Catholic Education In Nigeria: Challenges Of Child Protection And Human Sexuality

SCHOOL HEALTH PROGRAMME FOR CATHOLIC SCHOOLS: STRATEGY FOR SAFEGUARDING CHILD EDUCABILITY AND NATIONAL PRODUCTIVITY

By
Emmanuel Okechukwu, MD; MPH; Cert Hlth Qlty (Harvard); FCMC (Omaha)
Public Health Specialist & Health Solutions Analyst
Health Secretary, Catholic Secretariat of Nigeria. Abuja
Tel: 0834745345; Email: eibokey@yahoo.com

Thesis:
"Young people are the partners of today, the leaders of tomorrow, and the parents of the future. Much can be done today to enable them to succeed and help prepare them for future roles" (UN, 2000, p. 8).

Preamble

Many Nigerian youngsters have died in the prime of life because their poor health status was not discovered early. Cases abound where children, young adults and sportsmen died in classrooms or on the fields of play, even after having attended educational institutions. In addition, physical, environmental and mental health conditions affect children's school readiness and academic achievement. In fact, 60% of childhood deaths in Nigeria are attributed to malnutrition and poor hand hygiene; worm overload stunts the physical and cognitive development of school children leading to reduced educability which compromises their overall competitiveness. Also, the psycho-social ambience has significant influence on the mental health status of learners, teachers and allied stakeholders within the school system.

Why Is This Paper Relevant?

Ensuring that children are healthy and able to learn is an essential part of an effective education system. As many studies have shown, education and health are inseparable. A child's nutritional status, for example, affects cognitive performance and test scores; illness from parasitic infection results in absence from school, leading to school failure and dropping out (Vince Whitman et al., 2001). In practical terms, the structures and conditions of the learning environment are as important to address as individual factors of the child in question. Specifically, water and sanitation conditions at school can affect girls' attendance.

Therefore, pursuant to global and national public health, educational and developmental imperatives, through the presentation of this paper, I desire to cause a paradigm shift in favour of ideas, thoughts, discussions, decisions and sustainable actions that would motivate schools, ecclesial authorities and local communities as well as governments to proactively do the following:

1. Create health-promoting school policy to improve the physical environments of schools and the overall health of children in educational institutions.
2. Develop supportive conditions which include low-cost changes in school facilities and management to create a healthier environment for children to grow well, learn better and become globally competitive.

3. Reorient health services so that school administrators, teachers, and health care providers are able to identify health problems in their schools, and take corrective measures.
4. Develop personal skills of students and staff to recognize health threats and take steps to reduce the hazards, both in themselves and their respective school environment.
5. Mobilize community-focused actions to promote healthy physical, psycho-social and associated environments.
6. Facilitate participation by learners with school and community representatives, in implementing feasible, effective and sustainable health improvement activities, drawing upon their local resources.

The Health-Education Interlock

Education, educability and health are organically interwoven. Healthy children learn better. For example, children cannot attend school and concentrate if they are sick, emotionally upset or in fear of violence. On the other hand, children who complete more years of schooling tend to enjoy better health and have access to more opportunities in life. Therefore, equipping young people with knowledge, attitudes, and skills through education is analogous to providing a vaccination against potential health threats. Thus educating for health is an important component of any education and public health programme. It protects young people against threats both behavioural and environmental, and complements and supports policy, services, and environmental change, both in the short and long term.

Schools have an important role to play in equipping children with the knowledge, attitudes, and skills they need to protect their health. Skills-based health education is part of the FRESH framework (Focusing Resources on Effective School Health), proposed and supported by WHO, UNICEF, UNESCO, UNFPA, and the World Bank. In the months and years that will follow this Catholic Education Summit, Nigerians would be helped by the adoption of the principles and practices to be advanced in this document to ensure that Catholic schools in particular and other educational institutions in the country become both child-friendly and health-promoting schools:
1. Child-friendly schools – schools that provide a learning environment that is friendly and welcoming to children, healthy for children, effective with children, and protective of children.
2. Health-promoting schools – schools that constantly strengthen their capacity as healthy settings for living, learning and working. Health-Promoting School are characterized by six key attributes (WHO, 1996a):

1. Engages health and education officials, teachers and their representative organizations, students, parents, and community leaders in efforts to promote health, with

- ✓ families and community groups involved in the school community services, businesses and organizations linked to the school
- ✓ school/community projects and outreach activities
- ✓ health promotion for school staff

2. Strives to provide a safe and healthy environment, including

- ✓ sufficient sanitation and water
- ✓ freedom from abuse and violence
- ✓ a climate of care, trust and respect
- ✓ safe school grounds with opportunities for physical education and recreation

- ✓ counselling, social support, and mental health promotion.

3. Provides skills-based health education, with

- ✓ curricula that improve students' understanding of factors that influence health and enable them to make healthy choices and adopt life-long healthy behaviours
- ✓ curricula that include critical health and life skills including assertive skills
- ✓ safety and security instructions and measures in place
- ✓ focus on promoting health and well-being while preventing health problems
- ✓ information and activities appropriate to children's intellectual and emotional abilities
- ✓ training and education for teachers and parents

4. Provides access to health services, with

- ✓ services (screening, diagnosis, growth monitoring, vaccination and basic medications)
- ✓ first aid and emergency care services
- ✓ nutrition and food safety programmes
- ✓ periodic deworming, vitamins and micronutrient supplementation
- ✓ health promotion for staff
- ✓ partnerships with local health agencies that provide supportive services

5. Implements health-promoting policies and practices, such as

- ✓ overall guidelines supported by school administration with teaching practices that help create a healthy psychosocial environment for students and staff
- ✓ policies on equal treatment for all students
- ✓ policies on drug and alcohol use, tobacco use, first aid and violence that help prevent or reduce physical, social and emotional problems
- ✓ opportunities for success, and acknowledge good efforts and personal achievements
- ✓ other measures that respect an individual's self-esteem

6. Strives to improve the health of the community by

- ✓ focusing on community health concerns
- ✓ participating in community health projects
- ✓ fostering school/community projects and outreach activities
- ✓ improving the health of students, school personnel, families, and community members
- ✓ engaging with community leaders to leverage on local contributions for health and education.

Epidemiology

Children constitute about 20-50% of the population in developing countries. Many of them attend schools, where the environment can expose them to different hazardous conditions and infectious diseases. The common problems include: malnutrition, malaria, diarrhoeal diseases, injuries, diseases of the eyes, ears, dental caries, worm infestation, psycho-social and mental maladjustments, etc.

According to the US Division of Adolescent and School Health (2006), Centres for Disease Control and Kaiser Family Foundation (2006), a number of youth activities lead to loss of instruction time including absenteeism, dropout rates and chronic illness, which, in turn, lead to significant social and economic wastages. For examples:

- 46% of school children has ever had sexual intercourse with almost a million teen pregnancies annually (USA, 2006)
- 35% of 13-19-year-olds are infected with the sexually-transmitted human papilloma virus (HPV) which is the cause of cervical cancer.
- 45.3% drank alcohol during the past 30 days.
- 23% reported recent cigarette smoking, 38 percent reported using marijuana
- 1 child in 10 suffers mental illness severe enough to cause some level of impairment
- 16% were physically hurt by a boyfriend or girlfriend in the year.
- 12.1% attempted suicide during the past 12 months

Further, both boys and girls are increasingly victims of sexual exploitation, and much sexual activity during adolescence is coerced, not consensual. This includes physical and psychological abuse, sexual harassment, sexual assault, rape, forced prostitution, and the threat of violence if contraceptive use is suggested (Kirby, 1994). Sexual exploitation may occur with family members or adults in privileged positions (UN, 2000). A study of 128 adolescents in Peru and 108 in Colombia found that 60% had been sexually abused in the previous year. Thirty-nine of the adolescent girls were pregnant as a result (Stewart et al., 1996). Studies in Africa, Asia and the Pacific, Latin America, and the Caribbean indicate that adolescent sexual experiences may be driven by economic gain for paid sex (Weiss et al., 1996). A study in the Philippines found that 3% of all students, and 10% of those who were currently sexually active, were involved in prostitution. The main reason given for this was the high cost of college education (UNDP/UNFPA/WHO/World Bank, 1997). Among girls, the early initiation of sexual activity is more likely to be associated with coercion, exploitation, and violence than among boys (Mahler, 1997). A survey of six countries showed that 36–62% of victims of sex crimes were adolescent girls under the age of 15 (WHO, 1997b).

FACTS
- Children and young people around the world are victims of sexual exploitation for commercial gain or for examination marks.
- Most young people start sexual activity before age 20. Studies from Africa indicate that sexual initiation of girls sometimes occurs before menarche.
- Fifteen million adolescents around the world give birth each year.
- Girls continue to be victims of genital mutilation; in some sub-Saharan African countries, as many as 98% of girls experience this trauma.
- In some societies, social pressures and norms about boys' sexual initiation involve contact with prostitutes.
- Sixty percent of all new HIV infections in developing countries occur among 10–24 year olds–(UNESCO/UNFPA. 1998a).

Due to a decline in the number of deaths from infections in earlier childhood in many countries, non-communicable diseases (NCDs), injuries and mental health are the emerging priorities in the global child health agenda. It was estimated 1.2 million adolescents died in 2015, over 3000 every day, mostly from preventable or treatable causes. Road traffic injuries were the leading cause of death in 2015. Other major causes of adolescent deaths include lower respiratory infections, suicide, diarrhoeal diseases, and drowning. The global disease burden due to NCDs affecting children in childhood and later in life is rapidly increasing, even though many of the risk factors can be prevented. For example, obesity rates in the world's children and adolescents increased from less than 1% (equivalent to five million girls and six million boys) in

1975 to nearly 6% in girls (50 million) and nearly 8% in boys (74 million) in 2016. Combined, the number of obese five to 19 year olds rose more than tenfold globally, from 11 million in 1975 to 124 million in 20165. Moreover, globally, almost 25 million younger adolescents smoke tobacco - one in every 10 girls and one in every 5 boys. Additionally, almost half of the adolescents - both girls and boys - are exposed to second-hand smoke in public places6.

Emerging Issues That Need Urgent Attention In SHPs

1. Responding to mental health issues, which is a growing problem in across most part of the country, is required to integrate approaches with psycho-social support, prevention of personal violence (bullies) especially at the secondary school level;
2. Emphasizing safety and injuries prevention in school curricula;
3. Addressing challenges related to climate change in school health programme;
4. Need for emergency preparedness among school-age children during disease outbreaks (e.g. Ebola, Lassa Fever), in disasters, insurgency, conflict and humanitarian crisis.
5. Worm infestation
6. Diarrhoeal diseases
7. Infectious diseases – TB, Malaria, Typhoid
8. Vaccine-preventable diseases
9. Injuries
10. Depression & suicide
11. Substance abuse & Tobacco use
12. Malnutrition (PEM, stunting, anaemia, obesity, wasting (chronic hunger), micronutrient deficiencies)
13. Eating disorders (anorexia nervosa and bulimia)
14. Unhealthy sexuality & their long term sequalea

What is School Health programme?

According to the World Health Organization, health is a state of complete physical, mental, and social well-being. School health programme ensures that schools are healthy settings for living, learning and work. Research in both developed and low and middle-income countries show that school health programmes (SHPs) can simultaneously reduce common health problems; increase the efficiency of the education system and advance public health education and social and economic development in various countries.

School Health Programmes (SHPs) are interventions strategically designed and implemented to promote health through the school system. SHPs complement the goal of health and education for all. Additionally, there is reciprocal relationship between health and education. A comprehensive SHP is an integrated set of planned, sequential, school-affiliated strategies, activities, and services designed to promote the optimal physical, emotional, social, and educational development of students.

According to the World Health Organization; "A health promoting school can be characterized as a school that is constantly strengthening its capacity as a health setting for living, learning and working". There are eight (8) Key features of such schools:

The Eight Components of School Health Programme

1. Healthy and Safe School Environment

A safe and healthy school environment ensures that students and the school personnel are protected from physical danger on school grounds and provided with surroundings that are conducive to learning and comfortable for socializing. A health-promoting school provides a safe and healthy environment that presents a realistic and attractive range of choices that encourage a healthy lifestyle. It also provides a supportive social structure that promotes self-esteem and helps students and others develop their physical, psychosocial, and social potential. In a Health-Promoting School, the physical and psychosocial environment should be consistent with, and reinforce other health promotion efforts. The school environment must protect students and staff from discrimination, harassment, abuse, and violence.

The physical school environment encompasses the school building and all its contents including physical structures, infrastructure, furniture, and the use and presence of chemicals and biological agents; the site on which a school is located; and the surrounding environment including the air, water, lighting, ventilation, and materials with which children may come into contact, as well as nearby land uses, roadways and other hazards. It also includes the school building, classrooms, food service, and health care facilities on school grounds. The condition of the physical environment can have a powerful effect on reinforcing or contradicting education about health, nutrition, safety, family life, reproductive health and other health issues in the school.

The following aspects of a healthy physical environment can be integrated into the SHP, supported by related school policies, to complement skills-based health education:
Physical facilities: safe water and sanitary facilities; functional lighting, heating, ventilation; and cleanliness are essential to good health. Adequate sanitation, water facilities, and single-sex toilets are especially important to encourage the participation of girls, particularly during the days when they are menstruating and need to wash and care for themselves in privacy (UNICEF, 1996c). A healthful school environment is an essential factor in achieving the overall goals of the SHP because it has implications for all areas of school health. It attends to the physical and aesthetic surroundings, psychosocial climate and culture of the school community as defined in the National School Health Policy.

Components of a healthy school environment

Provision of basic necessities	• Shelter • Warmth • Water • Light • Ventilation • Sanitary facilities • Emergency medical care
Protection from biological threats	• Molds • Unsafe or insufficient water • Unsafe food • Vector-borne diseases • Venomous animals • Rodents and hazardous insects • Other animals (e.g. dogs)
Protection from physical threats	• Traffic and transport • Violence and crime • Injuries • Extreme heat and cold • Radiation

Protection from chemical threats	• Air pollution • Water pollution • Pesticides • Hazardous waste • Hazardous materials and finishes • Asbestos, paint • Cleaning agents

Video on hand washing

The psychosocial environment relates to conditions that affect social and mental health. Part of the psychosocial environment includes cultural norms and expectations regarding sexual behaviour as expressed by friends, parents, and school personnel. The WHO and UNESCO (1992) recommend that school activities take place in "an environment based on respect, trust, and acknowledgement of similarities and differences so as to facilitate the growth of knowledge, the development of skills, and the examination of values." A Health-Promoting School provides an ambience that respects the individual and fosters confidence in healthy choices.

2. Skills-Based Health Education

Health education is "any combination of learning experiences designed to facilitate voluntary adaptations of behaviour conducive to health" (Green at al., 1980). At school, it is a planned, sequential curriculum for children and young people, presented by trained facilitators, to promote the development of health knowledge, health-related skills, and positive attitudes toward health and well-being. Typically, health education targets a broad range of content areas, such as emotional and mental health; nutrition; alcohol, tobacco, and other drug use; reproductive and sexual health; injuries; and other topics, with human rights and gender fairness as important cross-cutting principles.

Health education curricula emphasize a skills-based approach to help students practice and advocate for the health needs of themselves, their families and their communities. These skills help children and adolescents find and evaluate health information to make informed health decisions. Ultimately, health education aims to increase students' awareness of healthy behaviors as well as how to advocate for their own well-being. Students who participate in health education curricula have reduced rates of obesity and improved health promoting behaviors such as increased physical activity and healthy nutrition (Melnyk et al., 2013; Luepker et al., 1996; Hoelscher et al., 2010). Health education curricula focus on reducing risky behaviors before they become unhealthy habits that can follow into adulthood and ultimately impact health outcomes.

Skills-based health education is an approach to creating or maintaining healthy lifestyles and conditions through the development of knowledge, attitudes, and especially skills, using a variety of learning methodologies, especially participatory approaches. Life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life (WHO). In particular, life skills are a group of psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with and manage their lives in a healthy and productive manner. These have recently been compartmentalized into the concept of *Emotional Intelligence.*

Health education promotes:

- **Knowledge** of factual backgrounds on which to base decisions; e.g. knowledge about the relationship between eating and health, and about planning for healthy nutrition using assessments and nutritional guidelines.
- **Attitudes which** accords a personal perception for decisions, e.g. feeling responsible for one's own health and the health of others.
- **Beliefs** that underpin a conviction for decisions, e.g. belief that healthy eating makes a positive difference in well-being.
- **Skills** which provide a practical basis for mastering tasks and procedures related to healthy, e.g. skills for selecting and preparing healthy meals and practicing food safety.

Health education has been a curricular subject in Nigerian schools for decades, taught at various times as hygiene education; health science; health education; or combined as physical and health education, with minimal impacts. In any case, an effective health education should endeavour to accomplish the following in a seamless manner:

1. **Inform** - provide information that can be understood by the students in a way that is useful
2. **Motivate** - help inspire and sustain interest in developing, continuing or changing health-promoting activities or behaviours
3. **Enable/facilitate** - provide tools, mechanisms, skills or other means by which the students can perform healthy behaviours, and
4. **Reinforce** - support the continuation of a desired behaviour, activity or change process.

Active, informal, personalized, and participatory teaching and learning approaches, that are culturally sensitive and age-appropriate are most effective in changing health related behaviour and skills (Birdthistle & Vince-Whitman, 1997) and in improving the relationship between teachers and pupils (Parsons, Hunter, & Warne, 1988). Examples of participatory teaching and learning methods for skills building include:

- Class discussions
- Brainstorming
- Role plays
- Small group activities
- Educational games and simulations
- Case studies
- Story telling
- Debates
- Audio and visual activities such as arts, music, theatre, dance
- Practicing life skills specific to a particular context with others, with verbal feedback and coaching
- Visits or telephone calls to relevant health and social support programmes, such as family planning clinics

3. Physical Exercise, Recreation and Sport

Physical exercise, recreation, and sport help individuals acquire and maintain physical fitness and serve as a healthy means of self-expression and social development. Recreation activities can restore strength and spirits after school and work. Physical education and recreation activities can provide opportunities for building self-confidence and strengthening friendships between boys and girls in non-pressured group situations (WHO, 1996). Often, students learn

about sexual and reproductive health from the physical education teacher; thus such educators should be well-trained in dealing with issues of puberty and sexual development.

Physical activity in childhood and adolescence may lay the foundation for better future health. There are a myriad of diseases and adverse health conditions associated with remaining inactive for many years. Heart disease, ischaemic stroke, type 2 diabetes, colon cancer, breast cancer and obesity are all associated with sedentary behaviour in adults *(1;39)*.

A good physical education curriculum involves:
• Development of physical abilities & physical conditioning
• Providing physical activity for specific needs and to all children
• Encouraging continued sports and physical activity into later life
• Providing recreation and relaxation

4. School Health Services

School health services help to prevent, reduce, monitor or treat important health problems or conditions as well as foster health and well-being. In a Health-Promoting School, health services work in partnership with, and are provided for students, school personnel, families and community members. They should be coordinated with other services and activities at school and in the community to utilize the potential of specialist resources to provide advice and support for health promotion and nutrition interventions. Some of the specific activities are:

A. Pre-entry Medical and Dental Screening

This will assist with the evaluation of the health status of a child prior to entering school; that is, before commencing primary, secondary and tertiary education. A pre – employment medical/dental examination should also be conducted for all other members of the school community including food handlers. Pre – entry medical screening should be done by trained health personnel.

B. School Health Record (Personal Health Data, PHD)

A record keeping system provides for consistency, confidentiality and security of records in documenting significant health information and the delivery of health care services. Pre-entry health form containing essential health information supplied by parents and primary health care giver must be filled and submitted to the school health centre. Information from the pre-entry form must be put in the health record card for the child.

A health record file or exercise book should be provided for each learner when he enters school for the first time (primary or secondary school). The health information goes with the learner from class to class. If the learner transfers to another school the original should go with him and the duplicate should be retained by the original school.

C. Routine Health Screening and Examinations

- ✓ Teacher's observation of the child**:** To enable early identification of those children who require special attention. Also, to measure some basic health status parameters: assess their general cleanliness and detect discharging ears/eyes, squints, unusual colour of eyes, inability to see the black board, inability to hear or read properly as appropriate for age and skin rashes. It also includes early detection of tooth decay and bad breath.

- ✓ Professional screening: (i.) Visual screening to be done periodically at the school health services centre at the beginning of every session. (ii.) Hearing screening to be done periodically at the school health services centre at the beginning of every session. (iii.) Dental/oral health screening to be done as a preventive and appraisal measure every six months at the school health services centre by a dentist.
- ✓ Regular de-worming exercise should be done at least once every 3 months
- ✓ Routine immunization and missed opportunities for provision of booster doses of relevant vaccines
- ✓ Food supplementation, E.g. Vitamin A supplementation

D. First-Aid/Emergency Preparedness

- Teachers and learners shall be trained in first aid
- Provision of a standard first aid boxes with basic content.

E. Referrals

- ✓ Credentialize and engage near-by health facilities
- ✓ Provision of pre-identified means of transportation

5. 6. Psycho-Social and Mental Health Counselling

The psychosocial environment relates to relational, social and mental conditions which affect education and health. This incorporates the cultural norms and expectations regarding relationships, sex, God, marriage, family, community life and the world at large. An individual's psychological well-being, including self-esteem and self-confidence, is critical in maintaining physical health and the ability to make healthy decisions and avoid risky behaviours. Maintaining and supporting the emotional, psychological and mental health of students and staff should complement and support nutritional and physical health.

A study of 12-18 year old students in public schools in Ohio, USA, found that "school connectedness," or the feeling of closeness to school personnel and the school environment, decreased the likelihood of health risk behaviours during adolescence, including cigarette use (Bonny and colleagues, 2000).

- A positive psycho-social environment at school can affect the mental health and well-being of young people.
- A sense of connectedness, good communication, and perceptions of adult caring have been shown to be related to a wide range of mental health outcomes (Patton, 2000). For example, a study of the impact of school "climate" on the well-being and mental health of children in the Czech Republic found that schools with a climate of confidence and respect among principals, staff, pupils and parents had the least number of negative characteristics, including general anxiety, school anxiety, emotional and psychosomatic balance, attitudes toward school, etc. (Havlinova and Schneidrova, 1995).
- Gadin and Hammarstrom (2000) analyzed the relationship between psycho-social factors in the school environment and pupils' health and sense of self-worth in a sample of Swedish pupils. They found that problems in relations with classmates were the most recurrent psycho-social factor associated with ill-health. Lack of self-control at school affected self-worth among girls, but not among boys
- A supportive school environment can improve student learning outcomes. In Australia and the United Kingdom, factors like relationships between teachers and students in classrooms, opportunities for student participation and responsibility, and support

structures for teachers, have consistently shown to be associated with student progress (Patton et al, 2000). MacIntosh theorizes that "positive reactions to school may increase the likelihood that students will stay in school longer, develop a commitment to learning, and use the institution to their advantage". Thus, a positive, supportive climate at school can make a critical contribution to the academic achievement.

A school's environment can enhance social and emotional well-being, and learning when it:

- is warm, friendly and rewards learning
- promotes cooperation rather than competition
- facilitates supportive, open communications
- prioritizes the provision of creative opportunities
- prevents physical punishment, bullying, harassment and violence, by encouraging the
- development of procedures and policies that do not support physical punishment and that promote non-violent interaction on the playground, in class and among staff and students.
- promotes the rights of boys and girls through equal opportunities and democratic procedures.

Thus, school counselling programmes and actions to provide social support are important to help students, school personnel and families in coping with difficulties, adjustments, growth and development. Consequently, counselling services or actions to provide social support can be provided by the school or should be addressed through referral to a community service. This will help adolescents clarify misconceptions about their self-perception, which is a prerequisite to developing a healthy self-image and adopting a healthy lifestyle including good eating habits Social support can also strengthen students to resist social pressures to indulge in unhealthy activities: alcohol, drugs, substance abuse, sexual escapades, violence, vandalism and cultism.

6. Diet, Nutrition and Food Programme

Healthy nutrition should be an integral part of daily life that contributes to the physiological, mental and social well-being of individuals. It is the combined effect of food, health and care. Nutritional well-being is determined by consuming **safe food** as part of an appropriate and balanced diet that contains adequate amounts of nutrients in relation to bodily requirements.
Nutrition is vital to all human beings and to the societies that they comprise. Adequately nourished people enjoy optimal growth, health and well-being. Girls in particular benefit from good nutrition as their health status and eating habits have a major impact on pregnancy, lactation and nourishment of their children.

Good nutrition strengthens the learning potential and wellbeing of children. Consistently, children with more adequate diets score higher on tests of factual knowledge than those with less adequate nutrition. For instance, studies in Honduras, Kenya and the Philippines show that the academic performance and mental ability of pupils with good nutritional status are significantly higher than those of pupils with poor nutritional status, independent of family income, school quality and teacher ability. Good nutrition in early life enables healthy adulthood and ageing Among well-nourished people, acute disease and illness tend to be less frequent, less severe and of shorter duration thus providing increased capacities to perform daily activities. Good nutrition also fosters mental, social and physical well-being throughout life; for instance, by strengthening a positive body image and increasing the sense of personal worth. Healthy nutrition can also contribute to a more comfortable life by helping young people to

develop healthy teeth and gums. Thus, good nutrition during childhood helps to lay the foundation for a healthy adulthood.

A healthy diet can also contribute to more mobility in older age. For instance, it is likely that youth is a unique time to acquire the strongest possible bones to decrease the risk of osteoporosis in old age. Diets rich in calcium can help build stronger bones while diets rich in protein and salt increase the chances of losing bone density later in life. Thus, it is important to enable children to establish or reinforce personal skills, healthy perceptions and useful knowledge in nutrition to promote their own health and the health of those they care for. It is beneficial to teach persons healthy eating patterns when they are young since eating patterns are established early in life and are difficult to change once they are developed during youth.

Girls will particularly benefit from nutrition interventions **-** Many of the problems of childbirth, such as haemorrhage, infection and obstructed labour, can be reduced in severity by adequate nutrition earlier in life. For instance, small stature, which may be related to under nutrition is a well-known risk factor for obstructed labour. Anaemia, which can result from inadequate intake of iron-rich foods, lack of iron supplements or parasite infection, is known to cause about one-fifth of maternal deaths during pregnancy and childbirth. Thus, ensuring schooling with effective nutrition interventions for young girls can be one of the most important and effective means of improving women's nutrition and health status because of the associated effects on health, fertility and social development.

Healthy nutrition contributes to decreasing the risks of today's leading health problems - Studies show that early indicators of chronic disease begin in youth. For instance, avoiding obesity in childhood and youth is important because once attained, obesity tends to continue in adulthood (64), contributing to chronic diseases. Furthermore, the hardening of arteries and high blood cholesterol levels, which make a major contribution to coronary heart disease, are influenced by nutrition and lifestyle. Thus, adequate nutrition and physical activity are likely to have long-term health benefits in reducing the growing number of diet-related, non-communicable diseases.

- Obesity in infants, children and adults is a major problem worldwide including Nigeria.
- Cardiovascular Diseases include coronary heart disease which is a major cause of adult death. The risk of cardiovascular disease can be decreased by healthy eating, especially by consuming a low fat diet
- Cancer accounts for 25% of all deaths in developed countries. It has been suggested that practicable dietary means could reduce cancer deaths by as much as 35%. Eating a diet that contains plenty of fruit and vegetables in general can significantly reduce the risk of cancer.
- Eating Disorders present serious threats to adolescents' health and can lead to death. Psychological counselling, medical treatment and dietary advice can help to prevent and treat eating disorders.
- Malnutrition causes death and impairs the growth and development of millions of children Malnutrition is a major factor in 54% of deaths to children under the age
- of 5 in the developing world. Moreover, 83% of these deaths are attributable to mild-to-moderate, rather than severe, malnutrition

Malnutrition includes over nutrition and nutritional deficiencies as well as under nutrition which impair health, intellectual activity, adaptive behaviour, education, productivity and well-being, and can induce death. Nutrition education has been shown to have a significant effect in

fostering healthful eating habits. Thus, schools can contribute to reducing these nutrition-related problems by integrating nutrition interventions into a comprehensive approach to school health, as illustrated by the Health-Promoting School.

Health-Promoting Schools can implement nutrition interventions in various ways to promote healthy development of students and staff:

I. *Micronutrient supplementation*: Distributing micronutrients to children who have nutritional deficiencies can contribute in the long term to reproductive health, especially in girls. For example, promotion of medical (e.g., daily ferrous sulphate tablets) and food-based (e.g., consumption of meat, legumes, or green leafy vegetables) solutions can treat iron deficiency (where it has been identified as a problem) and thus prepare young girls for less dangerous childbirth.

II. *School feeding:* Providing free nutritious meals at school for children of low-income families is of great importance to relieve short-term hunger and to ensure sufficient nourishment for physical development, especially during the adolescent growth spurt. School feeding programmes can also be an incentive for parents to send children to school where they may consequently have the opportunity to learn about health, including family life and reproductive health (WHO, 1996).

III. *School meals:* The composition of school meals and their nutritive value plays an important role in fostering educational achievement and health, both of which have an important influence on reproductive behaviour. Also, if students become accustomed to healthy food choices, they may develop and share habits of healthy eating with other members in their family.

IV. *Nutrition education:* Teaching boys and girls about nutritional needs during pregnancy and for new-born babies (e.g., the importance of breast milk) and the importance of balanced meals for their future families can be taught by food service staff as part of skills-based health education or in specially arranged sessions.

V. *Healthy food choices:* A Health-Promoting School promotes and provides nutritional and high-quality foods to offer opportunities for healthy choices (WHO, 1998). A school environment that reinforces education about healthy nutrition is especially important for girls because nutritional status is closely linked to achieving healthy pregnancies.

7. Health Promotion for School Staff

School personnel have very significant roles to play in the attainment of safe and health school environment, for themselves and the students. Consequently, they need to be educated about, and to develop skills, in health promotion, including the diverse elements of the SHP. A Health-Promoting School would aim at promoting healthy lifestyles among all who study, work and use the school. Thus, strategies to promote health, safety, emergency preparedness and nutrition should become an integral part of in-service training for teachers and support personnel.

School health promotion programmes for staff are intended to increase their interest in health and help them acquire healthy lifestyles. There are several reasons why health promotion for school personnel including teachers, administrators, and other school staff, some of whom might be in their late adolescent years themselves and have sexual health needs or be affected by HIV/AIDS or other STIs is important. First, healthy employees are better able to fulfill their responsibilities. Thus, health promotion activities should help them assess and improve their own eating practices. Second, teachers and school personnel need to be aware of and responsible for the messages they give as role models to students and others. Third, school

personnel can help identify policies and practices that are needed in order to support health and well-being in a Health-Promoting School. A health promotion programme for staff can help develop those policies that support their health and find ways to change those policies that are not conducive to the health of teachers and other staff.

Health promotion for school personnel is intended to increase their interest in health, help them acquire healthy lifestyles, help them model respect and gender equity, and prevent sexual harassment or abuse. For example, addressing malnutrition, sexual and reproductive health in schools can benefit teachers and other staff, rather than adding an additional burden (which some staff may initially be concerned about).

8. Family/Community Involvement.

As an important component of integrated SHP, the engagement of the host community gatekeepers and members cannot be over-emphasized. Family and community involvement provides a setting which addresses health promotion, psychological and mental health support and healthy nutrition by engaging students, school personnel, families and community members in collaborative and integrated efforts to improve health in the school and through school/family/community projects and outreach activities.

Family and community members can be involved in the SHP in a number of ways, such as:

- ✓ *planning and decision-making;* for instance, participating in the school health team or community advisory committee.
- ✓ *participating in activities and services offered through schools;* for instance, attending projects to gain specific health and nutritional knowledge and skills, such as in exhibitions, concerts, drama, community-wide entertainment, festivals and health fairs.
- ✓ *providing support and resources;* for instance, offering financial or material donations, being guest speakers or providing specialist services related to health and nutrition. Psychologists, medical and nursing officers, nutritionists from the community can offer assessments and specific services for students and parents, and supermarkets and farms can offer healthy food.
- ✓ *advocating for health;* for instance, knowledge and skills acquired in a school/community project can be used by community and family members to take communal actions that will result in sustainable healthy eating practices.

The family and community also provide a setting for students to understand, practice and share what they learn about health and nutrition in the classroom. They have the potential to support and reinforce nutrition education and health promotion. Thus, it is essential that school staff, parents and community members work together in order to create conditions that allow the maximum attainment of health by all its members. Students are most likely to adopt healthy eating patterns if they receive consistent information and support through multiple channels, such as parents, peers, teachers, community members and media. Thus, a SHP should strengthen community links and involve parents and the wider community as much as possible. Community members and parents, in turn, should feel that their school is open and receptive to their ideas and participation.

Cooperation and coordination between the school health programme and the community is likely to be most successful where there are dynamic, positive and productive school/community links. Schools and communities can benefit from partnerships with local

businesses and representatives from agencies and organizations, such as local health departments, farmers' organizations, youth-serving agencies and local retailers. For instance, the school can utilize the potential of specialist services in the community for advice and support in nutrition and health matters and can actively involve community nutritionists and community health services at school. Commercial organizations and businesses can offer health-related and relevant visits to their stores, advice on healthy choices or donations in support of nutrition programmes.

A Health-Promoting School is an important part of the community that surrounds it, and the community is a critical component of the school environment. Community members should feel that their neighbourhood school is open and receptive to their ideas and participation. Schools and students in turn should be supported by community members through their participation in developing and supporting school-based initiatives and providing social support (WHO, 1996).
It is essential that schools, parents, and communities work together. "Adults play a vital role in the healthy development of young people and can contribute to a supportive climate for behavioural choices through positive relationships" (UN, 2000). Students are most likely to adopt healthy behaviour patterns if they receive consistent information and support through multiple channels, such as teachers, parents, peers, community members, and media.

Thus, parents and other caregivers play an important role as nurturers, teachers, disciplinarians, role models, and supervisors in providing an environment that is safe and supportive with opportunities for full adolescent development. Far too often, however, parents and other caregivers do not have the resources, skills, or community support to carry out these roles as effectively as possible. As a result, the messages students receive in the classroom may not be reinforced - or sometimes may even be contradicted - once students go home.
Educating parents about their children's health and development may be necessary. Parent involvement should begin early and be sustained throughout school-based interventions (WHO, 1996).

Benefits of SHPs

Health education teaches about physical, mental, emotional and social health. It motivates students to improve and maintain their health, prevent disease, and reduce risky behaviors. Health education curricula and instruction help students learn skills they will use to make healthy choices throughout their lifetime.

The reported health impacts included:

- ✓ increasing physical activity (physical activities in Singapore, comprehensive school and health nutrition (SHN) activities in Thailand),
- ✓ decreasing obesity (school lunches in Singapore, comprehensive SHN activities in Thailand),
- ✓ decreasing the smoking rate (substance abuse prevention programmes in Republic of Korea, Singapore),
- ✓ increasing vegetable and fruit intake (school lunches in Singapore),
- ✓ reducing unhealthy food intake (nutrition programmes in Thailand, Republic of Korea),
- ✓ improving oral health (oral health programmes in Thailand and Cabo Verde),
- ✓ decreasing stunting (comprehensive SHN activities in Thailand),

- ✓ successful early detection of vision and hearing disorders in children (health screening in Singapore, Maldives, Indonesia, Sri Lanka,
- ✓ comprehensive SHN activities in Bhutan and Nepal), and
- ✓ boosting immunization efforts (immunization programme in Indonesia,

The reported educational impacts were:

- increasing attendance rate (health screening in Indonesia),
- reducing absenteeism (oral health programme in Thailand,
- comprehensive SHN activities in Nepal),
- increasing enrolment rate (comprehensive SHN activities in Nepal), and
- improving academic score (iron supplementation and comprehensive SHN activities in Sri Lanka,
- health screening in Indonesia).

The reported psychosocial impact was:

- ✓ improving mental health status (school lunches in Thailand, mental health programmes in Singapore and iron supplementation and comprehensive SHN activities in Sri Lanka).

Enablers & Barriers of SHPs

The **factors in successful implementation** of SHP were identified as: ownership by government; existing national policies and prioritizing school health programmes; involvement of all relevant ministries (e.g., ministries of health, education, agriculture, finance) and local government; financial and/or technical support by donor agencies; participation of children and communities including parents and guardians; allocating appropriate funding; ownership by school principals and/or teachers; scheduling interventions as official school activities; allocating focal teachers and providing teacher training; including school health in the curriculum of teacher training institutions; setting culturally appropriate menus for school lunches including using locally available food.

The identified factors related to **barriers** of implementation of school health programmes were lack of policies, guidelines, scale up plans, policy implementation; insufficient lobbying and advocacy for school health and nutrition (SHN) programmes, and lack of political and legal support for implementation on SHN activities; insufficient amount of and timeliness of budget allocation; lack of coordination among related ministries and stakeholders (e.g. United Nations (UN) bodies, non-governmental organizations (NGOs) and academic institutions); lack of technical capacity on human resources and training; lack of quality and quantity of resources for implementation, monitoring and evaluation, as well as insufficient data and evidence for promoting SHN activities; and cultural barriers to implementation, especially reproductive health programmes.

The Nigerian Context

In Nigeria, there are no viable school health programmes (SHPs), with only small scale unsustainable activities being carried out in very few places. The result is that cases abound where students collapsed and died during classes, or on the playgrounds. Sportsmen and women, too, especially footballers have died while playing for even the national team. In Nigeria, there are no viable school health programmes (SHPs), with only small scale

unsustainable activities being carried out in very few places. The result is that cases abound where students collapsed and died during classes, or on the playgrounds. Sportsmen and women, too, especially footballers have died while playing for even the national team. Regrettably, many of them passed through various educational institutions.

The Federal Ministry of Education's national School Health Policy and its Implementation Guidelines (2006) have not been widely disseminated, or implemented to actualize the intended objectives. In any case, the document recognizes a number of inhibitors to SHPs in the country: Dearth of trained personnel; Lack of appropriate teaching aids; Concentration of attention on instructional rather than on applicative skills-based method of imparting knowledge, etc.

But in their important research on the theme: School health services and its practice among public and private primary schools in Western Nigeria, Olugbenga Kuponiyi and colleagues (2016) surveyed a total of 360 head teachers served as respondents for the study with more than three quarters of them in both public and private schools could not correctly define the school health programme. There were no health personnel or a trained first aider in 47.8% public and 61.1% private schools but a nurse/midwife was present in 57 (31.7 %) and 27 (15.0 %) public and private schools. Knowledge of the school health services were generally poor, a finding which was corroborated by previous studies. Their study showed that almost all of the schools studied did not have the services of a doctor and only one out of every six of the schools had someone trained in first aid. This finding indicated that there has not been any improvement in supply of health personnel to school health care in the last 10 years preceding the study in various parts of Nigeria, which contrasted sharply with a 1972 study in Ibadan which reported that about two-thirds of the schools had a trained first aider.

Way Forward Next Steps: *Catholic Integrated School Health Programme*

The overarching goal for SHPs in Catholic schools is that the latter become both:
1. Child-Friendly Schools – schools that provide a learning environment that is friendly and welcoming to children, healthy for children, effective with children, and protective of children and
2. Health-Promoting Schools - schools as that constantly strengthen their capacity as a healthy setting for living, learning and working.

Key implementable actions, going forward:

1. Situation Assessment/Analysis (Where are we today? Where do we want to be? How do we get there?)
2. Policy & Implementation Guidelines
3. Community advisory committee
4. School health team - SHP Committee Formation (Advocacy, oversight, provisions, reviews, communication)
5. Teacher training on SHP
6. Peer educators training for SHP
7. Resource mobilization
8. Technical/supportive supervision
9. Collaborative engagements
10. Monitoring & evaluation (Implementation Research)
11. Scaling up, sustainability

Objectives of CSN School Health Programme

The Catholic Integrated School Health Programme is a unique set of complementary skills-based, non-curricular training and services provided to children in Catholic educational institutions in order to ensure their holistic health and wellbeing, both now and in the future. Accordingly, the Health Unit of the Catholic Secretariat of Nigeria seeks to accompany every child in Catholic schools with health assessment and supportive care to maintain good health, or ensure early detection and prompt management of any physical or psychological impairment.
The Health Unit shall collaborate with the Education Directors to implement activities that will:

1. Reduce morbidity (disabilities) and mortality (deaths) from childhood diseases and injuries
2. Promote healthy growth and development of school children
3. Awaken health-care consciousness among the young people
4. Prevent spread of communicable disease within the school environments
5. Promote and protect the health of the school personnel; and
6. Improve cognitive development and academic attainments (e.g. periodic deworming)

Methodology

- We desire to accompany every child who passes through a Catholic school with basic health assessment and supportive care to maintain their health or ensure early detection and prompt management of any physical or psychological impairment.

- The CSN Health and Education Units will jointly develop the tactical methods and materials necessary to actualize the objectives of the SHP for Catholic schools across the various ecclesiastical jurisdictions in Nigeria.

- There will be capacity building and supportive actions for teachers and schools to effectively drive this initiative.

Advocacy Statement

As the need for SHP increases, so does recognition of the importance for advocating with local school boards for their support. Identifying the diversified make up of school board members and implementing effective strategies to advocate for coordinated school health can help facilitate the successful inclusion of such a programme. With increasing emphasis placed on standardized testing and the "basic" curriculum, school board members need to become aware of specific benefits a SHP can provide their district. With the relationship between health status and academic achievement confirmed in scientific research, school boards may begin paying more attention to providing high-quality health services and health instructions for students. This presentation has synthesized the global and national policy and programmatic perspectives to propose both the conceptual frameworks and interventional steps to take before, during, and after implementing SHP in public, private and faith-based educational institutions in Nigeria.

Addenda:

1. Federal Ministry of Education, Nigeria; Implementation Guidelines on National School Health Programme (2006).
2. World Health Organization: Health-Promoting Schools: An Effective Approach To Early Action On Non-communicable Disease Risk Factors (2017).

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Footnotes

1 It should be noted that the IOM (IOM) Committee on the Future of Primary Care has distinguished between the terms "primary care" and "primary health care" (Institute of Medicine, 1994). According to its definition, "primary care" refers to personal health services, whereas "primary health care," as originally described by the World Health Organization, goes beyond personal health services to include such public health measures as sanitation and ensuring clean water for populations. This report attempts to be consistent with this distinction, but other sources—particularly those that appeared before 1994—may use the two terms interchangeably. The IOM Committee on Comprehensive School Health Programs in Grades K–12 assumes that in Goal 1, the American Academy of Pediatrics is referring to personal health services, or "primary care" as recently defined. Consistent with the view of the IOM Committee on the Future

of Primary Care, primary care should include screening and referral for oral health problems, and treatment of and, if appropriate, referral for mental health problems.

2 "Special education" students are those with a wide range of disabilities, including mental retardation; hearing, visual, and speech impairment; serious emotional disturbances; orthopedic impairments; and learning disabilities (Walker, 1992).

3 Participants in the panel discussion on services at the committee's third meeting included representatives from the National Association of School Nurses, American Academy of Pediatrics, National Association of School Psychologists, American School Counselor Association, National Association of Social Workers, and American School Food Service Association.

4 SREB states are Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

5 The report notes that the primary care perspective is only one possible framework in which to view SBHCs; the focus in some communities may be on other extended social and family services.

6 Partnership for Prevention is a private, nonprofit organization of leaders in medicine and public health that was established in 1991. Partnership is committed to coordinating and unifying the prevention-oriented efforts of federal health agencies, corporations, states, and other nonprofit groups to achieve the *Healthy People 2000* objectives and make prevention a fundamental component of America's health system.

7 Procedures and instruments for carrying out such assessments have been described and developed (see, for example, *School Health: Policy and Practice*, from the American Academy of Pediatrics [1993]. The National Adolescent Health Resource Center of the University of Minnesota, sponsored by the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services, also provides resource materials and technical assistance for carrying out community needs assessments on adolescent health issues.)

8 The survey, *A Closer Look*, found that exchange of information between school and community providers was inadequate; one out of five referrals from school health personnel failed to produce any response or feedback from the community provider. A step in the right direction would be to institute a two-way written referral system wherein both parties are expected to respond.

9

Scoliosis screening, for example, is still mandated in many localities, but its scientific validity is questionable (American Academy of Pediatrics, 1993; Berg, 1993; Goldberg et al., 1995; Wallace et al., 1992b).