PROVISION OF HEALTH FACILITIES FOR PROMOTING HEALTHY CHILD-FRIENDLY SCHOOL ENVIRONMENT IN PRIMARY SCHOOLS IN DELTA STATE, NIGERIA

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Abstract
This study is an investigation of the provision of health facilities for promoting a healthy child friendly school environment in primary schools in Delta State. Four research questions guided the study. The descriptive survey research design was employed in the study. The population comprised all the 1,132 primary school head teachers in the public primary schools in Delta State. Sample of the study consisted 566 public primary school head teachers drawn from the entire head teachers at 50% using the proportionate stratified random sampling technique. Instrument for data collection was a questionnaire personally developed by the researchers, titled: "Healthy Child Friendly School Environment Questionnaire (HCFSEQ)" containing 31 items. The research instrument was validated by three experts in Educational Management and Policy Department and the reliability of the instrument was ascertained through a pilot-test by sampling 20 head teachers from 20 public primary schools in Anambra State. Data collected were analyzed using mean scores and standard deviation to answer the research questions. The findings of this study revealed among others that there were no adequate provisions for school health facilities as regards to the provisions of school clinics, sanitary, sports and recreational health facilities for promoting a healthy child friendly school environment in primary schools in Delta State. From the findings of the study, recommendations were also proffered and among them include that: Delta State Government in collaboration with the Delta State Universal Basic Education (DSUBE) should make adequate provision for health facilities like school clinics, sanitary, sports and recreational health facilities for promoting a healthy child friendly school environment in primary schools in Delta State.

Keywords: Provision, Promoting, Healthy, Child, Friendly, School, Environment, Primary Schools, Health Facilities

Introduction

In the past, the focus has been on promoting children's academic performances in the primary schools in Nigeria and Delta State inclusive. Attention has been paid on children academic achievement and excellence without giving much

consideration to children's health needs and services in the primary schools. Many of the teachers and head teachers in Delta State pay attention to only the teaching and learning activities in the primary schools without giving preferences to children's health conditions and needs. Education on the other hand is encompassing which develops children personality to the fullest for their effectiveness in the society and full participation in socio-economic development of the country. Given the basic responsibilities and goals of the primary education system to develop and inculcate great potentials into the learners, it is therefore, important the children health needs and safety are taken into considerations. Good health they say breeds sustainable development in the society and when our children or young ones and youth are in sound health, then can education impact positively in their lives. Without good health, the child will be weak to carry out any education task given to him or her in the school. Supporting this statement, Flatcher and DO (2011) stressed that health is usually something hidden, which only comes to the fore when it is not given. When one is sick, the loss of health is evident. For this reasons, the primary education system and schools should make provisions for adequate health facilities in order to promote a healthy child-friendly school environment. Health can be described as a condition or quality of the human organism expressing the adequate functioning of the organism in given conditions, genetic or environmental (Rai, 2016).

Rai (2016) further described health as an "absence of disease" which relatively implies the absence of pain and discomfort and a continuous adaptation and adjustment to the environment to ensure optimal function. Health is a sound mind in a sound body, in a sound family, in a sound environment. All sectors of society like agriculture, animal husbandry, food, industry, education, housing, public works, communication and other sectors have an effect on health (Rai, 2016). Health as defined in the Constitution of the World Health Organization (WHO, 1948) as cited by Svalastog, Donev, Kristoffersen and Gajović (2017) is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. This definition of WHO looks at health from the angle ofphysical, mental health and social welfare of individuals which are integral components of the overall health. From the above definitions, it can be deduced that health is something which goes beyond physical considerations which can be viewed in its psycho-somatic entirety. Health is not limited to the person as an individual, but is also expressed in the person's relationship with the surrounding world. Health is more than absence of diseases and it is understood in terms of (subjectively-experienced) well-being. Therefore, being healthy is a total state of being completely sound in good or positive health conditions. The state of positive health implies the notion of perfect functioning of the body and mind which includes three aspects of biological, psychological and social wellbeing of an individual (Rai, 2016).A healthy child friendly school environment therefore can be described as an environment that ensures and caters for the health and safety

needs of the child so as to enable the child develop his potentials and personality to the fullest. A healthy child friendly school environment as indicated by the United Nations International Children's Emergency Funds (UNICEF, 2012) includes learning environment that ensures a healthy, hygienic, and safe learning environment, with adequate water and sanitation facilities and healthy classrooms, healthy policies and practices (e.g., a school free of drugs, corporal punishment, and harassment), and the provision of health services such as nutritional supplementation and counseling; provides life skills-based health education; promotes both the physical and the psycho-socio-emotional health of teachers and learners, helps to defend and protect all children from abuse and harm; and provides positive experiences for children. Besides child friendly schools are schools aimed to develop a learning environment in which children are motivated and able to learn. Staff members are friendly and welcoming to children and attend to all their health and safety needs. In such schools all aspects of the physical, mental, social, emotional and vocational life of cycle children are regarded and highly developed.

A child-friendly school should provide high quality education, and the learning processes have to be appropriate for every child's level of development, learning style, and abilities. The learning methods have to be cooperative, active, and democratic. Such schools are inclusive, healthy and protective for all children.A healthy child friendly school ensures every child an environment that is physically safe, emotionally secure and psychologically enabling. The school environment is therefore broadly characterized by its personnel, facilities, classrooms, school-based health supports and disciplinary policies and practices. It sets the stage for the external factors that affect students. All these must be well attended to in order to build a healthy child friendly school. A healthy child friendly school (CFS) environment must therefore, work in the best interest of the child by providing adequate health facilities for children in the school. The aim of healthy child friendly school environment is the provision of safe and inclusive learning, working and living conditions that optimize the organization of day to day experiences which influence the emotional, physical and social health of learners as well as other members of the school community so that maximum benefit from education can be achieved. A child friendly healthy school environment provides safe and healthy physical and aesthetic surroundings and a sound psychosocial climate and culture that are conducive for learning (Federal Ministry of Education - FME, 2006).

One of the key principles of the child friendly school as highlighted by Çobanoğlu, Ayvaz-Tuncel and Ordu (2018) is to provide a safe, healthy and protective environment away from violence, injury, abuse and neglect while guaranteeing that the discipline practices at school are for the sake of the child. Moreover, children should be able to reach best possible health care services. This kind of learning environment promotes the physical and psychological health of all

children. A healthy child friendly school environment depicts a conducive learning environment with adequate health facilities or basic amenities like bore holes and water points, sickbay or clinics within the school, well equipped First Aid box, adequate toilet facilities and toiletries, scale for monitoring growth, sports equipment and recreational facilities, good cafeteria or food vendors, among others, which are basic necessities provided for healthy living in the school environment. The Federal Government in response to solve the problems associated with children's health challenges and needs through the promotion of a healthy school environment; a National School Health Policy (NSHP) was established. According to the Federal Ministry of Education (FME, 2006), the goals of the NSHP are to enhance the quality of health in the school community and to create an enabling environment for inter-sectoral partnership in the promotion of child friendly school environment for teaching, learning, and health development. This will involve the development of appropriate preventive and curative services for school children and school personnel, the improvement of environmental sanitation, and the promotion of health education in all schools. The NSHP is currently implemented in primary and secondary schools in the country by instituting School Health Programme (SHP).

School Health Programme 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 (Federal Ministry of Education - FME, 2006). Furthermore, to ensure that the Nigerian schools comply with the National Health Policy, the Federal Republic of Nigeria (2013) under section 8 of the National Policy on Education (NPE) mandated school administrators and proprietors to provide health facilities and services for their institutions. However, health and other nutritional services that shall be made available in the Nigerian schools to solve the health challenges of children in school coupled with promoting effective health practices and maintain good health culture in schools include; provision of school meals and incentives, school garden, sickbay/school health clinics within the school or a cluster of schools in the community, child friendly facilities (separate toilets for male and female), water points within the school compound for health and sanitation activities, well equipped First Aid Box for emergency care, scale for monitoring growth, and sports and recreational facilities (FRN, 2013).

All these services if well attended to and provided in the school sought to promote a child-friendly school environment. With the poor conditions of many primary schools in Delta State which has deteriorated to a point where the primary school pupils health are endangered, this situation in Delta State has therefore

warranted the researchers to conduct the present study in order to showcase the need for the provision of health facilities for promoting healthy child friendly school environment in primary schools. Although, previous researchers have conducted studies on either child friendly school environment or school health programme, all these study have their own mix and findings. Citing instances, Ekenedo and Ekechukwu (2015) observed in their study the gaps in the implementation of the SHP which was attributed to quite a number of factors including lack of commitment on the part of government and inadequacies in facility provisions. Also, Statistics from the national study of the school health system in Nigeria by Federal Ministry of Health and Federal Ministry of Education in collaboration with World health Organization in 2003 (FME, 2006) showed that as regards to health facilities, most of the schools had good ventilation (94%), and more than two-thirds had satisfactory doors, window and adequate light. About three quarters of schools assessed had recreation facility, one-quarter had ventilated pit latrine, 46% had pipe-borne water or bore hole and 67% were reported to be clean. With regards to school health services, 14% of head teachers indicated that pre-medical examination was mandatory in their school, food handlers were screened only in 17 % of schools and four-fifth of schools had first aid box. Of the schools studied, 17% had school nurses, 6% have linkages with government-designated school clinics, and 29% had social welfare services provided mainly by community-based organization.

Ofovwe and Ofili (2007) assessed the knowledge, attitude and practice of school health programme among head teachers of primary schools in Egor local government area of Edo state, Nigeria. They found that none of the head teachers had adequate knowledge of SHP. Overall 27.7% of the schools had no toilet facility, 33.3% had pit latrine while 40.0% had water closet. Only 25.6% had hand washing facilities. Regarding health services, 51.0% of private schools compared to 27.6% of public schools perform medical inspection of the pupils. Similarly 39.4% private compared to 3.4% public schools had sick bay ($\chi 2 = 11.11$; $p < 0.05$). A total of 16.5% of the schools undertake medical screening of food handlers/vendors, while 20.2% private compared to 3.4% public schools screen food handlers/vendors ($\chi 2 = 4.47$; $p < 0.05$). They concluded that the poor status of SHP in Nigeria may be attributed to failure of policy enunciation, poor primary health care base and lack of supervision.

A similar study carried out by Ademokun, Osungbade and Obembe (2012) six years after the policy came into being, and recently by Oyinlade, Ogunkunle and Olanrewaju (2014) whose studies did not show much improvement in the situation. They discovered that implementation of SHP was poor, most especially in the areas of school health services and healthful school environment. According to Duran-Narucki (2008), in a study on student assessment of the condition of school sanitation facilities in New York, revealed that the condition of school sanitation facilities determine students' academic success and school attendants.

Thus, most parents often withdraw their children from a school with poor school sanitation facilities where privacy and dignity is virtually absent. Access to sanitation facilities in school is a fundamental right that safeguards health and human dignity. Thus, providing these facilities in schools do not only help to meet the right, but also provides the most favourable settlings to encourage positive behaviour change in schools. (FME, 2006). Indications from the above empirical review showed that most of the schools lacked adequate health facilities to promote a healthy child friendly school environment. Also, none of this study has been conducted in Delta State to indicate the essence of promoting a healthy child friendly school environment through the provisions of such health facilities like the school clinic, sanitary, sports and recreational health facilities. It is against this background the present study examined the efforts made towards the provision of health facilities for promoting healthy child friendly school environment in primary schools in Delta State. It has also been observed through several researches, studies and medical reports that a lot of children die every day as a result of bad health conditions or from one illness to another. Children's health that is at the school-going age must be given adequate attention in order to promote a quality learning society. This can be initiated through the provision of health facilities in the schools. Observations from the primary schools in Delta State show that it seems as many of the schools lack adequate health facilities and this situation is harmful to the pupils' health and development. Many schools operate without having sufficient child friendly toilet facilities, sick bay/clinics and pipe borne water or bore holes, activities or services that promote sanitation in the school. This situation which has created a gap for the present study, have equally raised concern from the researchers to examine the provisions of health facilities made in the primary schools in order to promote a healthy child friendly school environment. Therefore, the need to investigate the provision of health facilities for promoting healthy child friendly school environment in primary schools in Delta State has become the problem of the study.

The purpose of the study was to examine the provision of health facilities for promoting healthy child friendly school environment in primary schools in Delta State. Specifically, the study determined the following;

1. The provision of school clinic health facilities for promoting a healthy child friendly school environment in primary schools in Delta State.
2. the provision of sanitary health facilities for promoting a healthy child friendly school environment in primary schools in Delta State.
3. the provision of sports facilities for promoting a healthy child friendly school environment in primary schools in Delta State.
4. the provision of recreational facilities health facilities for promoting a healthy child friendly school environment in primary schools in Delta State.

Research Questions

The study was guided by four research questions:

1. What are the provisions of school clinic health facilities provided/made for promoting a healthy child friendly school environment in primary schools in Delta State?
2. What are the provisions of sanitary health facilities provided/made for promoting a healthy child friendly school environment in primary schools in Delta State?
3. What are the provisions of sports health facilities provided/made for promoting a healthy child friendly school environment in primary schools in Delta State?
4. What are the provisions of recreational health facilities provided/made for promoting a healthy child friendly school environment in primary schools in Delta State?

Methods

The descriptive survey research design was employed in the study. The study population comprised all the 1,132 head teachers in the 1,132 public primary schools from 25 LGAs in Delta State. Sample of the study constituted 566 primary school head teachers drawn from the entire head teachers' population. The sample which is 50% of the population was composed using the proportionate stratified random sampling technique. Instrument for data collection was a questionnaire personally developed by the researchers, titled: "Healthy Child Friendly School Environment Questionnaire (HCFSEQ)" containing 31 items. The instrument was organized into four clusters and structured on a 4 point scale of Strongly Agree (SA) – 4 points, Agree (A) – 3 points, Disagree (D) – 2 points and Strongly Disagree (SD) – 1 point. The (HCFSEQ) questionnaire was validated by three experts in Educational Management and Policy Department, Nnamdi Azikiwe University, Awka, Anambra State. Reliability of the instrument was established by carrying out a pilot-test on a sample of 20 primary school head teachers from 20 public primary schools in Anambra State, which were not part of the study. Thereafter, the information obtained from these primary school heads were collated and measured using Cronbach Alpha method. The result gave an internal consistency reliability value of 0.88, meaning that the questionnaire was reliable to collect the necessary data for the study. Information was collected from the teachers' through a direct approach. The questionnaire was administered to the head teachers with the help of eight research assistants who were people familiar with terrain and location of the public primary schools in the LGAs. Administration of the research instrument took a period of one week and all the copies of the questionnaire that were distributed were all retrieved and used for data analysis. Data collected were analyzed using mean scores and standard deviation to answer the research questions. The benchmark for taking decision was based on the

premise that any mean score that was rated at 2.50 and above was regarded as agreed and was accepted. On the other hand any item with a score below 2.50 was regarded as disagreed and was not accepted.

Results

Table 1: Mean Scores and SD of Head Teachers concerning the Provision of School Clinic Health Facilities for promoting a Healthy Child Friendly School Environment in Primary Schools in Delta State

N = 566

S/N	Please indicate provisions made for school clinic facilities in your school for promoting a healthy child friendly school environment	$\bar{X}$	SD	Decision
1.	A building is provided or allotted for school clinic	1.54	0.51	**Disagree**
2.	The school has a sick bay where emergency cases are treated	1.61	0.62	**Disagree**
3.	Well-equipped medical room or health unit manned by two qualified General Practitioners and seven nurses are available in the school clinic	1.45	0.50	**Disagree**
4.	Health equipment are provided in the school to enable children undergo regular growth assessments and medical check-ups	1.47	0.50	**Disagree**
5.	Scales are available in the clinics for monitoring pupils' growth	1.64	0.63	**Disagree**
6.	A professional doctor is available in the school to handle the pupils' health challenges/needs	1.49	0.50	**Disagree**
7	Adequate drugs are provided in the school clinics for general treatment of different kinds of illness	1.57	0.50	**Disagree**
8.	Vaccination drugs including injections are available for pupils' immunization in the school clinic	1.52	0.50	**Disagree**
9.	Materials such as files, pens, papers, among others, are adequately provided to keep tract of the pupils' medical reports and health records	1.68	0.56	**Disagree**
	Grand Mean and SD =	**1.55**	**0.54**	**Disagree**

Data analyzed in Table 1 revealed that all items from 1 to 9 were rated by the head teachers' below the acceptable mean score of 2.50. Thus, the respondents disagreed with the statements as none of the items was rated above the acceptable mean score. The grand mean of the head teachers of 1.55 and their standard deviation which ranged between 0.50 and 0.63 with an overall SD of 0.54 showed that there were small variations in the means scores. The result of data analysis therefore indicated that there were no provisions for school clinic health facilities for promoting a healthy child friendly school environment in primary schools in Delta State.

Table 2: Mean Scores and SD of Head Teachers concerning the Provision of Sanitary Health Facilities for promoting a Healthy Child Friendly School Environment in Primary Schools in Delta State N = 566

S/N	Please indicate provisions made for sanitary health facilities in your school for promoting a healthy child friendly school environment	X	SD	Decision
10.	Portable pipe borne water or bore hole is provided in the school	2.88	0.96	**Agree**
11.	Adequate water points are provided at strategic positions in the school	1.66	0.71	**Disagree**
12	Well-equipped First Aid box is available in the school	1.88	0.83	**Disagree**
13.	Sanitation activities such as cleaning the classrooms, clearing/burning of bushes in the school compound, are highly encouraged in the school	3.19	0.77	**Agree**
14.	Sanitary health services through orientation programmes or health talks are organized for pupils in the school	1.87	0.87	**Disagree**
15.	Wash hand basins are provided in every classroom in the school	1.84	0.79	**Disagree**
16.	Adequate child friendly toilet facilities including toiletries for male and female is provided in the school	1.85	0.89	**Disagree**
Grand Mean and SD	**=**	**2.17**	**1.00**	**Disagree**

Data analyzed in Table 2 revealed that only items 10 and 13 rated above the acceptable mean score of 2.50. Thus, the respondents agreed with the statements as all the other items namely 11, 12 and 14, 15 and 16 rated below the acceptable mean score benchmarked at 2.50. Thus the head teachers disagreed with the statements as the grand mean of the head teachers of 2.17 indicated that they reacted negatively to majority of items in order to oppose the statements. The standard deviation which ranged between 0.71 and 0.96 with an overall SD of 1.00 showed that there were small variations in the means scores. The result of data analysis therefore indicated that there were no provisions for sanitary health facilities for promoting a healthy child friendly school environment in primary schools in Delta State.

Table 3: Mean Scores and SD of Head Teachers concerning the Provision of Sports Facilities for promoting a Healthy Child Friendly School Environment in Primary Schools in Delta State N = 566

S/N	Please indicate provisions made for sports facilities in your school for promoting a child friendly school environment	$\bar{X}$	SD	Decision
17.	A standard sports field is allotted in the school for organizing sports activities in the school	1.82	0.86	**Disagree**
18.	Gymnastics centres are provided in the school	1.47	0.50	**Disagree**
19.	Basketball and net ball sports facilities are provided in the school	1.48	0.53	**Disagree**
20.	Provisions are made for aquatic and fitness centre (example: swimming polls) in the schools	1.52	0.50	**Disagree**
21.	Combat centre is provided in the school	1.38	0.49	**Disagree**
22.	Tennis courts is provided in the school	1.48	0.52	**Disagree**
23.	Volleyball court is available in the school	1.55	0.52	**Disagree**
24.	A building is created for providing indoor games in the school	1.43	0.50	**Disagree**
Grand Mean and SD =		**1.52**	**0.58**	**Disagree**

Data analyzed in Table 3 revealed that all items from 17 to 24 were rated by the head teachers below the acceptable mean score of 2.50. Thus, the respondents disagreed with the statements as none of the items was rated above the acceptable mean score. The grand mean of the head teachers of 1.52 and standard deviation which ranged between 0.49 and 0.86 with an overall SD of 0.58 showed that there were small variations in the means scores. The result of data analysis therefore indicated that there were no provisions for sports facilities for promoting a healthy child friendly school environment in primary schools in Delta State.

Table 4: Mean Scores and SD of Head Teachers concerning the Provision of Recreational Facilities Health Facilities for promoting a Healthy Child Friendly School Environment in Primary Schools in Delta State N = 566

S/N	Please indicate provisions made for recreational facilities in your school for promoting a child friendly school environment	$\overline{X}$	SD	Decision
25.	A space, site or portion of land is allotted for children play ground in the school	2.79	1.02	**Agree**
26.	The children's play ground is well equipped and furbished with recreational facilities that promote children play	1.62	0.71	**Disagree**
27.	A separate, soft and secured covered play area together with adequate equipment which creates opportunities for variety of activities and exploration is provided for the pupils during cooler seasons	1.44	0.50	**Disagree**
28.	Well equipped and spacious rooms with variety of resources aimed at stimulating the interest of young students during recreation are available in the school	1.48	0.50	**Disagree**
29.	A school canteen which offers healthy snacks are provided in the school	1.70	0.66	**Disagree**
30.	Food vendors approved by the school are always available to provide healthy nutritional food for the pupils	1.82	0.86	**Disagree**
31.	Standard policy which is a document guiding activities of the food vendors for their smooth operations in the school, is available	1.45	0.50	**Disagree**
	Grand Mean and SD =	**1.75**	**0.83**	**Disagree**

Data analyzed in Table 4 revealed that only item 25 rated above the acceptable mean score of 2.50. Thus, the respondents agreed with the statements as all the other items namely 26 to 31 rated below the acceptable mean score benchmarked at 2.50. Thus, the head teachers disagreed with the statements as the grand mean of the head teachers of 1.75 indicated that they reacted negatively to majority of items in order to oppose the statements. The standard deviation which ranged between 0.50 and 1.02 with an overall SD of 0.83 showed there were small variations in the means scores. The result of data analysis therefore indicated that there were no provisions for recreational facilities for promoting a healthy child friendly school environment in primary schools in Delta State.

Discussion of Findings

Generally, the findings of this study indicated that there were no provisions for school health facilities for promoting a healthy child friendly school

environment in primary schools in Delta State. One of the findings indicated that there were no provisions for school clinic health facilities for promoting a healthy child friendly school environment in primary schools in Delta State. This means that there was no building provided or allotted for school clinics; schools had no sick bay where emergency cases were treated. There were also no well-equipped medical room or health unit manned by qualified General Practitioners and seven nurses were not available in the school clinics; health equipment were not provided in the schools to enable children undergo regular growth assessments and medical check-ups; scales were not available in the clinics for monitoring pupils' growth; no professional doctor was available in the schools to handle the pupils' health challenges/needs; adequate drugs were not provided in the school clinics for general treatment of different kinds of illness; vaccination drugs including injections were not available for pupils' immunization in the school clinic; and materials such as files, pens, papers, among others, were not adequately provided to keep tract of the pupils' medical reports and health records. All the above school clinic health facilities were found lacking in the primary schools making their school environment unfriendly for pupils learning and safety.

This finding agrees with a more recent study by Oyinlade, Ogunkunle and Olanrewaju (2014) confirmed that evaluated school health services in Sagamu, Nigeria revealed that only one (1.1%) school benefited from the services of a school doctor. Essential drugs and materials for first aid services were available in 85 (93.4%) of the schools, while only 26 (28.6%) had a sick bay. Screening tests for disabilities were performed in only 10 (11%) of the schools visited. Although school midday meals were available in all the schools, they were not free. Private secondary schools had the highest percentage of good school health evaluation scores (63.6%), while 96.2% of the private primary schools had poor health service evaluation scores. They, therefore, concluded that school health services are unsatisfactory in Sagamu. With regards to health personnel, Ademokun, Osungbade and Obembe (2012) also found out in their study that only 1 (5%) of the schools had a school nurse, environmental health officer and community health officers. Few 6 (29%) of the schools have trained first aider while 1 (5%) had school health committee. The researchers therefore concluded that in summary, out of the 21 schools assessed, 6 (28.6%) schools had poorly implemented the components of the school health programme, 9 (42.9%) schools had fairly implemented the components of the school health programme, and 6 (28.6%) schools had good implementation of the components of the school health programme. This finding does not agree with the directives of the Federal Republic of Nigeria (2013) under section 8, page 58 of the National Policy on Education (NPE) which mandated school administrators and proprietors to provide health facilities and services such as school clinics/sickbay for their institutions. Federal Ministry of Education (FME, 2006) confirmed that it is unfortunately, almost one-third of young people in primary and secondary schools are undernourished; 9%

are over-nourished; a tenth have engaged in substance abuse; and only 37% of the junior school students and 45% of the teachers have heard of family life and HIV education before. Adolescents (10-19 years) who are mostly secondary school pupils account for a significant proportion of Nigeria's population of 140 million. In 2001, the findings from the Statistics of the National Study of the School Health System in Nigeria carried out by the Federal Ministry of Health and Federal Ministry of Education in collaboration with the WHO revealed that health-care services in schools have not been properly implemented, thus it was noted that there was a lack of standard guiding SHP in Nigeria, which established the need for the National School Health Policy (NSHP) (Federal Ministry of Education - FME, 2006). Whereby the primary schools are not provided with adequate clinics, this will have negative effect on promoting a healthy child-friendly school environment in Delta State.

It was also found in the study that there were no provisions for sanitary health facilities for promoting a healthy child friendly school environment in primary schools in Delta State. This result means that there were no provisions for adequate water points to be provided at strategic positions in the schools; well-equipped First Aid box were not available in the schools; sanitary health services through orientation programmes or health talks were not organized for pupils in the school; wash hand basins were not provided in every classroom in the schools; adequate child friendly toilet facilities including toiletries for male and female were not provided in the school. All the above sanitary health facilities were found lacking in the primary schools making their school environment unfriendly for pupils learning and safety. This finding agrees with finding of Ademokun, Osungbade and Obembe (2012) study which confirmed that school health services were implemented by 33.3% of the schools and 23.8% of schools had good implementation of healthful school environment. Regarding source of water supply in schools, most of the schools 13 (62%) had wells as their source of water supply, only 7 (33%) had borehole and few 1 (5%) had pipe borne water. Concerning means of refuse disposal, majority of the schools 18 (86%) disposed of their refuse by burning; few 2 (10%) had incinerators while 1 (5%) had no means of refuse disposal. As for sewage disposal, 9 (43%) used the water system, 9 (43%) also used pit latrine system while 3 (14%) had no toilet facilities. Only few 2 (10%) had sick bay while majority 19 (90%) had first aid boxes. This finding showed that only a few schools had access to good sanitary health facilities for promoting a healthy environment in the school. This finding is at variance with the directives of the Federal Republic of Nigeria (2013) under section 8, pg. 58 of the National Policy on Education which mandated school administrators and proprietors to provide sanitary health facilities and services such as child friendly facilities (separate toilets for male and female), water points (potable water) within the school compound for health and sanitation activities, well equipped First Aid Box for emergency care, scale for monitoring growth for their institutions. Whereby the

provisions for sanitary health facilities are not adequate, this will have negative impact in promoting healthy child-friendly school environment primary schools in Delta State.

It was also found out that there were no provisions for sports facilities for promoting a healthy child friendly school environment in primary schools in Delta State. This means that there were no standard sports fields in the schools for organizing sports activities, for instance, gymnastics centres were not provided in the schools; basketball and net ball sports facilities were not provided in the schools; provisions were not made for aquatic and fitness centre (example: swimming polls) in the schools; sports health facilities such as combat centres, tennis courts and volleyball courts were not provided or available in schools; and coupled with that buildings were not created for providing indoor games in the schools. All the aforementioned sports health facilities were found lacking in the primary schools making their school environment unfriendly for pupils learning and safety. This finding is also at variance with the directives of the Federal Republic of Nigeria (2013) which mandated school administrators to provide such health facilities like sports facilities in the Nigerian schools to solve the health challenges of children in schools including promoting effective health practices and maintenance of good health culture in schools. Whereby the provisions for sports health facilities are not adequate, this will have negative effect in promoting healthy child-friendly school environment primary schools in Delta State.

The findings of this study also indicated that there were no provisions for recreational facilities like space for children playground, well-equipped and furbished children playground, spacious rooms for recreational activities, among others, for promoting a healthy child friendly school environment in primary schools in Delta State. This finding is not in line with the directives of the Federal Republic of Nigeria (2013) under section 8, pg. 58 of the National Policy on Education which mandated school administrators and proprietors to make adequate provision of school meals and incentives, school gardens and recreational facilities in their schools. Moreover, all the findings of this present study could be likened to Ademokun, Osungbade and Obembe (2012) who conducted a study six years after the National School Health Policy came into being and did not show much improvement in the schools situation. These researchers discovered that implementation of SHP was poor, most especially in the areas of school health services and facilities provision including promoting healthy school environment. They found that many of the school head teachers had never heard of the 2006 NSHP; the skeletal health programmes in their schools were not run according to the minimum requirements stated in the 2006 National School Health Policy document; no funding came from the government for the implementation of the SHP which affected adequate provision of recreational health facilities in the schools. However, if the provisions for school clinic, sanitary, sports and recreational health facilities are not adequate, this will have negative impact in

promoting healthy child-friendly school environment in primary schools in Delta State.

Conclusion

Developing the primary schools to become child-friendly schools (CFS) is an initiative programme of the United Nations with its organs of UNESCO and UNICEF as one of the means in which quality education can be attainable in the schools environment. To maintain the principles, standards and likewise achieve the objectives of CFS model and initiative in primary schools in Delta State means that all the strategic plans set aside for facilities provision including the health facilities must be adequate in order to work in the best interest of the child. However, the present study submits that there were no adequate provisions for school health facilities as regards to the provisions of school clinics, sanitary, sports and recreational health facilities for promoting a healthy child friendly school environment in primary schools in Delta State. Majority of the health facilities were not provided in the school, even the available ones provided were insignificant. Therefore, for the primary education school system in Delta State to produce future generations who are vibrant for socio-economic development in the Nigerian society, adequate attention and considerations must be given to children health challenges and needs. The ugly situation in Delta State which is as a result of the inability of the education stakeholders to make adequate provisions of health facilities calls for some recommendations which have been proffered in the next section.

Recommendations

From the findings of the study, the following recommendations have been made:

1. The Delta State Government in collaboration with the Delta State Universal Basic Education (DSUBE) should make adequate provision for health facilities like school clinics, sanitary, sports and recreational health facilities for promoting a healthy child friendly school environment in primary schools in Delta State. This should be followed by effective implementation of the National School Health Policy (NSHP), conducting needs assessment supervision in primary schools and forming synergies with the private sector in order to support the primary schools in the provision of health facilities in order to promote a healthy child friendly school environment in primary schools.
2. The Delta State Government should also partner with the private organizations and individuals for their financial support for the provisions of school clinics health facilities for promoting a healthy child friendly school environment in primary schools in Delta State.
3. Head teachers should ensure that provision for sanitary health facilities are adequate for promoting a healthy child friendly school environment in primary

schools in Delta State. This will warrant the head teachers to communicate to their regulatory body, that is, Delta State Universal Basic Education (DSUBE) to make adequate provisions for sanitary health facilities in primary schools. Also, the head teachers should continually ensure that the sanitation exercise is regularly practiced in the primary schools in order to maintain a clean environment in the school for the pupils to emulate.

4. Head teachers should also solicit financial supports from international organizations, business philanthropists and financial institutions in their localities/communities for provisions of sports and recreational health facilities for promoting a healthy child friendly school environment in primary schools in Delta State.

References

Ademokun, O.M., Osungbade, K.O. & Obembe, T.A. (2012). A qualitative study on status of implementation of school health programme in South Western Nigeria. *Science and Education Publishing, 2I* (11). Retrieved from http://pubs.sciepub.com/education.

Çobanoğlu, F., Ayvaz-Tuncel, Z. & Ordu, A. (2018). Child-friendly schools: An assessment of secondary schools. *Universal Journal of Educational Research 6* (3), 466-477. Retrieved from https:/ /files.eric.ed.gov /fulltext/EJ1171397.pdf.

Duran-Narucki (2008). School building condition, school attendance, and academic achievement in New York city public schools: A mediation model. *Journal of Environmental Psychology, 28* (24), 278-289.

Ekenedo, G.O. & Ekechukwu, R.O. (2015). Achieving better educational outcomes in Nigeria through the school health programme. *European Journal of Research and Reflection in Educational Sciences, 3* (5), 52-62. Retrieved from https://www.idpublications.org/.

Flatcher, M. & DO, T.L. (2011). What is health? What is disease? Thoughts on a complex issue. *The AAO Journal, 21* (4), 27-30. Retrieved from https://www.osteopathie-schule.de/pdfs/.

Federal Ministry of Education (2006). *National school health policy* 2006. Retrieved from http://www.unicef.org/nigeria/NG_resources_schoolhealthpolicy.pdf

Federal Republic of Nigeria (FRN, 2013). *National policy on education (sixth edition).* Lagos: NERDC.

Ofovwe, G.E & Ofili, A.N. (2007). Knowledge, attitude and practice of school health programme among head teachers of primary schools in Egor local government area of Edo State, Nigeria. *Annals of African Medicine, 6* (3), 99-103. Retrieved from http://www.annalsafrmed.org/article.asp?

Oyinlade, O.A. Ogunkunle, O.O. & Olanrewaju, D.M. (2014). An evaluation of school health services in Sagamu, Nigeria. *Nigerian Journal of clinical practice, 17* (3), 336-342. http://www.njcponline.com/article.asp?

Rai, F.H. (2016). *Concept of health*. Retrieved from https://www.gfmer.ch/GFMER_members/pdf/Concept-health-Rai-2016.pdf.

Svalastog, A.L., Donev, D., Kristoffersen, N.J. & Gajović, S. (2017). Concepts and definitions of health and health-related values in the knowledge landscapes of the digital society. *Croatian Medical Journal, 58* (6), 431–435. Retrieved from https://www.ncbi.nlm.nih.gov/.

United Nations International Children's Emergency Funds (UNICEF, 2012). *Child friendly school environment.* Retrieved from https://www.unicef.org/lifeskills/index_7260.html.