
**STUDENT HEALTH EDUCATORS' ATTITUDE TOWARDS CURRICULUM DISSEMINATION AND
MODELING ROLE OF COOPERATING SCHOOL TEACHERS
IN DELTA STATE, NIGERIA**

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Abstract

This study investigated student health educators' attitudes toward curriculum dissemination skills during teaching practice and examined the influence of cooperating school teachers' teaching styles in Delta State universities. Specifically, the study explored gender-based differences in attitudes and approaches to curriculum dissemination. A descriptive survey design was adopted, with a sample of 80 student health educators (33 males and 47 females) and 25 cooperating school teachers, selected through stratified random sampling. Data were collected using a validated and reliable structured questionnaire (Cronbach's Alpha = 0.84) and analyzed using descriptive statistics and independent samples t-tests. Findings revealed a statistically significant difference between male and female student health educators' attitudes toward curriculum dissemination, with males scoring higher ($t(74.84)=2.054, p=0.043$). Similarly, a significant difference was found in dissemination approaches in relation to cooperating teachers' teaching styles, again favoring male student educators ($t=2.12, p=0.038$). These results highlight gender disparities in curriculum dissemination skills and underscore the critical role of cooperating teachers' mentorship in shaping pre-service educators' teaching practices. The study concludes that tailored mentorship, particularly for female student health educators, is essential for building confidence and strengthening dissemination skills. It recommends structured training for cooperating school teachers to enhance their mentoring effectiveness and promote equitable professional growth among student health educators.

Keywords: Student-health-educator, Curriculum-dissemination-skills, Role of Cooperating-school-teacher.

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Introduction

The role of student health educators in effectively disseminating curriculum content is significant for the advancement of health education, particularly in upper basic education institutions. Student health educators who are typically pre-service teachers are responsible for conveying essential health information and practices to their peers and future students. A significant aspect of their professional development is their ability to acquire and refine curriculum dissemination skills which are necessary in delivering health education effectively. This involves not only understanding the curriculum but also engaging and motivating students to adopt healthier behaviours. In this context, the influence of cooperating school teachers who act as role models during student teaching internships becomes a crucial factor in shaping the attitudes and competencies of student health educators (Waston, Smith & Brown, 2020).

Cooperating teachers are capable of influencing the development of teaching skills and attitudes in student teachers, particularly in health education (Gao, Parker & Rose, 2021). Health teachers provide mentorship;

guidance and real-world classroom experiences that help student educators hone their curriculum delivery skills. Their behaviours, attitudes and teaching styles serve as templates for student teachers to emulate thereby shaping how effectively future educators can implement health curricula. Furthermore, positive role modeling by cooperating teachers has been associated with increased confidence, better classroom management and a greater sense of preparedness among student teachers (Watson, Smith & Brown, 2020). However, there is limited research on the specific effects of these role models in the context of health education curriculum dissemination in universities within Delta State, Nigeria.

Field experiences such as teaching practice are pivotal in preparing student health educators for their roles as facilitators of health education. Teaching practice offers pre-service teachers the opportunity to apply theoretical knowledge in real-world settings engage in classroom management and develop essential teaching skills (Bates, 2018). These experiences are critical in shaping the competencies of student health educators, particularly their abilities to disseminate health-related curricula effectively. According to Kaufman and Ireland (2020), field experiences allow student teachers to practice teaching in a structured environment where they can experiment with pedagogical approaches receive feedback and adjust the techniques to meet diverse learners' needs. This period of teaching practice is also an opportunity for student health educators to understand the nuances of health education curriculum delivery such as adapting lessons for different age groups and addressing sensitive topics like sexual health, nutrition and mental health (Jonas, Meclam & Brown, 2021; Jackson, Singh & Rhodes, 2021).

Moreover, teaching practice provides a context where student health educators can develop their professional identity. Studies by Watson, Smith & Brown (2020) have shown that field experiences significantly impact pre-service teachers' confidence and their perception of their role as educators. In health education, where topics often intersect with students' personal values and societal norms, teaching practice allows student educators to confront real-life challenges and ethical dilemmas. For example, they may need to balance evidence-based health advice with cultural sensitivities. Watson and Bell (2019) argue that teaching practice is not just about learning to teach but also about shaping the professional ethos of student health educators. This experiential learning is important for preparing them to face the complexities of modern health education curriculum execution in diverse school environments (Morris, Jensen & Smith, 2021).

Cooperating teachers play a crucial role in the professional development of student health educators by mentoring, supervising and modeling effective teaching practices (Miller, Graham & Allen, 2020; Johnson, James & Williams, 2019). They influence attitudes, teaching styles and classroom management while providing real-time feedback and support. In health education, cooperating teachers demonstrate strategies for addressing sensitive topics like sexual health and drug use (Gao, Parker & Ross, 2021). Their guidance helps student teachers balance curriculum demands with emotional dynamics (Jones, McClain & Browns, 2021). By fostering confidence, encouraging reflective practice and offering constructive feedback, they support critical thinking and long-term professional growth (Smith & Morgan, 2017; Gonzalez, Soto & Ruiz, 2020; Brown, McDonald & Taylor, 2019).

Mentorship is a key aspect of the influence that cooperating teachers have on student health educators during their field experience. Effective mentoring goes beyond mere supervision and it involves a collaborative relationship where the mentor helps the student teacher navigate the challenges of teaching and supports their professional growth (Smith & Morgan, 2020). It is worthy to note that student teachers who experience high-quality mentorship are more likely to develop a strong teaching identity and feel more prepared for their future careers. In health education, mentorship is particularly crucial because student teachers must learn how to address complex health issues in a manner that is both informative and sensitive to the needs of diverse learners.

Cooperating teachers who act as role models provide student health educators with examples of how to handle classroom situations and curriculum dissemination effectively. Learning is a social process and student teachers learn through observing and interacting with experienced educators (Miller, Graham & Allen, 2020). This theory underscores the importance of role modeling in teacher education as student health educators often adopt the behaviours, attitudes and teaching styles of their mentors. Effective role modeling in health education includes demonstrating how to facilitate discussions on difficult health topics, maintain a non-judgmental stance and encourage student participation in health-promoting behaviours (Jackson, Singh & Rhodes, 2020).

Mentorship challenges often arise in cooperating teacher-student teacher relationships during teaching practice. Mismatches in teaching philosophies or communication styles can lead to tension such as when a cooperating teacher favours traditional methods while a student teacher prefers innovative, student-centered techniques (Smith & Rogers, 2018; Brown, McDonald & Taylor, 2019). Such conflicts may hinder student teachers' ability to experiment and grow professionally. Additionally, variability in the quality of mentorship can result in uneven learning experiences. Some cooperating teachers provide frequent feedback while others offer little guidance, leaving student teachers ill-prepared for curriculum dissemination and classroom management (Cooper, Garcia & Jenkins, 2020). Addressing these issues requires standardized training for cooperating teachers to enhance their mentorship capabilities.

Improving mentorship involves structured programs with clear guidelines, regular meetings and reflective practices to help student teachers critically assess their progress in the acquisition of skills of curriculum dissemination. (Jones, McClain & Brown, 2021). Training programs for cooperating teachers should emphasize open communication, constructive feedback and reflective teaching. Technology integration, such as virtual observation and feedback platforms, can provide timely mentorship and facilitate peer learning among student teachers (Jones & Adams, 2019). Furthermore, research on the unique challenges faced by student health educators in different contexts is necessary to tailor mentorship programs effectively (Lewis, Munro & Nash, 2020). By addressing these challenges, institutions can enhance teacher preparation programs, contributing to the development of skilled health educators capable of promoting healthier behaviours and outcomes in schools. Curriculum dissemination involves effectively delivering content, engaging students and adapting methods to diverse learning needs. For health educators, this includes fostering critical thinking and addressing health-related topics influencing student behaviors (Darling-Hammond 2017). Teaching practice provides opportunities to transition from theory to practice with mentorship aiding skill development in classroom management and content delivery (Miller, Graham & Allen, 2020). However, challenges like adjusting to varied learning environments and time constraints remain unabated (Bates, 2018). Effective mentorship, including modeling strategies and feedback enhances these skills, underscoring the need for structured programs to ensure professional readiness (Gonzalez, Soto & Ruiz, 2020).

Statement of the Problem

Student health educators in Delta State Owned Universities face challenges in translating theoretical knowledge into practical teaching skills during field experiences. This gap is largely due to the inconsistent quality of mentorship provided by cooperating school teachers with some offering effective guidance while others lack the training or engagement necessary to support student health teachers. This disparity in mentorship undermines the preparedness and confidence of student health educators in delivering curriculum content. As a result, this study seeks to investigate the attitudes of student health educators toward curriculum dissemination and the influence of cooperating teachers with the goal of improving teacher preparation programs.

Purpose of the Study

The main purpose of this study is investigate student health educators' attitude towards curriculum dissemination and modeling role of cooperating school teachers in Delta State, Nigeria. Specifically, the study:

- i. explores the attitudes of student health educators towards curriculum dissemination skills
- ii. assess the influence of cooperating school teachers in shaping these attitudes during teaching practice in Delta State.

Research Questions

In order to investigate student health educators' attitude towards curriculum dissemination and modeling role of cooperating school teachers, the following research questions were raised to guide the study.

- i. Is there a significant difference between male and female student health educators' attitudes toward curriculum dissemination skills during teaching practice?
- ii. Is there a significant difference between male and female student health educators' curriculum dissemination approaches in relation to cooperating teachers' teaching styles?

Research Hypotheses

The following hypotheses were formulated ant tested at 0.05 level of significance.

- Ho¹:** There is no significant difference between male and female student health educators' attitudes toward curriculum dissemination skills during teaching practice.
- Ho²:** There is no significant difference between male and female student health educators' curriculum dissemination approaches in relation to cooperating teachers' teaching styles.

Methodology

The study adopted a descriptive survey design, employing a quantitative approach to provide a comprehensive understanding of student health educators' attitudes and the influence of cooperating teachers as role models. The population of the study comprised 137 student health educators currently undergoing teaching practice in Delta State-owned universities and 95 cooperating school teachers who were mentoring these student health educators. From this population, a sample of 80 student health educators was randomly selected from the 137, while 25 cooperating school teachers were randomly chosen from the 95, giving a total sample of 105 participants. The sampling was carried out across eight cooperating schools to ensure adequate representation of the diverse experiences within Delta State-owned universities (DELSOU). A stratified random sampling technique was employed to enhance fairness in the selection of participants. The instrument for data collection was a structured questionnaire developed by the researcher, titled "Student Health Educators' Curriculum Dissemination Skills and Influence of Mentorship Questionnaire (SHE-CDSIMQ)." The questionnaire was designed to efficiently gather information from both student health educators and cooperating school teachers, providing quantitative data that could be analyzed for patterns and differences. To establish reliability, the instrument was subjected to internal consistency testing using Cronbach's Alpha, which yielded a coefficient of 0.84, indicating good reliability. For validity, a panel of four experts in health education, curriculum studies, and measurement and evaluation reviewed the items. Necessary corrections were made to ensure that all items were relevant, clear, and comprehensive. Construct validity was also assessed to confirm that the questionnaire items aligned with the expected theoretical constructs. Quantitative data collected through the questionnaire were analyzed using descriptive statistics

(means, frequencies, and standard deviations) and inferential statistics (independent samples t-test) to test the research hypotheses.

Results

To examine whether attitudes toward curriculum dissemination skills differed between male and female student health educators, an independent samples t-test was conducted. The analysis compared the mean scores of both groups to determine any statistically significant difference.

Table 1: Independent Samples t-test of the Significant Difference between Male and Female Student Health Educators' Attitudes toward Curriculum Dissemination Skills during Teaching Practice in Delta State

Group	N	Mean	SD	t	Df	p-value	Decision
Male	33	3.80	0.60	2.054	78	0.043	Rejected
Female	47	3.50	0.70				

Table 1 reveals that the mean difference between male and female student health educators' attitudes toward curriculum dissemination skills is 0.30, with males scoring higher. The calculated t-value is 2.054 at approximately 78.84 degrees of freedom, with a p-value of 0.043. Since the p-value of 0.043 is less than the 0.05 level of significance, H_0^1 is rejected. This indicates that there is a statistically significant difference between the attitudes of male and female student health educators toward curriculum dissemination skills during teaching practice in Delta State. The 95% confidence interval [0.009, 0.591] and the effect size (Hedges' $g \approx 0.450$) suggest a small-to-moderate difference favoring male student health educators.

To investigate whether curriculum dissemination approaches differed between male and female student health educators in relation to cooperating school teachers' teaching styles, an independent samples t-test was carried out. The analysis assessed group mean differences to identify any significant variation.

Table 2: t-test results of significant difference between the impact of teaching styles of cooperating school teachers and student health educators' approaches in curriculum dissemination skills acquisition during teaching practice in Delta State.

Group	N	Mean	SD	t	df	p-value	Mean Difference	Decision
Male	33	3.90	0.60	2.12	98	0.038	0.30	H_0^2 Rejected
Female	47	3.60	0.70					

Table 2 above presents data for t-test; independent variable (male students): mean = 3.9, Std Dev = 0.6, n = 33 and female students: Mean = 3.6, Std Dev = 0.7, n = 47. t-value = 2.12 while p-value: 0.038. Therefore, H_0^2 which states that "there is no significant difference between the impact of teaching styles of cooperating school teachers and student health educators' approaches to curriculum dissemination skills during teaching practice in Delta State" is hereby rejected since the P-value of 0.038 is less than 0.05. The mean difference between the two variables (male and female) is 0.3, indicating that males score higher in their approaches to curriculum dissemination than females. This implies that there is a statistically

significant difference between the impact of cooperating school teachers' teaching styles on male and female student health educators' approaches to curriculum dissemination.

Discussion of Findings

The results presented in Table 1 revealed that male student health educators had significantly higher attitudes toward curriculum dissemination skills compared to their female counterparts. With a mean difference of 0.30, the independent samples t-test result ($t(74.84) = 2.054, p=0.043$) confirmed the statistical significance of this difference. This suggests that male student health educators demonstrated stronger confidence and more positive perceptions of curriculum dissemination during teaching practice. Such differences may be linked to gender-related variations in self-efficacy and teaching confidence, as emphasized by Darling-Hammond, Flook, Cook-Harvey, Barron and Osher (2017). The small-to-moderate effect size further indicates that although the difference is not large, it is practically meaningful and highlights the higher confidence of male educators in managing teaching challenges effectively.

Similarly, the results from Table 2 showed a significant difference between male and female student health educators' curriculum dissemination approaches in relation to cooperating teachers' teaching styles. Male student educators ($M=3.9, SD=0.6$) scored higher than their female counterparts ($M=3.6, SD=0.7$), with the t-test result ($t=2.12, p=0.038$) confirming statistical significance. This finding demonstrates that cooperating teachers' teaching styles had a notable influence on the dissemination approaches of student educators, with male students benefitting more from such mentorship. These results are consistent with Johnson, James, and Williams (2019), who emphasized that cooperating teachers serve as role models whose teaching practices strongly shape the instructional strategies of pre-service teachers.

Taken together, these findings underscore the central role of mentorship and role modeling in the development of curriculum dissemination skills during teaching practice. Male student educators appeared to benefit more from the influence of cooperating teachers, suggesting that mentoring strategies may need to be adjusted to provide additional encouragement and feedback to female student educators. This aligns with the position of Smith and Morgan (2017), who argue that differentiated mentorship approaches can help bridge gaps in confidence and skill acquisition among pre-service teachers.

Overall, the study highlights gender disparities in both attitudes and curriculum dissemination approaches, with male student health educators consistently scoring higher. At the same time, the findings confirm the significant influence of cooperating school teachers' teaching styles in shaping the dissemination practices of student health educators. The implication is that while teaching practice offers a valuable platform for professional growth, deliberate and targeted support mechanisms are required to ensure that both male and female student health educators acquire strong and confident curriculum dissemination skills.

Conclusion

This study established that significant gender-based differences exist in student health educators' attitudes and approaches to curriculum dissemination during teaching practice. Male educators consistently demonstrated more positive attitudes and stronger dissemination approaches compared to their female counterparts. Additionally, the teaching styles of cooperating school teachers were found to play a pivotal role in shaping student health educators' curriculum dissemination skills, with a stronger impact on males. These findings underscore the importance of mentorship and role modeling in teacher preparation and highlight the need for tailored mentoring approaches that address gender disparities. Strengthening mentorship programs, particularly to support female student educators. It is, therefore, essential for enhancing equity and effectiveness in curriculum dissemination training across teacher education programs.

Recommendations

1. Cooperating school teachers should provide personalized and tailored feedback plus encouragement to female student health educators during teaching practice. This will help boost their confidence, enhance their curriculum dissemination approaches and reduce the observed gender disparity.
2. Teacher preparation programs should organize structured training for cooperating school teachers. Such training will strengthen their capacity to guide student health educators effectively, ensuring equitable professional growth for both male and female pre-service teachers.

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