

Review Article

## National School Health Programme and the Plight of Exceptional School Age Children in Nigeria

Isoken Florence Osaiyuwu-Osagiede (Ph.D)\*<sup>1</sup> and Loveth N. Agbonlahor<sup>1</sup>

Department of Human Kinetics and Health Education, Ambrose Alli University, Ekpoma, Edo State, Nigeria

### Article History

Received: 08.06.2020

Accepted: 17.06.2020

Published: 27.06.2020

### Journal homepage:

<https://www.easpublisher.com/easjhcs>

### Quick Response Code



**Abstract:** This paper examined the National School Health Programme (NSHP) and the National Policy on Education (NPE) for special needs children in Nigeria. Special needs children are also known as exceptional children. There seems to be a continuous stagnancy in the implementation of these programme and policy. Most children with special needs have not really benefited and are still a burden to their parents and the society at large. This was attributed to political issues, ignorance, corruption, poverty and cultural beliefs of the people. It was therefore concluded that what Nigeria needs now is the strongest political will at every level of governance to put things right. To improve the plight of exceptional children in Nigeria for a better healthy and enhanced meaningful living; it was also recommended among others that parents, teachers and community as a whole should explore, identify and obtain needed support and services that will enhance the well being and capacity of exceptional children for independence and inclusion in their communities.

**Keywords:** Exceptional children, Special needs children, School Health Policy, National Policy on Education, Implementation.

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## INTRODUCTION

School Health Programme (SHP) is defined by the Federal Ministry of Education (FMoE), (2006) 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. School Health Programme is a health programme directed to meet the health of students at the present time and laying a good foundation for their future with the support of the home, community and government. The World Health Organization (WHO) defined a health promoting school as one that is constantly strengthening its capacity as a healthy setting for living, learning and working. The school health programme is guided by the school health policy. The school health policy therefore is aimed at promoting the health of learners to achieve the goals of Education For All (EFA), outline roles of relevant line ministries like Health, Education, Environment, Water resources, Information and other stakeholders (FMoE, 2006).

### The goals of the National School Health Policy according to FMoE (2006) are to-

- Enhance the quality of health in the school community,
- Create an enabling environment for inter-sectoral partnership in the promotion of child

friendly school environment, for teaching and learning and health development.

### The objectives of the National School Health Policy are to –

1. Provide the necessary legal framework for mobilization of support for the implementation of the school health programme.
2. Set up machinery for the co-ordination of community efforts with those of governmental organizations toward the promotion of child friendly school environments
3. Guide the provision of appropriate professional services in schools by stakeholders for implementation of the school health programme.
4. Promote the teaching of skill-based health education.
5. Facilitate effective monitoring and evaluation of the school health programme.

The promotion of the health of learners in schools is a critical step towards quality achievement in education. Therefore, implementation of the School Health Programme is core to the realization of the goals of the National Policy on Education (FMoE, 2006). Good health is essential for the success of the implementation of any educational programme. It is

vital for the achievement of desirable quality learning outcomes which are attainable only with improved opportunities for equal access, retention, inclusion and equality. The objectives of school health as stated by Moronkola (2003), are to obtain a rapid and sustainable 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 potentials as well as to receive maximal moral and emotional benefits from health providers, teachers and the school environment.

The importance of fostering transformative learning and living environments for children with special needs cannot be over emphasized. Children here refer to people less than 18 years of age. Exceptional children are also known as special needs children. They are children that have physical defects, emotional disturbances, intellectual sub-normality and other forms of exceptionalities. Before the coming of the missionaries and voluntary organizations, exceptional children were cared for by their parents and the community. They were taught to enhance their abilities through practical demonstrations like – care of personal hygiene, cooking, weaving and so on. Generally, the goal of National Health Policy in Nigeria is to bring about comprehensive health care that is protective, preventive and rehabilitative to every citizen of the country within the available resources. The reason for this is that individuals and communities as a whole are assured of productive, social well being and enjoyment of good healthy living whether they are special needs or non special needs children.

One cannot really discuss the school health programme for exceptional children without mentioning the education policy for this group of children. Educating them will improve and develop their ability in their disability. It will give them sense of belonging and make them useful to their families and the society at large. The National Policy on Education (NPE) in Nigeria is the followed national guideline for the effective management, administration and implementation of education at all tiers of government. NPE is a statement of the government regulations, anticipation, expectations, goals, requirements and standards for quality education delivery for all including those with special needs in Nigeria (FMoE, 2006). The implementation of the policy has been subjected to various interventions which include among others; teacher development, institutional development framework, establishment of special schools, curriculum reviews and other initiatives by the Government and Non Government Organization (NGO) (FMoE, 2006).

As stated by Wikipedia (2018), the world report on disability, published in 2011 said about 25 million Nigerians had at least one disability, while 3.6

million of these had very significant difficulties in functioning. The 2006 national census puts the figure of persons with disability in Nigeria at 3,253,169 or 2.32 percent of the total population of 140,431,700 in that year, with about 39 percent of school age (Umeh and Adeola, 2016). This calls for concerted efforts for all and sundry to make life worthwhile for these people (Barnett, 2011). There have been a lot of policies on the welfare and education of the special needs children in Nigeria, which are believed to enhance their abilities and make them acceptable in the society, but these policies have not made appreciable/reasonable change in the life of majority of the people. All over the cities, people with disabilities are seen begging for alms for their survival. A lot of mentally ill people roam around without proper care from their families, community and government. Most families who have disabled family member are afraid of being ridiculed and laughed at; therefore, they tend to keep the disabled person indoors and in isolation. By such measures, the disabled person is prevented from participation in normal activities such as education, economic, political and social pursuits. This paper seek to unveil the reason why these ugly sites keep surfacing and to review the policies mentioned above to know if they are not adequately implemented to meet the needs and well being of these children for a better living.

The objectives of this paper are to review government and community participants in enhancing the ability of the exceptional children for a better healthy and useful living. It will look at the education of these children, factors hindering the proper implementation of these policies, and how parents/guardians, government and community as a whole can be of help to improve the living conditions of these children. To achieve the stated objectives, the following areas will be reviewed.

1. Types of exceptionalities and causes.
2. National Health Policy and School Health Services implementation in Nigeria.
3. National Education Policy on special needs children in Nigeria.
4. Why many Nigerians have not benefited from these policies/programmes for special needs children.

#### **Types of exceptionalities and causes**

The types of exceptionalities according to Zupanick, (2013) are as follows:

- Attention Deficit and Attention Deficit Hyperactivity Disorder (ADHD).
- Emotional and Behavioural Disorders.
- Specific Learning Disabilities.
- Speech and Language Disorders.
- Autism Spectrum Disorders (ASD)
- Deafness and Hearing loss.
- Visual impairment.
- Physical and Health Disabilities.
- Severe and Multiple Disabilities.

- Gifted and Talented.

The United States Federation definition states that the term 'gifted and talented' when used in respect to students, children, or youths means those who show evidence of high performance capability in areas such as intellectual, creative, artistic, or leadership capacity, or in specific academic fields, and who require services or activities not ordinarily provided by the school in order to fully develop such capabilities (Zupanick, 2013).

**Causes:**

There is no known cause of Attention Deficit Hyperactive Disorder (ADHD). The National Dissemination center for children with disabilities states that there is some evidence which shows there could be abnormality in the brain that controls behavior. The role of genetics and neurology is important to the causation discussion of exceptionality. Hereditary and environment is central to the causation.

There are many causes of Intellectual Disabilities (ID). The leading causes are Autism, Down syndrome, Fragile x Syndrome, and Fetal Alcohol Syndrome. These causes can be grouped into four categories according to Zupanick (2013):

- i. Medical conditions
- ii. Brain injury
- iii. Genetic conditions
- iv. Psychiatric conditions.

**i). Medical conditions that lead to intellectual disabilities fall into three groups.**

- \* Parental exposure to alcohol and other drugs
- \* Exposure to certain toxins
- \* Some types of infections

- i. Parental exposure to alcohol and other drugs is preventable, so pregnant parents are advised not to use drugs and drink alcohol during pregnancy. Pre- and post-natal exposure to toxins can cause ID. Of particular concern are lead, mercury, and radiation. Avoiding exposure to these toxins reduces the risk of developing an ID. Certain types of infections can also lead to intellectual disabilities. Pregnant women should avoid any contact with cat feces. Cat can carry a parasite that causes Toxoplasma infection. Several sexually transmitted diseases can lead to ID if fetus or infant is exposed to these diseases. These include Hepatitis B, syphilis, and herpes simplex 11. Pregnant women should practice safe sex to reduce the risk of exposure.
- ii. Brain injury is another cause of ID. Many brain injuries are preventable. Children should always ride in an approved child safety seat. It

also occurs when infants are shaken or dropped.

- iii. There are many genetic causes of ID. The two most common are down syndrome and fragile x syndrome. Genetic causes of ID cannot be considered preventable.
- iv. Certain psychiatric conditions are associated with ID. The most common disorder is known as autism spectrum disorder (ASD). Like genetic abnormalities, there is no known way to predict or prevent ASD (Zupanick, 2013).

**National Health Policy and School Health Services Implementation in Nigeria**

The National Health Policy represents the collective will of the government and people to provide a comprehensive health care system that is based on primary health care. It describes the goals, structure, strategy and policy direction of the health care delivery system. Recently, the Federal Government of Nigeria approved a new National Health Policy. The new policy is the third in the history of Nigeria, coming after those of 1988 and 2004. The title of the policy is promoting the health of Nigerians to accelerate socio-economic development. The new policy, though has not been implemented will provide direction necessary to support the achievement of significant progress in terms of improving the performance of national health system. It also lays emphasis on primary health care as the bedrock of our national health system. In addition to the provision of financial risk protection to all particularly the poor and vulnerable population, the policy also captures the essentials of ensuring the reduction of maternal and child mortality, wider immunization coverage and better control and prevention of public health emergencies (Premium Times Nigeria, 20017).

In the implementation of the 1988 and 2004 national health policies, Nigeria has recorded some progress. These include improvements in key indices for major communicable diseases- HIV/AIDS, Tuberculosis, and malaria, as well as in maternal and child health. Nigeria has been able to halt the transmission of the wild polio virus, eradicate the guinea worm disease, and successfully controlled the spread of the deadly Ebola virus (Ogirma, 2017). But there are still a lot of problems in the health sector. The problem facing the health sector has been attributed to non implementation of existing laws and policies. If all the policies on health were implemented, the narratives of the health systems in Nigeria would have changed for better. According to Ogirma, (2017), Nigeria is no longer in need of legislations or policy instrument to change the narratives of its health care delivery. Had diligent implementation been followed, the following tools could have revolutionized health care delivery in Nigeria. They include National Health Policy 2004 revised in 2016, Healthcare Financing Policy and Strategy 2006, Recommendations of National Vaccine

Summit 2012, Human Resources for Health Policy and Strategic Plan 2016-2020 and so many others.

School Health Services refer to the health care delivery system that is operational within a school. These services aim at promoting and maintaining the health of school children so as to give them a good start in life. 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. School health services according to Kuponiyi, Amoran and Kuponiyi, (2016) deal with health appraisals, control of communicable diseases, record keeping and supervision of the health of school children and personnel. 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 counseling services for the school community and parents.

According to Kuponiyi et al (2016), 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 centers, it should be possible to use the primary school as a center 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. All efforts at addressing the school health programme in Nigeria have remained largely at policy levels with minimal implementation. Where implementation has been attempted the emphasis has been on outside rather than within the schools.

### **National Education Policy on Special Needs Children in Nigeria**

Since the plight of special needs children of school age in Nigeria is being put into consideration, one cannot but also look at education policy for these groups of children. The national policy on education 1977 paid attention to the issues on special needs education by creating section 8 of the policy for it. It lays emphasis on least restrictive environment, zero reject, total inclusion and diversification of services beyond the school target. As it appears, special education has made some progress in Nigeria. However, the more things change, the more they remain the same. Special education programme has some slight recognition in some parts of the country while they have also failed in other parts. This can be attributed to cultural beliefs, division among ethnically diverse Nigerians, and diverse politics, which account for the unequal representation and treatment of learners with disabilities (Eskay, 2001).

Muuya (2002), noted that many people do not see any significance in educating people with disabilities, and thus, there exists division among policy makers. There seems to be a continuous stagnancy of special education programming since the enactment of section 8 of the national policy on education more than three decades ago because of political and cultural issues.

### **Educational Intervention**

Educational interventions for children with learning disabilities can be very tasking. These children may exhibit different problems in reading, writing, spelling and so on, and what works for one child may not work for another. Irrespective of educational intervention planned for children with learning disabilities, Individualized Education Programme (IEP) is essential. IEP is a one programme that ensures that each child's unique needs are met. Educational intervention needs a multidisciplinary approach, it must be early and it must be intensive in nature. The multidisciplinary approach needed by children with learning disabilities involves special educators, regular teachers and professionals that are related to the field of special education (Lerner, 2015).

Parents should be involved in whatever interventions to be planned, parents involvement is necessary so that they can continue at home from where the teacher stops at school. Teachers must be patient; they also need to be abreast of information as they unfold where these children are concerned. When teachers are not qualified, uninterested and impatient, children with learning disabilities will not benefit within the classroom setting, they become frustrated and may drop out of school (Lerner, 2015).

### **Inclusive Education**

Inclusive education as stated by Lerner (2015), means that all students attend and are welcomed by their neighbourhood schools in age-appropriate, regular classes and are supported to learn, contribute and participate in all aspects of the life of the school. Inclusive education also means different and diverse students learning side by side in the same classroom. They enjoy field trips and after-school activities together. They participate in student government together, and they attend the same sport meet and plays.

It is every child's right to be included. Inclusive education is a child's right, not privilege. The Individuals with Disabilities Education Acts clearly states that all children with disabilities should be educated with non-disabled child of their own age and have access to the general education curriculum (Lerner, 2015).

### **Why many Nigerians have not benefited from these policies/programmes for special needs children**

Section 8 of the National Policy on Education in Nigeria outlined programmes meant for children with special needs, but unfortunately most children with special needs have not benefited from these programmes. According to Wikipedia 2018, the disabled population includes people with functional limitation such as physical, intellectual or sensory impairment, medical conditions, or mental illness. The history of this group can be characterized by marginalization, silence and invisibility.

Ignorance, superstition and taboos have caused the lack of care for people with disabilities. Within most ethnic groups in Nigeria, it is generally believed that the disabled person is either a curse from the gods or has been disabled through an act of witchcraft. Generally, families bear the brunt of caring for the disabled throughout their lives. Those who cannot stay with their families are usually ostracized and denied their legal right. The right to live peacefully are threatened because of the general misconception that disabled people are either fiends or witches not worthy of human status. Thus, they often become homeless because of poverty and/of shame (Eskay, 2001).

There is also the absence of legal mandates which indicates that parents lack their legal right to due process, and as a result, they cannot initiate litigation against their children in terms of admission into schools, initial screening, comprehensive evaluation, subsequent placement, individualized instruction, and service delivery (Eskay, Eskay and Uma, 2012). In any democratic society, no programme can be successful without legal enforcement. This absence of legal mandate, leads to civil right violation and lack of adequate programming.

Political and cultural issues also militate against special education programming. There seems to be a continuous stagnancy of special education programming since the enactment of NPE in 1977. The funding of special education seems to be either insufficient or not provided for the education and health service delivery of learners with disabilities. There are always unending policy maneuvering among education policy makers that end up defeating any funding appropriate for special need education. Even the money donated by non-governmental organization and philanthropists for the education of these learners are not used for that purpose. As a result, services for people with disabilities are not delivered appropriately. Funding of special education as stated by Smith (2007), has always been a problem in countries that have negative perception of learners with disabilities.

Lastly, there are still not enough qualified special educators to meet the educational needs and care

of persons with disabilities in most communities in Nigeria. Eskay (2001) noted that because of societal perception, few qualified special education teachers give up their teaching responsibility to unqualified special education teachers. Many students are not put in the same classroom and poorly prepared teachers find it difficult to identify their individual needs.

### **CONCLUSION**

The School health policies aim at promoting good healthy, non discriminatory, safe and secure physical and psychosocial environment, which are essential and effective in creating a conducive learning environment for special needs children. Over the years in Nigeria, various health policies have been put in place. These policies include Western and traditional health care integration, Basic Health Social Scheme (BHSS), Primary Health Care (PHC), National Health Insurance Scheme (NHIS), National Action Committee on AIDS (NACA), National School Health Policy among others. Some objectives of these policies according to Adeleke and Gafar (2012) are – to ensure that every Nigerian has access to good health care services; to ensure equitable distribution of health care facilities within the federation and at all levels of government; to maintain high standards of health care delivery; to limit the rise in the cost of health care services, to improve and harness private sector participation in the provision of health care services, and to ensure that all health care providers conform to laid down rules and regulations guiding health care operations.

On education of the exceptional children, Federal Government of Nigeria made a decision to give quality education to all children in the 1977 NPE. The blue print on education of the handicapped in Nigeria started in 1989, which established several schools catering especially to those with special education needs. In spite of all these, implementation of the policies have been clouded with a lot of problems. Some administrators still perceive people with disabilities negatively. Deeply ingrained cultural beliefs and corruption create strategic problems for the implementation and to achieve the set down objectives of the policies. What Nigeria needs today is the strongest political will at every level of governance to put things right. This will manifest in improved resources prioritization and allocation. It will also bring about innovative and sustainable health financing options, enhanced sector oversight and supportive supervision, incentivizing health care issues and applying reasonable sanction to defaulters (Voice of Nigeria, 2018).

### **Recommendations**

After a comprehensive review of the plight of exceptional school age children in Nigeria, it is therefore recommended that –

1. Parents/guardians, teachers and community as a whole should explore, identify and obtain needed natural support and services/programme that will enhance the well being and capacity of exceptional children for independence and inclusion in their communities.
2. Funding by the government is very essential. Non-governmental organizations both local and international can also assist; because without sufficient funding, good care for special needs children cannot become a reality. Funds provided should be monitored properly, to make sure it is used for what it is meant for.
3. More primary health care centers should be set up with qualified health workers to handle early cases of abnormalities. This will reduce the seriousness of long term effect.
4. Registration and immunization of pregnant women should be enforced by the relevant agencies. This should include immunization of all new born babies in the community. This will help reduce abnormalities that are preventable.
5. Counseling session should be organized regularly for pregnant women by health workers and health educators. They should advise them never to use drugs and alcohol during pregnancy to prevent abnormalities in children caused by their uses.
6. Awareness is also very necessary. Media houses should help in promoting and creating awareness to the people in their local languages. There should be a lot of jingles telling them to send their disabled children to health centers for checkups regularly and also send them to school to enhance their learning ability especially when they are young. They should shun all those negative beliefs like they are caused by taboos and curses from gods when they have disabled child.
7. Schools for special needs children that are already in existence alongside the normal school should be upgraded to meet the world standard. Facilities like ramps along staircases and designated areas for cars or wheelchairs should be provided in schools and public places.
8. Transportation is very important. There should be special school buses for the disabled children that can take them to school and therapeutic services to ease the burden on parents and teachers.
9. Special needs children who are on the streets due to poverty should be removed and taken to rehabilitation centers for proper health care and proper personal hygiene, to prevent spread of diseases and becoming nuisance in the community. At these rehabilitation centers, skills that will make them useful in life should be taught. They are – basket weaving, tie and dye, shoe making, tailoring, hair dressing, beads making, reading and writing and so many others.
10. Lastly, government should establish a compulsory health insurance scheme and more funding into the

health care system, so that every Nigerian should be able to access health care in any part of the country they live.

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