

Knowledge of the school health programme and National School Health Policy among primary school teachers in a Local Government Area in Ekiti State, Southwest, Nigeria

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Abstract

Background: Primary school education is the first level of formal and structured education that forms the foundation of any other educational achievement in life. A good academic performance has been linked to the good health status of school children. The school health programme (SHP) is a cost-effective way of meeting the health needs of pupils. The success of the programme is determined largely by the depth of knowledge, interest, and enthusiasm of the teachers. This study aimed to demonstrate the knowledge of teachers in primary schools in Ido/Osi on the SHP and their awareness of the National School Health Policy (NSHP).

Methodology: A cross-sectional descriptive study was carried out among administrative heads and school health instructors of 67 (48 private and 19 public) schools using a standardized checklist.

Results: There were older respondents in the public schools with a mean age of 46.59 ± 8.21 years compared with that for the private schools which was 35.74 ± 9.12 years. The public schools had significantly more teachers with education-related qualifications (93.8%) as compared with private schools (28.9%). Also, more public school teachers (37.5%) had longer teaching experience compared to private school teachers (5.3%). Less than half, 43.3%, of the respondents, were aware of SHP (39.5% for private vs 44.8% for public), and worse still none of the respondents had seen the NSHP or could name a component of the SHP.

Conclusion: There is an obvious knowledge gap of teachers, on SHP and NSHP, who are supposed to be the arrowhead on implementation of the SHP.

Keywords: Attitude, awareness, knowledge, national school health policy, primary school, school health programme.

Introduction

Primary school education is the first level of formal and structured education that forms the foundation of any other educational achievement in life. Hence, there is a need to make primary schools healthy to promote the health of school pupils, as good academic performance has been linked to the good health status of school children.¹ The School Health Programme (SHP) is a structured and harmonized series of events that promote the knowledge, sustenance and improvement of the health of the school community.^{2,3} It is a cost-effective way of meeting the health needs of pupils.² Although SHP is multidisciplinary, involving the cooperation

from teachers, school administrators, health educators, environmental officers, physicians, nurses and other stakeholders who appraise, promote, protect and maintain the health of all members of the school community, the programme is centered around the teacher.²

The objectives of the SHP are to encourage the growth and development of every school child, health consciousness creation among learners, encouragement of skilled base health promotion in the school community and promotion of awareness of the synergistic efforts of the school, home and community in health promotion. This means that implementation of the SHP is core to the realization of the goal of the National Policy on Education.⁴

Implementation of SHP in most parts of Nigeria has been generally suboptimal and implementation varies from place to place.^{5,6} Nigeria was therefore challenged to improve SHP by launching the National School Health Policy (NSHP) in 2006 to promote the health of learners to achieve the goals of Education for All (EFA).⁴ The implementation guideline on the national SHP was developed alongside NSHP in the same year.⁴

Teachers are crucial to the success of the SHP as they provide leadership and drive the implementation of the SHP. The success of the programme is determined largely by the awareness, depth of knowledge, interest, and enthusiasm of the teachers. However, studies have shown deficiencies in the awareness, knowledge, and attitude of teachers which has led to the poor implementation of SHP in Nigeria.⁷⁻¹⁰

This study aimed to demonstrate the knowledge of teachers in primary schools in Ido/Osi on SHP and their awareness of the NSHP. This study on the knowledge of the school teachers on SHP is needed to prove the current suboptimal quality of implementation of the SHP in Nigeria. The findings from this study, if deficient, may form the basis for further training and retraining of teachers for improved SHP delivery in the State and the country at large.

1. Methodology

A descriptive cross-sectional study of teachers of primary schools in Ido/Osi Local Government Area (LGA), in Ekiti State, South West Nigeria. The study was carried out from November, 2019 to January, 2020. There were 52 public and 20 government-accredited private schools (72 schools in all) in the LGA which served the educational needs of the local government populace.

Using the formula for the prevalence of a study and the proportion of schools delivering school health services in Ilorin, 49%, the estimated sample size for the study was 67 schools.^{8,11} Given a public-to-private school ratio of 2.6:1 in the study location, a total of 48 public and 19 private schools were selected by balloting. Two respondents (the school

administrator and school health instructor) from each of the schools were interviewed.

Ethical clearance to conduct the study was obtained from the Research and Ethics Committee of the Federal Teaching Hospital (ERC/2018/08/31/136A), the State Ministry of Education (EK/ED/SCHLS/84/VOLII/177), and the State Universal Basic Education Board/the Local Government School Education Authority (EKSUBEB/SS/57/57). Written consent was obtained from each of the school teachers.

A pre-tested and validated questionnaire to assess the knowledge of the teachers about SHP was administered by the researcher. This questionnaire was adapted from a prior similar study done in Kenya.¹² The questionnaire had two parts; the socio-demographic characteristics of the respondents and a scale of two responses designated as– (Yes or No) to answer questions on awareness. The respondents were the head teacher (HM) who is the administrative head of the school and the school health instructor (who is responsible for the direct implementation of the School Health Programme). In schools with no health instructor, the teacher responsible for taking Physical and Health Education was selected.

The data was analysed using IBM SPSS statistics (version 25).

¹³ The differences between proportions were determined using the Chi-square test.

2. Results

Socio-demographic characteristics of respondents

Details of the socio-demographic characteristics of the respondents are presented in Table 1. There were older respondents in the public schools with a mean age of 46.59 ± 8.21 years while that for the private schools was 35.74 ± 9.12 years and there were more females in both types of school.

Table 1: Socio-demographic characteristics of respondents

Variable	Private N=38 n(%)	Public N=96 n(%)	Total N=134 n(%)	χ^2	<i>p-value</i>
Age (years)					
21 – 30	13 (34.2)	2 (2.1)	15 (11.2)	58.87	<0.0001*
31 – 40	15 (39.5)	24 (25.0)	39 (29.1)		
41 – 50	8 (21.1)	37 (38.5)	45 (33.6)		
> 50	2 (5.3)	33 (34.4)	35 (26.1)		
Mean \pm SD	35.74 \pm 9.12	46.59 \pm 8.21		-6.685 ^t	<0.0001*
Gender					
Male	14 (36.8)	14 (14.6)	28 (20.9)	12.58	0.004*
Female	24 (63.2)	82 (85.4)	106 (79.1)		
Marital status					
Married	26 (68.4)	95 (99.0)	121 (90.3)	34.9	<0.0001*
Unmarried	12 (31.6)	1 (1.0)	13 (9.7)		
Tribe					
Yoruba	37 (97.4)	96 (100.0)	133 (99.3)	3.05	0.08
Others	1 (2.6)	0 (0.0)	1 (0.7)		

Table 2: The newest primary school in the LGA was established four years before this study while the oldest school had been in existence for 109 years, giving a median age of 79 (IQR:73-87). The mean age of public primary schools in the LGA was 54.25 \pm 29.49 years (range 5-109 years) while that of private primary schools was 16.87 \pm 2.00 years (range 4-37 years).

Table 2: Age distribution of the schools

School age (years)	Private schools N=19	Public school N=48	Total N=67
≤ 20	15	9	24
21-40	4	7	11
41-60	0	8	8
61-80	0	13	13
>80	0	11	11
Mean ± SD	16.87±2.00	54.25±29.49	
Range	4 – 37	5 – 109	4 – 109

SD: Standard deviation

Respondents' educational qualifications and duration of teaching compared with private schools (28.9%). Also, more public school teachers (37.5%) had longer teaching experience compared to private school teachers (5.3%).

As shown in Table 3, the public schools had significantly more teachers with education-related qualifications (93.8%) as

Table 3: Respondent's educational qualification and length of time in teaching

Variable	Private N=38 n(%)	Public N=96 n(%)	Total N=134 n(%)	χ^2	<i>p</i> value
Educational status					
Nigerian Certificate in Education	9 (23.7)	60 (62.5)	69 (51.5)	92.61	<0.0001*
Ordinary National Diploma	6 (15.8)	0 (0.0)	6 (4.5)		
Higher National Diploma	5 (13.2)	0 (0.0)	5 (3.7)		
Bachelor in Education	2 (5.3)	30 (31.3)	32 (23.9)		
Bachelor of Science	14 (36.8)	6 (6.3)	20 (14.9)		
Master's Degree	2 (5.3)	0 (0.0)	2 (1.5)		
Education related qualification	11 (28.9)	90 (93.8)	101 (75.4)	89.22	<0.0001*
Non education related qualification	27 (71.1)	6 (6.3)	33 (24.6)		
Length of time in teaching					
< 1 Year	3 (7.9)	3 (3.1)	6 (4.5)	54.04	<0.0001*
1 – 5 Years	12 (31.6)	3 (3.1)	15 (11.2)		
6 – 10 Years	11 (28.9)	21 (21.9)	32 (23.9)		
11 – 15 Years	7 (18.4)	25 (26.0)	32 (23.9)		
16 – 20 Years	3 (7.9)	8 (8.3)	11 (8.2)		
> 20 Years	2 (5.3)	36 (37.5)	38 (28.4)		

Respondent's awareness of the School Health Programme As shown in Table 4, less than half, 43.3%, of the respondents were aware of SHP (39.5% for private vs 44.8% for public).

Sources of information on SHP included seminars (85.7%) and radio/TV (14.3%). No significant difference was found in the level of awareness of SHP among private and public schools (p value 0.474). Also, none of the respondents had seen the NSHP or could name a component of the SHP.

Table 4: Respondents' awareness of School Health Programme

Variable	Private N=38 n(%)	Public N=96 n(%)	Total N=134 n(%)	χ^2	p value
Are you aware of SHP?	15 (39.5)	43 (44.8)	58 (43.3)	0.511	0.474
What is your source?					
Radio/TV	3 (23.1)	5 (11.6)	8 (14.3)	4.190	0.040*
Seminar	10 (76.9)	38 (88.4)	48 (85.7)		
Ever seen the National school health policy document?					
Yes	0(0.0)	0(0.0)	0(0.0)		
No	38(100.0)	96(100.0)	134(100.0)		
Awareness of the components of the SHP					
Yes	0(0.0)	0(0.0)	0(0.0)		
No	38(100.0)	96(100.0)	134(100.0)		
Awareness of school health environment					
Yes	0(0.0)	0(0.0)	0(0.0)		
No	38(100.0)	96(100.0)	134(100.0)		
Awareness of school health services					
Yes	0(0.0)	0(0.0)	0(0.0)		
No	38(100.0)	96(100.0)	134(100.0)		
Awareness of skilled base health education					
Yes	0(0.0)	0(0.0)	0(0.0)		
No	38(100.0)	96(100.0)	134(100.0)		
Awareness of school home and community relationship					
Yes	0(0.0)	0(0.0)	0(0.0)		
No	38(100.0)	96(100.0)	134(100.0)		

4. Discussion

Despite the awareness of about half of the respondents on SHP, no administrative head or health instructor could mention any of the components of the SHP highlighting the poor knowledge of the health programme among these critical stakeholders in the study locality. This finding is similar to that observed in other studies in Nigeria.⁷⁻¹⁰ Ofovwe and Ofilli, in a study in Egor LGA of Edo State and Bisi-Onyemaechi *et al*, in Enugu noted that no head teacher had adequate knowledge of SHP.¹⁴ That a large proportion of public school teachers were aware of SHP compared to private schools could be because more public school teachers had educational-related qualifications.

Also, the observation that none of the teachers or administrative heads have heard or seen the National School Health Policy (NSHP) document is in contrast to the findings

of Obembe *et al*, in Ibadan metropolis where 35% of the teachers knew about SHP out of which about 15% had seen the NSHP document.¹⁵ This poor knowledge among teachers could be because aside from their professional training in education, the teachers received no special training on school health issues as SHP is missing in the curriculum of Nigeria Certificate in Education (NCE).¹⁶

Public schools had more teachers with NCE, than the private school, which is the minimum required qualification for teaching in primary schools as recommended in the National Education Policy in Nigeria.¹⁷ This however did not impact positively on their awareness and knowledge of SHP.

Incorporation of SHP into the Teacher Education Curriculum, appropriate training on school health and regular in-service trainings are needed for school teachers to fill their knowledge gap. Trained teachers are more likely to continue

implementing the programme later than teachers who received programme materials but are not trained.¹⁸ In the United States, evaluation of a comprehensive health education curriculum showed that trained teachers were better prepared, implemented the curriculum effectively and achieved more positive effects on students.¹⁹ Similarly, a study carried out in Northern Ireland highlighted the need for ongoing in-career development for teachers.²⁰

5. Conclusion

This study has exposed an obvious gap in the knowledge of teachers, on SHP and NSHP, who are supposed to be the arrowhead on implementation of the SHP. Despite about half of the teachers being aware of the SHP, none of them could name any component of the SHP nor had seen the NSHP. This calls for action for the State Government, Ministry of Education, school administrators, and all stakeholders in the school system should as a matter of urgency come together through a workshop to address this pertinent issue. Importantly, the curriculum for training teachers should be reviewed with components of SHP given the pride of place it deserves. This should be backed with regular in-service training and seminars on SHP to improve the knowledge of teachers on SHP.

Limitations

None

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Conflict of interest

The authors declare no conflict of interest

Authors` contributions

All authors made substantial contributions to the manuscript from conception to implementation and approved the final version submitted

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