

NIGERIAN JOURNAL OF HEALTH EDUCATION

Vol. 14, No.1, June 2010

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ISSN: 119-7323

NIGERIAN Journal of Health Education

Vol. 14 No. 1, June 2010

njhe is an Official Journal of the
Nigerian Association of Health Educators.

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IMPACT OF SCHOOL HEALTH PROGRAMME ON HEALTH OF PRIMARY SCHOOL PUPILS IN MORO LOCAL GOVERNMENT, KWARA STATE.

Baba, D.A.,¹ Shehu, R.A² and Oniyangi S.O.³

Abstract

This paper examined the impact of school health programme on school pupils in Moro Local Government, Kwara State. A sampled population of three hundred primary school teachers made up the respondents for the study. The result of the study showed that healthful school living has much impacts on the health and well being of primary school pupils; school health services have much impacts on the overall health of the primary school pupils. The study recommends that the school authority should endeavour to keep the school environment clean and tidy; parents should join hand with the school personnel to improve and maintain the health and well being of the school children.

Keywords: School, health, well being, pupils, healthful living.

Introduction

The school is an important agency outside the home within the community that helps to shape the health and personality of the pupils. The home and the school have joint responsibility of ensuring optimal health of the school children. Turner (1990) noted that promotion of mental and physical health of pupils is a joint enterprise of home and school. The parent wants to know what the school can do for the child, and the school must rely on the parents for cooperation and support for seeing that specific medical and health needs of the child are met. In every civilised and progressive nation, primary education has been made compulsory for all school age children (6 – 12 years). The primary pupils spend considerable parts of their daily times and activities in schools, and this makes the school an important agent of transformation both academically and health wise. Cortese (1993) observed that in every nine months of each year, million of young children spend a major of each day in school. Education according to him has been made compulsory for children age six to sixteen years in most developed and developing countries of the world. Specific age requirement differ slightly from one state to another, but children's school experiences can have a major effect on their

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health behaviour patterns and personal well being. The school has been the most outstanding organisation that helps to preserve and maintain health and well being of the school children through behavioural modification. World Health Organisation (1997) stated that there is no social agent or formally organised group other than the school that has the privileges and resources to interact with practically every citizen with a view to modifying their ways of life.

To this end, school health programme has been designed and adopted within the school system to cater for numerous health and health related problems affecting school children. It is a measure directed at ensuring total health and harmonious living of the pupils and staff within the school system. Collins (1995) observed that the school health programme has historically been important part of the total school activities directed at the development of healthier individuals. The programme is commonly referred to as the comprehensive school health programme. a comprehensive school health programme is an all encompassing approach aimed at improving and maintaining health and wellbeing of people in the school setting. linda, philip and randy (1996) defined a comprehensive school health programme as an organised set of policies, procedures and activities designed to protect and promote the health, safety and well being of students and staff. udoh, fawole, ajala, okafor, nwana and obayan (2000) stated that school health programme comprises all activities which are planned, organised and carried out under the auspices of the school. it seeks to maintain and improve the health of school children and staff through instruction, health services, healthful school living as well as school community cooperation.

Recent research finding revealed an expansion in the scope and components of school health programme from its four historical branches to eight. Linda, Philip and Randy (1996) emphasised that the components of school health programme have been expanded from its previous four to eight so as to accommodate some activities that promote effective accomplishment of the programme objectives. The component are as follows:

- Health Education;
- School Health Services;
- Safe and Healthful Services environment;
- Physical Education;
- Nutritional Services;
- Counselling, Physiological and Social Services;
- Parent and Community Involvement.

School health education is one of the component of school health programme that deals with sensitization and creation of awareness in school

children and staff to improve and promote their health and well being. Linda, Philip and Randy (1996) stressed that school health education is a planned sequential curriculum designed to motivate and assist pupils/students to maintain and improve their health, prevent diseases and reduce health related risk behaviours. Collins (1995) asserted that health education in school enables the pupils/students to understand the concept of health promotion and disease prevention. It gives the students opportunity to practice health enhancing behaviours and reduce health risks.

School health education assists in modification of pupils/students behaviours and enhances diseases prevention. World Health Organisation (WHO) (1988) and Hugh (1997) corroborated that school health education provides basic information, instructions and skills for the children to enable them grow and develop into healthy skilled individuals who are aware of how to care for their health, the health of the family and others. According to them, it also make a child become aware of the importance of health and develop healthy practice, health knowledge, attitude and appreciation towards healthy living. Teaching and learning are said to be effective if the process takes place in a conducive atmosphere with necessary infrastructural facilities that promote health and well being of the pupils and students. Randall (1971) observed that healthful school living implies that the time children spend in school should be spent in an environment and atmosphere conducive to physical, social, mental and emotional health. Turner (1990) stressed that healthful conditions in the school building help to keep the children well and happy. This promotes health and well being of the students and ensure effective learning outcome.

As part of measures to ensure optimal level of health of the pupils/students and staff within a school setting, school health services have been adopted to improve, protect and promote the health of school children as well as prevent and control diseases for which they are being prone. Udoh et al (1990) asserted that the objective of school health services remain the same as for the school health programme, which are promotion and maintenance of the health of the school child and the school personnel. Dukelow (1992) noted that school health services consists of all activities that help to protect and improve the health of children thereby aiding their normal growth and development, enable them to benefit fully from school experiences.

The school health services embraces all the services rendered which help to prevent diseases and correct defects noticeable in them. Kann (1995) stated that a variety of health services are provided in many school settings. Some health services, such as the enforcement of immunisation requirements, are developed to

protect against childhood communicable disease. A number of screening activities designed to assess the health status of children occur at school. Vision and hearing loss and postural deviations are commonly identified by the school screening programmes. According to him, it is the responsibility of the school to care for all children who become sick or injured while at school. The integration of home and community activities into the school health programme is aimed at ensuring effective maintenance and promotion of health and well being of school pupils/students. Udoh et al (2000) stressed that the home and the community have enormous contribution to make in the realization of the purpose of the school health programmes. This is because health instruction, health services and healthful school environment are all influenced by what goes on both in the home and the community. Taylor (1992) asserted that an effective and result oriented school health programme is achieved through development and nurturing of healthy children, equipped with healthy attitudes and ideas, educated in healthy school by healthy teachers.

Research Questions

- Do the healthful school living activities adopted in school have any significant impact on the health and well being of primary pupils in Moro Local Government?
- Do the school health services rendered to the primary pupils by the school, health personnel have any impact on their health and well being?
- Do the school health education activities have any impact on the health and well being of primary school pupils in Moro Local Government?
- Does the home, school and community relationship have any impact on the health and well being of primary school pupils in Moro Local Government?

Research Hypotheses

- There is no significant impact of healthful school living activities adopted by the school on the health and well being of primary pupils in Moro Local Government.
- There is no significant impact of the school health services rendered to the primary pupils on their health and well being in Moro Local Government.
- There is no significant impact of school health education on the health and well being of primary pupils in Moro Local Government.

- There is no significant impact of school, home and community relationship on the health and well being of primary pupils in Moro Local Government.

Methodology

The study was carried out with the use of descriptive survey design. The population for the study consisted of all primary school teachers in Moro Local Government Area of Kwara State. The Local Government Education Board statistics reveals that there are thirty three (33) primary school within three districts of the Local Government. In all ten primary schools were selected for the study. Stratified random sampling technique was used to draw the three hundred teachers used for the study.

The instrument used in gathering information for the study was a structured questionnaire that have been thoroughly scrutinised by experts on the field. A reliability co-efficient $r = 0.82$ was obtained using test – retest method of reliability. The analysis of data collected was done with the use of Chi-square (χ^2). The result of the analysis and interpretation are presented below:

Results and Discussion

Hypothesis One (1): There is no significant impact of healthful school living activities adopted by the school on the health and well being of primary pupils in Moro Local Government.

Table 1: Impact of Healthful School Living on the Health and Well Being of Primary Pupils

Item	A	%	D	%	Decision
The health and well being of the pupils is enhanced through adequate location and ventilation of school building.	285	95	15	5	$P < .05$
School environmental sanitation often helps to prevent and control diseases outbreak.	289	96.33	11	3.67	$P < .05$
The provision of essential infrastructural facilities helps to promote health and well being of pupils in schools.	288	96	12	4	$P < .05$

The findings from analysis in the table one (1) above shows calculated chi-square (X^2) values for item 1, 2 and 3 as 8.56, 9.1 and 10.87 respectively against the critical value of 7.82 at 0.05 alpha level of significance with degree of freedom of 3. Since the calculated values are greater than critical table value, hypothesis one (1) above is hereby rejected. This means that healthful school living have greater impact on health and well-being of primary school pupils. The analysis also shows that 285 (95%) of respondents agreed that adequate location and ventilation of school building enhanced health and well being of primary school pupils. It is also revealed that 289 (96%) of the respondents agreed that effective environmental hazards and diseases outbreak in schools. A total of 283 (96%) of respondents agreed that provision of essential infrastructural facilities like adequate water supply, electricity and accommodation usually help in promotion of health and well being of pupils.

Hypothesis Two (2): There is no significant impact of school health services rendered to the primary school pupils on their health and well being in Moro Local Government

Table 2: Impact of School Health Services on the Health and Well Being of Primary School Pupils

Item	A	%	D	%	Chi square Values	Decision
Health appraisal of pupils and school personnel helps to promote their health and well being.	288	96	12	4	19.48	P<.05
General health inspection conducted on pupils and students often helps to detect diseases and defects.	288	96	12	4	15.82	P<.05
The health services rendered to pupils/students by health personnel helps to prevent diseases and promote well being.	289	96.33	11	3.67	16.72	P<.05

The results of analysis in table two (2) show calculated chi-square (X^2) values for items 1, 2 and 3 as 19.48, 15.82 and 16.72 respectively against the critical value 7.82 at 0.05 alpha level of significance with degree of freedom #of 3. Since the calculated values are greater than critical value the above stated hypothesis two (2) is hereby rejected. This means that effective provision of school health services have impact on health and well being of pupils in primary schools. The analysis also shows that 288 (96%) of the respondents agreed that health appraisal of pupils and school personnel through medical screening often help to promote and improved their health and well being in schools. It is also revealed in the table that 288 (96%) of respondents agreed that the general health inspection carried out in school often helps to detect diseases and defects affecting primary pupils. The table also shows that 289 (96.33%) of respondents agreed that health care services such as treatment of minor ailments by health personnel prevent spread of disease among pupils in primary school.

Hypothesis 3: There is no significant impact of school health education on the health and well being of primary school pupils in Moro Local Government.

Table 3: Impact of School Health Education on Health and Well Being of Primary School Pupils

Item	A	%	D	%	Chi square Values	Decision
The direct health instruction by the teacher often impact positively.	287	95.67	13	4.33	15.20	P<.05
Correlation of health course with other subjects helps to improve pupils health.	288	96	12	4	19.06	P<.05
Organization of excursion to relevant facilities and health maintenance organizations helps to improve the health knowledge.	282	94	18	6	23.74	P<.05

The findings from analysis in table three (3) above show calculated chi-square (X^2) values for items 1,2, and 3 as 15.20, 19.06 and 23.74 respectively against the critical values of 7.82 at 0.05 alpha level of significance with degree of freedom of 3. Since the calculated value is greater than critical value, the hypothesis stated above is hereby rejected. This means that school health education have greater impact on health and well being of primary school pupils. The analysis is further revealed that 287 (95.67%) of respondents agreed that direct health instruction by teacher has impact on health habit and behaviour of pupils in primary school. It was also revealed in the analysis that 288 (96%) of respondents agreed that correlation of health instruction and activities with other subjects help in improvement of pupils health. The table also revealed in item 3 that 282 (94%) of

respondents agreed that organisation of excursion to relevant facilities help to improve the pupils health knowledge and well being.

Hypothesis Four (4): There is no significant impact of school, home and community relationship on the health and well being of primary school pupils in Moro Local Government.

Table 4: Impact of Home, School and Community Relationship on Health and Well Being of Primary School Pupils

Item	A	%	D	%	Chi square Values	Decision
The periodic visit paid to school by the parents of school pupils help to strengthen home and school relationship for healthy living	291	97	9	3	10.22	P<.05
Provision of conducive atmosphere through joint effort of the community and school authority often enhance healthful living	296	98.67	4	1.33	8.14	P<.05
Reinforcement of health practices by parents at home often help in modifying school pupils behaviour and improve their health	292	97.33	8	2.67	10.08	P<.05

The results of analysis in table four (4) shows the calculated chi-square (X^2) values for item 1,2 and3 as 10.22,8.14 and10.08 respectively against the critical value of 7.82 at 0.05 alpha level of significance with degree of freedom of 3.since the

calculated value is greater than critical value, the hypothesis stated above is hereby rejected. This means that school, home and community relationship have impact on health and well being of primary school pupils. The result also shows that 291 (97%) of respondents agreed that periodic visits paid by the parents to the pupils schools often strengthen home and school relationship for healthy living. It was also revealed that 296 (98.67%) of respondents agreed that provision of conducive atmosphere with joint efforts of community and school authority often enhance healthful living of pupils in schools. While 292 (97.33%) of respondents agreed that parents efforts at reinforcement helpful health practices at home often help to promotion health and well being of primary pupils in schools.

Discussion of Findings

The overall result of analysis of all the findings revealed that the various school health services and programmes implemented in schools have much impact on health and well being of the primary school pupils in Moro Local Government. The result of analysis in table one (1) revealed that healthful school living has much impact on the health and well being of the primary school pupils, considering the sanitary activities, availability of essential amenities, adequate location and ventilation of school buildings to mention but few of them.

The above findings is in line with the finding of Randall (1971), Turner (1990) who corroborated that the time pupils/students spend in school should be spent in environment and atmosphere conducive to physical, social, mental and emotional health. They added that healthful conditions in the school building help to keep the children well and happy. This also promotes health and well being of the pupils and ensure effective learning outcome.

The result obtained from tested hypothesis two revealed that school health services provided to pupils have impact on their health and well being. The school health services such as health appraisal, general health inspection, immunization, treatment of minor ailment by school health personnel often help to maintain and promote health of the pupils in school. This finding is in line with the finding of Udoh et al (2000) that the cardinal objective of school health service as a component of school health programme is to promote and maintain the health of the school child and the school personnel. Dukelow (1992) supported this finding that school health services are aimed at protecting and improving the health of children thereby aiding their normal growth and development and enable them to benefit fully from school experience.

The result of analysis in table three (3) revealed that school health education has much impact on health and well being of primary school pupils. School health

education impacted on the health behaviour of primary school pupils through behavioural modification such as observation for general cleanliness, direct health instruction by teachers, relaxation activities e.t.c. This finding further confirmed the findings of Collins (1995) that health education in school enables the pupils/students to understand the concept health promotion and diseases prevention. It gives the students opportunity to practice health enhancing behaviours and reduce health risks.

The result of tested hypothesis four (4) revealed that home, community and school relationship have much impact on the health and well being of primary school pupils. The home, school and community relationship is usually strengthen through parent periodic visits to the pupils schools, creation of conducive atmosphere and joint efforts of both home and school at strengthening of helpful health practices and behaviour. This finding is in line with the finding of Udoh et al (1990) that the home and community have enormous contribution to make in the realization of the purposes of the school health programme. This is because health instruction, health service and healthful school environment are all influenced by what goes on both in the home and the community.

Conclusion

Based on the findings from analysis of tested hypotheses above, the following conclusion were drawn.

- Healthful school living activities have much impact on the health and well being of the primary school pupils in Moro Local Government. This is due largely to effective environmental sanitation, adequate location and ventilation of school building and provision of essential infrastructural facilities such as water supply, electricity, good accommodation et.c.
- The school health services provided at school have impact on health and well of primary school pupils. This is evident in the medical screening, general health inspections and treatment of minor ailments all of which are directed at promoting health and well being of primary school pupils.
- School Health education carried out in schools has much impact on the health and well being of primary school pupils. This is a result of direct health instruction on health practice, correlation of health instruction with other health activities and organisation of excursion to gain insight on healthy living and harmonious functioning of pupils.

- The school, home and community relationship have much impact on the health and well being of primary school pupils. This depends on harmonious relationship between home, school and community by laying emphasis on reinforcement of helpful health practice, creation of conducive atmosphere and periodic visits by pupils parents for confirmation of their children progress reports.

Recommendations

Based on the findings from this study, the study recommends that:

- The school authority should always endeavour to keep the school surrounding clean and tidy;
- Governments should provide all essential amenities needed for healthy living in school.
- The school health personnel and class teachers school always endeavour to conduct regular health inspection to detect defects and health problems in school children with a view of correcting them.
- School health personnel and health teachers should always devote considerable period of time to teach health enhancing behaviours.
- Parents should join hand with the school personnel to improve and maintain the health and well being of the school children.

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