Health Literacy in the Promotion of Wellness Among Secondary School Students in Bayelsa State, Nigeria

Authors:
Dr. Joy-Telu Hamilton-Ekeke
Department of Science Education
Niger Delta University
Wilberforce Island, Bayelsa State, Nigeria
Email: joytelu@yahoo.com or joyhamilton@ndu.edu.ng

Regina Patricia Abam
Department of Basic Science and Technology
Primary Education
Jasper Adaka Boro College of Education
Sagbama, Bayelsa State, Nigeria
Email: abampat035@gmail.com

Eunice Ogobiri
Department of Early Childhood Care and Primary Education Studies
Jasper Adaka Boro College of Education
Sagbama,Bayelsa State, Nigeria
Email: eunicenuma60@gmail.com

ABSTRACT

Purpose: *The study determined the level of health literacy in terms of knowledge of drug abuse as well as its application in making healthy decisions among secondary school students in Ogbia Local Government Area of Bayelsa State, Nigeria.* ***Method:*** *Three research questions and one hypothesis guided the study. Survey-design was utilised and 260 senior secondary three (SS3) students were selected through simple random sampling technique. The instrument for data collection was a questionnaire consisting of two parts: part one was on knowledge test items on drug abuse, while part two was application of knowledge of drug abuse in decision making. The instrument had a reliability coefficient of r = 0.81 using split half reliability method. The statistics used in data analyses were mean, standard deviation and Pearson Product Moment Correlation.* ***Results:*** *The result shows that the mean score of the knowledge of drug abuse was 59.28, indicating that participants had fair knowledge of drug abuse but the hypothesis tested, revealed no relationship between knowledge and application.* ***Conclusion:*** *The application of the knowledge learnt about drug abuse should be put into practice. Promoting health at this stage of life (adolescence) represents a potentially cost-effective approach to enhancing healthy child development, promoting long-term health and addressing health early in life.* ***Recommendation:*** *It was therefore recommended that more emphasis should be place on the teaching of the knowledge of drug as well its application to everyday living.*

Key Words: health literacy, wellness, drug abuse, secondary school, promotion

INTRODUCTION

Health literacy is a concept that has come to stay; it is the understanding and application of health knowledge in staying healthy. Health literacy is about communicating health information clearly, understanding it correctly, and applying it where necessary. Health literacy is relevant at all points along the continuum of care, from wellness and health, to disease prevention and detection to diagnosis and decision making, to treatment and self-care. Leonard and Doak are widely acknowledged for leading the way when it comes to health literacy (Sebastain, Ramos & Stumbo, 2014). Their award-winning book teaching patients with low literacy skills was and still is an essential material on how to guide one to communicate clearly with patients. Leonard was a literacy tutor and Doak was a health educator. They discovered that a lot of people have low literacy skills and find it difficult to understand medical advice and so began the 'Leonard and Doak's health literacy journey'. Their goal then was to help health professionals to be aware of health literacy issues so that patients will be educated on what to do and how to do it concerning a particular health issue.

Schools are seen as key settings for the dissemination of health messages through curricula (Oparaeke & Bello, 2012). They also provide very important background in promoting health literacy among adolescents. This is because most of the risk behaviours are established during this stage of life. That is why the schools are systematically positioned to develop a sound and reasonable level of health literacy among students especially those in the secondary schools (Hamilton-Ekeke, Egumu, & Inengite, 2020). Health literacy as conceptualized in this research is the ability to use health information especially knowledge learnt at the secondary school level to make appropriate health decisions. Within health promotion some attention has been drawn to addressing children and young people's health education and promotion (Begoray, Wharf, & McDonald, 2009). There is limited knowledge and academic consensus regarding the abilities of a child or adolescent to make sound health decisions. A school-based health promotion is centered on a sound and comprehensive curriculum, qualified professionals, and quality instructional materials because health literacy is linked to literacy and entails people's knowledge, motivation and competence to asses, understand, appraise and apply health information in order to make decisions in everyday life concerning health care, disease prevention and health promotion to maintain or improve the quality of life during life's course (Jacob, 2012). Begoray, Wharf, and McDonald (2009), also stated that educating children to make healthy life choices through the teaching of age appropriate health lessons as a component of formal education, promises to improve student's ability to access and interpret health information as an important step in the process of achieving life-long wellness, and foster their academic ability in general.

According to Flecha, Garcia, and Rudd (2011) the need for health promotion and intervention in secondary schools is paramount through health literacy intervention methods made available in schools, yet the students use outside sources of health information such as the media, friends, parents, coaches and doctors more than health information learned at schools. Formal programmes in health literacy in schools have also reportedly failed because they have not considered the teachers and family members' needs. Based on this, there is a noteworthy disconnection between preferred learning methods versus education initiatives for health literacy worldwide. For the fact that efforts are made to promote health literacy especially in secondary schools some negative attitudes are changed in the lives of the adolescents but more is warranted to expand our understanding on how to support health literacy across the development stages including middle childhood and pre-adolescence (Owoyemi, 2018). Promoting health at these stages represents a potentially cost-effective approach to enhancing healthy child development, promoting long-term health and addressing health early in life (Onohwosafe, 2012).

Alcohol and drug evidence from the National Institute of Health and Clinical Excellence, in secondary schools and some reviews indicated that, a secondary school-based programmes provided by teachers trained in life skills and cognitive-behavioural techniques such as demonstration, behavioural rehearsal, feedback, reinforcement and homework assignments can produce long-term reductions greater than 3 years in alcohol use (Sporth, Redmound, Irudeau, & Shrin, 2008). Classroom based programmes which focus on alcohol alone or as one of a number of substances taught by people

who have received appropriate or accredited training can have beneficial effects on alcohol related knowledge, attitudes and values (Sporth, Redmound, Irudeau & Shrin, 2008; Hamilton-Ekeke & Moses, 2019)

Schools are essential in helping students to achieve health literacy (St. Leger, 2001) because at that school age they are exposed to a lot of attitudes and habits, trying out new lifestyles, making new friends, always wanting to know, test and explore their environment and if not well checked and tutored, they might pick up lifestyles that do not promote a healthy living. Most of the unhealthy habits seen and reported in secondary schools including drug abuse, abortion, rape, unprotected sex and so forth, may be as a result of their level of unawareness of the consequences that may follow (Hamilton-Ekeke & Sintei 2019). Owing to the unhealthy habits observed in students, are they know-ledgeable enough to make appropriate health decisions?

PURPOSE

This study was targeted at adolescents in secondary schools to assess their level of health literacy, using drug abuse as an indicator of health literacy. In this way, one may be able to know whether the purpose of including the concept of drug abuse in health education curriculum in secondary schools has been achieved or not. The specific purpose of this study was to determine the level of knowledge of drug abuse as well as its knowledge application in healthy decisions making among secondary school students in Ogbia Local Government Area of Bayelsa State, Nigeria. The following four research questions were posited for the study: what is the distribution of students' scores on students' knowledge of drug abuse? What is the distribution of students' scores of students' applications of the knowledge of drug abuse in healthy choices and decision? What is the relationship between the knowledge of drug abuse and the application of that knowledge among secondary students?

Health literacy has strong links to people's knowledge, motivation, abilities and skills to seek, understand, and make use of the knowledge of health to make informed decisions to improve the quality of life as long as an individual is alive. Based on the above assertion; a null and an alternate hypothesis were formulated for the study thus: There is no significant relationship between the knowledge of drug abuse and its' application in everyday life, and there is significant relationship between the knowledge of drug abuse and its' application in everyday life respectively.

METHODS

Sample

The researchers adopted descriptive survey design for the study. The population was 938 Senior Secondary Three (SS3) students in the ten secondary schools in Ogbia Local Government Area of Bayelsa State, Nigeria. The sample consisted of 206 SS3 students from four secondary schools (secondary education in Nigeria is divided into two sections: Junior Secondary designated as JS1 - 3 and Senior Secondary designated as SS1 – 3. Each of the section is for three years duration). For the sampling of the four secondary schools, the names of the ten schools in the local government area were written on ten pieces of paper. The papers were shuffled in a bag after which four folded pieces were picked out of four successive shuffles thereby giving all ten secondary schools equal chances of being involved in the research. For the sampling of the students in the four schools, the SS3 students in each school were made to pick ballot papers with 'yes' and 'no' options equating their numbers. Those who picked the 'no' options were excluded from the lot while those who picked 'yes' were then involved in the study. This was applicable in all SS3 classes of all the participating schools; 80 out of 226 from Government Secondary School Ogbia Town; 58 out of 122 from Community Secondary School Otuasega; 48 out of 84 from Community Secondary School Kolo, and 40 out 115 from Matter Dei High School, Imiringi.

Data Collection

Consent was sought from principals of the participating schools, having been permitted by the principals of the schools, the students were told about the research and were further told that they have the right to participate or decline from participating. The instrument for data collection for this study was a questionnaire which consisted of two parts. Part one was a standardised test of knowledge questions on drug abuse while part two was a researcher-developed application of knowledge of drug abuse in making informed healthy decisions questionnaire in Likert format. The test of

knowledge questions was adapted from past West African Senior School Certificate Examinations (WASSCE, conducted by the West African Examinations Council - WAEC) as well as Senior School Certificate Examinations (SSCE, conducted by the National Examinations Council - NECO). Past questions on the variable under investigation (drug abuse) were adopted from the standard national examination bodies while the part two application of knowledge section of the questionnaire was developed by the researcher.

The face and content validity of the instruments were validated by two experts in Health Education and it was confirmed valid as the instrument (knowledge test and application questionnaire) measure what they ought to measure. The schemes of work of the schools were also checked to ascertain that, participants have learnt the variables under investigation thereby having considerable knowledge of the variable (drug abuse). Even though, the knowledge test section of the questionnaire was adapted from standardised examination test of knowledge questions, it was pilot tested along-side the application test (part two), using split half method of testing reliability, a reliability coefficient of r = 0.81 was realized for the instrument which is within the acceptable reliability benchmark.

On the day for instrument administration, each of the researchers was accompanied by the various class teachers to distribute the copies of questionnaire to the participating students. The researcher told the students what the research was, and how to respond to the items. Thereafter, copies of the questionnaires were distributed to the students with ballpoint pens to be used in filling the questionnaire. They were told to keep the pens as incentive for participating in the study. The administration and retrieval of copies of the questionnaire were done during school hours for four days; one day per school. A total of 206 questionnaires were retrieved and numbered serially from 1 to 206, after which the data was entered into IBM SPSS version 22 for analysis.

RESULTS

The results are presented in three tables. Table 1 and 2 show the mean and standard deviation of the scores of the respondents on the measures of drug abuse, while Table 3 tested the stated hypothesis. Table 1 shows the maximum and minimum scores as well as the mean (59.28) and the standard deviation (24.15) on the knowledge of drug abuse indicating that participants had fair knowledge of drug abuse. Table 2 shows the maximum and minimum scores, as well as the mean (82.11) and the standard deviation (14.21) of the application of the knowledge of drug abuse.

The relationship between the knowledge of drug abuse and the application of drug abuse was correlated using Pearson Product Moment Correlation Coefficient. Preliminary analyses were performed on the data to ensure that the basic assumptions of normality, linearity, and homoscedasticity were not violated. A weak negative relationship between the two variables – knowledge and application were revealed ($r = -0.04$, $n = 205$) which is too small to be significant. Therefore, the null hypothesis of there is no significant relationship between knowledge of drug abuse and application of the knowledge is accepted and the alternate hypothesis of there is significant relationship between knowledge of drug abuse and application in making healthy decision is rejected.

DISCUSSION OF FINDINGS

As shown in Table 1, the mean and standard deviations of scores for knowledge of drug abuse indicates a fair knowledge of drug abuse. This is in line with a research conducted in Lagos State by Adebowale, Olatona, Abiola, Oridota, Goodman & Onajole (2013) on the knowledge, attitude and practice of drug abuse among public secondary school students, the result shows that more than fifty percent of the participants know the meaning of drug abuse, the dangers in using drugs wrongly and the legal status of drug abuse. In Table 2, the mean score for the application of knowledge of drug misuse was 82.11 while the standard deviation was 14.212, indicating that the students put up good attitude and practice of drug abuse. This finding was also collaborated with Adebowale et al (2013) findings in which many of their respondents have positive attitudes to using illegal drugs, about (58.5%).

The relationship between the knowledge of drug abuse and the application of the knowledge of drug about in making healthy decisions was correlated using Pearson Product Moment

Correlation Coefficient. The result shows that there was a weak relationship between the two variables, but statistically small to say there is a significant relationship between the two variables. This can be explained by Nutbeam (2000), who stated that even if one assumes that being literate in health at writing and reading level regardless, the information is understood by its readers, and delivered via a communication channel that is accepted and easily accessed; there is still no guarantee that the information will be utilized as it was intended.

One of the aims of health education is to help people to acquire the knowledge and skills to make sound health related decisions based upon their needs and interests as long as these decisions do not adversely affect others. Its primary objective is to effect behavioural changes which will help health services consumers to adopt behavioural patterns which health professionals persuade them to adopt or to maintain the behaviour presently engaged in if defined to be healthy. Kickbusch (2001) also suggested that increasing a population's health literacy across multiple health contexts will result in that population empowered to take more control when addressing future health related challenges.

Health literacy is an important issue in the life of an adolescent mostly in secondary schools. Improvement of health literacy can help individuals at any level to tackle the determinants of health better as its builds up the personal, cognitive, and social skills which determines the ability of individuals to gain access to understand and use information to promote and maintain good health (Nutbeam, 2009). The schools are essential in helping students to achieve health literacy (St. Leger, 2001) because at that school age they are exposed to a lot of attitudes and habits, trying new life styles, making new friends, always want to know, test and see all around their environment (Hamilton-Ekeke & Moses, 2019). If not well checked and tutored might pick up a life style that does not promote a healthy living. Most of the unhealthy habits seen and reported in secondary schools including low personal hygiene, drug abuse, alcohol, rape, unprotected sex, etc. may be as a result of their level of unawareness of the consequences that may follow. The importance of an age- and development-specific understanding of health literacy for children and young people is one of the fallouts of Bröder, Okan, Bauer, Bruland, Schlupp, Bollweg et al (2017) review of literatures on various pathways of contextual influences of health literacy of children and young people.

CONCLUSION

In conclusion, quoting Thirlaway and Davies (2013) 'Deleterious lifestyle behaviours pose a formidable threat to public health but one for which the solution – modest changes in lifestyle choices is tantalizing low cost and nontoxic. Personal responsibility for lifestyle choices, once a government mantra, is increasingly being challenged as the complex relationships between socio-cultural and environmental conditions and personal choice are recognized (Thirlaway and Davies, 2013). It is in the light of this quote that the need for this study cannot be over-emphasized and is therefore concluded that the application of the knowledge learnt about drug abuse should be put into practice. Promoting health at this stage of life (adolescence) represents a potentially cost-effective approach to enhancing healthy child development, promoting long-term health and addressing health early in life. The need to promote the well-being and develop interventions that addresses predicators of multiple health risk behaviour within secondary schools has been also highlighted in this study.

RECOMMENDATIONS

Based on the findings of this study, it is therefore recommended that: a well-planned drug education programme should be integrated into the school curriculum at all grade levels; Information sources on effect and health hazards of abusing or using drugs, such as mass media, ministries of education and health should improve upon their campaigns so that young adults could gain more knowledge about the health effects of drug abuse. Government should develop policy for education for drug abuse prevention and intervention in schools and provide the guidelines to assist schools in implementing the policy.

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Table 1: Mean and Standard Deviation of Scores of Knowledge of Drug Abuse

	N	Minimum	Maximum	Mean	Standard Deviation
Knowledge of Drug Abuse	205	0	100	59.28	24.147
Valid N (listwise)	203				

Table 2: Mean and Standard Deviation of the Application of Knowledge of Drug Abuse

	N	Minimum	Maximum	Mean	Standard Deviation
Application of Knowledge Drug Abuse	206	25	100	82.11	14.21
Valid N (listwise)	206				

Table 3: Pearson Product Moment Correlation showing the Relationship between Application and Knowledge of Drug Abuse

		Application of Drug Abuse	Knowledge of Drug Abuse
Application of Drug Abuse	Pearson Correlation	1	-.004
	Sig. (1-tailed)		.478
	N	206	205
Knowledge of Drug Abuse	Pearson Correlation	-.004	1
	Sig. (1-tailed)	.478	
	N	205	206