HEALTH AND SAFETY EDUCATION: PANACEA FOR PRIMARY HELATH CARE

BY

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INTRODUCTION

Man has always been concerned directly or indirectly with personal and group health. Throughout the history of human race there is evidence to indicate that health has remained one of the fundamental concerns of mankind. Even before the advent of printed words, there was evidence which unequivocally suggested Health as an important consideration.

Modern medicine tends to interpret health in terms of medical interventions, and to over-emphasise the importance of medical technology. Clinical medicine seeks to restore health through the use of drugs and surgical treatment. Preventive medicine includes similar intevention with the use of immunisation and chemoprophylaxis. More importantly, the emphasis must be on alteration of the environment and of human behaviour.

For thousand of years, disease and death have been accepted with resignation as normal ingredients of daily life. Today, this is unacceptable. Discoveries in modern medical science have enabled us to disseminate scientific knowledge about prevention of diseases and health.promotion. Exposure to knowledge will melt away the barriers of ignorance, prejudices and misconceptions people may have about Health and Diseases.

The individual contributed to accident causation through improper assessment of hazards, under-estimation of risks or over-estimation of ability to cope; use of improper tool, disregard or misuses of safety devices, ignorance and inexperience in a given situation. Failure to practise safety procedures is largely responsible for drowning, fire disasters, and boat disasters. Neglect of safety precautions is also frequent cause of unnecessary road accidents.

The objective of Health Education is to make people value good health as a worthwhile asset and to let them know what they can do as individuals, families and communities to be in good health. The more

people value health, the more they will be making the appropriate allocation of resources to promote and to safeguard their health. Health Education relates to all aspects of health behaviour including the use of Health Service. It is designed to help people to improve their personal habits and to make the best use of Primary Health Care. The accent is on motivating the "consumer" to make his own choices and decisions about health matters; that is, what kind of actions to be taken and when and under what condition.

HISTORICAL OVERVIEW

History illuminates the past, gives depth, breadth and perspective to the present, and provides direction for the future. It serves as a measure by which to judge and clarify consistent achievement. It illustrates problems surmounted, portrays the theoretical and the practical, and encourages the strength of thought and action by exemplifying deeds of dedication and inspiration.

Health Education can point to the words and deeds of some of the greatest of prophets, philosophers and thinkers who have extolled the virtues of mind through centuries. From the ancient nations of Persia, Egypt, China, Sumer, India, Assyria, Babylonia and Iran. Other cultures of that time indicated indisputable indication of such concern.

The enlightened ruler of Babylonia, King Hammurabi (460 B.C.) left to posterity his set of Summerian laws which were concerned with the regulation of marriage and social relations. The Code of Hammurabi, as it was known, is the oldest surviving set of laws. The document was compiled around 2000 B.C. Ancient Greek and Roman notables as Socrates (470 B.C.), Plato (348 B.C.), Aristotle (384 B.C.) and Cicero, (106 B.C.) were advocates of the same essential elements for Health that are recognised today.

Hippocrates (460 B.C.) the father of medicine and Galen (129 A.D.) his successor, left inspirations and great works. The latter was said to have written a manuscript on Hygiene which was used for over a thousand years. During Grecian civilisation, personal hygiene was notable. Much attraction was given to disease control, diet, exercise and cleanliness.

The moral and physical decay of the Roman Empire and its eventual overthrow and subsequent entrance into the Dark Ages retarded, for a time, man's quest for more knowledge. Some health measures were accepted to stem the monstrous disease fatalities. Epidemics of leprosy, diphtheria, typhoid fever caused millions of deaths during what has been labelled, mankind's nearest approach to complete annihilation.

The transitional period of the Renaissance saw the rise of nationalism, commerce, experimentation and awakening of interest in Arts, Literature, Philosophy and Education for health. The humanists of this period became concerned with life in all its manifestations. The invention of printing press in 1438 made practical the presentation and propagation of the gospel of health in a manner never before possible.

The humanist realist, John Milton (1712), the famous English poet, commended physical and mental health exercise and diet. One of the most profound and persistent statements written on health by the great educator - physician and the founder of modern psychology, John Locke (1632), in his treatise, "Some Thoughts Concerning Education", vividly expressed his concern for good health.

> *"A sound Mind in a sound Body is a short, but full description of a happy state in the world. He that has these two, has little more to wish for; and he that wants either of them, will be but little the better for anything else. Man's happiness or Misery is most part of their own making. He, whose mind directs not wisely will never take the right way; and he, whose body is crazy and feeble, will never be able to advance in it."*

Locke's specific discourses on nutrition, sleep, clothing and exercise left little doubt as to the depth of his thinking. His Health Rules further exemplified the best of modern scientific reasoning.

By the mid-20th century, the Public Health, School Health, Mental Health, Community Health models were well established. Technologies

for manipulating the physical environment were regarded as the ultimate answer to critical health issues. During this period, emphasis was placed on controlling specific diseases through biomedical interventions.

During the 1960s, the role of behavioural factors in ensuring improved health became widely recognised. It was then understood that besides biomedical care and improvements in the physical environment, individual lifestyles also influence morbidity and mortality. The development of health education is part of the global search for effective means of preventing disease and improving general living conditions. There has progressively been increased recognition of the need to address behavioural, lifestyle (harmful cultural practices) and other underlying socio-economic, physical and biological factors, referred to here, as the broad determinants of health.

The emergence of new dimensions of demographic trends, urbanisation and changing lifestyles with associated risk factors have implications for health. Researches and case studies in Nigeria and around the world provide convincing evidence of the effectiveness of Health Education and Promotion Strategies in modifying these risk factors and offer a practical approach to pursuing greater equity in health. In the 1970s, the Health-for-All concept and the Primary Health Care Strategy were developed. This development gave Health Education and related information, a prominent role as an activity for supporting the other Primary Health Care components.

The World Health Assembly in May 1977, decided that the main social target of governments and World Health Organisation (WHO) in the coming decades should be the attainment of a level of health by all people of the world that will permit them to live a socially and economically productive life by the year 2000.

In May, 1978 at a conference in Alma Ata, representatives from 34 nations, including Nigeria made a declaration that Primary Health Care (PHC) is the key to the attainment of health for all by the year 2000. Against this backdrop, Health Education was adopted as one vital component of PHC without which the goals and objectives of the other components cannot be easily achieved and sustained.

In 1986, the Federal Government of Nigeria formulated a National Health Policy and Strategy (NHP) to achieve Health for all Nigeria by the year 2000 and beyond. The National Health Policy has been reviewed twice, first in 1988 and then in 1996. The 1995 National Health Summit held at Abuja on its part, emphasised that health care services in Nigeria should be geared towards adopting health education/promotion as a major front for achieving high level of health for all Nigerian based on community participation, prevention of diseases and reduction of need for curative health care.

A National Plan of Action was drawn to cover the period of 1996 to 2005, and this has now been adjusted in line with Vision 2010. The National Health Policy, is an expression of government's readiness to establish a National Health System which should be "wide in scope, and provide a comprehensive coverage with Primary Health Care serving as the main thrust of the implementation strategy."

The general perception and interpretation of the functions of Health Education by most policy makers and other health professionals is merely the dissemination of health information which functions can be assigned to any health worker. This interpretation is at variance with the professional training and practice of health educators. The recruitment of non-professionals as Health Educators or Health Educationist has adversely limited the scope of health education activities in Nigeria.

Today, due to changing disease patterns, rising social expectations and a new relationship between community members and health care providers, Health Education is facing a challenge unparalleled in its history.

A health worker is not a health educator. Syndrome has created distortion in the definition. Professional health educator shall be in two cadres. Health Education officer and Health Education Specialist. A health education officer shall be one who has undergone training in Social or Health Sciences at either a Diploma or Bachelors Degree and who has undergone an approved course of training in Health Education for a minimum of one academic year at a recognised University or in an Institution. Health Education Specialist

shall be one who has received a post graduate degree (M.P.H.) Master of Public Health or (M.S.C.) or (M.Ed.) degree in Health Education.

Health Education has been developed as a distinct academic and professional body of theory and practice. It involves the application of health educational and behavioural science to understanding the management of health problems.

THE PANDEMIC OF MODERN CIVILIZATION

Today germs are not our principal enemy. Our chief medical adversary is a disturbance of the inner balance of the constituents of our tissues, which are built from and maintained by necessary chemicals in the air we breathe, the water we drink, and the food we eat. Greater realisation is needed in medicine and in public health that good nutrition and good hygiene are the best weapons available in the prevention of diseases. The most important measure that could be taken to prevent the development of many chronic diseases would be the provision of consistently good nutrition from conception to the grave.

The understanding of modern nutrition owes its beginning to the insight of the French chemist, Antonie Lavoisier, who summed up its essentials in the proposition, *"La vie est unce fonction chimique"* - life is a chemical process. Lavoisier showed in exact quantitative terms that the body is kept going by the combustion of the components of foods in a manner similar to the way we know an internal combustion engine is also kept going by the combustion of petroleum products. The molecular structures of all biological materials are built around a framework of carbon atoms. He further demonstrated that the amount of energy, measured in terms of heat, obtained from a unit quantity of food was broadly proportional to the amount of carbondioxide given off and the corresponding amount of oxygen absorbed.

One of the problems facing man is how to supply in his diet the substances needed for growth during the body's formative years and for its repair and maintenance throughout the life span. Nutrition is the study concerned with the factors by which the cells of living creatures are properly maintained by nutrients. It deals, on the one hand, with the

biochemical mechanisms by which life is sustained, and, on the other, with the chemical composition of the diverse foods constituting an adequate diet, which provides the fuel from which biological energy is derived and the constituents from which the structures of living organisms are composed.

The nutritional adequacy of different diets, no matter how contrasted their ingredients may be, can be expressed in terms of their individual chemical components, the nutrients of which they are composed. The needs of the physiological mechanisms of any particular individual can be expressed in comparatively precise biochemical terms.

It has been observed that one of the characteristics of disease and specially chronic disease, is its progressive nature. Thus, before the disease is clinically apparent, there are biochemical aberrations. Therefore, the cause of disease clustering may be a metabolic flaw, and that faulty metabolism is initiated and/or enhanced by faulty nutrition.

It is, therefore, quite understandable that disease state clusters are common. It is also apparent that an excessive refined Carbohydrate intake may be casually related, to a greater extent, in Obesity, Diabetes, Atherosclerosis, Coronary Disease, Gout, Goiter and Hypertension. Researchers agree that man's ability to survive is a function of homeostasis. This capacity to live with the many ever-present environmental challenges is a product of numerous defense mechanisms.

The Council on Food and Nutrition of the American Medical Association has expressed its awareness of these nutritional strands and their applicability to Health Science: "The concepts of nutrition integral to the practices of medicine are applicable in diagnosis of disease, treatment of disease, in rehabilitation from chronic illness, in disease prevention and in health promotion. Not only does the nutritional status of the patient influence the development and regression of many diseases, but many disorders, whether infectious, metabolic, degenerative, or neoplastic, influence the nutritional status of the patient."

NUTRITIONAL REQUIREMENTS

To maintain normal bodily functions, we all require to replenish energy we burn in the course of our activities by intake of protein, vitamins, minerals, and other substances that are essential for many enzyme systems as well as for growth, tissue repair and regeneration. The range of individual dietary requirements is broad, and widens further when there are unusual demands, as during periods of rapid growth in childhood and adolescence, in pregnancy, and when metabolic demand is enhanced by infection. Tables 1 & 2 summarises recommended dietary allowances (RDAs) of carbohydrates, fats, protein, minerals, and vitamins. If we fall short of these requirements, there can be various subclinical effects, and in extreme cases, nutritional deficiency diseases occur.

TABLE 1: RECOMMENDED DAILY DIETARY ALLOWANCE[a]
Fat Soluble Vitamins

Age (yr)	Weight (kg)	Weight (lb)	Height (cm)	Height (inches)	Protein (g)	Fat-Soluble Vitamins: Vitamin A (µg R.E.)[b]	Fat-Soluble Vitamins: Vitamin D (µg)[c]	Water-Soluble Vitamins: Vitamin E (mg α T.E.)[d]	Water-Soluble Vitamins: Vitamin C (mg)	Thiamin (mg)	Riboflavin (mg)
Infants											
0.0–0.5	6	13	60	24	kg × 2.2	420	10	3	35	0.3	0.4
0.5–1.0	9	20	71	28	kg × 2.0	400	10	4	35	0.5	0.6
Children											
1–3	13	29	90	35	23	400	10	5	45	0.7	0.8
4–6	20	44	112	44	30	500	10	6	45	0.9	1.0
7–10	28	62	132	52	34	700	10	7	45	1.2	1.4
Males											
11–14	45	99	157	62	45	1000	10	8	50	1.4	1.6
15–18	66	145	176	69	56	1000	10	10	60	1.5	1.7
19–22	70	154	177	70	56	1000	7.5	10	60	1.5	1.7
23–50	70	154	178	70	56	1000	5	10	60	1.4	1.6
51+	70	154	178	70	56	1000	5	10	60	1.2	1.4
Females											
11–14	46	101	157	62	46	800	10	8	50	1.1	1.3
15–18	55	120	163	64	46	800	10	8	60	1.1	1.3
19–22	55	120	163	64	44	800	7.5	8	60	1.1	1.3
23–50	55	120	163	64	44	800	5	8	60	1.0	1.2
51+	55	120	163	64	44	800	5	8	60	1.0	1.2
Pregnant	–	–	–	–	+30	+200	+5	+2	+20	+0.4	+0.3
Lactating	–	–	–	–	+20	+400	+5	+3	+40	+0.5	+0.5

TABLE 2: WATER-SOLUBLE VITAMINS

Water-Soluble Vitamins: Niacin (mg NE)[e]	Vitamin B_6 (mg)	Folacin[f] (µg)	Vitamin B_{12} (µg)	Minerals: Calcium (mg)	Phosphorus (mg)	Magnesium (mg)	Iron (mg)	Zinc (mg)	Iodine (µg)
6	0.3	30	0.5	360	240	50	10	3	40
8	0.6	45	1.5	540	360	70	15	5	50
9	0.9	100	2.0	800	800	150	15	10	70
11	1.3	200	2.5	800	800	200	10	10	90
16	1.6	300	3.0	800	800	250	10	10	120
18	1.8	400	3.0	1200	1200	350	18	15	150
18	2.0	400	3.0	1200	1200	400	18	15	150
19	2.2	400	3.0	800	800	350	10	15	150
18	2.2	400	3.0	800	800	350	10	15	150
16	2.2	400	3.0	800	800	350	10	15	150
15	1.8	400	3.0	1200	1200	300	18	15	150
14	2.0	400	3.0	1200	1200	300	18	15	150
14	2.0	400	3.0	800	800	300	18	15	150
13	2.0	400	3.0	800	800	300	18	15	150
13	2.0	400	3.0	800	800	300	10	15	150
+2	+0.6	+400	+1.0	+400	+400	+150	*	+5	+25
+5	+0.5	+100	+1.0	+400	+400	+150	*	+10	+50

Source: (From Food and Nutrition Board, National Academy of Sciences-National Research Council: Recommended Dietary Allowances, 9th edt. Washington, DC. 1990)

VITAMIN DEFICIENCY DISEASES

Vitamins are essential for normal functioning of specific systems, e.g., those involved in metabolism, or other bodily activities. If diets are deficient in specific vitamins, characteristic and readily recognisable diseases occur. More often, multiple deficiencies and mixed clinical pictures are seen. Some vitamin deficiency states rarely occur, but others are quite common.

Vitamin A (Carotene) is essential for normal functioning of epithelial and glandular tissue and it is needed for bone growth, and for the enzyme systems involving visual purple that enhance vision in poor light. Vitamin A supplements, intended primarily to prevent xerophthalmia, have been found to significantly reduce infant and child mortality rates from infections. Adequate dietary intake of vitamin A is also associated with reduced incidence and death rates from cancer.

Deficiency of vitamin A leads to keratinization of secreting epithelial surfaces such as the conjuctiva. In severe forms, corneal opacities develop and the end result is blindness. This is the commonest cause of blindness among children in the world. This specific deficiency disease can occur in otherwise well-nourished populations - intake of protein and calories may be adequate, but if there are no fresh fruits or vegetables, vitamin A

deficiency can occur. Sometimes, the right food is available but not eaten because of local custom and culture.

Vitamin B_1 (thiamine) is essential for certain enzyme systems involved in carbohydrate metabolism. Deficiency of thiamine leads to *beriberi*. This disease is due to disruption of carbohydrate metabolism consequent upon breakdown of essential enzyme transformation. The effects are found in the central and peripheral nervous system, the cardiovascular system, and the gastrointestinal tract. The principal clinical manifestations are peripheral neuropathy, tachycardia, and ultimately heart failure. Gastrointestinal infection leads to loss of appetite which may aggravate the condition. Infantile *beriberi* may occur in breastfed infants who are thiamine deficient but who may themselves be asymptomatic. In industrial nations, *beriberi* is sometimes seen among persons with dietary deficiency associated with chronic alcoholism.

Vitamin B_2 (nicotinic acid) is essential for several carbohydrate enzyme systems. Pellagra is due to deficiency of niacin. The full-blown case is characterised by dermatitis, diarrhea. Dementia, skin lesions are more common. It can occur in "epidemics" when there are regional deficiencies; it was formerly common in rural areas. This pattern led to the belief that pellagra was an infectious disease due to a micro-organism. In a series of classic epidemiological studies, from 1914 onward, Joseph Goldberger, having deduced logically from the distribution that pellagra could not possibly be due to an infection, demonstrated that it was indeed due to a dietary deficiency.

Vitamin C (ascorbic acid), is essential for carbohydrate enzyme systems, too. Deficiency of vitamin C leads to scurvy.

Vitamin D, one of the fat soluble group, is essential for normal bone growth and also has other metabolic functions. Rickets occurs when there is a deficiency of vitamin D. It is characterised by defective bone growth and skeletal deformities. Vitamin D is synthesised in the skin by the action of ultraviolet light. Rickets can be prevented by a daily dose of vitamin D. Alternatively, vitamin D can be given in extracts such as Cod Liver Oil.

IODINE DEFINICENCY DISORDERS

Iodine deficiency is the most important cause of preventable mental retardation in the world. Its effects have a negative impact on the entire economies of affected nations. Globally, at least 800 million people live in iodine-deficient environments and are affected by the disorders induced by iodine deficiency. These include endemic goitre, cretinism, mental deficiency, decreased fertility rates and increased per-natal deaths and infant overall mortality.

In Europe over 11% of the population suffered from goitre in 1993 and there were only six countries (Finland, Iceland, Norway, Sweden, Switzerland and the United Kingdom) where some degree of endemic iodine deficiency disorder (IDD) did not exist. Babies born by iodine-deficient mothers are especially at risk of mental impairment.

Iodine can be best added to a food which everybody everywhere consumes every day, such as salt. Adding iodine to salt is simple and cheap.

A HEALTHFUL DIET

Good health is preserved and protected by a balanced diet. Epidemiological and biochemical-nutrition studies have shown that the risk of certain diseases is reduced by habitual adherence to a diet that is high in fibre and complex carbohydrates, low in fats, low in salt; and that avoidance of certain substances such as alcohol and tobacco, and possibly caffeine, is associated with lower incidence and mortality rates from coronary heart disease.

Vegetarians have more favourable healthy experience than meat eaters, other things being equal. Perhaps these mostly empirical observations about the relationship between habitual diets and health support the view that humans evolved as hunter, gatherers, mainly of fruits and vegetables. The available historical evidence suggests that diets rich in meat and animal fats and dairy products have become customary only during the past 10 to 20 generations of human existence. Because of our evolutionary history we may not be as well adapted to such diets as we might wish.

NUTRITION EDUCATION

In developing nations, the entire population may require education to promote the use of healthier diets than have been customary or usual in the past. Education to correct this is relatively straightforward and can be highly effective. It is more difficult to change a custom that is deeply ingrained as part of the culture.

Much remains to be done to improve nutrition education for mothers and children in many developing countries. Of course, education on the benefits of breastfeeding and on other aspects of nutrition during pregnancy and early childhood is equally necessary and requires constant reinforcement.

Other forms of nutrition education are needed in the affluent industrial nations. Over-nutrition has had much adverse publicity in the past 15 to 20 years, and this has had some impact; but obesity is still widespread. The decline in the death rate from coronary heart disease in the United States, Canada, and some other countries since the 1970s is, at least partly - mostly - attributable to changes in habitual diets.

A FUTURE WITH SAFETY

Our streets and highways will carry a large volume of traffic safely as long as the traffic remains orderly and every traffic law is enforced. Accidents are the result of disorder in entering the traffic flow. Disorder in traffic is the result of someone violating the rules and regulations and the violation of laws of Physics which govern all moving bodies.

The influx of commercial motor-bykes popularly known as *"OKADA"* in recent years has given rise to a dual problem of traffic safety. First, many motorists have not yet adjusted to the presence of motorcycles in the traffic pattern. Second, great numbers of cyclists have taken to the road without adequate training. These two factors have combined to produce an alarmingly high rate of motorcycle fatalities.

It has been observed that the chances of being killed on a motorcycle are five times greater than in an automobile. This estimate and other data, lead to the conclusion that there are a great many inexperienced, ill-equipped cyclists on our roads today.

ADVENT OF AUTOMOBILE TRANSPORATION

Concern for Road Safety could be traced back to 1913 when the Highway Motor Traffic Ordinance was enacted for the Southern States. In 1916, the Ordinance was amended to apply to the new nation called Nigeria. Because of the alarm over the increasing incidence of reckless driving, in August 1928, the Colonial government began the motor traffic section of the Southern Police Force with a team comprising four British Superintendents and ten Nigerian Corporals. They were charged with the functions of controlling dangerous driving, enforcing the regulations affecting licences, overloading, illegal parking and maintenance. Equipped with motor cycles, the team operated predominantly on three major zones in the Southern Protectorates: Lagos-Ilugun in Abeokuta Province; Ado-Ifonyin Ondo province, and Onitsha-Enugu-Port-Harcourt axis in Onitsha and Owerri provinces.

Unfortunately, there came a lull in Nigerian Police Force's Motor Traffic Unit activities owing to the great depression years and World War II. Consequently, the Police abolished the former traffic control posts in 1948 but in 1949 replaced them with Mobile Traffic Units. With improved post-war transportation and communication network, the operation of Motor Traffic Units and Squads was extended beyond Lagos environs to the then Northern, Western and Eastern Regions.

Despite the obvious fact that highway accident became a significant factor in our lives after independence, the Federal Government adopted a series of differential attitudes towards Highway Safety. Over the years, 1960-1988, diverse laws, regulations, half-baked concepts and unimaginative management practices mushroomed in the highway safety field.

> *The time has come for Nigeria to patrol its road much effectively in the interest of safety of lives, the protection of private and public property, and lower road transport costs. The excessively high accident rate in Nigeria cannot be afforded. There are difficulties in properly enforcing traffic*

regulations, but Nigeria is leaping into the 21st century, and the volume of traffic necessitates that a beginning be made now toward establishing adequate regulations and enforcing them effectively.

EVOLUTION OF ROAD TRAFFIC SAFETY IN NIGERIA

April 11, 1968 precisely, the then Federal Commissioner for Works and Housing, L.O. Okunnu Esq. decided to bring about a dramatic "semi-colon" in the highway accident when he inaugurated the Advisory Committee on Road Safety under the chairmanship of Dr. Olawole Shojobi of University of Lagos. The committee submitted its 96-page report with 48 recommendations in November 1968 and the National Commission on Road Safety was created in 1969 to implement the committee's recommendations. But the new found commission failed for obvious reasons but would, however, be remembered for its pioneering efforts in muting the idea of Road Safety Campaigns.

But 1973 traffic fatality record of 4,537 persons (the first time in history fatality figure exceeded the 4,000 death-mark), made it abundantly clear that spasmodic improvisation, gimmicks and tattoos were not enough to attack the traffic canker-worms called (RTA) Road Traffic Accidents. The then prevailing road safety calamity was further reinforced by a study published in 1973 by Kale *et al* that 455 out of 1439 (31 per cent) autopsies performed at Lagos State Pathology Laboratory in 1973 were from road accidents.

In response to this road tragedy and technology shock, the Federal Government developed a national awareness of the need for a coordinated Highway Safety Plan. As a prelude, 1974 was declared a National Highway Safety Year, and the Federal Government took over some of the state highways to the tune of 16,000km and the Road Safety Advisory Commission, the grand father of (FRSC) Federal Road Safety Commission was born.

The promulgation of a Highway Safety Edict in 1974, while representing a milestone in the highway safety field in Nigeria, propelled the Federal Government into a definite leadership role for highway safety.

The edict allowed the State, to enact legislation creating Road Safety Committees in their respective jurisdictions. The promulgation of the Federal Highways Act 1971, the Federal Highways Amendment Decree, 1973, Road Traffic Decree 1976 which gave sweeping powers to the Minister of Works and the Police and the construction of some super highways, the train of highway safety derailed until the Babangida administration gave it a dosage of "safetymycin" to revive it in 1988. That was after we recorded our first 160,000th death.

The Stanford Study published in 1961 strongly recommended the need for an effective highway safety. That was during the Alhaji Tafawa Balewa administration. While he was implementing the 1962-1966 Development Programme, he did not make up his mind about what to do with Highway Safety (HS). The military struck in January 1966. Gen. Aguyi Ironsi, the successor, was shortlived to think about Highway Safety. Gen. Yakubu Gowon (rtd.) was too pre-occupied with the execution of the Civil War and its subsequent rehabilitation and reconciliation. Gen. Murtala Muhammed concentrated on foreign policy. The mantle fell on Gen. Olusegun Aremu Obasanjo (rtd.).

In February 1978, General Olusegun Aremu Obasanjo (rtd.), while addressing a delegation of Red Cross Society at Dodan Barracks, expressed his worries over the frightening incidents of road accidents in Nigeria *(Daily Times,* February 9, 1978). That year, 9,252 persons died from 36,111 recorded accidents leaving 28,854 injured persons beyond the day of accidents. The 1977 road accident report which was the basis for his worries indicated that only 8,000 persons were killed from a recorded 33,351 accidents. Thirty-two thousands and thirty-five (32,035) persons died from 141,614 accidents during that period.

In September 1983 when 79 lives were lost at kilometer 26 on Benin-Agbor Road, Alhaji Shehu Shagari, the President of the Second Republic, sent a blanket pronouncement of condolenses to the bereaved families and to late Professor Ambrose Alli, the Governor of Bendel State. Throughout his tenure of office, he recorded 48,804 dead bodies from 164,369 accidents which left 128,449 injured with pathetic deformities.

In a special broadcast to mark the launching of the disabled decade in Lagos, *(Daily Times*, March 17, 1984), General Mohamodu Buhari (rtd.), the Head of State at the time, promised to introduce legislation to curb incidents of road accidents. Another rhetorics. The promise ended with the broadcast. In that year, 1984, the country buried 8,830 of its citizens who died from 28,892 road accidents while 23,861 persons languished in our hospitals, medical homes and private domains with pathetic deformities and melancholic memories.

However, it was suspectingly the realisation by Gen. Ibrahim Badamosi Babangida's (rtd.) administration that prompted the premature birth of FRSC in 1988. Abudu tragedy on Benin-Asaba Roadway one of highway safety history's aberrations in Nigeria; it raised issues far deeper than the accident. It stirred passions more pathetic and unleashed forces far larger than those before it. And more than anything else, Abudu episode helped to unravel the long-searched epicenter of road accidents reduction delay strategy in Nigeria.

During the interim transition regime of Chief Ernest Shonekan in 1993, there was too much politicking. That inertia robbed his regime of 9,707 deaths, 24,379 injured persons and an estimated 5 billion naira property damage and post-accidental expenses arising from 21,610 accidents. Then came General Sanni Abacha. From the outset, he left no one in doubt about his "Rescue Mission". Under him, Road Safety became a school-age-candidate. But owing to lack of funds, complicated by economic recession, Road Safety suffered from more complications which resulted into a disease that I diagnosed as "Safetyneglicitis."

The road traffic accident situation in Nigeria continues to deteriorate each day and human suffering and economic losses continue to plague the nation with no immunity to political divisions, race, profession, social or economic class, religion or creed. These traffic problems are more tragic and serious than the police accident figures tend to indicate.

TABLE 3: ROAD ACCIDENTS TRAGEDY VERSUS THE GOVERNMENTS IN POWER FROM 1955 - 1997

Year	Head of government	Total	Killed	Number injured
1994 - 1997	Abacha	68,636	27,067	61,955
1993 - 1993	Shonekan	21,610	9,707	24,379
1986 - 1992	Babangida	144,085	52,779	134,760
1984 - 1985	Buhari	57,868	18,051	57,714
1980 - 1983	Shagari	135,118	40,782	107,226
1976 - 1979	Murtala/Obasanjo	141,614	32,035	108,235
1966 - 1975	Ironsi/Gowon	196,247	34,656	142,131
1960 - 1965	Balewa	99,076	9,193	63,547
1955 - 1959	Pre Independence	46,533	3,562	26,184
	Grand Total 1955-97	**964,392**	**232,305**	**730,262**

Source: *38 years of Nigeria's highway safety mess - The Guardian, April 13, 1998*

The present "scissors and paste" counter measures as epitomised by Federal Road Safety Commission (FRSC's) 14-year performance cannot be allowed to continue. To counteract this fatality record, modern Education System should provide classes on Road Safety for today's drivers and for the youth to acquaint them with the many qualities of expert driving. The Road Safety Programme does more than teaching how to drive safely, it implants the correct attitudes and knowledge that means the difference between driving safely and driving recklessly.

MY SOLO EFFORTS

On my arrival in Nigeria (1977), I started my efforts to create awareness and to educate road users. I started with a Long Distance Teaching Programme at the Ahmadu Bello University, Zaria with Radio Kaduna to run a weekly programme- SAFE JOURNEY; in three main languages of Nigeria-Yoruba, Igbo and Hausa.

A course titled-Road Safety Education was introduced amongst all other courses. I started working on a Monograph on Road Safety in 1978. With the full support of the then Vice-Chancellor- Prof. Iya Abubakar, Road Safety Corps were formed on the Campus and at Samaru.

My book titled *Handbook of Road Safety* was published in 1987 by John West Publishers, Lagos. Federal Road Safety Commission was established in 1988. Late Professor Dotun Adepegba- Faculty of Engineering, Department of Civil Engineering, University of Lagos- who reviewed and wrote a Foreword to my book remarked

> *"This book will strengthen the crusade for the reduction of death, disabilities ..... The book has gone further than many books I have read on road safety. It introduces the readers to the accessories of the automobile and provides the interesting history of the automobile transportation."*

May his gentle soul continue to rest in perfect peace.

During the "House Warming" Seminar by Federal Road Safety Commission held at the National Arts Theatre, Iganmu, Lagos in 1988 under the Chairmanship of Nobel Laurete (Professor) Wole Soyinka, and the directorship of Dr. Olu Agunloye, an astute administrator, now the Hon. Minister of State in charge of Navy, my paper titled **"The 3E's of Road Safety"** was accepted. The 3E's mean EDUCATION, ENGINEERING, ENFORCEMENT. What we are doing in this country is ENFORCEMENT, very little of ENGINEERING and no EDUCATION at all.

I had another opportunity, with the full sponsorship of FRSC; this time as a Consultant, during **Abuja International Conference on Road Safety** organised by Federal Road Safety Commission (October 26 - 29, 1992). Participants came from all over the world. My paper titled, ***"Road Accident Immunity Delution Syndrome,"*** was discussed and accepted to be implemented in Nigeria.

Again in 1995, the IRF Regional Conference: **African Highways - The Road Ahead,** held at Irene, South Africa (October 21 - 27). My paper titled **"Implications and Applications of Traffic Law Enforcement in Nigeria"** was accepted and presented. The paper stressed that EDUCATION has a better deterrent on drivers than ENFORCEMENT.

My book titled *"Rudiments of Road Traffic Safety"* published in 2001, stresses Driver Education, Training, City and Highway driving techniques, automobile parts and maintenance and the basics of two-wheeled transportation, Professor O. O. Akindele, Faculty of Engineering - Department of Mechanical Engineering, who reviewed the book and wrote a Foreword remarks -

> *"After reading the book, one would find it diffficult to believe that the author is not an Engineer .... It also illustrates and demonstrates the need for Road Safety and strengthened the crusade for reduction in road accidents, the cause of untimely death..."*

One of the courses that I have been teaching in this University is "Road Safety Education." From 1985 to date, over 6,000 students have benefited from this "lowly" efforts. The question the students continue to ask me is: "Did the Government know that you are here, Sir?" My regular answer has been YES and NO.

RECOMMENDATIONS

The school provides an opportunity for imparting desirable habits early in life. Health Education should be taught in primary and secondary schools as a separate subject or an integrated component of Biology. The Curriculum should aim at preventing common ailments, the promotion of marital and social health; nutrition, drug education, communicable diseases, and safety education.

The wealth of a country depends on the quality of her labour force. Nigeria though an agricultural country, is becoming industrialised. There is the tendency for increased occupational related diseases and hazards

most of which are preventable through Health and Safety Education. Employers should be involved in promoting and protecting the health and life of their workers.

Government and stakeholders must support the training and re-training of adequate number of professional health educators. Each Local Governments must have, at least 3 professional health educators. There must be adequate number at the Federal and State Government levels.

Organisational structure must be put in place for the integration and co-ordination of Health Education activities vertically and horizontally among the 3-tiers of government. Effective collaboration with NGOs, International agencies and professional groups should be pursued for the advancement and enhancement of Health Education.

The roles and functions of Health Education cut across all components of the health sectors (curative, preventive, rehabilitative and promotive). To enhance the performance of these roles and functions, the position of Health Education in the organisation hierarchy should have a Director who should have direct access to the Permanent Secretary of the Ministry where it is located (Ministry of Health or Ministry of Education).

In recent years, motorcyclists, popularly referred to as **"OKADA"**, have become new factor in the traffic pattern and road accidents. It has been estimated that nearly 75% of all fatal accidents are as a result of head injuries. Motorcycles must be registered, the riders must be registered and must have a valid licence. Driving licence is not a proof of competence to operate a motorcycle. Riders must be educated (trained). Motorcycling equipment must be enforced. The most important is the use of safety helmets and goggles.

Owing to the growing population, road accidents, fire disasters, search and rescue operations, health care provision under Federal and State medical programmes and other emergencies, Universities should establish **Departments of Health & Safety Education** to train professionals and teachers to correct the man-power wastage. The

harvest is plenty, but workers are few. Safety Education should be a **COMPULSORY** subject from Primary to Tertiary. **SAFETY FIRST.**

Road accidents have become one of the most peace-time problems of modern times. In the history of this mishaps, there had been gradual change in emphasis from accidents in cities and towns to collisions on the highways. The highways are today's most serious traffic Safety problems. Ninety percent of the cases can be traced to the action/s of the driver. The driver must be educated. Policies of licensing authorities should be re-evaluated to include a measure of fitness for drivers or intending drivers, i.e. field of vision, visual acuity, hearing and reflex action.

The Highway Acts, the Federal Road Safety Commission Decrees of 1988, 1992, 1995 and Vision 2010 have further crystallised the need for undergraduate and postgraduate programmes in Road Traffic Safety Education/Administration. It is against this back drop that Road Traffic Safety Education Centres should be established at each of the **SIX GEO-POLITICAL ZONES** in the country. The University of Lagos should be considered for a pilotal study for this scheme. The package is ready. I am ready and very willing to render my professional service.

The Ministry of Works or the Ministry of Transport or the Ministry of Education, individually or jointly, should save this nation from colossal loss of life and property worth billions of naira, annually. It is my passionate appeal to **Mr. President,** *to exercise the presidential fiat of prerogatives if none of these Ministries could take up the scheme.*

BIO-DATA

I was born into the family of the FOLAWIYOs of Olowogbowo Sector at Jagun quarters on Lagos Island. One of the great, great, great, great, great-grand-children of Sheikh Folawiyo Bello who migrated to EKO, not LAGOS, from ILORA, now in Oyo State, in 1861. I attended Tal-mul Islam Ahmadiya school, Elegbata and Christ High School, Lagos. My secondary education was cut short to be trained as a teacher . I received both grade III and II Teachers' Certificate from Ansar-ud-deen Teachers' Training College Ota, Ogun State in 1957 and 1961 and Diploma in Physical Education from Ahmadu Bello University, Zaria in 1965.

I was a great athlete from my Primary School days. I started with the noble art of self-defence (Boxing) under the tutelage of late Hogan Kid Bassey, later to Football, Table Tennis and Athletics- I was a sprinter-Jumper- (100 yds. 220 yds. Long Jump, Triple Jump and Relay)

I was the Sports captain in my College, Deen College, Otta, Sprints champion for Northern Nigeria (1963, '64, '65) and won Makama Bida's 100 yds. Trophy for keeps, in 1965. Sports Captain at Ahmadu Bello University, I was honoured Sports-man- of-the-year in 1964 and '65. I captained Ahmadu Bello University to the first West Africa University Games held at the University of Ibadan in 1965. I represented Nigeria in Athletics (Sprints and Relay) during Dakar Games in 1966. Sports and scouting have been the corner stones of my life.

I proceeded to United States of America for further studies in 1967. I was awarded Track Scholarship by Indiana State University, Terre Haute, Indiana where I obtained B.Sc. Degree in Physical and Health Education in 1969; M.Sc. in Physical, Health and Safety Education in 1970. My excellent and unparalleled academic record was attested to: The University approved of my application to start Post graduate studies before I received the B.Sc. degree.

A letter dated November 27, 1968 from the School of Post graduate Studies is as reproduced below.

INDIANA STATE UNIVERSITY TERRE NAUTE, INDIANA 47809
SCHOOL OF GRADUATE STUDIES

November 27, 1968

Mr. Abdul Fattah Folawiyo
1012 N. 8th St.
Terre Haute, Indiana 47807

Dear Mr. Folawiyo:

Your application for admission to the School of Graduate Studies and your transcripts have been evaluated in this office and by Dean Walter Marks, School of Health, Physical Education and Recreation.

I am pleased to inform you that upon completion of requirements for the bachelor's degree you will be admitted to a master's degree program in Physical Education. Also, approval is being granted for you to enroll in a maximum of three semester hours of graduate credit while you complete your undergraduate program next semester. Please consult with Dean Marks concerning the graduate work you should take.

May I remind you that the Aptitude Tests of the Graduate Record Examinations must be taken prior to enrollment in graduate work or during the first semester in which one is so enrolled.

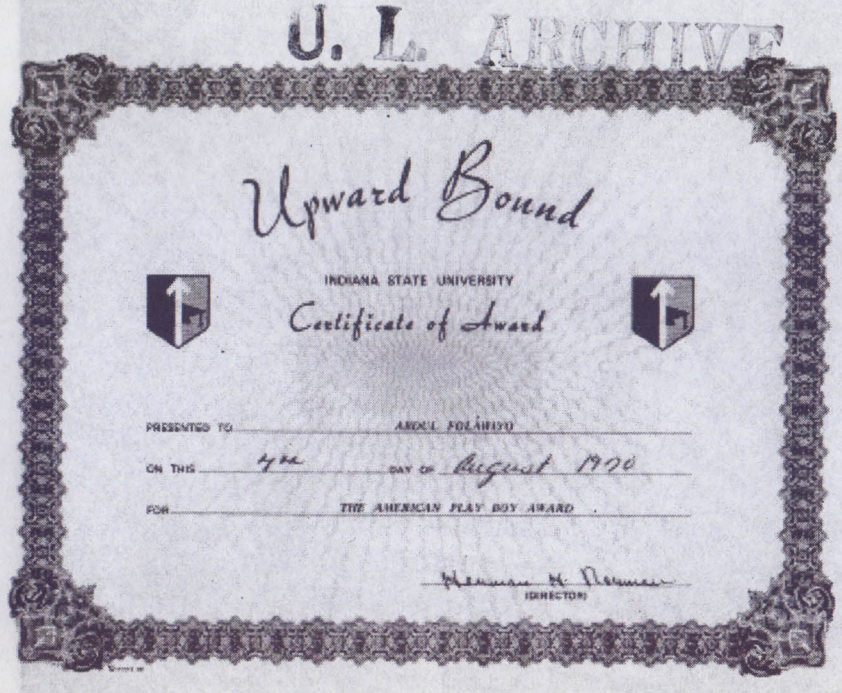
Sincerely yours,

Mary Ann Carroll

Dr. Mary Ann Carroll
Assistant Dean

MAC:mc
cc Dean Marks

I was one of the 18 graduates who received M.Sc. Degree in Health and Safety in 1970. I was given a temporary appointment to teach Driver Education (Road Safety) during summer. You will all agree with me that all these works and studies without relaxation and or recreation could be harmful. I was awarded "The American Play Boy Award" Certificate in August 1970. Time and space would not allow me to let you know the details of this award. It was a matter of peaceful co-existence.


Upward Bound

INDIANA STATE UNIVERSITY

Certificate of Award

PRESENTED TO ABDUL FOLAWIYO

ON THIS 4th DAY OF August 1970

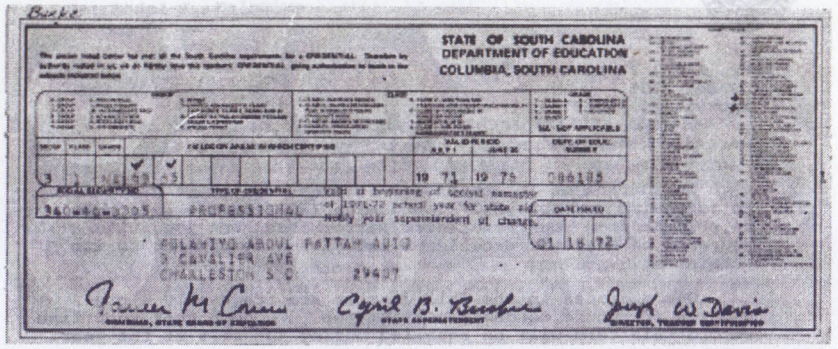
FOR THE AMERICAN PLAY BOY AWARD

DIRECTOR

During the graduation ceremony, I was one of the foreign students invited by President and Mrs. Rankin to Condit House with my host family, Mr. and Mrs. Paul Silliman.

BLUE BERET Kathy Sanders welcomes guests to Condit House for a reception following ISU graduation ceremonies. Arriving for a visit with President and Mrs. Rankin are Mr. and Mrs. Paul Silliman, Terre Haute; Mrs. Elsie Webber, Jamaica, W. I., and Abdul Folawiyo, Nigeria.

I accepted a full time teaching position with Charleston County, District 9 School System in the State of South Carolina, as an instructor in Health and Driver Education (Road Safety). My students' Visa was changed to an Immigrant Visa by the School District in 1971. Between 1970- 72, I attended the citadel, Military School of South Carolina. I received a professional certificate in Education, from the State of South Carolina in 1972.


STATE OF SOUTH CAROLINA
DEPARTMENT OF EDUCATION
COLUMBIA, SOUTH CAROLINA

19 71 19 75

FOLAWIYO ABDUL FATTAH AJIB
9 CAVALIER AVE
CHARLESTON S C 29407

In the summer of 1972, I jettisoned Physical Education for School and Public Health and proceeded to University of Tennesse, Knoxville; as a full time student. Thanks to my late wife, who provided all the logistical supports. I took 18 Credit Hours, the maximum allowed by the University . I took 6 courses of various Credit Hours and had a Cummulative Grade Average of "A". I was awarded Fellowship by the Government of America to do my Doctoral Degree. My tuition was free, I was teaching School Health, Public Health and First Aid. I was paid a very handsome monthly salary.

Mr. Vice-Chancellor, Sir, Ladies and Gentlemen- I went through my studies with dexterity . I finished my studies scheduled for 6 quarters in 3 quarters. I received commendation for every quarter, commending me for my outstanding grades.

THE UNIVERSITY OF TENNESSEE
Office of International Student Affairs
Knoxville, Tennessee 37916
U.S.A.

201 Alumni Hall
Telephone: (615) 974-3177

January 9, 1974

Mr. Abdul F. A. Folawiyo
UT Box 8776
Knoxville, TN 37916

Dear Mr. Folawiyo:

The Office of International Student Affairs is pleased to recognize you for your fine grades fall quarter 1973. It is evident from your scholastic performance that you pride yourself on academic excellence and have a commitment to its attainment.

One's grades in the fall quarter are frequently a prediction of future academic performance. We hope that your fine record this term will be equalled during the rest of the year.

If you are completing your studies this quarter we hope that your education here has equipped you well for the future.

Again, please accept our heartiest congratulations on your fine work. We are delighted to be able to send you this letter of recognition.

Sincerely,

Dixon C. Johnson
Director

DCJ:blh

cc: Undergraduates earning a 3.00 or better on twelve or more credit hours of graded work.

Graduates earning a 3.50 or better on nine or more credit hours of graded work.

THE UNIVERSITY OF TENNESSEE
Office of International Student Affairs
Knoxville, Tennessee 37916
U.S.A.

201 Alumni Hall
Telephone: (615) 974-3177

April 9, 1974

Mr. Abdul F. Folawiyo
UT Box 8776
Knoxville, TN 37916

Dear Mr. Folawiyo:

The Office of International Student Affairs is pleased to be able to commend you for your fine grades winter term 1974. Your grades reveal your commitment to academic excellence and your dedication to this fine objective. It is working with outstanding students such as yourself which makes the work of this office so very enjoyable.

Again congratulations on your fine grades and we hope that in some small way this letter may serve as an incentive for continued excellence whether you are continuing your studies or departing the campus.

Sincerely,

Dixon C. Johnson
Director

DCJ/blh

cc: Undergraduates earning a 3.00 or better on twelve or more credit hours of graded work.

Graduates earning a 3.50 or better on nine or more credit hours of graded work.

THE UNIVERSITY OF TENNESSEE
Office of International Student Affairs
Knoxville, Tennessee 37916
U.S.A.

201 Alumni Hall
Telephone: (615) 974 3177

June 27, 1974

Mr. Abdul Folawiyo
Golf Range Apartments
3700 Sutherland Ave Apt L-12
Knoxville, TN 37919

Dear Mr. Folawiyo:

The Office of International Student Affairs is delighted to have this opportunity to commend you for your outstanding grades for spring term 1974. With the many temptations which spring provides to take one away from studies, your accomplishment is doubly impressive.

Personally I am always happy to recognize students from abroad with high grades, for it further serves to emphasize the very meaningful role which you play in the University of Tennessee.

With this letter I wish to convey my best wishes for success in the future whether you are continuing your education or returning to your homeland.

Sincerely,

Dixon C. Johnson
Director

DCJ:pag

cc: Undergraduates earning a 3.00 or better on twelve or more credit hours of graded work.

Graduates earning a 3.50 or better on nine or more credit hours of graded work.

The Cummulative effects of my academic excellence led to being honoured by Educational Societies in America KAPPA DELTA P1 (June 2nd 1974) and PHI DELTA KAPPA (5th August, 1974). In recognition of my outstanding contribution to education and continuing interpretation of the ideals of research, service and leadership and the translation of these ideals into a programme of action appropriate to the needs of Public Education.

KAPPA DELTA PI

An Honor Society in Education

Incorporated 1911

This is to certify that ABDUL FATTAH FOLAWIYO

was initiated as a member of NU DELTA

Chapter of Kappa Delta Pi on JUNE 2 19 74

and is entitled to all the privileges enjoyed by members of the Society

The purpose of Kappa Delta Pi shall be to encourage high professional, intellectual, and personal standards and to recognize outstanding contributions to education.

Chapter President

President

Chapter Counselor

Executive Secretary

This is to certify that ABDUL FATTAH A. FOLAWIYO *was regularly initiated on the* FIFTH *day of* AUGUST 19 74 *into* UNIVERSITY OF TENNESSEE *Chapter*

Phi Delta Kappa

A professional fraternity in education, the chief purpose of which shall be to promote free public education as an essential to the development and maintenance of a democracy through the continuing interpretation of the ideals of research, service and leadership and the translation of these ideals into a program of action appropriate to the needs of public education.

Lowell C. Rose
EXECUTIVE SECRETARY

Howard M. Bode
PRESIDENT

My Doctoral research study titled " **Health Knowlege, Needs and Attitude Related to the Utilization of Medical Facilities of Five Sea Islands of Charleston County, South Carolina**" was a big challenge and will be my pride for ever. The abstracts was published by Dissertation Abstract International , vol. xxxvi, no. 12, Ann Arbor, Michigan in 1976. The findings and the recommendations led to the funding of Health Care Centers and I was appointed the Director/ Co-ordinator of the Centres. I was stationed at the Esau Jenkins Memorial Health Center, Yonge's Island.

ISU Foreign grad serves as health center director

Indiana Statesman - April 25, 1975

An ISU foreign graduate is serving as director of a health care center off the eastern coast of the United States, according to James Ringer, foreign student adviser.

Abdul Fattah Adio Folawiyo, who received his Bachelor's degree in Physical Health Education here in spring 1969, and completed work on a Master's degree in August of 1970, is currently director of the Esau Jenkins Memoria Health Center, a branch of the Sea Island Comprehensive Health Care Corporation, said Ringer.

The health center is located amidst a group of five islands: Yonges, James, Edisto, Johns and Wadmalaw, located off the coast of South Carolina. The islands are officially part of that state Ringer said.

Folawiyo supervises the work of some 141 employees of the federally-funded health center. The center provides dental, medical pediatric, and social care for local patients. The cost for a visit is adjusted on a sliding scale according to the patient's ability to pay. By maintaining the local clinic, many operational costs are cut, and the normal medical visit might run only $15, as compared with a $25 fee at the main Sea Island center, said Ringer.

The health center, in addition to treating patients, also offers health instruction in such areas as nutrition and proper diet, Ringer said.

Folawiyo is presently pursuing doctoral studies at the University of Tennessee, and according to Ringer, he hopes to return soon to Nigeria to work with his countrymen.

My Alma Mater, Indiana State University sent me a congratulatory letter of excellence for an outstanding achievement; dated November 22, 1974; while Indiana Stateman of April 25, 1975 released a headline news- ISU Foreign grad serves as Health Center Director.

INDIANA STATE UNIVERSITY TERRE HAUTE, INDIANA 47809

STUDENT ADMINISTRATIVE SERVICES (812) 232-6311

November 22, 1974

Mr. A.F.A. Folawiyo
Clinic Coordinator
John's Island Health Center
Route 3, Box 308-A
John's Island, SC 29455

Dear Mr. Folawiyo:

Our Foreign Student Advisor, Dr. James H. Ringer, recently brought me up to date on your activities since you left Indiana State University. I want to take this opportunity to congratulate you on nearing the completion of your doctoral degree; and to commend you on the fine work you are doing with the Sea Island Comprehensive Health Care Corporation and the John's Island Health Center.

It is an honor to count you among the Alumni of Indiana State University. I am sure the other students will gain much from your presence at our International Week this spring, if you are able to attend.

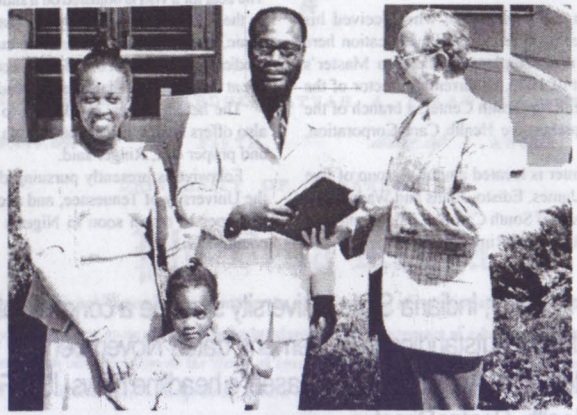
Sincerely,

Wm. R. Osmon, Dean
Student Administrative Services
and Acting Registrar

bja

cc James H. Ringer, Associate Dean
Student Administrative Services
and Foreign Student Advisor

I visited Indiana State University in 1976, this time, with my family, to present a copy of my Dissertation to Cunningham Memorial Library. This was acknowledged via a letter dated August 30, 1976 and signed by the Dean of Library Services.



INDIANA STATE UNIVERSITY TERRE HAUTE, INDIANA 47809

CUNNINGHAM MEMORIAL LIBRARY (812) 232-6311

August 30, 1976

Dr. Abdul Fattah Adio Folawiyo
Department of HPER
Claflin College
Orangeburg, So. Carolina 29115

Dear Dr. Folawiyo:

Thank you for your kindness in presenting your dissertation to the University.

It will be a welcome addition to the library's collection. We will insert a bookplate indicating it as a gift of the author.

We appreciate your interest in the University and in the Cunningham Memorial Library.

Sincerely yours,

Sul H. Lee
Dean of Library Services

SHL:br
cc: Dr. Hardaway

Charleston News of South Carolina highlighted my activities as the director co-ordinator with a publication dated March 20, 1975.

CHARLESTON NEWS MARCH 20, 1975

HEALTH CARE FOR ALL AGES

(Health Center)

People are now beginning to find out that there is a place you can go to receive complete health care no matter what your economic level. The late Essau Jenkins, farmer, lawyer, teacher, politician, business man, and pastor, saw the need for a health centre in our community. It was with the help of Reverend Goodwin, Reverend McKinley Washington, Father Henry Grant, Roseann Nesbit and Mrs. Otis How, that dream as accomplished. Our area is one of five sea islands consisting of Yonges Island, James Island, Edisto Island, Johns Island, and Wadmalaw Island. A health care center has been established in the Churchill area, a branch of the Sea Island Comprehensive Health Care Corporation. It is a well manned, well equipped center for dental care, medical care, a well baby clinic, a primary health assistance and a social work service. It is funded by Health, Education and Welfare Department of our government. It is run by some fifty full time employees and is headed by Abdul Fattah Adio Folawiyo, - (A very well qualified and well educated man).

Abdul Fattah Adio Folawiyo is the director-co-ordinator at the center.

These trained personnel consist of doctors, medics, dentists, registered and practical nurses, social workers and dental assistants. There are very few volunteers. The center is run on an appointment basis. You just call the center and the receptionist will make you an appointment. The center is there for whoever needs it. It offers professional service close to home and without the long trip to town. We know when we are sick there is only one place we feel half way comfortable and that is our own bed. It is comforting to know that you can receive necessary treatment in minutes and be able to get back to your own bed.

The center is open Monday, Thursday and Friday, 8:30 am to 5:00 pm and Tuesday and Wednesday from 8:30 am until 8:30 pm. The center is closed on the week ends but a door is on call. He will advise you on whether you should wait until Monday or seek additional help. The center charges according to the amount of income and number of members in the family. It is fair assumption that if you went to a doctor in town that the charge would be more and it would-not be based on your income. For example an appointment in town may cost $25:00 and would be possibly $15.00 at the center and you would pay only part of that.

The clinic is used by 95 percent black and presently and 5 percent whites at present. It has seen more people than it had anticipated but it isn't over loaded. The center has additional. Land if it ever needs it for expansion. The good thing about it is that the center is there for the people who need it at a price they can afford.

In December 1975, I received Doctor of Education (D.Ed) Degree in School and Public Health, with Collateral in Educational Administration and Supervision from the University of Tennesse, Knoxville. Because of my interest in academics, I was lured back to teaching by Dean A. E. Gore of Claflin College, Orangeburg, South Carolina from 1975- 1977 as an Assistant Professor.

In 1976, I was given DANFORTH ASSOCIATE FELLOW OF AMERICA award . In 1977, I was listed in AMERICA WHO-IS-WHO (in Health and Safety Education). God bless AMERICA.

I was "drafted" back to Nigeria by Prof. Adamu Baikie, the then Dean of Department of Education, Ahmadu Bello University , Zaria and former Vice-Chancellor of University of Benin, to start a Department of Health, Physical Education and Recreation in 1977. I was promoted to the rank of a Senior Lecturer in 1979. I was granted Leave of Absence when I was appointed Director of Sports Lagos State Sports Council.

I was able to change the appelation of " Lagos for Show" to "Eko for Gold". I was a member of the Nigerian football Association Board (NFA) from 1993 to 1996. The achievements of the Board, which was made up of Football Technology during this period is unparalleled in the history of football in Nigeria to date. Thanks to Pepsi Bottling Company for sponsoring our leagues and the establishment of Pepsi Football Academy, the bedrock of our next generation of football players. I was deployed to Lagos State University, Ojo during its formative period from March 1984 to February 1985 as Personal Assistant to Prof. Afolabi Olumide, the 1st Vice-Chancellor of the University.

In 1985 (August), I was re-appointed Senior Lecturer by the Council of this University. Between 1985 and 2001, I wrote six programmes for the Department: (i) B.Sc. Degree in Health Education (1985), (ii) M.Ed. Degree in Health Education in collaboration with the Department of Community Health, College of Medicine, Idi-Araba (1986) (iii) M.Phil. and Ph.D. Programmes (1987), (1985), (iv) A 2-year Diploma of Physical Education (1986), (v) B.Sc. Degree for Professional Health Workers (Sandwich Programme) in 1997, (vi) One-year Diploma (2001) programme is going through the normal process(es) for approval.

Apart from my Teaching and Research activities, I have published fourteen books that are now being used by various Universities and Institutions in Nigeria and Ghana. These books are: *Handbook of Road Safety; Personal Health and Physical Fitness; Safety and Disaster Education; Drug Education for Schools and Colleges ; Health Teaching in School (Principles and*

Methods); First Aid Workbook for Schools; Consumer Health Education; School Health Curriculum; Outline of Sports Injuries. I co-authored a book *Focus On Executive Health* by Diabetic Association of Nigeria. My paper titled "Exercise and Live Longer" chapter six of the publication. Fundmentals of Exercise; joint authorship with Dr. A. A. Adebayo, now an Associate lecturer in the Department of Physical & Health Education, *Drugs of Abuse and Sports Performance, Rudiments of Road Traffic Safety* and *Concept of Leisure and Recreation.* I was listed in *Africa Who is Who in Sports Administration* (1982), National Merit Award of the Sports Writers' Association of Nigeria (in Sports Administration) in 1984; 4th All African Games Special Certificate Award (1987), *Africa Who is Who in Physical, Health Education and Recreation Institutions* (1995), *Who is Who, Ahmadu Bello University (National Alumni Chapter)* in 1997; *Nigeria Who is Who* (1999); Fellow, Nigeria School Health Association (1999); Fellow, International Council of Health, Physical Education, Recreation, Sports and Dance (ICHPER) for Excellent performance year 2000; International Olympic Committee (IOC) Award for Meritorious Service to Sports and Olympic 2001; distinguished Discobolos Lecturer Award Olabisi Onabanjo University (2001); Meritorious Service Award to Sports in Nigeria (2001) named by Football Academy of Ogun State 2001. Currently, I am doing a research on **"Knowledge of HIV/AIDS among Students of Higher Institutions in America and Nigeria"** with Prof. S. O. Osueke, Department of Health and Kinesiology, Texas Southern University, U.S.A.

Scouting, a disciplined organisation, World-Wide taught me obedience, moralism, honesty, endurance, tolerance and hardened determination.

I went into Scouting in 1951. I passed the Tenderfoot Badge Test in 1952. A Rover Scouter in 1957; Scout Master in 1958. Rover Scout Leader 1965 - 1967, I was the Scout Master of Terre Haute, Indiana (U.S.A.) Troop (119) 1968 - 1970; South Carolina (Chaleston Troop) (239) 1970 - 72. State Headquarters Commissioner (SHQ) for Sports, Lagos State from 1987 to 1991. Lagos State Scout Commission in 1991 - 1999. I was

appointed Deputy Chief Commission Youth Development (The Scout Association of Nigeria) in 1999 to date. I received Wood Badge Certificate, the Highest Training Certificate in Scouting in 2001.

ACKNOWLEDGMENTS

Mr. Vice-Chancellor, Sir, Distinguished Ladies and Gentlemen, I want to recognise at this juncture some of the people who have contributed, in no small measure, to making me what I am today. I thank Almighty Allah for giving me good health and granting me this rare opportunity to give the Inaugural Lecture, which traditionally has been characterised as paying a debt.

My foremost thanks go to my late parents, Alhaji Chief Imam Abdul Waheed Adisa Folawiyo and Alhaja Karamot Abeke Folawiyo. They were strong members of Ahmadiyya Muslim Mission of Nigeria. At my early childhood, I was very stubborn, but not stupid. I can recall their struggles, financially and spiritually to educate me. I can recall some occasions when my mother prayed for me in tears, and my father's fervent prayers for me to be the pride of the family. You can all testify to the fact that Allah accepted their prayers and offerings. May their gentle and loving souls rest in Al-Janat. Amen.

One person, I believe Allah used to put me back on "good footing" was late Alfa, Chief Imam Yakub Moshobalaje of Alawo Nla Compound, Ilorin, Kwara State. He taught me the Quranic Studies including Sunat and Sharia. May his gentle soul rest in Al-Janat. Amen.

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The marriage (July, 1972) was blessed with a baby girl, (August 1973) named Afusat Ayoka Tokunbo Folawiyo. She has a Master Degree in Business Administration. She is now Mrs. A. A. Brown. They are resident of Gainsville, Florida, U.S.A.

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I want to seize this opportunity to thank the Council for the opportunity accorded me to be appointed a Professor with all the Rights and Privileges. I thank you too, Mr. Chairman for the provision of some

financial assistance towards defraying part of the cost incurred for this lecture. congregation you on your appointment and wish you a very succeful tenure.

Mr. Chairman, I wish to end this lecture with prayers from the Holy Quran - **"Rabbana waj-al-naa Muslimayni laka wa min-surnyyatinaaa Ummattan Muslimat-al-lak, wa'a rinaa monaasikanaa, Wa tuh alaynaa, innaka antat-Tawaabur-Rahiim. (Quran Chapter 2 V. 128)** Our Lord, make us submissive unto thee and of our seed a Nation Submissive Onto Thee and show us our ways of worship and relent toward us. Lo! Thou only art the Relenting, the Merciful. **Rabbanaa aatina fidduniyan asantaw-wa fil Akhi rati hasannatauw wa qunaa azaaban Naar (Quran 2 V. 201)** Our Lord Give unto us in the world that which is good and in the hereafter that which is good and guard us from the doom of fire." **Subhana Rabbika Rabbil-izzati amma yasifuna wa salamum 'alal mursahria wal hamdu lillahi Rabbil 'alamuna.** Glorified is your Lord, the Lord of Honour and Power. And peace be on the messenger. And all the praise and thanks are to Allah. Lord of the world.

Mr. Vice-Chancellor, Sir, Distinguished audience, Students and the Media, Prints and Electronics, thank you all for your attention, and God blessings.

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