

Assessment of Implementation of National School Health Policy among Primary Schools in Ilesa East Local Government Area of Osun State, Nigeria

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ABSTRACT

This study focused on assessment of implementation of National School Health Policy among primary schools in Ilesa East Local Government Area of Osun State. It ascertained whether primary schools in Ilesa East Local Government Area were healthy and also assessed the adequacy of the provision of school feeding services in the school. The study further determined the content of skill-based health education and also investigated the practice of adequate school health services in the local government area. These were with the view to improving the implantation of National School Health Policy in the study area. The study employed a cross sectional survey research design. Thirty (30) primary schools were randomly selected from the 34 schools in the local government area. Observational checklist containing four sections was used to assess the implementation of healthful school environment, school feeding services, skill-based health education and school health services in the schools. Face and content validity of the checklist were ensured. Reliability was also ensured with pilot test done on sample of two schools outside the scope using Cronbach's Alpha Coefficient, a reliability coefficient of 0.77 was obtained. Data collected were analyzed using descriptive statistics. The results of the study showed that the primary school environment within the study area were moderately healthy.

Keywords: Health policy, school, school feeding, school environment.

INTRODUCTION

Good health is essential for learning and cognitive ability. Ensuring good health when children are of school age can boost attendance and educational achievement. The equivalent of more than 200 million school years are lost each year in low-income countries as a result of ill health, and the impact on learning and cognition is equivalent to a deficit of more than 630 million IQ points, [1, 2]. According to [3], school health and nutrition programmes are amongst the most cost-effective interventions that exist to improve both children's education and health. They can add four to six points to IQ levels, 10% to participation in schooling, and one to two years of education.

School Health Programme (SHP) comprises of all projects/activities in the school environment for the promotion of the health and development of the school community. The main objectives of the programme are to improve the health of learners and staff so as to make them responsible and productive citizens; to ensure that children from pre-school age to adolescence are in optimum health at all times, so that they can attain their physical and intellectual potentials, as well as receive maximum moral and emotional benefits from health providers, teachers and the school environment. The promotion of the health of school populace is a critical

step towards quality achievement in education. This means that implementation of the SHP is core to the realization of the goal of National Policy on Education. The objectives of the SHP can only be achieved through implementation of procedures and activities organized in the components of the SHP.

According to the WHO, a health promoting school is “one that is constantly strengthening its capacity as a healthy setting for living, learning and working”. Thus, SHP comprises of five main areas which are: healthful school environment, school feeding services, Skills- based health education, school health services and school, home and community relationships, [4]. Healthful school environment refers to conditions within the school that are most conducive to optimal physical, mental and emotional health and safety of both pupils and staff. Provision of healthful school environment must be guaranteed for efficient performance of staff and learners. There must also be provision of adequate safe water and sanitation facilities for use in schools. All the necessary services, facilities and tools needed for the physical, social and emotional well-being of the school population must be assured, provided, safeguarded and sustained.

The school feeding services deals with provision of at least one adequate meal a day to school children. This service aims to contribute to the realization of national and international initiatives for development. Its objectives are to reduce hunger and increase school enrolment

and attendance among school children. It also helps to improve the nutritional status of the school children. Skill based health education involves impacting knowledge and skills about sound health to learners. Here, emphasis should be placed on skill necessary for promoting appropriate behaviour and practices as against just theory-based lessons. It involves application of particular life skills, to areas such as personal health, nutrition, community health, early pregnancy. Provision of information and teaching about these issues is needed to lead a healthy life style which is of importance to school children, [4].

School health services are preventive and curative services provided for the promotion of health status of learners and staff. School health services refer to the health care delivery system that is operational within a school or college. These services aim at promoting and maintaining the health of school children so as to give them a good start in life. In addition, these services seek to enable children benefit optimally from their school learning experience. Globally the number of children reaching school age is estimated to be 1.2 billion children (18 % of the world’s population) and rising. In many homes across the world, children start to attend school from as early as 5-6 months because mothers have to wean early to return to their work place. The purpose of the school health services is to help children at school to achieve the maximum health possible for them to obtain full benefit from their education.

THEORETICAL REVIEW

Self-efficacy Theory

This theory by [5] defines self-efficacy as a person’s belief about their ability to organize and execute courses of action necessary to achieve a goal. In other words, persons with strong efficacy beliefs are more confident in their capacity to execute a behavior. Beliefs about self-efficacy have a significant impact on our goals and accomplishments by influencing personal choice, motivation, and our patterns and emotional reactions. For example, we tend

to avoid threatening situations that we believe exceed our coping skills. Perceived self-efficacy also affects how successfully goals are accomplished by influencing the level of effort and persistence a person will demonstrate in the face of obstacles. That is, the stronger the perceived self-efficacy, the more active our efforts. Higher self-efficacy is also associated with more persistence, a trait that allows us to gain corrective experiences that reinforce our sense of self-efficacy. Because of its effect on

personal choice, motivation, effort, and persistence, self-efficacy has severe implications for health behaviors, such as condom use, nonsmoking, among others. For example, high self-efficacy influences whether or not a person commits to condom use in the face of social obstacles. Using evidence-based interventions, [6] found that we can influence self-efficacy through several channels: These channels include;

Performance accomplishments: These are one's personal mastery experiences, defined as past successes or failures. These experiences form expectations that are generalized to other situations that may be similar or substantially different from the original experience. For example, strong efficacy expectations are developed through repeated success of a behavior, and reduced efficacy expectations can result from failures. We can increase personal mastery for a behavior through participant modeling, performance exposure, self-instructed performances, and performance desensitization, the process through which aversive behavior is paired with a pleasant or relaxing experience.

Vicarious experience, which is observing others perform threatening activities without adverse consequences, can also enhance personal self-efficacy by demonstrating that the activity is "do-able" with a little effort and persistence. Vicarious experience can be enhanced through live modeling (observing others perform an activity), or symbolic modeling.

Verbal persuasion: People are led to believe they can successfully accomplish a task or behavior through the use of suggestion, exhortation, or self-instruction. However, because verbal persuasion is not grounded in personal experience, it is a weaker inducer of efficacy and may be extinguished by histories of past failures.

Emotional arousal: We can enhance perceived self-efficacy by diminishing emotional arousals such as fear, stress, and physical agitation since they are associated with decreased performance, reduced success, and other avoidance

behaviors. Emotional arousal can be mitigated with repeated symbolic exposure that allows people to practice dealing with stress, relaxation techniques, and symbolic desensitization.

Conceptual Review

School health services refer to the health care delivery system that is operational within a school or college. These services aim at promoting and maintaining the health of school children so as to give them a good start in life. In addition, these services seek to enable children benefit optimally from their school learning experience. School health services deal with health appraisals, control of communicable diseases, record keeping and supervision of the health of school children and personnel. It is the aspect that concerns itself with the evaluating the health of an individual objectively.

School Health Programme (SHP) is a health programme directed to meet the health needs of students at the present time and laying a good foundation for their future with the support of the home, community, and government. It is defined as 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. The objectives of the SHP are to obtain a rapid and sustained improvement in the health of school children, to ensure that children from preschool age to adolescence are in optimum health at all times so that they can attain their physical and intellectual potential, as well as to receive maximal moral and emotional benefits from health providers, teachers, and the school environment.

Health appraisals afford the school authorities the opportunity to detect signs and symptoms of common diseases as well as signs of emotional disturbances that could impede the learning activities of children, [7]. School health services are both preventive and curative services and it helps in providing information to parents and school personnel on the health status of school children. It also provides advisory and counselling

services for the school community and parents. It also includes pre-entry medical screening, routine health screening/examination, school health records, sick bay, first aid and referral services. Other services rendered include health observation (which involves physical inspection of the physiology and behaviours of children), health examinations (screening tests and medical diagnosis) and health records (keeping of records of the health histories of children). School health has been described as the neglected component of Primary Health Care in Africa. Since almost every small community has a primary school, in those communities without health centres, it should be possible to use the primary school as a centre for primary health care delivery not just for the pupils but also for the community. A well organized and properly executed school health programme can be used to create safe environment for school children. School health programme can become one of the strategies for promoting primary health care services, [8].

National School Health Policy (NSHP)

Historical Background

The relationship between the physical condition of children and their capacity to benefit from education has been appreciated for about 150 years. According to (3), the earliest recorded organized efforts to improve the health of the school child were made in Europe. In 1790, Bravaria in Germany, provided free lunches. In 1833, France enacted a law holding public schools responsible for the health of school children and this later included periodic inspection of schools by physicians. The First World War sensitized American educators and public to the health needs of school children. It was discovered that 34% of those examined had adverse physical, mental and emotional conditions. This raised the quest of whether or not, the school could have prevented or corrected many of the observed conditions by conserving or improving the health of children. Great emphasis was subsequently placed on the health of school children. However, this emphasis was erroneously skewed in

favour of physical educations, as if it was the same as health education; consequently, the desired improvements were not attained. In 1944, during the Second World War, about 4 million out of the 13 million recruits aged between 18 and 37 were found to be unfit for military service. The existing school health programme was therefore, adjudged a failure. The efforts that followed have culminated in the present status of school health in Europe and Nigeria, (2).

Objectives of School Health Policy

Policy Goals

The goals of the National School Health Policy are to:

- i. Enhance the quality of health in the school community
- ii. Create an enabling environment for inter-sectoral partnership in the promotion of child friendly school environment, for teaching and learning and health development

Policy Objectives

The objectives of the National School Health Policy are to:

- i. Provide the necessary legal framework for mobilization of support for the implementation of the School Health Programme
- ii. Set up machinery for the co-ordination of community efforts with those of government and non-governmental organizations, toward the promotion of child friendly school environments
- iii. Guide the provision of appropriate professional services in schools by stakeholders for the implementation of the School Health Programme
- iv. Promote the teaching of skill-based health education
- v. Facilitate effective monitoring and evaluation of the School Health Programme
- vi. Set up modalities for the sustainability of the School Health Programme.

Healthful School Environment

According to [9], the concept "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. A healthful school environment (physical, biological

and socio-cultural) serves as a major determinant of health and greatly influences the individual's level of intellectual growth and development.

It involves the physical and aesthetic surroundings and the psychosocial climate and culture of the school. The factors that influence the physical environment include the school building and the area surrounding it, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychological environment includes the physical, emotional, and social conditions that affect the well-being of students and

METHODOLOGY

The research design is non-experimental cross-sectional survey used to assess the implementation of school health policy among primary schools in Ilesa East, Local Government Area, Osun State. The population used for the study were all primary schools in Ilesa. Convenience sampling technique was used to select Ilesa East Local government Area, Osun State. The Local government has 34 primary schools. Observational checklist was used to assess the four basic components of National School Health Policy in the selected rural and urban schools. The checklist for data collection was designed

Research Question 1: Are the school environments of primary school in Ilesa East Local Government Area of Osun State healthy?

In order to answer this research question, data collected on healthiness of primary

staff, [4]. The central mission of all schools according to California Department of Education (2010), should include provision of students with a healthy and inviting learning environment where they are protected from physical and emotional harm. A healthier school environment is one in which the school setting supports students' health and well-being and helps them build a strong foundation for learning. In this environment, good nutrition, physical activity, basic safety, clean air and water, access to care and education about making health choices allow student to thrive.

in line with the implementation guidelines on National School Health Programme, [10] comprising four section sections. To ensure the reliability of the research instrument, the questionnaire was pilot- tested on a sample of two schools outside the scope of the study. A test- retest method of analysis was carried out using Cronbach's Alpha Coefficient, a reliability coefficient of 0.77 was obtained which is assumed high enough as being reliable for the study. Data were collected and analysed using frequency, percentage, mean and standard deviation.

RESULTS

school environments within the study area were subjected to descriptive analysis and the result is presented in Table 1.

Table 1: Descriptive analysis of healthiness of primary school environments in Ilesa East Local Government Area of Osun State

S/N	School Environment	Frequency (N)	Percentage (%)
1	Location of the School		
	Level and well drained ground	22	77.3
	On a site prone to flood	8	26.7
	Total	30	100.0
2	Well Maintained Fences with Gate		
	Present and in good condition	12	40.0
	Present and not in good condition	9	30.0
	Absent	9	30.0
	Total	30	100.0
3	School Ground		
	Well kept	10	33.3
	Moderately kept	19	63.3
	Not well kept	1	3.3
	Total	30	100.0
4	Source of Water Supply		
	Well	13	43.3
	Borehole	17	56.7
	Pipe Borne Water	0	0.0
	Total	30	100.0
5	Wash Hand Basin with Soap and Clean Towel		
	Adequate	6	20.0
	Moderately adequate	13	43.3
	Not adequate	11	36.7
	Total	30	100.0
6	Means of Refuse Disposal		
	Open Burning	30	100.0
	Presence of incinerator	0	0.0
	No means of refuse disposal	0	0.0
	Total	30	100.0
7	Means of Sewage Disposal		
	Water system	6	20.0
	Pit latrine	21	70.0
	Bush	3	10.0
	Total	30	100.0
8	Classroom Buildings		
	Dilapidated	8	26.7
	Old walls and leaking roofs	9	30.0
	Strong walls with minor cracks	6	20.0
	Strong and good roofs	7	23.3
	Total	30	100.0
9	Sitting Comfort (Students)		
	100% seated	16	53.3
	< 100% seated	14	46.7
10	Sitting Comfort (Teachers)		
	100% seated	20	66.7
	< 100% seated	10	33.3
	Total	30	100.0

Table 1 shows the descriptive analysis of the healthiness of the school environments of primary schools in Ilesa

East Local Government Area of Osun State. It can be observed from the table that 22(73.3%) of the primary schools are

located on level and well drained ground even as just 12(40.0%) schools had fences and gates that are in good condition. Also, 19(63.3%) schools have moderately kept school ground even as 17(56.7%) have borehole as major source of water supply. In the same vein, 13(43.3%) have moderately adequate wash hand basin with soap and clean towel but none of the schools had incinerator as they use open burning at 30(100.0%) as means of refuse disposal which is not good even as 21(70.0%) schools make use of pit latrine as means of sewage disposal as water system was only present at 6(20.0%). Moreover, only 7(23.3%) primary schools have classroom buildings with strong and

good roofs while 6(20.0%) have strong walls with minor cracks. However, 16(53.3%) and 20(66.7%) are 100% seated considering sitting comfort for students and teachers respectively. Hence, primary school environments within the study area are moderately healthy.

Research Question 2: Are school feeding services provided adequately in primary schools in Ilesa East Local Government Area?

In order to answer this research question, data collected on school feeding services in primary schools in the area used for the study were subjected to descriptive analysis and the result is presented in Table 2.

Table 2: Descriptive analysis of primary schools feeding services in Ilesa East Local Government Area of Osun State

S/N	School Feeding Services	Frequency (N)	Percentage (%)
1	Standard Kitchen		
	Present	0	0.0
	Absent	30	100.0
	Total	30	100.0
2	Daily Meal		
	At least one adequate meal	30	100.0
	No meal	0	0.0
	Total	30	100.0
3	Appearance of food vendors		
	Use of aprons and hairnets	28	93.3
	Not used	2	6.7
	Total	30	100.0
4	Dining rooms		
	Present	1	3.3
	Absent	29	96.7
	Total	30	100.0
5	Deworming of Students		
	Regularly (once or twice a year)	29	96.7
	None	1	3.3
	Total	30	100.0

Table 2 shows the descriptive analysis of the school feeding services in primary schools in Ilesa East Local Government Area of Osun State. It can be deduced from the table that 28(93.3%) of the schools have no standard kitchen but all the schools at 30(100.0%) make at least one adequate meal daily. Also, 28(93.3%) schools have their food vendors with the use of aprons and hairnets but 29(96.7%) have no dining rooms. Regularly, 29(96.7%) of the schools deworm their

students. Thus, school feeding services are not adequately provided considering the absence of standard kitchen and dining rooms.

Research Question 3: What is the content of skill-based health education taught in primary schools in Ilesa East Local Government Area?

In order to answer this research question, data collected on skill-based health education taught in primary schools in Ilesa East Local Government Area were

also subjected to descriptive analysis and

the result is presented in Table 3.

Table 3: Descriptive analysis of skill-based health education taught in primary schools in Ilesa East Local Government Area of Osun State.

Item	Skill Based Health Education	Frequency (N)	Percentage (%)
1	Health Education Teachers		
	Present and adequate (30:1)	23	76.7
	Present and not adequate	7	23.3
	Absent	0	0.0
	Total	30	100.0
2	Adequate Hours Allotted per Week		
	3 periods per week	9	30.0
	< 3 periods per week	21	70.0
	Total	30	100.0
3	Curriculum includes:		
I	Personal Health	28	93.3
ii	Diseases	30	100.0
iii	Mental and Social Health	23	76.7
iv	First Aid & Safety Education	30	100.0
V	Nutrition	30	100.0
vi	Environmental Health	29	96.7
vii	Community Health	28	93.3
viii	Sex education	28	93.3
ix	Drug Education	18	60.0
X	Health Agencies	21	70.0

Data presented in Table 3 shows the descriptive analysis of the content of skill-based health education taught in primary schools in Ilesa East Local Government Area of Osun State. It can be deduced that only 9% of the schools assigned 3 periods per week to health education. It can also be drawn out from the table that primary schools within the study area have present and adequate health education teachers at 23(76.7%) but Personal Health, Diseases, Mental and Social Health, First Aid and Safety Education, Nutrition, Environmental Health, Community Health, Sex Education, Drug Education and Health Agencies at 28(93.3%), 30(100.0%), 23(76.7%),

30(100.0%), 30(100.0%), 29(96.7%), 28(93.3%), 28(93.3%), 18(60.0%) and 21(70.0%) respectively are the contents of skill based health education taught in primary schools in Ilesa East Local Government Area of Osun State.

Research Question 4.: Do primary schools in Ilesa East Local Government Area practice adequate school health services?

In order to answer this research question, data collected on the practice of school health services in primary schools in Ilesa East Local Government Area of Osun State were subjected to descriptive analysis and the result is presented in Table 4.

Table 4: Descriptive analysis of the practice of school health services in primary schools in Ilesa East Local Government Area of Osun State

S/N	School Health Services	Present N (%)	Absent N (%)
1	Sick bay	4 (13.3)	26 (86.7)
2	Availability of health personnel (school doctor, school nurse, community health worker)	23 (76.7)	7 (23.3)
3	First aid box	20 (66.7)	10 (33.3)
4	Periodic medical examination of pupils	30 (100.0)	0 (0.0)
5	Adequate health counseling of pupils	0 (0.0)	30 (100.0)
6	Referral services	23 (76.7)	7 (23.3)
7	Follow up services	7 (23.3)	23 (76.7)
8	Transportation for referral	30 (100.0)	0 (0.0)
9	Provision of special health services for special needs	2 (6.7)	28(93.3)
10	Periodic inspection of learners by school teachers	30 (100.0)	0 (0.0)

Table 4.4 shows the descriptive analysis of the practice of primary school health services in Ilesa East Local Government Area of Osun State. It can be seen from the table that 23(76.7%) primary schools have availability of health personnel even as 20(66.7%) have first aid boxes despite the fact that all the schools at 30(100.0%) in each case do not give periodic medical examination and adequate health counseling to the pupils. Also, 26(86.7%) do not have sick bay even as 28(93.3%) could not make provision for special

health services. Though 23(76.7%) carry out referral services but 30(100.0%) do not support transportation for referral. However, 23(76.7%) do not practice follow up services whereas all the primary schools at 30(100.0%) practice periodic inspection of learners by school teachers. Therefore, primary schools in Ilesa East Local Government Area of Osun State do not adequately practice school health services despite the fact they have health personnel.

DISCUSSION

It can be observed from the table that 22(73.3%) of the primary schools are located on level and well drained ground even as just 12(40.0%) schools had fences and gates that are in good condition. Also, 19(63.3%) schools have moderately kept school ground even as 17(56.7%) have borehole as major source of water supply. In the same vein, 13(43.3%) have moderately adequate wash hand basin with soap and clean towel but none of the schools had incinerator as they use open burning at 30(100.0%) as means of refuse disposal which is not good. Majority, 21(70.0%) schools make use of pit latrine as means of sewage disposal as water system was only present at 6(20.0%), this is supported by the study by [11] who carried out a study on knowledge, attitude and practice of school health programme among head teachers in primary schools in Edo State where 27.7% of the schools had no toilet facility while

33.3% had pit latrine. Moreover, only 7(23.3%) primary schools have classroom buildings with strong and good roofs while 6(20.0%) have strong walls with minor cracks as submitted by [12] in which 42.2% of the schools had dilapidated classrooms. However, 16(53.3%) and 20(66.7%) are 100% seated considering sitting comfort for students and teachers respectively. Hence, primary school environments within the study area are moderately healthy.

It can be deduced from the table 4. 2 that 28(93.3%) of the schools have no standard kitchen but all the schools at 30 (100.0%) make, at least, one adequate meal daily. This is in line with the criteria stated in the [4] and also by the study conducted by [13] in Sagamu, Ogun State, revealed that school mid-day meals were available in all the 91 schools used in their study, although it was contradicted by the findings of [14] in which provision of

meal was not done. Also, 28 (93.3%) schools have their food vendors with the use of aprons and hairnets but 29(96.7%) have no dining rooms. Regularly, 29(96.7%) of the schools deworm their students. Thus, school feeding services are not adequately provided considering the absence of standard kitchen and dining rooms [12-16].

It can be deduced that only 9% of the schools assigned 3 periods per week to health education. It can be drawn out that primary schools within the study area have present and adequate health education teachers at 23(76.7%) but Personal Health, Diseases, Mental and Social Health, First Aid and Safety Education, Nutrition, Environmental Health, Community Health, Sex Education, Drug Education and Health Agencies at 28(93.3%), 30(100.0%), 23(76.7%), 30(100.0%), 30(100.0%), 29(96.7%), 28(93.3%), 28(93.3%), 18(60.0%) and 21(70.0%) respectively are the contents of

It can be deduced from the study that primary school environments in Ilesa East area are moderately healthy. School feeding services are not adequately provided considering the absence of standard kitchen and dining rooms. Primary schools in Ilesa East Local Government Area of Osun State do not adequately practice school health services while skill-based health education is also not adequately practiced as majority of the schools allotted less than three periods per week in teaching of health education. Thus, the implementation of National School Health Policy is not adequate in Ilesa East Local Government Area.

skill based health education taught in primary schools in Ilesa East Local Government Area of Osun State.

Primary schools in Ilesa East Local Government Area of Osun State do not adequately practice school health services despite the fact they have health personnel. It can be seen from the table 4 that 23(76.7%) primary schools have availability of health personnel even as 20(66.7%) have first aid boxes despite the fact that all the schools at 30(100.0%) in each case do not give periodic medical examination and adequate health counseling to the pupils. Also, 26 (86.7%) do not have sick bay even as 28(93.3%) could not make provision for special health services. Though 23(76.7%) carry out referral services but 30(100.0%) do not support transportation for referral. However, 23(76.7%) do not practice follow up services whereas all the primary schools at 30(100.0%) practice periodic inspection of learners by school teachers.

CONCLUSION

Recommendations

Based on the findings, the following recommendations are made:

(i). Government should ensure that the policy handbook is distributed to the schools so that they can have access to it and know what it entails. (ii). The government should also ensure provision of adequate materials needed to implement this policy in schools. (iii). The schools should review their curriculum to include all the teachings that are needed for implementation of the policy (iv). Seminars and workshops should be organized to train and re train teachers on health appraisal of students. (v). The first aid boxes in the schools should be well equipped so as to ensure its functional use.

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