

# **Determinants of Choice of Health Education as a Major Area of Study among Female Students of Physical and Health Education Department, Alvan Ikoku Federal College of Education, Owerri, Imo State, Nigeria**

**Ibhafidon, A.**  
**Kalu, M. O.**  
**Nwachukwu, K. C.**  
**Nwaobiala, C. J.**

*Department of Physical and Health Education  
Alvan Ikoku Federal College of Education, Owerri, Imo State, Nigeria*

## **ABSTRACT**

*This study focused on determinants of choice of health education as a major area of study among female students of Physical and Health Education Department, Alvan Ikoku Federal College of Education, Owerri, Imo State. A self developed and validated questionnaire with 0.82 reliability was used as research instrument. The data was analyzed using simple percentage and binomial test. Three hundred female students of the Department of Health Education, Alvan Ikoku Federal College of Education, Owerri, Imo State drawn using purposive sampling technique served as sample for the study. The results of the study showed that personal interest, academic performance and economic reasons were positively significant showing that they were the determinants of choice of health education as a major area of study among female students in the study area. Furthermore, the result showed that parental pressure was not a determinant of choice of health education as a major area of study. Part of the recommendations was that the interest of students in health education should be maintained through quality teaching in order to sustain and increase the interest of those who have lost interest in the subject.*

**Keywords:** *Determinants, Choice, Health Education, Major, Area, Study*

## **INTRODUCTION**

Health education is the combination of planned social action and learning experience designed to enable people gain control over the determinants of health and health behaviours (WHO, 2000). Green (1995) also refers to health professionals, including post-secondary education culminating in supervised experience. Wash (1995) defines health education as any combination of learning experiences designed to facilities voluntary actions conducive to health. Health education as a discipline and a profession is an integral part of public health and medical science by virtue of its focus on human health behaviour and how best to bring about positive health behaviours and actions in the health of consumers (Ademuwagun, Oke, Ajala, Moronkola and Jegede, 2002). Health education as a discipline, a distinct field of study and a profession, has long been misunderstood by both political administrator and technocrats in developed countries (Moronkola, 1999). In recent years, the importance of health education has been increasing so much so that it has emerged as a separate

discipline and profession. Experiences have shown that delivery health care is unproductive if not sufficiently supported by health education. Bradleg (2003) notes that in developing countries considerable efforts have been taken to strengthen health education and to make it a part of total health care activities. All teaching and training institutions connected with health care have included health education in their curriculum. The field of health education is yet to be fully understood by the public and even some health educators due to confusion in the appropriate terminology to give it and the ignorance of some people about its contribution to society. No matter the angle one sees health education, the basic fact is that health education must be seen as bridging the gap between the existing scientific know-how and how the knowledge can be properly and effectively utilized for man's progress (Moronkola, 1997).

Today, a new National Health Policy is in place. Even the greatest cynics have come to agree that preventive health care is no more the poor relation of curative medicine. This act of ignorance and misconception seriously played down on health education so much such that it resulted in development of negative attitudes towards the subject by students, parents and mostly members of the public in general. Adekunle (1995) notes that there are some secondary schools where health education is not taught at all, hence the regulation of the subject to J.S.S 1-3 alone because the subject is a compulsory subject at this level and examinable. The reasons advanced for this is that secondary school administrators believe in other subjects like biology, agricultural science, English and Mathematics, hence, gave more time to these subjects at the detriment of health education.

Career choice is determined by so many factors. Environment plays a significant role in the choice of career of students. For instance a student living in an urban area may think along the line of such occupation as law, medicine, architecture, pharmacy and so on, while another student in a remote village may decide to choose brick laying and other related occupations. This however, shows the role of environment on the career choice of students. Other influencing factors are academic performance, interest, parental pressure, peer pressure, socio-economic factors society attached to a particular career, attitude, culture and values. Yearly, thousands of candidates are admitted to various universities and colleges of education to study different courses including health education. Many of these students are always in confusion as to what course to choose as a career. From the foregoing, this study is aimed at ascertaining the determinants of choice of health education as a major area of study among female students of Physical and Health Education Department, Alvan Ikoku Federal College of Education, Owerri, Imo State. The specific objectives of the study are to ascertain if: (i) personal interest, (ii) parental pressure, (iii) academic performance and economic reason are determinants of choice of health education as a major are of study among female students of PHE Department, Alvan Ikoku Federal College of Education, Owerri, Imo State.

To address the above objective, te following research hypotheses were formulated.

H<sub>0</sub>1. Personal interest would not be a significant determinant of choice of health education as a major area of study among female students of PHE Department, Alvan Ikoku Federal College of Education, Owerri, Imo State.

- H<sub>0</sub>2. Parental pressure would not be a significant determinant of choice of health education as a major area of study among female students of PHE Department, Alvan Ikoku Federal College of Education, Owerri, Imo State.
- H<sub>0</sub>3. Academic performance would not be a significant determinant of choice of health education as a major area of study among female students of PHE Department, Alvan Ikoku Federal College of Education, Owerri, Imo State.
- H<sub>0</sub>4. Economic reason would not be significant determinant of choice of health education as a major area of study among female students in PHE Department, Alvan Ikoku Federal College of Education, Owerri.

### **METHOD**

The descriptive survey research method was used for this study as it was considered suitable because of its outstanding usefulness, pertinence, merits and appropriateness. The population for this study comprises all female students of Health Education students of PHE Department, Alvan Ikoku Federal College of Education, Owerri, Imo State. A total sample of 300 female Health Education students were drawn from the population. The purposive sampling technique was used to sample the 300 respondents.

The instrument for data collection was structured questionnaire. The structured questionnaire was designed according to the hypotheses that were tested in this study. The questionnaire was in two sections, Section A and B. Section A was on the demographic data of the respondents while Section B sought information on the variables selected for the study. The questionnaire was in close-ended form in line with the modified likert scale technique of summated ratings. The responses were on a four point rating of Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD). The computed questionnaire was collated, coded, and analyzed using both descriptive and inferential statistics. Descriptive statistics of frequency counts and percentages were used to analyze section A of the questionnaire which deals with demographic data of the respondents. The inferential statistics of Binomial test was used to test the hypotheses at 0.05 level of significance.

### **RESULTS AND DISCUSSION**

On the age of the respondents, 18.3% of the total sample were 20 years and below, 52.7% were between 21 to 30 years, 21.3% were between 31-40 years, 6.7% were between 41 to 50 years while 1% of the were 51 years and above. Table 1 shows that 68.3% of the total respondents agreed that personal interest was the determining factor in their choice of health education as a major area of study, while 31.7% disagreed that personal interest was the determining factor in their choice of health education as a major area of study. The table also presents response on personal interest items computed with binomial test. The results show that observed binomial proportion of 0.6833 for those who agreed with the items on personal interest is significantly higher than those who disagreed with the items on personal interest at the 5% level. Therefore the null hypotheses which

stated that personal interest would not be a significant determinant of choice of health education as a major area of study among female students of PHE Department, Alvan Ikoku Federal College of Education, Owerri, Imo State is not accepted and the researchers conclude that personal interest was a determinant of choice of health education as a major area of study among female students PHE Department, Alvan Ikoku Federal College of Education, Owerri, Imo State. This shows that personal interest is a determining factor in their choice of health education as a major area of study. Table 2 shows that 17% of the total respondents agreed that parental pressure was a determining factor in their choice of health education as a major area of study, while 83% disagreed that parental pressure was a determining factor in their choice of health education as a major area of study. The table also presents responses to parental pressure items computed with binomial test. The result shows that the observed binomial proportion of 0.1700 for those who agreed with items on parental pressure as a determinant of choice of health education as a major area of study is significantly lower than those who disagreed with the items on parental pressure at the 5% level. Therefore, the null hypothesis which state that parental pressure would not be a significant determinant of choice of health education as a major area of study among female students on PHE Department, Alvan Ikoku Federal College of Education, Owerri, Imo State is accepted and the study concludes that parental pressure was not a determining factor of choice of health education as a major area of study among female students of PHE Department, Alvan Ikoku Federal College of Education, Owerri, Imo State.

Table 3 shows that 72.3% of the total respondents agreed that academic performance was the determining factor in their choice of health education as an area of study, while 27.7% disagreed that academic performance was a determining factor in their choice of health education as an area of study. The table also present response on academic items computed with binomial test. The results showed that observed binomial proportion of 0.7233 for those who agreed is significantly higher than those who disagreed with the items on academic performance at the 5% level. Therefore, the null hypothesis which stated that academic performance would not be a significant determinant in the choice of health education as a major area of study among female students of PHE Department, Alvan Ikoku Federal College of Education, Owerri, Imo State is not accepted. It is therefore concluded that academic performance was not a determinant of choice of health education as a major area of study among female students of PHE Department, Alvan Ikoku Federal College of Education, Owerri, Imo State.

Table 4 shows that 70.3% of the total respondents agreed that economic reasons was a determinant of their choice of health education as major area of study, while 29.7% disagreed that academic performance was a determinant of their choice of health education as a major area of study. The table also presents response to economic reasons items computed with binomial test. The result shows that observed binomial proportion of 0.7033 for those who agreed with items on economic factor as a determinant of their choice of health education as a major area of study is significantly higher than those who disagreed with the items on economic reasons at the 5% level. Therefore, the null hypothesis which states that economic reasons would not be a significant determinant of health education as

a major area of study among female students of PHE Department, Alvan Ikoku Federal College of Education, Owerri, Imo State is not accepted. The researchers, therefore, conclude that economic reason was not a determinant of choice of health education as a major area of study among female students in PHE Department, Alvan Ikoku Federal College of Education, Owerri, Imo State.

**Table 1:** Binomial test table showing the proportion of respondents who agreed or disagreed with items on personal interest.

Summary Item	Agreed	Disagreed	Test Proportion	Observed proportion	2-tailed Probability	Comment
Personal interest items	205 (68.3%)	95 (31.7%)	0.5000	0.6833	0.0000	Positively significant

*Source:* Survey, 2013

**Table 2:** Binomial test table showing the proportion of respondents who agreed or disagreed with items on parental pressure.

Summary Item	Agreed	Disagreed	Test Proportion	Observed proportion	2-tailed probability	Comment
Parental Pressure items	51 (17%)	249 (83%)	0.5000	0.1700	0.0000	Negatively significant

*Source:* Survey, 2013

**Table 3:** Binomial test table showing the proportion of respondents who agreed or disagreed with items on academic performance.

Summary Item	Agreed	Disagreed	Test Proportion	Observed proportion	2-tailed probability	Comment
Academic Performance items	217 (72.3%)	83 (27.7%)	0.5000	0.7233	0.0000	Positively significant

*Source:* Survey, 2013

**Table 4:** Binomial test table showing the proportion of respondents who agreed or disagreed with items on economic reasons.

Summary Item	Agreed	Disagreed	Test Proportion	Observed proportion	2-tailed probability	Comment
Economic reason items	211 (70.3%)	89 (29.7%)	0.5000	0.7233	0.0000	Positively Significant

*Source:* Survey, 2013

## CONCLUSION AND RECOMMENDATIONS

Based on the findings of this study, the determinants of health education as a major area of study among health education students in higher institution is influenced by a number of factors. It was discovered that personal interest in the subject itself was a determinant of the choice of health education as a major area of study among students of health education. Also academic performance even at the secondary school level and other examinations involving health education was responsible for their choice of health education as a major area of study. It was also discovered that economic reason was not a determinant of choice of health education as a major area of study among students in higher institutions. The study equally highlighted that health education offers opportunity for employment, that health education is lucrative and pays well, as well as offers opportunity for tourism. Based

on the findings of this study, the interest of students in health education should be maintained through quality teaching. This is important because of those who have lost interest in the subject. If they are well taught and perform well in examination at the secondary school level, they would like to study it at a higher level. Students' career knowledge on health education should be developed through the organization of career day, seminars, workshops, occupational work visits and excursions.

## REFERENCES

- Ademuwagun, Z.A, Ajala, J.A., Oke, E.A., Moronkola, O.A. and Jegede, A.S.** (2002). *Health Education and Health Promotion* (1<sup>st</sup> ed) Ibadan: Royal People (Nigeria) Ltd.
- Adekunle, A.O.** (1995). *Career guidance and the role of the school in vocational development* (2<sup>nd</sup> ed). London: Heinmann Educational Books.
- Bradleg, M.F.** (2003). *Community health for student nurses* (3<sup>rd</sup> ed.) Bailliere Lin Dall.
- Green, L.W.** (1995). *Reconciling health education and primary health care*. Proceedings of the First International All African Conference in Health Education. Lagos: Federal Ministry of Health.
- McMurray, A.** (1995). *Community health nursing* (2<sup>nd</sup> ed). Melbourne: Churchill Livingstone.
- Moronkola, O.A.** (1999). *Overview of health education*. In Moronkola, O.A. (1<sup>st</sup> ed). *Essential of Human Kinetics and Health Education*. Ibadan: Codat Publications.
- Moronkola, O.A.** (1997). Teaching health education effectively in schools. *Journal of Nigerian Association for Physical, Health and Recreation*. 1, 1, 48-55.
- Wash, A.** (1995). *Promoting health, the primary care approach*. Sydney. Harcourt Brace and Company.
- WHO** (2000). *Expert committee on health education of the public. WHO Technical Report Series*.