



# THE IMPLEMENTATION OF SCHOOL HEALTH POLICY IN FACILITY PROVISION IN PRIMARY SCHOOLS OF NIGERIA; A NECESSITY IN ADDRESSING THE CHALLENGES OF OUT OF SCHOOL CHILDREN IN NIGERIA

**\*Bakwai Kwashabawa BALA, Peter Oluwayomi KOLAPO and Safurat Onaolapo AHMED**

Department Of Educational Foundations, Usmanu Danfodiyo University, Sokoto, Nigeria

\*Corresponding Author: [bakwaibala@gmail.com](mailto:bakwaibala@gmail.com); 08035448236

## Abstract

The need for non to be left behind in respect to education is a necessity that can not be overemphasized especially for the younger generation in this age of technological advancement. Thus, the concept of the School Health Policy (SHP) brings together parents, the community, experts and professionals from the education platform “the school” to provide a comprehensive primary health care (PHC) to children. As a tool or attraction and persuasion, the SHP targets primary schools and consists of five components: healthful school environment; school feeding services; skill-based health education; school health services; and school, home and community relationships (FME, 2006). Healthful school environment denotes all the consciously, organized, planned and executed efforts to ensure safety and healthy living conditions for all members of the school community. The objective of this paper is to unravel the possibilities of reducing the rate of out of school children through proper implementation of school health policy in respect to the availability or provision of health facility at our schools in Nigeria. Because the aim of healthful school environment is the provision of safe and inclusive learning, working and living conditions that optimize the organization of day-to-day experiences which influence the consistent enrollment of student, thus reducing the rate of out of school student and harnessing the great opportunity and skills imbibed in the minds of all children as members of the school community. This paper will look at the concept of school health policy and the possibilities of its implementation in reducing the rate of out of school students in our nation Nigeria, some school health problems that promote out of school children in Nigeria and suggestion on the need of implementation of school health policy in Nigeria schools a remedy to high rate out of school children in Nigeria.

**Keywords:** Children, Healthful school. Policy, Out of school, School.

## Introduction

A policy is a deliberate system of guidelines to guide decisions and achieve rational outcomes. It can also refer to a statement of intent and is implemented as a procedure or protocol. Policies are generally adopted by a governance body within an organization. Policies can assist in both subjective and objective decision making. Policies used in subjective decision-making usually assist senior management with decisions that must be based on the relative merits of a number of factors, and as a result, are often hard to test objectively, e.g. work–life balance policy. Moreover, governments and other institutions have policies in the form of laws, regulations, procedures, administrative actions, incentives and voluntary practices. Frequently, resource allocations mirror policy decisions (Gade, 2023).

Health policy can be defined as the decisions, plans, and actions that are undertaken to achieve specific healthcare goals within a society (World Health Organization, 2011). According to the World Health Organization, an explicit health policy can achieve several things: it defines a vision for the future; it outlines priorities and the expected roles of different groups; and it builds consensus and informs people. Health policy also includes the governance and implementation of health-related policy, sometimes referred to as health governance, health systems governance or healthcare governance. Conceptual models can help show the flow from health-related policy development to health-related policy and program implementation and to health

systems and health outcomes. Policy should be understood as more than a national law or health policy that supports a program or intervention (Barbazzatal, 2014; Kuhlmann, 2015)

School Health deals with the health and wellbeing of school community stakeholders: Ministry of education, State Universal Basic Education Board, School children, teachers, administrators, security men, gardeners and every other person that works or lives in the school compound. Community health occupies a central position in every school which is located in one community or another. Again, every school is a sub-set of a community or society both having linkages with each other. When there is any disease condition (especially infectious diseases) in the school, a school member like the student or school staff can serve as an agent to transport the disease from the school into the community. On the other hand, when the problem is in the community, school children or workers can also serve as carriers to transport the health problem into the school.

School health programme is an important component of the overall care delivery system of any country. A well organized and properly executed school health programme can be used to create safe environment for school children. Next to the family, the school is the primary institution responsible for the development of young people worldwide (Ademokun et al., 2014). School health programmes in sub-Saharan Africa have continued to reveal obvious gaps in implementation of school policies. A good number of children spend a considerable part of their life in school, and are exposed to a variety of environmental influence. For this reason, the SHP was established to see to their welfare and ensure that adequate health care services are provided for them. School health programme is a health programme directed to meet the needs of school children and school personnel. It is the totality of projects and activities in a school environment, which are designed to protect and promote the health and development of the school community (Federal Ministry of Education, 2006).

Healthful school environment denotes all the consciously, organized, planned and executed efforts to ensure safety and healthy living conditions for all members of the school community. The aim of healthful school environment is the provision of safe and inclusive learning, working and living conditions that optimize the organization of day to day experiences which influence emotional, physical and social health of learners as well as the consistent enrollment of student, thus reducing the rate of out of school student, who are members of the school community so that maximum benefit from education can be achieved (FME, 2006).

### **Concepts of National School Health Policy in Nigeria**

The National School Health Policy (NSHP) is an operational procedure which is to be used as guide or a point of reference on implementation of effective School Health Policy at all levels in Nigeria (Ogundaju, 2018). The policy is aimed at implementing child friendly school environment by assigning responsibilities and roles to relevant stakeholders. The policy was originally signed into operation in 2006 and to be reviewed every five years. The policy is to comply with global trends and meet the World Health Organization (WHO) standard for schools. To improve the general poor state of the School Health Policy and its practice that lacks standards in Nigeria, to be used as guide and appropriate national directions on implementation of effective School Health Policy at all levels in Nigeria (Ogundaju, 2018).

The National School Health Policy Nigeria keyed into WHO's health promotion school concept with the development and launching of the National School Health Policy (NSHP) in 2006. The NSHP is crucial for school based health promotion, and provides a common goal and strategy for all schools and other implementers across the country (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2012). Besides, augmenting the care for the populace, research indicates that effective school health policy helps to increase school attendance and academic performance, decrease school dropout rates (Bonell et al., 2011).

Furthermore, the goals of the NSHP according to Federal Ministry of Education (2006) are to: enhance the quality of health in the school community; and create an enabling environment for inter-sectoral partnership in the promotion of child friendly school environment, for teaching and learning and health development. This will involve the development of appropriate preventive and curative services for school children and school personnel, the improvement of environmental sanitation, and the promotion of health education in all schools.

The Implementation Guidelines of the NSHP outlined strategies for the implementation of the components of the SHP which include training and capacity building, partnership and collaboration, advocacy and resource

mobilization, sensitization and mobilization, information, education and communication, control of communicable diseases, participation, and monitoring and evaluation. Institutional roles in the implementation of the various components of the School Health Policy were also outlined in the NSHP Implementation Guidelines (Tochi, 2014).

### **The Possibilities of Implementation of School Health Policy in Reducing out of school Children in Nigeria**

School Health Policy is defined as one of the strategies for promoting primary health care services in the school community to keep them in a state of complete, physical, mental and social well-being throughout the years of schooling and to ensure overall healthy development of learners and optimum performance of the staff. SHP in the context of the national school health policy is also defined as a series of harmonized projects/activities in the school environment for the promotion of the health and development of the school community and this involves the collaborative efforts of the stakeholders (i.e. the school administrators/teachers, parents, the community, agencies and health personnel. (NSHP,2006).

A school health centre is fundamental to the realization of the objectives of school health services. This is because this centre provides a setting with the physical and psycho-social arrangement needed for the discharge of school health services activities. A school health setting must have appropriate equipment and supplies for diagnosis, treatment and meeting of emergency and referral services. According to the Implementation Guidelines for School Health Programme, the school health service centre should be sited in the school premises to serve the school or not more than 10 primary and secondary schools clustered within 15 minutes' walk. The school health service centre must be easily accessible and designed to eliminate or diminish barriers to care for students and to participation by parents or guardians. Where an elaborate health centre is lacking, a sick bay or in the least, a dedicated room must be set aside for the care of children who suddenly take ill in school.

### **Some school health problems that increase the rates of out of school children in Nigeria**

School health problems in Nigeria and many other West African countries are many and vary from one place to another. According to Kuponiyi et al. (2016) school health services are geared towards preventive, educative, curative, referral and even follow – up. The health of the school child is very important and should not be toiled with because the child of today is the leader of tomorrow and a sick nation is a poor and weak nation. Some common health problems among primary school age pupils can be classified into one or more of the following:

- i. Accidental problems
- ii. Sanitary problems
- iii. Economic problems
- iv. Nutritional problem
- v. Social problems
- vi. Infectious or communicable disease.

Accidental problems an accident is an undesired or unwanted event which could allow a hazard to cause harm or injury, loss or death to person and/or damage to property, environment or loss/interruption of work (Okpanku 1996). An accident is an unforeseen course or event without an apparent reasoning. Accidents such as falls, cuts, abrasion, sprains and strains are common among school children. All accidents are either directly or indirectly attributable to human failings. Children will naturally love to play and sometimes their play could become very rough. It is therefore advisable that a teacher or an adult should always be assigned to watch the children during their play periods. The school environment should also be such that would not encourage learners to have accidents. For instance the floors should not be broken. Furniture's should be safe and playgrounds, classrooms and the school environment in general should be free from materials and objects that can cause harm to the learners and other adults in the school because according to Okpanku (1996) the total loss both in human and economic resources and personal tragedies involved in accidents are virtually impossible to measure. He further stated that it is important to note that those accidents or incidents without any loss bearing, damage or injury which the school and its authorities ignore are on the increase and later cause serious accidents. All sources of

accident- or accident-prone areas in the school should be properly taken care of so that learner's health is given top priority in the school.

Sanitary problems are obvious in such ways that sanitary condition of the school environment and the pupils is very important (Abdulbaqi et al., 2021). According to Theresa (2020) is of the view that every school should pay attention to its water supply, disposal of excreta and rubbish, prevention of disease breeding and the condition of its buildings with regards to overcrowding, ventilation and lighting. Problems can arise if there is a poor source of drinking water in the school and if there are no or poor toilet facilities. Poor physical care of the learners can also expose them to health problems such as ringworm, eczema etc. which can affect their academic performance in school. Ogbebor (2010) also, suggests the use of health education to teach the child to improve their own health and to realize the part they can play in protecting the health of others in the community. To do this, the child must be given knowledge of how the body works, of the causes and prevention of the important diseases. Important topics like personal cleanliness and hygiene in the home, school and community should be taught to the children.

**Economic Problems:** Economic factors such as poverty level and illiteracy are some basic or root causes of school poor health conditions among school children which could have resulted in the parents not been able to give proper care and attention to their wards in school. The inequality in socio-economic background affects the child's education. Maduekwe (2015) stated that marginalized people in the society would include women, rural dwellers, nomadic groups, illiterate adults and poor citizens.

Nutritional problems usually caused by intake of foods that lack or have excess of some particular nutrients resulting in some of these problems; dwarfism, kwashiorkor (protein deficiency), Marasmus (protein and caloric deficiency), obesity (excessive fat), Anemia (shortage of red blood cells). Nutritional problems arise majorly as a result of illiteracy, poverty, ignorance, faulty dietary pattern and lack of care. Ogbebor (2010) reiterates the importance of school feeding, he is of the view that if children are to study well they should have something to prevent hunger, a school meal will provide opportunity for making sure each child gets what might be missing from his diet, especially protein and vitamins and foods given should always be ones that are locally suitable and can form part of the child's local diet. Ogbebor (2010) also suggests using school feeding as an aid to the teaching of nutrition and new food habit or even as a lesson in agriculture especially if the school has a garden which produces sufficient food for use by the learners.

Social problems such as deviancy, alcoholism, cigarette smoking are some social problems which though not too common among pupils but are sometimes present among teachers, guardians and parents and have social effect on the child. Social problems that can exist among the primary school children are shyness and inferiority complex. Onoyase (2013) is of the view that social problems among pupils and learners resulting in deviance which, is unwillingness to conform with the standards of behavior of that particular society or school as the case maybe, can be caused by many factors such as lack of parental care, lack of school materials, broken homes, and some other roles played by the society to have made the child a deviant. Co-operation between home and school, parent's show of concern for their children's welfare and teachers' good behavior at all times are some of the ways to ameliorate social problems.

Infectious or communicable diseases are diseases that can be transferred from one person to another. These are common among primary school pupils and most times occur in epidemics. They are caused by bacteria, virus, fungus, parasites or nematodes either through direct or indirect contact with infected persons. Some very common infectious or communicable diseases in West African countries include conjunctivitis, louse infestations, dysentery, ringworm, measles, scabies, diphtheria, poliomyelitis, influenza and smallpox. Some of these diseases can be prevented from assuming epidemic proportions in schools by paying attention to environmental hygiene, immunization and early diagnosis and treatment (Ogbebor,2010).

Immunization against such diseases as smallpox, poliomyelitis, tuberculosis, diphtheria, tetanus and typhoid can be done in the school and quite often, Ogbebor (2010) believes it can be used as a way of persuading the rest of the community to be immunized. In most West African countries, children with certain infections and diseases are excluded from school for a period of time or the period the disease or infection lasts. Some common

examples provided in Epidemiology of Prevention of Communicable Diseases (2019) include some of the following:

1. Skin infection - caused by fungus
2. Common cold - caused by virus
3. Malaria - caused by malaria parasite
4. Dysentery (diarrhea) - caused by bacteria
5. Chicken pox - caused by bacteria
6. Measles - caused by a virus
7. Typhoid fever - caused by a bacteria
8. Tuberculosis - caused by a bacteria
9. Pneumonia (cough) - caused by a bacteria

The guideline also provides that the health centres must operate every day during school/boarding hours. Hours of duty must:

1. Be convenient to learners and staff and include some hours before and after school for day schools
2. Allow parents and guardians who wish, to participate in the care of their child
3. To the maximum extent possible, permit scheduled appointments that do not unnecessarily interrupt the student's classroom time.
4. Provide services to students in a manner which ensure the students and his/her family's right to privacy (Ogbebor, 2010).

**Suggestion on the need of implementation of school health policy in Nigeria schools a remedy to high rate out of school children in Nigeria.**

The need for the implementation of a School Health Policy in Nigeria is crucial for addressing the high rate of out-of-school children. A robust health policy within the education sector can serve as a direct remedy to the barriers that prevent children from attending school. Here are several suggestions on how such a policy could help: Poor health is a significant barrier to education in Nigeria. Malnutrition, untreated diseases (such as malaria and tuberculosis), and mental health issues often cause children to miss school. A school health policy can prioritize the provision of health services within schools, ensuring that children remain healthy and able to attend class regularly.

Subsequently, I will recommend the establishment of a health screening programs, routine vaccinations, and provide first aid training for school staff. Collaborate with local healthcare providers to offer treatment in schools to reduce absenteeism due to illness. Malnutrition and lack of proper nutrition are rampant in some Nigerian communities, leading to weakened immune systems, stunted growth, and impaired cognitive development, which affects learning. Thus, it is paramount to implement school feeding programs to ensure children receive nutritious meals that improve their overall health and academic performance. This would particularly benefit children from low-income families.

Mental health issues such as depression, trauma, and anxiety, particularly among children who have experienced conflict, poverty, or family instability, are often overlooked. This can contribute to disengagement from school and eventually dropping out. Therefore, to include mental health education as part of the school curriculum and create a system for counseling and psychological support in schools. Teachers can be trained to identify early signs of mental health challenges and refer children to professional help.

Many schools in Nigeria are located in areas with inadequate sanitation, water facilities, and safety, which can contribute to poor health outcomes. Unclean and unsafe environments can deter children from attending school, particularly girls, who may face additional challenges such as menstruation.

The policy should enforce the establishment of clean, safe, and gender-friendly school environments. This includes the provision of separate toilets for girls, clean water sources, and waste management systems.

Creating health education awareness as many parents and communities are not fully aware of the link between health and education. This lack of awareness can affect their decisions about whether to send their children to school, particularly when health issues arise.

A comprehensive school health education program can raise awareness about the importance of regular school attendance, proper health practices, and personal hygiene. It can also address specific health risks that children face, like the spread of infectious diseases.

Gender inequality is a major factor contributing to the high rate of out-of-school girls. Health-related issues like early pregnancy, menstruation, and sexual violence often disrupt girls' education. The policy should aim to ensure that girls have access to sanitary products, comprehensive sexuality education, and protection from sexual harassment. Schools should also create awareness about the importance of girls' education, with community engagement to challenge societal norms.

## Conclusion

The implementation of a School Health Policy in Nigeria is critical for addressing the high rate of out-of-school children. By focusing on the health and well-being of students, ensuring access to essential healthcare services, and creating supportive learning environments, the policy can help overcome many of the barriers that prevent children from attending school. To ensure the success of a school health policy, that will in turn reduce the rate of high out of school children there should be systems in place to monitor and evaluate the program's effectiveness in reducing the number of out-of-school children. The government should implement regular assessments and use data to identify gaps in the system, ensuring continuous improvements. All these will not only improve the academic performance of children but also contribute to building a healthier, more educated future generation.

## Reference

- Abdulbaqi, S. Z., Tejideen, T., O., & Isiaq, A. T. (2019). Perceived effects of poor sanitation on health of undergraduate students in Hall of Residents, University of Ilorin. *Osun Sociological Review*, 5(1), 112-122.
- Ademokun, O. M., Osungbade, K. O., & Obembe, T. A. (2014). Qualitative study on status of implementation of school health programme in South Western Nigeria: Implications for healthy living of school-age children in developing countries. *American Journal of Educational Research*, 2(11), 1076–1087. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC482>
- Atakpo, T. E. (2020). Restructuring primary school health services in Nigeria for a sustainable solution to global pandemics. *Journal of Educational and Social Research*, 10(4), 1–10. <https://doi.org/10.36941/jesr-2020-0072>
- Barbazza, E., & Tello, J. E. (2014). A review of health governance: Definitions, dimensions and tools to govern. *Health Policy*, 116(1), 1–11. <https://doi.org/10.1016/j.healthpol.2014.01.007>
- Bonell, C., Harden, A., Wells, H., Jamal, F., Fletcher, A., & Petticrew, M. (2011). Protocols for a systematic review of the effects of schools and school-environment interventions on health: Evidence mapping and syntheses. *BMC Public Health*, 11, 453. <https://doi.org/10.1186/1471-2458-11-453>
- Ezewu, E. (1983). *Sociology of education*. Longman Nigeria.
- Federal Ministry of Education. (2006). *National school health policy*. UNICEF Nigeria. [http://www.unicef.org/nigeria/NG\\_resources\\_schoolhealthpolicy.pdf](http://www.unicef.org/nigeria/NG_resources_schoolhealthpolicy.pdf)
- Federal Republic of Nigeria. (2013). *National policy on education* (6th ed.). Nigerian Educational Research and Development Council (NERDC).
- Gade, C. (2023). When is it justified to claim that a practice or policy is evidence-based? Reflections on evidence and preferences. *Evidence & Policy*, 1–10. <https://doi.org/10.1332/174426421X16905606522863>
- Iwuagwu, T. E. (2023). The National School Health Policy: Problems of implementation and way forward. *International Journal of Human Kinetics and Health Education*, 2(2), 139–148.

- Kuponiyi, O. T., Amoran, O. E., & Kuponiyi, O. T. (2016). School health services and its practice among public and private primary schools in Western Nigeria. *BMC Research Notes*, 9, 203. <https://doi.org/10.1186/s13104-016-2006-6>
- Maduekwe, A. N. (2015). *The teacher's compass: An essential resource for effective teaching and learning*. University of Lagos Press.
- Okpanku, U. N. (1996). *Concise manual on comprehensive first aid, basic fire and safety*. GKS Press.
- Oleribe, O. O., Udofia, D., Oladipo, O., Ishola, T. A., & Taylor-Robinson, S. D. (2018). Healthcare workers' industrial action in Nigeria: A cross-sectional survey of Nigerian physicians. *Human Resources for Health*, 16(1), 54. <https://doi.org/10.1186/s12960-018-0322-8>
- Theresa, E. A. (2020). Restructuring primary school health services in Nigeria for a sustainable solution to global pandemics. *Journal of Educational and Social Research*, 10(4), 1–10.
- UNESCO. (2012). *Monitoring and evaluation guidance for school health: Part 1*. UNESCO. <http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/HIV-AIDS/Pdf/ENGLISH>
- UNICEF. (2009). *Schools and health*. UNICEF Nigeria. <http://www.unicef.org/nigeria/media.html>