

Full Length Research Paper

Assessing strategies of school health programme as a tool for improving the health status of primary school children in Nigeria

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Abstract

Several studies by experts in medical world, professional health practitioners, specialists in health education and educational management have established the fact that promotion of the health of learners in schools is a critical step towards quality achievement in education. This paper takes a look at assessing strategies of School Health Programme as a tool for improving the health status of primary school pupils. Concept of school health programme, components and purposes of school health programme, factors affecting school health programme were discussed while conclusion was drawn on the various strategies that can improve school health programme. The paper recommended that government, health educators, school administrators, curriculum planners, stake holders and non-governmental organizations should join hands to improve the status of school health programme in Nigeria.

Keywords: Strategies, School Health, Programme, Primary School, Nigeria.

Introduction

Primary school education is the first level of formal and structured education which forms the bedrock of any other educational attainment in life, hence the need to make our schools and its environment healthy in order to promote the health of school pupils. World Health Organization (WHO), (2002) defined a health promoting school as one that is constantly strengthening its capacity as a healthy setting for living, learning and working. Therefore, provision of health services like immunization, school feeding, counselling and social services, sick-bay, school dispensaries and use of first aid boxes are all germane to the smooth running of effective school health programme. These support services will contribute immensely to the high quality of health and quality of education acquired by school pupils. This assertion was corroborated by Idogho in Ibijola (2017) when he submitted that students support services assist in the production of graduates with the attributes of a complete individual.

It is a common knowledge that the health of school children deserves special attention in order to benefit maximally from educational programme. To corroborate this assertion, the World Health Organization's (WHO) definition of health (1948), stated that a pupil must be healthy physically, mentally, socially and emotionally. In

2001, the Federal Ministry of Education in collaboration with WHO took the initial step by conducting a Rapid Assessment of school health system in Nigeria to ascertain the health status of school pupils. The assessment noted that pupils at school are exposed to variety of health hazards, such as physical injuries, infections, unhealthy environment and lack of adequate sanitation facilities in schools and on this premise, concluded that there is need for urgent improvement in school health programme.

The millennium Development Goals (MDGs), The National Empowerment and Developing Strategy (NEEDS), The Global Protocol for Education for All (GPED) and vision 20-20 are all advocating for an educational setting in which the total health of the school child will be of priority. To support these views, the American School Health Association and the United States Department of Health and Human Services, in collaboration with United Nation's children. Children Emergency fund (UNICEF, 2002) also discovered that schools are the ideal place to reach children and youth because children's health and learning are linked. It is a common knowledge that a pupil cannot learn when he/she is sick, or when health concerns interrupt his/her ability to concentrate. This makes school health programme all over the world aim at health promotion, protection, maintenance and conservative.

Nigeria is the most populous country in Africa with over 140 million people out of which over 40% are under 15 years of age with health indicators of high morbidity and mortality rate (National Population Commission, 2006). By safeguarding the health of school pupils, the health of future adults is being ensured. Therefore, there is a need to resuscitate the health programme in Nigeria to boost the health status of school pupils. Lucas and Gilles (2006) asserted that for school children to attain greater height in education and develop strong potentials to achieve their goals in life, school age which is a period when the child is undergoing rapid physical, social and mental development must be well-guided. Therefore, a healthy school environment, adequate nutrition, effective school health services are all required to provide the child with the best opportunity of making appropriate adjustments that are required during this critical period (Ajala, 2003).

This paper considered assessing strategies of school health programme as a tool for improving the health status of primary school children in Nigeria. The aspects of school health programme discovered by Marx, Woole and Northop (1998) which was reviewed by Connecticut State Department of Education (2007) focused school health programme from eight thematic areas which are; school health education, healthful school environment, school health services, school nutrition and meal services, counselling, psychological and social services, health promotion for school personnel, physical education, home, school and community relationship, and how their effective implementation in schools could improve the health status and academic performance of school children.

Health education according to Ajisoge (2002) is the organized teaching procedures directed towards developing understanding, attitudes and practice relating to health and factors affecting health. Health education has been a curricular subject in Nigerian schools for decades, taught at various times as hygiene education, health science, and health education or combined as physical and health education. Park (2007) discovered that, despite its long years as a curricular subject, its effectiveness in influencing knowledge, attitude and behaviour on health has remained a source of concern. Some of the identified limitations to effective delivery of health education in schools were;

- Death of health education teachers
- Lack of appropriate and adequate teaching aids
- Less attention paid to application of skills development as opposed to instructional method of impacting knowledge
- Absence of adequate facilities for teaching and learning of health education)

According to Ajala (2003), despite the challenges stated above, school health education seems to be the most important element of school health programme whose goal is to bring about desirable changes in attitudes and practice of health in school children and their teachers. The instruction could come in form of concentrated, correlated, integrated and incidental teaching which is tailored towards improving the health status of school pupils and improving their academic performance.

Ajayi (2004) asserted that a healthful school environment is that which embraces the health and safety of learners and other members of the school community. By implication, healthful school environment is the promotion of healthful, physical and emotional environment to ensure schools are safe and secure for pupils and staff. It is an essential factor in achieving the overall goals of the School Health Programmes (SHP) because it has implications for all areas of school health. According to centre for disease control and prevention (2002), the physical school environment has a strong influence on children's health because contaminated water supplies can result in diarrhea disease, air pollution can worsen acute respiratory infections and trigger asthma attacks and exposure to lead poisoning and pesticides could cause variety of health effects and even death. Children are more susceptible to the adverse effects of chemical, physical and biological hazards than adults. Moronkola (2003) asserted that children spend much of their day within school environment during their critical developmental stages coupled with their behavioural patterns like placing fingers and other objects in the mouth and not washing hands before eating. They also lack the experience to judge risks associated with their behaviour. Hence, their exposure to various environmental hazards if the school is not well tamed for their safety. Adegun (2000) discovered that the factors that influence the physical environment include the school building and all areas surrounding it including biological or chemical agents, the weather and other forms of pollution that affect learners and staff of the school community such agents include insects, pest and vectors, temperature and humidity, noise and lightning etc. The psychosocial environment includes the interrelated physical, emotional and social conditions that affect the well-being and productivity of learners and staff of the school community. The school environment when maintained at a high standard will safeguard the health of the pupils and staff thereby providing them with practical example of healthy living that would improve their health status and reinforce the theoretical lessons learnt in the classes.

The school health services as an essential component of effective school health programme ensure that the health status of children is improved for them to learn at all times. It is an essential component for achieving Education for All (EFA) and Health for All (HFA) inclusive of children with special needs. Supporting this view, Moronkola (2003) asserted that school health services are preventive and curative services provided for the learners and staff within the school setting. The purpose of school health services is to help children at school to achieve the maximum health possible for them to obtain full benefit from their education. The WHO's Expert Committee on comprehensive school health education and promotion notes that 'to learn effectively, children need good health'. Good health status supports successful learning and successful learning supports good health. School health services are provided by the physicians, dentists, school health nurses, health educators, school teachers and other appropriate personnel to appraise, protect and promote the health of school pupils and members of the

school community. It is a vital aspect of community health which is an economical and powerful means of raising healthy children in the community. It aids the promotion of positive health prevention of diseases, early diagnosis of problems, treatment and follow-up of defects. It awakens health consciousness in children and the provision of healthful environment for pupils will boost their health morale and academic output.

The school nutrition and meal services is an essential component of school health programme which serves as a means of providing access to a variety of nutritious and appealing meals to promote the health and nutritional needs of the pupils and staff. Igbudu and Idehen (2007) posited that the link between nutrition and learning is well documented. Healthy eating patterns are essential for pupils to achieve their full academic potential, full physical and mental growth, lifelong health and wellbeing. Healthy eating is demonstrably linked to reduced risk for mortality and development of many chronic diseases. The school feeding service is recognized as a strong means of improving enrolment, attendance, retention, completion and learning achievement among pupils. To assist with the realization of Universal Basic Education (UBE), attainment of Millennium Development Goals (MDGs) and to show government commitment to this cause in Nigeria, nutrition service must be improved. Research had shown that a well fed child will be well formed with vigor, energy, and good eye sight, sparkling eyes, clear skin, hair in good condition with strong bones and teeth, well-formed muscles which make the pupils mentally alert, less tardy to school, improve their participation and contribution to class work.

Poor nutrition has also been recognized as an underlying cause for poor living, attendance, retention and achievement in education and health among children of school age. To support this assertion, the Home-Grown School Feeding and Health Programme (HGSFHP) was launched in September 2005 by the President, Federal Republic of Nigeria. The aim was to provide learners with a daily supplement of adequate meal that will improve their health and nutritional status for effective and sound learning achievements. Adegun, Ajayi, Vincent and Alebiosu (2013) asserted that a nutrition service programme includes well prepared staffs who efficiently serve appealing choices of nutritious meals, a sequential programme of nutrition instruction that is integrated within the comprehensive school health programme curriculum and coordinated with the food service programme and a school environment that encourages pupils to make healthy food choices. Poor food handling and storage often lead to the presence of intestinal parasites in school children with serious implication for absorption and utilization of nutrients leading to poor growth and development. Owasafe (2008) stressed that food-borne disease prevention should be a priority of school food services. Most food-borne diseases are preventable with proper food preparation, handling and education. Specific measures to make food and water safe such as healthy food choices and washing hands before eating should be stressed.

Lucas & Gilles (2006) defined counselling, psychological and social services as the activities that

focus on cognitive, emotional, behavioural and social needs of individuals, groups and families. On this note, Counselling, psychological and social services is seen as an integral aspect of comprehensive school health programme meant to improve pupil's mental, emotional and social wellbeing. Health assessments, interventions and referral are often made for school pupils to ensure healthy living and wellness and also help to develop a feeling of responsibility in pupils and parents, for the correction of health defects and improved scholastic performance. It is designed to prevent and address problems, facilitate positive learning and healthy behaviour and enhance healthy growth and development of school pupils. Murray, Hollis and Davis (2007) asserted that counselling includes organizational assessment and consultation skills of counsellors, psychologists, health educators and social workers who are the professionals involved in counselling. The objective is to interpret the significance of health appraisals, diagnostic examinations, special services and analysis of behavioural problems to parents and encourage them to obtain needed treatments for their wards to boost their health status and scholastic achievements. Counselling, psychological and social service contributes meaningfully to the health of the school pupils, their staff and the school environment. It helps children to develop sound health attitudes. Parents and students are motivated to alter their behaviour in accordance with acceptable health standards. Okafor (2001) asserted that a parent who is in despair over her child's aggressiveness, cruelty, delinquency or nervous manifestations will be referred to the school doctor for counselling. The cause of the behaviour will be ascertained and necessary assistance will be rendered.

Murray and Davis (2007) viewed health promotion for school staff as opportunities to improve health status through activities as health assessment, health education and health related fitness activities. The school personnel include workers within the school community such as teachers, the gardeners, clerks, cooks, cleaners, and all paramedical workers. Studies have shown that during school hours, there is continuous and close contact between staff and children which could influence the emotional health of learners and the emotional climate of the school community. Fabiyi (2005) discovered promoting the health of the school staff should include; improving their conditions of service, regular payment of salaries, and allowance, timely payment of retirement benefits, opportunities for refresher courses and good relationship between school personnel and their employers. All could have significant effect on the total well-being, productivity, health knowledge, attitudes, habits and practices of the school personnel and their academic output

Health promotion for school staff which is the sixth component of comprehensive school health programme is designed to maintain and improve the health status and well-being of school staff who serve as role models for the school pupils/students. Fabiyi (2005) posited that it is highly essential that the total welfare of the school personnel must be ensured for the prevention and control of communicable diseases and improve the emotional climate of the school personnel. It also

encourages school staff to pursue a healthy lifestyle that contributes to their improved health status, better morale and increased staff productivity. Good health promotions for staff decreases absenteeism, reduce health insurance cost and help them demonstrate responsible classroom management. Park (2007) discovered that Health promotion for school personnel encourages members of staff to pursue a healthy lifestyle that contributes to their improved health status, improve morale and a greater commitment to the school's overall coordinated health programme. All these will help to boost the health status of school pupils and their academic output.

Physical education is the seventh thematic area of comprehensive school health programme which is a planned, sequential instruction that promotes lifelong physical activities designed to develop basic movement skills, sport skills and physical fitness as well as enhance mental, social and emotional abilities of school pupils and staff. (Ladani, 2001) Physical education was defined by Ajayi-Vincent (2008), as an integral aspect of the total educational process using well selected, organized and well defined physical activities such as games, play, gymnastics, calisthenics and dance in pursuing and achieving educational goals. He further explained that physical education makes pupils feel good, active, and ready to learn. It improves boredom, and lethargy thereby ensuring good physical outlook and improved brain learning functions. The outcome of which is physically healthy pupils who have knowledge, skills and confidence to enjoy a life time of healthful physical activity and academic excellence. A Surgeon General's report (2002) stated that regular activity can enhance the immune system. Lack of regular exercise has been linked to diseases, mental health problems such as mood disorders and lower energy levels. Ajisoge (2002) corroborated this view when he submitted that a well-designed physical education curriculum will improve the health efficiency, physical appearance of school pupils thereby improving their health status, mental capacity and academic output. Ladani (2001) further corroborated this assertion when he concluded that physical education and activity are mysterious and compelling phenomenon with many profound positive effects on health status, as well as extending lifespan and enhances academics quality. Consequently, the Nation Association for sport and Physical Education (2005) noted that children should be engaged in minutes of appropriate physical activity on all or most days of the week. He discovered that despite the wealth of knowledge concerning the benefits of teaching physical education and physical activities in schools, only few schools provide daily physical activities for pupils. For school children who are curious, restless and adventurous, the school must be ready to inculcate fitness activities in their curriculum.

Home-School and Community relationship is the eighth component of the comprehensive school health programme. It is significant in school health programme because the first educators of the child (is) are the parent(s) who sharpen the child's habits from infancy until the child is ready for school. The health of a child and his wellbeing is affected by the environment, the parents' socio-economic background, parents' level of

health knowledge, attitude and practices, the availability of health facilities and services in the community where he lives. On this premise, Udoh (2000) affirmed that the home can contribute to the child's health and wellbeing through regular visit of parents to schools. This will enable parents to keep up-to-date information and practices of health towards the child's survival and academic achievements. Schools operate within communities which comprise of individuals, groups and institutions. Learners and staff in schools come from homes located in the communities. Therefore, teachers, community leaders, religious and social institutions, voluntary agencies, health workers, social workers, health educators, parents and school children should all be involved in promoting school, home and community relationship through collaborative efforts that will enhance the health status of school pupils and staff. McKenzie and Richmond (2001) discovered that school learners are from different backgrounds, rural, urban, rich, poor, Christian, Muslim, traditional religion worshippers, literate, illiterate, different ethnic groups, low, middle and high socio-economic backgrounds, monogamous, polygamous and extended families, small and large family sizes living in temporary or permanent houses, single parents and mothers leading the family. All the above and others not mentioned have great implications on learners' current health knowledge, attitude and practices and consequently on the health status of the school pupils. Okafor (2001) asserted that in Nigeria, the interrelationship of the home, school and community affects the health of the school children as many of the health challenges mirror those of the home and communities of the children. Hence the need for the home/ school and community to collaborate to promote desirable health knowledge, attitude and practices among school children. The national and international communities which are health based also show interest in the development and improvement of school health programme through community involvement and participation.

Factors Affecting School Health Programme

The importance of School Health Programme to the well-being of school pupils and staff cannot be overemphasized, yet there are many problems militating against the existence and successful implementation of this programme in Nigeria. Fabiyi (2005) attributed these factors to causes traceable to government such as poor staffing in schools leading to shortage of staff to handle health education courses. The needed physical and health education staff to steer up the interest of pupils in physical activities and bring out talents in athletics from school pupils are not enough. Abinbade (2009) asserted that inadequate incentives to teachers, irregular payment of salaries, treating teachers as second class citizens among other civil servants all contributed to problems of successful implementation of school health programme in Nigeria.

Lack of provision of mid-day meals for school pupils, which is the go-between meals to sustain and boost the nutritional status of school pupils, prevent malnutrition and low retention in pupils. There is inadequate health appraisal for school pupils in form of school health

services, inadequate health inspection of schools by health inspectors and inadequate health care providers in schools to combat communicable and non-communicable diseases among school pupils. Allensworth & Wilford (2000) corroborating this view asserted that other problem of school health programme include weak inspectorate, lack of quality supervision of schools from State Ministry of Education, Universal Basic Education Board (UBEB), Area Education Officers, Health Visitors and Health teams from Ministry of Health thereby leaving school health programme into the level of school personnel who are not as vast in health issues. Lack of adequate funding from government or diversion of funds meant for schools to other areas are all factors militating against effective school health programme. Lack of community ownership, ineffective school, home and community relationship whereby schools' responsibilities are all arrogated to government by the communities. All these have contributed to the unwholesome condition of school health programme in Nigeria.

Consequent upon the above, it is evident that adequate and effective school health programme will lead to improvement on the quality of education acquired by the pupils. By implication, When this is achieved, there would be minimal hazards of school attendance; adequate mid-day meals that will meet the nutritional requirements for adequate growth and development of pupils; involvement and participation of parents and school community in school activities will boost community ownership; pupils would be able to attend school under safe conditions, emergency care would be put in place; and adequate precautions against the spread of communicable and non-communicable diseases would be effected. It is on this note that the researchers concluded that, adequate and effective school health programme has the potentials for developing proper attitudes, habits and imparting scientific information to pupils, staff and the parents.

Conclusion and Recommendation

From the foregoing, it is evident that if all the eight thematic areas of School Health Programme are well put in place, this would adequately improve school health programme, and consequently the quality of education offered by the school system. Adequate and well-balanced nutrition and effective mid-day meal services in schools could positively influence the health status of school pupils and ensure healthy pupils. On this premise, the level of practice of School Health Programme needs to be overhauled in Nigeria to improve pupils'/students' health status and health related behaviours. Based on this, it is recommended that:

- Government, health educators, school administrators, curriculum planners, parents, stake-holders, non-government organizations and international organizations should join hands to improve the standard of school health programme in Nigeria.
- Government should formulate policies, strategies and plans of action to launch and

sustain School Health Programme as part of comprehensive national health system in collaboration with other sectors. It might be necessary to exercise political will to mobilize the country's resources and to use available external resources, rationally for the improvement of school health programme in Nigeria.

- Government should improve the learning conditions and standard of education in public primary schools to encourage well-to-do parents to send their children to public schools.
- Government in collaboration with the state ministry of health and education should ensure effective training of food vendors. Regular health assessment of the food vendors should be done to ensure they are free from communicable diseases like tuberculosis, typhoid fever and HIV/AIDS.
- School administrators, health educators, federal and state ministry of health, federal and state ministry of education and curriculum planners should collaborate to design educative programme that will address current health issues to benefit school pupils and staff.
- Regular payment of salaries and allowances, in-service training and exposure to seminars and workshops relevant to teaching line should be given to teachers to encourage new innovations in teaching techniques, improve their knowledge on their subject matter and boost their morale.
- Provision of well-equipped First Aid Boxes in all primary schools for effective treatment of minor ailments should be done either through government efforts or contribution from Parent's Teachers Association and concerned state holders.
- Adequate provision of portable water, good toilet facilities, safe and aesthetic school environment free from pollutions and pests for the use of pupils and staff should be the priority of government for all primary schools in Nigeria.

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