

Students' Desire for Learning in Healthful Living: Health Educators' Role in Changing Desire to Positive Health Behaviour

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Abstract

The desire for learning in healthful living indicates readiness for self directed learning which is essential for lifelong learning. Knowledge about healthful living is essential for positive health behavior. This study was conducted to assess the desire for learning in healthful living possessed by student teachers in College of Education Technical Enugu state of Nigeria. The instrument for data collection was adapted from Self-Directed Learning Readiness Scale (SDLR scale) developed by Fisher, King and Tague (2001). A sample of 164 students was used for the study. The data collected from the study were analyzed using frequencies, percentages, mean, and t-test for independent groups. The result showed that the students desire to learn in healthful living. The male students desired more than the female students; to learn new information about healthful living, to learn how to live their lives to remain healthy, were more open to new ideas on promoting health and ask for assistance when presented with a health challenge they cannot resolve. The researcher suggested roles which health educators should play in order to change students' desire for learning to healthful behavior.

KEYWORDS: Desire for learning, healthful living, self directed learning, student teachers, health behavior.

Introduction

Desire for learning in healthful living is an attitudinal parameter necessary for learning about healthful living. Desire for learning is the 'psychological' aspect of self-directed learning which describes attitudes and cognitive abilities that enable the learner to take responsibility for his or her learning (Benson, 1997). Self-directed learning can be described in terms of the amount of responsibility the learner accepts for his or her own learning (Fisher, King & Tague, 2001). The self directed learner should be able to identify his or her learning needs (Read, 2001). The increase in health information through the media and the internet call for careful analysis and identification of what constitute healthful living. The conventional school system will not be able to provide individualized and in-depth teaching in healthful living to all learners in such a manner as to result in live long learning.

Self-directed learning is an important means of getting livelong learning (Read, 2001). In the face of global competitiveness, the need for lifelong learning in healthful living cannot be overemphasized. The world today is highly competitive and individuals need all the available facilities to survive and be able to make positive impact to their nation's economy. The increase in the occurrence of lifestyle related diseases such as diabetes mellitus, heart diseases, drug addiction, cancer of various parts of the body in Nigeria (Oyeyemi & Adeyemi, 2013; Olaitan, Oyerinde, Dominic, Mohammed & Ajibua, 2013) has continued to threaten the life of

individuals, negatively affecting the overall wellbeing of the country. Social and economic resources shape the health of individuals and populations. This is evidenced from the fact that richer countries tend to have better average health than poorer ones (Wilkinson, 1996). This was also corroborated by Blakely, Hales and Woodward (2004) who noted that Adopting healthy lifestyle is necessary if the lifestyle diseases are to be prevented. A desire to acquire the right knowledge and skills for healthful living prepares individuals for learning in this area which leads to positive health behaviour and the attainment and maintenance of good health.

Benson and Voller, (1997) stated that the success of a learning activity is, to some extent, dependent upon the learners' attitude toward the learning activity, their sense of self, and their desire to learn. The desire to learn is deemed to be one of the most crucial factors in the learner's ability to overcome occasional setbacks or minor mistakes in the process of learning. Like the other dimensions of self-directed learning, the desire to learn is conditioned by the social and or cultural context which is filtered by teachers' Teachers' readiness for promoting learner autonomy (Nakata, 2011). Creating a positive learning culture in healthful living among student teachers not only help them to learn as students but also help them acquire the skill for helping the numerous learners that will be put under their charge to be self directed learners.

Self-directed learning can be enabled or disabled by certain factors such as having a supportive and action learning environment (Popper & Lipshitz, 2000). Learners could be helped to match their needs, styles and preferences to the different types of learning possible (Sadler-Smith, Allinson & Hayes, 2000). Promoting different types of learning is essential for instructional effectiveness (Kimball, White, Milanowski & Borman, 2004; Owens & Valesky, 2007). Health educators have roles to play to ensure that learners' desire to learn in healthful living are met in such a manner that will encourage learners to change any unhealthy behavior to healthy behaviours. Providing adequate opportunity for learners to learn in different ways suitable to their needs and ability will help to facilitate learning in healthful living. Healthful living on the other hand helps individuals to manage stress that may arise from everyday activity.

Stressful situations abound in Nigeria like in many other countries of the world. The challenges of the work place, financial and social insecurity, marriage and family relationships, all leads to greater levels of stress and mental health problems. Individuals need to learn what healthy behaviours they should adopt to effectively manage stressful situation and other health challenges. They should learn this while still in school for them to maintain optimum health later in life.

Self directed learning in healthful living helps learners to learn about healthful living on their own. An important first step in planning learner's transition towards full self-directed learning is to assess their readiness for self directed learning (Cuglielmino & Guglielmino, 1992). This study was designed to assess student teachers' desire for learning in healthful living in other to explore roles which health educators can play in translating desire for learning in healthful living into positive health behaviour.

The purpose of the study

The purpose of the study was to investigate students' desire for learning in healthful living as an indicator of their readiness for self directed learning in healthful living.

Research Questions

- How does the students' desire for learning in healthful living indicate readiness for Self-directed learning?

- What is the influence of gender on students' desire for learning in healthful living?

Hypothesis

The male and female students' desire for learning in healthful living is not significantly different at .05 level of significance.

Methods

The study utilized the descriptive survey research design to describe student teachers desire for learning in healthful living. The study population comprised all student teachers at the College of Education Technical Enugu. A sample of one hundred and sixty eight (164) students randomly selected from the 6 schools in the college was used for the study.

Instrument for data collection.

A Questionnaire was used in the collection of data for this research. The questionnaire was adapted from the Self-directed Learning Readiness Scale (SDLR) scale developed by Fisher, King and Tague (2001). The original scale consists of forty items divided into three subscales to measure the different dimensions of self-directed learning. The subscale for desire for learning contains twelve items. This subscale was modified to suit learning in healthful living. Fisher, King and Tague (2001) opined that a person may be highly self-directed in one context but may not possess the same amount of readiness for another context hence the need to modify the instrument.

The content validity of the original SDLR scale was established by the development of the scale items from the literature, assessment by a panel of experts using the Delphi technique and testing with exploratory factor analysis. The reliability of each subscale in the original scale was estimated using Cronbach's coefficient alpha. The computed value of Cronbach's coefficient alpha for desire for learning subscale was 0.847 (Fisher, King & Tague, 2001). The modified scale was face validated by three experts from the departments of Health and Physical Education, University of Nigeria Nsukka.

Method of data collection

Two research assistants who were postgraduate students in the Department of Health and Physical Education, University of Nigeria, Nsukka assisted the researcher in collecting data for the study. One hundred and eight (168) questionnaire were administered and collected back on the spot. Only 164 questionnaires out of the 168 questionnaire were adequately completed. Only these were used for data analysis.

Method of data analysis.

The Likert scale (comprising 5 for "Strongly agree", 4 for "Agree", 3 undecided, 2 for "Disagree" and 1 for "Strongly disagree") was used to weight the students' responses to the items. The true limits of the numbers were used in decision making. A mean weight of 0.5 to 1.49 was considered as 1, weight of 1.5 to 2.49 was considered as 2, mean weights of 2.5 to 3.49 was considered as 3 while mean weights of 3.5 to 4.49 were considered as 4 and mean of 4.5 to 5 was considered as 5. Frequency, percentages, mean weights and standard deviation of the respondents on all the items were calculated. A criterion mean of 3 was used as cut off point in deciding readiness for Self-directed learning in healthful living. The independent sample t-test analysis was used to test the null hypothesis.

Results

The result in table 1 shows that the students desire to learn in healthful living. They are therefore ready for self directed learning. Table 2 shows that the male and female students' desire for learning in healthful living is significantly different in five out of the twelve items. However, their total scores on all the items shows that there was no significant different in their desire for learning in healthful living.

Discussion

The results of the study indicate that the student teachers desire learning in healthful living. Health is an attribute that man generally enjoys while most people dread sickness. It is therefore not surprising that the students were keen to learn about healthful living. The students' mean response to the first three items; "I want to learn new information about healthful living", "I enjoy learning new information about healthful living" and "I have a need to learn how to live my life to remain healthy" were highest. They therefore desired these most. This is not surprising since these items pose no challenge to the learner, they are all about learning about health. It is however interesting to note that the students' mean response were lowest on the fourth and sixth items; "I enjoy challenging health issues" and "I critically evaluate new health ideas". This may be a reflection of the teacher-centered system of education operating in many institutions of learning in Nigeria where the students are used to getting much of their learning from the teachers. Nwaubani (2008) noted that the traditional education system in Nigeria neglects active student involvement. It is not uncommon to hear students complaining when given challenging topics to investigate, or to critically evaluate an issue by their teachers. However, if students must acquire live long learning in healthful living, they should be ready for self directed learning.

Table 2 shows that there is no significant difference in the mean desire for learning in healthful living for both male and female students. When the items were analyzed individually, it was revealed that there were significant differences in the desire for learning in healthful living of male and female students in items 2 (I enjoy learning new information about healthful living), 3 (I have a need to learn how to live my life to remain healthy), 7 (I like to gather health facts before I make a decision), 9 (I am open to new ideas on promoting my health) and 12 (When presented with a health challenge I cannot resolve, I will ask for assistance). Surprisingly, in all these items, with the exception of item 7 the male students had higher mean scores. Sadler-Smith et al. (2000) however had observed that men and women have differing cognitive styles: females more intuitive, males more cognitive, this influencing their learning styles and their choice and participation in self-directed learning projects. This notwithstanding, the finding is a source of worry. This is because the female students will not only take care of students in their custody as teachers but are also charged with the responsibility of raising their own children in healthful manner. When they become disenchanted about learning in healthful living, the younger ones looking up to them will be negatively affected as they are not likely to show interest in healthful living. More worrisome is the fact that there are more female students in many Nigerian colleges of education than there are male students (Shu'ara, 2010). Female students therefore need to be adequately motivated to enhance their desire for learning in healthful living.

Health Educators Role in Changing Desire to Positive Health Behaviour

Desire for Learning leads to knowledge and health knowledge is necessary for any positive health behaviour. Health educators should help Learners to match their needs, styles and preferences to the different types of learning possible (Sadler-Smith, Sadler-Smith, Allinson, & Hayes, 2000) in order to meet their need for learning in healthful living. This they should do by providing various opportunities for learning in healthful living.

Health educators can and should institute interactive health programmes through the media and the internet. This will help learners to get accurate health knowledge pertaining to their personal health needs. They should also endeavor to maintain rapport with the student teachers. This will enable the students to develop confidence and trust in them in such a manner as to seek for personal counseling from them with regards to any challenging health issues they may have.

The finding of this study reveals that the students' desire to learn in healthful living. This is an indication of their readiness for autonomous learning in healthful living. Health educators should seize the opportunity to encourage students' active participation in any learning activity meant to provide skills in healthful living. Miller and Corley (2005) stated that in every learning context, either in person or online ones, it is essential that students assume an active participation to be successful. Health educators should continuously monitor students' participation and their level of activity and should constantly provide feedback for students to realize their progression throughout the course.

Health educators should involve learners in planning health education programmes on healthful living so as to ensure that students' interest and needs are adequately covered in such programmes. Tobler (1997) noted that many health education programmes do not produce positive result because such programmes fail to engage learners. Again, Ijaiya (2001) noted that the worth of any educational system as an investment lies in its capability to continuously serve its customers (students, parents, employers or labour, the society) better and remain relevant. Health educators therefore has an important role to play in providing for quantity and for quality learning experiences to satisfy students desire for learning in healthful living. Learning experiences in healthful living should be diverse in order to cover learners' diverse learning needs. The quality of health education provided to learner is also of great important giving the abundant information on health matters, some filled with malicious information with the sole aim of the provider being to make gain by marketing his or her health services and or products. Health educators should therefore provide sound health knowledge to ensure that students desire for learning in healthful living are satisfied in a positive manner and that myths and misconceptions which students may fall victim to in their bid to satisfy their desire for healthful knowledge are corrected.

Recommendations and Conclusions

Based on the findings of this study, the researcher recommends the following:

- Health educators should provide health education using various teaching strategies to appeal to diverse learning styles of learners. Such teaching strategies as presenting health information in college bulletins and magazines, placing relevant health information on the college website, and providing health facts on the students' handbooks will help to reach several students thus meeting their desire for learning in healthful living

- The college administration should also provide a counseling centre with qualified health educators to man so that students can go to such centres to receive individualized health education and counseling to enable them receive needed health assistance with any health challenge wish they cannot resolve.
- Particular attention should be paid to the female student teachers to help increase their enthusiasm and desire for learning in healthful living. This could be in form of positive reinforcement of any positive effort made in the right direction towards acquiring and using sound health knowledge.

In conclusion, the study showed that the students desire to learn in healthful living. Health educators should therefore present opportunities for the students to learn in healthful living by developing diverse health education programmes on healthful living to meet the diverse learning needs of the students.

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Table 1
Students desire to learn in healthful living (n = 164; 38 males, 126 females)

Item statement	SA	A	U	D	SD	Mean	Decision
1. I want to learn new information about healthful living	101	51	9	-	3	4.51	Ready
2. I enjoy learning new information about healthful living	104	45	15	-	-	4.54	Ready
3. I have a need to learn how to live my life to remain healthy	101	51	9	-	3	4.51	Ready
4. I enjoy challenging health issues	42	42	44	18	18	3.44	Ready
5. I enjoy studying about healthful living	93	45	14	9	3	4.32	Ready
6. I critically evaluate new health ideas	39	68	36	15	6	3.73	Ready
7. I like to gather health facts before I make a decision	57	80	24	-	3	4.15	Ready
8. I like to evaluate what I do in line with how it affect my health	74	54	27	9	-	4.18	Ready
9. I am open to new ideas on promoting my health	89	42	15	15	3	4.21	Ready
10. I learn from my mistakes	92	54	15	3	-	4.43	Ready
11. I need to know the reason for recommended health behaviours	75	68	6	12	3	4.22	Ready
12. When presented with a health challenge I cannot resolve, I will ask for assistance	63	68	18	15	-	4.09	Ready
13. Grand Total						4.54	Ready

Key: SA = strongly agree, A = Agree, U = Undecided, D = Disagree, SD = Strongly Disagree

Table 2

Summary of t-test Analysis of the Differences in male and female Students' desire for in Healthful Living (n = 164; 38 males, 126 females)

Items No	Male		Females		Grand Mean	t-test	p
	\bar{x}	SD	\bar{x}	SD			
1.	4.5263	1.10861	4.5000	.62929	4.5061	3.199	.076
2.	4.6842	.47107	4.5000	.70143	4.5427	11.532	.001*
3.	4.7632	.43085	4.4286	.82393	4.5061	12.176	.001*
4.	3.7105	1.35383	3.3571	1.25516	3.4390	.013	.910
5.	4.5000	.92269	4.2619	.98125	4.3171	.324	.570
6.	3.8421	.88612	3.6905	1.08417	3.7256	2.610	.108
7.	4.0789	.48666	4.1667	.87407	4.1463	15.935	.000*
8.	4.5263	.64669	4.0714	.93960	4.1768	3.568	.061
9.	4.6053	.85549	4.0952	1.09126	4.2134	4.632	.033*
10.	4.3684	.85174	4.4524	.69980	4.4329	.328	.568
11.	4.3158	.84166	4.1905	.98561	4.2195	.524	.470
12.	4.1579	.78933	4.0714	.96481	4.0915	3.978	.048*
Total	56.1316	6.14321	53.9762	5.84803	54.4756	.561	.455

* $p < .05$.