

Evaluation of Factors Influencing the Implementation of School Health Programme by Primary School Teachers in Kosofe Local Government Lagos State, Nigeria

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Abstract. The study investigated the various factors influencing the implementation of school health programme in Kosofe Local Government of Lagos State. Two hundred primary school teachers in ten primary schools were randomly selected for the study (n=200). Descriptive survey research design was adopted for the study while modified standardized instrument (24-items) known as the Monitoring and Evaluation Guidance for School Health Programme Questionnaire for Teachers (MEGSCHPQT) developed by UNESCO was used for data collection with reliability of $r=0.81$. Frequency counts, simple percentage and inferential statistics of chi-square were used for data analysis. The findings revealed that the teachers reported that capacity building ($X^2=35.60$), school infrastructure ($X^2 =15.30$) attitude of teachers ($X^2=20.65$) are significant factors influencing implementation of school health programme in Kosofe local Government. However, support supervision ($X^2= 1.7$) was not found significant. It is therefore recommended that training and capacity building for teachers should be carried out periodically by the school board through workshops and seminars and fund provided for proper maintenance of school infrastructures.

Keywords: school health programme, capacity building, support supervision, school infrastructures, teachers' attitude

1. Introduction

School health programme is a key for achieving good and healthy lifestyle for children and a sure way of nurturing them for future challenges in any nation. The National Academics of Sciences, Engineering and Medicine (2017), opined that one of the reasons for establishing comprehensive school health programmes has been that they will improve student academics performance and therefore improve the employability and productivity of our future adult citizens. Another reason relates to public health impact by means of reducing not only morbidity and mortality, but also health care expenditures. Learning the indices and imbibing the idea of school health programme is capable of improving the quality of learning and in the overall health development of the society.

A comprehensive school health programme 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 (National Academy of Sciences Engineering, Medicine, NMSA, 2017). School health programmes include health education but in addition, cultivate those components described above that provide services and additional support specific to individual student need. School health education is a planned,

sequential curriculum of experiences presented by qualified professional to promote the development of health knowledge, health-related skills, and positive attitudes towards health and well-being for students in preschool, primary and secondary schools. NMSA (2017), Wikipedia (2017), described the school health education as classroom teaching on the subject of health and hygiene in a pre and early adolescent settings. Health education covers the continuum from disease prevention and promotion of optimal health to the detection of illness to treatment, rehabilitation and long-term care.

The United Nations for Education, Sciences and Cultural Organisation (UNESCO, 2017), stated that improving the health conditions and process of learning among school children through school-based health and nutrition programmes are primarily based on two pertinent premises. Firstly, the relationship of quality of learning with the health conditions of students, and secondly, responsibility of the state to facilitate smooth physical and mental growth of children for their future role as productive members of the society. A third dimension as posited by UNESCO is the potential contribution of students in the dissemination of health and hygiene education messages to their parents and community at large. This phenomenon is also termed as child to child, and child to community transmission of information relating to health care and disease control.

Global experiences, according to UNESCO (2017), link success in school health programme with partnership between various departments and agencies, including Education, Health and Environment. UNESCO explained that all stakeholders in the development and upbringing of a school child should team-up to achieve the goal of school health programme. In exact words, UNESCO (2017), maintained that partnership and networking between relevant department and agencies provides an opportunity for concerted action to broaden the scope of school health programmes and make them more effective and beneficial for the target groups. It was further explained that effective school health programmes will transform

schools into child friendly environment, and contribute significantly to the promotion of Education for All. A number of factors, according to UNESCO influence the physical and mental health of school children, and their learning process. These factors include health condition of the children themselves physical and social environment in their school, quality of life of their parents, their own knowledge about health promoting practices and availability of health services around them.

Health Education and Social Health experts have come to agree that school health programme refers to all the aspects of the total school programmes which contribute to the understanding, maintenance and improvement of the health of the school population, that is, school children and staff. The programme should include school health services that deal with health appraisals, control of communicable diseases, record keeping supervision of the health of school children and personnel. Another one is school health instruction which should provide a formal classroom opportunity for passing on information concerning knowledge, habits, attitudes, practices and conduct that pertain to individual or group health. Healthful school environment programme deals with condition within the school that are most conducive to optimal physical, mental and emotional health, safety of pupils, satisfactory relations among pupils, teachers' administrator, as well as for rest, relaxation and recreation (Akani, Nkanginieme and Oruamabo, 2001). The programme, as opined by Akani, Nkaginieme and Oruamabo (2001), is usually integrated with activities within the homes and community. Its success therefore requires the co-operation and collaboration of the vital functional sector of the community. Akani Nkanginieme and Oruamabo further explained that if well run, the school health programme can be a vital tool in the educational process which ensures that pupils imbibe a culture of healthy development toward a challenging and productive adult life

Various studies have established that the standard of education in Nigeria had fallen and it continues to fall. The employers of labour

complain through print and electronic media about the huge sum of money they spend on retraining the school graduates to desirable levels of productivity. This according to Akani, Nkangineme and Oruamabo (2001) has contributed to the long-stand sub-optimal physical, mental and emotional environment of elementary and high schools which have resulted in graduates with non-productive aptitudes. There is therefore the need to invest energy and resources into school health programme that would benefit the entire community

Despite overwhelming concerns and efforts, schools are still wondering what the best options are for their students. Lack of physical activity, diet, parental involvement and student involvement, and school involvement are all factors that are affecting the health of school students. Contributing factor to the health of school students is not limited to in-school only, nutrition at home and parental involvement will have substantial impacts on how students imbibe the cultures of healthy living. The need to consider school health is borne out of the fact that the school is not only a factor but a force, an active contributor to the health of the citizens. The school is expected to modify its procedures to increase its effectiveness in encouraging the ultimate health changes desired. It is therefore imperative to determine the influences of factor such as capacity building, support supervision, school infrastructures, teacher's attitudes and some other indices on the implementation of school health programme in public primary schools in Kosofe Local Government of Lagos state. It is important to determine the factors that influence the implementation of school health programme because when carefully planned and implemented, the targeted health goals and problems can make a difference for a specific health outcome.

2. Methods and Materials

2.1 Participants

Two hundred [200] randomly selected primary school teachers from ten [10] selected primary

schools in Kosofe Local Government of Lagos State constituted the sample size for this study. Twenty teachers represented each school.

2.2 Instrumentation

Using the descriptive survey research design, a modified questionnaire items known as the Monitoring and Evaluation Guidance for School Health Programme Questionnaire for Teachers by the United Nations Educational, Scientific and Cultural Organisation [UNESCO, 2013] was utilized for this study. The modified questionnaire included 24 items on the study variables that elicited information on equitable school health policies for capacity building [6-items]; support supervision for school-based health education implementation [5-items]; school infrastructure and safe learning environment [6-items]; skill-based health education and teachers' attitudes [7 items]. The questionnaire was fashioned alongside Likert attitudinal scale, requiring responses to the degree of agreement or disagreement to stated items thus: Strongly Agree [SA]; Agree [A]; Disagree [D]; Strongly Disagree [SD]. The questionnaire was subjected to test-retest method of reliability test where Pearson's Product Moment Correlation Coefficient result stood at 0.81.

2.3 Data Collection

The researchers personally visited the ten schools to administer the questionnaire. The administration took place within one week. The participants found the questionnaire and instructions, self-explanatory. One hundred and forty-four [144] female teachers and fifty-six [56] male teachers responded to the questionnaire and returned the forms on the spot having properly fill them.

2.4 Data Analysis

The data collected for this study were coded and analysed using frequency counts, simple percentages and Chi-square statistical tools. The Alpha level was set at 0.05.

3. Result Presentation

Hypotheses Testing

Hypothesis 1: Capacity building will have no significant influence on implementation of school health programme in public primary schools.

Table 1: Chi-square analysis on capacity building and Implementation of School Health Programme

Response	Frequencies	Percentage	Chi-Square calculated	Df	Remarks
Strongly Agreed	20	10	35.60	3	Significant
Agreed	28	14			
Disagreed	70	35			
Strongly Disagreed	82	41			
Total	200	100			

$X^2= 35.60$; df 3; Alpha level = 0.05

The table above shows that at df 3, the calculated Chi-Square value of 35.60 is greater than the table value of 7.82 at 0.05 alpha level. This implies that the hypothesis one, which states that capacity building will have no significant influence on implementation of school health programme in public primary schools is hereby, not accepted. That is, it was found significant and thus, capacity building will have significant influence on implementation of school health programme in public primary schools.

Hypothesis 2: Support supervision will have no significant influence on implementation of school health programme in public primary school.

Table 2: Chi-Square analysis on support supervision and influence on school health programme

Response	Frequencies	Percentage	Chi-Square calculated	Df	Remarks
Strongly Agreed	62	31	1.7	3	Not Significant
Agreed	64	32			
Disagreed	46	23			
Strongly Disagreed	28	14			
Total	200	100			

$X^2=1.7$; df 3, Alpha level = 0.05

As shown in table 2 above, the calculated Chi-Square value of 1.7 at df of 3 at significant level of 0.05 was found less than the table value of 7.82. By implication, the hypothesis 2, which states that support supervision will have no significant influence on implementation of school health programme in public primary school is not significant, and therefore accepted. That is, support supervision will have no significant influence on implementation of school health programme in public primary schools in Lagos State.

Hypothesis 3: School infrastructure will have no significant influence on implementation of school health programme in public primary schools.

Table 3: School Infrastructure and Influence on Implementation of School Health Programme

Response	Frequencies	Percentage	Chi-Square calculated	Df	Remarks
Strongly Agreed	36	18	15.30	3	Significant
Agreed	44	22			
Disagreed	74	37			
Strongly Disagreed	46	23			
Total	200	100			

$X^2= 15.30$; df, 3, Alpha level = 0.05

The table 3 indicates that the calculated Chi-Square value of 15.30, df 3 at 0.05 significant level is greater than the table value of 7.82. By implication, the hypothesis 3, which states that school infrastructure will have no significant influence on implementation of school health programme in public primary schools, is

hereby rejected. That is the teacher indicated that school infrastructure will have significant influence on implementation of school health programme in public primary schools in Lagos State.

Hypothesis 4: Attitude of teacher will have no significant influences on implementation of school health programme in public primary school.

Table 4: Attitude of Teachers and Influence on Implementation of School Health Programme

Response	Frequencies	Percentage	Chi-Square calculated	Df	Remarks
Strongly Agreed	27	13.5	20.65	3	Significant
Agreed	40	20			
Disagreed	70	35			
Strongly Disagreed	63	31.5			
Total	200	100			

$X^2 = 20.65$; df 3, Alpha level = 0.05

As shown in table 4 the Chi- Square calculated value of 20.65 was obtained from the responses to the questionnaire items with a degree of freedom 3(df=3), table value of 7.82 at 0.05 level of significance, the fourth hypothesis which states that attitude of teachers will have no significant influence on implementation of school health programme in public primary schools is hereby rejected. This means that the attitude of teacher will have significant influence on implementation of school health programme in public primary schools in Lagos State.

4. Discussion of Findings

The result of the data analysed showed that the teachers believed that capacity building will significantly influence the implementation of school health programme in Lagos State public primary schools. When school health programme takes capacity building into cognizance for its implementation, developing and strategically planning of events will thus require human efforts. The humans that will implement the programme need to be well trained in order to acquire the necessary information, skills and resources for the successful implementation of school health programmes. The findings in the first hypothesis corroborates the position of the World Health Organisation (WHO, 2007), that capacity building as a strategy can help to create environments conducive to health through pre-service and in-service training for teachers, training follow-up support, and infrastructure developmental plan, implement, monitor, and evaluate school health programmes. It was

further expressed that University teacher education programmes can provide the pre-service training that will help teachers integrate health promotion into their professional activities. Crisp, Swerissen and Duckett (2000), also maintained that capacity building should either be a strategy for achieving a healthy society or as an objective in its own right. It was further opined that individuals, organizations, and societies can all gain through building social capacity which involves developing high levels of co-operation, reciprocity and trust as members of the community work together for mutual social benefits. Thus it was explained that underpinning of these goals typically involves a process of capacity building in respect of a wide range of strategies and programme for children’s vaccine programme processes which have ultimate aim of improved health practices which are sustainable.

The findings of hypothesis two revealed that teachers believed that support supervision will have no significant influence on implementation of school health programme in public primary schools. This caused the hypothesis to be accepted. The teachers may partly believe that once they have been trained by experts, the onus is now on them to implement the school health programme with minimal or no supervision. The Programme for Appropriate Technology in Health supervision (PATH, 2017), stated that supportive supervision requires staff time, costs for per diem, and travel to remote sites. And that health budgets frequently do not allocate sufficient funds or personnel to conduct supportive supervision, making regular visits

difficult to finance and coordinate. Furthermore, supervisions need support and authority from the central or district level to implement supervision or make changes to improve services at a health facility. PATH (2017), discovered that supervisory skills are needed to efficiently evaluate health facilities across the many sectors for which they are responsible. In addition, to assessing performance, supervisors are also expected to monitor services evaluate management, and ensure that the health facility supply chains are working properly – all in a short period of time. Consequently, they are unable to provide adequate technical guidance and feedback to improve services delivery. The American School Health Association (2017) posited that district politics and administrative guidelines should eject a commitment to attain desired student outcomes essential to optimal physical and mental health. To this end, it was suggested that the chief administrator, the school board and the school health coordinating council receive, report on actions taken and result achieving related to student outcomes, along with the action plan for continuous improvement in health education. In order to have an adequate and comprehensive supervision, implementation of the comprehensive school health programmes, members can include educators or child nutrition director and other school health and mental health professionals as well as community members, including but not limited to representatives from the health district social services juvenile, justice, voluntary health agencies business and mental health agencies. Hypothesis three was tested and the result reported rejected, that is, the teacher responded that school infrastructure will have significant influence on implementation of school health programmes in public primary schools. Many schools' infrastructure are located in highway areas and closer to motor- parks in some parts of Lagos State. Exposure to high concentration of vehicle exhaust is toxic to humans. The World Health organization (WHO, 2016) pointed out that potentially, many changes can be implemented to improve school's physical structure and environment in order to have a well implemented school health programme. These putting into consideration, the schools physical infrastructure and environment can be

the starting point to educating students, teacher and parent about the relationship among the infrastructures, environment and schools. A good infrastructure will bring a healthy school environment which can directly improve children's health, implementation of school health programme, effective learning and thereby contribute to the development of healthy adults as skilled and productive members of society. In a study of the primary schools in a local government area, South West Nigeria by Olatunya, Oseni, Ogundele, Oyelami(2014), it was found out that school infrastructure and environment accounted for various forms of health hazards and unhealthy states of primary school environment. Not having good infrastructure is capable of imparting poorly on school health programme. It is a reflection of poor knowledge of what is necessary to make school health programme successful. Poor Infrastructure has a health implication of polluting or contaminating school environment. Abdulkadir and Abdulkadir (2017) also discovered that schools who use water closet system depend largely on regular water supply and considering the poor maintenance culture of Nigerians which reflects in the management of school system, pit latrines that are easily maintained should be the major infrastructure for most schools in order to prevent indiscriminate sewage disposal in some extreme corners of the school premises. Systematic medical inspection and examination of schools can only be done in a situation where there is infrastructure that can cater for some primary health care issues. The system of medical check-up has been in existence for a number of years, yet the outcome of the result have not been satisfactory because adequate and modern infrastructure are not usually provided for schools. The authorities expect the parents to cater for their children and wards for health issues in their respective homes and chosen clinic and hospitals.

The hypothesis four was found significant as teachers responded that their attitude will have significant influence on implementation of school health programme in public primary schools. The positive attitude of teachers is very essential for the successful implementation of

any school health programme. The teachers are the key actors and the final executors of the school health programme and as such, the authority and policy - makers should design motivational strategies that can help to spur them into performance and favourable attitude toward implementing the programme. In a study of knowledge, attitude and practice of school health programme among head teachers of primary schools in Ego Local Government area of Edo State, Nigeria, Ofovire and Ofili (2007) found out that a favourable attitude of the head teacher was attributed to success of health policy of primary health care base and supervision. Thus, it was suggested that to ensure favourable and positive attitudes of teachers, the environment should be made conducive for teacher to perform while commensurate remuneration should be given for their extra efforts in the school environment. In a related vein, Abdulkadir and Abdulkadir (2017), in a study of the survey of head teachers of private schools regarding knowledge and implementation of the school health programme in Ilorin, found out that periodic medical examination being carried out by medical officers and other health workers in schools was made possible and recorded success because the teachers were favourably disposed to it. It was therefore recommended that incentives and adequate training will bring about positive attitude and disposition on the part of teachers who have the role of providing vital information that will to promote knowledge and understanding on the causes, effects and preventive strategies that can lead to positive behavioural change towards health issues and physical activities among pupils.

5. Conclusion

This study concludes that capacity building of teachers will assist in great measure for successful implementations of school health programme. Required infrastructure is a key and important tool that is germane and teachers are the most important factor.

Partnership and collaborations among stakeholders should be given adequate

consideration for a successful implementation of school health programme.

6. Recommendations

Homes and communities should be partnered. The teachers are the final executors of school health programme, thus, they need to be well informed and equipped through capacity building and capacity development so that desired results can be achieved. Training of teachers through workshops and seminars should be complemented with motivation so that positive attitudes of teachers can result into goals attainment. School infrastructures should be adequate while provisions for proper maintenance, as attested to in this study should be carefully planned and implemented.

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