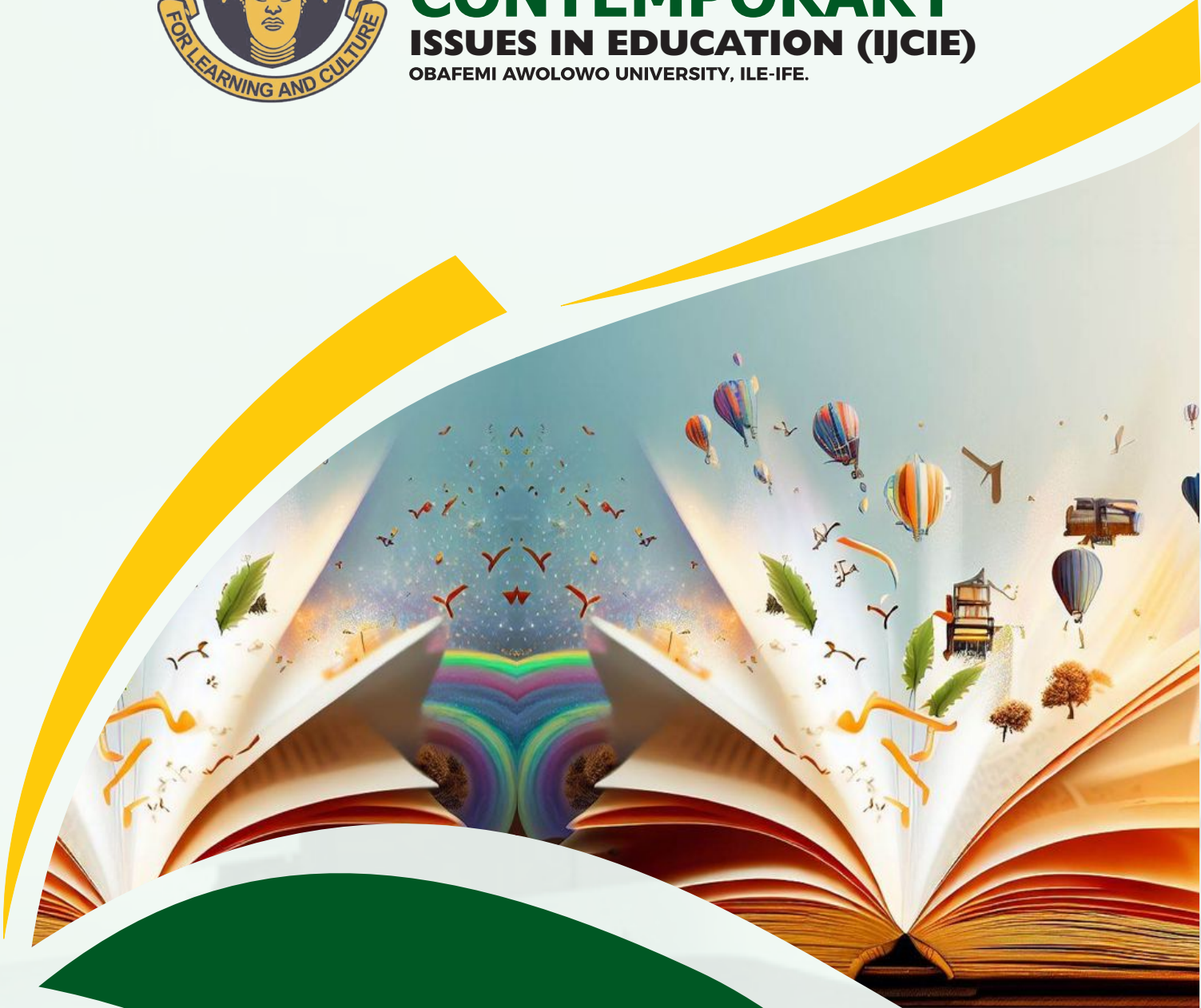




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APPRAISAL OF THE NATIONAL SCHOOL HEALTH POLICY IMPLEMENTATION FOR HEALTH SECURITY IN OSUN STATE SECONDARY SCHOOLS, NIGERIA

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Abstract

Nigeria keyed into the Global School Health Initiative of the World Health Organisation through the enactment and adoption of The National School Health Policy in 2006. The Policy was designed to serve as a blueprint for the implementation and evaluation of School Health Programme, aimed at sustained improvement in the health of school children for the achievement of physical and intellectual potential. School leaders' awareness of the policy is vital for effective implementation and the resultant facilitation of healthy school environment which will lead to the achievement of policy goals. This study examined principals' and teachers' awareness level of the National School Health Policy (NSHP) in Osun State, Nigeria, it investigated the extent to which secondary schools in the study area implemented NHSP and identified challenges to the implementation of NHSP. The challenges to effective implementation of the policy were highlighted. Data for the study were gathered using a structured questionnaire and semi-structured interviews with 50 Principals and 100 teachers as participants. The paper recommended among other factors, thorough supervision of policy implementation by Ministries of Education and Health officials, and, inclusion of Health Education as one of the compulsory cross-cutting subjects at the secondary level of education in Nigeria.

Keywords: National School Health Policy, School Health Programme, Implementation, School Leaders, Health promoting Schools

Introduction

In pursuance of her Global School Health initiative, the World Health Organisation (WHO) in collaboration with the Nigerian Federal

Ministries of Education and Health, conducted a rapid assessment of the school health system in Nigeria. The findings of the assessment included varied health problems among learners; and lack of health and sanitary facilities in schools, indicating sub optimal health security for school aged children in the nation. The assessment highlighted a lack of standards for guiding health programmes in the Nigerian educational landscape. It was concluded that urgent action was necessary in the area of school health in order to enhance the achievement of quality education through the promotion of learners and other school community stakeholders health, and consequently, the achievement of the goals of education in Nigeria (Federal Ministry of Education (2006). Thus highlighting a link between health security and the attainment of the goals of education.

To ameliorate the problems in school health, and ensure health security in schools the Nigerian Government through the Federal Ministry of Education, launched and implemented the National School Health Policy (NSHP) in the year 2006. The policy was meant to serve as a national blueprint for “the coordination, implementation and effective monitoring and evaluation of school health programme” in Nigeria (FME, 2006). Thereby enhancing the overall achievement of health security and education of school age children, who represent 46% of the total population of Nigeria (Federal Government of Nigeria and United Nations Children Fund Nigeria, 2025).

The School Health Programme is a holistic health focused approach, crafted to boost the physical, mental, and social well-being of students, staff, and the general school community. The programme includes activities and services focused on the prevention of health problems, promotion of healthy behaviours, and the creation

and maintenance of a supportive school environment. The scope of the school health programme as stated in the NSHP (FME, 2006) are classified into five sub categories of: 1. Healthful school environment; 2. School feeding services; 3. Skills-based Health Education; 4. School Health Services; and 5. School, Home and Community Relationships. To achieve the goals of the National School Health Policy and therefore health security in Nigeria, all the characteristics of each sub category of the school health programme must be attained.

Aside from the purpose of good health for attaining the educational goals of Nigeria, the school health programme is a vital component of the comprehensive health care delivery system and therefore, health security of the nation. This is because the school, after the family, is the primary social institution responsible for the development of young people that constitute a large chunk of the Nigerian population (Faleke *et al.*, 2022; FGN& UNICEF, 2025). Regardless of the background of such learners, the school health programme is to ensure they are exposed to healthful training and environment, which serves as a launch pad for promotion of good health for learners, their family members, as well as other school community members and by extension, the members of their families, thus enhancing national health security.

The school has been identified as an ideal setting to aid health and wellbeing of youths (Pulimeno *et al.*, 2020). This is because children and teenagers spend most of their time in schools and as a result, such schools have the opportunity to influence the quality of life of learners, thereby playing a vital role in fostering learners' health and serving as the fulcrum for ensuring a health secured nation.

Health security implies the deliberate measures and activities engaged in by schools, organisations or nations, to consciously minimise the impact of public health threats that endanger people's health across different geographical landscape. It encompasses reactive and proactive strategies suitable for detecting and preventing the impact of these threats, which in turn promote healthy living among diverse populations (Akhavain *et al.*, 2025; McCoy *et al.* 2023). The School health programme and thus the implementation of the NSHP, plays a huge role in

facilitating health security by paying attention to the well-being and health of individual learners and school staff, which contribute to a productive and healthier population.

By promoting health-oriented information, beliefs and behaviours that portray the NSHP, the school health programme is meant to help in the prevention and treatment of injuries, provision of information about diseases, their prevention, treatment and risky behaviours, which in the long-run enhance long-term health. In essence, school health programmes are germane investment in tandem with students' and staff health and well-being, playing a huge role in the facilitation of healthier living and ultimately, enhancement of the overall health security of the nation.

School leaders (principals and teachers) are key elements that drive the successful implementation of policies, be they educational or health - focused, within schools (Obembe *et al.*, 2016; Cohen *et al.*, 2020; Leksy *et al.*, 2024; Campos Cardoso, 2024). It is no gainsaying therefore to claim that the driver of a policy must be aware of such policies to attain implementation effectiveness. The National School Health Policy, when effectively implemented as a result of the leadership of principals and teachers within schools will lead to sustained improvement in health of school children and staff, reduced absenteeism, healthy school environment, and the resultant achievement of physical and intellectual potential of learners, achievement of policy goals and attainment of health security.

School Leaders Awareness and Implementation of National School Health Policy

In a study undertaken in Adamawa State secondary schools by Anetor (2018), it was discovered that though teachers had adequate knowledge of the School Health Programme, the implementation of the National School Health Policy was poor. Sanitary sites, lightning and safety within the schools were inadequate. Anetor's (2018) study found that level of awareness or knowledge about the NSHP had no influence on implementation of the policy. A similar study carried out in Abuja by Olanrewaju *et al.* (2019) found that the level of awareness of

the *National School Health Policy among primary school teachers and head teachers was poor, and components of the school health programme of the schools were poorly implemented. This study concluded that the poor level of awareness and knowledge about the NSHP resulted in the poor level of implementation of the policy. In a related study by Ayoola et al. (2022)*, it was found that most of the primary school teachers in Ondo state had never heard of or seen the NSHP a poor level of awareness of the policy, this significantly influenced the implementation of the policy in Ondo State primary schools. Also in Delta State, where Teachers and Principals were found by Ogbe (2020) to have no knowledge of the NSHP; the school leaders had never seen the policy document and the document did not exist nor had ever been in the schools, most components of the policy were found to have been satisfactorily implemented except for skills based health instruction and school health community relationship that were implemented averagely and non-satisfactorily respectively. In a related study, undertaken by Okuesho and Adekoya (2018), it was found that capacity building, availability of school infrastructure and attitude of teachers were factors that influenced implementation of NSHP in school.

Challenges to Effective Implementation of the National School Health Policy

In Namibian schools, Katangolo-Nakashwa and Mfdi (2025) found impediments to the successful implementation of the National School Health Policy to include: Shortage of professional personnel such as counselors, nurses and teachers; Insufficient and inconsistent funding for the procurement of vital materials and programme implementation; Ignorance of NSHP by school personnel; insufficient understanding of NSHP objectives and operations by school personnel; Limited opportunities for professional training and development; Sparse workshops and training session to enhance implementation, Lack of adequate programme monitoring; Resource mismanagement and over concentration of the policy on learners and classrooms at the detriment of school staff and other parts of the school environment such as staffrooms and sports fields.

Olanrewau *et. al.* (2019), discovered the

challenges to the implementation of the National School Health Policy in Abuja, Nigeria, to be lack of funding for the procurement of necessary materials, lack of basic facilities and weak monitoring of implementation by Government.

Ezeonu *et al.* (2022) found low level of awareness of the existence of the National School Health Policy document, poor knowledge and understanding of the NSHP amongst Principals and Teachers, lack of basic human resources like skilled health personnel and Health Education Teachers, unavailability of facilities such as latrines and water source for health-promotion in schools, also lack of commitment to the policy on the part of school principals and head teachers to the policy components were challenges to the implementation of NHSP in Primary and Secondary schools of Ebonyi State.

Statement of Problem

Considering the crucial role of effective implementation of the NSHP for health security, a healthy nation and the attainment of educational goals in Nigeria, the inconsistencies in literature on the level of school leaders' awareness and level of implementation of the NSHP and the dearth of literature on the awareness of Osun State school leaders of the policy and the level of policy implementation in schools in the state, it becomes necessary to investigate the level of awareness of school leaders about the policy and level of implementation of the policy in Osun State secondary schools, hence this study.

Objectives of the Study

In the light of the problem stated above, the study:

- i. examined principals' and teachers' awareness level of the National School Health Policy for health security;
- ii. investigated the extent to which Osun State secondary schools implemented NHSP for health security; and
- iii. identified challenges to the implementation of NSHP for health security in the study area.

Research Questions

The following research questions were raised to guide the study.

- i. What is the principals' and teachers' awareness level of the National School

- Health Policy for school health security in Osun State?
- ii. To what extent has Osun State secondary schools implemented NHSP for health security? and
 - iii. What are the challenges to the implementation of NSHP for health security in the study area?

Path-goal Theory of Leadership

The study was hinged on the path - goal theory of leadership by House (1971). The theory postulated that leaders must have the ability to clarify paths to successful achievement of goals for their followers. Such leaders must also be able to remove obstacles on the path of goal attainment for followers. This implies that leaders who have to clarify paths for followers must first have an awareness of the paths themselves. To remove obstacles, aside from awareness of the paths, the leaders must have the knowledge of what constitutes obstacles in policy implementation and possess the skills to be able to remove such encumbrances to effective policy implementation.

Methodology

The descriptive survey research design was adopted for the study. The population for the study comprised all the principals and teachers of the 387 public secondary schools in Osun State. Multi stage sampling procedure was used to select the sample for the study in three stages. From each of the three Senatorial Districts of Osun State, two zones were selected, making a sample of six zones of the state. From each of the zones, three Local Government Areas (LGAs) with the highest number of schools were purposively selected, adding up to 18 LGAs. From each of the LGAs with the highest number of schools per zone, three schools were selected, totalling 36 schools. The Principals and two Health Education Teachers (where Health Education Teachers were not available, Two Science Teachers) were purposively selected as sample for the study. This was based on the assumption that this category of school staff should have more reliable information about the NSHP and other health related aspects of the school. A total of 108 respondents, 36 principals and 72 teachers were used for the study.

The data for the study were gathered by

means of a bipolar type questionnaire that had yes no answers and a few open ended items titled "Secondary School Leaders' awareness and Implementation of National School Health Policy Questionnaire and an observation checklist titled "School Health Programme Implementation Checklist" designed by the researcher. The items of the instruments were generated using the items under characteristics of each of the five components within the scope of School Health Programme in the National School Health Policy Document. The questionnaire was validated by two experts. Reliability of the questionnaire was ascertained by administering the instrument to two Principals and four teachers from two schools within the population but outside the sample for the study at a two week interval. Data collected were subjected to the Pearson Product Moment analysis. A reliability index of 0.84 was got, this confirmed the reliability of the questionnaire. The observation checklist was validated by ascertaining the credibility of the items from the source document considered for implementation. The use of different data sources was to enhance the reliability and accuracy of data collected as this served as a source of cross validation for data collected. Data collected were analysed using frequency and percentages.

Results

Research Question One: What are Osun State principals' and teachers' awareness levels of the National School Health Policy?

To answer this research question, data collected on the 10 items of Section B of the instrument on the Osun State principals' and teachers' awareness levels of the National School Health Policy for health security were scored such that "Always" (A) response was allotted three points; "Sometimes" (S) response was allotted two; and "Never" (N) response was allotted 1. Responses from individual respondents to each item were computed and the minimum and maximum scores obtained in this scale were between 10 and 30. Responses of the respondents considering Osun State principals' and teachers' awareness levels of the National School Health Policy for health security on the scale ranging between 10-14 were adjudged as having low level of awareness. Responses of the respondents considering Osun

State principals' and teachers' awareness levels of the National School Health Policy for health security on the scale of 15-20 were adjudged as having moderate levels of awareness. Responses of the respondents considering Osun State principals' and teachers' awareness levels of the National School Health Policy for health security on the scale of 21-30 were adjudged as having

high levels of awareness. The summary of the results is shown in Table One

Table One: Analysis of the Osun State principals' and teachers' awareness levels of the National School Health Policy for health security.

Table One: Analysis of the Osun State principals' and teachers' awareness levels of the National School Health Policy for health security

S/N	Level	Range	Teachers f(%)	Principals f(%)
1.	Low	10-14	8(11.1)	3(8.3)
2.	Moderate	15-20	20(27.8)	10(27.8)
3.	High	21-30	44(61.1)	23(63.9)
Total			72(100.0)	36(100.0)

Teachers: N = 72; Principals: N = 36

Results in Table One showed the descriptive analysis of the Osun State principals' and teachers' awareness levels of the National School Health Policy for health security. It can be deduced from the Table that the Osun State principals' and teachers' awareness levels of the National School Health Policy for health security were high, as most of the principals, that is 63.9% and 61.1% respectively reported high of awareness of the policy.

Research Question Two: To what extent have Osun State secondary schools implemented National School Health Policy for health security?

To answer this research question, data collected on the items of Section C of the instrument on the extent to which Osun State secondary schools implemented National School Health Policy for health security were scored. All "Yes" responses to the 71 items under school plant physical and maintenance compliance with NSHP as regards regular maintenance of school plant, refuse disposal management, observation of annual school health day, possession of water source within school premises; availability of functional toilets, sporting facilities and other aspects of implementation of the policy; School Feeding Services; Skills based Health Education; School Health Services and School Home and Community, of the questionnaire and the 29 items to assess healthful school environment of the

Observation checklist were allotted One. "No" responses to items of both instruments were scored zero, making a total obtainable score of 100. To categorize the level of implementation of NSHP in schools, responses to each item were computed and the minimum and maximum scores obtained in this scale were 0 and 100 respectively. The researcher adopted the West African Examination Council (WAEC, 2025) Grading Scale. WAEC examinations particularly at the Senior Secondary level being the most common globally accepted standardised examinations in West Africa (Akinola, 2015). According to the scale standards, scores from 0 to 39 fall within the fail category; 40 to 49 the weak pass category; while 50 to 100 fall within the credit pass and distinction classes. Therefore, responses of the respondents considering the extent to which Osun State secondary schools have implemented National School Health Policy for health security on the scale of 0 to 39, considered fail scores in WAEC examinations were adjudged as having "Low Extent" of implementation. Responses within the range of 40 to 49, considered as weak pass scores in examinations were adjudged as having "Moderate Extent" of implementation. Responses within the score range of 50 to 100; which fall within the credit and distinction pass categories were adjudged to have implemented the NSHP to a "High Extent". The summary of the results is shown in Table Two.

Table Two: Descriptive analysis of the extent to which Osun State secondary schools implemented National School Health Policy for health security

S/N	Extent	Range	Teachers f (%)	Principals f (%)
1.	Low	0 -39	31(43.1)	17(47.2)
2.	Moderate	40-49	25(34.7)	10(27.8)
3.	High	50-100	16 (22.2)	9(25.0)
Total			72(100)	36(100)

Results in Table Two showed the descriptive analysis of the extent to which Osun State secondary schools implemented National School Health Policy for health security. From the Table, it can be observed that the extent to which most Osun State secondary schools implemented National School Health Policy for health security was low, considering teachers and principals responses 31(43.1%) and 17(47.2%) respectively.

Research Question Three: What are the challenges to the implementation of NSHP for health security in the study area?

To answer this research question, all the challenges stated by the respondents were collated and presented thematically. It should be noted that all the respondents reported more than one challenge to the implementation of NSHP in the study area, this therefore increased the number summation beyond the number of respondents.

Table Three: Descriptive analysis of the challenges to the implementation of National School Health Policy for health security in the study area

S/N	Challenge	Teachers f (%)	Principals f (%)
1.	Lack of awareness of the Policy expectations	62(86.0)	29(10.4)
2.	Inadequate health infrastructure	31(43.1)	17(47.2)
3.	Lack of financial support from Government	66 (92.0)	32 (89.0)
4.	Lack of Government support for policies	54(75.0)	26 (72.2)
5.	Inadequate funding	72 (100.0)	36 (100.0)
6.	Inadequate number of skilled human resources	52(72.3)	26 (72.2)
7.	Limited material resources	60 (83.4)	32 (88.9)
8.	Inconsistency of Government policies	10 (13.9)	02 (5.6)

Results in Table Three showed the descriptive analysis of the challenges to the effective implementation of the NSHP for health security in the study area. All the respondents 100% indicated inadequate funding to support implementation of the policy as a major challenge to the effective implementation of the policy for health security in the study area. Another challenge that many of the respondents pointed out is the lack of financial support for policy implementation by Government, Parents and other Education stakeholders.

Discussion of Findings

The results of this study show a high level of the awareness of the National School Health Policy among school leaders (Principals and

Teachers) in Osun State secondary schools. This is surprising considering the very few school leaders who had ever seen or owned a copy of the policy. Copies of the policy document was available only in three of the thirty six schools that were used for the study. The implication of this finding is that though the government enacted a policy to enhance health security of the nation through schools, the policy enactment was not supported with sensitization and familiarization of the people to implement the policy with the contents of the policy document. With public the unfamiliarity of public school leaders with the content of the policy document one can only expect a worse scenario about a public policy meant for the education sector in the private schools which are not directly under government

control. This finding is similar to that of Olorukooba *et al.* (2018) who found that teachers in secondary schools in Sabon -Gari, Zaria, had a high level of awareness of the policy but lacked adequate knowledge of the components of the policy. This was attributed to lack of continuing education focused on training to enhance the implementation of the NSHP. The findings also corroborate that of Anetor (2018) where teachers were found to have adequate knowledge and a high level of awareness of the policy. The findings of this study are contrary to that of Obembe *et. al* (2016); Olanrewaju *et. al* (2019); Ogbe (2020); and Ayoola (2020) that found teachers and principals of schools in Ibadan Metropolis; Abuja, Delta and Ondo States respectively, had a poor awareness level of the National School Health Policy.

Another finding of this study is that in spite of the high level of awareness of school leaders about the existence of the National School Health Policy, the policy implementation level in schools was low. This finding corroborates that of Olorukooba *et al* (2018) which found that though secondary school teachers in Zaria had a high level of awareness of the NSHP, the level of implementation of the policy in the schools was poor. This the researchers ascribed to lack of continuing education focused on training to practicalise and enhance the implementation of the policy for the teachers. The researchers also concluded that the level of awareness of the policy by school leaders had no influence on the extent to which the policy was implemented. The findings of these study contradict that of Ogbe (2020) which found that though the school leaders in Delta State had a poor awareness level of NSHP, the components of the policy were significantly executed in the schools. The findings of this study are also contrary to that of Ayoola which found that poor level of awareness of NSHP by principals and teachers significantly influenced the poor level of implementation of the policy in Ondo State schools.

The implications of the findings of this study is that though the policy was enacted by the government, relevant government agencies are not doing enough to sensitise and familiarize the principals and teachers of schools who are in charge of policy implementation at that level about it.

This study found lack of awareness of the Policy expectations, inadequate health infrastructure, Lack of financial support from the Government, lack of Government support for policies, Inadequate funding, Inadequate number of skilled human resources, Limited material resources, and, inconsistency of Government policies to be challenges to the implementation of the National School Health Policy in the study area. This finding is similar to all those studies reviewed in this paper. In Namibian schools, Katangolo-Nakashwa and Mfdi (2025) found challenges to the successful implementation of the National School Health Policy to include: Shortage of professional personnel such as counselors, nurses and teachers; Insufficient and inconsistent funding for the procurement of vital materials and programme implementation; Ignorance of NSHP by school personnel; insufficient understanding of NSHP objectives and operations by school personnel; Limited opportunities for professional training and development; Sparse workshops and training session to enhance implementation Olanrewau *et. al.*, discovered the challenges to the implementation of the National School Health Policy in Abuja, Nigeria, to be lack of funding for the procurement of necessary materials, lack of basic facilities and weak monitoring of implementation by Government. The implication of this finding is that though Government had good intentions by enacting the policy, the government still needs to provide adequate support that will enhance the effective implementation of the policy.

Conclusion

It can be concluded that the level of awareness of the National School Health Policy in Osun State secondary schools by School Leaders had no influence on the level of implementation of the policy. Also, various challenges impede the effective implementation of the policy in schools in the study area.

Recommendations

It is important that the government embark on sensitization, training and retraining programmes to familiarize school leaders with the policy components, and educate the school leaders on processes for implementation of the

policy. It is also important that the Government fully support the implementation of the policy by ensuring adequate provision of all necessary resources that are crucial for implementation. Doing these will thus enhance the achievement of the goal of attaining national health security through schools using the National School Health Policy.

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