education</td>
<td>2</td>
</tr>
<tr>
<td>Community Recreation</td>
<td>2</td>
</tr>
<tr>
<td>Introduction to Humanities or</td>
<td></td>
</tr>
<tr>
<td>Fundamentals of Human Behavior</td>
<td>4</td>
</tr>
<tr>
<td>Social Foundations of Education</td>
<td>3</td>
</tr>
<tr>
<td>Adolescent Psychology</td>
<td>2</td>
</tr>
<tr>
<td>Curriculum Development</td>
<td>3</td>
</tr>
<tr>
<td>Physical Education Methods</td>
<td>3</td>
</tr>
<tr>
<td>Practice Teaching</td>
<td>3</td>
</tr>
<tr>
<td>Introduction to Educational Communication &amp; Technology</td>
<td>2</td>
</tr>
<tr>
<td>Plus one elective from an approved list of courses</td>
<td></td>
</tr>
<tr>
<td>in either the Institute or in any other department</td>
<td>2</td>
</tr>
</tbody>
</table>

37
Fourth Year

Organization and Administration of Sports  3
Advanced Training in Skills & Coaching - I  3
School Health Education - II  3
Problems in Physical Education  2
School Health Education - III  3
Introduction to Folk Dances  2
Psychology of Coaching  2
Advanced Training in Skills and Coaching - II  5
School Guidance and Counselling  2
Statistics and Classroom Testing  3
Professional Seminar/Essay  3
Introduction to Adult Education  2
Plus 2 electives from an approved list of courses in either the Institute or in other departments  4

TOTAL UNITS FOR GRADUATION  112

SYNOPSIS OF COURSE TITLES AND CREDIT UNITS/HOURS for B.Sc. (Physical Education)

Second Year

Course Titles  Units
History and Philosophy of Physical Education - I  2
Human Biology - I  2
Skills & Techniques of Team & Individual Sports - I  3
School Health Education - I  2
History and Philosophy of Physical Education - II  2
Skills & Techniques of Team & Individual Sports - II  5
Use of English  2
African History and Culture  2
Psychological Foundations of Education  3
Historical & Philosophical Foundations of Education  3
Foundations of Education  3
Practice Teaching - I  3
One of the Following electives  
  Vectors  2
  Basic Inorganic Chemistry  4
  Introduction to Biology  3
  Elements of Political Science  3
  Introduction of Geomorphology  3
One of the following electives
Mathematics Methods 4
Basic Organic Chemistry 4
Introduction to Climatology 3
Political Thought: Plato to Machiavelli 3

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Third Year
Skills & Techniques of Team & Individual Sports - III 4
Skills & Techniques of Team & Individual Sports - IV 5
Kinesiology 2
Tests & Measurements in Physical Education 2
Prevention & Care of Sports Injuries 2
Introduction to Humanities or Fundamentals of Human Behavior 4
Social Foundations of Education 3
Adolescent Psychology 2
Physical Education Methods 3
Curriculum Development 3
Practice Teaching - II 3
Introduction to Educational Communications and Technology 2

Plus one elective from an approved list of courses in either the Institute or in other departments 2

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Fourth Year
Organization and Administration of Sports 3
Advanced Training in Skills and Coaching - I 3
School Health Education - II 3
Professional Seminar/Essay 2
Human Biology - II 3
Problems in Physical Education 2
School Health Education - III 2
Psychology of Coaching 2
Advanced Training in Skills & Coaching -II 5
School Guidance and Counselling 2
Statistics and Classroom Testing 3
Introduction to Adult Education 2

Plus 2 electives from an approved list of courses from other departments or from the Institute 4

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The listing of course titles in the departmental bulletin show a preponderance of courses from other departments which have been included as part of the professional program. It was observed that the amount of time devoted to the pure professional courses was grossly inadequate. (See Table 3.) This inadequacy was also reflected in the number and appropriateness of the health education courses listed and described.

**TABLE 3**

Summary of Course Units for Undergraduate Program for the B.A. & B.Sc. (Physical Education) Degree at the University of Ife

<table>
<thead>
<tr>
<th>COURSES</th>
<th>B.A. (Physical Ed.)</th>
<th>B.Sc. (Physical Ed.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Course Units</td>
<td>%</td>
</tr>
<tr>
<td>Physical Education</td>
<td>53</td>
<td>47.3</td>
</tr>
<tr>
<td>Health Education</td>
<td>10</td>
<td>8.9</td>
</tr>
<tr>
<td>Education Courses</td>
<td>30</td>
<td>26.8</td>
</tr>
<tr>
<td>Other Courses</td>
<td>19</td>
<td>17.0</td>
</tr>
<tr>
<td></td>
<td>112</td>
<td>100.0</td>
</tr>
</tbody>
</table>

UNIVERSITY OF NIGERIA, NSUKKA

The University of Nigeria, Nsukka, was established in September, 1960 and the Department of Health and Physical Education was created
within the Faculty of Education in September, 1961. The Nsukka program was the first to be established in any Nigerian University.

The department offers a program leading to the award of a bachelor of science (B.Sc.) degree in Health and Physical Education. The objectives of the department are to develop the knowledge, skills, attitudes and appreciations necessary for teachers of physical education, health education and recreation, for coaches and organizers of physical education and sports, and for teachers of physical education and sports, and for workers in related fields.

There are two types of undergraduate programs in the department: the four year program for students who gain admission into the program through the university entrance examination, and the three year program for the students with advanced level of achievement and experience in relevant courses. The latter students receive waivers in teaching subjects, thus enabling them to complete the degree program in three years. Most of the students in the department are recruited for the three year program.

The normal University Entrance Regulations and Requirements prevail. In addition to the university requirements, students are expected to possess good health, strength and vigor and potential for the development of physical, mental and social skills. All the students are expected to satisfy practice teaching certification requirements of the University of Nigeria Institute of Education whose diploma is covered in the degree program.
HPE 207: Community Health (3 Credits)

The study of major health problems in Nigerian communities, the role of the individual in preventing and solving some of his community's problems and how he can serve.

HPE 208: Disease of the Tropics (3 Credits)

Special consideration to the study of tropical diseases, their associations, prevalence and preventive measures.

HPE 303: Personal, Mental and Social Health (6 Credits)

The application of health knowledge to the hygienic practices of the individual. Understanding and appreciating good mental health as an integral part of good health and striving for the promotion of better personal and mental health. Survey of school health problems, health services, healthful environment and school health improvement.

HPE 305: Communicable Diseases (3 Credits)

The study of important communicable disease with particular reference to their causative agents, mode of transmission, preventive and control measures.

HPE 306: First Aid and Safety, Prevention and Care of Athletic Injuries: Activity for the Atypical (9 Credits)

Immediate care of injuries; what not to do, how accidents are prevented, conditioning, massage, bandaging, taping; suitable activity for the atypical.

HPE 309: Anatomy and Physiology (9 Credits)

Study of Human body and how it works; human anatomy, introductory physiology and physiology of muscular activity. The main interest is from the point of view of muscle action and sports movements.

*Extracted from University of Nigeria Department of Health and Physical Education Information Bulletin.
HPE 321: Special Methods and Materials in Health Education (3 Credits)

Teaching methods in Health Education and the use of available materials.

HPE 342: Adolescent and Adult Health (3 Credits)

The study of health problems typical of university age and adult stages in life. The progression of health problems are indicated.

HPE 403: Seminar in Health Education (3 Credits)

General discussion of the major health problems of Nigeria based on statistical data. Directed reading, reports and research on public health problems. Recent advances of other countries and how they affect this country.

HPE 409: Problems in Health and Physical Education (3 Credits)

A study of the factors which limit the scope and activities of health and physical education in different countries and suggestions on means of tackling the problems in Nigeria.

HPE 410: Supervision of School Health and Physical Education (3 Credits)

Practical means of planning and implementing school health and physical education in Nigerian schools.

HPE 412: Research Project (6 Credits)

Individual supervised reading on problems of concern to Health and Physical Education ordinarily culminating in the presentation of formal papers on one's selected problem area.

In presenting the course titles for the bachelor degree in Health and Physical Education, which follow, the writer has deemed it appropriate to leave out the four year program in favor of the three-year standard program, since the other three Nigerian Universities also run a three-year program for the bachelor degree in Health and Physical Education.
## SYNOPSIS OF COURSE TITLES AND CREDIT HOURS

### First Year

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Use of English</td>
<td>9</td>
</tr>
<tr>
<td>Natural Science</td>
<td>9</td>
</tr>
<tr>
<td>Basic Swimming and Water Safety</td>
<td>3</td>
</tr>
<tr>
<td>Instructional Activities - I</td>
<td>3</td>
</tr>
<tr>
<td>Gymnastics - I</td>
<td>3</td>
</tr>
<tr>
<td>Skills and Techniques of Team Sports</td>
<td>9</td>
</tr>
<tr>
<td>History and Philosophy of Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Social &amp; Philosophical Foundations of Education</td>
<td>6</td>
</tr>
<tr>
<td>General Biology</td>
<td>12</td>
</tr>
<tr>
<td>Teaching Practice - I</td>
<td>6</td>
</tr>
</tbody>
</table>

### Second Year

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization &amp; Administration of Physical Education - I</td>
<td>6</td>
</tr>
<tr>
<td>Movement Study and Creative Dance Techniques</td>
<td>3</td>
</tr>
<tr>
<td>Personal, Mental &amp; School Health</td>
<td>6</td>
</tr>
<tr>
<td>Principles &amp; Practice of Officiating &amp; Coaching</td>
<td>3</td>
</tr>
<tr>
<td>Anatomy &amp; Physiology</td>
<td>9</td>
</tr>
<tr>
<td>Educational Psychology</td>
<td>9</td>
</tr>
<tr>
<td>Curriculum and Methodology</td>
<td>6</td>
</tr>
<tr>
<td>Special Methods in Teaching Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Electives</td>
<td>3</td>
</tr>
<tr>
<td>Teaching Practice - II</td>
<td>4</td>
</tr>
</tbody>
</table>

### Third Year

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills &amp; Techniques of Individual Sports</td>
<td>9</td>
</tr>
<tr>
<td>First Aid and Safety, Prevention and Care of Athletic Injuries, Activities for the Atypical</td>
<td>9</td>
</tr>
<tr>
<td>Physical Education in Elementary &amp; Secondary Schools</td>
<td>3</td>
</tr>
<tr>
<td>Scientific &amp; Psychological basis of Coaching</td>
<td>3</td>
</tr>
<tr>
<td>Seminar in Health Education</td>
<td>3</td>
</tr>
<tr>
<td>Tests &amp; Measurements in Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Kinesiology</td>
<td>3</td>
</tr>
<tr>
<td>Seminar in Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Course</td>
<td>Credit Hours</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Problems in Health &amp; Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Supervision of School Health &amp; Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Advanced Organization &amp; Administration of P.E.</td>
<td>3</td>
</tr>
<tr>
<td>Research Project in Health/Physical Education</td>
<td>6</td>
</tr>
<tr>
<td>History of Education</td>
<td>6</td>
</tr>
<tr>
<td>Comparative Education</td>
<td>3</td>
</tr>
</tbody>
</table>

**TOTAL CREDIT HOURS FOR GRADUATING:** 175

**Elective Courses**

**Physical Education**

- Activity Science: 2 credits
- Gymnastics - II: 3 credits

**Health Education**

- Social Change and Social Problems: 9 credits
- Principles of Nutrition: 9 credits
- Community Health: 3 credits
- Special Methods & Materials in Health Education: 3 credits
- Adolescent and Adult Health: 3 credits

The summary of the course offerings for the undergraduate program for the B.Sc. (Physical and Health Education) degree shows that almost half of the professional courses in the department of Physical and Health Education were devoted to health education courses. However, it will be noted that there was an elective 3-credits course which was not included under either physical education or health education, because the course could be taken from among the physical education electives or from among the health education electives. Similarly, the 6 credits for 'Research Project' could be taken from health education. A student might wish to take the 3-credits elective from health education and the 6-credits for the research project from physical
education, and vice versa. He might also decide to take both from either health education or physical education.

**TABLE 4**

Summary of Credits for Undergraduate Program for B.Sc. (Physical and Health Education) at the University of Nigeria, Nsukka

<table>
<thead>
<tr>
<th>COURSES</th>
<th>Credits</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Education</td>
<td>66</td>
<td>39.7</td>
</tr>
<tr>
<td>Health Education</td>
<td>30</td>
<td>18.1</td>
</tr>
<tr>
<td>Education Courses</td>
<td>40</td>
<td>24.1</td>
</tr>
<tr>
<td>Other Courses</td>
<td>30</td>
<td>18.1</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>166</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**SUMMARY AND REVIEW**

In terms of the number of health courses offered in relation to the physical education courses, the University of Ibadan showed a more concerted attempt to make health education as important as physical education. The University of Nigeria came a close second with 31.3% of the professional courses in health. University of Ife with only 15.9% of the professional courses devoted to health education clearly showed it was not very important in its program. Ahmadu Bello University
has just above one fourth of the credit hours of its professional
courses devoted to health education, and in terms of numerical value of
credit hours has more health courses than the University of Ife.
(See Table 5,)

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>Health Education</th>
<th>Physical Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Ibadan, Ibadan</td>
<td>30 37.0</td>
<td>51 63.0</td>
</tr>
<tr>
<td>University of Nigeria, Nsukka</td>
<td>30 31.3</td>
<td>66 68.7</td>
</tr>
<tr>
<td>Ahmadu Bello University, Zaria</td>
<td>27 27.3</td>
<td>72 72.7</td>
</tr>
<tr>
<td>University of Ife, Ile-Ife</td>
<td>10 15.9</td>
<td>53 84.1</td>
</tr>
</tbody>
</table>

No attempts have been made to present a composite analysis of the
actual instruction and laboratory periods in all the Nigerian universi-
ties, because of the differences in the organization of courses among
the institutions and often times within the same program of individual
departments. For example, in Ahmadu Bello University where the term
system is operated, most courses were offered for two consecutive terms,
and some for a whole academic year. One of several examples is course
PHE III: Anatomy and Physiology which is a 2-hour/unit course offered
for the first, second, and third terms respectively. Side by
side with similar courses above were courses which were offered
by Ahmadu Bello University also for only one term. Examples are
course PHE 113: Methods of Elementary Physical Education, a 2-hour/
unit course offered for only the second term of the first year, and
course PHE 222: Personal and Community Health Problems offered during
the first term of the second year.

The University of Nigeria, Nsukka operated the term system similar
to Ahmadu Bello University, Zaria. An examination of their course
organization would give the impression of the allocation of more hours
per course when viewed in line with other Nigerian universities. But
in practice the time indicated for any given course included the lecture
time or what some universities call the "contact time," and the time
which was expected to be used by the students to prepare for the lesson.
For example, for a course of 6-credit hours, the actual contact period
or instruction period per week was 3 hours and the students were
expected to have used 3 hours to prepare for, or go over the lesson after
the lecture had been given. No investigation has been carried out to
see whether in fact students actually utilized their portion of the
allotted time for the purpose it was meant.

At the time data were collected, the Universities of Ibadan and
Ife were experimenting on their first year of the semester system.
However, the data collected were based on the previous system which
was term system. In the above universities, some courses were completed
during one term while other extended to two or three terms. In this
respect, all the universities were similar in the organization of their
courses.
It was evident that all the Nigerian universities studies were operating a cross-breed system. This is a system which lies between the American system in which a course terminated at the end of the quarter or semester, and the British system in which a course extended to two terms or the entire academic year. The duration of a course was determined by the amount of emphasis and depth required in a given course.

What has been accomplished specifically in this chapter has been the presentation of the course titles and descriptions of the health education courses and of the combined health and physical education courses; the listing of courses offered for the undergraduate programs; the summary of the course units/hours in the four categories of courses, and the amount of emphasis given to health education vis-à-vis physical education in the programs.

No attempt has been made to assess the appropriateness of the health education courses. However, it was evident, from the course listings for the undergraduate programs of the four institutions, that University of Ibadan and the University of Nigeria appeared to have made a strong attempt to make health education as important as physical education. (See Tables 5 and 6.)
### TABLE 6

SUMMARY OF COURSE UNITS/HOURS IN PHYSICAL EDUCATION, HEALTH EDUCATION, EDUCATION AND OTHER COURSES IN FOUR NIGERIAN UNIVERSITIES

<table>
<thead>
<tr>
<th>Institution</th>
<th>Degree Awarded</th>
<th>Total Units/ Hours</th>
<th>Physical Education Units/ Hours</th>
<th>Health Education Units/ Hours</th>
<th>Education Units/ Hours</th>
<th>Other Courses Units/ Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Ibadan</td>
<td>B.Ed.</td>
<td>103</td>
<td>51 49.0</td>
<td>30 29.1</td>
<td>15 14.6</td>
<td>7 6.8</td>
</tr>
<tr>
<td>University of Ife</td>
<td>B.A. B.Sc.</td>
<td>112 114</td>
<td>53 47.3</td>
<td>10 8.9</td>
<td>30 26.8</td>
<td>19 17.0</td>
</tr>
<tr>
<td>University of Nigeria</td>
<td>B.Sc.</td>
<td>166</td>
<td>66 39.7</td>
<td>30 18.1</td>
<td>40 24.1</td>
<td>30 18.1</td>
</tr>
<tr>
<td>University of Ahmadu Bello</td>
<td>B.Sc.</td>
<td>147</td>
<td>72 50.0</td>
<td>27 18.4</td>
<td>40 27.2</td>
<td>8 5.4</td>
</tr>
</tbody>
</table>
CHAPTER V

HEALTH AND PHYSICAL EDUCATION COURSES OFFERED
BY AMERICAN COLLEGES/UNIVERSITIES PROGRAMS

A study of the materials and bulletins obtained from American colleges and universities that grant bachelor degrees in health and physical education revealed that certain significant characteristics were common to all or most of them. In addition to being state supported institutions, they also share most of the following characteristics:

1. Membership of a recognized association which accredits colleges and universities for the award of degrees.

2. Four-year undergraduate programs leading to an award of a bachelor of arts or bachelor of science degree in Health and Physical Education.

3. Most have the general or basic education requirements made up of courses in English and humanities, social and behavioral sciences, and biological and physical sciences which must be completed successfully during the first two years of college.

4. Accreditation of the teacher education programs by the National Council for the Accreditation of Teacher Education.

5. Teacher-education programs with courses in education and educational skills including communication skills.

6. Requirement of high school diploma or its equivalent for admission.
7. Requirement of a "C" grade average for graduation.

8. The inclusion of elective courses.

There were several other commonalities such as requiring all students (non-majors in physical education) to participate in service physical education courses of varying number or units; the preparation of students for further graduate work if desired; the provision of facilities for participation in programs of intramural and intercollegiate sports and so on.

The purpose of this chapter was therefore to present courses in health education, physical education and in combined health and physical education. The author decided to adopt this procedure in order to set out clearly the relationship between the number of courses in health education, physical education and those other courses which are generally a combination of health and physical education as perceived from the course titles and the credit hours assigned.

A brief introductory statement has been made in respect to some of the colleges in order to clarify the college system, the nomenclature of the undergraduate degree awarded and the number of credit semester or quarter hours required for graduation. In some cases, this approach was not possible because some heads or chairpersons of departments returned completed questionnaires with only sketchy information beyond the departmental programs in health and physical education.

Course descriptions were not provided as was done for the Nigerian institutions in the previous chapter.
The department of Health and Physical Education at the McNeese State University is a component part of the School of Education. All the teacher education programs of the School of Education, including the department of Health and Physical Education leading to the award of the bachelor's, master's and specialist's degrees are accredited by the National Council for the Accreditation of Teacher Education. One hundred and thirty-five semester credit hours are required for graduation. Below are the courses in health education, physical education and combined health and physical education courses.

Health Education Courses

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid</td>
<td>2</td>
</tr>
<tr>
<td>Personal Health</td>
<td>3</td>
</tr>
<tr>
<td>Public Health</td>
<td>3</td>
</tr>
<tr>
<td>General Safety Education</td>
<td>3</td>
</tr>
<tr>
<td>Methods in Health Education in Elementary and Secondary Schools</td>
<td>2</td>
</tr>
</tbody>
</table>

13

Physical Education Courses

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Skills and Teaching Techniques in Physical Education - I</td>
<td>4</td>
</tr>
<tr>
<td>Basic Skills and Teaching Techniques in Physical Education</td>
<td>4</td>
</tr>
<tr>
<td>Methods of Coaching Baseball &amp; Track</td>
<td>2</td>
</tr>
<tr>
<td>Methods of Coaching Football</td>
<td>2</td>
</tr>
<tr>
<td>Methods of Coaching Basketball</td>
<td>2</td>
</tr>
</tbody>
</table>

*Information from the 1978-79 General Catalogue of McNeese State University, Lake Charles, Louisiana.*
Indiana University of Pennsylvania requires each student to have a minimum of 124 credit hours to graduate. The 124 credit hours are made up of 53 credits for each general education courses, 28 credits for professional education courses which include education courses, student teaching and health and physical education courses, and 36 credits for physical education specialization. There are seven credits for elective courses. The physical education specialization offerings include health education and physical education courses. The following represent the course titles for the health education.

*Information from departmental program submitted by the chairman of the department of health and physical education at Indiana University of Pennsylvania, Indiana, Pennsylvania.*
and combined health and physical education courses with the assigned credit hours.

<table>
<thead>
<tr>
<th>Health Education Courses</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Health Care</td>
<td>1</td>
</tr>
<tr>
<td>Health Science Instruction</td>
<td>3</td>
</tr>
<tr>
<td>School Health Program</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Education Courses</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methods/Activity Specialization</td>
<td>10</td>
</tr>
<tr>
<td>Biomechanics</td>
<td>3</td>
</tr>
<tr>
<td>Adapted Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Basic Sports Medicine</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health and Physical Education Courses</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methods in Elementary Health and Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Evaluation in Health and Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Foundations of Health, Physical Education and Recreation</td>
<td>3</td>
</tr>
<tr>
<td>Human structure and Function</td>
<td>3</td>
</tr>
<tr>
<td>Psychological Implications for Health, Physical Education and Recreation</td>
<td>3</td>
</tr>
<tr>
<td>Seminar in Health, Physical Education and Recreation</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>18</td>
</tr>
</tbody>
</table>

| Elective Courses                                 | 7            |

**TOTAL CREDIT HOURS FOR HEALTH AND PHYSICAL EDUCATION COURSES** 50
HENDERSON STATE UNIVERSITY
Arkadelphia, Arkansas*

Henderson State University offers a program leading to the degree of Bachelor of Science in Education (BSE), with specialization in physical education. The institution is accredited by the North Central Association of Colleges and Secondary Schools as a bachelor's and master's degrees granting institution. It is also accredited by the National Council for the Accreditation of Teacher Education. A successful completion of 124 semester hours of work is required for the granting of the bachelor of science degree. The following course titles make up the core and required courses in health and physical education.

<table>
<thead>
<tr>
<th>Health Education Courses</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Safety Education</td>
<td>3</td>
</tr>
<tr>
<td>First Aid</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>__________</td>
</tr>
<tr>
<td></td>
<td>__________ 6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Education Courses</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Education Principles</td>
<td>3</td>
</tr>
<tr>
<td>Motor Development &amp; Skill Acquisition</td>
<td>3</td>
</tr>
<tr>
<td>Anatomy for Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Kinesiology</td>
<td>3</td>
</tr>
<tr>
<td>Physiology for Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Administrative Procedures</td>
<td>3</td>
</tr>
<tr>
<td>Recreation Leadership</td>
<td>3</td>
</tr>
<tr>
<td>Coaching Theory of Football</td>
<td>1</td>
</tr>
<tr>
<td>Coaching Theory of Track</td>
<td>1</td>
</tr>
<tr>
<td>Coaching Theory of Basketball</td>
<td>1</td>
</tr>
<tr>
<td>Coaching Theory of Baseball</td>
<td>1</td>
</tr>
<tr>
<td>Directed Activities</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>__________</td>
</tr>
<tr>
<td></td>
<td>__________ 38</td>
</tr>
</tbody>
</table>

*Information from 1976-78 college catalogue of Henderson State University, Arkadelphia, Arkansas.*
The Henderson State University bulletin from which the above course titles were obtained did not contain a listing of combined health and physical education courses. The required courses in the program were in favor of physical education, and direct health courses are conspicuously few. The above listing constituted the requirements for a major in health and physical education. A review of the course descriptions of possible offerings in the department of health and physical education indicated in the university bulletin showed the following listings in health education:

1. School Health Program.
2. Personal Safety and First Aid.
4. Methods and Materials in Health Education.
5. Drug Education Workshop.
6. Health Seminar.

Since the college graduation requirements for the bachelor of science education make it mandatory for student to take a minimum of 12 semester hours of "teaching minor," a student in the department of health and physical education has the option of taking health education as his minor. On the other hand, if he decided on any other approved area other than health education, the chances are that he may not have the opportunity of taking many health courses that would qualify him to teach health education in schools or take up a health related job.
West Georgia College offers a program leading to the degree of Bachelor of Science in Health and Physical Education. The program is accredited by the National Council for the Accreditation of Teacher Education. The following courses constitute the course requirements in health and physical education:

### Health Education Courses

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid</td>
<td>3</td>
</tr>
<tr>
<td>School Health Program</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

### Physical Education Courses

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Courses</td>
<td>18</td>
</tr>
<tr>
<td>Applied Kinesiology</td>
<td>3</td>
</tr>
<tr>
<td>Physiology of Exercise</td>
<td>5</td>
</tr>
<tr>
<td>History and Philosophy of Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Tests and Measurements in Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Athletic Training</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35</strong></td>
</tr>
</tbody>
</table>

### Health and Physical Education Courses

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Physical Education in the Elementary Schools</td>
<td>5</td>
</tr>
<tr>
<td>Electives</td>
<td>6</td>
</tr>
<tr>
<td><strong>TOTAL NUMBER OF CREDIT HOURS</strong></td>
<td><strong>54</strong></td>
</tr>
</tbody>
</table>

*Information from Department Chairman, Health and Physical Education at the West Georgia College, Carrollton, Georgia.*
The department of Health, Physical Education and Recreation of the University of North Carolina awards a bachelor of arts degree in Health and Physical Education or in Recreation. The programs are accredited by the National Council for the Accreditation of Teacher Education. The following courses are the core and required offerings in health and physical education:

<table>
<thead>
<tr>
<th>Health Education Courses</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Hygiene</td>
<td>3</td>
</tr>
<tr>
<td>Health Education</td>
<td>3</td>
</tr>
<tr>
<td>First Aid, Safety and Athletic Injuries</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Education Courses</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sports Skills</td>
<td>10/11</td>
</tr>
<tr>
<td>Foundations of Physical Education</td>
<td>1</td>
</tr>
<tr>
<td>Physical Education Activity</td>
<td>1</td>
</tr>
<tr>
<td>Applied Physiology and Exercise</td>
<td>4</td>
</tr>
<tr>
<td>Methods of Teaching Motor Activity</td>
<td>3</td>
</tr>
<tr>
<td>Tests and Measurements in Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>The Elementary Program and the Physical Education Specialist</td>
<td>2</td>
</tr>
<tr>
<td>Movement Education</td>
<td>2</td>
</tr>
<tr>
<td>Adapted Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Practicum in Teaching Physical Education</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td><strong>31/32</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health and Physical Education Courses</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy and Physiology</td>
<td>4</td>
</tr>
<tr>
<td>Principles of Health &amp; Physical Education</td>
<td>3</td>
</tr>
</tbody>
</table>

*Information extracted from college catalogue submitted by the Chairman of the Department of Health and Physical Education, at the University of North Carolina, Wilmington, North Carolina.*
Organization and Administration of Health and Physical Education

TOTAL NUMBER OF CREDIT HOURS

BOSTON STATE COLLEGE
Boston, Massachusetts*

Boston State College is accredited by the New England Association of Schools and Colleges and the undergraduate teacher education program which includes the program offered by the department of Health, Physical Education and Recreation are certified by the National Association of State Directors of Teacher Education and Certification. The department of health, physical education and recreation for men and women jointly offer a degree program with the broad spectrum of academic offerings involving professional preparation in the fields of health, physical education and recreation. Physical education majors may elect to specialize in one of the eight areas which includes health education, i.e., physical education with a health concentration. The department grants a bachelor of science degree and requires 126 semester hours for graduation.

The following are the course titles and semester hours in the health and physical education program with a specialization in health.

*Information from the General Information catalogue 1978-80 of Boston State College, Boston, Massachusetts.
<table>
<thead>
<tr>
<th>Health Education Courses</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid and Cardio-Pulmonary Resuscitation</td>
<td>2</td>
</tr>
<tr>
<td>Health Problems in the Classroom</td>
<td>3</td>
</tr>
<tr>
<td>Environmental Biology</td>
<td>3</td>
</tr>
<tr>
<td>Nutrition</td>
<td>3</td>
</tr>
<tr>
<td>Drugs: Use and Misuse or Psychology of Drug and Alcohol Dependence</td>
<td>3</td>
</tr>
<tr>
<td>Medical Sociology or Psychology of Exceptional Children</td>
<td>3</td>
</tr>
<tr>
<td>Directed Field Work in Health</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Education Courses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Physical Education</td>
<td>1</td>
</tr>
<tr>
<td>History and Philosophy of Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Physiology of Exercise</td>
<td>3</td>
</tr>
<tr>
<td>Physical Education for the Atypical Skills and Activity Classes</td>
<td>6</td>
</tr>
<tr>
<td>(selected from a list)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health and Physical Education Courses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy</td>
<td>4</td>
</tr>
<tr>
<td>Human Physiology</td>
<td>4</td>
</tr>
<tr>
<td>Current Problems in Health and Physical Education</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>

| TOTAL NUMBER OF CREDIT HOURS                                 | 46            |

EDINBORO STATE COLLEGE  
Edinboro, Pennsylvania*

Edinboro State College is a Liberal Arts College. The institution believes that by virtue of the liberal education it gives, its students

*Information from departmental program submitted by the Chairman of the Department of Health and Physical Education at Edinboro State College, Edinboro, Pennsylvania.
are better prepared to cope with the great changes constantly made by scientific and technological advances, than their contemporaries who have a narrow more intensified education. This belief is noted in the fact that out of the 128 semester hours which are required for graduation, 60 semester hours are devoted to general education and only 44 semester hours to the area of specialization.

The Department of Health and Physical Education awards a bachelor of science degree in education, with specialization in Health and Physical Education--Grades K-12. The following courses are required for specialization in health and physical education:

<table>
<thead>
<tr>
<th>Health Education Courses</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching of Health Education*</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Education Courses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinesiology</td>
<td>3</td>
</tr>
<tr>
<td>Tests and Measurements in Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Adapted Physical Education</td>
<td>2</td>
</tr>
<tr>
<td>Physical Education Seminar and Practicum</td>
<td>3</td>
</tr>
<tr>
<td>Exercise Physiology</td>
<td>3</td>
</tr>
<tr>
<td>Activity Courses</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health and Physical Education Courses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction and Principles of Health and Education</td>
<td>3</td>
</tr>
<tr>
<td>Applied Human Anatomy in Health &amp; Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Applied Human Physiology in Health &amp; Phys. Education</td>
<td>3</td>
</tr>
<tr>
<td>Organization &amp; Administration of Health &amp; Physical Education</td>
<td>12</td>
</tr>
</tbody>
</table>

*This is a part of professional education requirement and is therefore not included in the total semester hours for health and physical education.
Electives

3 credits to be chosen from cognitive area of Health and Physical Education or from Safety Education, and 3 credits from two Activity courses not already listed in the requirements.

TOTAL NUMBER OF CREDIT HOURS

UNIVERSITY OF TEXAS AT EL PASO
El Paso, Texas

The College of Education of which the department of Health and Physical Education is a component, is fully accredited by both the National Council for Accreditation of Teacher Education (NCATE) and the Texas Education Agency (TEA). For the award of the Bachelor of Science in Education (B.S.) degree in a particular field of specialization, a student must successfully complete a minimum of 132 semester hours in the following areas:

1. Academic Foundations (66 Semester Hours)
2. Academic Specialization (48 Semester Hours)
3. Professional Development (18 Semester Hours)
4. Electives (10 Semester Hours)

A number of the academic specialization courses require that students take pre-requisite courses which are not direct requirements in any area. Such courses could be taken to satisfy the requirements for the elective courses.

*Information from extract of college catalogue submitted by the Chairman of Department of Health and Physical Education at the University of Texas, El Paso, Texas.
### Health Education Courses

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid and Safety Education</td>
<td>3</td>
</tr>
<tr>
<td>Nutrition Education</td>
<td>3</td>
</tr>
<tr>
<td>Methods and Materials in Health Education</td>
<td>3</td>
</tr>
<tr>
<td>Health Education in Secondary Schools</td>
<td>3</td>
</tr>
<tr>
<td>Fundamentals of Family Life and Sex Education</td>
<td>3</td>
</tr>
<tr>
<td>Three of the following courses:</td>
<td></td>
</tr>
<tr>
<td>Health Science Information</td>
<td>(3)</td>
</tr>
<tr>
<td>Community Hygiene</td>
<td>(3)</td>
</tr>
<tr>
<td>Current Problems in Health Education</td>
<td>3</td>
</tr>
<tr>
<td>Field Experiences in Health Education</td>
<td>(3)</td>
</tr>
<tr>
<td>Public Health Administration I</td>
<td>(3)</td>
</tr>
<tr>
<td>Public Health Administration II</td>
<td>(3)</td>
</tr>
</tbody>
</table>

### Physical Education Courses

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Techniques of Coaching Softball (women)</td>
<td></td>
</tr>
<tr>
<td>Techniques of Coaching Football (men)</td>
<td></td>
</tr>
<tr>
<td>Techniques of Coaching Basketball (co-educational)</td>
<td></td>
</tr>
<tr>
<td>or</td>
<td></td>
</tr>
<tr>
<td>Coaches Volleyball (women), Baseball (men)</td>
<td>3</td>
</tr>
<tr>
<td>Track and Field (co-educational)</td>
<td></td>
</tr>
<tr>
<td>Current Methods and Materials in Physical Education in Schools - I</td>
<td>3</td>
</tr>
<tr>
<td>Current Methods and Materials in Physical Education in Schools - II</td>
<td>3</td>
</tr>
<tr>
<td>Organization and Administration of Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Kinesiology</td>
<td></td>
</tr>
<tr>
<td>Techniques, Methods and Materials of Instruction in Dance or</td>
<td></td>
</tr>
<tr>
<td>Methods and materials in Teaching Folk, Social, Square and Ethnic Dance</td>
<td>1</td>
</tr>
<tr>
<td>Six (6) Skills and Activity Courses</td>
<td>6</td>
</tr>
</tbody>
</table>

### Health and Physical Education Courses

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement in Health and Physical Education</td>
<td>3</td>
</tr>
</tbody>
</table>

### Total Semester Hours

| Total Semester Hours | 52              |
East Tennessee State University is accredited by a number of professional associations and agencies including the Southern Association of Colleges and Schools, Tennessee State Board of Education and the National Council for Accreditation of Teachers. The minimum requirement for the bachelor's degree is 192 quarter hours made up of 54 quarter hours of general education core requirements and 138 quarter hours in the major and minor fields of study. Although there is a separate department which offers a program in health education, with options in school health and community health, the department of physical education also offers programs in elementary K-9, secondary 7-12 and health and physical education K-12.

For the major in health and physical education, a student needed 38 quarter hours physical education, 33 quarter hours health education and 12 quarter hours biology. The following are the speciality requirements for the program of health and physical education. (Biology courses are not included.)

<table>
<thead>
<tr>
<th>Health Education Courses</th>
<th>Quarter Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Health</td>
<td>3</td>
</tr>
<tr>
<td>Safety Education and First Aid</td>
<td>3</td>
</tr>
<tr>
<td>Elementary Nutrition</td>
<td>3</td>
</tr>
<tr>
<td>School Health Problems</td>
<td>3</td>
</tr>
<tr>
<td>General Microbiology</td>
<td>5</td>
</tr>
<tr>
<td>Environmental Sanitation</td>
<td>3</td>
</tr>
<tr>
<td>Community Health</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>23</strong></td>
</tr>
</tbody>
</table>

---

Physical Education Courses

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Games Program - Theory and Development</td>
<td>3</td>
</tr>
<tr>
<td>Skill and Teaching of Dance</td>
<td>2</td>
</tr>
<tr>
<td>Program Planning in Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Skills and Techniques for Teachers of Team Sports</td>
<td>3</td>
</tr>
<tr>
<td>Teaching Gymnastics</td>
<td>2</td>
</tr>
<tr>
<td>Teaching of Conditioning</td>
<td>2</td>
</tr>
<tr>
<td>Organization and Administration of Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Tests and Measurements</td>
<td>3</td>
</tr>
<tr>
<td>The Teaching of Adults Recreational Sports</td>
<td>2</td>
</tr>
<tr>
<td>Teaching of Swimming</td>
<td>2</td>
</tr>
<tr>
<td>Teaching of Adaptive Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Methods of Teaching Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Elective Course: one of the following:</td>
<td></td>
</tr>
<tr>
<td>Teaching Tennis</td>
<td></td>
</tr>
<tr>
<td>Coaching Basketball</td>
<td></td>
</tr>
<tr>
<td>Coaching Baseball</td>
<td></td>
</tr>
<tr>
<td>Coaching Track and Field</td>
<td>2</td>
</tr>
<tr>
<td>Care and Treatment of Athletic Injuries</td>
<td></td>
</tr>
<tr>
<td></td>
<td>33</td>
</tr>
</tbody>
</table>

Health and Physical Education Courses*

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Health, Physical Education and Recreation*</td>
<td>2</td>
</tr>
<tr>
<td>History and Principles of Health and Physical Education*</td>
<td>3</td>
</tr>
<tr>
<td>Human Anatomy and Physiology**</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>

TOTAL QUARTER HOURS FOR PROFESSIONAL REQUIREMENTS 71

*These courses are listed under physical education speciality in the bulletin.

**This course is listed under health education in the college bulletin.
The College of Education of the Old Dominion University is accredited by the National Council for the Accreditation of Teacher Education. The department of Health, Physical Education and Recreation grants a Bachelor of Science (B.S.) degree in Physical Education, and an undergraduate is required to have successfully completed 124 semester hours of study to earn a degree. Also available to physical education majors are certification and interest areas which includes health education certification program for which 46 semester hours are required. In order to complete the requirements for health education certification, a student may need to attend the summer school or an additional semester.

The following constitute the course listings in health education, physical education and health and physical education:

<table>
<thead>
<tr>
<th>Health Education Courses</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal and Community Health</td>
<td>3</td>
</tr>
<tr>
<td>Advanced First Aid</td>
<td>3</td>
</tr>
</tbody>
</table>

Physical Education

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundations of Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Skills and Activity Courses</td>
<td>18</td>
</tr>
<tr>
<td>Outdoor Adventure Activities</td>
<td>2</td>
</tr>
<tr>
<td>Elementary Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Tests and Measurements in Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Kinesiology</td>
<td>3</td>
</tr>
</tbody>
</table>

*Information from departmental program and extract from college catalogue submitted by the Chairman of the Department of Health/Physical Education, Old Dominion University-Norfolk.
Anatomy and Physiology 5
Methods and Materials in Secondary Physical Education 3
Exercise Physiology 4
Driver Education 3
Adaptive Physical Education 3
Preventive and Care of Injuries Related to Physical Education 3

Health and Physical Education Courses Semester Hours
Organization & Administration of Health and Physical Education 3
Student Teaching Seminar 2
Student Teaching Practice 12

TOTAL NUMBER OF CREDIT HOURS 76

The fact that a student needs to take additional semester hours of health education for certification does indicate the inadequacy of the health courses in the purely physical education program.

For certification to teach health education in the state of Virginia, a student needed to take the following health courses:

Health Education Courses for Certification

Methods and Materials in Health Education 3
Organization and Administration of School Health Program 3
Health Counseling 3
Curriculum Design in Health Education 3
Sex Education in Schools 3
Human Anatomy and Physiology 5
Advanced First Aid/Emergency Care* 3
Personal and Community Health* 3
14 semester hours for General Chemistry, Basic Bacteriology, Psychology of the Child and of the adolescent 14

TOTAL NUMBER OF CREDIT HOURS 46

*Also listed under physical education (major) program.
The University of Arkansas at Little Rock is fully accredited by the North Central Association of Colleges and Schools, and its Health, Physical Education and Recreation Programs are accredited by the National Council for Accreditation of Teacher Education. The four year bachelor degree program at UALR includes the following components:

1. The general education courses.
2. The pattern courses either pattern I, II, or III depending on the major field.
3. A major area of concentration.
4. A minor area of concentration.

The academic year includes two regular semesters in the fall and spring, and a summer session of two six-week terms. The unit of credit is the semester hour.

The department of health, physical education and recreation grants both the Bachelor of Science (B.S.) and the Bachelor of Science in Education (B.S.E.) degrees. The basic difference in both degrees is that more education courses are offered for the B.S.E. degree than for the B.S. The departmental offerings provide concentration (major) as well as minor in health education, physical education and recreation.

The following are the courses listed for physical education emphasis (major):

<table>
<thead>
<tr>
<th>Health Education</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced First Aid</td>
<td>3</td>
</tr>
<tr>
<td>Personal and Community Health</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

Physical Education Courses

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Swimming or Senior Life Saving</td>
<td>1</td>
</tr>
<tr>
<td>Dance for Majors</td>
<td>2</td>
</tr>
<tr>
<td>Movement Foundations</td>
<td>2</td>
</tr>
<tr>
<td>Sports Officiating and Coaching</td>
<td>33</td>
</tr>
<tr>
<td>Movement Education</td>
<td>3</td>
</tr>
<tr>
<td>Measurement and Evaluation in Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Methods and Techniques of Teaching</td>
<td></td>
</tr>
<tr>
<td>Physical Education to Adolescents</td>
<td>3</td>
</tr>
<tr>
<td>History of Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Organization and Administration of Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Skills and Activity Courses</td>
<td>14/15</td>
</tr>
<tr>
<td>Introduction to Human Anatomy and Physiology</td>
<td>6</td>
</tr>
<tr>
<td>Kinesiology</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>47/48</td>
</tr>
</tbody>
</table>

TOTAL NUMBER OF SEMESTER HOURS 53/54

The above offerings show a minimal course offerings for health education. Consequently, a student who wishes to be certified to teach health education would have to take the health minor courses listed below:

<table>
<thead>
<tr>
<th>Health Education Minor Offerings</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced First Aid*</td>
<td>3</td>
</tr>
<tr>
<td>Personal and Community Health</td>
<td>3</td>
</tr>
<tr>
<td>Introduction to Human Anatomy &amp; Physiology*</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Also listed under physical education major.
The School Health Program

Methods and Techniques of Teaching Health Education to Adolescents or Teaching Health Education in the Secondary Schools

Elect two courses (6) from the following:
- Drug Education (3)
- Family Life and Sex Education (3)
- Community Health Science (3)
- Mental Health Education (3)

TOTAL NUMBER OF SEMESTER HOURS 24

A review of the programs for health major and for health minor revealed that the health content course in both are basically the same in terms of the semester hour requirements (24 semester hours) as well as the course titles and descriptions. The difference was found in the additional offerings in the case of health major which included the following:

1. General education requirements.
2. Related area requirements.
3. Professional education requirements and electives.

STEPHEN F. AUSTIN STATE UNIVERSITY
Nacogdoches, Texas*

The Department of Health and Physical Education at Stephen F. Austin State University prepares teachers of health and physical education for elementary and secondary school, teachers of driver's education, athletics coaches, athletics trainers and certified First Aid and

*Information from Stephen F. Austin University, Nacogdoches, Texas, general bulletin for 1978-79 college year.
water safety instructors. Students may major or minor in health education or physical education for the Bachelor of Science in Education (B.S.Ed.) degree. Physical education may be chosen as one major and health education as another.

A total of 130 semester hours are required for graduation made up of 40 semester hours of general education, 30 for major, 18 for minor, 6 of electives and additional hours to make up a total of at least 130 semester hours.

The following are the required courses for health education and physical education majors:

**Health Education Courses**

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal and Community*</td>
<td>3</td>
</tr>
<tr>
<td>First Aid Program and Disaster Education*</td>
<td>3</td>
</tr>
<tr>
<td>Health Education for Secondary School</td>
<td>3</td>
</tr>
<tr>
<td>Prevention and Control of Disease*</td>
<td>3</td>
</tr>
<tr>
<td>Health Education for Today*</td>
<td>3</td>
</tr>
<tr>
<td>Social Health*</td>
<td>3</td>
</tr>
<tr>
<td>Health Curriculum Design and Evaluation</td>
<td>3</td>
</tr>
<tr>
<td>Principles of General Safety*</td>
<td>3</td>
</tr>
<tr>
<td>Nutrition</td>
<td>3</td>
</tr>
</tbody>
</table>

**Physical Education Courses**

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Physical Education and Related Areas</td>
<td>3</td>
</tr>
<tr>
<td>Evaluation in Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Team Sports</td>
<td>3</td>
</tr>
<tr>
<td>Individual and Dual Sports</td>
<td>3</td>
</tr>
<tr>
<td>Kinesiology</td>
<td>3</td>
</tr>
<tr>
<td>Foundations of Physical Education</td>
<td>3</td>
</tr>
<tr>
<td>Intramural Sports for Junior and Senior High School</td>
<td>3</td>
</tr>
<tr>
<td>Skills and Activities Courses (selected from a list of 7 activities)</td>
<td>3</td>
</tr>
</tbody>
</table>

*Minor requirements of 18 semester hours in Health Education.*
One from the following courses

- Officiating
- Coaching of Football
- Coaching and Officiating of Track/Field
- Coaching and Officiating of Baseball
- Prevention and Care of Injuries
- Physical Education for Secondary Schools

30

TOTAL NUMBER OF SEMESTER HOURS

57

Unlike the programs of other American Institutions studied, the Department of Health and Physical Education at Stephen F. Austin State University does not offer combined courses such as "Introduction to Health and Physical Education," or "Methods and Materials in Health and Physical Education" for health education and physical education are arranged in such a manner that students could major in Health Education and minor in Physical Education and vice versa. To all intents and purposes, the programs are distinct, but offered under the same department. Although a student might minor in health education with a major in another area, but for the purpose of gaining certification to teach health education a student requires at least 27 semester hours of health. The programs offer excellent opportunities for dual major in health education and physical education.

SUMMARY AND REVIEW

The purpose of this chapter is to present the programs offered by the Departments of Health and Physical Education in American colleges/universities, with special reference to the offerings in
health education speciality. The data for this chapter has been synthesized from the bulletins/catalogues or mimeographed departmental programs made available by the administrators of the departments of health and physical education of the institutions included in this study.

An examination of the course organization of all the institutions revealed a variety of course nomenclature and titles. Another observation was the placement of courses under a variety of course areas in each institution. For instance, some institutions listed human anatomy and physiology under the biological science department, while in others it was listed directly with the course offerings in the department of health and physical education. Another example is the placement of student teaching seminar and student teaching under the departmental offerings, while other institutions have them listed under the professional education requirements.

In spite of the problem of attempting to assemble in proper order courses that appear to be the same as judged from their course descriptions, certain trends appear evident. The frequency of the health content courses listings by all institutions showed that all of the twelve institutions required first aid/advanced first aid/emergency care (Table 7). Eight (66.6%) required personal and community health as a combined course or personal health and community health as separate courses. Seven (58.3%) of the institutions required the organization and administration of school health program, methods and
materials in secondary/elementary school or to adolescents, and safety education. Five (41.6%) institutions required health education. Four (33.3%) required drugs: use and misuse, and nutrition. Three (25.0%) required family life and sex education. Two institutions required the following courses: health seminar, mental and social health, curriculum development and design, public health and environmental health. Only one institution required health counseling at the undergraduate level.

It was also evident from the review of the course listings of the various institutions that only one combined health and physical education course was required by half the number of institutions. Five (42%) of the institutions required organization and administration of health and physical education (Table 8). The fact that only in one case of combined course was there a listing by only five institutions and several other combined courses by just one institution does confirm the current trend to separate health education from physical education.

A comparison of course requirements in health education, physical education and health with physical education (Table 9) does slot each of the institutions into one of two groups. One group is made up of those institutions with less than ten semester hours for health education courses, and in the second group are seven institutions that have between 13 and 27 semester hours assigned to health education. The latter group of institutions have a health emphasis or
TABLE 7
FREQUENCY OF HEALTH COURSE LISTINGS IN PROGRAMS OF 12 DEPARTMENTS OF HEALTH AND PHYSICAL EDUCATION IN AMERICAN COLLEGES/UNIVERSITIES

<table>
<thead>
<tr>
<th>Course Titles</th>
<th>Number of Institutions</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid/Advanced First Aid/ Emergency Care</td>
<td>12</td>
<td>100.0</td>
</tr>
<tr>
<td>Personal Health/Community Health or Personal &amp; Community Health</td>
<td>8</td>
<td>66.6</td>
</tr>
<tr>
<td>Methods &amp; Materials in Secondary/ Elementary Schools or to Adolescents</td>
<td>7</td>
<td>58.3</td>
</tr>
<tr>
<td>Organization &amp; Administration of School Health Program</td>
<td>7</td>
<td>58.3</td>
</tr>
<tr>
<td>Safety Education</td>
<td>7</td>
<td>58.3</td>
</tr>
<tr>
<td>Health Education</td>
<td>5</td>
<td>41.6</td>
</tr>
<tr>
<td>Drugs: Use &amp; Misuse</td>
<td>4</td>
<td>33.3</td>
</tr>
<tr>
<td>Nutrition</td>
<td>4</td>
<td>33.3</td>
</tr>
<tr>
<td>Family Life and Sex Education</td>
<td>3</td>
<td>25.0</td>
</tr>
<tr>
<td>Health Seminar</td>
<td>2</td>
<td>16.6</td>
</tr>
<tr>
<td>Mental Health</td>
<td>2</td>
<td>16.6</td>
</tr>
<tr>
<td>Curriculum Design/Development</td>
<td>2</td>
<td>16.6</td>
</tr>
<tr>
<td>Public Health</td>
<td>2</td>
<td>16.6</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>2</td>
<td>16.2</td>
</tr>
<tr>
<td>Health Counseling</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>Course Titles</td>
<td>Number of Institutions</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------</td>
<td>------------------------</td>
<td></td>
</tr>
<tr>
<td>Organization and Administration of HPE</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Principles of Health and Physical Education</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Foundations of Health and Physical Education</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Introduction of Health and Physical Education</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>History of Health and Physical Education</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Methods in Health and Physical Education</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Evaluation in Health and Physical Education</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Seminar in Health, Physical Education &amp; Recreation</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Psychological Implications for Health, Physical Education &amp; Recreation</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Current Problems in Health &amp; Physical Education</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Measurement in Health &amp; Physical Education</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Student Teaching Seminar</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Student Teaching</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>COURSES</td>
<td>Health Education</td>
<td>Physical Education</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td></td>
<td>Semester Hr. %</td>
<td>Semester Hr. %</td>
</tr>
<tr>
<td>Edinboro State College, Pennsylvania</td>
<td>26</td>
<td>59.1</td>
</tr>
<tr>
<td>Stephen F. Austin State University</td>
<td>27</td>
<td>47.4</td>
</tr>
<tr>
<td>University of Texas at El Paso</td>
<td>24</td>
<td>46.1</td>
</tr>
<tr>
<td>Boston State University, Massachusetts</td>
<td>20</td>
<td>43.4</td>
</tr>
<tr>
<td>East Tennessee State University</td>
<td>15 1/3*</td>
<td>32.4</td>
</tr>
<tr>
<td>McNeese State University, Louisiana</td>
<td>13</td>
<td>28.8</td>
</tr>
<tr>
<td>University of Arkansas at Little Rock</td>
<td>18</td>
<td>27.3</td>
</tr>
<tr>
<td>Old Dominion University, Virginia</td>
<td>21</td>
<td>22.1</td>
</tr>
<tr>
<td>University of North Carolina, N.C.</td>
<td>9</td>
<td>17.6</td>
</tr>
<tr>
<td>Henderson State University, Arkansas</td>
<td>6</td>
<td>15.8</td>
</tr>
<tr>
<td>West Georgia College, Georgia</td>
<td>8</td>
<td>14.8</td>
</tr>
<tr>
<td>Indiana University of Pennsylvania</td>
<td>7</td>
<td>14.0</td>
</tr>
</tbody>
</table>

*Quarter hours were converted to semester hours.
concentration or minor built into their program. In these institutions there are additional health requirements which a student who wants to teach health education needs to take in order to be certified. This may involve an additional summer school or one semester. The extended time in order to be able to complete the certification requirements for would-be health teachers seem to be in line with the suggestion of extending the time in order to accommodate all the essential courses in health education, if both health and physical education should continue to be offered under one program.
CHAPTER VI

PRESENTATION OF THE DATA

Presentation of the Data Concerning Responses in Part One of the Questionnaire

The data for this chapter was obtained from the responses on the closed-ended questions by seventeen heads of the departments of health and physical education in American colleges and universities, and from four heads and sixteen senior members of the teaching staff of the departments of physical and health education in Nigerian universities. The Nigerian respondents were designated Group I and the American respondents, Group II.

Each respondent was required to place a circle around a number from a scale of 1 to 5, which most closely represented his opinion with regard to each statement. The meanings of the numbers were: 5—strongly agree, 4—agree, 3—undecided, 2—disagree and 1—strongly disagree. For the purpose of this study, the scores of 5 and 4 constituted a positive response, and therefore an acceptance of the statement. Similarly, the scores of 2 and 1 constituted a negative response, and therefore a rejection of the statement. The score of 3 represented an undecided opinion with regard to the statement.
The information from part one of the questionnaire was coded on the computer cards, and the computer at the Ohio State University, Columbus, performed the statistical computations. No attempt was made to determine if there was any significant difference between the responses of the Nigerian group and the American group for each statement. This was because the samples selection did not meet any of the criteria which, according to William John Vincent, must be met in order to properly apply the test of difference between the two groups. Vincent lists the following criteria:

1. The population from which the samples are drawn is normally distributed.

2. The samples are randomly selected from the population; if this is not true, then a generalization from the sample to the population cannot be made.

3. The samples are fairly large (each with an N at least 50).

4. The two samples are equal in size \(N_1 = N_2\).

5. The samples have approximately equal variance.

The nature of the study made it impossible to adopt a selection procedure that require the application of the t-test to determine if there were any significant difference between the two groups. The inclusion of institutions in this study was not based on random selection and random assignment to groups, but on the fulfillment of the criteria indicated in the delimitation of the study. The statistical presentation was therefore limited to determining the frequencies, percentages and mean scores of the responses for each group with regard to each statement.
Section A: Teaching Staff and Administration

Statement A - 1

Health education teaching staff hold academic status which is equal to that of other teaching members of the department and of the university teaching staff in general.

Health education has generally been considered a part of physical education. This situation generally places health education in second place to physical education. The above statement was therefore intended to elicit from the respondents their opinions about the status of the health education teaching staff in relation to other teaching members of the department and the college/university teaching staff in general.

Most Nigerian and American respondents agreed that there was equality in teaching staff status. Nineteen Nigerians respondents (95.0%) and sixteen American respondents (94.1%) expressed positive opinions towards the statement above. Only one Nigerian and one American respondents disagreed with the statement. The mean scores of 4.75 and 4.53 for the Nigerians and Americans respectively are also indicative of the positive response of most Nigerians and Americans. The above result is indicated in Table 10.
TABLE 10

STATEMENT A-1

Health education teaching staff hold academic status which is equal to that of other teaching members of the department and of the university teaching staff.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept %</th>
<th>Reject %</th>
<th>( \bar{x} )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>1</td>
<td>20</td>
<td>95.0</td>
<td>5.0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>1</td>
<td>17</td>
<td>94.1</td>
<td>5.9</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Statement A - 2

Institutional and departmental policies allow time for, and encourage, attendance at professional meetings, conferences, etc.

Attendance at professional meetings, conferences, conventions, workshops, seminars, etc., are considered important channels of improving and updating one's knowledge and understanding in his/her professional field. Attendance is more often grudgingly supported by some institutional departments largely because of loss of teaching time and the financial problems involved.

In this study most Nigerian as well as most American respondents indicated the existence of liberal policies regarding giving off time to attend professional meetings. All the twenty Nigerian respondents and fourteen (82.4%) Americans agreed that attendance at professional meetings, etc., are allowed and encouraged by their institutional and departmental policies. One American respondent indicated a negative response, while two others were undecided. The mean scores of 4.50 and 4.17 for the Nigerian and American further indicated the positiveness of most of the respondents from both groups.

Statement A - 3

The teaching staff strength of the department is adequate for an effective health education professional preparation program.

Staff shortage is a familiar problem in many institutions; in fact in all institutions for various reasons which include lack of funds for
TABLE 11

STATEMENT A-2

Institutional and departmental policies allow time for, and encourage attendance at professional meetings, conventions, conferences, etc.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>0</td>
<td>20</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>1</td>
<td>17</td>
<td>82.4</td>
<td>11.8</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
hiring and non-availability of staff with necessary experience and qualifications. However, courses not considered important, but could have been offered, were there adequate staffing were often the first to be affected. Health education which is generally considered in second place to physical education may be adversely affected in a program where the emphasis is on physical education.

Eleven Nigerians (55.0%) indicated that teaching staff strength was adequate for effective health education professional preparation in their programs. But thirteen (76.4%) Americans did not think they had adequate staff strength to teach health education effectively. While the negative response of most American respondents was substantial, the same could hardly be said about most Nigerians who either rejected the statement or were undecided. Eight Nigerians rejected the statement and one was undecided and both accounted for 45%. Only two (11.8%) American respondents were in agreement with the statement. Also two American respondents were undecided. The mean scores were 3.30 and 2.23 for Nigerian and American respondents respectively. (See Table 12.) The data further revealed that in the selected American colleges and universities, the numbers of the teaching staff with terminal graduate qualifications in health education, health and physical education and physical education were 18, 110 and 125 respectively. Also, in the selected Nigerian universities, the figures were 5, 9 and 25 for health education, health and physical education and physical education. (See Table 13.)
TABLE 12

STATEMENT A-3

The teaching staff strength of the department is adequate for an effective health education professional preparation program.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>8</td>
<td>20</td>
<td>55.0</td>
<td>40.0 3.30</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>13</td>
<td>17</td>
<td>11.8</td>
<td>76.4 2.23</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TABLE 13

Terminal Graduate Qualifications for the Teaching Staff in the Departments of Health and Physical Education

<table>
<thead>
<tr>
<th>Institutions</th>
<th>Health Education</th>
<th>Health/Physical Education</th>
<th>Physical Education</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerian</td>
<td>5 12.8%</td>
<td>9 23.1%</td>
<td>25 64.1%</td>
<td>39 100%</td>
</tr>
<tr>
<td>American*</td>
<td>18 6.9%</td>
<td>118 45.2%</td>
<td>125 47.9%</td>
<td>261 100%</td>
</tr>
</tbody>
</table>

*Two of the 17 American institutions submitted unusable teaching staff profiles and therefore were not included in the above data.
Statement A - 4

All the teaching staff responsible for health education have the personal, academic and professional qualifications necessary for the teaching of health education courses. Good personal qualities and adequate academic and professional training are pre-requisite for effective health teaching at any level of school, yet it is known that the three elements need not be possessed in equal proportion for effectiveness. Statement A-4 was intended to find out the opinions of respondents on whether or not the staff teaching health education courses have the above qualifications.

Most Nigerian respondents held opposing views of that of most American respondents. Fifteen (75.0%) Nigerians accepted the statement while ten (58.8%) Americans rejected the statement. Six Americans accounting for 35.3% accepted the statement, but only four (20%) Nigerians rejected the statement. One respondent from each of the two groups was undecided. The mean scores are 3.35 and 3.00 for the Nigerian and American respondents respectively. The results are shown in Table 14.

Statement A - 5

All the teaching staff responsible for health education have the personal academic and professional qualifications necessary for the supervision of students' research projects. Some undergraduate programs now encourage simple individual research projects. This is in response to the demand by health educators that
TABLE 14

STATEMENT A-4

All the teaching staff responsible for health education have the personal, academic and professional qualifications necessary for the teaching of health education courses.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>4</td>
<td>20</td>
<td>75.0</td>
<td>20.0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>10</td>
<td>17</td>
<td>35.3</td>
<td>58.8</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
research be encouraged in order to enhance the status of health education. For example, Donald Gross and Thomas O'Rouke pointed out in their article on "Research and the Future of Health Education" that if health education was to move ahead, it must begin to indulge in scientific research to greater extent than hitherto (2:30-32). In order to carry out even the most simple research effectively, and with a meaningful purpose, students need guidance and direction from an instructor who has the necessary qualification for a successful guidance and advising.

Nine (45%) Nigerian respondents indicated all their teaching staff responsible for health education have the necessary qualifications for the supervision of students research projects while eight (40%) held an opposite view. The 45.0% acceptance of the statement is not substantial enough to arrive at the conclusion that the response of most Nigerians had a large support. Three (15%) were undecided and this could very well be a sign that they were more likely to reject the statement than accept it. On the other hand, eleven (64.7%) Americans rejected the statement, indicating that all their teaching staff responsible for health education did not have the necessary qualifications for students research projects supervision. Only six (35.3%) Americans were in agreement with the statement. The mean scores were 3.05 and 2.82 for the Nigerian and American respondents respectively. The results shown in Table 15.
TABLE 15

STATEMENT A-5

All the teaching staff responsible for health education have the personal, academic and professional qualifications necessary for the supervision of student research projects.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept %</th>
<th>Reject %</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>8</td>
<td>20</td>
<td>45.0</td>
<td>40.0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>11</td>
<td>17</td>
<td>35.3</td>
<td>64.7</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Statement A - 6

In the administration of departmental program, health education is equal in status with physical education. It is now a generally accepted view of most health educators that the separation of health education and physical education is one of the major ways of insuring that health education assumes a respectable status. Where this organization has proved impossible for the present, equal emphasis on health education and physical education has been advocated (3:73). The above statement was therefore intended to get the opinions of the respondents about the practices in their administration of programs regarding the relationships between health education and physical education.

The data obtained showed that the number of respondents who accepted or rejected the statement among the Nigerians and Americans were very close. Nigerian scores did not give a substantial majority in the response scores of those who accepted the statement. Eight (40%) rejected it, one respondent was undecided and also there was one non-response recorded. Among the American respondents, eight (47.0%) accepted, nine (53.0%) rejected the statement. The mean scores were 3.26 and 3.11 for the Nigerian and American respondents respectively. The results appear in Table 16.

Statement A - 7

Health Education courses are required courses in the Physical Education curriculum.
TABLE 16

STATEMENT A-6

In the administration of departmental program, health education is equal in status and has equal weighting with physical education.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Accept</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigerians</td>
<td>Reject</td>
<td>8</td>
<td>19</td>
<td>40.0</td>
<td>3.26</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accept</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Reject</td>
<td>9</td>
<td>17</td>
<td>53.0</td>
<td>3.11</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In some combined programs of health and physical education, a certain number of health courses beyond the one or two basic health subjects such as personal and community health and first aid are a requirement in the department. The amount of emphasis given to health education was usually a determining factor in deciding the number and what health courses were required for graduation. Most respondents among the two groups indicated health education courses were a requirement in their programs. Fourteen (70%) Nigerians and thirteen (76.5%) Americans were in agreement with the statement while five (25%) Nigerians and two (11.8%) Americans disagreed with the statement. One Nigerian and two American respondents were undecided. The mean scores were 3.75 for the Nigerians and 4.29 for the Americans. The results appear in Table 17.

**Statement A - 8**

**Health Education courses are elective courses in the Physical Education curriculum.**

In some physical education dominated programs of health and physical education, health education courses, other than one or two basic courses such as first aid and personal and community health are elective courses. Most Nigerian respondents accepted the statement while a majority of Americans rejected the statement. Thirteen (65%) Nigerians indicated health education courses, five (25%) thought otherwise while two were undecided. Among the Americans, thirteen (76.5%) disagreed with the statement, three (17.7%) agreed with it and one
TABLE 17

STATEMENT A-7

Health Education courses are required courses in the physical education curriculum.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept %</th>
<th>Reject %</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>5</td>
<td>70.0</td>
<td>25.0</td>
<td>3.75</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>2</td>
<td>76.5</td>
<td>11.8</td>
<td>4.29</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
respondent was undecided. The mean scores were 3.65 for Nigerians and 2.17 for the Americans. The results are shown in Table 18.

SUMMARY

The presentation so far focused on teaching staff and administration of the program. Most Nigerian and American respondents indicated with substantial scores of 95% and 94.1% respectively that the health education teaching staff enjoyed equal status with other colleagues in the department and in the college/university as well. The very high mean scores of 4.75 (Nigerians) and 4.53 (Americans) also indicated the positiveness of the respondents' opinion. The data also revealed that most colleges/universities whose programs were included in this study allowed time off and encouraged the teaching staff of the department to improve themselves by attending conferences and meetings related to their professional field. Positive response scores were 100% (Nigerians) and 82.4%. Most Nigerian and American respondents were also in agreement here, in responding to the statement which indicated that health education courses were required courses in physical education program by 70% (Nigerians) and 76.5% (Americans) response.

There were also some disagreements in the expressed opinions of the majority in the two groups. Most Nigerian respondents accepted the statement that the teaching staff for health education had necessary qualifications for health teaching by 75.0%. The American respondents rejected the statement by a score of 58.8%. On the question
**TABLE 18**

**STATEMENT A-8**

Health Education courses are elective courses in the physical education curriculum.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>$\bar{x}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>5</td>
<td>20</td>
<td>65.0</td>
<td>25.0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>13</td>
<td>17</td>
<td>17.7</td>
<td>76.5</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
of health education courses being electives in the physical education curriculum 65% Nigerians accepted the statement while 76.5% American rejected the statement. A small Nigerian majority accepted the statements that the teaching staff strength in the department was adequate for an effective health education professional preparation program with a score of 55% while the majority of American respondents rejected the statement with a substantial score of 76.4%. A small majority of 45.0% Nigerians accepted the statement that the teaching staff responsible for health education have the necessary qualifications for students research projects supervising while 64.7% American rejected the statement. Similarly, a small Nigerian majority (50.0%) and an equally small American majority (53.0%) differed in their opinion on the statement regarding equal status and equal weighting of health education and physical education. The Nigerians were in agreement while the Americans disagreed.

Section B: Health Education Curriculum

Statement B – 1

Growth and development of the individual from infancy, childhood and adolescence to adult life are adequately treated in the program.

The understanding of human growth and development is considered important in the professional preparation of a health educator. Its importance was emphasized in the Report of a Joint WHO/UNESCO
Expert Committee on "Teacher Preparation for Health Education," when it pointed out that it was important to know the interrelationships between all aspects of growth and also the nature and range of individual differences (4:10).

With a very low score, most Nigerian and American respondents accepted the statement that "Growth and Development of the individual..." were adequately treated in their program. Eleven (55.0%) Nigerians and seven (41.2%) Americans were in agreement with the statement. Five Nigerians accounting for 25% and six (35.3%) Americans did not believe that 'Growth and Development' of the individual were adequately treated in their programs. An unusually large number of undecided respondents was recorded. Four respondents from each group did not respond to the statement. The mean scores were 3.55 for Nigerians and 3.17 for Americans. The results appear in Table 19.

Statement B - 2

Personal health courses which include the study of applied nutrition, infections and immunity, the hygiene of the various body systems, mental health, safety and first aid, stimulants and family life education, wise use of medical care, etc., are given full expression in the curriculum.

Adequate personal health knowledge makes for an appreciation of positive health and its value to the individual, as well as for an understanding of the essential requirements for healthy living (4:10). Most Nigerian and American respondents accepted the statement.
TABLE 19

STATEMENT B-1

Growth and development of the individual from infancy childhood and adolescence to adult life are adequately treated in the curriculum.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept %</th>
<th>Reject %</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>5</td>
<td>20</td>
<td>55.0</td>
<td>25.0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>6</td>
<td>17</td>
<td>41.2</td>
<td>35.3</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Eighteen (90%) Nigerians and eleven (64.7%) Americans indicated that personal health courses were given full expression in their programs. One Nigerian was undecided. The mean scores were 4.40 and 3.64 for Nigerians and Americans respectively. The results are found in Table 20.

Statement B - 3

Community health courses which include communicable disease prevention; community resources for ensuring safe food, water and air, disposal of wastes, community attitudes towards health and disease, etc., are given full expression in the curriculum.

Community health knowledge is needed for both individual health and effective teaching. Many of today's health problems require the interest, cooperation, participation and often the initiative of the individual to apply community health education and medical knowledge. Therefore, community health education, through various methods of communication has to motivate teachers to do their part in taking care of their health and in teaching others how to take care of themselves. Thirteen (65.0%) Nigerians and eleven (64.7%) Americans agreed with the statement. Only four from each group expressed negative opinions while three (15%) Nigerians and two (11.8%) Americans were undecided. The mean scores were 3.65 for the Nigerians and 3.70 for the Americans. The results are found in Table 21.
TABLE 20

STATEMENT B-2

Personal health courses which include the study of applied nutrition, infection and immunity, the hygiene of the various body systems, mental health, safety and first aid, stimulants and family life education, wise use of medical care etc., are given full expression in the curriculum.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accept</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigerians</td>
<td>Reject</td>
<td>1</td>
<td>20</td>
<td>90.0</td>
<td>10.0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accept</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Reject</td>
<td>6</td>
<td>17</td>
<td>64.7</td>
<td>35.3</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TABLE 21

STATEMENT B-3

Community health courses which include communicable diseases prevention, community resources for ensuring safe food, water and air, disposal of wastes, community attitudes toward health and disease etc., are given full expression in the curriculum.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accept</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigerians</td>
<td>Reject</td>
<td>4</td>
<td>20</td>
<td>65.0</td>
<td>20.0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accept</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Reject</td>
<td>4</td>
<td>17</td>
<td>64.7</td>
<td>23.5</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Students are provided with experiences that help them understand the total health program (which includes health instruction, health services and healthful school environment) and the responsibilities of the school and community health educator.

An understanding of the total school health program as well as the responsibility of the school and community health educator is an important facet in the professional preparation of health educators. The necessary understanding of school health principles and practices includes a knowledge of:

1. the elements which can contribute to a good physical environment for a school;
2. school procedures for dealing with childhood diseases and other health matters;
3. school medical and dental services, including health appraisal of the pupils;
4. the program of safety education and first aid in schools;
5. physical education and recreation;
6. how to plan the school program with reference to the physical and mental health of the children and youth;
7. how to work effectively with the other members of the school teaching staff, with health workers and others (3:11).

Responding to the statement, seventeen (35.0%) Nigerian respondents indicated that their program provided students with experiences that help them understand the total health program. One respondent did not
think the program in his department did, and two respondents were undecided. On the other hand the Americans were evenly divided in their acceptance and rejection of the statement. Eight (47.0%) were in agreement while eight (47.0%) also disagreed with the statement. One respondent was undecided. The mean scores were 4.15 for the Nigerians and 3.23 for the Americans. The results are indicated in Table 22.

Statement B - 5

The curriculum in health education provides students with adequate opportunities for experiences in evaluating pupils' progress as well as program effectiveness. The importance of assessing pupils progress in class and program effectiveness is well known in education. It is therefore important to give students experiences in evaluation of pupils' progress in the class as well as program effectiveness through specific course offerings and practical experiences. However, it is known that evaluation is often regarded as a graduate course or at best an upper class course for the undergraduate. Some undergraduate programs do require this course. In response to the statement, thirteen (65%) Nigerian respondents agreed that adequate provision was made for students to gain experiences in evaluating pupils' progress as well as program effectiveness. Four (25%) Nigerians rejected the statement while three (15%) were undecided. Among the American respondents,
Students are provided with experiences that help them understand the total health program (which includes health instruction, health services and healthful school environment) and the responsibilities of the school and community health educator.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>1</td>
<td>20</td>
<td>5.0</td>
<td>4.15</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>8</td>
<td>17</td>
<td>47.0</td>
<td>3.23</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
four (23.5%) were in agreement, but eight (47.0%) rejected the statement while an unusually large undecided score of five (29.4%) respondents was recorded. The mean scores for both groups were 3.50 for the Nigerians and 2.70 for the Americans.

Although the majority of opinions among the Nigerians and the American respondents were opposed in their opinions with regard to the statement and the practices in their opinions with regard to the statement and the practices in their programs, the 65% acceptance response among the Nigerians was significant while the 47% rejection of the statement among the American respondents was marginal.

The results are found in Table 23.

Statement B - 6

In the "Methods" Courses, students are given an adequate opportunity to acquire skills in the use of direct instruction, integration with other subjects, the development of teaching units and in the use of the various techniques including testing and evaluation.

Methods in health education are similar to the educational methods used in other subjects and usually taught in general courses on education. The study of health education methodology thus includes consideration of the use of direct teaching, the development of teaching units, integration with other subjects, the effective use of lectures, discussion methods, field health projects, problem-solving methods, visual materials and how to obtain source materials. But
TABLE 23

STATEMENT B-5

The curriculum in health education provides students with adequate opportunities for experiences in evaluation of pupils' progress as well as program effectiveness.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>13</td>
<td></td>
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<tr>
<td></td>
<td>Reject</td>
<td>4</td>
<td>20</td>
<td>25.0</td>
<td>3.50</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>8</td>
<td>17</td>
<td>47.0</td>
<td>2.70</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>5</td>
<td></td>
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</tr>
</tbody>
</table>
above all the student teacher needs to know how to relate health educa-
tion to the interests and capacities of specific ages and cultural
background. To be an effective health teacher a considerable number of
skills need to be acquired during training. It was therefore important
to find out the opinion of respondents on how the above statement
related to their own programs.

The majority opinions among the Nigerian and American respondents
indicated that adequate opportunities were provided students to
acquire the above skills in their program. Sixteen (80.0%) Nigerians
and ten (58.8%) Americans were in agreement with the statement. On the
other hand, three (15.0%) Nigerians and five (29.4%) Americans did
not think adequate opportunities were provided in their programs. One
Nigerian and two American respondents were undecided. The mean
score for both groups were 3.90 for the Nigerians and 3.29 for the Ameri-
cans. The results are indicated in Table 24.

Statement B - 7

Students are given the opportunity to acquire skills
in developing and using various types of research
and research procedures related to health education.

The above statement was included in the questionnnaire without
delineating the kind of research or the degree of sophistication.
Since most institutions leave research courses for the graduate level
students, what was intended here was to find out from the respondents
TABLE 24
STATEMENT 3-6
In the "Method" courses, students are given an adequate opportunity to acquire skills in the use of direct instruction, integration with other subjects, the development of teaching units and in the use of the various teaching techniques including testing and evaluation.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accept</td>
<td>16</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Nigerians</td>
<td>Reject</td>
<td>3</td>
<td>20</td>
<td>15.0</td>
<td>3.90</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accept</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Reject</td>
<td>5</td>
<td>17</td>
<td>29.4</td>
<td>3.29</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
whether or not, in their program some opportunity was given students at the undergraduate level to acquire skills in some kind of research procedure necessary at that level.

Most Nigerians indicated that no opportunity was given students to acquire skills in developing and using various types of research and research procedures related to health education. Also most American respondents felt such an opportunity did not exist in their programs. Six (30.0%) Nigerians accepted the statement while nine (45.0%) respondents rejected the statement. Two (11.8%) Americans accepted the statement while eleven (64.7%) Americans rejected the statement. Five (25%) Nigerians and four (23.6%) American respondents were undecided. The mean scores for both groups were 2.75 (Nigerian) and 2.35 (Americans). The results are found in Table 25.

SUMMARY

Section 3 of the questionnaire dealt essentially with the practices of the institutions whose programs were included in the study in relation to the curriculum. There were seven statements in this section. The majority of respondents among the Nigerian and the American groups were similar in their responses to four of the statements and were dissimilar in their responses to three of the statements.

The majority of opinions in both groups agreed that the "Growth and Development" course was adequately treated in their program. With 55% Nigerians accepting as against 25% rejecting and 20% undecided
**TABLE 25**

**STATEMENT B-7**

Students are given the opportunity to acquire skills in developing and using various types of research and research procedures related to health education.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept %</th>
<th>Reject %</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>9</td>
<td>20</td>
<td>30.0</td>
<td>45.0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>11</td>
<td>17</td>
<td>11.8</td>
<td>64.7</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
the majority score could not be considered substantial. Similarly, with 41.2% Americans accepting, 35.3% rejecting and 23.6% undecided, the majority score could also not be considered substantial.

Majority opinions among the Nigerians (90%) and Americans (64.7%) indicated personal health courses were given full expression in their curriculum. Also community health courses were given full expression in most American and Nigerian institutions as indicated by 64.7% American and 65% Nigerian respondents. On the opportunities given in acquiring necessary skills in "Method" courses, 80% Nigerians and 58.8% Americans indicated their programs provided opportunities to students to acquire the necessary skills in the teaching of health education.

But on the question of providing students with adequate opportunities for experiences in evaluating pupils' progress in the classroom as well as for program effectiveness 65% Nigerians indicated such opportunities existed in their program while 47.0% Americans indicated they did not have such opportunities in their programs. Four indicated they had such opportunities while an unusually large number of five undecided American respondents was recorded. On the question of the "total health program," 85% Nigerians indicated that their programs provided students with experiences that help them understand the total health program, but among the Americans, the respondents who indicated that their programs provided students with experiences that help them understand the total health programs were equal to those who indicated their programs made no such provision, with 47%.
Section C: Student Field Experiences

Statement C - 1

Opportunities exist in schools for planned observation of health education classes by students as a part of the field experience exercise.

The traditional dominance which physical education enjoys over health education is seen in many departmental practices and administrative decisions which includes teaching practice arrangements. Sometimes, with the best of intentions of the student-teaching director to give health teaching a boost, it is discovered that only very small cooperation came from schools to whom health education is unimportant.

The above statement was therefore intended to find out what the respondents thought about the current situation in planned student observation as it applies to health education.

Twelve (60%) Nigerians indicated such an opportunity did not exist in Nigerians schools while seven (35%) indicated that opportunities did exist in their cooperating schools, while ten (58.8%) indicated that opportunities did not exist in schools. In both groups, one respondent each was undecided. The mean scores were 3.45 (Nigerians) and 2.52 (Americans). Results appear in Table 26.
TABLE 26

STATEMENT C-1

Opportunities exist in schools for planned observation of health education classes by students as a part of the field experience exercise.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Rejected</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>12</td>
<td>20</td>
<td>35.0</td>
<td>60.0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>10</td>
<td>17</td>
<td>23.6</td>
<td>58.8</td>
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<td></td>
<td>Und.</td>
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</tr>
</tbody>
</table>
Statement C - 2

Students have as much opportunity for teaching health education as they have teaching physical education during the teaching practice exercise.

Opportunity to teach health education during student teaching has often met with considerable difficulty because of non-scheduling of health education on the time table of many cooperating schools. This situation no doubt stems from the fact that health education is still considered one of those subjects that could be provided for on the time table after all the other "important" subjects have been allocated. This situation raises a problem for field experience for the professionals. The author felt it necessary to determine how the respondents would react to this particular statement as it affected their student teaching in relation to health education.

Twelve (60%) Nigerians and nine (52.9%) Americans indicated that opportunity did not exist for students to teach as much health education as physical education during student teaching exercise. Eight (40%) Nigerians and seven (41.2%) Americans indicated that there was as much opportunity for teaching health as there was for teaching physical education. One American respondent was undecided. The mean scores were 3.35 (Nigerian) and 2.82 (Americans). The results are recorded in Table 27.

Statement C - 3

During the student teaching practice exercise, students are expected to participate in a wide variety of health related activities in the school community.
TABLE 27

STATEMENT C-2

Students have as much opportunity for teaching health education as they have teaching physical education during the teaching practice.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>X</th>
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<td></td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>12</td>
<td>20</td>
<td>60.0</td>
<td>3.35</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>9</td>
<td>17</td>
<td>52.9</td>
<td>2.82</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
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</tbody>
</table>
Teacher identification with the entire school programs both academic and non-academic is most essential if the teacher hopes to give off his best to the education of his wards. Some institutions expect student teachers to identify themselves with what goes on in the school community other than in the classroom. The health student teacher probably has one of the finest opportunities for getting involved in a variety of health related activities in the school community. However, there are problems such as insufficient time to become involved in such activities and possibly lack of encouragement from the cooperating school. Nevertheless the author wished to find out the policy of colleges/universities departments of health and physical education regarding student participation in health related activities in the school community during student teaching.

Seven (35.0%) Nigerians indicated that student teachers were expected to participate in health related activities in the school community while nine (45%) indicated student teachers were not expected to participate. Among the American respondents, eight (47%) indicated student teachers were expected and six (35.3%) said they were not. Three respondents from each group were undecided. The mean scores were 2.94 (Nigerians) and 3.11 (Americans). The results are indicated in Table 28.
During the student teaching practice exercise, students are expected to participate in a wide variety of health related activities in the school community.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>9</td>
<td>19</td>
<td>35.0</td>
<td>45.0</td>
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<tr>
<td></td>
<td>Und.</td>
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<td></td>
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</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>6</td>
<td>17</td>
<td>47.0</td>
<td>35.3</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Statement C - 4

The student field experience is focused primarily toward health teaching in schools. Health educators during training specialize either in public health education or school health education. Some departments have both specializations in the same programs, while other departments focused on either school health or public health. The kind of student field experience is therefore determined by the specific area of specialization. The statement was intended to determine the area of emphasis in the health education in the departmental programs under study. Nine (45%) Nigerians indicated that student field experience exercise was focused primarily toward health teaching in schools. Ten (50%) rejected the statement while one respondent was undecided. Among the American respondents, equal number of eight (47%) respondents accepted and rejected the statement. One respondent was undecided. The mean scores were 3.00 (Nigerians) and 2.94 (Americans). The results appear in Table 29.

Statement C - 5

The student field experience include participating actively in the program of the community health agencies such as the Red Cross, St. John's Ambulance. An understanding of the functions of the community/public health agencies is most essential in the training of health educators, especially for those health educators who might decide to work in the area of community and public health.
The student field experience exercise is focused primarily toward health teaching in schools.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept %</th>
<th>Reject %</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>10</td>
<td>20</td>
<td>45.0</td>
<td>50.0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>8</td>
<td>17</td>
<td>47.0</td>
<td>47.0</td>
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<tr>
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<td>Und.</td>
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</tr>
</tbody>
</table>
Most American and Nigerian respondents indicated that student field experiences did not include participating actively in the program of the community health agencies. Twelve (60.0%) Nigerians and eleven (64.7%) Americans rejected the statement. Five (25%) Nigerians and three (17.6%) Americans accepted the statement. However, three Nigerians and three Americans were undecided. The mean scores for both groups were 2.55 (Nigerians) and 2.35 (Americans). The results are shown in Table 30.

SUMMARY

Section C of this questionnaire contained five statements all of which were focused on student field experience. The majority of Nigerian and American respondents were in agreement on three of the statements while they disagreed with the two others. On the statement which referred to planned observation of health education classes by student teachers as part of the field experience exercise, most Nigerian and American respondents indicated opportunities did not exist in schools. They also indicated that student teachers did not have as much opportunity for teaching health education as they had teaching physical education during student teaching. The majority in both groups also agreed that student field experiences did not include participating actively in the programs of community health agencies.
TABLE 30

STATEMENT C-5

The student field experiences include participating actively in the program of the community health agencies such as the Red Cross, St. John's Ambulance.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept %</th>
<th>Reject %</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>12</td>
<td>20</td>
<td>60.0</td>
<td>2.55</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>11</td>
<td>17</td>
<td>64.7</td>
<td>2.35</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
There was disagreement over the question of student participation in a variety of health related activities in the school community by the majority of respondents in both groups. Most Nigerians disagreed with the statement. However, scores of 45% for Nigerians and 47.0% for the Americans were very low and therefore could not be considered a substantial majority. On the question of the focus of student field experience 50% of the Nigerian respondents indicated the focus was not primarily toward health teaching in schools while 47% Americans said health teaching in school was their main focus. Again the scores were very low in both cases. While the scores of respondents who rejected and accepted the statement were 50% and 45% respectively among the Nigerians, the Americans, who rejected or accepted the statement had a score of 47% each.

Section D: Student Personnel Services

Statement D - 1

Student recruitment into the program of health and physical education is based entirely on the institutions' recruitment requirements.

The recruitment of students into colleges and universities are based entirely, in some institutions, on the prospective students satisfying the requirements which may be certain academic qualification, experiences and or skills which have been considered adequate for a successful college career in whatever field of studies.
The data indicated that most Nigerian and American respondents indicated that student recruitment into the program of health and physical education was based entirely on the institutions' requirements. Fourteen (70%) Nigerians and twelve (70.6%) Americans expressed this view. Only three (15%) Nigerians and also three (17.6%) Americans rejected the statement. Three undecided responses were reported by Nigerians and two American respondents were also undecided. The mean scores were 4.00 for the Nigerians and 3.82 for the Americans. The results are shown in Table 31.

Statement D-2

The department has additional requirements over and above those of the institution for ensuring that students entering the program of health and physical education are of good quality.

In professional programs, many institutions allow departments to further screen prospective students entering the programs. The defence for this additional requirement has been that some programs especially the professional programs do require special qualifications, experiences and skills over the average general requirements of the institution for a successful study in that professional field. Some departments of health and physical education adopt this procedure. Twelve (70.6%) American respondents indicated their program required additional requirements over and above those of the institution, while only four (23.5%) indicated otherwise, that is, adhere to the general university/college requirements. Only one respondent was undecided. Among the
TABLE 31

STATEMENT D-1

Student recruitment into the program of health and physical education is based entirely on the institutions recruitment requirements.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>14</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>3</td>
<td>20</td>
<td>15.0</td>
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<tr>
<td></td>
<td>Und.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>3</td>
<td>17</td>
<td>17.6</td>
<td>3.82</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>2</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Nigerian respondents, ten (50%) indicated that additional departmental requirements were required while the other 50% of the respondents indicated no further departmental requirements over and above institutional requirements were demanded in their programs. The mean scores were 3.15 (Nigerians) and 3.70 (Americans). The results are recorded in Table 32.

There is periodic student-teacher advisor meetings to evaluate the progress of each student in the program. Students need help in their school work and sometimes what happens outside their academic work does affect the quality of what they do. They need guidance and help from time to time. Some students will readily seek help from their instructor while others would not and yet these may be the ones that need consultation most. A number of institutions do provide opportunity as a matter of routine to see students at regular basis to discuss issues that students consider important to them and their academic work.

Fourteen (70%) Nigerian respondents indicated there were periodic meetings with students to evaluate each student's progress in the program. Only five (25%) Nigerians indicated that no such opportunity was provided.

However, nine (53.0%) Americans respondents indicated no such opportunity was provided in their department while five (29.4%) indicated there were periodic student-advisor meetings to evaluate
TABLE 32

STATEMENT D-2

The department has additional requirements over and above those of the institution for ensuring that students entering the program of health and physical education are of good quality.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept %</th>
<th>Reject %</th>
<th>( \bar{X} )</th>
</tr>
</thead>
<tbody>
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<tr>
<td></td>
<td>Reject</td>
<td>10</td>
<td>20</td>
<td>50.0</td>
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<td></td>
<td>Und.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>4</td>
<td>17</td>
<td>70.6</td>
<td>23.5</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TABLE 33

STATEMENT D-3

There is periodic student-teacher advisor meetings to evaluate the progress of each student in the program.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept %</th>
<th>Reject %</th>
<th>X</th>
</tr>
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<tbody>
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<td>Nigerians</td>
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<tr>
<td></td>
<td>Und.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>9</td>
<td>17</td>
<td>53.0</td>
<td>2.76</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
students progress. Three respondents were undecided among the Americans. The mean scores were 4.00 for the Nigerians and 2.76 for the Americans. Table 33 shows the results.

Statement D - 4

The institutions assume responsibility for helping graduates find initial jobs in their professional field.

A number of institutions monitor job opportunities in the market as well as maintain constant contact with prospective employers. Graduating students are then advised on what was available in the market in their professional field.

Thirteen (65%) of Nigerian respondents indicated that their institutions assumed the responsibility of helping graduates find initial jobs in the professional field while four (20%) said their institutions did not. Fourteen (82.3%) American respondents indicated their institutions did not assume any responsibility of helping graduating students get their first professional jobs, but one respondent said his institution did. The mean scores were 3.65 for Nigerians and 1.94 for the Americans. The results are shown in Table 34.

Statement D - 5

The department periodically collects information from past students regarding the adequacy of the professional program, especially in health education.
TABLE 34

STATEMENT D-4

The institution assumes responsibility for helping graduates find initial jobs in the professional field

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>4</td>
<td>20</td>
<td>65.0</td>
<td>20.0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>14</td>
<td>17</td>
<td>59.0</td>
<td>82.3</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The evaluation of students who have been through a program and are employed in jobs that needed the expertise and knowledge gained while in college is one of the best ways of assessing the adequacy of the college program. Graduates are able to relate their experiences in college to what they are doing in the outside world. Much as this is a good method for program evaluation, it is fraught with problems such as non-response of graduates contacted and lack of current mailing address. In spite of these problems some departments try to maintain contact with past students.

Nigerian respondents were evenly divided in their opinion of what happens in their departments. Eight (40%) Nigerians indicated that their department periodically collected information from past students regarding the adequacy of their program while eight Nigerians also said their department did not. The American respondents with a substantial score of 82.3% indicated no periodic information was collected from past students regarding the adequacy of the professional program by the department. Only one American respondent indicated the department did. Three Nigerians and two American respondents were undecided. The mean scores were 3.10 for the Nigerians and 1.94 for the Americans. The results appear in Table 35.

SUMMARY

Section D of the questionnaire focused on student personnel services and contained five statements to which American and Nigerian
The department periodically collects information from past students regarding the adequacy of the professional program especially in health education.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept %</th>
<th>Reject %</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>8</td>
<td>19</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>14</td>
<td>17</td>
<td>59</td>
<td>82.3</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
respondents gave their opinion. The majority of the American and Nigerian respondents were in agreement in one statement and did not agree on four others. Major opinions of Nigerians and Americans indicated that student recruitment into their departmental program was based entirely on the institutions recruitment requirements. Most Nigerians indicated their institution assumed responsibility for helping graduates find initial jobs in the professional field. But most American respondents indicated that their institutions did not.

Most Nigerian respondents indicated there were periodic meetings between student and faculty to evaluate the progress of each student. Most Americans indicated that their department did not go along with the practice. On the question of evaluating the program through past students, most American respondents, with a substantial score of 83.3% indicated their departments did not make a periodic collection of information from past students regarding the adequacy of the professional program. The Nigerian respondents were evenly divided between acceptance and rejection of the statement. On the matter of departmental entry requirement, most American respondents indicated they had an additional departmental admission requirement over and above those of the institutions' general requirement. On the other hand, the Nigerian respondents were evenly divided in their opinion. Fifty percent of the respondents indicated there were additional departmental requirements for admission of students while the other 50% indicated no additional departmental requirement was necessary for admission of students into their programs.
Section E: Facilities, Equipment and Instructional Materials

Statement E - 1

Specially designed facilities are provided for health education in relation to classroom instruction.

The multidimensional nature of health education indicated that courses relevant to the discipline are spread across the various departments in an institution. Such courses are psychology, sociology, the natural and physical sciences and so on. However, specifically designed facilities are needed to provide for health speciality courses in relation to classroom instruction and laboratory research.

Twelve (60%) Nigerian respondents and thirteen (76.5%) American respondents indicated there were not specially designed facilities for health education. Six (30%) Nigerians and two (11.8%) Americans indicated specially designed facilities were provided. Two Nigerians and two Americans were undecided. The mean scores of 2.60 for Nigerians and 2.29 for the Americans further indicated the rejection of the statement by the majority of Nigerian and American respondents. The results are shown in Table 36.

Statement E - 2

There is sufficient amount of good quality health education materials in the light of the number of students enrolled.
TABLE 36

STATEMENT E-1

Specially designed facilities are provided for health education in relation to classroom instruction

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept %</th>
<th>Reject %</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>12</td>
<td>20</td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>13</td>
<td>17</td>
<td>11.8</td>
<td>76.5</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Good quality health education materials, especially reference and text books, journals and periodicals related to health education are vital to an effective health education program.

Thirteen (65.0%) Nigerian and ten (58.8%) American respondents indicated an insufficient amount of good quality health education materials to service the number of students enrolled. Five (25%) Nigerians and three (17.7%) American respondents felt otherwise. They were of the opinion that there was a sufficient amount of good quality health education materials for their students. Two Nigerian and four American respondents were undecided. The mean scores were 3.50 and 2.58 for the Nigerian and American respondents respectively. The results appear in Table 37.

Statement E - 3

There is an adequate stock of audio-visual materials such as microfilms, slides, films, filmstrips, tape recordings, models, skeletons, etc., for the teaching of health education.

The use of audio-visual materials in teaching, especially by student teachers has two obvious advantages. Firstly, the use facilitates a better insight and understanding of the subject being taught. Secondly, but not necessarily second in importance is the fact that students become aware of the value of audio-visual aids which can be used in their own teaching. The need to expose students at college
### TABLE 37

**STATEMENT E-2**

There is sufficient amount of good quality health education materials in the light of the number of students enrolled.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Accept</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigerians</td>
<td>Reject</td>
<td>13</td>
<td>20</td>
<td>25.0</td>
<td>65.0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accept</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Reject</td>
<td>10</td>
<td>17</td>
<td>17.7</td>
<td>58.8</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
level to the use of audio-visual aids is unquestionable, yet it would seem many institutions lack even the basic stock of audio-visual materials for health education.

Thirteen (65%) Nigerian and thirteen (76.5%) American respondents indicated the stock of audio-visual materials for the teaching of health education was inadequate. However, six (30%) and four (23.6%) American respondents indicated they had adequate stock of audio-visual materials. The mean scores were 3.60 and 2.05 for the Nigerians and the American respondents respectively. The results are shown in Table 38.

Statement E - 4

Services are available to the teaching staff for the development and construction of teaching materials and aids.

An individual development and construction of teaching materials and aids have two main values. The first is that an instructor may find that a commercially produced material does not satisfy his particular needs. Secondly, the cost of commercially produced materials may be prohibitive that the answer to fund problem might be the construction of some locally. Perhaps, a third advantage is that students will come to see that commercially prepared materials is not always the only answer in every case, and that they could prepare their own. However, in order to prepare one's own teaching materials and aids, there must be adequate facilities.
Table 38

Statement E-3

There is an adequate stock of audio-visual materials such as microfilms, slides, films, filmstrips, tape recordings, models, skeletons, etc. for the teaching of health education.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>13</td>
<td>20</td>
<td>30</td>
<td>65.0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>13</td>
<td>17</td>
<td>23.6</td>
<td>76.5</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Fifteen (75%) Nigerians and only five (29.4%) Americans indicated that services were available to the teaching staff for the development and construction of teaching materials and aids. Nine (53%) American and only three (15%) Nigerian respondents indicated that services for the development of and construction of teaching materials and aids were not available. Two Nigerian and three American respondents were undecided. The results are indicated in Table 39.

Statement E - 5

There are adequate bulletin board and display spaces for charts, pictures, and clippings on current health issues.

The use of the bulletin board and display area has been acknowledged as an important teaching aid by educators. However, their effectiveness as teaching aids depend on their adequacy in terms of the display space, the position of the board in relation to the students expected to use them, the type of information displayed and the organization of the materials displayed. Adequate bulletin boards and display areas are not often available as is indicated by ten (58.8%) American respondents who indicated the inadequacy of bulletin boards and display spaces for charts, pictures and clippings on current health issues. But fourteen (70%) Nigerian respondents indicated there were adequate bulletin boards and display spaces on health issues in their departments. Five (25%) Nigerians rejected the statement while
TABLE 39

STATEMENT E-4

Services are available to the teaching staff for the development and construction of teaching materials and aids.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>3</td>
<td>20</td>
<td>75.0</td>
<td>15.0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>9</td>
<td>17</td>
<td>29.4</td>
<td>53.0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
four (23.5%) Americans reported they had adequate bulletin board and display spaces. The mean scores were 3.65 and 2.58 for the Nigerians and Americans respectively. The results appear in Table 40.

Statement E - 6

Community health resources such as the health department, clinics, voluntary health agencies are used to enrich your health program.

The value of the use of community resources in professional preparation program in health education is widely acknowledged. Student familiarization with what is happening in their field when in training not only allows them to relate theory to practice, but also prepares them for the types of problems and health issues they are likely to be confronted with after graduation.

Fifteen (75%) Nigerian and only four (23.5%) American respondents indicated the use of community resources to enrich their program. Nine (53.0%) American and only two Nigerian respondents rejected the statement indicating the non-use of community health resources in their programs. Three respondents from each of the two groups were undecided. The mean scores were 3.85 and 2.58 for Nigerians and Americans.

SUMMARY

The data in this section focused on facilities, equipment and instructional materials. There were six statements and there were
TABLE 40

STATEMENT E-5

There are adequate bulletin board and display spaces for charts, pictures and clippings on current health issues.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>5</td>
<td>20</td>
<td>70.0</td>
<td>25.0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>10</td>
<td>17</td>
<td>23.5</td>
<td>58.8</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>3</td>
<td></td>
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</tr>
</tbody>
</table>
TABLE 41

STATEMENT E-6

Community health resources such as health departments, clinics, voluntary agencies are used to enrich your health program.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept %</th>
<th>Reject %</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>2</td>
<td>75.0</td>
<td>10.0</td>
<td>3.85</td>
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<tr>
<td></td>
<td>Und.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>9</td>
<td>23.5</td>
<td>53.0</td>
<td>2.58</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
agreements in the opinions of most American and Nigerian respondents in three of them. There were disagreements in three of the others. Most Nigerian and American respondents indicated that there were no specially designed facilities that were provided for health education in relation to classroom instruction; that there was an insufficient amount of good quality health education materials to service the number of students enrolled and finally that the stock of audio-visual materials for the teaching of health education such as micro-films, slides, films, filmstrips, tape recordings, models, skeletons for the teaching of health education was inadequate.

But most American and Nigerian respondents disagreed over the statement on the availability of facilities for the development and construction of teaching materials and aids by the health teaching staff. The response of most Nigerians was positive while most Americans indicated no facilities for development and construction of teaching materials and aid were available. There was also a disagreement over the statement on adequacy of bulletin board and display spaces in which most Nigerian respondents indicated adequate bulletin board and display spaces in their program while most American respondents reported there were no adequate bulletin board and display spaces in the department. In the use of community health resources to enrich the health program, most Nigerians reported the use of community health resources such as the health department, clinic, voluntary health agencies, to enrich their program. Most American respondents indicated the non-use of community health resources to enrich their programs.
Section F: Health Education as a Career/Profession/Discipline

Statement F - 1

Health education is recognized by the majority of Nigerians/Americans as a worthwhile discipline and profession.

The traditional association of health education and physical education has continued to influence the belief by a large section of the society that health education is still a part of physical education and not yet accepted as a worthwhile discipline or a profession. However, evidence of the increasing recognition of health education as a discipline and profession has continued to grow since the beginning of the "modern school health education movement, 1915-1920" (5:470; 6:413). But how much this recognition permeates through out the general populace in both Nigeria and in the United States remains an important health question.

The Nigerian respondents were about evenly divided with a slight edge by those who indicated health education was not recognized by the majority of the people as a worthwhile discipline and profession. With a small majority of 41.2%, most American respondents indicated health education was not recognized by a majority of American people as a worthwhile discipline and profession. Six (35.3%) Americans expressed positive opinions. One Nigerian and four American respondents were undecided. The mean scores were 3.00 (Nigerians) and 2.94 (Americans). The results are recorded in Table 42.
**TABLE 42**

**STATEMENT F-1**

Health education is recognized by the majority of Americans as a worthwhile discipline and profession.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept %</th>
<th>Reject %</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Accept</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>10</td>
<td>45.0</td>
<td>50.0</td>
<td>3.00</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>7</td>
<td>35.3</td>
<td>41.2</td>
<td>2.94</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Statement F - 2

The development of health education as an independent discipline is the main factor that will give it an enhanced professional status.

Several health educators have stated that as long as health education remains closely tied to physical education, it will never grow into a respectable discipline of its own. Separation has therefore often been advocated as the surest way of raising its status among other disciplines (7, 8, 9).

Fifteen (75%) Nigerians and fifteen (88.2%) Americans agreed with the statement that the professional status of health education would be enhanced with its development as an independent discipline. Four (20%) Nigerians and one American respondents had contrary opinions and one respondent from each of the groups was undecided. The mean scores of 4.00 (Nigerian) and 4.35 (Americans) further confirms the positiveness of the response of most Nigerian and American respondents. The results are shown in Table 43.

Statement F - 3

Government legislation mandating the teaching of health education, especially in the elementary and secondary schools will elevate the status of health education as a profession.

Experience from New York State and the states of Illinois, Florida, California as well as a few other states in the United States has
The development of health education as an independent discipline is the main factor that will give it an enhanced professional status.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIGERIANS</td>
<td>Accept</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>4</td>
<td>20</td>
<td>75.0</td>
<td>20.0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMERICANS</td>
<td>Accept</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Reject</td>
<td>1</td>
<td>17</td>
<td>88.2</td>
<td>5.9</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
shown that a mandatory comprehensive health education program in the elementary and secondary schools has a salutary effect on the development of health education curriculum for the elementary and secondary schools, as well as to the degree of emphasis given to teacher preparation in health education (10,11). There is no doubt that the status of health education as a discipline and profession has risen considerably in those states where the governments have passed legislation making health education in schools mandatory.

Most Nigerians (70%) and sixteen (94.2%) Americans indicated that government legislation in favor of the teaching of health education in school would elevate the status of health education as a discipline and profession. No negative response was recorded for the Nigerians, but one American respondent disagreed with the statement. Six Nigerians were undecided in their responses. The results are shown in Table 44.

Statement F - 4

There is a definite need and place for health educators especially, for school health educators in Nigeria/United States of America.

The National Education Association, American Association for School Administrators, National Congress for Parents and Teachers, American Medical Association, American Pediatrics Association, Council of State School Officers, National School Boards Association, and National Association of State Boards of Education have in their resolutions
TABLE 44

STATEMENT F-3

Government legislation mandating the teaching of health education especially in the elementary and secondary schools will elevate the status of health education as a profession.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept %</th>
<th>Reject %</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>0</td>
<td>20</td>
<td>0.0</td>
<td>4.15</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>1</td>
<td>17</td>
<td>5.9</td>
<td>4.70</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
urged the development of comprehensive health education programs as an essential part of every school program (8). This recognition and acceptance of health education by above medical and education professions as a basic responsibility of schools requires a trained health educators.

By significant scores, most American and Nigerian respondents agreed that there was a definite need and place for health educators in schools. Nineteen (95%) Nigerians and all seventeen (100%) American respondents held this view. Only one Nigerian respondent held a contrary view. The mean scores of 4.70 (Nigerians) and 4.94 (Americans) further confirm the positiveness of the response of most Nigerian and American respondents. The results are shown in Table 45.

SUMMARY

Section F of the questionnaire consisted of four statements focusing on health education as a career. Most of the American and Nigerian respondents were agreed in their responses to four of the statements with very high scores in three. Most American and Nigerian respondents agreed that the development of health education as an independent discipline was the main factor to giving health education professional status; that government legislation mandating the teaching of health education in schools would elevate the status
TABLE 45

STATEMENT F-4

There is a definite need and place for health educators especially, for school health educators in United States of America.

<table>
<thead>
<tr>
<th>Group</th>
<th>Response</th>
<th>N</th>
<th>Accept</th>
<th>Reject</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigerians</td>
<td>Accept</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>1</td>
<td>20</td>
<td>95.0</td>
<td>5.0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americans</td>
<td>Accept</td>
<td>17</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject</td>
<td>0</td>
<td>17</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>Und.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
of health educations as a profession and that there was a definite need and place for school health educators in Nigeria and in the United States. But on the statement which dealt with the recognition of health education as a worthwhile discipline and profession by majority of Americans and Nigerians, both groups agreed with comparatively low scores that most Nigerians and Americans recognized health education as a worthwhile discipline and profession.
Presentation of the Data Concerning the Responses On the Open-Ended Question

The data for section two of the questionnaire was obtained from the open-ended questions which gave respondents an opportunity to express their opinions in an unlimited way. There were five questions. The responses varied in most cases, depending on how each respondent felt about each of the questions, and on his/her cultural environment. However, there was a consensus in certain areas as there were considerable divergences in others.

This section therefore presents a synthesis of the view and reactions of respondents in the departments of health and physical education in both Nigerian and American colleges/universities.

Question A

What program change or additions do you envisage will be needed in the future to meet the needs and interests of the school child?

The responses from the Nigerian administrators and faculty are categorized into four main groups:

1. Those advocating separation of program of health and physical education;
   
2. Those interested in curricular change;
3. those who want to see health education as a teachable and examinable subject in elementary and secondary schools; and,

4. those who emphasize practical experiences for the pre-professionals.

Five (25%) respondents saw the future need as that of a distinct program of health education as opposed to the current arrangement where health education is a part of the physical education program. Five (25%) would like to see more emphasis focused on personal and community health, safety education, human sexuality, and man and diseases, and would also have to be adapted to local needs.

Six (30%) of the respondents would like to see health education taught, as well as become an examinable subject in elementary and secondary schools. Most of the nine respondents were of the opinion the above trend would be enhanced by making the teaching of health education in the elementary and secondary schools mandatory. Three (15%) respondents indicated that health education would have more emphasis placed on practical experience of the pre-professional.

Responding to the same question, the reactions of the American administrators were as varied as the Nigerians. Three (15%) respondents indicated that health education would have more emphasis placed on practical experience of the pre-professional.

Responding to the same question, the reactions of the American administrators were as varied as the Nigerians. Three (17.6%) of the respondents indicated that there would be need to train pre-professionals for comprehensive K-12 program in schools, while four (23%) of the
respondents, like a number of Nigerian respondents, indicated health education would need to become mandatory at the elementary and secondary school levels. Seven (41.0%) of the respondents indicated the need for more "well-prepared" teachers who would be dedicated to the subject. In their responses, separate programs for the preparation of health educators for effective and adequate preparation was either implicit or explicit.

One American respondent indicated there would be the need for training in the respect of all children and required demonstration of that respect. This was read by the writer to mean emphasis in the behavioral sciences. This response was very interesting in view of the current trend in seeking more effective methods of teaching health education through behavior modification approaches. It was indeed surprising that not many respondents, particularly among the American administrators of health and physical education subscribed to that response.

**Question B**

What changes would you recommend for the improvement of the present teaching practice experiences arrangements in relation to health teaching?

The recommendations that health teaching during student teaching exercise be given as much prominence as is accorded to physical education was indicated by nearly half (45%) of Nigerians and three (17.6%) of the
American respondents who felt that health education was not getting its due share in the current student teaching practice arrangements. They indicated more student teaching time be allocated to health teaching. Four Nigerian respondents (20%) recommended for more student involvement in school health activities during student teaching exercise, while another four (20%) of the respondents were more concerned with the audio-visual materials. They would like to see an all round improvement which should include making available of audio-visual materials to student teachers. One respondent felt that more emphasis should be placed on study of Methods and Materials in health education.

Another recommendation emanating from one respondent was that making health teaching mandatory in schools would have a salutary effect because student teachers would be assured of schools and classes to teach for practical experience. The response was not the crux of the problem as far as one American administrator was concerned. It was felt by him that what was needed most were more and better schools in which to place student teachers. One other American respondent saw no way the student teachers can gain the desired experience, unless all public schools offered a comprehensive health education in their program.

Four (23.5%) of the American respondents were of the opinion that with a separate health education program, student teaching arrangements and administration would improve. In considering student teaching an important aspect of the professional preparation, one American administrator recommended an earlier teaching practice experience and
required remedial work once it had been determined the student teachers were not competent. This was to be done prior to the "traditional student teaching period." However, another American administrator felt that more stress should be placed on teaching methods and not on content knowledge which change with new discoveries and addition to the body of health knowledge. Improvement he contended, could be attained through inservice as well as reading professional journals and new literature on health education and related fields.

SUMMARY

Most respondents in both Nigerian and American institutions indicated the need to increase the student teaching period assigned to health education. It was thought this would be attained by offering a separate program of health education as well as by making health teaching in schools mandatory. It was also thought this would give student teachers the opportunity of having schools in which to practice teaching and gain the necessary experience.

Question C.

What would you consider the most urgent problems regarding facilities, equipment and instructional materials for health teaching?

There was a considerable amount of collaboration among the Nigerian and American responses to the above question. Ten (50.0%) of the Nigerian and four (23.5%) of the American respondents indicated the major
problem as being that of gross inadequacy of teaching aids and materials. Three (15%) Nigerians and five (29.4%) American respondents indicated a lack of funds as the most crucial problem. One Nigerian respondent indicated that the reason for the poor support given to health education which included the non-purchase of teaching aids and materials was due to the "poor attitude of the decision-makers regarding the importance of health education and the need to prepare the student teachers in the use of audio-visual aids and other teaching materials. One American administrator recommended the establishment of health materials centers, while another felt there was need for more instructional materials designed for college age students.

Four (20%) Nigerian respondents looked at the problems of personnel and indicated that the lack of qualified personnel to teach the use of audio-visual materials was largely responsible for the paucity of teaching aids and materials in most departments.

SUMMARY

Most American and Nigerian respondents indicated that the major problems with regards to facilities, equipment and instructional materials for health teaching were those of lack of these materials in sufficient quantity and good quality, as well as lack of funds to purchase or replace old ones. Lack of qualified personnel was also indicated as a problem. The response of one American administrator that health materials centers be established was a good idea that needed exploring.
Question D

What role can teacher preparation in health education play in the realization of the national health plan for the present and future?

The consensus of most respondents in both the Nigerian and American institutions was on the need to produce more and adequately prepared health teachers for the elementary and secondary schools. Twelve (60.0%) Nigerians and seven (41.2%) Americans subscribed to this view. In qualifying what they meant by "adequately prepared teachers" the following points were made:

1. Teachers with adequate competencies in health education.
2. Teachers with in-depth knowledge of health problems.
3. Teachers who can teach how to attain and maintain good health.
4. Teachers whose health attitudes and habits support rather than contradict health practices.
5. Teachers who can provide health care or at least health appraisals of school children.
6. Teachers who can not only teach but serve as models.

The role of the teacher as a model was also emphasized in the responses of five (29.4%) American administrators who indicated the need for the recruitment of interested pre-professionals into the program.

Two (10%) Nigerians indicated that emphasis should be placed on community and environmental health, while two (11.7%) American
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Two (10%) Nigerians indicated that emphasis should be placed on community and environmental health, while two (11.7%) American
respondents indicated the need to develop programs which would emphasize preventive health. Three (15%: Nigerians indicated the need for effective planning and organization in curricular content of health education in pre-professional institutions which will take into account the health needs of the home, the community and national health needs, interests and aspirations.

Question E

In your program, is health education as important as physical education? If your response is "no" what would be your recommendations for making health education as important as physical education?

Most of the responses to the first part of this question showed that health education was not as important as physical education in both the Nigerian and American institutions studied. Twelve Nigerians accounting for 60% of the respondents and ten Americans accounting for 58.8% of the respondents indicated that health education was less important than physical education in their programs. There were also some agreements among the respondents from both the Nigerian and American institutions on recommendations regarding separation of the programs of health education and physical education. Six Nigerians (50.0% of the sixteen) and five Americans (50.0% of the ten) respondents were of the opinion that a separate health education program in an independent department or within the department of health and physical education would be one of the best solutions. Ranking second among
the recommendations was the matter of faculty quality. Six Nigerians (30.0%) and two Americans (20.0%) recommended more health majors be hired on the faculty.

Other recommendations included:

1. That students should be made to become interested in the health teaching field.

2. That health education in the elementary and secondary schools should be handled by health specialists.

3. That there should be as many jobs available for health teachers as there were for the teaching of physical education.

4. That equal time should be allocated to health education and physical education.

5. That the government should take a more active interest in health education in schools in order to raise the status of teacher preparation program in health education.

Seven Americans (41.2%) indicated health education was as important as physical education in their program, although one respondent did point out that there were fewer health majors in his department because students "have not come to recognize the importance of health education." Four Nigerians (20.0%) indicated health education was as important as physical education in their departmental program. Most of the respondents held this view because health courses were a requirement in the department.
REFERENCES


10. AAHPER, "Separate Certification for Health Education Teachers." Statements were prepared by the School Health Division of the AAHPER and approved by AAHPER Board of Directors, October 1973.

CHAPTER VII

INTERPRETATIONS OF THE DATA AND SUGGESTIONS FOR THE DEVELOPMENT OF HEALTH EDUCATION CURRICULUM FOR NIGERIAN UNIVERSITIES

Interpretations of the Data

The purpose of the rest of this chapter is to present some interpretations and impressions of the study derived by the author. The format for presenting the interpretations of the data will follow the six categories of the questionnaire.

Teaching Staff and Administration

Both the American and Nigerian respondents indicated no difference in academic status between the faculty who taught health education and the other faculty members in the department or in the university. This was also substantiated by the returned faculty profile from each institution included in the study. It was observed that most of the faculty who taught health education were physical education majors. There were few health majors in both Nigerian and American colleges/universities.
The general reaction of almost over one half of the total population who felt that health education was not accorded the same recognition as physical education on their programs was that the recruitment of more health education specialists into the faculty to handle health courses in college preparation programs was a big solution to the problem. The above views were in line with those of most health educators today.

The low figures for health education majors in relation to majors in physical education or health and physical education is perhaps explained by the fact that 1) very few health courses were included in the program of most institutions, and 2) most health courses were still handled by faculties whose terminal qualifications were either physical education or health and physical education majors. (See Table 13)

The responses of most Americans and Nigerians regarding institutional and departmental policies on giving time off and encouragement to attend professional meetings and conferences did indicate not only the recognition of the important role of professional meetings and activities as important avenues for self-improvement and staff development. Professional meetings and activities which include workshops and seminars have remained one of the best ways, other than reading
professional reports and literatures on current issues, of updating one's knowledge after one has left the college. Most Nigerian departments of health and physical education pay for costs, subject to limitations laid down by the institution's policies, for both conferences as well as for lodge and board if faculty had to travel out of town.

The indication of most Nigerian respondents that the faculty strength for health teaching was adequate while most Americans indicated the contrary raises some question since only 15.8% were health majors. The only possible interpretation is that most Nigerian respondents possibly have accepted the fact that the health and physical education or physical education majors are capable of, and are in fact doing a good job at health teaching. The anomaly in such thinking is evident. One hopes that the responses were motivated by the need to support the efforts of the second best in the absence of qualified health education specialists, and not an indication of hostility toward the emerging discipline of health education.

Health Education Curriculum

The responses to the statement dealing with health education curriculum showed that personal health, community health and growth
and development courses indicated their acceptance as basic courses fulfilling the dual task of maintaining the student-teacher's own health and of contributing effectively to the health of his pupils. However, an analysis of the specific courses in personal and community health in particular showed various depths of treatments. That is, some institutions have for example more courses that could be considered personal health courses than others. This situation was applicable to both American and Nigerian institutions.

Courses which provided experiences that helped students understand the total school health program (health instruction, health services and healthful school environment) were more popular with Nigerian institutions. Most of the respondents indicated that provision was made for experiences that helped students understand the component parts of the total school health program. Most of the Americans were evenly divided in their acceptance and rejection of the statement (47%:47%), and this may be accounted for by the fact that some of the institutions may be community health oriented and others school health oriented. However, the need to provide courses in total school health program for both orientations cannot be over emphasized.

The data showed that most Americans were of the opinion that their curriculum did not provide opportunities for experiences in
evaluation of pupils' progress as well as program effectiveness. Such provision was made in the curriculum of most Nigerian institutions as reported by most Nigerian respondents. The possible interpretation is that most American institutions regard research and evaluation as a graduate course. In Nigerianwhere graduate programs in health and physical education have not yet developed except at the University of Ibadan, there was need for students exposure. Although advancedcourses in evaluation should rightly be left for graduate health curriculum.

Student Field Experience

The responses of most Nigerians and Americans rejecting the statement regarding the existence of opportunities for planned student observation of health education classes in schools as part of their field experience is a sad reflection of the poor status of health education in schools. The basic problem could be one of the following two factors: (1) health education is not considered sufficiently important to be included on the time table, and (2) health education is taught by a poorly prepared health teacher or faculty that is not a health major. The suggestions for hiring health majors to teach health education and mandatory legislation, no doubt bore these problems in mind.
The general acceptance of the statement that students did not have as much opportunity for teaching health education as they had teaching physical education during student teaching, by most Nigerians and Americans indicated the lack of recognition of the importance of health education by Nigerian and American public schools.

The responses to the statement regarding the focus of the student field experience were indicative of two possible interpretations. The Nigerian institutions' programs in health education appeared to be focused on school health, while the focus of the American institutions participating in the study appeared, by the scores of the respondents, to be evenly divided between school health and presumably community health. However, most American and Nigerian respondents rejected the statement that the student field experiences included participating actively in the program of the community health agencies such as the Red Cross, St. John's Ambulance, etc. It seems the rejection of the statement by both Nigerians and Americans were not based on the undesirability of the exercise but on perhaps scheduling problem, considering the amount of time that has been grudgingly assigned to health education in most programs.

Student Personnel Service

Most American and Nigerian respondents indicated that student recruitment into the program of health and physical education was based entirely on the institutions requirement. In those institutions
with additional recruitment requirements a satisfactory demonstration of certain stipulated skills or the possession of certain experiences were required. The proponents of selective admission in health education have claimed this was the only way to stop health education from becoming a dumping ground for students who have no other areas to turn to. But those who support the institutional admission requirements claim that an additional departmental requirement would turn prospective students away, if they could get into other programs with only the institutions' admission requirements. Since there was no guarantee that a selective admissions policy would always attract the best students into the program, it seemed more sensible to adopt the general college policy for student admission.

The acceptance of most Nigerians (by a substantial score of 70%) and the rejection of most Americans (by a marginal score of 53%) of the statement that there were periodic student-advisor meetings to evaluate the progress of each student in the program was rather unexpected. There was a general impression at least in Nigeria that more attention was paid to student-advisor meetings in American institutions. Although the score of 53% was marginal, and therefore nearly half of the respondents agreed with the Nigerians in respect of their own programs it seems appropriate to recommend that all programs consider student-advisor meetings an essential facet of the program.

Most American respondents reported their department did not make a regular collection of information regarding the adequacy of the professional program in health education from past students. Among the
Nigerian respondents, those who reported that their department did and those who indicated that theirs did not collect information from past students were evenly divided with 40% response. It was clear that in order to obtain a more objective evaluation of a program, the opinions of the faculty and present students must be sought, but more importantly, the opinions of past students must be sought because they were in a position they held as well as offer suggestions on how the program could be improved. They could also provide a rationale for a change of program or orientation if there was the need.

Facilities, Equipment and Instructional Materials

The responses regarding specially designed facilities for classroom instruction in health education suggest that effective health instruction could go on in any room where other environmental conditions such as ventilation, lighting, position of the chalk board and so on were adequate. The finding in this study indicated 60% Nigerians and 76.5% Americans did not have specially designed facilities for classroom instruction in health.

Most American and Nigerian respondents, even with marginal scores 58.8 and 65% respectively, indicated there was not a sufficient amount of good quality health education teaching aids in light of the number of students enrolled. Although what was considered sufficient amount of good quality of health education materials was open to different interpretation it would be right to conclude that no
institution studied including those who indicated they had sufficient amount of good quality materials could justifiably claim to have enough.

The response of most respondents from American and Nigerian universities indicated a lack of audio-visual aids. This view was held by 65% Nigerian and 76.5% American respondents. It could be right to conclude that most departments of health and physical education did not have adequate stock of audio-visual materials for teaching health. Although most Nigerian respondents indicated inadequacy of audio-visual aids with a marginal score of 65%, it is quite clear that the Nigerian institutions were in a unique situation. Instructors in the United States can draw on the immense technological resources in the preparation of materials for their own use. It is relatively easy for the faculty to obtain advertized or listed materials for fore-view in order to assess their suitability for specific teaching/learning situations. But in Nigeria as in most developing countries, the situation is different. There are very few resources and expertise in the preparation and the correct use of audio-visual materials and equipment. Although catalogues may be available, the items listed have very rarely been assessed and the instructor cannot decide on their suitability from very short and sometimes vague information given.

Preview is usually impossible as few overseas distributors will send audio-visual materials, for instance, to long distances. Apart from the expense involved, there are all the hazards of customs delays
and damage in transit. As a result an instructor is unable to make a rational selection even when funds are made available.

Because he has very little or no production facilities of his own, his students and he too are deprived of the potential and valuable assistance that educational technology can give to a learning/teaching situation in health education.

The best solution is the development of local materials and this requires money to hire experts to teach how to produce audio-visual materials and teaching aids, and to buy equipment and materials for such production.

Most Americans (by a marginal score of 53%) indicated that services were not available to the faculty for the development and construction of teaching materials, while 75% Nigerians were of the opinion that services were available in their institutions. The responses appear to indicate therefore that most American institutions are in a position to get ready made teaching materials and therefore have no need or time to make them. On the other hand, most Nigerians institutions relied heavily on locally made materials if the instructor does want to use them so much. However, the substantial score of 75% for Nigerian respondents merely indicated there were services available to the faculty for the development and construction of teaching materials, but did not indicate the magnitude of these services.

Most American respondents indicated inadequate bulletin boards and display spaces for charts, pictures and clippings on current health issues while most Nigerians indicated there were adequate bulletin board
and display spaces. The responses suggest the importance which the Nigerian departments of health and physical education place on this method of teaching. Materials that were in short supply could be duplicated or xeroxed and mounted. The bulletin board appears not to be very important with regards to disseminating information on health issues of the day in the United States because there was a generally large supply of printed matters on any current issues either by the government or national or local health agencies. These materials could often be obtained free of charge by simply writing to the appropriate agencies.

On the use of community resources to enrich the health program, the marginal majority score of 53% American respondents indicating the non-use of community resources may suggest that of the departments focus on school health. Most Nigerians (75%) indicated the use of community health resources such as health departments, clinics, voluntary agencies to enrich their health program. In view of the current trend to harmonize the training programs for school health educators and public health educators, it would be to the advantage of those who are going to the school health area to be aware of the public health problems. However, scheduling in order to accommodate an extensive use of community health resources constitutes a problem to many institutions that would have made use of this method of instruction.
The responses by the Nigerian and American respondents on the matter of the recognition of health education as a worthwhile discipline and profession seemed to suggest that health education is still on the crossroads. Happily, it is no more completely regarded as a subordinate calling to physical education and although it has not been given the accolade of a full profession. However, there are indications that through health activities in research, professional associations activities and government actions health education will become fully recognized in the next ten years.

The development of health education as a separate program as a means of raising its status and its acceptability as a respectable discipline and profession has reechoed at every health convention in both the United States and Nigeria. Although the samples were not randomly selected, this is one case where it could safely be suggested that most Nigerian and American respondents expressed opinions that are generally held by most health educators today: that the development of health education as an independent discipline is the main factor that will give it an enhanced professional status.

Most American and Nigerian respondents were in agreement that government legislation mandating the teaching of health education, especially in the elementary and secondary schools will elevate the status of health education as a profession. The response does not
in any way suggest that the government mandate will be the panacea to health education becoming a discipline. However, government action as has been seen in the case of states like New York, Illinois, Nebraska, Florida and California does have a boomerang action, the most obvious being a phenomenal increase in job opportunities and an increase in health majors.

The responses to the statement that there was a definite need and place for health educators, especially, for school health educators in Nigeria and in the United States does vindicate the confidence and aspiration every health educator has for the discipline. By substantial scores of 95% (Nigerians) and 100% (Americans) both groups indicated there was a definite need and place in both countries.

SUGGESTIONS FOR THE DEVELOPMENT OF A HEALTH EDUCATION CURRICULUM FOR NIGERIAN UNIVERSITIES

Curriculum change or revision should normally be preceded by an evaluation of the existing curriculum or program. Though this study has been primarily a comparative exercise, the overall purpose was to arrive at an accepted basis for proposing a guideline for an undergraduate health education program which would be useful in the Nigerian situation. An attempt has been made to utilize the conclusion from the comparison report as well as an evaluation of recommended guidelines in literature, to develop the following undergraduate program for health educators in Nigerian universities.
The analysis of the health education component of the professional programs for physical and health education in Nigerian universities as compared with a representative program from American colleges and universities awarding combined degrees in health and physical education revealed two points: one is the fact that some Nigerian programs were grossly inadequate to the point that graduates of these programs could not justifiably be considered adequately prepared health educators. The other point was that some programs were far too ambitious that it was difficult to see how graduates of such programs could adequately cover the prescribed program effectively, with the kind of poor staffing situation prevailing and within the time schedule for all bachelor of education degree courses within the faculty of education of all the Nigerian universities.

One final observation was the duplication of courses and the wrong course description as evidenced from the programs of one or two of the universities. Since the health education program was a component part of the departmental program of health and physical education, the writer felt very strongly that some of the courses which were included under the undergraduate program should have been placed under the graduate program of those universities which now offer, or hope to offer, graduate programs in the near future.

proposed a guideline. In this report, the WHO pointed out as follows:

To enable the teacher to work in health education successfully and satisfactorily, a specific and systematic preparation must be included in the general teacher training program. The dual task of maintaining his own health and of contributing effectively to the health education of his pupils suggest the need for knowledge in five subjects... (1) Growth and Development (2) Personal Health (3) Community Health (4) School Health Practice and (5) Methods in Health Education. (1:9)

The implications of WHO report was a clear indication that no matter where a health educator is prepared, the above are the basic or core health education subjects he must take "to enable him to work in health education successfully and with satisfaction."

The report of the AAHPER National Conference on undergraduate Professional Preparation in New Orleans in 1973 as it related to teacher preparation in health education recommended teacher competencies and behavioral objectives for the undergraduate program. The report recommended that the health teacher should have professional preparation in the following areas:

1. Man's ecology and interaction with the society. Background studies in such fields as biological and behavioral sciences were required;

2. Health issues and problems of the individual in the society, with identification of leading health problems, and the development of knowledge and understanding in this area;

3. Human growth and development and its relationship to health; the principles of growth and development and the ability to relate these to health instruction program;

4. Evaluation of the validity and reliability of health information and resources, and the identification of emerging health problems and issues;
5. Public health principles and the individual's responsibility in maintaining high level public conditions;

6. The dynamics of accidents (including the causes and prevention of accidents and treatment of accident victims) as well as conditions conducive to safe living. (2:16)

The report also recommended a supplementary knowledge from the subject matter of health education and allied health fields which would include approximately 20% of the professional studies component in related biological and behavioral sciences with implications for health education such as anatomy and physiology; anthropology; human growth and development; microbiology; psychology and sociology. (2:16)

Similarly, in the report of the American School Health Association Committee of Professional Preparation and College Health Education Conference at Towson State University in 1976, the committee proposed a comprehensive guideline for the professional health educator. It went further to indicate what it called the minimum suggested required courses" in which the following courses were listed:

1. Content Areas in Health Education

   (a) Direct health content

   Orientation to personal health
   Orientation to community health

   (b) Related health content

   (i) Biological and physical Science
       General biology
       Human anatomy and physiology
(ii) Social and behavioral sciences
   General sociology
   General psychology

2. Educational Skills

   Educational measurement and evaluation
   Methods and materials in health education
   Educational psychology

3. Orientation to the Profession

   School health program
   Community health program
   Organization and administration of school health or
   Organization and administration of community health education.

4. Demonstration of skills and knowledge

   Student teaching
   Community health practicum (3.420)

The above guidelines again show that there are basic or core courses which a student, whether in the separate program of health education, or in the combined program of health and physical education, must have to take in order to enable him effectively to teach health education after qualification.

A review of the three guidelines—the WHO/UNESCO; the New Orleans AAHPER National Conference and the Towson ASHA Conference—agree to a very large extent in their listings of courses.

A summary of the programs of the American colleges and universities does also indicate a general adherence to the basic or core courses idea, although many fell below the minimum requirement recommended by the ASHA conference.

A review of the Nigerian programs revealed that there was little consensus as to what constituted the core health courses that should be
taken by undergraduates who were expected to teach health education in schools after their graduation. And there was at least in one case where, judging from the number, titles and description of courses listed, one could not confidently suggest that the program would adequately equip graduates of the program to teach health education in schools or work in community health agencies.

The first portion of the proposed guidelines consisted of brief descriptions of the health education courses. Some of the courses are currently being offered in the programs of some of Nigerian universities that were studied. In some cases however the emphasis and or course descriptions have been changed to better meet the needs and interests of the Nigerian children and of the community. Courses described were essentially in the content areas of health education as well as those in professional orientation.

Following the course descriptions, a presentation of the synopsis of course requirements for health educators in the programs of health and physical education for the undergraduate program has been made. Health education as an applied discipline draws heavily from biological and natural sciences for its content, and from the behavioral sciences for its methodology. A broad base of learning experiences in these areas were considered essential in the preparation of health educators. It was therefore considered essential to list these courses which the author titled the "basic foundations courses for health education." This listing preceded the synopsis of course requirements for health education.
The author was aware of the fact that additional courses were required to meet the faculty of education and the university standards for graduation, but consideration has been given to only the courses recommended to students pursuing the program in health and physical education.

Course Descriptions for Proposed Health Education Courses

**Personal Health:**

The study of the personal health problems of elementary and secondary school children and college men and women, with emphasis on the implications for family life, mental health, communicable diseases and nutrition.

**Communicable and non-communicable diseases:**

The nature, prevention and control of communicable and non-communicable diseases. Emphasis will be focused on air, water, and insect borne diseases. Diseases such as tuberculosis, cholera, malaria, dysentery, measles, small pox and polio will be discussed. Also, diseases contracted by human contact or transmitted through intermediate hosts such as gonorrhea, yaws, schistosomiasis, etc., will be treated.

**Nutrition:**

The study of nutrients in foods; evaluation of various food fads and nutritional information; relationship of nutrition and
School Health Program:

Study of composite of procedures and activities designed to pro-
tect and promote the well-being of students and school personnel. The
procedures and activities include those organized in school health
services, the provision of a healthful school environment, and health
education. The school will be viewed as an integral part of the
community.

General Microbiology:

A general course designed to give the student a broad background
and understanding of bacterial and other micro-organisms that have
bearing on the physical and economic well-being of man.

Emotional and Social Health:

Study of stress and its relationship to health; the influence
of the school environment on students' mental, social and physical
health as a major aspect of total fitness.

Environmental Health:

Lectures and discussions designed to acquaint the student with
the major areas of environmental health that come under the
influence of the sanitarian; the role of the sanitarian. The course
will also deal with the general problem of sanitation, water supply,
disposal of excreta, disposal of garbage, insect and rodent control
and how these affect the health of the individual and the community,
in both the rural and urban settings in Nigeria. Consideration will
be given to current problems such as ventilation, housing, lighting, etc.
Community Health:

Introduction to public health; history and development and scope of public health in Nigeria; official, voluntary and professional health agencies and organizations; major health problems facing the community, nation and the world.

Methods and Materials in Health Education:

Principles and practice of health education; emphasis on the selection, development and application of appropriate teaching methods and materials. Included is a thorough understanding of theories of learning, behavior and communication.

First Aid:

Immediate and temporary care for a wide variety of injuries or illness; control of hemorrhage; restoration of breathing; care for poisoning and the proper methods of transportation, splinting and bandaging. Emphasis will be given to such problems as swallowing of poison and drugs; bites from rabid animals and snakes; deep cuts and puncture wounds from sharp and pointed objects respectively. Particular attention will be paid to improvisation of first aid apparatus.

Accident Prevention:

Study of the dynamics of accidents, including the causes and prevention of accidents and treatment of accident victims. Conditions conducive to safe living will be discussed. Attention will be given to the development of understanding of individual responsibility in personal and community accident prevention and control. Discussions
will include common accidents in the farm and forest such as sharp pointed stumps, thorny climbing stems, walking into traps, etc.

**Evaluation and Planning of Health Education in Schools:**

An introduction to fundamental procedures in collection, summarization, presentation and basic analysis of health data; ability to select and develop appropriate techniques and devices for (a) determining health needs and interests, (b) evaluating student progress, and (c) appraising the success of the total school health program.

**Philosophy of Health and Health Education:**

Historical and philosophical foundations of health education, leading to a study of modern development, philosophy, structure, placement and content of subject matter in school and community health education programs.

**Planning Health Education for the Community:**

Study of the principles, procedures and techniques of evaluation, organization, and improvement of health education in the community groups setting. The course will include coordination of activities with schools.

**Health Education Project:**

Individual supervised reading on problems of concern to health education, culminating in the presentation of a formal paper on one selected problem area.
Tobacco, Alcohol and Drugs:

The physiological, psychological, sociological and legal implications of tobacco, alcohol and drugs use and misuse, with emphasis on nature, cause, treatment and prevention.

Practicum:

This should provide many opportunities for the preprofessional to work with individuals and groups in a variety of settings; opportunities should also include observation and or participation in health related activities in the school and community in addition to supervised student teaching.

Synopsis of Proposed Health Education Curriculum

Basic Foundations for Health Education

1. Health Science - Elementary anatomy; physiology and microbiology;

2. Social Science - Psychology, Sociology and anthropology;

3. Education - Educational psychology, curriculum development, general educational technology including communications skills.
Teaching Speciality in Health Education

Personal health
Communicable and non-communicable diseases
Nutrition
General microbiology
School health program
Tobacco, alcohol and drugs
Emotional and Social health
Environmental health
Community health
First aid and treatment of injuries
Accident prevention
Philosophy of Health and Health Education
Evaluation and planning of health education in schools
Planning and organizing health education for the Community
Health education project
Health teaching seminar
Practicum

Teaching Speciality Minimum Requirements

Personal Health

Community health
School Health Program
Nutrition
First aid and treatment of injuries
Communicable and non-communicable diseases
Health teaching seminar
Practicum

The above proposal assumed that equal amounts of time will be devoted to health education and physical education courses. It was also recognized that some overlap would occur among some of the courses, that is, there would be some courses which are required as both health education and physical education courses in the departmental program. Anatomy and physiology is an example of such courses which was left out purposely because it would normally be offered in physical education. The author was also aware of possibility of the programs in Nigerian universities being loaded with physical education courses, and has therefore, recommended the minimum requirements in the teaching speciality.

An examination of the health courses in the Nigerian institutions seemed to draw a distinction between school health education and public or community health. The public health study is often one course which is often reluctantly listed as an elective. In the proposed curriculum, specific mention should be made of the fact that only in very few cases should the content of any course be exclusively oriented to school or community health. Every course should cover the aspects of the specific topic relating both to the community and the school. The treatment of
topics in their school health and community health settings would make the graduate better prepared to work in both settings.

In proposing the preceding curriculum, consideration was given to the core health courses which have been subscribed to by the WHO/UNESCO report, the report of the AAHPER National Conference on Undergraduate Professional Preparation in Health Education and the report of the ASHA Committee on Professional Preparation of the Health Educator. Also important in the proposal was the utilization of the conclusions drawn from the data collected with regards to current curricular practice in Nigerian and American colleges and universities. Finally, the special needs and problems of the Nigerian school children and youth and the community were considered.

In view of this consideration, courses like aging, death and dying, sex and family life education, teenage pregnancy, venereal diseases, child abuse and the degenerative diseases which are frequently found on the course listings of most American colleges and universities have not been included as individual courses in the suggested course descriptions and listings for Nigerian universities. Although these courses deal with important and current health issues in the United States, they are not, as of now, vital and priority problems in Nigeria.
The old age population is small compared with the United States, and families normally take care of the ir aged. The aged learn to adjust with the help of all the members of the immediate and extended family. Death and dying are normal processes which do not present the kind of emotional trauma which has made the course such an important one in the United States. There are still some general belief that the dead and the living are in constant communion, and this makes death and dying easier to handle in Nigeria than it is in the United States. Although there is need to know how to prevent unwanted pregnancy, family life education does not assume the type of importance it has in the United States. For example, marriage which constitutes a major topical unit of the family life education is not only a union of two individuals but also of two families in Nigeria. Each family plays its role in ensuring the success of the marriage. This family role does create the type of atmosphere that engenders stability in marriage of the two individuals. The child is the most important blessing of a marriage in Nigeria. Therefore, child abuse is a phenomenon which is unknown in Nigeria. This does not constitute a health or social problem in Nigeria. Although there are reports of people dying as a result of cancer and heart attack as well as hypertension, Nigeria's priority problem is how to combat the preventable diseases which take a high toll of life rather than the degenerative diseases which still have a low rate of mortality.
However, student knowledge is essential in the health problems which are of great significance in the United States today. Therefore, in the course of the program of health education these topics should be treated as parts of other courses with which they are related.

It is obvious from the above that there could be no suggestion of uniformity of programming or for what to teach in both the Nigerian and American settings, because of the differences in needs, problems, cultural background of students and the communities which the schools service. In fact, a suggestion of uniformity even for two institutions in two different localities in Nigeria or in the United States is valueless for the same reasons above. But nonetheless, some basic standards must be observed, and any institution falling below such standards would not be doing an effective job. The above curriculum is therefore a guideline as well as a standard of basic health courses for the health component in the department of health and physical education in Nigeria.
REFERENCES


CHAPTER VIII

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS FOR
PROGRAM IMPROVEMENT AND FOR FUTURE RESEARCH

SUMMARY

The purpose of this study was a comparison of the professional preparation program for health education, offered in the departments of health and physical education in selected Nigerian and American colleges/universities, and to develop a guideline for health education curriculum for the departments of health and physical education in Nigerian universities.

The study developed from a perceived need to determine the current status of the undergraduate professional preparation of health education in Nigerian universities. In addition, a determination of the opinions of the heads as well as of the senior faculty members in the departments of health and physical education with regards to the present strengths and weaknesses of the existing programs was considered useful information for providing a guideline for health education curriculum. In order to establish the strengths and weaknesses, a comparison was carried out with the programs of similar institutions in the United States. Included in the study were selected Nigerian and American colleges and universities which (1) were currently granting a bachelor's degree in health and physical education combined.
(2) have graduated at least one set of students in the above degree level since the inception of the program, and (3) are state supported, that is, state-owned rather than privately owned institutions.

The data for this study were obtained from three main sources:

1. From college/university catalogues, bulletins or mimeographed programs supplied by the heads of the departments of health and physical education of the institutions included in the study;

2. Interviews with the heads and senior faculty of the departments of health and physical education in Nigerian universities; and

3. From questionnaire administered to the heads of the departments of health and physical education in American colleges/universities and to the heads and senior faculty of the departments of health and physical education in Nigerian universities.

The questionnaire was in two parts. The first part which was made up of closed-ended statements examined the following variables:

1. Faculty-administration and organization.

2. Health education curriculum.

3. Pre-professional field experiences.

4. Student personnel services.

5. Facilities, equipment and teaching materials.

6. Health education as a career/profession/discipline.

The second part contained open-ended questions which gave the respondents the opportunity to elaborate on any points related to each question. Also, a faculty profile was used to obtain some background information of the individual faculty.
The review of literature included an examination of the development of teacher education in Nigeria; an analysis of articles and reports on the professional preparation of health education in Nigeria; a review of selected studies on professional preparation programs in health education in the United States in the last twenty-five years; a brief account of conference and committee reports and actions relating to the preparation of health educators in the United States in the past thirty years, and finally, a review of the global interest in health education and teacher preparation in health education.

The third chapter outlined the methods, procedures, and courses of the data for the study. A summary of the findings of this study appears at the end of Chapters IV-VI. The fourth and fifth chapters provided information on the current programs of health education in the departments of health and physical education in Nigerian and American colleges/universities respectively. In chapter six was presented the data concerning the responses by heads of departments of health and physical education in American and Nigerian universities and by senior faculty in the departments of health and physical education in Nigerian universities.

CONCLUSIONS

The purpose of comparative study between two elements, countries, societies, cultures or practices is to find out the differences and similarities that exist and the factors which influence or determine what exists. Don Anthony, writing in "Physical Education"
about the purposes of comparative physical education study said these were to:

1. Establish reliable data on each country's system separately and collectively;

2. Search for commonalities by the analysis of differences and similarities with particular attention to relation theory and practice.

3. Attempt to understand the past, predict future trends and to assist in formulating the policy;

4. Examine the needs to reform one's own method and systems and to contribute to a universal improvement of standards and knowledge. (1:4)

These ideas are as true for physical education as they are for health education and particularly for this study, of which one of the purposes was a comparison of professional preparation programs for health and physical education in Nigerian and American colleges/universities. The general conclusions arising from the study are the following:

1. There was a general indication that health education as a discipline did not enjoy the same status as physical education; physical education was generally held in greater esteem.

2. Government mandate for the teaching of health education in the elementary and secondary schools was seen as one major way of enhancing the status of health education.

3. The separation of the program of health education and physical education administratively was also seen as a major step to raising the status of health education.
4. Health education courses were mostly taught at the college level by staff whose terminal graduate degrees were either in physical education or in health and physical education combined.

5. Students were not given as much opportunity to teach health education as was given to physical education during student teaching.

6. The inadequacy or short supply of audio-visual materials, facilities and equipment for health education was a problem common to the Nigerian and American institutions studied.

7. Among the Nigerian universities, only the University of Ibadan and the University of Nigeria offered a sufficient number of health courses as a requirement for the granting of the bachelor degree in health and physical education.

8. Only five of the American institutions whose programs were received, and who have health major in their programs offered more than 30% of the professional courses in their undergraduate health and physical education programs.

9. Generally, there was insufficient number of health courses to certify graduates as adequately prepared health educators in the departments where the emphasis is on the physical education component of the combined program.

Recommendations for Program Improvement and for Future Research

As a result of the findings in this study, the following recommendations are proposed for program improvement:
1. Faculty:
   
a. A concerted effort should be made to hire adequate numbers of health education majors with at least a master's degree, but preferably with a doctorate degree to handle the health specialty courses.
   
b. The faculty for health education should have had a considerable experience in health teaching in the high school.
   
c. Experience in research activities should be considered when hiring faculty for health education.

2. Curriculum:
   
a. A guideline for undergraduate health education curriculum has been proposed in Chapter VII.
   
b. Health major should be established, with options for school health or community health. The supporting rationale for this recommendation is that both programs will prepare educators to teach health education to a target group, in the community or in the school, and that a common approach is very realistic. There will also be a need to combine the methodology approach of school health education with the content emphasis of community health education, while retaining the unique qualities of each.
   
c. Where the separation of the program of health education and physical education is not practicable, emphasis should be placed equally on health education and physical education. That is, in the combined degree program, half of the credit hours of professional course work should be allocated to health education and half to physical education. In addition, the number of credit hours required for a combined major should exceed the requirements for a major in a single area.
3. Students Personnel Services:
   a. There should be no additional screening exercise or admission requirements to those of the general college/university admission requirements. This recommendation is made in view of the fact that there is no guarantee that an additional selection exercise would always attract the best students into the discipline of health education.
   b. There should be periodic student-advisor meetings apart from small group seminars to evaluate students progress and to resolve any problems that might appear to impede a student's progress.

4. Facilities, Equipment and Instructional Materials:
   a. Facilities for the construction of simple teaching materials and aids should be made available and a qualified staff should be hired to supervise as well as instruct students on how to construct the simple visual aids and teaching materials.
   b. Instruction in the use of audio-visual materials should be made an education requirement for all students.
   c. Generous funds should be provided for the purchase and maintenance of essential equipment and materials which can be made available for students' use.

5. Student Field Experience:
   a. Students should have as much opportunity teaching health education as they have teaching physical education or other subjects during student teaching exercise. This can be done by seeking the assistance of cooperating schools used for student teaching.
b. The use of community health agencies such as the health department, clinics and voluntary health agencies should become an integral part of the student teaching experience.

6. Health Education as a Career/Profession/Discipline

In order to get students interested in health education as a career, there needs to be adequate job opportunities in the field. In order to ensure that there are jobs for graduates of the program, it is recommended that:

a. Health education become mandatory in elementary and secondary schools. It should not be a service course, but an examinable course with the same status as any other academic course in the school curriculum.

b. There should be a virile health professional association capable of publicizing the role of health education both to the school and the community.

Recommendations for Future Research

In order to gain a wider knowledge of the undergraduate program in college/university health education, the following studies have been recommended:

1. A study to identify what the future health needs of Nigerian society will be within the next ten to twenty years. This would aid institutions in establishing undergraduate curriculum in health education that will prepare professionals who will be qualified to meet these needs.
2. A survey of recent graduates of undergraduate studies by ascertaining:
   a. an analysis of their present jobs; and
   b. their personal evaluation of the experiences they had in the undergraduate program.

3. An evaluation of current status of professional preparation program in health education in the universities as well as in the Advanced Teachers Training Colleges in Nigeria. Those involved in the evaluation should include the faculty members, the present students and the past students. The survey should focus on the strengths and weaknesses of the program and suggestions for improvement.
REFERENCE

APPENDICES
APPENDIX A

Letter to the Questionnaire Jurors
I am conducting a project on Nigerian and American colleges and universities in relation to their professional preparation programs in health education. I am in the process of developing my final instrument for the project. I shall be grateful if you will review the following instrument for its clarity and appropriateness for the proposed project. The target population will be essentially heads of departments health and physical education in Nigerian and American universities. Lecturers in Nigerian universities will also be required to respond to the final draft of the instrument.

Your reactions to the following questions in respect of the instrument will be appreciated.

1. Are the questions framed in a way that is clear, easy to understand and interpret?
2. Are there some words used which might likely create some doubts in the minds of respondents?
3. Are there words that are inappropriate to the Nigerian setting?
4. Are there questions that ought to be reframed? Feel free to reframe these if any.
5. Are questions that ought to be asked, but left out? Indicate these if any.
6. Are the instructions for completing the questionnaire clear?

Thank you very much for your time and assistance, and I look forward to reading your reactions very soon.

Sincerely,

C. O. Udoh
APPENDIX B

Questionnaire for this Study
The questionnaire on the Professional Preparation Program for health educators in Nigerian and American colleges/universities awarding combined degrees in health and physical education.

Guidelines for completing the questionnaire

The questionnaire is in two parts: the first part consists of close-ended questions and the second part consists of open-ended questions which permit elaboration in answering.

Part One

For this part, please place a circle around the number in the column which most closely represent your opinion about the statement. The following are the meanings of the numbers:

- Number 5: strongly agree (SA)
- Number 4: agree (A)
- Number 3: undecided (UD)
- Number 2: disagree (D)
- Number 1: strongly disagree (SD)

Part Two

For this part, please express your opinion about each statement on the spaces provided. If the space is inadequate, feel free to elaborate on each of the statements at the back of the sheet.

Thank you for your time and cooperation in completing this questionnaire and the individual profile.

Christopher O. Udoh,
The Ohio State University,
309 Pomerene Hall
Columbus, Ohio 43210
U.S.A.
Part One

Section A: Teaching Staff and Administration

1. Health education teaching staff hold academic status which is equal to that of other teaching members of the department and of the university teaching staff. 5 4 3 2 1

2. Institutional and departmental policies allow time for, and encourage attendance at professional meetings, conferences. 5 4 3 2 1

3. The teaching staff strength of the department is adequate for an effective health education professional preparation program. 5 4 3 2 1

4. All the teaching staff responsible for health education have the personal, academic and professional qualifications necessary for the teaching of health education courses. 5 4 3 2 1

5. All the teaching staff responsible for health education have the personal, academic and professional qualifications necessary for the supervision of students research projects. 5 4 3 2 1

6. In the administration of departmental program, health education is equal in status and has equal weighting with physical education. 5 4 3 2 1

7. Health education courses are required courses in the physical education curriculum. 5 4 3 2 1

8. Health education courses are elective courses in the physical education curriculum. 5 4 3 2 1

Section B: Health Education Curriculum

1. Growth and development of the individual from infancy, childhood and adolescence to adult life are adequately treated in the curriculum 5 4 3 2 1
2. Personal health courses which include the study of applied nutrition, infection and immunity, the hygiene of the various body systems, mental health, safety and first aid, stimulants and narcotics, family life education, wise use of medical care etc., are given full expression in the curriculum.

3. Community health courses which include communicable diseases prevention, community resources for ensuring safe food, water and air, disposal of wastes, community attitudes toward health and disease etc., are given full expression in the curriculum.

4. Students are provided with experiences that help them understand the total health program (which includes health instruction, health services and healthful school environment) and the responsibilities of the school and community health educator.

5. The curriculum in health education provides students with adequate opportunities for experiences in evaluating pupils' progress as well as program effectiveness.

6. In the "Methods" courses, students are given an adequate opportunity to acquire skills in the use of direct instruction, integration with other subjects, the development of teaching units and in the use of the various teaching techniques including testing and evaluation.

7. Students are given the opportunity to acquire skills in developing and using various types of research and research procedures related to health education.
Section C: Student Field Experiences

1. Opportunities exist in schools for planned observation of health education classes by students as a part of the field experience exercise.

2. Students have as much opportunity for teaching health education as they have teaching physical education during the teaching practice.

3. During the student teaching practice exercise, students are expected to participate in a wide variety of health related activities in the school community.

4. The student field experience exercise is focuses primarily toward health teaching in schools.

5. The student field experiences include participating actively in the program of the community health agencies such as the Red Cross, St. John's Ambulance.

Section D: Student Personnel Services

1. Student recruitment into the program of health and physical education is based entirely on the institutions recruitment requirements.

2. The department has additional requirements over and above those of the institution for ensuring that students entering the program of health and physical education are of good quality.

3. There is periodic student-teacher advisor meetings to evaluate the progress of each student in the program.

4. The institution assumes responsibility for helping graduates find initial jobs in the progressional field.
5. The department periodically collects information from past students regarding the adequacy of the professional program especially in health education materials.

Section E: Facilities, Equipment and Instructional

1. Specially designed facilities are provided for health education in relation to classroom instruction.

2. There is sufficient amount of good quality health education materials in the light of the number of students enrolled.

3. There is an adequate stock of audio-visual materials such as microfilms, slides, films, filmstrips, tape recordings, models, skeletons etc. for the teaching of health education.

4. Services are available to the teaching staff for the development and construction of teaching materials and aids.

5. There are adequate bulletin board and display spaces for charts, pictures and clippings on current health issues.

6. Community health resources such as health departments, clinics, voluntary agencies are used to enrich your health program.

Section F: Health Education Career/Profession/Discipline

1. Health education is recognized by the majority of Nigerians/Americans as a worthwhile discipline and profession.

2. The development of health education as an independent discipline is the main factor that will give it an enhanced professional status.
3. Government legislation mandating the teaching of health education especially in the elementary and secondary schools will elevate the status of health education as a profession.

4. There is a definite need and place for health educators especially, for school health educators in Nigeria/United States of America.
INDIVIDUAL FACULTY PROFILE

1. Name of institution _______________________________________________________

2. Name of respondent (optional) ____________________________________________

3. Sex: Male ____ Female ____

4. Highest degree/qualification obtained. (Complete the blanks)
   Degree ______ Year ______ Awarding institution _____________________________

5. Major and minor areas of specialization at the highest degree level:
   Major area _________________________________________________________
   Minor area _________________________________________________________

6. Faculty rank. Please check ( ) the appropriate blank.
   Graduate Assistant ______
   Instructor/Lecturer ______
   Assistant Professor ______
   Associate Professor ______
   Professor ______

7. Percentage of time spent on each of the following. (approximate)
   Teaching health education courses _____
   Teaching physical education courses _____
   Teaching practice supervision _____
   Other activities related to professional preparation such as ______

8. Teaching assignments. Check the appropriate blank.
   Teaching health education courses only. ______
   Teaching physical education courses only. ______
   Teaching both health and physical education courses. ______

9. Any publications related to health education in professional journals within the last two years. Indicate number, if any. ______

10. Membership of health related professional associations. If you belong to any please list.*

11. Membership of college/university committees. If you belong to any, please list.*

12. Identify any areas or topics of special interest or emphasis related to your profession.*

   *If the space is too small, please use to reverse side of this page. Thanks.
APPENDIX D

Summary of Faculty Profile
SUMMARY OF FACULTY PROFILE

1. Name of institution ________________________________

2. Number of faculty on the Health and Physical Education program:
   Male ____________  Female ______________

3. Faculty degrees/qualifications. (State number on blanks)
   Bachelor degree ____________
   Master degree ____________
   Doctoral degree ____________

4. Area of specialization at the highest degree. (state number of faculty)
   Health and Physical Education ____________
   Health Education ____________
   Physical Education ____________

5. Status of faculty members. (state number on the blanks)
   Graduate Assistant ____________
   Instructor/Lecturer ____________
   Assistant Professor ____________
   Associate Professor ____________
   Professor ____________

6. Teaching assignments. Indicate on blanks the number of faculty members engaged in each of the following:

   HE - Faculty teaches health education only
   PE - Faculty teaches physical education only
   HPE - Faculty teaches both health and physical education

   Graduate Assistant  HE  PE  HPE
   Instructor/Lecturer  ______  ______  ______
   Assistant Professor  ______  ______  ______
   Associate Professor  ______  ______  ______
   Professor  ______  ______  ______

Thank you.
APPENDIX E

Initial Letter to Heads of Departments of Health and Physical Education in Nigerian Universities
I am paying a short visit to Nigeria in January, 1979, for the purpose of collecting data for my doctoral project on the undergraduate professional preparation program for health education in Nigeria. I would like to visit you between January 7 and 21, 1979. During my visit, I would appreciate it if you will make available to me your published program, complete a questionnaire as well as grant me an interview. I would also like your teaching members of staff to complete a questionnaire each for me. I shall be grateful if you will bring to your staff the notice of my visit and mission.

Your assistance will be most helpful to me in conducting my research which I firmly believe will be useful to the cause of the professional preparation in health education at the undergraduate level in Nigeria.

Thank you very much for anticipated assistance and cooperation, and I look forward to visiting you in January 1979. The specific date of my visit will be communicated to you at least a week ahead of time.

Sincerely,

C. O. Udoh
APPENDIX F

A Letter Indicating the Writer's Itinerary in Nigeria
Dear Sir:

Subsequent to my letter in which I indicated my plan to visit Nigeria for the purpose of collecting data for my doctoral dissertation, I wish to inform you that I am now in Nigeria. I will be visiting your campus on the dates indicated in the following itinerary:

- University of Ibadan - January 8 and 9, 1979
- University of Ife - January 10 and 11, 1979
- University of Nigeria - January 15 and 16, 1979
- Ahmadu Bello University - January 18 and 19, 1979

I look forward to meeting you and the members of your teaching staff.

Sincerely,

Chris. O. Udoh
APPENDIX G

Initial Letter to Chairpersons of Departments of Health and Physical Education in American Colleges/Universities
Christopher O. Udoh  
The Ohio State University  
309 Pomerene Hall  
1760 Neil Avenue  
Columbus, Ohio 43210

I am a graduate student in the health education program of the School of Health, Physical Education and Recreation, at the Ohio State University. For my dissertation I am making a comparison of the undergraduate professional preparation programs for health educators in the Nigerian and American colleges/universities awarding combined degrees in health and physical education.

From the most recent AAHPER directory and the 1977/78 edition of the "Blue Book of College Athletics," your institution was listed as satisfying the above condition. I am requesting your permission to include your program in my study.

Data will be collected by a brief questionnaire which will require about 15-20 minutes of your time. I shall also be requesting information about your program course requirements.

Thank you for your consideration. I shall appreciate notice of your willingness to cooperate on the enclosed slip. A self-addressed stamped envelope is included for your convenience.

Sincerely,

C.O. Udoh  
Graduate Student

Dr. Robert Kaplan  
Advisor
APPENDIX H

List of American Institutions Contacted

Initially for this Study
LIST OF AMERICAN INSTITUTIONS CONTACTED
INITIALLY FOR THIS STUDY

Institutions that indicated their Willingness to Participate

1. University of Louisville, Louisville, Kentucky
2. Glassboro State College, New Jersey
3. Indiana University of Pennsylvania, Pennsylvania*
4. East Tennessee State University, Tennessee**
5. Stephen F. Austin State University, Texas*
6. Norfolk State College, Virginia*
7. Northeastern Oklahoma State University, Oklahoma
8. Illinois State University, Illinois
9. Georgia Southern College, Georgia**
10. Austin Peay State University, Tennessee
11. Central State University, Oklahoma
12. University of Arkansas, Pine Bluff, Arkansas
13. Henderson State University, Arkansas*
14. McNeese State University, Louisiana*
15. Edinboro State College, Pennsylvania*
16. Tennessee State University, Tennessee**
17. Georgia State College, Atlanta, Georgia**
18. Radford College, Radford, Virginia**
19. University of North Carolina, North Carolina*
20. Old Dominion University, Virginia*
21. University of Texas, El Paso, Texas*
22. West Georgia College, Georgia*
23. Boston State College, Massachusetts*
24. University of Arkansas, Little Rock, Arkansas*

Institutions that declined to Participate or now have separate Programs for Health Education and Physical Education

25. University of Maine, Maine
26. University of Mississippi, Mississippi
27. University of Missouri, Missouri
28. Murray State University, Kentucky

*returned questionnaire with usable data on current programs
**returned only questionnaire
29. North Carolina Central University, North Carolina
30. Eastern Michigan University, Michigan
31. Colorado State University, Colorado
32. James Madison University, Virginia
33. Angelo State University, Texas
34. Valdosta State College, Georgia
35. George Mason University, Virginia
36. Frostburg State College, Maryland

Institutions that Failed to Respond to the Initial Letter

37. North Carolina State University, North Carolina
38. Southern Oklahoma State University, Oklahoma
39. East Stroudsburg State University, Pennsylvania
40. West Chester State College, Pennsylvania
4. Alcorn State University, Mississippi
APPENDIX I

A LETTER ACCOMPANYING THE QUESTIONNAIRES

CHAIRPERSONS OF DEPARTMENTS OF HEALTH

AND PHYSICAL EDUCATION IN AMERICAN

COLLEGES/UNIVERSITIES
Christopher O. Udoh,
The Ohio State University
309 Pomerene Hall
Columbus, Ohio 43210

Dear Sir:

Thank you for your willingness to allow your program to be included in my comparative study of the professional preparation program for health educators in Nigerian and American Colleges and universities. Your participation will assist me in my proposal for an undergraduate program for health education within the program of health and physical education for Nigerian colleges and universities.

May I then request that you complete the following questionnaire (attached together) and have each of your faculty complete the faculty profile. A self-addressed stamped envelope is attached to each faculty profile for direct return convenience.

While returning the completed questionnaires, I would appreciate receiving the following information if available:

1. Your health and physical education typical program for undergraduates; and/or,
2. The undergraduate course requirements which indicate the academic area, foundation area, educational skills area and the teaching speciality (health content) area.
3. Your college catalogue or any other document which contains your program course descriptions.
4. Other information you think would be helpful.

Thank you very much for giving your very valuable time.

Sincerely,

Christopher O. Udoh
Graduate Student

Dr. Robert Kaplan, Ph.D.
Faculty Advisor
APPENDIX J

A FOLLOW-UP LETTER TO NON-RESPONDING
CHAIRPERSONS OF DEPARTMENTS OF HEALTH
AND PHYSICAL EDUCATION IN AMERICAN
COLLEGES/UNIVERSITIES
Christopher O. Udoh,
The Ohio State University
1760 Neil Avenue
309 Pomerene Hall
Columbus, Ohio

Dear Sir:

This is a follow-up to the questionnaires I mailed to you recently. I am running behind my schedule, and this may place me at a disadvantage in my plans. I shall therefore be most grateful if you find time to respond to the questionnaires if you have not already done so.

I shall be grateful also if you will send me your college catalog or xeroxed copy of the sections dealing with:

1. Graduating credit hours, credit hours devoted to the general education program, credit hours for teaching speciality, professional education and elective courses;

2. Program for health and physical education with course titles and credit hours assigned to each course.

I look forward to hearing from you at your earliest convenience.

Sincerely,

C. O. Udoh
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Books


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Reports and Conferences

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