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# National School Health Policy in Nigeria; Survey of teachers' perception and implementation in public schools in Ebonyi State

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**Abstract:** *Background:* The National School Health Policy (NSHP) was enacted and adopted in Nigeria in 2006 as a guide to the implementation of the School Health Programme (SHP) for the maintenance and improvement of the health of children in school.
*Objectives:* We decided to undertake a survey of the implementation of this policy in public schools in Ebonyi state, southeast Nigeria by assessing the Head teachers' perceptions, attitude, and practice and to determine possible challenges, if any, in the policy implementation.
*Method:* A descriptive cross-sectional study was carried out on 788 public primary and secondary schools in Ebonyi state using pre-tested structured questionnaires administered to their head teachers. Information on school demographics, school health services; school environment, skill-based health instructions in schools and, perceived enablers or barriers to school health implementation were retrieved.
*Results:* About 65% of participants were unaware of the existence of the NSHP document. None of the schools reported pre-entry medical examination of students, 49.6% had no latrines, 42.1% had no source of water at school, and 45.1% had no teacher trained in Health education. Some of their perceived challenges were low awareness and commitment of school managers, the absence of health workers in school, and lack of teachers training on School Health Programme.
*Conclusion:* Poor knowledge and understanding of the NSHP amongst the teachers, lack of basic human and material resources for health-promotion in schools may have contributed to the seemingly low attitude and practice of the NSHP in public schools of Ebonyi State, Nigeria.

**Keywords:** School, health policy, knowledge, implementation, challenges, teachers, school health Programme, Nigeria

## Introduction

The National School Health Policy (NSHP) was enacted and adopted in Nigeria in 2006 as a guide to the implementation of the School Health Programme (SHP) for the maintenance and improvement of the health of children in school.[1] Therefore, it is a legal backing and a sign of commitment by the government towards ensuring the health of children in school. Investing in the health of children is a contributory and wise way of ensuring the health of the future. The school provides a great opportunity to access a lot of children through the on-going implementation of the sustainable development goal (SDG) 4 'Ensuring an inclusive and quality education for all and promoting lifelong learning' as the foundation to improving people's lives and sustainable development.[2] There is a cyclical relationship between education and health.[3] Poor health affects education through school absenteeism, cognitive dysfunction, and learning disabilities while poor education may culminate in low income/resources leading to poor health.[4]
School Health Programme is that which helps ensure that children enroll and stay in schools, learn more while in school, and develop healthful skills and behaviors that are not only self-protective but also transferable to the family.[5]

The National School Health Policy document was published 14 years ago by the Federal Ministry of Education, following a multi-sectoral stakeholder involvement

of Ministries and organizations concerned with health and development.[1] The status of implementation of this policy in schools in different parts of Nigeria have been reported by several authors. Ademokun, et al,[6] in Ibadan, reported poor implementation due to lack of funds and inadequate health facilities. Kuponiyi et al [7] quantitatively assessed school health services and its practice among public and private primary schools in Ogun State, Western Nigeria and noted poor implementation because of low levels of knowledge about school health services amongst the teachers as well as lack of health personnel within schools to assist in implementation. Similarly, Toma et al[8] in Jos, Northern Nigeria, noted generally poor school health services in public and private primary schools. Bisi-Onyemaechi et al[9] also reported a poor status of school health services in Enugu, southeast Nigeria. These studies highlight the importance of knowledge about School Health Programme among school managers or teachers, need for health workers in school and funds for effective NSHP implementation. They suggest the possibility of challenges to policy implementation. To improve the policy process, it is vital to identify the factors that foster or undermine policy implementation.[10]

Ebonyi state is a relatively young state of the south eastern part of Nigeria, promoting universal basic education. A survey of the implementation of NSHP in public schools in the State was carried out by assessing the Head teachers' perceptions, attitude, practice and possible challenges, if any, in the policy implementation, taking cognizance of their position as administrative Heads who supervise all school activities.

## Methods

Study design: The study was a descriptive, cross-sectional survey, carried out between November 2017 and August 2018 in Ebonyi state, a southeastern state of Nigeria. It was a total population study of the head teachers of public primary and secondary schools within the state. Only 10 Local Government Areas (LGAs) out of 13 availed their head teachers to participate and they were from schools in Ebonyi, Ohaukwu, Izzi, Abakaliki, Ikwo, Ezza North, Afikpo south, Ivo, Ohaozara and Onicha LGAs. At least 2 – 4 LGAs were from each of the three Senatorial zones (North, South, and Central) of the state.

Study participants; All consenting head teachers of all the public primary schools and secondary schools in the selected LGA were eligible to participate.

Study instrument; The study instrument was a questionnaire, locally adapted from the Monitoring and Evaluation Guidance for School Health Programme developed by United Nations Educational Scientific and Cultural Organization.[13] The questions were structured into six subsections (A to E). Section A documented the school's demographics and the general knowledge of the head teachers on School Health; Section B covered the school health services available in the school; Section C assessed the school's environment for health; Section D concerned skill-based health instructions in school; Section E was devoted to the head teachers' perceived enablers or barriers to school health implementation. The validity and reliability of the tool were further tested using the Cronbach alpha which gave a value of 0.8.

With ethical approval obtained from the Ebonyi State University Research Ethics Committee and permission obtained from Ebonyi State Universal Education Board, the questionnaire was pretested on 15 school head teachers randomly selected from three different Local Government Areas in the state not involved in this study, to check the clarity of the questions. Meanwhile, a data collection team had been trained on the method and appropriate interpretation of the various questions. Data collection days were scheduled on days for monthly meetings of Head Teachers with their respective Education Secretaries. In each Local Government Area, the Education secretaries function as the lead staff of the Local Government Education Authority (LGEA) usually responsible for the supervision of administrative affairs in public primary and secondary schools in the Area.

Data collection was done using structured self-administered questionnaires given to every consenting Head teacher, by the trained research assistants during the meetings. Clarifications were offered where necessary. It took about 20 minutes to fill the questionnaire. The questionnaires were immediately collected after the session and turned in for sorting and data analysis. In all, nine hundred and sixty seven (967) questionnaires were turned in but only 788 of them were correctly filled and found eligible for analysis. This translated to 788 head teachers' participation, out of which, 78 were from the Secondary schools.

Data obtained were analyzed for simple frequencies and percentages, using IBM Statistical Statistical Package for Social Sciences for Windows, version 23. (IBM Corp, Armonk, N.Y., USA). The Head teachers' perception of enablers or barriers to the School Health Programme implementation was assessed using a five-point Likert scale which ranged from 1-5, (1 = Strongly disagree, 2 =disagree, 3 = not sure, 4 = agree, and 5 = Strongly agree). Values below three points were considered low, whereas values ranging from 3–5 points considered high.

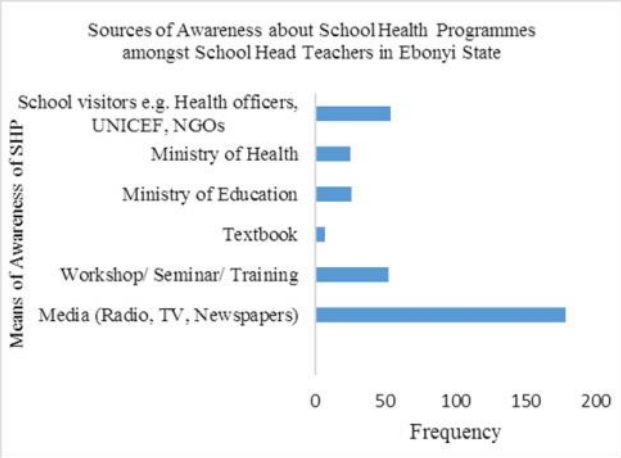
## Results

Seven hundred and eighty eight head teachers' responses, one from each of the788 public primary/ secondary schools in the state and covering 10 local Government areas (LGAs) were analyzed. The LGAs were Abakaliki (7.8%), Afikpo (6.5%), Ebonyi (7.5%), Ezza (9.5%), Ikwo (14.1%), Izzi (16.1%), Ivo (12.2%), Ohaozara (9.0%), Ohaukwu (9.3%), and Onicha (7.0%). The numbers of pupils in the schools ranged from 160 to 460 with a median of 289. Most of the head teachers

(60.5%) reported having heard of the term School Health Programme (SHP), but only about 31% of the respondents showed a reasonable level of understanding of the SHP judging from the answer selected as best option from a given list of possible answers in the questionnaire.

Those that were aware of the existence of the SHP obtained their information from various sources as shown in Figure 1 below.

**Fig 1:** Sources of awareness about school health Programme among school head teachers in Ebonyi state




Two hundred and seventy six (35%) admitted awareness of the existence of the National School Health Policy document: their sources of information are shown in Figure 2. The highest source was from the media with very few from the Ministry of Education.

**Fig 2:** Sources of awareness about the National School Health Policy among school head teachers in Ebonyi state

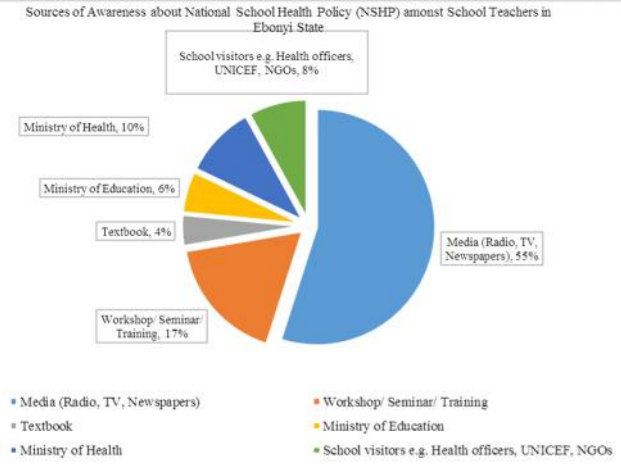



Table 1 below shows different health-oriented services available in the public schools. The commonest reported activity was environmental sanitation such as keeping the classroom clean (55.5%). None of the schools reported pre-entry medical examination of the pupils or the availability of a school clinic.

**Table 1:** Health-oriented activities offered in the public schools in Ebonyi state as reported by the Head teachers (n=788)

| Health-oriented services offered | No of respondents | Percentage (%) |
|---|---|---|
| Ensuring environmental sanitation | 333 | 55.7 |
| Provision of water and soap for hand-washing | 133 | 22.2 |
| Provision of toilets/urinals | 108 | 18.1 |
| Invitation of resource persons for health/environmental talk | 44 | 7.4 |
| Provision of First Aid in school | 195 | 32.6 |
| Physical education/games/sports | 73 | 12.2 |
| Health education on hygiene | 177 | 29.6 |
| Administration of drugs/vaccines | 70 | 11.7 |

Table 2 below illustrates the availability of Water, Sanitation, and Hygiene facilities in the various schools as reported by the Head Teachers. The commonest means of sewage disposal reported was the open defaecation method as 49.6% (367/788) had no toilet facility and so used the bush for defecation. The toilet to pupil ratio ranged from 1:50 to 1: ≥ 100 pupils, above the recommended ratio of 1:30 pupils. Altogether, 57.3% of schools had some water source, the commonest being from a borehole

**Table 2:** Water, Sanitation and Hygiene facilities in the schools as reported by the head teachers

| Facility | Options | No of respondents (n=788) | Percentage (%) |
|---|---|---|---|
| Method of sewage disposal | Bush/open defecation method | 367 | 49.6 |
| | Pit latrine | 286 | 38.6 |
| | Ventilated improved pit latrine | 47 | 6.4 |
| | Water cistern toilets | 84 | 11.4 |
| No of Toilets per school | ≤ 2 | 286 | 64.4 |
| | 3 to 4 | 105 | 23.6 |
| | > 4 | 53 | 11.9 |
| Availability of water source | Yes | 434 | 57.3 |
| | No | 323 | 42.7 |
| Type of water source | Well | 53 | 12.2 |
| | Tap water | 49 | 11.3 |
| | Bore hole | 316 | 72.8 |
| | Others | 16 | 3.7 |

Others = surface water eg streams, rain water

Table 3 below illustrates the availability of human and material resources for skill-based Health Education. Ten percent of the schools had more than two teachers trained in Health Education. Most schools taught Health education sparingly, with 32.1% teaching health education more than twice a week. Over 80 % of the schools reported a lack of materials such as posters, charts, audiovisual, textbooks effective skill-based health education.

**Table 3**: Skills-based Health Education and availability of resources in public schools in Ebonyi State

| Parameter assessed | Options | No. of respondents | Percentage (%) |
|---|---|---|---|
| Number of teachers with specialized training in Health Education | 0 | 347 | 45.1 |
| | 1 to 2 | 345 | 44.8 |
| | > 2 | 78 | 10.1 |
| Number of times Health Education is taught per week | 0 | 135 | 17.1 |
| | 1 to 2 | 400 | 50.8 |
| | > 2 | 253 | 32.1 |
| Facilities or materials for a practical demonstration of skills in Health Education | Yes | 115 | 15.6 |
| | No | 621 | 84.4 |

With median and modal Likert scale scores of "5" for each item, there was almost uniform "strong agreement" on the part of respondents that teacher's training, availability of health workers in the schools, increased awareness and commitment of the school managers and the presence of health related facilities would positively influence the level of school health policy implementation (see Table 4).

**Table 4:** A Likert scale analysis of the Head teachers' perception of enablers to the implementation of School Health Policy (n = 788)

| Parameter Assessed | Mean Score | Median Score | Mode | Range |
|---|---|---|---|---|
| Training of teachers on health issues will influence the level of implementation of the National School Health Policy in our school | 4.61 | 5 | 5 | 1 to 5 |
| The availability of health workers in the school will influence the level of implementation of the National School Health Policy | 4.54 | 5 | 5 | 1 to 5 |
| The level of awareness and community by school managers will influence the level of implementation of the National School Health Policy | 4.44 | 5 | 5 | 1 to 5 |
| Availability of: | | | | |
| Water supply | 4.69 | 5 | 5 | 1 to 5 |
| Number of toilets | 4.58 | 5 | 5 | 1 to 5 |
| Sports facilities | 4.59 | 5 | 5 | 1 to 5 |
| Refuse disposal system | 4.55 | 5 | 5 | 1 to 5 |
| Sickbay/ Clinic | 4.42 | 5 | 5 | 1 to 5 |
| First Aid kit | 4.67 | 5 | 5 | 1 to 5 |

## Discussion

We found low level of awareness of the existence of a National School Health Policy among the head teachers, similar to other Nigerian studies. [6, 7, 12] It is of interest to note that the least reported source of awareness about the National School Health Policy, for those who knew, was from the Ministry of Education, the primary developers of the policy document, and under whom the schools operate. This exposes the communication gap between the policymakers and the policy implementers. Brynard [13] rightly put it that the wide gap between policy makers and practice poses a substantial challenge for policy managers and policy implementers. Despite the involvement of various relevant stakeholders in the development of the NSHP several years ago, it appears to be, that the resolutions were not effectively communicated, or sustained, or stepped down to the local implementers. Introducing a School Health Office in the state Ministry of Education could possibly bridge this gap.

Similarly, poor understanding of the meaning of SHP among the head teachers corroborates the study by Kuponiyi et al.[7] Teachers being the principal actors and administrators of the School Health Programme need to be enlightened on the Programme. Policymakers must design strategies that will motivate them to implement the Programme.[14] A study conducted in Punjab, also reported insufficient knowledge of school health services as well as low participation among the teachers.[15]

From our findings, environmental sanitation was the most common health-oriented service carried out in schools but this was limited to ensuring that classrooms were kept clean. The absence of pre-entry medical screening or periodic medical screening in school may be due to the absence of health personnel in the school. Medical certificate of fitness for school is rarely demanded in public schools, in contrast to private schools.[7] The low provision of first aid in schools may have been due to lack of human or material resources. Such has been reported by previous studies.[9, 16]

The insufficient water, sanitation, and hygiene (WASH) facilities such as water source and toilet facilities is not peculiar to this study area. Ofovwe and Ofili[17] reported absence of daily supply of pipe borne water in schools surveyed in Egor LGA of Edo state, while Mogaji et al [18] reported lack of water source, soap and toilets in schools where helminthiasis was more prevalent among the pupils in Odede LGA of Ogun State. Lack of potable water for sanitation practices was also reported in a study done in Yenegoa.[19] It is important to mention that

open defecation is an unhealthy habit that promotes the spread of soil-transmitted helminths. Poor WASH facilities potentially has health, social, and developmental consequence.[20]

The low availability of facilities for skill-based health education such as illustration charts, pictures, posters, textbooks, and audio-visual aids, is also not limited to our study area. Idehen and Oshodi[21] in Edo State reported that lack of health education textbooks, pamphlets and posters, insufficient time for teaching health per week, scarcity of health education teachers as well as lack of student's interest in health science negatively affected effective delivery of health instructions in schools.[21] Similarly, Wasong et al[22] in Kenya, reported that the absence of guiding or reference materials for teachers and health patrons in the schools to enhance and sustain health education and hygiene promotion, was one of the limitations to health policy implementation in schools. These instructional materials are essential teaching aids that help students learn better and retain the memory.

The low frequency and quantity of time given to health education at less than three periods per week has been similarly reported. Adebayo and Owoaje[23] in a comparative study of some rural and urban public schools in Oyo State, southwestern Nigeria noted this low frequency and time for health education in both groups, worse with rural schools. Such finding is however not peculiar to public schools as Abdulkadir and Abdulkadir[24] noted similar findings from some private schools in Ilorin.

The low presence or absence of teachers specialized in Health education poses a challenge to School Health Programme. This could undermine the capacity for health-promoting activities in schools. The way and manner health education is delivered in schools, the frequency, relevance, and accuracy of the health information provided, including a participative, skills-based teaching approach will simultaneously enhance health promotion and knowledge.[24] However, this will, depend on teachers' capacity and motivation to teach health topics.

From our study, most of the head teachers' strongly agreed that capacity building of teachers on health issues, the availability of health workers in the school, and improved level of awareness and commitment by school managers will enable better implementation of the NSHP. To support this, Cygan et al[25] in Chicago, reported that limited school nurse availability was a significant challenge to School Health Policy implementation. Bisi-Onyemaechi et al [9] in their study reported that the head teachers did not perceive the absence of health personnel in school as a barrier but would prefer capacity building of teachers on simple first aid measures. The negative influence of lack of resources both human and material, for the implementation of the school health policy, has been reported by other studies both local and international.[7,26] Availability of health personnel in schools will more likely enhance a school's capacity to provide basic health services for both students and teachers. Equipping teachers and school health nurses with the necessary training and resources to enhance the implementation of school health-promoting Programmes is supported by McIsaac et al.[27]

Commitment and understanding among school managers on issues concerning school health policies for more effective implementation was seen as an important enabler to policy implementation as supported by several other studies.[6, 28] A school's ability to meet the standards of the National School Health Policy depends on the awareness, the commitment and the capacity of the school staff and school leaders to implement the standards.[11]

Head teachers are not the sole implementers of the NSHP. The capacity for National School Health policy implementation, in turn, depends on the education system, community, or other partner's support (financial and technical) therefore, the contents and the context of the policy must be appropriately discussed with them in order to have them buy-into the programme implementation.

*Study limitation*

This study was limited to public/government-owned schools whereas it would have involved private owned schools but for constraints of time and resources. Future studies will take care of this to have some basis for comparing NSHP implementation between the public and private school sectors.

## Conclusion

*Conclusion, recommendations, and implication*

This study has revealed obvious gaps in knowledge and implementation of the NSHP due to a top-down policy formulation and implementation approach which takes little or no cognizance of the capacity building of the grass-root implementers, such as teachers, school health and environmental personnel. Policy implementation would be better, if conceived and planned by those who would be directly involved, since successful implementation depends more on the skills of local implementers than upon the efforts of central government officials.

Sufficient understanding and acceptance of school health concepts, sustainable human capacity building at the school level, the participation of multiple stakeholders, competition, and encouragement by an awarding system may support the successful implementation of the NSHP.[29]

**Contribution to Authors**
ECT - concept, design, definition of intellectual content, literature search, manuscript preparation
AUV – concept, design, data acquisition
ACE - literature search, data acquisition,
ELO – literature search, data acquisition,
UAF – data acquisition, data analysis, statistical analysis
AMN – Data acquisition, manuscript editing
OOE - manuscript editing and manuscript review
**Conflict of interest:** None
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