

The Past, Present and Future of School-Bases Health Education among Primary School Pupils

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Abstract

School based health education creates a positive and conducive learning environment that engages students in learning skills for longevity and healthy living. In the older days, people were teaching health education informally through the use of myths and superstitions beliefs. For instance, it is forbidden for people, to collect rain water directly from the roofing sheets with their palms. The belief in this regard is that one's hands will start shaking without any iota of remedy. Through these myths and superstitious belief, people learnt healthy living practices and morals which were passed from one generation to another.

The need for the entire citizen to learn about hygiene and healthy living practices led to the introduction of health education in primary, post primary and higher institution of learning. Then, health education curriculum in primary and post primary school was comprehensive and the topics there in were sequentially arranged. The subject was taught as a separate subject and the rationale behind it was to propagate good healthy practices among learners.

Lately in the 19th century, curriculum modification led to the removal of health education as a core subject, sequence to this, it is now taught as integrated subject without enough hands and time allocation. At present, majority of pupils have little knowledge as regards to health and this constitutes majority to outbreak of diseases which often demand for huge capital resources to keep them alive.

Keywords: *Past, present, future, school-based, health education.*

The world is moving with a velocity that we cannot totally forget about the past to attain success in the future. New concept of living tends to merge present and future into one complex and inseparable unit. The optimal health of yesterday is the foundation of health promotion of today. From the earliest days, human being has been aware of health and sought to protect it. They believe that disease was caused by the anger of the God and people tried to prevent it through sacrifice and ritual. The importance of environment and lifestyle in preventing diseases were also recognized very early in the fourth century BC, Hippocrates on air, water, and places postulated that environment affected health. A regimen for health gave instruction on what to eat and how to exercise in order to stay healthy (John, 2015).

Health education was started with Florence nightingale in 1954 during the crime and war when the wounded soldiers were dying in multitude. She served as a nurse and counsels them on environmental hygiene during the war, by that time she observed a correlation between the patients who died and the environmental condition. She believes that health is not only to be well but to be able to use well every power we have. Unsanitary environment can be altered in order to improve condition of a patient and allow healing to occur.

The basic concept of health promotion have been developed in the last two decades, they have the root in ancient civilization and in particular in Greek antiquity. As evidence from medical and philosophical documents of the fourth to sixth centuries B.C. the ancient Greek were the first to break

with the supernatural conception of health and diseases that led so far dominated human society. The ancient Greeks developed the physiocratic school of thought realizing that maintaining food health & fighting illness depends on natural causes and that health and diseases cannot be disassociated from particular physical & social environment nor from human behaviour. In those centuries, health was defined as a state of dynamic equilibrium between the internal and the external environment. They took under consideration that physical & social determinant of health. They empowered individual and community that have democratic and participatory instructions. They gave emphasis in health education & skill and developments (Allensworth, 1997).

The World Health Organization (WHO) (1948) viewed health as states of complete physical, mental and social well being and not merely the absence of diseases or infirmity. In achieving these three dimension of health variables, knowledge is required for us to know, what to do, how, when, whom, to do it for in order to acquire optimal health which must be maintained and promoted within our community to prevent diseases because health is not the finest flower of life, it is the seed from which the finest flower grow...The seed of the flower is the education which germinate and expanding to produce more fruits that everybody can pluck. Education for maintenance of optimum health must involve the development of a personal values system which {incorporates the utilization of scientific facts as a basis for action the adoption of the values and selection of alternative for preventive action may best be accelerated through planned meaningful health education program (Ajala, 1987).

Therefore, health education has been defined as a planned process designed to achieve health and illness related learning which focused on skill acquisition, understanding about the determinants of health and illness and helping people to develop the skill to bring about positive change in behaviour. In other to become productive citizens, children must be mental, physical, socially, and morally healthy. Healthy habit should be instilled in children while they are growing and developing. Catch them young in the slogan because children learn fast while they are growing. (Adegbite, 2014)

History of Health Education

In the past health education can be passed to the people in form of threat messages that would enable the people to practice the right attitude towards achieving positive health status. There is much evidence in the literature to suggest that threat messages do often work and it is obvious that they are widely used. Its messages produce beneficial health change and when they are likely to do harm. A health education threat message usually has two parts. A threat (something nasty will happen if you this) and a solution message (but someone can avoid the threat by doing this) sometimes the solution is implied rather than simplicity stated, but including the solution is the best practice. (John, 2015). But nowadays the threat message does not works again ,because of our level of curiosity, ability to find out the reason and attempting to break the threat which now leads to health education progress in our primary school.

The First World War sensitized American education and public to the health need of school children. It was discovered that 34% of examined draftees had adverse physical, mental and emotional conditions. Then raised the question of whether or not, the school could have prevented a corrected many of the observed conditions by conserving and improving the health of children and emphasis was placed on the health of school child. However much emphasized was placed on physical education, as if it was the same as health education, the desire improvements were not attained. (Akaani, Nkanginieme and Oruomaboos, 2001).

The effort to introduce health into public was isolated and sparse. The modern school health began in the mid 1800 after the release of the Shattuck report which recognized the role of school could play in controlling communicable disease with their captive audience of children and young people (Pigg, 1992, Allensworth, Lawson, Nicholas and wyche, 1997)) this indicate that every child

should be taught early in life and his own health and the lives and health of others is one of the most important and constantly abiding duties, by obeying certain laws or performing certain acts, his life and health may be preserved by disobedience or performing certain other acts, they will both be destroyed. By knowing and avoiding the cause of diseases. Diseases itself will be avoided and he may enjoy health and live, by ignorance of these causes and exposure to them, he may contact disease, ruin is health and live. Everything connected with wealth, happiness, and life depends upon health and even the great duties of moral and religion are performed more acceptably in a healthy than a sickly condition (Means, 1975).

In Nigeria an attempt was made in 1929 to introduce a medical service that could cater for school children. A scheme was proposed that entrusted school inspection to medical officers with special training in that field, and a thrice a year examination of school children throughout the school years. In 1944 The Christian council of Nigeria called attention to high incidence rate of malnutrition among school children and hope that government would inaugurate the proposed school medical services. In 1952, the government of western Nigeria published a policy white paper that contain a four years plan to introduce a school medical services which could be available and free to all children. The objective of this policy were to ensure that all school children received a regular medical examination, bringing teaching of health in children homes and also liaise with the home and medical authority. In 1971 a school health service headed by a medical officer and assisted by other professionals heads emerged at the federal government level in Lagos. Special clinic were set up to serve as treatment point for school children with minor ailments in some state capital & large towns such as Ibadan, Enugu, Kaduna, Benin city, Zaria, Jos (Akanni 2001).

In 1991, Graves a Pediatrician and W.H.O representative in Nigeria called in the federal government to start a school with appropriate information and education in other words education is the fundamental to health and health to education. Unhealthy children cannot be properly educated while uneducated children cannot be healthy. School children must be physically, mentally, socially, and emotionally stable for effective teaching and learning to be impacted, if any of the variable is missing in them they cannot be productively living. There are varieties of models that have been used to describe the component of school health program.

THE THREE COMPONENT MODEL TRADITIONAL MODEL

Originating in the early 1900s and evolving through the 1980s, the three- component model is considered to be the traditional model of a school health program. According to this model, a school health program consist of the following

1. Health instruction
2. Health services
3. Healthful school environment.

DEFINITIONS: The definitions of each of the traditional school health program model are presented below.

KEY FEATURES OF A TRADITIONAL SCHOOL HEALTH PROGRAM

| <i>Component</i> | <i>Definition</i> |
|------------------------------|--|
| Health instruction | Accomplished through a comprehensive health education curriculum that focuses on increasing student understanding of health principles and modifying health-related risk behaviors |
| Health services | Focuses on prevention and early identification and redemption of student health problems. |
| Healthful school environment | Concerned with the physical and psychological setting and such issues as safety, nutrition, food services, and a positive learning atmosphere |

Adopted from Virginia school health programme (1997)

SCHOOL BASED COMPREHENSIVE HEALTH PROGRAMME

The school is an agent of change in the community in terms of health. School health programme has been a neglected component of primary health care (Eke1988) if as while environmental sanitation in school has been described as poor and disastrous. The challenges in the past year about school health program was that low level of health knowledge among the trainee and practicing teacher, high level of health misconception among student and teachers, High level of indifference and negative attitude among non-health teachers, lack of resources, lack of confidence and incompetence on the part of teacher and head teachers, Ignorance and resistance by school authority. Minimal support from NGO as well as legislation to protect school children from health risks in school. The teaching of health in school will improve the knowledge, skill, attitude and practice of the pupils in health related matters, but this cannot be achieve without adequate and qualify teachers to impact the knowledge. The federal government was proposing “health for all by the year 2000” and there are no adequate teachers with organized knowledge regarding health matters to teach in primary level.

A comprehensive school health program 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 student. The program involves and is supportive of families and is determined by the local community based on community needs, resources standards and requirement. It is coordinated by a multidisciplinary team and accountable to the community for program quality effectiveness.

THE EIGHT-COMPONENT MODEL

The Centers for Disease Control and prevention (CDC) eight component model of a comprehensive school health program consist of the following interactive components.

1. Health education
2. Physical education
3. Health services
4. Nutrition services
5. Health promotion for staff
6. Counseling, psychological, and social services
7. Healthful school environment
8. Parent and community involvement

SKILL BASED HEALTH EDUCATION

This is a planned, sequential curriculum for experiences presented by a qualified professional to promote the development of health knowledge, health-related skills and positive attitudes towards health and well being for the students. It increases student's awareness and practice of healthy behaviours, physically, mentally, socially and morally. The goals of health education is to empower people with necessary knowledge and skills to maintain and improve their health, adapt healthy behaviour, avoid health-threatening behaviour and become health literate consumer and decision makers. The school health programs should be integrated across all activities individual and group health problem will identified and managed with appropriate prevention, assessment, intervention or referral and follow up measures. The services will be organised to provide appropriate and firmly responses to emergency, acute and chronic health problem. The school education & health program will be continually re-examined and reformed as necessary to enhance student health performance and achievement. The pupils assume personal responsibility for avoiding behaviour that compromise physical, social and emotional well being and engaging in health promoting behaviour in order to reach the highest possible level of educational attainment to allow student to reach the highest possible level of educational achievement & personal health.

HEALTHY SCHOOL ENVIRONMENT

School environment should be healthy as children spend large portion of their time in the school. The essential areas for a healthy environment are (1) location: the school should be located at a place away from the busy area like garage, junctions, market, filling stations, properly fenced and kept free from all hazardous. (2) Classroom: the height of the classroom should about 12ft. floor should be smooth room should be proof and dust proof, well high and ventilated. Area of the classroom should not be less than 480sq feet. Each child should have 15sq ft, floor space and 300 sq ft and space. Classroom temperature should be between 68f to 72f and humidity close to 50%. The distance of the blackboard should not be greater than 25feet or less than 7feet. Each classroom should have an independent entrance.

- * **Play ground:** The primary school should have 1/2 to 1 acre and secondary school should be 5 to 14 acres with 500 pupils. Playground should be 7 acres. It should be near the school not at the central.
- * **Seat and desk:** single seat and desk are ideal in for the pupils. The faulty seats give rise to certain orthopedic defect. The seat should laid two third of the child thigh and height of the seat so that the thigh remain horizontal, legs remain vertical and two feet rest flat on the floor. The desk should not be high or too low, too near or too far from each other. There must be sufficient room below the desk for the knees and the desk should be low enough for the elbow and forearm to rest comfortably without bending the back. The back of the seat should support the spine in the lumber region in all position. A good seat and desk should suit the size of the child it should allow freedom of movement, free from dangerous hinges or fonts and should provide pace for storage of books.
- * **Safety convenience:** provision should be for urinal and privacy insufficient number to meet the demand of the student. Lavatory and urinal accommodation should be adequate with supply of water and hand washing facilities.
- * **Water supply:** provision for supply of safe and portable water should be made available within the school premises. (Kathnyn, 2016)

Environment hazard such as asbestos, lead and radon must be given attention the school sources of pollution science laboratory, art class shop, and vocational class should be monitored and governed with appropriate policies. Safety and sanitation measures must be established, understood and followed. Emergency disaster plan should be put in place and emerging drill should be held periodically.

STAFF AND COMMUNITY INVOLVEMENT

There should be an active participation of these groups in policy and program development and integration of community resources and services. Community groups, organization and local business create partnership with schools, share resources and volunteer to support students learning development and health related activities. The school, its students, the families benefit when learners and staff solicits and coordinate information, resources and services available from community based organization, business and cultural and faith based organization.

The community will be actively involved in determined the design of a school health program and in supporting and reinforcing the goals of the program. The community should make sure that the school are safe, environments is conducive for learning health promotion and policies and procedure are in place to enhance the use of school as a community resources for health. The community should collaborate with the school to enhance the health status of the pupils and result in improvement of the health & quality of life of the community.

PHYSICAL EDUCATION

The schools create time and environment that offers opportunity for student to be physically active throughout the school day. Physical education provides cognitive content and instruction that is designed to development skills, knowledge, and behaviour for healthy active living, physical fitness, sportsmanship, self efficacy and emotional intelligence. It is designed program that provide the opportunity for student to learn key concept and practice critical skill needed to establish and maintain physical active lifestyle throughout childhood, adolescence and adulthood. (CDC, 2015). Engaging in physical activity during the youth will protect the risk against the future disease brought by sedentary lifestyle as an adult.

THE SCHOOL HEALTH SERVICES

The national school health policy was introduced in 2006 to improve the state of school health service in the country. (Oluwakemi, Kayode and Taiwo, 2014) reported that 80% of head teacher did not know pre-admission examination. School should be made compulsory in the schools while 83% of the schools did not have school nurses in Ibadan, Oyo state, Nigeria. It embrace proper and effective services in school to prevent communicable diseases and the school should acquaint themselves with the health status of their pupils, appropriate follow up services, emergence case and provision of first aid services. Regular de-worming of the students Likewise the school must have sick bay if not school clinics with a nurse and health officer for proper administration will eventually reduce the school age morbidity and mortality statistics and help in the achievement of health for all (HFA) declaration, education and health millennium development goals.

HEALTH PROMOTION FOR STAFF

Staff welfare and health should be given priority to the worker/ teachers that will impact on the learner but presently they are receiving low priority among the health issues. A few studies have shown that staff health promotion program are feasible and produce improvement in morale, absenteeism perception of well being attitudes toward personal health and even quality of classroom instruction. (Akanni et al 2001) The program has a multiple effect as staff become positive role model for student are reinforce consistent school health programme enhancing messages encourage the

school to develop “open door “ policies and become focus for community wide health promotion activities. Health promotions include physical activity. Fitness programs, nutrition education and weight management programs, blood pressure and childhood education. Seasoned health talk by the health professional to the staff to promote the well being and prevention on diseases through immunization to boost the immune system which will later increase the level of productivity in the services.

COUNSELLING PSYCHOLOGICAL AND SOCIAL SERVICES

This service is to guide the pupils on how to take the appropriate decision concerning the health and educational related issue. Likewise it promotes mental, emotional and social health of the pupils and deal with problems that interfere with teaching and learning. The services include individual and group assessment, intervention and referral of bridge between the schools academic program and the mental and emotional health of the pupils and the families.

SCHOOL NUTRITION SERVICES

The school should provide adequate and balanced meals to the pupils either public or private. The meals will serve as supplement to enrich their nutritional status to improve their cognitive development. The government should provide the meals in case of public schools likewise adequate measure must be taken of the ministry of health to ensure student consume well cooked meals that are sold by food vendors must have undergone series of tests and training and are certified fit to sell food to the students. The food vendors must come with their certificate before they are employed in schools to sell food to the student in order to prevent the spread of contagious diseases (Oluwakemi et al, 2014).

CONCLUSION

The past, the present component of the school based health education should be married together in other to enhanced comprehensive school based health education programme this will stand the test of the future optimal school base health programme. The school health programme should be integrated with the home and the community. Therefore it should include environmental health, clean and portable water supply for the school, save and water system lavatory/toilet convenience and comfortable seat and desk to promote good posture and prevent postural defect, health promotion for staff and comprehensive physical activities. To achieve and impacting all this there is need for qualified school base education teachers in all our primary schools.

RECOMMENDATIONS

The following recommendations can assist in improving and promoting comprehensive school base health education among primary schools.

- i) The school is an agent of change in the society. Education planner and curriculum planning and implementation should make sure that health education programme in the schools should be comprehensive enough to cover all area of health components
- ii) School should organised workshop and public lecture on healthy living for both parents and teachers through parent teacher association (P.T.A)
- iii) The teaching of health programme in school should be practical oriented.
- iv) There should be health methodology training for all primary school teachers irrespective of their area of specialization.

- v) The importance of cleaning environment and positive life style behaviour should be emphasized in school base health programme. This will enhance disease prevention and promote healthy living in the society.
- vi) The health of staff of the primary school should be giving high priority among school health issues this will improve productivity, morale, quality of classroom instruction and prevent absenteeism.

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