Perceived Effects of School Health Programmes Among Secondary School Students in Ogun East Senatorial District

Faleke, M. A. ^{1*}, Bello, M. O¹, Igbokoyi, A.V², & Adegbite, S. B.³

¹Department of Human Kinetics & Health Education Tai Solarin University of Education Ijagun, Ijebu Ode, Ogun State.

²Department of Dental Therapy, Ogun State Polytechnic of Health and Allied Sciences, Ilese-Ijebu ³Federal College of Education Abeokuta Primary Education Department Corresponding Author: falekema@tasued.edu.ng

ABSTRACT: This study examined the perceived effects of school health programmes among secondary school students in Ogun East senatorial. Three hundred (300) secondary school students in Ogun State were selected for the study using a simple random sample technique and descriptive survey research design, while a validated questionnaire was used for data collection. Frequency counts and simple percentages were employed to assess the demographic information of the respondents, and 5 research hypotheses were proposed for the study. Chi-Square inferential statistics was used to test the hypotheses at the 0.05 level of significance. All hypotheses tested were rejected and it was discovered via the respondents' responses to the questionnaire that improving the school environment, nutrition and food programmes, counselling and psychological services, health policies and health services were significantly perceived as effects of school health programmes among secondary school students in Ogun State. The study recommended that in the implementation process School Health Programme, School managers, and implementing the School Health Programme, various stakeholders should make sure they adhere to the National School Health policy's implementation guidelines. All schools should have copies of the National School Health policy and implementation guidelines on hand. All schools should have a school clinic or sick bay with enough medications. A first aid kit and referral services should be made available in every school, along with other adequate and necessary medical facilities. All schools should have access to medical professionals, and all senior secondary schools in Nigeria should provide health education.

KEYWORDS: Effects, School health programmes, School environment, Nutrition and food programmes, Counselling and physiological services.

1. INTRODUCTION

School health programmes are believed to become one of the best strategies a country can use to stop significant health and social problems. The school is the main institution that provides the knowledge and experiences that educate students and teachers about their responsibilities as healthy and useful individuals. Regarding their health and welfare, teachers' and students' behaviour is significantly influenced by their schools. Secondary schools are, thus, the ideal settings for delivering school health programmes. The school health programmes (SHP) are an essential component of any country's effective healthcare delivery system, according to Abubakar, Oche, Awosan, Raji, Abdullahi, & Kaoje, (2021). It provides for the necessity for the health of a sizeable percentage of the population, notably in developing countries by making sure that children who are old enough to go to school are healthy and get the most out of their education. It is a combination of thoroughly thought-out efforts that aid in understanding, preserving, and improving student health. According to Kautz, Heckman, Diris, Ter-Weel, and Borghans (2014), school health interventions help children develop good habits, which in turn improves their overall health and reduces risky behaviours. However, the school may be the only place many kids have a haven where they may learn about health and have positive behaviour reinforced consistently while they are still young. According to Abubakar, Oche, Awosan, Raji, Abdullahi, and Kaoje (2021), the framework of the school health programmes varies depending on where it is implemented, but Focus is placed on integrated operations in Nigeria, which have five main components: school health education, school health services, healthy learning surrounding, school nutrition programmes, and relationships between the school, home, and community. Regardless of

educational level, children must be in optimal health and free from diseases, disability or physically challenged to completely have a positive effect on their education. Due to their ability to have a significant impact on a large number of students and their parents as well as their ability to help schools implement health programmes as a means for addressing a lot of the problems affecting both the health of the students and the general public, teachers are critical to the school health programmes effectiveness. Teachers have a large influence on their learners' academic and social development, and they are considered important role models for them, (Cheung, 2020). Even though the National School Health Programmes Implementation Guidelines have been in effect since 2006, in Nigeria, the implementation of school health programmes is often poor, with few educational institutions undertaking pre-entry and periodic medical examinations, the majority of schools having insufficient first aid supplies, and many schools lacking a school clinic or sick bay (Toma, Oyebode, Toma, Gyang, & Agaba, 2015). The National School Health Policy acknowledges that diverse programmes offered in SHP are very scientific and demand the collection of relevant information and ongoing improvement of skills for teachers, (Abubakar, Oche, Awosan, Raji, Abdullahi, & Kaoje, 2021). A lack of fundamental understanding of the programmes among teachers will prevent it from being implemented effectively.

Teachers are the key resource responsible for promoting and successfully implementing the school health programmes, so Adebayo and Onadeko (2015) estimate that their understanding of the programmes is necessary to enhance the existing poor level of implementation in Nigeria. The success of education reform initiatives will inevitably be constrained unless health-related obstacles to learning are explicitly addressed. Poor mental health and physical health conditions, which impede students from attending classes, paying attention in class, controlling their emotions, taming their urges to harm themselves, and abstaining from dropping out, are the first of these hurdles, according to Nash (2013). When polled, the majority of parents and citizens consistently rank health as a crucial subject that school health programmes should cover. It is a nation's responsibility to protect its population's lives and health from any life-threatening illnesses and other health-related issues. This is crucial given the ongoing outbreak of deadly diseases like influenza and Ebola, Zika virus, HIV and AIDS, malaria, Hepatitis B, Cholera, and Typhoid, among others that have killed hundreds of thousands of individuals in Africa, particularly Nigeria, many of whom were school-age children.

Health is wealth, as the saying goes and one of the most significant contributions to humans is health. The revitalizing school health programmes (SHP) will therefore play an important part in preserving, promoting and protecting the health of individuals, families and community members in schools and the nation at large. Health, according to the World Health Organization (1947), is not just the absence of sickness or infirmity but also a state of full physiological, psychological, and social well-being. Based on this, to ensure efficient and effective school management for the achievement of educational goals and objectives, close attention must be paid to the health of students in schools. By fostering a safe and inviting atmosphere for students, the protection and safety of students not only helps to avoid crimes but also contributes to a positive image of the school (Poursadeqiyan, & Arefi, 2020). A successful school health programme can also be considered among the most effective resources a nation can make to simultaneously enhance education and health according to Bakwai, & Sarkin-Kebbi, 2017. Just 1.7% of teachers in Oyo state, southwest Nigeria, could correctly declare that the goal of a school health programme is to promote and sustain the well-being of both students and members of staff, according to a study

by Abubakar, Oche, Awosan, Raji, Abdullahi, & Kaoje, published in 2021. The majority of primary school teachers (96.2%) were unaware of all the elements of the school health programmes, while 3.8% were aware of at least one. Additionally, according to reports, only 6.9% of teachers in government schools in Egor Local Government Area of Edo State had enough expertise in the school health programmes, compared to the majority of government teachers (92.2%) in Ogun State. Only nearly half of the respondents (50.7%) of similar research of teachers in Osun State, Nigeria, rated their total expertise of the school health programmes as being good (Abodunrin, Adeoye, Adeomi, Osundina, & Ilori, 2014). According to a 2003 statistical analysis of Nigeria's school health system conducted by the Federal Ministries of Health and Education in collaboration with WHO, only 14% of head teachers said pre-medical exams were required in their schools, only 17% of schools had school nurses, 30% of students had low body mass indexes (BMIs), 20% of students had vision problems, and 19% of students suffered from hearing problems. The study also found that the top five student health issues that affect attendance are fever (55%), stomachache (29%), headache (43%), cold (38%), and malaria (40%). The evidence presented above demonstrates that school administrators must work closely with the Ministry of Education, Ministry of Health, and Ministry of Environment, as well as other stakeholders and communities, to ensure that the school health programmes are effectively implemented in their schools (Bakwai, & Sarkin-Kebbi, 2016).

2. PROBLEM STATEMENT

From observation, the majority of public secondary schools in Ogun State pay little to no attention to the programmes, despite the significant health benefits that are expected to result from them. It has been determined that one of the concerns seen is the instructors' lack of participation in their roles in the school health programmes. Others are ascribed to the government's lack of interest in providing the tools required to support the sustainability of the programmes at these schools. However, school health programmes have received little attention in schools primary, secondary, and tertiary) in Nigerian. The programmes continue to face a variety of challenges, including insufficient infrastructure, insufficient funding, lack of awareness, poor management, poor teacher interest and knowledge, and inadequate facilities. As a result, this policy is poorly implemented and becomes merely a theoretical concern. Based on this setting, the study assessed how secondary school students in Ogun State regarded the effects of the school health programmes.

2.1 Aim and Objectives

The main aim of the study is to assess the perceived effects of school health programmes among secondary school students in Ogun State. While the specific objectives are:

✓ To find out how the observed school health programmes (improve the school environment, nutrition and food programmes, counselling and psychological services, health policies, and health services) would affect secondary school students in Ogun State

2.2 Hypotheses

The following hypotheses were tested:

- 1. Improve school environment will not significantly be perceived as an effect of school health programmes among secondary school students in Ogun State
- 2. Nutrition and food programmes will not significantly be perceived as an effect of school health programmes among secondary school students in Ogun State

3. Counseling and psychological services will not significantly be perceived as an effect of school health programmes among secondary school students in Ogun State

- 4. Health policies will not significantly be perceived as an effect of school health programmes among secondary school students in Ogun State
- 5. Health services will not significantly be perceived as an effect of school health programmes among secondary school students in Ogun State

3. METHODOLOGY

The study adopted a descriptive survey research design. This study population comprised all secondary school students in Ogun State. The number of participants for this study was three hundred (300) secondary school students in Ogun State. Purposive sampling techniques were used to select ten (10) public secondary schools in Ogun senatorial districts while a simple random sampling technique was used to select thirty (30) secondary school students from the ten (10) selected public secondary schools in Ogun State senatorial districts. A structured questionnaire was used to obtain data for the study. The data gathered from the administered instrument were analyzed using inferential statistics of chi-square (X^2) to test the hypotheses stated at 0.05 alpha level of significance

4. FINDINGS

Hypothesis 1: Improve school environment will not significantly be perceived as an effect of school health programmes among secondary school students in Ogun State

Table 1: Chi-Square Analysis of improving school environment and school health programmes

Alternatives	Observed	Percentage	Df	Table V	Cal V	Remark
	Value	(%)				
SA	88	29.33				
A	123	41	3	7.82	101.56	Rejected
D	85	28.33				
SD	4	1.33				
Total	300	100				

Independent Variable: Improve school environment

Table 1 shows that the calculated value is 101.56 which is higher than the table value of 7.82 at 0.05 level of significance and degree of freedom 3. The hypothesis which states that an improved school environment will not significantly be perceived as an effect of school health programmes among secondary school students in Ogun State was rejected. This implies that an improved school environment was significantly perceived as an effect of school health programmes among secondary school students in Ogun State.

Hypothesis 2: Nutrition and food programmes will not significantly be perceived as an effect of school health programmes among secondary school students in Ogun State.

Table 2: Chi-Square Analysis of nutrition/food programmes and school health programmes

Alternatives	Observed	Percentage	Df	Table V	Cal V	Remark
	Value	(%)				
SA	128	42.67	•			
A	74	24.67	3	7.82	79.48	Rejected
D	79	26.33				
SD	19	6.33				
Total	300	100				

Independent Variable: Nutrition and food programmes

Table 2 shows that the calculated value is 79.48 which is higher than the table value of 7.82 at 0.05 level of significance and degree of freedom 3. The hypothesis which states that nutrition and food programmes will not significantly be perceived as an effect of school health programmes among secondary school students in Ogun State was rejected. This implies that nutrition and food programmes were significantly perceived as an effect of school health programmes among secondary school students in Ogun State.

Hypothesis 3: Counseling and psychological services will not significantly be perceived as an effect of school health programmes among secondary school students in Ogun State.

Table 3: Chi-Square Analysis of counselling and psychological services and school health programmes

Alternatives	Observed	Percentage	Df	Table V	Cal V	Remark
	Value	(%)				
SA	68	22.67				
A	146	48.67	3	7.82	115.79	Rejected
D	74	24.67				
SD	12	4				
Total	300	100				

Independent Variable: Counseling and psychological services

Table 3 shows that the calculated value is 115.79 which is higher than the table value of 7.82 at 0.05 level of significance and degree of freedom 3. The hypothesis which states that counseling and psychological services will not significantly be perceived as an effect of school health programmes among secondary school students in Ogun State was rejected. This implies that counselling and psychological services were significantly perceived as an effect of school health programmes among secondary school students in Ogun State.

Hypothesis 4: Health policies will not significantly be perceived as an effect of school health programmes among secondary school students in Ogun State

Table 4: Chi-Square Analysis of health policies and school health programmes

Alternatives	Observed	Percentage	Df	Table V	Cal V	Remark
	Value	(%)				
SA	108	36	•			
A	106	35.33	3	7.82	90.03	Rejected
D	79	26.33				
SD	7	2.33				
Total	300	100				

Independent Variable: Health policies

Table 4 shows that the calculated value is 90.03 which is higher than the table value of 7.82 at 0.05 level of significance and degree of freedom 3. The hypothesis which states that health policies will not significantly be perceived as an effect of school health programmes among secondary school students in Ogun State was rejected. This implies that health policies were significantly perceived as an effect of school health programmes among secondary school students in Ogun State.

Hypothesis 5: Health services will not significantly be perceived as an effect of school health programmes among pupils in Ogun State.

Table 5: Chi-Square Analysis of health services and school health programmes

Alternatives	Observed	Percentage	Df	Table V	Cal V	Remark
	Value	(%)				
SA	140	46.67				
A	106	35.33	3	7.82	144.32	Rejected
D	49	16.33				
SD	5	1.67				
Total	300	100				

Independent Variable: Health services

The table above shows that the calculated value is 144.32 which is higher than the table value of 7.82 at 0.05 level of significance and degree of freedom 3. The hypothesis which states that health services will not significantly be perceived as an effect of school health programmes among secondary school students in Ogun State was rejected. This implies that health services were significantly perceived as an effect of school health programmes among secondary school students in Ogun State.

5. DISCUSSION

In Table 1, the result of statistical analysis revealed that an improved school environment was significantly perceived as an effect of school health programmes among secondary school students in Ogun State. This finding is supported by studies conducted by Gashaw (2015), who looked at the need for proper management of the physical environment to reduce environmental deterioration and optimize the advantages of a healthy environment. It is

impossible to overstate the benefits of an improved school environment for health and learning, which made it necessary to include the Healthy School Environment (HSE) component as a crucial and essential part of the overall School Health Programme (SHP) in the Nigerian National School Health Policy (NSHPo) of 2006 (Bosede, Akindulureni, & Obembe, 2021).

In Table 2, it was discovered from the study that the hypothesis which states that nutrition and food programmes will not be perceived as an effect of school health programmes among secondary school students in Ogun State was rejected. This means that the nutrition and food programme was significantly perceived as an effect of school health programmes among secondary school students in Ogun State. According to Mauer, Torheim, and Terragni (2014), school meals are acknowledged as a crucial component in ensuring excellent nutrition and health for schoolchildren, which supports the findings from this research.

Table 3, revealed that counselling and psychological services were significantly perceived as an effect of school health programmes among secondary school students in Ogun State. This outcome is consistent with Elia's (2013) explanation that school health programmes encourage the provision of services that will enhance students' mental, emotional, and social well-being. These services include assessments, interventions, referrals and community members. The organizational evaluation and consultation skills of counsellors and psychologists promote both the well-being of learners and their educational settings. Professionals providing such assistance include social service providers, professional psychologists, and specialized educational counsellors (Bakwai & Sarkin-Kebbi, 2017). Table 4 analysis of returned questionnaires revealed that health policies were significantly perceived as an effect of school health programmes among secondary school students in Ogun State. This result is in line with the report of Storey, Montemurro, Flynn, Schwartz, Wright, Osler, & Roberts, (2016) who believed that improving students' health and wellbeing should involve a school, parent, and community approach. The utilization of partnerships, advisory councils, and widespread stakeholders for school health can improve support for the programme's efforts. Schools regularly include parents and utilize neighbourhood services and resources to more effectively meet the prerequisites of students in terms of their health.

In Table 5, the results of the data analysis revealed that health services were significantly perceived as an effect of school health programmes among secondary school students in Ogun State. This finding is similar to those of Okonta (2017) who emphasized combined school, parent, and community strategies to enhance learners' health and well-being. Through the use of expert committees, partnerships, and widespread stakeholders, support for healthful school initiatives can be improved. To meet the needs associated with the health of students, schools should actively involve the parents and utilize community resources and services.

6. CONCLUSIONS AND RECOMMENDATIONS

The study came to a conclusion based on the results that improving the school environment, nutrition and food programmes, counselling and psychological services, health policies and health services were significantly perceived as effects of school health programmes among secondary school students in Ogun State Based on the conclusion, the following recommendations were provided:

1. When implementing the School Health Programmes, school managers/owners and other interested parties must make sure they adhere to the National School Health policy's implementation guidelines.

- 2. All schools should have a school clinic or sick bay with enough medication. All schools should have access to enough appropriate health resources, including first aid kits and referral services.
- 3. All schools should have access to doctors, dentists, nurses, and other medical professionals, and only medical professionals should be designated as school health masters. Every school should conduct frequent health exams, particularly during the admissions process, and conduct regular food and kitchen inspections.
- 4. To provide and maintain a School Health Programme, school managers/owners and administrators, the Ministry of Health, Ministry of Education, Ministry of Environment, and Ministry of Water Resources, among others, should step up their efforts.
- 5. All schools, from elementary through secondary levels, should maintain and execute school health education. Health education should all taught in all senior secondary schools across Nigeria.

REFERENCES

- Abodunrin, O. L., Adeoye, O. A., Adeomi, A. A., Osundina, F. F., & Ilori, O. R. (2014). Practices, scope and determinants of school health services in Osun State, Nigeria. *British Journal of Medicine and Medical Research*, 4(35), 5548.
- Abubakar, A. U., Oche, O. M., Awosan, K. J., Raji, I. A., Abdullahi, A. M., & Kaoje, A. U. (2021). Knowledge of School Health Programme among Public Primary School Teachers in Sokoto Metropolis, Northwestern Nigeria. *Journal of Community Medicine and Primary Health Care*, 33(1), 128-139.
- Adebayo, A. M., & Onadeko, M. O. (2015). Knowledge of school health programme among public primary school teachers in Oyo State, South-Western Nigeria: a rural-urban comparative study. *African Journal of Reproductive Health*, 19(3), 55-60.
- Bakwai, B., & Sarkin-Kebbi, M. (2017). Revitalising school health programme for effective school administration in Nigeria.
- Bosede, A. O., Akindulureni, K. C., & Obembe, T. A. (2021). Healthful School Environment Component of the School Health Programme: Roles of the Street-Level Bureaucrats in its Implementation. *Int J Innov Res Sci Eng Techno*, 6, 733-74.
- Cheung, P. (2020). Teachers as role models for physical activity: Are preschool children more active when their teachers are active? *European Physical Education Review*, 26(1), 101-110.
- Gashaw, T. (2015). The implications of watershed management for reversing land degradation in Ethiopia.

 Research Journal of Agriculture and Environmental Management, 4(1), 5-12.
- Kautz, T., Heckman, J. J., Diris, R., Ter-Weel, B., & Borghans, L. (2014). Fostering and measuring skills: Improving cognitive and non-cognitive skills to promote lifetime success.
- Mauer, S., Torheim, L. E., & Terragni, L. (2022). Children's participation in free school meals: A qualitative study among pupils, parents, and teachers. *Nutrients*, 14(6), 1282.
- Nash, M. (2013). Diagnostic overshadowing: a potential barrier to physical health care for mental health service users. *Mental Health Practice*, 17(4).

Poursadeqiyan, M., & Arefi, M. F. (2020). Health, safety, and environmental status of Iranian school: A systematic review. *Journal of Education and Health Promotion*, 9.

- Storey, K. E., Montemurro, G., Flynn, J., Schwartz, M., Wright, E., Osler, J., & Roberts, E. (2016). Essential conditions for the implementation of comprehensive school health to achieve changes in school culture and improvements in the health behaviours of students. *BMC public health*, 16(1), 1-11.
- Toma, B. O., Oyebode, T. O., Toma, G. I., Gyang, M. D., & Agaba, E. I. (2015). Evaluation of school health instruction in primary schools in Jos, North-Central Nigeria.
- Wason, D., Malden, S., & Jepson, R. (2018). Supporting the health and well-being of school-aged children through a school nurse programme: a realist evaluation. *BMC health services research*, 18(1), 1-10.