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The Nigerian School Health Journal (NSHJ) has remained a reference material for researchers, teachers, workers and policy makers in the areas of health, education and other allied health professions.

Good Health is required for coping with the demands of life and to successfully with oneself and others. Health status may be influenced by genetic traits, living environment, especially during childhood, as well as one's consumption as well as lifestyle. Information about population related issues are needed both at schools and at community level for citizens and government to know how to cope with the population related challenges in developing countries like Nigeria.

Thus, the content of this edition of the NSHJ is focused on diverse issues in the areas of population education. There is need for everyone to learn, think critically and creatively work to keep Nigeria population at manageable figure and maintain a healthy population with its dynamic composition. It is hoped that the articles in this edition will be put to use by all stakeholders.

All contributors as well as assessors of this and past editions of NSHJ are appreciated, without their zeal and unusual support our yearly publication of the journal will not have been possible without a break. Finally, we commend this journal to all.

Editor-in-Chief

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ASSESSING STRATEGIES OF SCHOOL HEALTH PROGRAMME
AS A TOOL FOR QUALITY PRIMARY HEALTH CARE GOALS IN
SECONDARY SCHOOLS IN FEDERAL CAPITAL TERRITORY
ABUJA

By

Onwuama, Mercy & Obioha, Carol
Dept Of Human Kinetics & Health Education,
University Of Lagos,
Lagos Nigeria

Abstract
Providing basic health care at affordable cost to the people is the objective of Primary Health Care (PHC) services in Nigeria. School Health Programme adopt three dimensions, Healthful School Living, School Health Instruction and School Health Services to empower students to develop positive health behaviours. This study examined the application of School Health Programme in achieving Primary Health Care goals. Descriptive survey research method was used and 137 participants selected through simple random sampling were used for the study. The research instrument used were questionnaire ($r = 0.88$) and focus group discussion. Variables of study include: strategies for implementing School Health Instruction; School health services; Healthy School Living and School Health Services. Data analysis was done using percentage and frequency counts. 92(67%) of the study participant confirmed that Health instruction is provided through other subjects such as correlated method. Availability of School Health Services as Clinics was confirmed by 113 (82%) with referrals to hospitals 79(57.7%). Physical Education implementation confirmed by 46(33.5%) with inter-collegiate competitions 57(41.6%) while School Feeding was confirmed 64(46.7%). School Health Programme if properly implemented would provide knowledge to pupils, educate target group on positive health practices, promote healthy school living, sport participation and performance.

Introduction

The philosophy of the new basic education curriculum in Nigeria states that: the learner who has gone through 9 years of basic education should have acquired appropriate levels of literacy, life – long skills, as well as, moral and civic values needed for laying a solid, foundation for life – long learning; as a basis for scientific and reflective thinking (NERDC, 2008). The new curriculum, among others will provide the basis for: Acquisition of scientific and technological skills; re-orientation of values,

civic and moral responsibilities as well as family living skills; acquisition of skills for poverty eradication and laying of the foundation for acquisition and application of Information Communication and Technology skills (ICT).

Allensworth and Wolford (1988) observed that the school as a social structure provides an educational setting in which the total health of the child is of priority concern. However, the demands call for constructive approaches and interventions to teaching if we are to achieve the Millennium Development Goals, (MDGs), the National Economic Empowerment and Development Strategy (NEEDS), the National Economic for Education for All (EFA) and vision 20 – 2020.

Nigeria, the most populous country in Africa with over 140 million people out of which over 44% are under age 15 with health indicators of high morbidity and mortality rate. (NPC,2006) deserve functional School Health Education Programme. An effective School Health Education Programme is a potent avenue to promote the Health of a nation's citizens. It provides health information that influences behavior change and life – long positive health practices.

Udoh(1986) described School Health Programme as the section of the educational process, primarily concerned with providing necessary experiences and services which play a key role in the maintenance and improvement of the health of both pupils and school personal.

Adegbenro, (2001) asserted that Health Education as a discipline has three basic components, which are directly relevant to the operation of Primary Health Care (PHC), they include: community based health education, clinic based health education and School / institution based health education. Fabiyi (2001) observed that the school health programme all over the world aims at health promotion, protection, maintenance and conservation associated with health. While, Adegbenro opined that Health Education is the only vehicle through which the principle and objective of Primary Health Care can be achieved. Olinwa(2008) observed that unfortunately the most essential aspect of School Health Education programme which targets children and young people such as adequate diet and physical activities has been neglected over a long time, thereby making it difficult to attain healthy living for the citizens.

The purpose of this study therefore is to examine the implementation strategies employed by secondary schools for the provision of health instruction, school health services and healthful school living which are the basic components of School health Education Programme.

Research Questions:

- The study provided answers for the following research questions.
1. Will strategies for health instruction influence Primary Health Care goal in secondary schools Nigeria?
 2. Will the Strategies of school food services influence Primary Health Care goal in secondary schools Nigeria?
 3. Will strategies of healthful school living influence Primary Health Care goal in secondary schools Nigeria?
 4. Will the strategies of school health services influence Primary Health Care goal in secondary schools in Nigeria?

Theoretical framework for School Health Programme and Primary Health Care (PHC)

The study drew inferences from the following theories and conceptual frameworks.

(1) The Wheel of Comprehensive Health Education by William Kane in 1993. (Anspaugh and Ezell (2001). Kane illustrated the wheel of comprehensive health education with the student as the focus of quality health promotion in: the classroom, school, home (family) and community. He posited that the spokes represents the ingredients that enables the students to assimilate healthful behaviors through support from the school, community and home. The concept of the wheel recognizes that the family and community plays important role in student's learning and provide opportunities to practices and reinforce health lifestyles.

(2) Proposed Healthy People Framework Vision of 2010: Healthy People in Healthy Community by Office of Disease Prevention and Healthy Promotion, Washington D.C. Anspaugh and Ezell (2001) explained that the Healthy People Vision of 2010 focused on improving the quality of life for all citizens of United States. Many of the objectives either related directly to or had implications for comprehensive school health education. The objectives continued to emphasize the importance of components of school health.

(3) The Coordinated School Health Programme by Marx, Wooley and Northop (1998). identified the components of the coordinated school health programme as: healthy school environment, school health instruction, school health services, school physical education, school nutrition and food services, school-based counseling, school-site health promotion and school, family and community health promotion partnerships.

strengthening national capacities and creating networks for the development of health promoting schools.

Descriptive survey research design was adopted for the study. Respondents were selected through simple random sampling from each of the (10) schools in the 3 Area Councils in FCT Abuja. Kuja and Abuja Municipal to constitute 140 study participants; only 137 students completed the process of the study. However, only 137 participants (23.4%) from private schools in Abuja while 41 (29.9%) are from public school, 22.6% of the participants are from co-educational institution, 5.1% of the respondents are from only school while 26 participants (19.01%) attend secondary schools.

Data collection was done with a researcher's developed, data and validated questionnaire comprising sections A and B (questionnaire items) on a 3-point Likert Attitudinal Scale of Always, Sometimes, Not at all, with a Cronbach Alpha reliability (Rd=0.88). Focus group discussions were conducted to implement school health Education strategies applied to secondary schools. 140 questionnaires were distributed to the schools and 137 copies (97.8%) were retrieved after two days with the aid of two trained research assistants. Check list survey to identify areas such as: curriculum content of Physical & Health Education, and focus group discussion. Variables include: School health services; School health services; Healthful school living and School health services. The focus group discussion was based on the questionnaire items and used to authenticate responses and observations from participants.

Data Analysis and Results

Data analysis utilized descriptive statistics of frequency counts and percentages to analyse data from the questionnaire items.

Section A: (Demographic data)

The data revealed that out of the 137 respondents 48 (35%) were male while there 89 (65%) were female. While the participant distribution was;

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 Table 1: Type of School of Respondents and Gender Distribution.

Response	Number	Percent
Private	32	23.4
Public	41	29.9
Co-Educational	31	22.5
Male Only	7	5.1
Female Only	26	19
Total	137	100%

Table 1 shows that 32 (23.4%) participants are from private schools in Abuja while 41 (29.9%) are from public schools. Also, 31 (22.6%) respondents are from co-educational institutions. 7 (5.1%) participants attend male only school while 26 (19.01%) participants attend female only schools.

Research Question 1
 Will strategies for health instruction influence Primary Health Care goal in secondary schools?

Table 2: Health Instruction Influence on PHC Goal

S/N	Variable	Not At All	Sometimes	Always
1	Is Health education in the school curriculum for primary and secondary schools?	4(2.9%)	40(33%)	87(63.5%)
2	Is Health education taught as a subject in schools?	20(14.8%)	25(18.2%)	92(67.2%)
3	Is Health taught through other subjects in the schools?	7(5.1%)	68(49.6%)	62(45.3%)
4	Is Health related knowledge taught to all classes?	11(8%)	42(30.7%)	84(61.3%)
5	Health instruction is taught to students for future healthy life	3(2.2%)	32(23.4%)	102(74.4%)
6	Students participate in health related activities / programs organized within or outside the school	8(5.8%)	67(48.9%)	62(45.3%)
7	Health instruction is taught to student on specific health risk issues	3(2.2%)	57(41.6%)	77(56.2%)
	Total	56	337	566

to the questionnaire items on the table above revealed that the curriculum of primary and secondary schools, and health education agreed that it is always on the curriculum. Also health education subject as a subject was sometimes 25 (18.2%), while 92 (67.2%) said

Research Question 2
Will Strategies of School Food Services influence PHC Goal?

Variable	Not At All	Sometimes	Always
1. Are students provided with food service programme of at least one major balanced diet per day?	46(33.6%)	27(19.7%)	64(46.7%)
2. Are food vendor subjected to medical examination to avoid transmission of communicable diseases	39(28.5%)	42(30.7%)	59(40.1%)
3. How often does the food committee members supervise the cooking and presentation of the food to ensure good hygiene and avoid contamination of the food?	15(10.9%)	50(36.5%)	72(52.6%)
Total	100	119	191

students are provided with food service programme of at least one major balanced diet per day 46(33.6%) not at all, 27(19.7%) sometimes while 64(46.7%) said always. When asked if the food vendors are subjected to medical examination to avoid transmission of communicable diseases 39(28.5%) of respondents not at all, 42(30.7%) sometimes while 55(40.1%) always. How often do food committee members supervise the looking and presentation of the food to ensure good hygiene and avoid contamination of the food 15(10.9%) said not at all, 50(36.5%) sometimes, 72(52.6%) always.

Research Question 3
Will strategies of healthy school living influence primary health care goal in secondary schools?

Findings

The findings corroborated Kolbe (1988) that, opined that the findings of school health programme nationwide could be one of the strategies that a nation might use to prevent major health problems. Also, Bernard (1999) who summarized that school health programme is more likely to come from children who were exposed to school health programme. Gingliss (1993), schools should encourage teacher experimentation and enhance the willingness of teachers to try new methods and programmes. However, Olumba (1990) has noted that the planning of school health programme in and for schools is inadequate and inefficient because of two broad

reasons, result of responses on implementation of School health programme revealed that School health services was available in schools visited by 113 (82%) for minor ailments and referrals to general practitioners 79(57.7%). The findings agree with the observations of Ravel and Seymour (1997) asserted that the health of children has always been and will continue to be a major concern of schools at all educational levels and providing for their welfare is a responsibility schools share with both the home and the community. Kolbe (1987) stated that the comprehensive school health programme is designed to enable children and youths to enhance their health and to develop their fullest potentials by achieving good health as a result of acquiring education. Nakajima (1992) agreed that school health programme reinforces community health and education programme.

Responses from the Strategies for healthful school living revealed; Physical Education was taught confirmed 46(33.5%), Physical activities was confirmed 39(28.4%), exposure to inter collegiate sport competition was confirmed 96(70%), waste disposal 109(79.5%), temperature, noise and light control 67(48.9%). A well articulated Healthful school living produces a sound mind in a sound body "mens sana in corpore sano" (Ikulayo, 2003).

Also, Phillips (2007) observed the efforts made to promote healthful school living through intramural sports a, intercollegiate physical competitions under the auspices of the Nigerian School Sports Federation(NSSF). Phillips argued that excellent talent hunt and identification of State Athletes is the Benefit of School based Physical activities.

It was observed that school feeding service is available 64(46.7%). The finding corroborated that of Ransome-Kuti, Sorungbe, Oyegbati, (1990) who observed that the components of Primary Health Care (PHC), which forms the area of operation of the system to include: health education, supply of safe water and basic sanitation, food and nutrition,

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prevention and control of epidemic diseases, maternal, child health care and family planning, immunization against infectious diseases, appropriate treatment of common diseases and injuries and provision of essential drugs. Based on its components, the primary health care services can be offered at various locations where large number of persons congregate in the work environment.

This finding was supported by Allensworth (1987) who observed that a strategy of school health services would significantly influence primary health care goal in secondary schools. This finding also, agree with Allensworth, Lawson, Wyche and Nicholson (1997), that asserted that a school health coordinator and a coordinating council are integral part of the infrastructure needed to support a coordinated school health programme. These scholars agreed that to assure effective school health programme there is need for staff involvement and development of health strategies for implementation. According to Gingiss (1993), schools should encourage teacher experimentation and enhance the willingness of teachers to try new methods and programmes.

Conclusion

This study concluded that positive health behaviours and outcome will come from children empowered through exposure to a well planned and implemented School Health Programme and given opportunities to play meaningful roles within the schools. Healthy youth grow into healthy adults.

Recommendations

Based on the findings of this study the following recommendations are adduced:

- (1) School principals should advocate for the return of Health Education as a specific separate subject in all schools.
- (2) In service training and exposure should be given to teachers to encourage innovations in teaching techniques.
- (3) Current relevant health issues should be addressed to benefit young persons.
- (4) Physical activities that will encourage sports participation and good health in young person to encourage the: "Catch them Young" Concept to thrive.

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