

## School Health Programme A Parameter for Sustaining Quality Education in Nigeria

DR. JOSEPH OLUROTIMI OGUNLADE  
MRS. BABATUNDE CHRISTIANAH ADEKEMI  
MR. AKEREDOLU SAMUEL AYODELE  
COLLEGE OF EDUCATION, IKERE EKITI.

### Abstract

The study investigated effective Teaching and learning in secondary schools through school Health programme as a means of sustaining quality education. Two research questions were raised and two hypotheses were formulated. The instrument used to elicit information was a questionnaire designed by the researchers titled School Health Programmes and effectiveness of teaching and learning Questionnaire. The validity of the instrument was ascertained through face and content validity while its reliability was ensured through test-retest method and a coefficient of 0.71 was obtained. The descriptive survey research design was used for the study. The population of the study was all the teachers in Nigeria Secondary Schools with a sample of four hundred and three teachers' selected using simple random sampling technique. The data were analysed using descriptive and inferential statistic. The result of the analyses showed that school health programme promotes effective teaching and learning. The result also shows that teachers have a good knowledge of school health programmes and that it helps in the improvement of teaching learning and could be used to guarantee quality education. It was therefore concluded that government should step up their campaign to strengthening health issues in the schools to enable optimal performance of the teachers in ensuring effective teaching and learning in the schools and sustenance of quality education in Nigeria.

**Keywords;** SCHOOL HEALTH, PARAMETER, SUSTENACE, QUALITY EDUCATION.

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### Introduction

School health programmes are said to be one of the most efficient strategies that a nation might use to prevent major health and social problems. Next to the family, schools are the major institution for providing the instruction and experiences that prepare young people for their roles as healthy, productive adults.

Marx, Eva, Wooley and Susan, (2008) added that health and success in school are inextricably intertwined. Good health facilitates children's growth, development, and optimal learning, while education contributes to children's knowledge about being healthy. Studies of young people have found that health-risk behaviours negatively affect, education outcomes, including graduation rates, class grades, and performance on standardized tests, education behaviours, including attendance, dropout rates, behavioural problems, and degree of involvement in school activities such as homework and extracurricular pursuits and student attitudes, including aspirations for postsecondary education, feelings about safety at school, and positive personal attitudes.

Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially. Children who are sick, hungry, abused, using drugs, who feel that nobody cares, or who may be distracted by family problems are unlikely to learn well. One child's lack of progress can impede the learning of the other children in the classroom as well. Education reform efforts are bound to be of limited effectiveness unless health-related barriers to learning are directly addressed. Allengrate, Tyson (2012) wrote that "First among those barriers are poor physical and mental health conditions that prevent students from showing up for school, paying attention in class, restraining their anger, quieting their self-destructive impulses, and refraining from dropping out". When surveyed, most parents and members of the general public consistently rate health as an important topic that schools should address.

Allensworth, Diane (1994) opined that a healthy school environment attends to the physical and aesthetic surroundings and to the school's psychosocial climate and culture, thus protecting the health and safety of students and staff and promoting health-enhancing behaviours. Physical environmental concerns include indoor and outdoor safety hazards, access to sufficient quality of safe drinking water, facilities for proper sanitary disposal of excreta, provision of specialized toilets for learners with special needs and introduction of sound hygienic behaviours (such as proper hand washing) to prevent and reduce the burden of diseases. Biological or chemical agents that might be detrimental to health, air temperature and quality, precautions for infection control, lighting, noise levels, and access for persons with disabling conditions. The purpose is to promote healthy practices among learners and members of the school community in order to prevent water and sanitation-related diseases, and thereby maximize the benefit from education (FME, 2000B)

Murphy, (2008) explained that the psychological environment includes the interrelated physical, emotional, and social conditions that affect the well-being and productivity of students and staff, including physical and psychological safety, positive inter-personal relationships, recognition of needs and successes of the individual, and support for building self-esteem in students and staff. In considering the school environment, there are things that both large and small schools can implement. In fact, a large body of research in the affective and social realms overwhelmingly affirms the superiority of schools with small enrolments.

Bullying and harassment can have damaging effects on students' health and well-being. Those who manage school environments also need to actively encourage health-enhancing behaviours by assuring that nutritious foods are available as an affordable option whenever food is served or sold, providing convenient and appealing opportunities for physical activity, enforcing tobacco-free policies, and conducting educational campaigns to promote positive health behaviours.

Teaching and learning improvement as a means of sustaining quality education should be high on the agenda of any nation's educational policy which is strongly focussing on student outcomes, the characteristics of the schools and classrooms. Teaching effectiveness recognizes that teacher effects such as teacher behaviours, classroom climate and pupils/ teachers interaction are four to five times more important than school effects (Amt & Rcha 2012; Oghuubu 2007 and Okoro 2005) opined that for teaching to be effective the outcome of such school must be designed to recognize and respond to the diverse needs of their learners, accommodating different styles and rates of learning and ensuring quality education for all, through the use of appropriate curricula, infrastructural arrangements, teaching strategies, resource use, commitment to health enhancing behaviours and partnerships with their communities. However, most parents and members of the general public consistently rate health as an important topic that schools should address.

### **Statement of the Problem**

It is on record that there is no reliable data on the implementation of school health programmes. There are indications that few schools operate comprehensive, coordinated programme design to systematically address the schools major health risk. Health services facilities are not available in some schools and few schools are known to sponsor health promotion activities for staff. (UNESCO, 2004). It is the belief of these researchers that teachers should work to ensure that school establishes and maintain comprehensive, well-coordinated health programmes hence, the reason for this research.

### **Purpose of the Study**

The purpose of the study was to examine the influence of school health programme on teaching and learning in the school. The study therefore investigated the extent to which psychosocial health, physical health, nutritional status, safety and security were able to achieve the objective of encouraging academic and professional growth of teachers in the classroom.

### **Research Questions**

To be able to make an objective assessment of the product of school health programme. The following research questions were raised.

- (i) Will school health programme promote effective teaching and learning?
- (ii) Will teachers with the knowledge of school health programme teach better in class than those without?

### **Hypotheses**

The following hypotheses were tested

- (i) School health programme will not significantly promote effective teaching learning.
- (ii) Having knowledge of school health programme will not significantly bring better teaching among teachers.

### **Methodology**

Descriptive survey research design was used to enable the researchers provide final assessment of the overall impact of the programme on the populace in the light of the objectives of the programme.

The population for the study comprised of all teachers in Nigerian Secondary Schools. The sample consisted 403 teachers in Nigeria who were selected using simple random sampling techniques from the sampled areas.

The instruments used was a questionnaire titled School Health Programmes and Effectiveness in Teaching Learning Questionnaire (SHPTLQ). The questionnaire has two parts (A & B). Part A is the bio-data which sought information on name of Institution attended by teacher, year of graduation, sex, qualification, area of specialization, present employer, school, position in school, status. The respondents were asked to fill the bio-

data as appropriate to them. Part B of the questionnaire consisted of 25 items which sought information concerning the impact of school health programme on teaching and learning.

The methods used in validating the instrument were face, and content validity procedures. Fifty-four items were constructed. These items were presented to specialists in Tests construction and researchers in teaching profession who have been involved in research for a long time. For face validation, experts determined at face value the appropriateness of the instrument in measuring what was studied to ascertain if the instrument contained the appropriate items which could actually elicit the intended responses on teaching learning effectiveness. Experts reviewed the items in terms of clarity to ensure that all words that could confuse respondents or research assistants were removed. In all twenty four items were used for the study. Experts' judgments were also used in ensuring content validity.

A test-retest method was used to ascertain the reliability of the instrument. 30 copies of the questionnaire were administered on the respondents that were not part of the sample used for the study. After two weeks of first administration the test was re-administered. Pearson Product Moment Correlation coefficient was used to analyse the two tests and a reliability coefficient of 0.69 was obtained. This was found to be reasonably high and therefore considered reliable for the study.

Four research assistants were used. Each of the research assistants was instructed to visit the sampled schools for the administration of the instrument. The researchers and research assistants were able to reach the teachers at their work places. Personal contact between the researchers, research assistants and respondents enhanced better understanding of the items in the instruments. The copies of the questionnaire were collected after completion.

The data generated were analysed using percentages, frequency counts, and chi square.

## Results

This aspect of the paper presents the analysis of the data collected for the study.

**Research question 1:** Will school health programme promote effective teaching learning?

In analysing this general question, scores of responses of respondents were collected and the analysis was made on the basis of responses of the teachers. The findings are shown below in table 1.

**Table 1:** Respondents Perception on school health programme in promoting Teachers Effectiveness

S/N	Items	Teachers	
		Agreed	Disagreed
1	School health will facilitate optimal learning	93.1%	6.9%
2	School health contribute to well-being of learners	84.9%	15.1%
3	It guarantee good interpersonal interaction among learners.	86.1%	13.9%
4	It promotes all round development in the child	74.4%	25.6%
5	Do you have school health facilities in your school?	81%	19%

Table 1 shows that 93.1% of the teachers agreed that School Health will facilitate optimal learning. 84.9% agreed that school health contribute to wellbeing of learners. 86.1% said that school health programme will guarantee interaction among learners. 74.4% also agreed that it will promote all round development in the child while 81% concurred that school health facilities are available in their schools. From the above, it could be confirmed that school health issues are sacrosanct to effective teaching in the schools.

**Question 2:** Will teachers with the knowledge of school health programme teach better in class than those without?

In analysing this general question, scores of responses of teachers were collected and the analyses were made on the bases of their responses. The finding is shown in Table 2.

**Table 2:** Responses of respondents on the knowledge of health

		Teachers	
		Yes	No
1	Have you attended any seminar or training on school health programme?	89.1%	10.9%
2	Do you think school health is important in the school system?	91.8%	8.2%
3	Do you think school health help in better understanding of learners?	89.6%	10.4%
4	Do you think school health can better help you to impact knowledge in your student?	84.9%	15.1%
5	Can you handle school health facilities effective?	81.0%	19.0%

Table 2 revealed that 89.1% of the respondents subscribed to attendance of seminar and training in school health programme. 91.8% agreed that school health programme is vital in boosting teaching and learning. 89.6% also agreed that school health programme entrance better understanding of the learners and 84.9 belief that good understanding of the learners will allow easier impartation of knowledge in the student. While 81% agreed a high level of proficiency in handling health facilities towards effective teaching of students. It is also confirmed that teachers with knowledge of health programmes teaches better than those without.

**Hypothesis 1:** School health programme will not significantly promote effective teaching learning.

To analyse this hypothesis, chi-square was used. The result of the analysis is shown in table 3 below.

**Table 3:** Chi-square ( $\chi^2$ ) analysis showing the effect of school health programme on teaching learning.

S/N	Items	Teachers				
		No	Yes	$\chi^2C$	$\chi^2t$	df
1	School health will facilitate optimal learning	93.1	6.9%	31.892		
2	School health contribute to well-being of learners	84.9%	15.1%	36.372*		
3	It guarantee good interpersonal interaction among learners.	86.1	13.9%	18.489		
4	It promotes all round development in the child	74.4%	25.6%	56.948		
5	Do you have school health facilities in your school?	81%	19%	94.550*	3.86	1

\*significant at .05 level

Table 3 shows that the null hypothesis was rejected at .05 level of significance which implies that school health programme promotes effective teaching and learning in schools.

**Hypothesis 2:** Having knowledge of school health programme will not significantly bring better teaching among teachers.

**Table 4:** Chi-square ( $\chi^2$ ) analysis showing the effect of having the knowledge of school health programme on better teaching among teachers.

S/N	Items	Teachers				
		Yes	No	$\chi^2C$	$\chi^2t$	df
1	Have you attended any seminar or training on school health programme?	89.1%	10.9%	55.649		
2	Do you think school health is important in the school system?	91.8%	8.2%	76.740		
3	Do you think school health help in better understanding of learners?	89.6%	10.4%	46.465		
4	Do you think school health can better help you to impact knowledge in your student?	84.9%	15.1%	29.192		
5	Can you handle school health facilities effective?	81.0%	19.0%	69.070	3.84	1

\*significant at .05 level

Table 4 shows that the null hypothesis was rejected at .05 level of significant which indicated that teachers who have knowledge of school health programme teaches better in the classroom.

### Discussion

The study investigates effectiveness of teaching and learning through school health programmes. In the analysis several findings were made. The finding revealed that teachers have good knowledge of school health programme. This finding supports Marx Eva, Wooley and Susan, (2008) who added that health and success in school are inextricably intertwined. Good health facilitates children's growth, development, and optimal learning, while education contributes to children's knowledge about being healthy. The finding of this study also revealed that psychosocial health encourages interpersonal interaction among learners. This finding supports that of Murphy, Michael (2008) found that the psychological environment includes the interrelated physical, emotional, and social conditions that affect the well-being and productivity of students and staff.

The study also revealed that physical health, sanitation are sacrosanct to effective teaching and learning. This agrees with the report of Allensworth, Diane (1994) who found that a healthy school environment attends to the physical and aesthetic surroundings and to the school's psychosocial climate and culture, thus protecting the health and safety of students and staff and promoting health-enhancing behaviours.

### Conclusion

The study has confirmed that School Health Programme are sacrosanct to effective teaching and learning. The implication of this is that not all factors that enhances good performance of teacher and learners are resident in them. Therefore there is the need to look outside the duo in boosting teaching and learning by serving as a parameter to sustaining quality education in schools which makes school health programme top priority.

### Recommendations

Based on the findings, it was therefore recommended that government and non-governmental organizations should step-up their campaign to strengthen school health programmes in schools.

In practical terms, government should also afford to make available good water projects in schools.

Schools should also provide toilet facilities for both male and female students.

Another recommendation is that provision of washing hand basin and soap for students to wash their hands should be made compulsory in all schools.

It is also recommended that the programme of free feeding should be made compulsory in all schools.

Furthermore, a concerted effort by government and individuals to strengthen the security and safety of the students should be made a priority.

Finally, all schools must be kept clean at all times.

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