
CHAPTER 21

Human Kinetics and Health Education in Nigeria: Retrospective Trends, Current Realities, And Future Directions

**Hannatu Musa Paul¹, Waziri Bala Kwata², Oluwayemisi A. Makinde³,
Muhammad Murtala Jangebe⁴**

^{1,2,3 &4} Faculty of Education

*Department of Human Kinetics and Health Education
National Open University of Nigeria*

Abstract

.....
Human Kinetics and Health Education (HKHE) in Nigeria has transitioned from traditional physical activity and colonial training approaches to a multidisciplinary domain that includes exercise science, health promotion, sports psychology, and digital health education. Nevertheless, its expansion encounters obstacles such as lack of funding, subpar infrastructure, a shortage of qualified professionals, and restricted technological integration. Current research frequently focuses on individual elements of HKHE instead of offering an in-depth analysis. This research thoroughly analyzes historical roots, curriculum changes, teaching advancements, and current conditions in Nigeria's HKHE. Employing a qualitative narrative review approach, it relies on secondary data from existing literature, incorporating resources from the World Health Organization and UNESCO, as well as historical documents. Key findings emphasize a transition from colonial drill-focused education to prioritizing physical literacy and preventive health, shaped by urbanization, inactive lifestyles, and mental health concerns. Ongoing deficiencies exist in infrastructure, curriculum implementation, and policy execution. The research highlights indigenous knowledge systems like traditional games and community health practices as valuable yet underused resources crucial for culturally aware HKHE programs. It concludes that HKHE can greatly aid sustainable development and public health in Nigeria, depending on synchronized reforms that include updating curricula, investing in infrastructure, training teachers, and executing policies. Suggestions involve increased government dedication, incorporation of traditional methods, community-focused health programs, and gradual implementation of digital technology to fortify HKHE in line with Nigeria's socio-economic situation
.....

Keywords: *Human Kinetics, Health Education, Curriculum Development,
Indigenous Knowledge Systems, Public Health.*

Introduction

Human Kinetics and Health Education (HKHE) has grown into a vital field in modern societies because of its role in enhancing physical health, preventing illnesses, promoting wellness, and fostering human capital growth. Worldwide, the field has transitioned from conventional physical training and hygiene education to a multidisciplinary domain that incorporates exercise science, sports psychology, biomechanics, public health, health promotion, digital health technologies, and behavioural sciences (WHO, 2021; Indarto, Nasuka, & Hidayatullah, 2024). In Nigeria, HKHE has undergone significant changes from the colonial period to the present, mirroring extensive educational, social, technological, and health developments in the nation.

Historically, in Nigeria, Human Kinetics and Health Education stemmed from traditional physical activities like wrestling, hunting, dancing, and communal workouts that encouraged physical fitness, survival abilities, and social unity. The emergence of colonial education brought organized physical exercises and Western sports into the educational framework, though these were mostly intended for discipline and management reasons rather than overall health enhancement (Nicolas, 2021). After Nigeria gained independence in 1960, the field slowly grew through curriculum changes, teacher training programs, and the creation of dedicated departments in universities and colleges of education. Institutions like the University of Nigeria, Nsukka and the University of Ibadan were instrumental in establishing Physical and Health Education as a scientific and professional discipline.

Recently, the significance of HKHE has grown considerably because of the increasing prevalence of non-communicable diseases (NCDs), inactive lifestyles, obesity, mental health issues, and various public health challenges impacting both advanced and emerging countries. Research indicates that consistent physical exercise and impactful health education significantly enhance cardiovascular health, mental wellness, disease prevention, and overall quality of life (Adeloye, Ige-Elegbede, Auta, Ale, Ezeigwe, Omoyele, Mpazanje, Agogo, Alemu, Gadanya, Harhay, & Adebisi, 2022; Maruf & Ucheokoye, 2023). As a result, governments, educational bodies, and global organizations now acknowledge HKHE as a crucial element of sustainable national growth and preventive health care approaches.

In spite of these advancements, numerous obstacles still impede the efficient development and execution of HKHE in Nigeria. These consist of insufficient funding, inadequate infrastructure, lack of qualified experts, weak policy enforcement, restricted technological adoption, and socio-cultural obstacles that hinder involvement in physical activities, especially among women and

marginalized groups (Akinmusere, Fatoba, & Ogunleye, 2024). Additionally, although existing research has explored particular facets of Human Kinetics, Physical Education, or Health Education separately, there is a scarcity of thorough academic literature that systematically analyzes the historical development, current circumstances, emerging advancements, indigenous knowledge systems, and future possibilities of HKHE in Nigeria within one cohesive framework. The majority of existing research primarily concentrates on curriculum matters, sports growth, or public health initiatives without offering a comprehensive retrospective and forward-looking examination of the field.

This study becomes essential in light of this context. The research aims to close existing knowledge gaps through an exhaustive retrospective analysis of Human Kinetics and Health Education in Nigeria, exploring its historical roots (“Then”), contemporary circumstances (“Now”), and prospective pathways (“The Future”). Through the integration of current literature, policy advancements, technological progress, and indigenous viewpoints, the research provides a wider insight into the evolution of HKHE and its potential realignment to tackle new health and educational issues in Nigeria.

The primary aim of this research is to thoroughly analyze the development, present trends, challenges, contributions, and prospective pathways of Human Kinetics and Health Education in Nigeria. In particular, the research seeks to:

1. examine the historical development of Human Kinetics and Health Education in Nigeria;
2. assess current trends, innovations, and realities shaping the discipline;
3. identify the major challenges confronting HKHE in Nigeria;
4. evaluate the contributions of HKHE to national development and public health; and
5. explore future directions and strategic recommendations for strengthening HKHE in Nigeria.

This research is important because it enhances academic knowledge, influences policy making, aids in curriculum creation, and improves professional practices in Human Kinetics and Health Education. The research offers important insights for educators, curriculum developers, policymakers, researchers, and health professionals aiming to enhance participation in physical activities, health literacy, sports advancement, and preventive healthcare in Nigeria. Furthermore, the research adds to current dialogues regarding the incorporation of technology, indigenous knowledge frameworks, and interdisciplinary strategies into HKHE for sustainable national growth.

The study is also guided by the following research questions:

1. How has Human Kinetics and Health Education evolved in Nigeria from the colonial period to the present?
2. What are the current trends and realities shaping HKHE in Nigeria?
3. What major challenges affect the effective implementation and development of HKHE in Nigeria?
4. In what ways does HKHE contribute to national development and public health?
5. What future directions and strategic measures are necessary for advancing HKHE in Nigeria?

Significance of the Study

The research on Human Kinetics and Health Education (HKHE) in Nigeria emphasizes its growing significance due to the surge in non-communicable diseases and health issues associated with urbanization and inactive lifestyles. Despite its importance, HKHE encounters problems like insufficient funding, inadequate infrastructure, and a shortage of qualified experts, which diminish its effectiveness. Numerous educational establishments emphasize theory over practical training, restricting the effectiveness of Physical and Health Education initiatives. Moreover, there is a lack of thorough academic research that comprehensively examines the historical, current, and future dimensions of HKHE in Nigeria, as most existing studies focus on fragmented aspects. The worldwide transition towards preventive healthcare and wellness promotion highlights the need for contextually appropriate strategies in Nigeria's HKHE, attuned to modern realities and local cultural circumstances. It is essential to include indigenous knowledge systems, like traditional games and wellness practices, in the curriculum to promote cultural responsiveness and community involvement in health initiatives.

Theoretical Framework

This study is anchored on the Ecological Systems Theory and the Constructivist Learning Theory. These theories provide a comprehensive framework for understanding the historical evolution, curriculum development, pedagogical practices, indigenous knowledge systems, and future directions of Human Kinetics and Health Education (HKHE) in Nigeria. The integration of these theories is appropriate because HKHE is influenced by multiple social, cultural, institutional, technological, and environmental factors that shape health behaviours, physical activity participation, and educational outcomes.

Ecological Systems Theory

The Ecological Systems Theory, developed by Urie Bronfenbrenner in 1979, posits that human development and behaviour are shaped by interactions among individuals and various environmental systems, including family, schools, communities, cultural institutions, government policies, and broader societal frameworks. This theory asserts that human growth occurs within interconnected social and environmental contexts.

Bronfenbrenner outlines several systems: the microsystem includes immediate environments like family and friends; the mesosystem covers interactions among microsystems, like connections between schools and neighbourhoods; the ecosystem encompasses broader institutional influences like media and healthcare; the macrosystem is concerned with cultural beliefs and socio-economic factors; and the chronosystem addresses time-related changes.

Ecological Systems Theory is crucial for understanding how various factors impact Human Kinetics and Health Education (HKHE) in Nigeria, influencing curriculum design and community engagement. It highlights challenges such as inadequate infrastructure and cultural barriers that hinder HKHE effectiveness. Furthermore, the theory supports the integration of indigenous knowledge through local games and wellness practices, emphasizing the need for community involvement and cultural context in developing successful HKHE initiatives.

Constructivist Learning Theory

The Constructivist Learning Theory, associated with Jean Piaget and Lev Vygotsky, asserts that learning is an active process involving interaction, experience, and collaboration rather than passive memorization. It emphasizes a learner-centred education where students engage in hands-on activities, experimentation, and social interaction. According to this theory, knowledge builds upon prior experiences and cultural contexts, positioning students as active participants who learn through real-world scenarios and cooperative opportunities. Teachers act as facilitators, guiding students to construct meaningful understanding. This theory is relevant to advancements in Human Kinetics and Health Education (HKHE), promoting learner-focused, experiential, and community-engaged teaching methods over traditional approaches. Constructivism encourages using hands-on sports, fitness programs, and digital resources to enhance learning experiences. Additionally, integrating indigenous knowledge and contemporary digital platforms aligns with constructivist principles, fostering tailored learning and deeper comprehension of health education content through cultural relevance.

Application of the Theories to the Study

The combination of Ecological Systems Theory and Constructivist Learning Theory provides a holistic framework for analyzing Human Kinetics and Health Education in Nigeria. Ecological Systems Theory explains the broader environmental, cultural, institutional, and policy factors influencing HKHE, while Constructivist Learning Theory explains how effective teaching and learning occur within the discipline.

Together, the theories support the central argument of this study that effective Human Kinetics and Health Education require not only curriculum reform and technological innovation but also supportive educational environments, culturally responsive pedagogy, community participation, and learner-centred instructional approaches. The theories further justify the study's emphasis on policy implementation, indigenous knowledge integration, digital transformation, teacher development, and community-based health promotion as essential strategies for strengthening HKHE in Nigeria.

Methodology

This research employed a qualitative narrative review approach to investigate the historical progression, current status, and future outlook of Human Kinetics and Health Education (HKHE) in Nigeria. The narrative review was chosen to synthesize existing literature, historical documents, policy records, and theoretical perspectives rather than generating new data. The study relied primarily on secondary data from academic journals, government documents, institutional reports, books, and publications from credible organizations such as the World Health Organization and UNESCO. Key educational records, policy frameworks, and significant texts were analyzed to provide historical context to HKHE's development.

The review focused on literature published from 2020 to 2026 to include recent advancements in educational technology, curriculum updates, health promotion, sports science, and public health initiatives while also considering foundational research pre-2020 when relevant. Search terms included "Human Kinetics in Nigeria," "Health Education," and related concepts. Inclusion criteria prioritized peer-reviewed articles, academic texts, and reputable reports directly related to HKHE in Nigerian and global contexts, with irrelevant or non-academic research excluded.

Data underwent thematic analysis, identifying recurring patterns, themes, and emerging topics around historical foundations, curriculum evolution, teaching innovations, and future challenges impacting HKHE in Nigeria. Themes were

categorized to align with the study's aims. A critical analytical approach was employed for academic rigor, alongside comparative analysis of Nigerian reforms and global best practices. The research also integrated empirical findings and statistical data to bolster its credibility.

A limitation noted is the exclusive reliance on secondary sources, which might not encapsulate certain new realities or regional experiences. However, the extensive range of updated academic literature provided sufficient depth to achieve the study's objectives.

Historical Foundations (“Then”)

The historical roots of Human Kinetics and Health Education (HKHE) in Nigeria are integrally connected to the socio-cultural contexts, colonial educational practices, missionary activities, and subsequent transformations post-independence. Understanding this evolution is essential to appreciating the transition of physical activities from informal community practices to a formal academic discipline. Although existing research has noted aspects of Physical Education and Health Education in Nigeria, there remains a pressing need for deeper historical analysis supported by primary sources, colonial educational records, and academic discourse.

Before colonialism, Nigerian communities maintained rich systems of physical activities and health practices that addressed educational, military, occupational, recreational, and cultural needs. Pre-colonial records indicate that activities such as wrestling, hunting, and traditional games were vital for societal engagement and preparing young individuals for various roles, including warfare and leadership (Fafunwa, 1974). In Northern Nigeria's Hausa community, horse riding and endurance activities were associated with military preparedness and social prestige, while in Yoruba societies, communal dances and physical competitions were prominent during festivals. In Eastern Nigeria, community wrestling matches served as both entertainment and an assertion of masculinity and shared identity (Fafunwa, 1974; Akinpelu, 1981).

These traditional systems of learning encapsulated a holistic understanding of health and physical development, intertwining physical fitness with ethics, spirituality, and social responsibility. Traditional education methods were practical and unstructured, relying on participation, imitation, and community engagement rather than formal instruction (Taiwo, 1980). Thus, physical activity and health were seamlessly integrated into everyday life, social practices, and indigenous medicinal strategies.

The introduction of Western education through Christian missionary efforts in the nineteenth century marked a pivotal moment for formal Physical and Health Education in Nigeria. Mission schools established by organizations like the Church Missionary Society implemented structured educational programs based on British curricula. Colonial records illustrate that in these schools, physical training mainly consisted of drills, calisthenics, and military exercises, aimed at instilling discipline and obedience in African youths (Fafunwa, 1974). The Education Ordinance of 1882 and subsequent colonial policies largely prioritized literacy and religious instruction, relegating Physical Education to a secondary position in the curriculum.

Colonialism profoundly influenced Human Kinetics and Health Education ideologically and practically. British authorities perceived physical training as a means to cultivate disciplined workers who could support colonial administration (Nicolas, 2021). This approach reflected broader colonial objectives centred on social control rather than on holistic human growth, often dismissing indigenous physical traditions and local health knowledge as primitive. Scholars argue that colonial education sought to undermine native knowledge systems through cultural imposition and epistemological repression (Rodney, 1972; Wa Thiong'o, 1986), resulting in the gradual decline of local games, health practices, and fitness methods in Nigeria.

Colonial documents reveal the lowly status of Physical Education during this period, with records from the Nigerian Education Department indicating that school activities were mainly limited to parades and imported sports, such as football and cricket (Taiwo, 1980). Although these sports contributed to the growth of organized sports culture in Nigeria, they exemplified cultural imperialism as colonial educational systems favoured European activities over indigenous ones.

The Phelps-Stokes Commission Reports in the 1920s influenced educational developments in colonial Africa, suggesting reforms to better align education with African cultural contexts. However, these modifications nonetheless maintained colonial attitudes that viewed Africans primarily as labourers within the colonial economy (Fafunwa, 1974), leading to a restricted and underdeveloped concept of Physical Education.

As Nigeria transitioned into the late colonial and early post-colonial periods, an increasing recognition of Physical and Health Education's relevance emerged. The establishment of teacher training colleges and expanding secondary education heightened the demand for qualified Physical Education instructors. Historical documentation reveals that Nigeria's first official Physical Education curriculum was created in 1918, with further revisions in 1927 and 1933 that conformed closely

to British models, offering minimal attention to health education or local cultural elements.

Post-independence in 1960 precipitated significant reforms, elevating Human Kinetics and Health Education into a more rigorous academic domain. The government recognized education as vital for national advancement, advocating for the Africanization of curricula influenced chiefly by colonial ideologies. Universities initiated specialized departments dedicated to Physical and Health Education, promoting research, teacher preparation, and scientific exploration in the discipline. The University of Nigeria, Nsukka, emerged in the early 1960s as a pioneer for organized degree programs in Physical Education in sub-Saharan Africa.

The post-colonial era saw a paradigm shift from a focus on drill-based education to broader topics concerning health promotion, exercise science, and national fitness—a transformation catalyzed by advancements in global sports science and Nigeria's participation in international sporting events. By the 1970s and 1980s, institutions like the University of Ibadan expanded offerings to encompass diverse areas like sports science, exercise physiology, biomechanical studies, and health education.

Despite these developments, the enduring colonial legacy continues to affect current HKHE practices in Nigeria. Many curricula still reflect Eurocentric educational paradigms, with inadequate incorporation of traditional games, indigenous health practices, and African wellness philosophies. Scholars advocate for the decolonization of Physical and Health Education by actively engaging with indigenous knowledge systems and local cultures, demonstrating the need for a comprehensive understanding of HKHE that considers both the impacts of colonialism and the strengths of African educational traditions (Wa Thiong'o, 1986; UNESCO, 2022).

Curriculum Evolution and Pedagogical Developments

The Human Kinetics and Health Education (HKHE) curriculum in Nigeria has evolved significantly from the colonial period's emphasis on discipline and physical fitness to a modern interdisciplinary approach. Post-independence educational reforms have integrated areas such as exercise science, sports psychology, public health, and nutrition, indicating a growing acknowledgment of the role of physical exercise and health education in national development (Ogunleye & Sanni, 2022). Recent curriculum changes align with global trends emphasizing competency-based education, learner-centred approaches, inclusivity, and lifelong health, supported by entities like UNESCO and the WHO. Countries like Finland and Canada advance integrated physical and health education focusing on experiential learning and mental health (UNESCO, 2015; WHO, 2021).

Nigeria's HKHE curriculum updates address pertinent health issues, including HIV/AIDS, reproductive health, and non-communicable diseases, with initiatives like the Family Life and HIV Education (FLHE) program targeting adolescents (Maduakolam et al., 2022). Despite these advancements, significant implementation gaps exist. There is a mismatch between the curriculum's learner-centred ethos and the prevalent teacher-centred pedagogical practices that focus on rote memorization rather than student engagement (Adebayo & Lawal, 2023).

Key obstacles to effective curriculum delivery include inadequate infrastructure and funding. International standards highlight the necessity for sports facilities and teaching technologies, yet many Nigerian schools lack basic resources, further complicating active involvement in HKHE (UNESCO, 2015). The quality of teachers remains a critical issue, as professional development opportunities for HKHE instructors are still limited, leading to challenges in applying contemporary teaching approaches effectively (Ogunleye & Sanni, 2022).

Technology integration in HKHE also highlights disparities with global practices. Although some Nigerian institutions have initiated the use of e-learning and digital tools, implementation encounters barriers such as unreliable electricity and poor internet access (Akujieze, 2024). Furthermore, policy execution remains weak, with HKHE often receiving less attention and resources compared to science subjects, undermining its importance as acknowledged in the National Policy on Education (Akinmusere et al., 2024).

Despite strides towards learner-centred pedagogies promoting active engagement and teamwork, significant gaps exist between curriculum policy and practice. While modern HKHE methodologies have the potential to enhance students' motivation and health behavior outcomes (Ugwu & Eze, 2023), the stark contrast between conceptual reforms and practical application necessitates sustained investments in infrastructure, educator training, technological advancement, and robust policy enforcement.

The reliance on outdated methods and the lack of effective monitoring prevent the full realization of HKHE objectives. Thus, unless these systemic issues are addressed, the ambitions of Nigeria's HKHE curriculum reforms risk being largely unfulfilled, limiting their transformative potential in shaping future health and physical education for the nation.

Current Trends and Realities (“Now”)

Human Kinetics and Health Education (HKHE) in Nigeria is adapting significantly due to public health challenges, technological advancements, educational reforms,

and increased awareness of preventive health. This sector has expanded beyond traditional physical training to encompass wellness advocacy, mental health education, exercise research, rehabilitation, sports technology, and public health initiatives. The rising prevalence of non-communicable diseases (NCDs), sedentary lifestyles, obesity, heart diseases, and mental health disorders is fuelling this growth.

Recent studies, including a comprehensive meta-analysis by the World Health Organization (WHO) with Nigerian researchers, reveal alarming trends regarding physical inactivity in Nigeria. Approximately 52% of adults are inactive, with women (55.8%) exhibiting higher rates than men (49.3%) (Adeloye et al., 2022). The prevalence of inactivity increased from 14.4 million in 1995 to 48.6 million by 2020, amounting to a 240% rise over 25 years, particularly within urban populations where sedentary lifestyles are exacerbated by technological reliance and job changes.

Globally, WHO data from 2022 indicates that about 31% of adults, approximately 1.8 billion individuals, failed to meet physical activity guidelines. If current trends continue, this figure could rise to 35% by 2030 (WHO, 2024). These global patterns align with the Nigerian scenario, where urbanization, increased screen time, and lifestyle shifts reduce physical activity among both teenagers and adults.

In response, Nigerian higher education is expanding HKHE programs. Institutions such as Ahmadu Bello University, University of Lagos, and National Open University of Nigeria are now offering specialized programs in Human Kinetics, Exercise Science, Sports Psychology, Recreation, and Health Education. As enrolment in these programs rises due to increased career opportunities in various health and fitness sectors, traditional preferences for careers in medicine, engineering, and law still shape societal perceptions of HKHE.

The incorporation of technology is another significant trend reshaping HKHE in Nigeria. Digital education platforms, health apps, wearable fitness devices, online wellness initiatives, and remote coaching have become increasingly prevalent, especially post-COVID-19. Evidence indicates digital teaching improves student engagement and allows for personalized learning experiences in Physical and Health Education (Indarto et al., 2024). The use of collaborative platforms like Zoom and Google Classroom is enhancing educational practices, although execution varies due to infrastructural challenges such as unreliable internet and inadequate digital skills among educators and students.

A growing understanding of the connection between physical activity and mental health is influencing HKHE curriculums. Recent Nigerian studies indicate that

structured physical activity programs significantly improve emotional well-being, reduce stress, build self-esteem, and enhance psychological resilience in diverse populations (Abu et al., 2025). Consequently, HKHE curricula are increasingly integrating mental health education and lifestyle change strategies, aligning with global public health objectives emphasizing preventive care and well-being.

The role of HKHE in addressing rising NCDs in Nigeria has become vital as hypertension, obesity, diabetes, and cardiovascular diseases become more prevalent. Regular physical activity is fundamental for enhancing cardiovascular health and quality of life among adults (Maruf & Ucheokoye, 2023). However, public participation in structured physical activities remains low due to insufficient infrastructure, economic hardship, and a lack of awareness around health benefits.

Research indicates vast disparities in the quality of HKHE access across different regions in Nigeria. Urban institutions generally possess superior facilities and resources than their rural counterparts, where many schools struggle with inadequate sports infrastructure and trained personnel. Poor policy implementation and insufficient government funding continue to undermine program effectiveness, despite formal recognition of Physical and Health Education in Nigeria's National Policy on Education.

Indigenous Knowledge Systems (IKS) are increasingly recognized in the realm of HKHE, encompassing traditional practices, cultural values, and local wellness strategies that have historically shaped health behaviours in Nigerian communities. Although colonial education marginalized these systems, recent research underscores their importance for sustainable and culturally relevant HKHE development.

Indigenous games historically facilitated physical health, social interaction, and community cohesion. Traditional practices such as wrestling in Hausa and Igbo cultures and cultural dances among the Yoruba served as mechanisms for physical conditioning, self-control, and community identity. Similarly, practices in riverine communities, like canoe racing, promoted fitness and teamwork.

Moreover, indigenous health traditions focused on preventive wellness, employing herbal remedies, dietary practices, and community-oriented health education. These practices reflect holistic views of health that integrate physical, emotional, spiritual, and social well-being.

Evidence suggests that integrating indigenous games and traditions into formal HKHE can enhance student engagement and promote cultural identity. However,

systemic barriers—such as Eurocentric educational frameworks that prioritize Western paradigms—hinder the integration of indigenous practices. Many programs overlook local sports and wellness beliefs, contributing to the erosion of traditional customs among youth.

Overall, the challenge lies in establishing supportive policy frameworks and curricula that embrace indigenous knowledge. Nigeria's National Policy on Education advocates for cultural relevance, but implementation issues remain due to inadequate teacher preparation and resources for indigenous approaches. Effective integration of these systems into HKHE requires intentional policy commitment, academic support, and interdisciplinary collaboration, which could foster community engagement and enhance the effectiveness of public health initiatives. By valuing indigenous knowledge in HKHE, Nigeria can revitalize its cultural practices while addressing contemporary health issues more effectively.

Future Directions (“The Future”) in Human Kinetics and Health Education in Nigeria

The future of Human Kinetics and Health Education (HKHE) in Nigeria depends heavily on addressing new public health challenges, educational changes, technological advancements, and socio-economic conditions. With the rise in non-communicable diseases, physical inactivity, obesity, and mental health issues, HKHE is recognized as vital for preventive healthcare, health promotion, and sustainable growth (WHO, 2021). To maximize its impact, HKHE must develop practical strategies aligned with Nigeria's economic and institutional frameworks.

A crucial direction for HKHE involves integrating digital technologies in education and health tracking. Global advancements in digital platforms, wearable devices, and online educational resources are transforming Health and Physical Education approaches (Indarto et al., 2024). While Nigerian institutions are beginning to embrace digital education, widespread use is hindered by infrastructural issues such as inconsistent electricity, limited internet access, inadequate funding, and low digital literacy (Akujieze, 2024).

Future strategies for HKHE should be categorized into short, medium, and long-term actions. In the short term, emphasis should be placed on improving policy implementation and institutional commitment to Physical and Health Education. Despite the National Policy on Education recognizing the importance of HKHE, weak implementation persists in many schools due to insufficient monitoring, funding, and low curriculum prioritization (Akinmusere et al., 2024). Key short-term reforms include increasing timetable allocations for Physical and Health Education, enforcing curriculum standards, and mandating health and physical

education in primary and secondary schools.

Enhancing teacher skills through professional training is also vital. Unfortunately, many schools lack qualified HKHE professionals, and existing educators often lack experience with learner-centred approaches, digital techniques, and modern health education practices (Ogunleye & Sanni, 2022). Implementing ongoing professional development, workshops, and partnerships with educational institutions can bolster teacher training and curriculum execution without excessive financial burden.

Community-driven health promotion initiatives should also be prioritized. Nigeria faces rising physical inactivity and lifestyle-related diseases, especially in urban areas (Adeloye et al., 2022). Culturally relevant community fitness programs, school health initiatives, and public health campaigns utilizing indigenous games and local exercise traditions can enhance participation and reduce costs, especially in rural regions.

Updating the curriculum is a critical near-term priority. Current HKHE curricula should integrate digital literacy, mental health education, exercise science, and wellness education to align with global trends and job market needs (Indarto et al., 2024). These advancements will improve graduate employability and provide practical skills applicable to evolving healthcare and sports sectors while necessitating an enhancement of teaching resources, educator preparation, and oversight systems.

In the medium term, improving technological integration in educational institutions is essential. Although advanced technologies may be currently unaffordable for many Nigerian institutions, incorporating cost-effective digital learning resources and hybrid learning models remains feasible. The COVID-19 pandemic underscored the importance of adaptable digital frameworks in education (WHO, 2021). Gradually developing digital infrastructure can be a more attainable strategy.

Long-term strategies should focus on systemic changes and infrastructure development. Nigeria requires modern sports facilities, rehabilitation centres, and digital research hubs to foster advanced education and research in HKHE. While such growth requires substantial investment, it can be achieved through phased development, partnerships, donor support, and international cooperation.

Research and innovation in HKHE must also be a long-term focus. Future research should prioritize areas such as AI in fitness education, preventive healthcare strategies, and digital wellness initiatives. Cross-disciplinary collaboration between Human Kinetics, medicine, psychology, engineering, and public health will enhance

innovation and healthcare outcomes (Bibri et al., 2024).

HKHE reforms must be sensitive to Nigeria's socio-economic realities. Persistent poverty, unemployment, insecurity, and educational disparities hinder participation in health initiatives. Policymakers need to implement gradual, context-aware strategies that blend modern technologies with affordable local solutions.

Incorporating indigenous knowledge systems is essential for HKHE's future. Traditional games, local health practices, and cultural activities can enhance culturally responsive education. Embedding these elements in formal curricula can improve engagement and community involvement while supporting curriculum decolonization (UNESCO, 2022).

Achieving sustainable advancement in HKHE requires collaboration among government agencies, educational institutions, healthcare organizations, and private-sector partners. Cross-sector partnerships can enhance financing, infrastructure development, and health promotion efforts. Without coordinated support and political will, many proposed reforms risk becoming unattainable ideals.

Success in HKHE will depend on prioritizing practical reforms that are contextually relevant. Immediate attention should be focused on policy implementation, teacher development, and community health. Medium-term efforts must prioritize curriculum updates and gradual technology integration. Long-term progress will require substantial infrastructural investment, interdisciplinary research, and robust cooperation among institutions. By pursuing these phased strategies, HKHE can enhance public health, promote educational advancement, and support sustainable national development in Nigeria.

Conclusion

This research explores the development, present condition, and future prospects of Human Kinetics and Health Education (HKHE) in Nigeria, emphasizing its shift from colonial methods to a multidisciplinary framework. Originally centred on physical training and hygiene shaped by colonialism, HKHE has evolved to incorporate exercise science, sports psychology, health promotion, rehabilitation, and digital health.

The study highlights that colonial educational policies and later reforms have influenced HKHE, frequently neglecting indigenous practices. The significance of including traditional knowledge and culturally appropriate practices in HKHE programs is highlighted.

Even with worldwide reforms promoting learner-centred methods and digital integration, ongoing issues like insufficient funding, poor infrastructure, and socio-cultural obstacles impede HKHE's effectiveness. The research indicates increasing physical inactivity and associated health problems in Nigeria, highlighting the necessity for strong HKHE measures.

This study's key contributions comprise a comprehensive examination of HKHE, encompassing historical, educational, and cultural aspects, as well as suggestions for feasible reforms that take socio-economic conditions into account. The results urge deeper governmental engagement, better curricula that integrate indigenous and scientific insights, upgraded teacher training, and the inclusion of HKHE in national health strategies to tackle pressing health issues efficiently. Ultimately, HKHE in Nigeria has the potential to make substantial contributions to public health and education, necessitating collaborative efforts to maximize its transformative power.

Recommendations

To enhance Human Kinetics and Health Education (HKHE) in Nigeria for improved public health and educational outcomes, the following recommendations are proposed:

The government needs to improve the execution of current policies related to Physical and Health Education by tackling funding deficiencies and supervision shortcomings.

1. Provide sufficient financial support for sports facilities, exercise science laboratories, and digital resources to enhance education and hands-on involvement in HKHE.
2. Emphasize continuous professional growth for teachers, concentrating on student-centred approaches, health enhancement, and incorporating new technologies via workshops and training sessions.
3. Regularly revise HKHE curricula to reflect international trends and national health needs, highlighting competency-based education and digital skills.
4. Incorporate indigenous games and wellness practices into HKHE curricula to enhance culturally relevant education and engagement in community health initiatives.
5. Promote teamwork among different stakeholders to create community-centred physical activity and health education programs tackling physical inactivity and associated health challenges.
6. Incrementally integrate cost-effective digital resources into HKHE, guaranteeing foundational support for electricity and internet connectivity.

7. Enhance research in pertinent areas and foster interdisciplinary collaboration to stimulate innovation and efficient practices in HKHE.
8. Initiate public campaigns to enhance the significance of HKHE and address misunderstandings to increase enrolment and community backing.
9. Cultivate collaborations between government, private entities, NGOs, and global organizations to supply essential resources and assistance for HKHE growth.
10. Implementing these strategies will significantly bolster HKHE's impact on public health, education, and national development in Nigeria.

References

- Abu, S., Ngwakwe, P. C., & Abu, E.-O. S. (2025). Perceived effect of physical activity and mental health of adolescents in Kogi State. *Journal of Health and Human Movement Studies*, 3(Special), 175–189.
- Adebayo, A., & Lawal, O. (2023). Learner-centred instruction and student engagement in Nigerian higher education.
- Adeloye, D., Ige-Elegbede, J. O., Auta, A., Ale, B. M., Ezeigwe, N., Omoyele, C., Dewan, M. T., Mpazanje, R. G., Agogo, E., Alemu, W., Gadanya, M. A., Harhay, M. O., & Adebiyi, A. O. (2022). Epidemiology of physical inactivity in Nigeria: A systematic review and meta-analysis. *Journal of Public Health*, 44(3), 595–605. <https://doi.org/10.1093/pubmed/fdab147>
- Ademola, V. D. (2019). *History and development of physical education curriculum in Nigeria*. <https://www.youdread.com/2019/05/history-and-development-of-physical.html>
- Akinmusere, A. K., Fatoba, M. T., & Ogunleye, S. M. (2024). Revolutionizing the teaching of physical and health education in Nigerian secondary schools. *Nigerian Journal of Human Movement, Wellness, Leisure, and Sports*.
- Akinpelu, J. A. (1981). *An introduction to philosophy of education*. Macmillan.
- Akujeze, M. O. (2024). The role of digital pedagogy in enhancing teacher education. *Open Access Journal of Education and Language Studies*, 1(3).
- Bibri, S. E., et al. (2024). Artificial intelligence and sustainable development in Africa: A comprehensive review. *Machine Learning with Applications*, 100591.

- Fafunwa, A. B. (1974). *History of education in Nigeria*. George Allen & Unwin.
- Indarto, P., Nasuka, N., & Hidayatullah, M. F. (2024). Physical education in the digital era: A literature review. *Retos*, 61, 156–163.
- Maduakolam, I. O., Ogonnaya, N. P., Ndubuisi, I. F., Ekechukwu, E. N. D., Okoronkwo, I. L., & Onwujekwe, O. (2022). Effects of a structured health education on prevention of HIV risky behaviours among adolescents in Nigeria. *Libyan Journal of Medicine*, 17(1), 2128414. <https://doi.org/10.1080/19932820.2022.2128414>
- Maruf, F. A., & Ucheokoye, D. M. (2023). Positive impacts of leisure-time physical activity on cardiorespiratory fitness and quality of life among Nigerian adults. *BMC Sports Science, Medicine and Rehabilitation*.
- Nicolas, C. (2021). Physical education in the colonial Gold Coast: From a civilizing mission to “useful citizens.” *Social Sciences*, 10(2), 77. <https://doi.org/10.3390/socsci10020077>
- Ogunleye, B. O., & Sanni, K. A. (2022). Innovative teaching strategies in physical and health education: Implications for Nigerian schools. *International Journal of Health and Physical Education*, 9(1), 33–47.
- Oni, O. Y., & Ngongpah, G. (2025). The role of collaborative learning tools in Nigerian education system. *Asian Journal of Education and Social Studies*, 51(5), 325–335.
- Rodney, W. (1972). *How Europe underdeveloped Africa*. Bogle-L'Ouverture Publications.
- Snyder, H. (2019). Literature review as a research methodology: An overview and guidelines. *Journal of Business Research*, 104, 333–339. <https://doi.org/10.1016/j.jbusres.2019.07.039>
- Taiwo, C. O. (1980). *The Nigerian education system: Past, present and future*. Nelson Publishers.
- Ugwu, C., & Eze, M. (2023). Learner-centred pedagogy and instructional effectiveness in physical and health education classrooms in Nigeria.
- UNESCO. (2015). *Quality physical education (QPE): Guidelines for policy-makers*. UNESCO.

- UNESCO. (2022). *Reimagining our futures together: A new social contract for education*. UNESCO.
- UNESCO. (2024). *Curriculum for health and well-being*. UNESCO International Bureau of Education. <https://www.ibe.unesco.org/en/articles/curriculum-health-and-well-being>
- UNESCO. (2024). *The global state of play: Report and recommendations on quality physical education*. UNESCO & Loughborough University.
- Wa Thiong'o, N. (1986). *Decolonising the mind: The politics of language in African literature*. James Currey.
- World Health Organization (WHO). (2021). *Global strategy on digital health 2020–2025*. WHO.
- World Health Organization (WHO). (2021). *Making every school a health-promoting school: Global standards and indicators*. WHO.
- World Health Organization (WHO). (2021). *Using a contextualized competency framework to develop rehabilitation programmes and their curricula*. WHO.
- World Health Organization (WHO). (2024). *Global levels of physical inactivity in adults: Off track for 2030*. WHO.
- World Health Organization (WHO). (2025). *Global competency and outcomes framework for universal health coverage*. WHO.