KNOWLEDGE, ATTITUDE AND PRACTICE OF SCHOOL HEALTH PROGRAM AMONG SECONDARY SCHOOL TEACHERS

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ABSTRACT

The School Health Program (SHP) is a key component of national health promotion program that reduces the burden of preventable diseases among the school populace. To address this, we set out to determine the knowledge, attitude and practice of school health programs among teachers in selected secondary schools in Ikorodu, Lagos State. A cross-sectional descriptive design was used for this study and a random sampling technique was used to select a sample size of 128 teachers for this study. Instrument used for this study is a self-developed structured questionnaire with a reliability coefficient score of 0.88 and data was analyzed using descriptive statistics. The findings showed that (58.8%) of the respondents' level of knowledge of school health-program is above average and the attitude of teachers towards school health program is negative (25.3%). Also, the level of practice of school health program among the respondent is high 60.2%. In conclusion, the study showed that the respondents are knowledgeable about school health programme but the practice is low (40.8%). The government should place more priority on school health when making and implementing health policies.

Keywords: Attitude, Knowledge, Practice, School Health, Teachers.

INTRODUCTION

The School Health Programme (SHP) is an integrated set of planned, sequential, school affiliated strategies, activities and services designed to promote the optimal physical, emotional, social and educational development of students. The school health program is a basic and essential component of the educational system, and it is a major component of the national health promotion program as a whole. According to the World Health Organization (2019), over 2.3 billion school age children spend one third of their time in school, and for many of them their first and most accessible point of contact with health services happens to be in a school. The school, next to the family is one of the primary means by which young people are developed, groomed and trained before being launched into the society as an independent being. With this knowledge, it is imperative to note the importance of school health programs, and its impact on the society at large.

The school health program (SHP) refers to all activities carried out in the school that is geared towards understanding, maintaining and improving the overall health of the school community such that they benefit maximally from the school system (Oluyinka & Ayodeji, 2019). School health programs are investments which a nation makes to secure its development in the future. In developing countries like Nigeria, with a high prevalence of infant and childhood morbidity and mortality could be easily prevented thus, a school age *child is*a survivor of *many diseases* (Odeyemi et.al., 2015).

The school health program is guided by a standard policy known as the National School Health Policy (NSHP). The goals of the national school health policy are to improve the quality of school health and provide a readily available environment for inter-sectorial collaboration in the advancement of child friendly school environment for teaching, learning and healthy development thus, promoting overall health of the school (UNICEF, 2012). The teacher has a huge part to play in the implementation of the school health program. Generally, the teacher instructs students, and secures application of the instruction in the daily life of the child, thereby impacting knowledge. They provide first -hand information about different health issues and consequences of an inactive lifestyle. They also test the student's knowledge in various ways to ensure that essential points are retained. Thus, the primary role of the teacher is health education in the promotion of the

school health program (Cheprasov, 2016). According to Obembe et al (2016) teachers' knowledge and attitude on SHP is critical in determining the success of the programme.

The repeated outbreaks of deadly diseases and infections such as diarrhea, cholera, meningitis malaria, Lassa fever, and the recent corona virus outbreak, including non-communicable diseases; like diabetes, heart conditions and many more has led to the increased mortality and morbidity rate in the society. As a result of this, many children particularly school age children are more vulnerable especially when proper health measures are not put in place to protect the health of the school populace. Thus, it causes a decline in their academic performance, subsequently leading to failure and even disability. However, existing stuies have continuously point serious deficiencies regarding school health program and its implementation (Obembe et. al.,2016; Ademokun et al., 2014; Ofovwe & Ofili, 2007).

For instance, Ofovwe and Ofili (2007) reported that head teachers of private and public schools in Benin City, demonstrate such poor knowledge of school health programs and need for constant evaluation of the implementation of school health program to guide the concerned governmental agencies in developing correct policies and laws to improve the health of children nationwide (Abdulkadir,2017; Ofovwe & Ofili, 2007). The school health program plays a paramount role in the promotion of health, prevention of illness and improved wellbeing of students (Wankasi, et.al., 2020; Kwashabawa & Sarkin, 2017). The implementation and effectiveness of this program is dependent mostly on the input and manner of approach of the school teacher towards it. Therefore, this study seeks to find out the knowledge, attitude and practice of school health programs among teachers in selected schools in Ikorodu, Lagos State.

Objectives of the study

1. to assess the level of knowledge of teachers about school health program in two selected secondary schools in Ikorodu.
2. to identify the attitude of teachers towards the implementation of school health program in two selected secondary schools in Ikorodu, Lagos.
3. to determine the level of practice of teachers in the two selected secondary schools on school health programme.

Research question

1. What is the level of knowledge of the teachers in the two selected secondary schools in Ikorodu have knowledge about school health programmes?
2. What is the attitude of the teachers in the two selected secondary schools in Ikorodu towards the implementation of school health programmes?
3. What is the level of practice of school health programme by teachers of the two selecteed secondary schools on school health programme?

METHODOLOGY

Design: A cross-sectional descriptive study design was used for this study

Target Population: The population comprises of the teaching staff of Ipakodo Grammar School and Ikorodu High School and the total population of the two schools are one thousand and twenty-four (1024).

Sample Size Determination: Cochran Formula was used to determine the sample size of 128 with random sampling technique.

Instrument: A self-developed questionnaire comprising 32 well-structured question items was used as research instrument.

Face and content validity of the instrument was done by colleagues and experts in the field of study and correction effected before administration.

The reliability of the instrument was determined using Split half reliability test and reliability coefficient score of 0.88 was obtained.

Data Collection: Data were collected using three research assistants

Data Analysis: data were analyzed using Statistical Package for Social Sciences (SPSS) software version 24 and results were presented using both descriptive and inferential statistics.

The Ethical Clearance: was sought following an introductory letter to the management of the schools respectively. The purpose of the research study was given and consent obtained from the participants. Their confidentiality and anonymity were assured.

RESULT

Table I shows that 88 (68.8%) of the respondents know that school health program is a series of activity carried out in the school environment that promotes and maintain the health of all individual. 107 (83.6%) of the respondents know that school health program is concerned with the health of the school staff only. 65 (50.7%) of the respondents know that the aim of school health services is to make sure that every child is as fit as possible to gain maximum benefits from his/her education. Further findings reveal that 41 (32.0%) of the respondents knows that another aim of school health services is to pay attention to early diagnosis of any disability so that early treatment can be started before the condition of the child becomes uncontrollable. 60 (46.9%) of the respondents know that health facilities within the school premises enhances healthful school environment. 3 (2.3%) of the respondents know that school environment is the presence of proper water supply, refuse disposal, sewage disposal, quality of school buildings, health inspection, nutrition, rest, recreation, absence of harmful objects and vectors of disease agents. Also, 108 (84.4%) of the respondents know that unsafe school environment has a high negative impact on the health of school students of the respondents. 56(43.7%) of the respondents know that unsafe school environment includes lack of adequate and safe water supply, poor sanitation facilities, dilapidated school structures, overcrowded and un-conducive classrooms. This study also observes that 112(87.5% of the respondents know that Health Education is a component of school health services meant to give the students the opportunity of early development insight into the implication of negative attitudes to issues affecting their health. 115(89.8%) of the respondents know that Nutritional care is another component of school health services aimed at ensuring that every school child is in good nutritional condition so as to be able to develop and grow normally.

Similarly, 17 (13.3%) of the respondents know that Child Guidance Clinic is a part of school health services, meant to help both children and parents when there is emotional maladjustment in a child's relationship with other pupils. 115(89.8%) of the respondents knows that establishment and management of School Meal Service is carried out by provision of trained food vendors. 120(93.8%) of the respondents knows that food vendors are regularly inspected to ensure that they maintain regular cleanliness and they are periodically screened to ensure that they are not carrier of diseases. 40(31.2%) of the respondents knows that the aim of the oral health education is to influence that oral health knowledge, attitude, beliefs and behaviours of individuals towards oral health. This study concludes that level of knowledge of school health-program among teachers is average (58.8%)

Table 1: Level of Knowledge of School Health-Program among Teachers

S/N	Items	Yes	No
1	School health program is a series of activity carried out in the school environment that promotes and maintain the health of all individuals found in the school community	88(68.8%)	40(31.2%)
2	School health program is concerned with the health of the school staff only	107(83.6%)	21(16.4%)
3	The aim of school health services is to make sure that every child is as fit as possible to gain maximum benefits from his/her education.	65(50.7%)	63(49.3%)
4	Another aim of school health service is to pay attention to early diagnosis of any disability so that early treatment can be started before the condition of the child becomes uncontrollable	41(32.0%)	87(68.0%)
5	Health facilities within the school premises enhances healthful school environment.	60(46.9%)	68(53.1%)
6	school environment is the presence of proper water supply, refuse disposal, sewage disposal, quality of school buildings, health inspection, nutrition, rest, recreation, absence of harmful objects and vectors of disease agents.	3(2.3%)	125(97.7%)
7	Unsafe school environment has a high negative impact on the health of school students	108(84.4%)	20(15.6%)
8	Unsafe school environment includes lack of adequate and safe water supply, poor sanitation facilities, dilapidated school structures, overcrowded and un-conducive classrooms.	56(43.7%)	72(56.3%)
9	Health Education is a component of school health services meant to give the students the opportunity of early development insight into the implication of negative attitudes to issues affecting their health	112(87.5%)	16(12.5%)
10	Nutritional care is another component of school health services aimed at ensuring that every school child is in good nutritional condition so as to be able to develop and grow normally.	115(89.8%)	13(10.2%)
11	Child Guidance Clinic is a part of school health services, meant to help both children and parents when there is some emotional maladjustment in a child's relationship with other pupils.	17(13.3%)	111(86.7%)
12	Establishment And Management of School Meal Service is carried out by provision of trained food vendors.	115(89.8%)	13(10.2%)
`3	food vendors are regularly inspected to ensure that they maintain regular cleanliness and they are periodically screened to ensure that they are not carrier of diseases.	120(93.8%)	*8(6.3%)*
14	The aim of the oral health education is to influence that oral health knowledge, attitude, beliefs and behaviours of individuals towards oral health.	40(31.2%)	*88*(68.8%)
	Total	**58.8%**	**41.2%**

Table 2 reveals that 44(34.4%) of the respondents strongly agree that, there is need for school health program in schools, while 75(58.6%) agree, 0(0%) are undecided, 7(5.5%) disagree and 2 (1.5%) strongly disagree. 10(7.8%) of the respondents strongly agree that, teachers require training on school health program while 11(8.6%) agree, 0(0%), 37(28.9%) disagree and 70(54.7%) strongly disagree. 7(5.5%) of the respondents strongly agree that there is need for school health program in schools, while 2(1.5%) agree, 44(34.4%) disagree and 75(58.6%) strongly disagree. This study also notes that 10(7.8%) of the respondents strongly agree that training of school vendors is not necessary, while 11(8.6%) agree, 37(28.9%) disagree and 70(54.7%) strongly disagree. 5(3.9%) of the respondents strongly agree that every school need a public health nurse and other health personnel while 6(4.7%) agree, 51(39.8%) disagree and 66(51.5%) strongly disagree.

Futhermore, 7 (5.4%) of the respondents strongly agree that there is need for every school to have a well-equipped health bay while 2(1.5%) agree, 44(34.4%) disagree and 75(58.5%) strongly disagree. Further findings indicate that 7(5.4%) of the respondents strongly agree that school should have a medical record of all students, while 2(1.5%) agree, 20(15.6%) are undecided, 28 (21.8%) disagree and 71(55.4%) strongly disagree. 7(5.5%) of the respondents strongly agree that School health program will improve the academic performance of students, while 8 (6.3%) agree, 8 (6.3%) are undecided, 58(45.3%) disagree and 47(36.7%) strongly disagree. Lastly, 7 (5.1%) of the respondents strongly agree that school health program would promote and maintain the health of individuals in the school community effectively while 4(3.1%) agree, 72(56.3%) disagree and 45(35.2%) strongly disagree. This study implies that the attitude of teachers towards school health program is negative (25.3%).

Table 2: Attitude teachers towards school health program

Attitude of teachers of towards school health program	S A	A	U	D	S D
There is need for school health program in schools	44(34.4%)	75(58.6%)	0(0%)	7(5.5%)	2(1.5%)
Teachers require training on school health program	10(7.8%)	11(8.6%)	0(0%)	37(28.9%)	70(54.7%)
Adding school health program to schools' curriculum is cumbersome	7(5.5%)	2(1.5%)	0(0%)	44(34.4%)	75(58.6%)
The negative impact of school health program is minute	28(21.9%)	71(55.9%)	7(5.5%)	2(1.6%)	20(15%)
Training of school vendors is not necessary	10(7.8%)	11(8.6%)	0(0%)	37(28.9%)	70(54.7%)
Every school needs a public health nurse and other health personnel	5(3.9%)	6(4.7%)	0(0%)	51(39.8%)	66(51.5%)
There is need for every school to have a well-equipped health bay	7(5.4%)	2(1.5%)	0(0%)	44(34.4%)	75(58.5%)
School should have a medical record of all students	7(5.4%)	2(1.5%)	20(15.6%)	28(21.8%)	71(55.4%)
School health program would improve the academic performance of students	7(5.5%)	8(6.3%)	8(6.3%)	58(45.3%)	47(36.7%)
School health program would promote and maintain the health of individuals in the school community effectively	7(5.1%)	4(3.1%)	0(0%)	72(56.3%)	45(35.2%)
TOTAL	10.3	15	2.7	29.7	44.2
		25.3			

In table 3, 46.9% of respondents agree to health inspection of student being carried out at least once a week while 53.1% dissagree. 45.3% of respondents agree to schools having health education curriculum and teaches health education at least twice a week, while 54.7% dissagree. 28.1% of respondents agree to School offering counseling services for the promotion of student mental well being while 71.9% issagree. 24.2% of respondents agree to physical education being placed on the time table and regular practice of physical exercises be encouraged, 74.2% dissagree. Findings of this study also show that 24.2% of the respondents agree to School having a functional first aid box and do offer first aid to student with minor injuries then refer to the school clinic and 73.4 dissagree. 88.3% of respondents agree to School providing free school meals for the students, while 9.4% dissagree. 53.6% of respondents agree to medical screening for the staff and pre-medical examination for the student is compulsory while, 43.8% dissagree.

11.7% of respondents agree to Infection control practices and promotion of hygiene practices in the school environment and 83.3% disagree. This study therefore implies that the level of practice of school health programme is low (40.8%)

Table 3: Practice of school health program among teacher

Variable	Yes		No	
	N	%	N	%
Health inspection of student is carried out at least once a week	60	46.9	68	53.1
School has a school health education curriculum and teaches health education at least twice a week	58	45.3	70	54.7
School offers counseling services for the promotion of student mental well being	36	28.1	92	71.9
Physical education is on the timetable and regular practice of physical exercises is encouraged	33	25.8	95	74.2
School has a functional first aid box and do offer first aid to student with minor injuries then refer to the school clinic.	31	24.2	97	75.8
School provides free school meals for the students.	113	88.3	15	11.7
Medical screening for the staff and pre-medical examination for the student is compulsory	72	56.3	56	43.8
Infection control practices and promotion of hygiene practices in the school environment is encouraged	15	11.7	113	88.3
		40.8%		59.2%

DISCUSSION OF FINDINGS

This study aims at assessing the knowledge, attitude and practice of school health programs among teachers in selected schools in Ikorodu, Lagos State. The result of this study observes that level of knowledge of school health-program among teachers is average. This study corroborates Obembeng et al. (2016) where majority of their respondents demonstrate good knowledge about school health programme. However, in contrast to this finding is that of Boaten (2008) that reports poor knowledge of school health programmes among the respondents in Kwabre District.

This study implies that the attitude of teachers towards school health program is negative. This study is not in line with the study conducted by Odeyemi and Chukwu (2015) where majority of the respondents show positive attitude towards school health programme. However, this study corroborates with a study carried out by Almohaif et. al (2020) and Bisi-Onyemachi et. al. (2017) where majority of the teachers have negative attitude towards school health programs due to absence of vital readiness to partake in health training activities.

This study reveals that the practice of school health program is low. This study corroborates with the study of Kuponiyi et al (2016) who noted that implementation of school health programme in Nigeria is minimal but better in private own schools. This study also support Gowri and Missiriya (2017) who observed that majority of teachers involved in their study engage in poor practice of school health programme.

Implication for Nursing

A healthy pupil is a good learner and school health programmes entrenched the promotion of the health of learners in schools which are critical steps towards quality achievement in education. Nurses contribute the largest health care professional in school health services, hence, their knowledge and attitude towards the programmes dictate to a larger extent the success of school health services. School proprietors, regulators and policy makers must give priority to school health services and nurses must play their roles to ensure that the school health programme are pupils' friendly, easily available and accessible to the school community.

CONCLUSION AND RECOMMENDATIONS

This study reveals good awareness of school health programmes in the study setting, furthermore, an assessment of attitudes of respondents towards school health services revealed positive attitude, however, the practice of many programmes in school health services are reported to be poor. Based on the findings from this study, the following recommendations are made: School health services should be strengthened to assist in promoting school pupil physical and mental well-being. Nurses working in school clinics should be trained regularly to be able to discharge their responsibilities effectively. There is need for synergy between school nurses and teachers especially and the aspect of health promotion to achieve desire objective of disease prevention

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