

Pedagogical Analysis of Social Skills in Colleges: Implications to Social Health

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Abstract Development of schools of thought in the concept of health yielded three dimensions of health: physical, psychological and social which fertilized the World Health Organization's concept of health. Health education curricular particularly at the tertiary level has advanced the course of physical and psychological dimension of health to the negligence of social health. Advances in orthodox medicine, have established the scientific bases of social health. Health education curriculum outlines by the National Commission of Colleges of Education (NCCE) ought to advance the course of social health. this is to emphasize its role in nation building particularly in averting many socially rooted or socially provoked health problems. The paper presents the need for curriculum reform in health education in order to portray the need to interpersonal skills in social health education in Nigeria. The first three levels of relationship: acquaintance, associate and friendship relationships were presented as the corner stone of social skills from which other relational skills emanate. It is recommended that interpersonal skills should be presented by teachers as core social health needs of students.

Introduction

Evolutionary concepts of health have, through decades of man's endeavour in facing the challenges of health status and health problems, developed theories that enabled man to examine the causes of disease. man's indefatigable efforts in this direction all through history have yielded various theories of disease that were not only historically relevant but currently operational in meeting the health needs of man. To be healthy and to remain healthy is one great challenge facing man as an individual and as a member of a community.

Udoh, Fawole, Ajala Okafor and Nwano (1987) enunciated the three dimensions of health as the offshoot of the World Health Organization's (WHO) definition of health. These are physical, psychological and social dimensions of health. The psychological dimension comprising of mental and emotional health. The concern of this paper is the apparent lack of attention on social health, unlike its physical and psychological counterparts. The health education curriculum needs a revisit to bring about a reform of the social dimension since it has all through the ages in the development of health education in this country been underrated (Ejifugha and Eze Ufodiama, 2010).

The four models of health which eventually culminated in the WHO concept of health clearly portrayed the social dimension of health. Why this dimension of health has been relegated to the background in the development of health education in Nigeria, despite the enormity of health problem accruing from it, is a major cause of concern.

The models of health were by developed the schools of thought about health. They are the biopathological, ecological, communitarian and biographical models of health (Beetie 1993). The biopathologicals maintain that health is the absence of disease or infirmity. The locus of illness is within the human body causing it to be dysfunctional. The ecologists uphold that man's interaction with his environment has inherent ability to subject man to be the host of pathogenic organism. the physical environment constitutes the reservoir of pathogenic organisms as a result of disequilibrium necessitated by man's deleterious activities on it. The biographical model as a school of thought about health maintains that man has inherent personal and private problems which also constitute hazards to his health: when man fails to cope with the problem. Finally the communitarians advocate the social dimension of personal health problems. The source of this problem is belongingness or alienation. This typifies the origin of many socially

based-health problems. for instance, Doherty (1997) asserted that marital distress is a crucial health hazard for adults and children.

Incidentally developments in health sciences have evolved various health and allied fields in coping with these challenges in the life of man. The physicians have developed their medical expertise to cope with the challenges. The ecologists are still engineering the environment to the extent that in the 21st century, environmental sustainability is the global approach. Consequently, epidemiology, Environmental Health and social Engineering are their fields of expertise; all geared towards combating the challenges of health and health problems. Biographers adopted psychotherapy, counseling and social work to cope with the demands of meeting the psychological health needs of man. The communitarians are Advocates, community workers, and Human rights campaigners. These have their approach and they are the typical agents of this model.

Just as physicians, epidemiologists and psychotherapists have gained reputation in their astute relevance toward developmental health projects, social workers and human right activists are yet to exert their influence in promoting human health. This obvious evidence of trailing behind others could explain the neglect of social health in schools. Unfortunately, socially rooted health problems keep advancing the frontiers of health needs and frustrating man's endeavor to subdue the advancement of diseases. For instance HIV/AIDS, Tuberculosis and Malaria are recurrent and could even be contacted in schools as a result of relationship.

Health Education Curriculum Reform

The 21st century health education curriculum needs to address the underrated social dimension of health. The locus of illness is shifting from the physical space to the socio- psychological space. It is currently obvious that disease shift itself between people in the interstices of relationship and the social body (Armstrong, 1993). As a result, the 21st century health education curriculum should shift its base from the physical to the social dimension of health. Current phenomena on health matters and the drive for the awareness of risk behaviours that do not only cause but provoke illness should attract the attention of health education curriculum planners.

Owie (2005) defined health education curriculum as the totality of planned health instructional experiences which students are exposed to formally or informally during the course of normal education. It is the sequence of experiences which students are exposed to formally or informally during the course of normal education. It is the sequence of experiences which the learner undergoes in and out of school for achieving the aim of education. Its central objectives are the development of desirable health behaviour in the learners.

The functions of the health education curriculum are normally to

- a. study the society;
- b. identify the health problems and needs of the people;
- c. diagnose the health problems and needs of the society;
- d. prioritizing health problems and needs,
- e. instill the confidence and will to attain the needs and;
- f. design a plan of action in respect of the society health problem and health needs (Owie ,2005.)

Since health education curriculum should also be socially focused, the social roots of health problems should as well be thrown open to the society. One of which is poor social skills Currently the emphasis is on curriculum reform, this paper advocates that school health should advance the course of social health in Nigeria. This is to meet the numerous challenges facing young people in our society. For instance, many questions asked by young people are socially rooted

- a. why should I honour my parents?
- b. How can I make real friends?
- c. How do I look before my peers?

- d. Why do I feel the way I do ?
- e. How can I improve my grades at school?
- f. How do I cope with sex and morality? s
- g. What about dating, love and oppose sex?
- h. How do I evade the trap of drug and alcohol?
- i. How do I spend my leisure?
- j. What does the future hold for me? (Watch tower society, 2006)

Obviously all the above concerns of youths have social connotations. These are majorly focused on interpersonal relationship. The era of prevention of germs and use of vaccination to retard the growth of pathogenic organisms is gradually phasing out. There is a shift of emphasis. Health education through school health and primary health care approach has done a good work in creating national awareness to this effect. Preventive actions are consciously adopted but the snag is on socially rooted health problems. Observing this, Fawole (2006) noted that stress for instance is the etiology of most health problems. Stress is not a pathogenic organism but it has been declared the origin of most health problems. On further analysis, it is apparent that stress has its social basis.

The answers to the above questions are socially rooted and can only be effectively communicated through a well designed health curriculum with focus on social health. The 21st century health curriculum. They are majorly focused on the social health needs and problems of young people. This is based on the progressive philosophy that a child who is educated on health matters is better disposed to appreciate optimal health than one who is ignorant of it. The need to orient the curriculum was articulated by Diem (2007) in Eze (2010). Diem suggested that the school should

- a. teach beyond the border of the curriculum;
- b. provide instruction in cultural understanding ;
- c. show the effect of changes in interpreting the concept of civil liberty and;
- d. develop critical thinking skills;

For health education, this suggestion implies stretching health teaching beyond the borders of the health outline and looking into the society itself as the source and reservoir of health problems.

Deficiencies in the Health Education Curriculum

Addressing the deficiencies of school health education curriculum, Okere (2010) reported that some schools did not provide adequate health instruction to students at the senior secondary school level, health teachers did not adequately address typical areas in health education that correspond to the ten leading causes of morbidity and mortality for youths as proposed in the curriculum. The paper recommended that the current health education curriculum for senior secondary schools should be reviewed to address skill acquisition. Taking a clue from Okere's suggestion, this paper suggests the acquisition of social skills. This opens a door to the solution of many health problems even in finding answers to many questions on health, as well as making enquiry about health needs and problems.

Reinforcing Okere's (2010) call to review the health education curriculum in schools, Ejifugha and Eze – Ufodiana (2010) decried the relegation of social health in the health education curriculum of the Nigerian commission for Colleges of Education (NCCE) minimum standard Requirement. The paper analyzed the enhanced health education curriculum of other Colleges of Education in the country to conclude that social health was not only underrated but also not articulated at all as a course in its own right. Based on the need for curriculum reform in health education, this paper proffers this outline for social health

- Conflict resolution, Peace education,, Prevention of violence, Harmful health practices, Prostitution, Care of orphans and vulnerable children,, Child right, Indecent dressing.
- Healthy interpersonal relationship
- Forms of relationship, Types of relationship, Levels of relationship

- Social Health Needs and problems
 - Domestic social health need, Acquaintance social health needs ,Friendship social health needs
Social Health Problems: For adolescents, For adults
 - Risk behaviours emanating from social health
 - Marriage as a enduring relationship
 - Love and dating
- The success of all these is rooted on sound interpersonal skills

Concept of Interpersonal Relationship

Relationship is born, fed, nurtured and, it grows. It is born at the level of acquaintance relationship; it is fed at associate relationship and is nurtured at friendship. One who must be involved in interpersonal relationship must have a goal to attain at each level in order to achieve its purpose. Relationship is the ladder to your gain or pain and therefore. It must be consciously handled. It does not come by chance. It is a social work to be done.

Interpersonal relationship is the social link between two or more persons. Most often this link is based on the emotion of love or liking. Man is naturally attracted to companionship with fellow man either same sex or opposite sex. The desire to develop interpersonal relationship is intrinsic in man it commences with the birth of a new born baby by a parent. This is described as birth bonding.. Birth bonding is a call for interpersonal relationship between mother and child or between father and child. This takes the form of visual, tactile or voice bounding. These are conscious processes that take place between a parent and a child, for the purpose of developing interpersonal relationship. It is naturally initiated by a parent.

As the individual grows from infancy to adulthood, different types of relationships come to pass in his/her life. Some may be natural while others are social. For instance, parent- child relationship is a natural but a social type of relationship ys required to strengthen the bond as the individuals mature,. Being a parent is not the same as having a sound interpersonal relationship between parent and child. Relationship is a social entity and it is worked out. Interpersonal relationship exists at different levels: acquaintance, associate, friend and intimate, chance may two bring people together which initials acquaintance. Being a relative is not synonymous with developing interpersonal relationship with that person. In birth bonding, emotion demonstrates and exhibits parental love and affection towards the baby. Conception is the product of emotional release which physiologically produces a foetus that matures into baby. Interpersonal relationship at any level is sustained by emotion, particularly ' at the higher levels'

Maxwell (2003) observed that a thing bring two persons together to make them remain in the context of relationship. Such things may be common interest like desire, aspiration or a goal. When interpersonal relationship is born from any of these, if it is fed and nurtured, it grows but if neglected, it deteriorates and dies. Developing interpersonal relationship is a serious business that yields dividends to those committed to it. Interpersonal relationship is the social association, connection or affiliation between two or more people.

Social association: this refers to the group you voluntarily identify yourself with, a group of people you place approval upon. All these are human beings you choose by yourself to identify yourself with. It is by choice and not by biological link. You like to attach yourself with this set of people in their rank and file. It involves people who identify themselves with you .**Social Connection:** these are people you voluntarily decide to attach yourself to. They are role models to you and you look up to them for help or assistances at any point in time. They add value to your life. **Social Affiliation:** one affiliates oneself with institutions of learning, religious denomination, social groups or with career opportunities. Wherever you are socially affiliated to, determines where and who you identify yourself with. Social affiliations portray your person to the public, manifesting who you are and what you can achieve. It is from these three spheres that you generate your social group and people you enter into social relationship with. Relationship does not occur by chance, it is purposeful, it is worked out and it is voluntary. There are four main levels of relationship but this paper

focused on two: acquaintance and associate relationship
Teaching and Learning of Levels of Relationship

Acquaintance Relationship

An acquaintance is somebody one has seen before; somebody one recognizes any where they meet. Normally, there must be something of common interest that brings both persons together. It may be a desire, goal or interest. Acquaintances relate peripherally. In other words, they relate on the surface, always consciously trying to create a good impression anytime they meet.

Acquaintances endeavor to maintain contacts with themselves. Usually the essence of the relationship is inter-dependence, which facilitates the need to relate with each other. No man is an island to himself. Acquaintance relationship is said to be a point of contact for every human interaction. People at this level of relationship try to be of relevance to the social circle they find themselves in. Most often, acquaintances play significant roles in helping one another meet needs. Acquaintances can respond ones need for help or assistances; a stranger can hardly do that. Acquaintances try to create a good impression of their physical appearance, comportment and demeanor at all times in order to maintain the relationship at this level. Acquaintance relationship is primarily based on the social and economic benefits accruing from the interaction; consequently they strive to keep it on. At the point of interaction and communication, emotional and sexual affairs are rarely located in the realm of acquaintance relationship unless in the case of prostitution where sexual affairs devoid of emotion is involved.

Acquaintances are persons an individual meet at one time or the other and exchanges pleasantries with. Even as this goes on, they may engage in group setting. Acquaintances rarely engage in frequent phone calls but a call is made when a need arises which that persons may likely respond to or meet. However, contacts evolve when one party decides to push the relationship to the associate level. This is characterized by frequent phone calls, text messages, visitation, dropping of notes or courtesy calls. The pressure for interaction is usually higher from one end which elicits relatively commensurate responses from the other end.

Persons at the level of acquaintance relationship may not know each other beyond the normal day to day exchange of greeting and traffic or oral intercourse. Discussions are focused on general political, economic, social and possibly regions matters of common interest could be immense benefits in building up the relationship superficially. At this level of relationship, relational skills are necessary in developing the relationship, such skills are politeness, tact, respect and courtesy. They are necessary in nurturing the relationship to the next level.

Acquaintance relationship can also deteriorate if the common interest is polarized to the extent that the parties involved find it difficult to reach an accord with each other in this area. Where fault is thick and interests are divergent, the strength of the relationship is weakened. Evidently the two parties will rarely communicate. When communication dwindles in written, verbal or nonverbal form, the relationship deteriorates. The retrogression of communication does not mean that a relationship does not exist. It is in existences aversively. The intensity or non-intensiveness of the communication pattern of the relationship reveals the track of the relationship. This is evident in the communication climate of the relationship.

The birth of acquaintance relationship is circumstantial and its life span may be brief or elongated. This depends on what benefits accruing from the relationship and the purpose for which it was born as well as the effectiveness of the relational skills applied. Acquaintance relationship is very helpful. It enables one cover a wide spectrum of human beings from different places at each point in time. An individual's ability to be in continuous contact with acquaintance is dependent on his/her relational skills and social abilities. It is a good asset. To develop and sustain relationship is a more difficult task than to accomplish a great feat in ones area of endeavor in life. Therefore, one can keep a close watch over ones acquaintances to take advantages of good things they could afford in building one up; as well as the input the individual has to make in building up

others. Life is more of what one gives than what one takes out of it. Relationship is more of giving than receiving..With acquaintance relationship, it is obvious that relationship is not synonymous with sexual affair. Unfortunately, youths grow up with the impression that relationship is the same thing as sexual intimacy. Life is all about work and relationship,
Students should be taught to value relationship as an asset,

Associate Relationship

To have an associate is to have someone you have place your approval upon. To place approval on someone is to be emotionally attracted to him/her. While the birth of acquaintance relationship is circumstantial. The development of associate relationship is emotional. It is often an outcome of acquaintance relationship. Associate are most often picked from acquaintances to meet the emotional needs of the individuals. This is the reason associate relationship gradually develops into friendship depending on the extent both parties are to meet their emotional and social needs. At his level of relationship, one voluntarily desires to get closer to someone. The pressure mounted by the initiator of this relationship naturally elicits positive responses from the partner. If the response is positive and corresponds with the other person's desire, the relationship grows rapidly. Where the other party is dragging his/her feet it slows down the rate of growth of associate relationship. Where one of the partners do not reciprocate to this gesture, the relationship remains at acquaintance level. This move may keep the relationship at acquaintance level or when it later blossoms, it sustains the life of the relationship.

Associate relationship facilitates a person's understanding of her/her temperamental combinations. The ability to identify ones primary and secondary temperament is not only facilitated by associates but also confirmed by them. Associates reap the benefits of temperamental strengths most often because the depth of the relationship may not afford the partners the opportunity to dig deeper to explore the short falls in that person's character .Associates contribute a great deal in enhancing the social status of the individuals involved. Most often they dress to conform to the coded status of their associates. In educational institutions, for instance associates most often identify with the status of their peers. Associates relationship extends to the family circle. Family members are often aware of a member's associates; for family ceremonial cards and invitations are often given to them Compliments and reciprocity characterize associate relationship, particularly in social functions. Associates add new dimension and unique flair into every occasion or ceremony They are present in the occasion or participate in it simply to boost or enhance the social status of their peers. Nevertheless, these gestures are often anticipated to be reciprocated, failure of which generates ill feelings. Associates are most often people of the same interest; their common interest constitutes the basis of their discussion. This may be their values, goals or aspirations. When discussion deviates from this to focus on person, very obviously, the relationship will sooner or later break down .Group commensality is common among associates. What is served is often influenced by the social status of the associates. An individual always feels at home, finding him/herself in the midst of associates. Associates make life interesting. Note again, for the purpose of emphasis, to an extent, self disclosure takes place within associates relationship for the purpose of developing the relationship. Any matter that requires confidentially should rarely be disclosed to associates. This is most often a veritable source of conflict in relationship. This is because when confidential matters are revealed to associates. This affects the integrity of the person in question and may consequently affect his morale. Relational skills required are sincerity, gentleness, visitation and hospitality

Friendship Relationship

Friendship relationship is the inward satisfaction that there is somebody somewhere who cares. It is a deep inner convection that one is not alone; there is at least one person in the world who earnestly cares; one who

is willing and ready to invigorate ones collapsing /sagging energy when confronted with the challenges of life. Friendship relationship is the voice of one who makes living sweet and encouraging. It triggers off a voice one emotionally yearns to hear from whether far or near. One longs after the voice as one thirst for water. It is a voice that satisfactorily fills the emotional gap of having someone to talk to and someone to open one's heart to. It is the engine house of sincere relationship. Most often it is filled by very few persons and one truly located is treasured. It is a voice that keeps yearning for openness. It keeps saying, unless I know you, I cannot relate with you and vice versa. Friendship relationship is a mode of existence in which communication skills are the vital tubes that convey all the feelings of an individual into another person's vessels. It is an expressive existential reality which the individuals involved will give in anything they could to keep living, keep growing and maturing without violating the laws of nature.

It is having human touch on life, without having a body contact particularly when it has to do with the opposite sex. It is actually having a strong feeling of the next person (i.e. you desire the presence of that one) whether he/she is around or not. It makes one to focus on all the strengths of the other person without focusing on his/her weaknesses. It stirs up the willingness to give, in an individual. Friendship relationship brings you face to face with reality of self. It gives an objective critique of whom you are, which makes you assess your potentials and begin to harness them, if you really desire to go somewhere in life. It enables you to know your strengths and weaknesses. It is that life that consciously studies the strengths and weaknesses of each other. It consciously draws the strength as building materials for setting up the structure of a well articulated relational frame work, probably for achieving a joint venture.

The most challenging aspect of this type of relationship is sexual intimacy for opposite sex because passion is develops with time. It is also a fatal weapon that disintegrates the emotional fabrics that binds the two when it is not well constructed. When ill feeling generated by unwanted sexual intimacy occurs, it sets the two apart having made them lose the fundamental respect of human dignity and self worth.

Note that friendship relationship among youths of the opposite sex may culminate in marriage because passion of love is involved. Passion of love is an overwhelming force one can hardly resist unless with the help of strong willpower. Youths possessed by such passion for each other can hardly resist marriage.

Conclusion

Evolutionary discourse on the development of the concept of health established the three dimensions of health: physical, psychological and social health. Health education curriculum in Nigeria at the tertiary level, precisely, exerts the need for curriculum reform in health education to produce a dynamic equilibrium in the three dimensions of health. It takes health education curriculum reform to assert the essence of social health in the 21st century health education curriculum. Since most contemporary health problems either originate or are triggered by social factors, school health education curriculum should give this urgent attention through curriculum reform. Social skills acquired through interpersonal relationship focused on the first three levels of *relationship*. Teaching and learning of these skills should be presented as a social need of students.

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