

Actualization Of Mental Health And Self-Reliance Through Health-Based Education Management

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ABSTRACT

The study is aimed at assessing the actualization of mental health and self-reliance through health based education management among public secondary school students in Akwa Ibom State, Nigeria. Three research questions and three research hypothesis were postulated to guide the study. The population of the study comprised all the 233 public secondary schools in Akwa Ibom State. A sample of 72 physical and health education teachers selected from 45 randomly selected secondary schools in the three Senatorial District of the state. A self developed questionnaire was used as the primary instrument for data collection for the study, and Pearson Product Moment Correlation and simple regression analysis were used to test the hypotheses. The finding revealed a significant relationship between health based education management and the actualization of based programmes and significant influence on mental health was self-reliance among secondary school students while that of the Nigeria education system was statistically insignificant. It was recommended among others that, health based education programmes should be incorporated into the secondary education system in Nigeria to enhance good mental health of the students and skill for self-reliance.

INTRODUCTION

Education whether formal or informal, is generally accepted as a life-long endeavor that permeates individual's life course from birth till death and largely involves the acquisition of necessary skills required to perform roles in life-long development (Maranda, 2006). For an individual to create and recreate his social life and to also articulate himself and be fulfilled is not unconnected to quality and fulfilled education. Focal Point, (2010) reported that the transition from foster care to self-reliance is a challenging one; youth must piece together social, academic, mental health, and spiritual supports that they have in combination with their resilience and unique skill sets in order to actualize self-reliance.

Samuels and Pryce, (2008) in their interpretive study explored the experiences of 44 Midwestern young adults in the process of aging out of foster care. The study analyzed the degree to which young adults endorse self-reliance as they reflect on past experience, offer advice to foster youth, and identify barriers to achieving their own life goals. Findings indicated that youth have minimal individual control or power throughout their foster care experiences and were equally concerned that becoming too dependent on the foster care system seriously risked one's adult independence.

Agi and Yellowe, (2010) conceptualized self-reliance within the framework of social and economic empowerment and interpreted it to mean less dependence on external factors for

provision of basic and essential means of sustainability. The authors added that self-reliance is clearly a personal effort in sourcing for sustainable livelihood by means of acquired competencies, skills and capacities to cause sustainable productivity over time. Nasongo and Musungu (2009) viewed the term Self-Reliance in two well distinct words; they noted self as a term that referred to the human being as “the agent” or the “I” of the individual human being. Nasongo et al, posited that “self” connotes individual’s conception of his soul and body as being distinct from other souls and bodies. Reliance on the other hand, emphasizes a condition of dependency either on something or somebody else. It refers to a bond of relationship where an individual clings onto another external object such that they embrace an inter-subjected relationship (Nasongo and Musungu, 2009). However, actualization of self-reliability among individuals has traced to be a function of effective and fulfilled education.

Ahmad, (2014) studied education management accredited to impacting self-reliance and reported that education for self-reliance aims at providing learners with abilities in appropriate vocations and with self-employment skills. The author added that acquired skills and abilities can be useful in life-long development and for solving both personal and community challenges. In this way, education becomes a tool for emancipation. However, in the contrary, education in most development countries (Nigeria inclusive) has failed many minds because it has failed to realize its expected ends. Sabbi, et al, (2009) decried that majority of students from post primary to tertiary institution usually leave school lacking the basic skill for entrepreneurship.

In a study conducted to examine the self-employable skill development component of the MDG educational objectives in Ghana in the light of ever rising armies of unemployable youth who graduate from the educational system every year. Sabbi, Amankwah, Baoteng, (2009) surveyed 322 informants among pre-tertiary teachers, educational researchers and directors and assistant directors of education, using proportional, purposive and random sampling techniques. The authors found that the MDG educational objectives promote enrolment without a commensurate incorporation of quality and or self-employable skill teaching and learning. Also, the inadequacy of logistic, support and personnel inhibit the requisite skills needed by pre-tertiary graduates to go into self-employment.

Education and health are inextricably linked, such that healthy young people are more likely to learn more effectively and that health promotion can assist schools to meet their targets in educational attainment and meet their social aims (Whitman, and Aldinger, 2009). Bergland (2012) posited that when individuals dedicate themselves to staying healthy they will have more energy, strength and stamina- which are keys to self-reliance. Consistent with this, Morrison & Peterson, (2007) said “individuals with positive mental health are more likely to be self-determined; that is, “to think about and act on personal decisions to contribute to emotional and physical growth”.

Schools have largely been noted to contribute to mental wellbeing of children and youths. According to Deci and Ryan (2007), psychological wellness and interest in goals attainment and personal growth among school users are associated with positive mental health approaches and perspectives in school curriculum. In addition, Stewart, Sun, Patterson, Lemerle and Hardie (2004), identified a school as an important environment for promoting the psychological wellness and resilience of children and youths. In this regard, a school provides a “critical context for shaping children’s self-esteem, self-efficacy and sense of control over their lives” (Stewart et al,2004). Lister-Sharp, Chapman, Stewart-Brown, & Sowden, (1999) in their study, found that healthy people who attend school tend to learn better. There is also research

evidence demonstrating that actively promoting health in schools can improve both educational and health outcomes for young people (Deci and Ryan 2007).

WHO (2007) asserted that a health promoting school implements policies, practices and other measures that respect an individual's self-esteem, provide multiple opportunities for success, and acknowledge good efforts and intentions as well as personal achievements. This means that effective health-based education management promotes mental health among school users. According to Canadian Institute for Health Information (CIHI), (2009), fostering the development of positive mental health by supporting individual resilience, creating supportive environments and addressing the influence of the broader determinants of mental health, are key components of promoting mental health.

This study came up from observable problems challenging the adoption of approaches and perspectives that could aid schools in Nigeria to actualize mental health and self-reliant policies and practices. Despite overwhelming evidences that health promotion in schools correlate positively with psychological wellness (Deci and Ryan, 2007), better learning (Lister sharp et al, 1999), self-determination (Morrison & Peterson, 2007), self-esteem (Stewart et al 2004), provide multiple opportunities for success (WHO, 2007), resilience and self-reliance among children and youths (Bergland, 2012), it is apparent that most schools in Akwa Ibom State (if not all) still lack robust health-based education management, educators in schools system appears to lack professional competence in initiating health-based education programmes that could improve mental health and self-reliant abilities among children and youths. Our education system is bedeviled with poor funding, poor infrastructure, poor implementation of educational policies, and lack of political will to revamp educational sector to promote self-reliance among graduates. This paper therefore seeks to investigate the actualization of mental health and self-reliance through health-based education management in Akwa Ibom State, Nigeria.

Research Questions

The following research questions were asked to guide the study:

1. Is there any relationship between health based education management and the actualization of mental health and self-reliance among students in public secondary schools?
2. To what extent has integration of health-based education programmes in schools influenced the actualization of mental health and self-reliance among students in public secondary schools?
3. To what extent has Nigerian education system contributed to the actualization of mental health and self-reliance among students in public secondary schools?

Research Hypotheses

1. There is no significant relationship between health based education management and the actualization of mental health and self-reliance among student in public secondary school.
2. There is no significant influence of integrated health-based programmes on mental health and self-reliance among students in public secondary schools.
3. Nigerian education system has not contributed significantly to the actualization of mental health and self-reliance among students in public secondary schools.

METHODOLOGY

This research study was a survey which used descriptive survey design. As a survey study, the researcher sought to investigate the actualization of mental health and self-reliance through

health-based education management in Nigeria. The study was conducted in Akwa Ibom State among physical and health education teachers in public secondary schools. There are a total of two hundred and thirty-three (233) public secondary schools in Akwa Ibom State. Forty-five schools were randomly selected from nine Local Government Areas across the three senatorial districts in the state, and a total of seventy two physical and health Education teachers which constitute the sample for this study were found in the selected schools since not all the selected schools had up to two teachers for that subject. Both multistage cluster and purposive sampling technique were employed for the study. A four (4) points Likert type instrument called actualization of Mental Health and Self-reliance through Health-based Education Questionnaire (AMSHEQ) was designed by the researcher. The questionnaire was structured as follows: Strongly agree = 4 point, Agree = 3 points, Disagree = 2 points, and Strongly Disagree = 1 point. A criterion mean point $(4+3+2+1 = 10/4=2.5)$ was established to decide on actualization or non-actualization of mental health and self-reliance in schools. The reliability of the instrument was established using twenty (20) physical and health education teachers who were not part of the main survey. Cronbach's Alpha statistic was used to obtain a reliability coefficient of .741, which was considered high enough for the study.

Pearson Product Moment Correlation and regression analysis were the analytical tools used for the study.

DATA ANALYSIS AND RESULTS

The statistical treatment given to the data here in this section was based on the proposed hypothesis for the study.

Hypothesis 1: there is no significant relationship between health based education management and the actualization of mental health and self-reliance among student in public secondary schools. This hypothesis was raised to determine the relationship between health based education management and the actualization of mental health and self-reliance among students. To analyze the data, Pearson Product Moment Correlation analysis was employed.

Table 1: Summary of the Correlations Analysis of the Relationship between Health Based Education management and the Actualization of mental health and self-Reliance among Students (N=72)

	Health Based Education Management (HBEM)	Mental Health and Self-Reliance (MH/SR)
Pearson Correlation	1	.613**
HBEM Sig, (2-tailed)		.000
N	72	72
Pearson Correlation	.613**	1
MH/SR Sig, (2-tailed)	.000	
N	72	72

****Correlation is significant at the 0.01 level (2-tailed).**

The result shows a correlation coefficient of .613 which implies that there was a good relationship between health based education management and actualization of mental health and self-reliance. The significance value (P-value) of .000 which is less than .056 (level of significance) caused the rejection of the null hypothesis. Hence, there was a statistical significant relationship between health based education management and actualization of mental health and self-reliance among secondary school students in Akwa Ibom State.

Hypothesis 2: There is no significant influence of integrated health programmes on mental health and self-reliance among students in public secondary school.

Table 2: Summary of the regression Analysis of the Influence of integrated Health –based programmes on Actualization of mental and self-reliance among students (N=72)

Parameters	Coefficients	Standard error	T Stat	P.value
Constant	13.749	2.195	6.265	.000
IHBP	.275	.116	2.368	.021

R-Square = .596, Adjusted R-square = .512, F-Cal = 5.608, P-Value = 0.21

Independent variable: IHBP= Integrated Health Based Programmes

Dependent Variable: Mental health and self –Reliance

The result in the table above gives the R-Square value of .596 which implies that about 60% of the total variation in mental health and self-reliance among secondary school students was contributed by integrated-based programmes. That is, integrated-based programmes had 60% influence on the mental health and self-reliance of secondary school students. The F-value of 5.608 and P-value of .021 shows that the regression model for integrated health-based programmes and mental health and self-reliance was statistically significant at .05 level of Significance. The regression coefficient of .275 shows that integrated health-based programmes contributed positively to the actualization of mental health and self-reliance among students. The null hypothesis was rejected since the P-value of .021 was less than .05 (level of significance), hence, integrated health-based programmes had a significant influence on mental health and self-reliance of students in public secondary schools in Akwa Ibom State.

Hypothesis 3: Nigeria education system has not contributed significantly to the actualization of mental health and self-reliance among students in public secondary schools.

Table 3: summary of the Regression Analysis of the contribution of Nigeria Education system on Actualization of mental Health and Self-reliance among students (N=72)

Parameters	Coefficients	Standard Error	t Stat	P-value
Constant	16.627	2.010	8.272	.000
NES	.152	.107	1.420	.160

R- Square = .088, Adjusted R- Square = .053, F-cal = 2.016, P-Value = .160

Independent variable: NES = Nigeria Education System

Dependent Variable: Mantel Health and Self-reliance

The result in Table 3 gives the R- square vale of .088 which implies that about 9% of the total variation in mental health and self-reliance among secondary school student was contributed by Nigeria education system. This implies that, Nigeria education system had only 9% contribution to the mental health and self-reliance of secondary school students. The F–value of 2.016 and the P – value of .160 (greater than .05) shows that the regression model for the Nigeria education system and mental health and self-reliance was not significant. The regression coefficient of .152 shows that Nigeria education system contributed positively to the actualization on mental health self-reliance among students. Though the contribution was positive, the null hypothesis was retained since the P-value of .160 was greater than .05 (level of significance), hence, Nigerian education system had not contributed significantly to the actualization of mental health and self-reliance among students in public secondary schools in Akwa Ibom State.

DISCUSSION OF FINDINGS

The study was conducted to assess the importance of health-based education management to the actualization of mental health and self-reliance of public secondary school students in

Akwa Ibom State. Three research hypotheses were formulated to check the relationship and the effect of the independent variables on the dependent variable.

Using appropriate statistical tools to assess the relationship between health-based education management and the actualization of mental health and self-reliance among students in public secondary schools, which was the first hypotheses for this study, it was found that a good and statistical significant relationship exists between health based education management and the actualization of mental health and self-reliance. This implies that, for students to have sound mental health and self-reliance there must equally be an effective health –based education management. This goes in line with the study conducted by Deci and Ryan (2007) which asserts that psychological wellness and personal growth are associated with positive mental health. Supporting this study is Cihi (2009), which argued that the development of positive mental health and self-reliance could be done by supporting and actively promoting health-based and skill-based programmes in the educational system.

The finding of the second hypothesis of this study investigating the influence of integrated health-based programme on mental health and self-reliance among students in public secondary school revealed that integrated health-based programmes had a positive and significant influence on the mental health and self-reliance among students in public secondary schools. This shows that the availability and accessibility of integrated health-based programmes by school students has a great impact on their physical and mental wellbeing which is a key factor to students' self-confidence. This is supported by a study conducted by Bergland (2012) which showed that healthy students have more energy, strength and stamina all these are key factors to self-reliance. Also, Peterson (2007), supported this study that persons with positive mental health are more likely to be self-determined as well as grow both physical and emotionally.

The third hypothesis of these studies assumed no significant contribution of Nigeria education system to the actualization of mental health and self-reliance among students in public secondary schools, and this hypothesis was retained as revealed by the findings that the Nigerian education system had no significant contribution to the actualization of mental health and self-reliance among students in public secondary schools. This reveals the porous nature of the Nigeria education system which aim is to enhance economic, social and political changes in the country. This insignificant contribution of the education system of Nigeria shows very little has been done by the education sector in improving the mental health and self-reliance of students and as such failed to fully achieve the objective of secondary education. This agrees with the study of Ahmad (2014) which argued that the Nigeria education system is yet to equip the Nigerian students with the necessary skills for self-reliance.

CONCLUSION

Based on the findings of the study, it was concluded that health based education management and mental health/self-reliance have positive relationship. Good education system and effective health management system is bound to produce students who are physically and mentally sound. The integrated health programmes had significant influence on the mental health and self-reliance of students and the education system of Nigeria contributed insignificantly to the mental health/self-reliance of students and as such contributes a great deal to the dependency and psychological trauma faced by Nigerian youths after graduation due to lack of skilled oriented programmes in the secondary education programme.

RECOMMENDATIONS

Based on the findings, the study therefore recommends that:

- i. Health based education programmes should be incorporated into the secondary education system in Nigeira to enhance good mental health of the students and skills for self-reliance.
- ii. Health based education management in Nigeria should be in practice and not only on paper in order to achieve its desired objectives.
- iii. Government should make health-based and skilled oriented programmes mandatory at all levels of studies in order to enhance good mental/self-reliance among Nigerian students.

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