

Leadership Qualities of the Health Education Teacher: Attributes for Positive Change on the Health of Students and Other School Personnels

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Abstract: Good academic performance could be achieved only when the staff and students are in good condition of health. Ill health and sicknesses have been proven as factors that adversely affect students academic performance. The presenters see diseases and sickness as conditions stemming from any deviation from the appropriate pattern of living. Disease and illness conditions come directly or indirectly as a result of what we do or liable to do. Health education curriculum is devised to influence students and other members of the school community to adopt and practice positive behaviours and lifestyles that could result in good health and the prevention of diseases and illnesses. This positive change could be influenced by the leadership attributes of the health education teacher. This study focused on the leadership traits of the health education teacher and those attributes that could effect positive change in the health of the students and other members of the school community.

Key words: Leadership qualities, health education, attributes, appropriate pattern, curriculum, Nigeria

INTRODUCTION

Health is a fundamental activity; that quality of physical, social, emotional, psychological and mental well-being, which enables one to live effectively and enjoyable. The attainment of maximum functional health status gives an individual a desirable quality of life and zeal to face with vigour the challenges of life.

According to Udoh (1999), the school is mandated to provide opportunities which should favourably influence knowledge, attitude and practices of students, teachers, administrators and other school personnels. Boyd (2001) posits that there should be effective administration of education as an aid to a nation's development, health education is an aspect of its administration. The procedures for achieving the necessary health education opportunities are usually organized around school health services, healthful school living and health education. All these opportunities, which provide learning experiences, are summed up in an educational programme termed school health programme (Ajala, 1986; Nwachukwu, 2004).

According to Moronkola (2003), school health programme is the planned structured activities directed to meet the health needs of student and staff, as well as lay good foundation for their future health status with the support of the home, community and government. It is basically important that the health education teacher who

is a leader in this aspect of education should possess certain leadership attributes, which could foster the in-build of the right health attitude, beliefs, knowledge and practices on the students and other school personnels.

THE SCOPE OF SCHOOL HEALTH PROGRAMME

The scope of school health programme is therefore:

To provide health instruction. This is the base of health programme in schools (Moronkola, 2003). The breadth and soundness of health instructions determine the strength of the entire school health programme. Health instruction can be given planned or incidental, imparting formal or informal health knowledge to school children and school personnels. Health instruction can be given in form of lectures, class discussions, workshops, seminars, conference, laboratory situations, assignments, projects, individual tutoring, guidance and counseling. It also include all the incidental learning experiences, which the teacher utilizes to impart further understanding and appreciation of health habits in the school setting. Health education curriculum is designed to include topics, which could motivate and assist students to maintain and improve their increasingly sophisticated health related knowledge, attitudes, skills and practices (Akinboye, 1987; Ajibola, 1998; Fabiyi, 2001).

To provide school health services. School health services encompass all school activities and procedures designed to influence present or existing health status of the students and other school personnels. It include the appraisal of student and staff health, provision of school health clinic, prevention and control of diseases, prevention and correction of physical defects, health guidance and supervision and the provision of emergency care.

In the appraisal aspect, the health assets of students and personnels are assessed. Any deviation or deficiencies are assessed in terms of the degree to which they could abstract or interfere with enjoyable academic life (Ademuwagun and Oduntan, 1986). The preventive aspect include the prevention of infectious diseases among school population through such drive as disinfection, decontamination, immunization programmes, healthy environment, proper ventilation, toiling and water supply, safety measures and prevention of accidents, isolation and treatment of ailments among students and school personnels (Udo *et al.*, 1987).

To provide healthful school living for students and other school personnel. This is achieved through standard of safety, sanitation, adequate standard of food service, maintenance and promotion of mental and emotional school climate. Healthful school living involve the provision of safe, aesthetic and wholesome physical environment, in which students can live and participate in normal academic activity without interference, disturbance or frustration. This includes adequate and functional selection of site, building, play and recreational area, lighting, ventilation, furniture, water supply, water closet, food supply and sanitation.

Equally important, for healthful school living is the mental, psychological and emotional environment of the school. Myles in Peretomode (1991) observed that there are certain dimensions which constitute a healthy school. He viewed that understanding among students, personnels, good attitude sentiments and orientations, goal focus, communication adequacy, optional power equalization, good utilization of resources, cohesiveness, good staff morale, innovativeness, autonomy, adaptiveness and problem solving adequacy, are the basis for the organizational health. Moronkola (2003) noted that the particular health atmosphere created, will affect the behaviour pattern of students and school personnels.

THE HEALTH EDUCATION TEACHER

The World Health Organization realized and declared that school teachers are considered as health workers'

principal collaborations, since they are to present to the school children the basic ideas of healthy living in their early days (Ajibola, 1998). To this effect, there is need to provide all prospective teachers with health education orientation. If intending teachers are not specifically prepared to be teachers in health education or as specialist, they could be given sufficient orientation in health education to make them more health conscious in their daily dealing with students, school personnels and the entire school community. Ajibola (1998) also posits that to teach effectively, all teachers in the country should know and understand health problems arising from both developmental causes and ecological relationship of the school child and his total surrounding. All teachers should be groomed in the area of health promotion, maintenance and prevention of diseases. To be a health education teacher, therefore, entails being a leading person in health knowledge, attitude and practices.

THE MEANING OF LEADERSHIP IN HEALTH EDUCATION

In administering health education in the school setting or to the general public, it is reasonable to place oneself as a leader in the health aspect, to direct people to achieve the highest quality of knowledge, values, attitudes and practices, which could lead them to live an enjoyable healthy life, without causing obstruction and interference on the health of other people. Ake and Onoge (1995) sees a leaders as a planner, policy maker, executive, expert, group ambassador, facilitator of group communication, mediator, bearer of group gratifications and punishment, exemplar and symbol of the group. Peretomode (1991) viewed leadership as a process of providing direction and influencing other people to achieve a determined goal. Leadership involve teaching on the part of the leader and learning on the part of the people being led.

Bandura, a social learning theorist propounded that people can learn by observing the behaviour of others. Aronson *et al.* (1997) stated that children have never been good at listening to their elders but they have never failed to imitate them. Bandura (1997) asserts that modeling teaches new behaviours and influence frequencies of previous learned behaviours. This implies that modeling of the health education teacher can build up health knowledge and sound health on the students and other school personnels. The health education teacher, as a leader, must be endowed with such qualities as could influence healthy behaviours and practices in other people.

THE STYLE AND THE TRAIT THEORY OF LEADERSHIP

Ake and Onoge (1995) noted that leadership styles are contingent on a range of situational consideration. The qualities, characteristics and skills required of a leader would be determined to a large extent by the situation in which he is functioning as a leader. Ake and Onoge (1995) in their style theory stated that particular styles of leadership affects performance of subordinates in particular ways. The health education teacher must utilize varying style of leadership in divergent situations bearing in mind the overall health of the student and the school personnels. In their trait theory, Ake and Onoge (1995) stated that, good leaders can come from a wide variety of sources, the trait that lead to success may differ according to situation. They also tendered, that in leadership the individual is more important than the situation (P,50). This indicates the need for flexibility in leadership.

The implication is that the health education teacher as a leader must vary his leadership style in consideration of the local situation, placing premium on the health of students and the school personnels. He can utilize autocratic, democratic or laissez -faire style of leadership depending on varying situations for the overall health of the students or school personnel and can teach others to act in the same way. There are situations to take prompt action without basing the decision on group process; as in emergency situations. He can also use autocratic leadership depending on the characteristics of some members of the group.

LEADERSHIP ATTRIBUTES OF THE HEALTH EDUCATION TEACHER

It is important that the health education teacher posses the attributes that could help him/her to attain the goal of health education. Such attributes can be groomed before recruitment, on the-job grooming through in-service training experiences, seminars, conferences and workshop. Track records of intending health education teachers should be utilized in considering the appointments. For the health education teacher to succeed in leading people to change values and attitude positively, he/she must posses the following distinctive attributes.

Qualification: Ajibola (1998) and Moronkola (2003) affirmed that for the health education teacher to succeed, he must be effective in the three aspects of learning: Cognitive, effective and psychomotor domain. This will lead him to in-build these domains on other people

through the modeling process. The health education teacher must be competent in the area of the general educational background and in the special area of his profession. General educational experiences make him to possess the skills in communicative art, understanding of sociological principles, appreciate the history of various people with their social needs, racial and cultural characteristics, fine and practical art that afford a means of expression, releasing emotion, richer understanding of life and promotion of mental health among students and school personnels. His educational qualification would also include a mastery of the philosophies, techniques and evaluative procedures that are characteristics of most advanced thinking in education.

The professional qualification endowed him with skills in Anatomy and Physiology of human beings, Kineisology, Bacteriology, Biology, Zoology, Chemistry, Physics, Psychology of human development, Child and adolescent psychology, Adulthood and aging, Mental health, Health education methods and materials, Careers in health education, International health, Community health, School health programme, Communicable and non communicable diseases, Population education, Vital statistics, Environmental health education, Accident and safety education, Industrial health education, Basics Statistics and Research Methodology, Computer application in Health Education, Emergency care and Disaster preparation, Alcohol and Drug Education, Family Life and Sexuality Education, Field Experience, Nutrition Education, Consumer Health Education, Epidemiology and Public Health, Curriculum in Health Education, Physical Education and Personal Health (Bucher, 1975; Moronkola, 2003).

Communication: Inconsistencies and ambiguity must be avoided in speech. In rendering health teaching, the health education teacher must make it clear, concise, short and simple for easy understanding and assimilation of facts, so as to achieve it desired goals. He also should have the ability to read and understand people. Interaction, good listening and attention are necessary. This would make him to study and understand the health needs of personnel in the school community. He should be able to relate information in an upward and downward direction (Peretomode, 1995). Hence, health information should be communicated with the subordinates and with his superiors too. This enhance good health and greater productivity in the entire school.

Good health and fitness: Vitality and endurance are essential to the health education teacher. These attributes affects one's manner, personality, attractiveness and

disposition. The health education teacher retains his confidence continuously as long as he/she is in good health and fitness to perform his arduous responsibilities.

Understanding the goal of health education and the overall goal of education: Understanding of the goals of education and being familiar with the specialized work in school health programme, is an asset to the health education teacher. He must have a clear knowledge of the role, which health education play in the total educational process and relate it to other subject areas. This facilitate the taking of appropriate steps to effect positive health knowledge, attitude and practice in students and other school personnels.

Apart from knowing the subject, the health educational teacher should know why he has to teach health to the people, to whom he has to teach and how he has to teach, for maximum understanding and comprehensive of health facts. This attribute should go along with keenness. He must be sharp, but diligent and eager to succeed; hence he should put forward adequate plans and actions towards the attainment of good health for students and other school personnels.

Good human relation and building of staff morale: The health teacher must possess genuine concern for all cadres of personnel in the school, hence he directs all his effort to see that they attain a functional health status to pursue the academic demands. Oputa (1995) posits that, the essence of leadership is in service. We lead, if we serve. He should be readily accessible to his students and other staff for health education, guidance and counseling and other health support as necessary. He should be able to take the lead in mobilizing the school authority on strategies to achieved healthy living in schools. His integrity in honesty, sincerity, discipline and exemplary life are the attributes, which makes him to be trusted with confidential information (Bucher, 1975).

Intellectual capacity, foresight, courage, initiative and creativity: The health education teacher should display an intellectual capacity that is above average. He should be keen in building up his intellectual capacity. This could be achieved through attendance in health meetings, seminars, workshops and conferences. He must have the foresight of identifying health problems and be courageous in initiating plans for health promotion, collect information and seek alternative sources of solving problems. The democratic style of involving students and other school personnels in health plans/decision makes them to identify and understand their health needs, hence

become involved in concrete plans for health promotion and maintenance. Olele (1995) asserts that a school administrator with low intelligent quotient is more likely to have leadership problems than the one with high intelligent quotient.

Socio-economic status: As a leader, the socio-economic status of the health education teachers must portray his level of intelligence, confidence and ability to lead and handle situations promptly. Health education teachers must be in the middle or high socio-economic status.

Firmness and flexibility: Oputa (1995) concluded that a leader must have good deal of courage, which could provide morale, social and motivational climate to his followers. This courage leads to firmness in character. Firmness is the leadership attributes that enhances continuation of health policies and programme over a time until results are evaluated (Achinine, 1997). The health education teacher must be steady, securely established and resolute in plans. This portrays confidence and determination. Above all, he must be disciplined so as to bring other people along the line of self-discipline.

Majasan (1995) concluded that individual with flexible traits makes better managers of man and resources. Majasan is in support of the style theory propounded by Ake and Onege (1995), that leadership styles are contingent on a range of situational considerations, particular styles of leadership effects performance of subordinates in particular ways. The health education teacher must be able to modify his options in taking into consideration the peculiarity of the situation at hand and this he must act to promote the health of students and other school personnels.

Parents substitute: The health education teacher should be convinced of acting as a loco parent for students in school. This conviction enables him to be open and receptive to students so that students could approach him. This openness should also be applied to other school personnels. Such closeness/interaction enables the health education teacher to identify peculiarities in health and intervene. Oputa (1995) acknowledged that leadership by example is the best form of leadership. Students learn more by modeling the action of teachers. The health education teacher should of necessity cultivate commitment to his personal code of conduct and lifestyle. His health attitude, value, practices; his choice of words, dressing, food habits, belief and association will convince other people to imbibe the health knowledge, attitude, values and practices.

CONCLUSION

Humanizing attributes is the hallmark of leadership qualities of the health education teacher. He should be convinced as being a leader in health promotion. His personal traits, which could convince other people to achieved high health status include: Good educational and professional qualification, communication competence, good health and fitness, understanding the goal of health education and its role in the achievement of the overall objectives of education, good human relation, foresight, courage, initiative and creativity, which portray his intellectual competency and confidence, ability to apply firmness and flexibility according to situations and the trait of acting as loco parents for students in school.

RECOMMENDATIONS

On conviction that the health education teacher is a leader in the attainment of good health status for students and school personnels, it is recommended that:

- All teachers should be given orientation in health education, so that they could acquired and posses the knowledge to influence their students and other school personnels on health issues.
- Intending health education teachers should be thoroughly groomed to posses the required attributes, which could enable them to lead other people to good health status.
- Considering the role of health education is the overall objectives of education, all students should be made to undergo compulsory course on health education. To effect this, the health education course should be included among the General Studies (GST) programme in all higher institutions.
- Teachers should be given opportunities to attain health related seminars, workshopsm, lectureand conferences to build up their intellectual capacity.

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