



Health Education And Students' Academic Welfare in Bushenyi-Ishaka Municipality, Uganda

Roseous Asiimwe

Uganda Christian University, Uganda

Email: roseousasiimwe@gmail.com

Abstract: *The study was conducted in Bushenyi-Ishaka Municipality, Bushenyi District. The study's main objective was to examine the effects of health education on student's academic welfare in selected secondary schools. The research used qualitative and quantitative descriptive survey. The study population comprised students from three selected secondary schools, teachers and their administration, all equivalent to 285 participants. These were simple randomly and purposively selected. Data collection instruments included questionnaires and face-to-face interviews. Data analysis was done using SPSS. The major findings were that physical education, health education, hygiene and sanitation school health services and medical examinations and follow-ups were the major health education services available in secondary schools in Bushenyi-Ishaka Municipality. It was recommended that the government of Uganda and line ministries (MoES in conjunction with MoFPED) should endeavour to improve the health education budget for schools.*

Keywords: *School Health Education, Academic welfare, Academic performance, Safe schools, Physical fitness*

How to cite this work (APA):

Asiimwe, R. (2023). Health Education And Students' Academic Welfare In Bushenyi-Ishaka Municipality, Uganda. *Journal of Research Innovation and Implications in Education*, 7(4), 117 – 129. <https://doi.org/10.59765/y89qwir4>.

1. Introduction

World-over, schools have often been viewed by social reformers as a panacea to pervasive societal problems (Robinson, 2021 & Perlman, 2017). School health education services have not been an exception to this generalization. For example, the genesis of many school health education curricula sprang from the prohibition movement since early 1900s, resulting in mandated alcohol education activities in schools (Allensworth & Kolbe, 2017). Many persons, both within and without the health education profession, have seen school health education as the vehicle for improved health knowledge, attitudes, decision-making skills, behavior, and health status among students (Bensley, 2017).

A continuing debate about the influence of health education on healthy living and students' academic

achievement has occurred since the 1960s. It has become a bigger issue now that there are series of constraints in our nation's schools (GA Heath, 2012). Decision-makers often find it easy to reduce health education services because they believe sports and health education are not overly important in the academic arena (McNall, 2010). To a large extent, if health education is implemented in school, health barriers such as chronic heart disease, hypertension, obesity, cardio respiratory infection among others will be heavily reduced (Jaarsma, 2022).

Recently, it was discovered that physical and health education were eliminated among the core subjects in many secondary schools in Uganda especially the private schools based solely on conjecture they have nothing to offer for the growth and academic welfare of the students (Kerns *et al.*, 2011). There is a dearth of literature to empirically conclude this assumption if based on

knowledge of the positive effects of health education services on students' academic welfare (Burde *et al.*, 2015). Besides, Weed & Ericksen (2015) argued that an effective health education curriculum possesses several characteristics which if followed religiously by the practitioners of health education, will bring about transformation in the healthy lifestyle and academic achievements of the adolescents in our educational system.

2. Literature Review

In order to provide the reader with insight into the research problem, a discussion of related literature to the subject is included in this section of the study. It identifies areas of similarity and contrast.

Health Education services available in Secondary Schools

The Comprehensive School Health Model stresses the importance of providing a safe social and physical environment that allows students and staff to focus on learning (Okello, 2016). A "safe" school is one that promotes personal growth, healthy interpersonal relationships with fellow students and staff, wellness, and freedom from discrimination and abuse. A student who doesn't worry about safety is in a better position to grow, learn and explore their world. The community, school, parents, and businesses must work together to develop policies and procedures to ensure a healthy school environment where students are protected. Specific examples of guidelines to follow for a healthy school environment include establishing emergency procedures for: bomb scares, drug-related situations, gang member disruptions, emergency communications, tobacco use, universal precautions for handling blood and other body fluids, sanitation, and playground safety (Nyamwaya, 2014).

Health Education provides each student with the skills and knowledge to make health decisions that are best for them. Successful planning of a school health education service requires active community involvement to ensure that the community's expectations and concerns are addressed by the school health education curriculum. Together, the community and school can develop a program which reflects community culture and is sensitive to the needs of students and their families (Lee, 2018). A quality health education service includes a sequential curriculum spanning pre-kindergarten through high school graduation. A health education curriculum that supports a vision of healthy children is the first steps toward helping all students develop to be their personal best (Mckenzie, 2022). Examples of guidelines to consider implementing as part a comprehensive health education curriculum could include:

two to three hours weekly of instruction in each elementary grade, two semesters of health education at the high school level, routine health education in service to strengthen teachers' skills, and a curriculum that is sequentially based and includes the ten content areas of health education (Grant, 2018). In practice, health education curriculum in Ugandan secondary schools is less emphasized and supported by both the school administration and the Ministry of Education and Sports respectively, and the researcher wonders and wants to find out whether this is the case in secondary schools in Bushenyi-Ishaka Municipality.

According to Chaabane (2021) and Masonbrink (2020), Food Nutrition Services plays a vital role in a child's ability to learn, students need the support of comprehensive nutrition and services. The Comprehensive School Health Model supports a sound student nutrition service of wholesome and enjoyable foods in the cafeteria and throughout the school. Positive nutrition education provided by staff and parents also contributes to good nutrition habits. In the classroom, nutrition can be used as a tool for teaching math, science, reading and languages. The researcher agrees with the above authors in that secondary schools in Uganda have to emphasize school food nutrition services including proper feeding habits, and quality providing meals; however, some schools do not promote proper feeding habits among their students and teaching staff in secondary schools. Additionally, Physical Education is also another key component. The mind and body are integrated in comprehensive school health program. Physical education should promote and provide opportunities for students to develop lifelong fitness habits. By providing outlets for stress, developing goals and decision-making skills, and emphasizing self-confidence and personal discipline, students gain a positive sense of self-worth. Further more, a school's counseling service provides prevention and intervention programs, career awareness, and skill-building tools for success in work, relationships, and life. Professional staff within the school counseling service provide early detection of potential problems, identification of at-risk students, and programs and referrals which support students and their families. However counselling services in schools are less emphasized and supported in most secondary schools (Beams, 2022).

Nurturing the skills and potential of a child requires teachers and all school staff to be wellness promoters themselves. The Comprehensive School Health Model promotes the involvement of school staff in their own personal wellness (McCalman, 2022 & Dillon, 2022). The school staff is encouraged to participate in activities such as stress management, smoking cessation, nutrition classes, exercise, and positive support programs. Examples of

worksite wellness for the staff include providing healthy food choices for teachers and other staff members, an environment free of alcohol and other drugs a smoke free environment, sponsoring staff weight control classes, and offering staff self-improvement classes (Nederveld,2022). All this requires partnerships between the school, family, and community. The purpose of these partnerships is to coordinate and activate all possible health and education resources. School health councils, which include members from the community, local businesses, and the medical profession, can serve as a means for developing partnerships and improving the health of students. These are just some of the many ways in which we encourage a partnership between the school, the family and the community (Willemse, 2018).

Health Education and Students' Academic Welfare in Secondary Schools

Lohrmann and Wooley (2018) in their submission conclude that health education provides for students to validate positive health-promoting beliefs, intentions, and behaviours. It also provided opportunities for students to assess their vulnerability to health problems, the actual risk of engaging in harmful health behaviours, and exposure to unhealthy situations. However, what we experience in our society today is contrary to the above submission which is an indication of gaps that existed from eliminating health education from the school curriculum in Nigeria (Taylor, 2016). The study agrees with the above authors in that health education in Ugandan secondary schools has promoted a positive attitude towards health beliefs. The National Federation of State High School Associations (NFHS) and its membership assert that interscholastic sports and health education promote citizenship, sportsmanship, lifelong lessons, teamwork, self-discipline, and facilitate the physical emotional development of our nations' youth. NFHS stated further that, students who participate in physical activity programmes tend to have higher grade-point averages, better attendance records, lower dropout rates and fewer discipline problems(Drezner,2022). Eppright, Sanfacon, Beck, and Bradley (2017) also examined the importance of athletics and health education during childhood and adolescent development. The findings of their study was that participating in health education class and athletics encourages the development of leadership skills, self-esteem, muscle development and overall physical health worldwide.

Lytle and Achterberg (2015), they argued that participation in extracurricular and health education decreases the tendency to drop out because it gives those students at risk an opportunity to create a positive and voluntary connection to the educational institution. Tobler and

Stratton (2017) found a greater percentage of students who participated in high school health programmes went to college compared to students who did not participate in athletics. The Stone, McKenzie, Welk and Booth (2018) study also concluded that the positive effect of athletic participation on college attendance was more evident among students with lower levels of cognitive development. In practice, participation in extra-curricular and health education is less emphasized and supported in secondary schools in Uganda .Although there is some evidence that athletics can enhance the academic performance of students in general, there may be some major differences between males and females when it comes to the effects of sports participation. In fact one key study by Maduka (2010) in the late 1980s established that Males often find that athletic participation brings them popularity which was not the case for females.

Challenges Impeding the Implementation of Health Education in Secondary Schools

Today education in Uganda is under the control of the Ministry of Education and Sports. There are a number of factors affecting the quality of health education in Uganda today, most of which do not stem from only direct effects, but also from indirect ones as well (Mertens, 2016). The government contends that there is a quality challenge in the education sector. Studies by Miller-Grandvaur and Yoder (2002) as cited in Garcia (2021) on secondary school education found that secondary schools are an important part of the educational interventions in Sub-Saharan Africa. However, the main challenges in secondary school education seem to be the academic performance of students. For example, Miller-Grandvaur and Yoder (2002) report that in Mali, the national community school failure rate was about 68% in 2000-01, and it was high for the public schools in the Sikasso Region where it was 55%. Also even though infrastructure plays a crucial role not only in the health of students, their wellbeing and enjoyment of a conducive environment, it is still inadequate (Nnenna,2020). Secondary schools in Uganda, experience the challenge of inadequate infrastructure like classrooms, libraries, latrines and laboratories to promote school hygiene and health status in secondary schools which heavily affects the delivery of excellent services (Tumwesigye, 2020).

Another challenge observed was inadequate capacity-building programs. Coordinated School Health Programmes (CSHP) contemplates a situation where a school has an adequate and able human resource to deliver key objectives of the service among these is addressing life skills education and gender issues (Murray, 2017). World Education Forum in Senegal-Dakar in April 2000 resulted in a Dakar framework for action 2000 which refers to life

skills in goal 3. Life Skills Education are ability that allows an individual to develop adaptive and positive behavior so as to effectively deal with the demands of everyday and life challenges. The main goals of the Life Skills approach are to enhance young people's ability to take responsibility for making choices, resisting negative pressure and avoiding risky behaviour. Where life skills education is well developed and practiced, it enhances the well-being of a society and healthy behavior promotes and positive outlook. Life skills are classified into three broad categories namely; skills of effective decision-making, skills of knowing and living with oneself, and skills of knowing and living with others (O'Reilly, 2018). In practice, there is inadequate capacity building among the education stakeholders to effectively implement health education services in secondary schools in Uganda. Coupled with this is sometimes the issue of ineffective school health policies which greatly affects the overall operation of the school environment (Snilstveit, 2016). All these require adequate supervision for health systems to be effective and efficient which is often inadequate.

3. Methodology

In order to gather sufficient data for generalization, data validation, and the generation of reliable findings, a hybrid methodological framework of qualitative and quantitative research techniques was utilized in this study. Thus researcher used qualitative and quantitative descriptive survey research methodologies. The study population comprised students from three selected secondary school teachers and their administration, totalling 285 participants. These were simply randomly and purposively selected. Because the information was acquired from people who were most suited to the research environment, the researcher was able to collect qualitative responses through the use of purposeful sampling, which led to better insights and more accurate study conclusions. Primary Data collection instruments included questionnaires and

face-to-face interviews. Secondary data such as text books and journal articles were collected from online libraries and search engine sites such as Google Scholar. In order to ensure that quality and relevant data was collected, the researcher pre-tested data collecting tools, the researcher also tested the validity and reliability of the instruments through peer to peer review and the supervisors. The quantitative data collected was coded, keyed into SPSS (a computer software database), organized, and cleaned for any errors that might occur during data collection. The data was then analyzed using statistic with aid of the SPSS Version (20) and Microsoft Excel (computer software). Qualitative statistical techniques were used to describe and summarize data. The results were then interpreted in the form of descriptive statistics the frequencies and percentages. The findings were presented in form of tables. Qualitative data was on the other hand edited and reorganized into meaningful phrases. In other words, a thematic approach was used to analyze qualitative data where themes, categories and patterns were identified. The recurrent themes, which emerged in relation to each guiding question from the interviews, were presented in the results, with selected direct quotations from participants presented as illustrations.

4. Results and Discussion

The findings from this section are presented according to the research questions. They are presented in frequency tables. They present the collected data in a more organized and summarized way, guided by the study objectives and research questions; however bio-data of the respondents were presented first. In the table, key were followed; where 5 stands for Strongly Agree, 4 for Agree, 3 for Not sure, 2 for Disagree and 1 for Strongly Disagree. The demographic characteristics of respondents looked at the distribution of respondents as regards to gender and their age group category. The findings regarding these are presented in Table 1

Table 1: Demographic Characteristics of Respondents (No=285)

<u>Gender</u>	<u>Frequency</u>	<u>Percentage</u>
Male	143	50.2
Female	142	49.8
Total	285	100.0
Age bracket		
14 – 18years	273	95.7
19 – 23 years	1	0.4
24 – 28 years	1	0.4
29 years and above	10	3.5
Total	285	100

Source: Primary data, 2021

Results revealed that 143(50.2%) of the respondents were male and 142(49.8%) were females. Equality in gender representation was respected. Additionally, results revealed that 273(95.7%) of the respondents fall in the age bracket from 14-18years; 10(3.5%) were 29 years and above, 1(0.4%) was 24-28 years and also only 1(0.4%) was 19-23 years. Considering the age bracket in the table above there was fair age distribution in the sample selected.

The Health Education Services available in Secondary Schools

The first question was posed to assess the health education services available in secondary schools in Bushenyi-Ishaka Municipality. Findings are indicated in Table 2:-

Table 2: Showing the health education services available in secondary schools in Bushenyi-Ishaka Municipality (No=273)

STATEMENTS	SA		A		NS		D		SD	
	<i>F</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Physical education	201	73.6	72	26.3	0	00	0	00	0	00
Healthy school environment	196	71.8	77	28.2	0	00	0	00	0	00
Hygiene and Sanitation	190	69.6	83	30.4	0	00	0	00	0	00
School Health Services	184	67.4	80	29.3	9	3.3	0	00	0	00
Medical Examination and Follow up	176	64.5	82	30	15	5.5	0	00	0	00
Guidance, Counseling and mental health services	170	62.3	74	27.1	18	6.6	11	4	0	00
School food nutrition and Services (Value of improved nutrition).	164	60.1	71	26	25	9.2	13	4.7	0	00
Facts about health like how to avoid accidents and ill-Health	156	57.2	69	25.3	26	9.5	22	8	0	00
Health education curriculum	132	48.4	59	21.6	31	11.4	29	10.6	22	8
What is Good health?, how to acquire good health and protect health of others are areas taught under health science	103	37.7	92	33.7	33	12.2	30	10.9	15	5.5

Source: Field Data, 2021

The health education programs available in secondary schools in Bushenyi-Ishaka Municipality were mentioned. From the field study, participants totaling to 201(73.6%) strongly agreed and 72(26.3%) agreed that physical education is one of the health education services available in secondary schools in Bushenyi-Ishaka Municipality. In reference to Table 2 above, participants totaling to 196(71.8%) and 77(28.2%) strongly agreed and agreed respectively that provision of healthy school environment is a health education service available in secondary schools in Bushenyi-Ishaka Municipality. According to Table 2 above, respondents totaling to 190(69.6%) strongly agreed and 83(30.4%) agreed that hygiene and sanitation is another health education service available in secondary schools in Bushenyi-Ishaka Municipality. This means that most schools do emphasize health education service on hygiene and sanitation through involving students in general cleaning, personal hygiene, domestic or environmental hygiene, water hygiene and food hygiene. Also, from the field study, participants totaling to 184(67.4%) strongly agreed and 80(29.3%) agreed that school health services are among health education service available in secondary schools in Bushenyi-Ishaka Municipality, followed by 9(3.3%) who remained undecided as indicated by the table 2 above. This means that with presence of school health services, students are able to access health counseling, mandated screenings, such as vision, hearing and immunization status; in addition to physical and mental health assessment and referral for care; and development and implementation of health care plans for students with special health care needs thus prepare learners to be physically, mentally and emotionally ready for studies which will enhance their academic achievement.

Further more, majority of the participants 176(64.5%) strongly agreed and 82(30%) agreed that medical examination and follow up are health education services available in secondary schools in Bushenyi-Ishaka Municipality; and only 15(5.5%) remained undecided about the above mentioned idea under investigation. This meant that health education services in secondary schools have emphasized medical examination and follow up with an aim of equipping students with more knowledge concerning 'first aid' in case of an emergency, early testing and treatment of diseases when they are at school. With presence of such health education services to cater for immediate students health needs, students are always healthy thus able to concentrate on their academic work. According to Table 2 above, respondents totaling to 170(62.3%) strongly agreed and 74(27.1%) agreed that guidance, counseling and mental health services are some health education services available in secondary schools in Bushenyi-Ishaka Municipality; whereas 18(6.6%) were

neutral and only 11(4%) of the total respondents were disagreed with the above stated idea under study.

This meant that guidance and counseling services in school tend to develop, assess and improve educational programmes, enhance teaching and improve the competence of teachers in addressing and preventing problems that may affect positive learning among children. Majority of the respondents 164(60.1%) strongly agreed and 71(26%) agreed that school food nutrition and services or value of improved nutrition are among health education services available in secondary schools in Bushenyi-Ishaka Municipality; 25(9.2%) were neutral, and 13(4.7%) disagreed. These findings showed that implementing comprehensive health education services provide students with chronic disease prevention support services, which has an influence on students' level of concentration and academic achievement. From the field study, 156(57.2%) of the participants strongly agreed that in health science facts about health like how to avoid ill-health and how to care for others have been emphasized in secondary schools in Bushenyi-Ishaka Municipality; followed by 69(25.3%) who agreed, 26(9.5%) who were neutral, and 22(8%) disagreed with the above statement. This meant that health education has greatly improved the wellbeing of students where they have learnt a lot of things relating to their daily life-style and this has impacted positively on their academic achievement. Further, respondents totaling to 132(48.4%) strongly agreed that health education curriculum is available in secondary as evidence for the implementation of health education in secondary schools in Bushenyi-Ishaka Municipality; 59(21.6%) who agreed, 31(11.4%) were neutral, 29(10.6%) disagreed and only 22(8%) strongly disagreed as indicated by the table 2 above. This meant that this is a curriculum designed to motivate and assist students to maintain good behaviour thus able to concentrate on their academic work. It allows students to develop and demonstrate increasingly sophisticated health related knowledge, attitudes, skills and practices.

Last but not least, participants totaling to 103(37.7%) strongly agreed, followed by 92(33.7%) who agreed that health science is a health education programs available in secondary schools in Bushenyi-Ishaka Municipality elements of what is Good health?, how to acquire good health and protect health of others are handled under health science; then, 33(12.2%) were neutral, 30(10.9%) disagreed and 15(5.5%) strongly disagreed with the above stated ideas under investigation. This meant that health education is one strategy for implementing health promotion and disease prevention services. Health education provides learning experiences on health topics. Health education strategies are tailored for their target population.

From the above analysis, it was revealed that education is one of the health education programs available in secondary schools in Bushenyi-Ishaka Municipality. This concurs with Babatunde (2013) who stated that physical education provides cognitive content and instruction designed to develop motor skills, knowledge, and behavior for physical activities and physical fitness. Besides, Nyamwaya & Oduol (2014) further added that supporting schools to establish physical education daily can provide students with the ability and confidence to be physically active for a lifetime. It is noted that the benefits of physical education in schools are far-reaching, including both increased student physical health and better academic performance. This means that physical education should promote and provide opportunities for students to develop lifelong fitness habits. Physical Education provides all students the opportunity to develop movement skills, to increase muscle strength and flexibility, to improve aerobic endurance, and get to and maintain a healthy body weight. In addition, it was also revealed that healthy school environment is a health education service available in secondary schools in Bushenyi-Ishaka Municipality. This concurs with Okello (2016) who stated that the

Comprehensive School Health Model stresses the importance of providing a safe social and physical environment that allows students and staff to focus on learning. A healthy environment promotes healthy mind and a healthy mind gives students' good grades. This reduces anxiety and depression among students population if they are happy most of the time enables students to concentrate more on their studies. If the environment is conducive, students are happier and more confident in themselves. This would also relate to less anxiety and depression among students populations if they are happy most of the times.

The Effects of Health Education on Students' Academic Welfare in Secondary Schools

A question was posed to examine the effects of health education on students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality. Findings are indicated in Table 3 below:-

Table 3: Showing the effects of health education on students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality

STATEMENTS	SA		A		NS		D		SD	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Students with no Health issues perform better than those with health issues	220	80.6	53	19.4	0	00	0	00	0	00
Facilitates physical and emotional development	211	77.3	62	22.7	0	00	0	00	0	00
Students who involve themselves in activities that provide physical fitness excel at academic	203	74.4	60	21.9	10	3.7	0	00	0	00
There is high dropout rate of students with health related issues	188	68.6	64	23.6	21	7.8	0	00	0	00
Students who are actively involved in Health Education classes are physically healthy	178	65.2	61	22.4	20	7.3	14	5.1	0	00
There is a reduction on the probability of school dropouts	169	61.9	70	25.6	22	8.1	12	4.4	0	00
Maintain, enhance and strengthen the students-school connection	154	56.4	68	24.9	24	8.8	20	7.3	7	2.6
Promotes team work among students	115	42.2	61	22.4	43	15.7	29	10.6	25	9.1

Source: Field Data, 2021

The effects of health education on students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality were mentioned. Participants totaling to

220(80.6%) strongly agreed that students with no health issues perform better in class than those with health issues, then, 53(19.4%) agreed with the above mentioned idea.

The findings implied that health education programs help empower individual students to live healthier lives by improving their physical, mental, emotional and social health by increasing their knowledge and influencing their attitudes about caring for their well-being, including giving more time to their academic work. In other words, health education is vital for students as it builds their knowledge about health. It does not only concentrate on being healthy. It also focuses on emotional, mental, and social health too. In Table 3 above, participants totaling to 211(77.3%) strongly agreed that health education facilitates physical and emotional development, then, 62(22.7%) agreed with the above mentioned idea. This is true in that health education leads to emotional growth where it involved learning what feelings and emotions are; understanding how and why they occur; recognizing one's own feelings and those of others (classmates); and developing effective ways for managing those feelings without being distractive to one's academic work. Instilling the importance of good health in schools, helps students to make healthy life choices when they grow older and continue doing so throughout their lives.

Additionally, from the field study, participants totaling to 203(74.4%) strongly agreed that students who involve themselves in activities that provide physical fitness excel at academic; then, 60(21.9%) agreed with the above mentioned idea, and 10(3.7%) were neutral. This implied that health education reduces on the risk of heart attack, managing one's weight better, have a lower blood cholesterol level and lower blood pressure among other health complications, which eventually improve on one's ability to concentrate on his/her academic studies. From the field study, students totaling to 188(68.6%) strongly agreed that there is high dropout rate of students with health related issues, then, 64(23.6%) agreed with the above mentioned idea, and 21(7.8%) were neutral as indicated in Table 3 above. This meant that health education is one of the factors of development because it contributes to: increase the efficacy of health services, curative as well as preventive; to improve productivity by reducing occupational diseases and accidents; to change the social climate of communities. In addition, those participants who strongly agreed that students who are actively involved in health education classes are physically healthy; was equivalent to 178(65.2%) of the total respondents, followed by 61(22.4%) who also agreed, then, 20(7.3%) who were neutral, and only 14(5.1%) disagreed. This meant that health education make students to maintain a healthy weight stay active at school and increase student physical health; in addition to better academic attainment. Health education builds students' knowledge, skills and positive attitudes about health. Health education teaches about physical, mental, emotional and social health. It motivated students to improve and maintain their health, prevent diseases, and reduce risky behaviors.

In addition, according to Table 3 above, participants totaling to 169(61.9%) strongly agreed and 70(25.6%) agreed that there is a reduction on the probability of school dropouts; 22(8.1%) were neutral, and 12(4.4%) disagreed. This meant that the rate of students drop out has gradually reduced with emphasize of health education. Students are usually advised on how to avoid developing diseases through getting involved in physical exercises. This provides an induction to the human body and to factors that prevent illness and promote good health. Cases of depression have been minimized among those students involved in health education. In reference to Table 3 above, participants totaling to 154(56.4%) strongly agreed and 68(24.9%) agreed respectively that health education maintain, enhance and strengthen the students-school connection; 24(8.8%) were neutral, 20(7.3%) disagreed and only 7(2.6%) strongly disagreed. This meant that there is high students' connection and teamwork as a result of health education. Health education enhances connectivity among students themselves and students with teachers especially when they found themselves engaged in sports and games. Health education focuses on prevention, increasing health equity, and decreasing negative health outcomes such as availability and accessibility of health services, benefiting all school stakeholders.

Last but not least, participants totaling to 115(42.2%) strongly agreed, followed by 61(22.4%) who agreed that health education programs promotes team work among students; followed by 43(15.7%) who were neutral with the above stated ideas under investigation, 29(10.6%) disagreed and 25(9.1%) strongly disagreed. This meant that health education curriculum covers nutrition, sanitation, substance abuse control, self-esteem, emotion control, to mention but a few. Good health supports lifelong learning, living and wellbeing. Students grow and learn in a safe, caring, responsive and empowering environment. In this essence, health promoting schools view health historically, addressing the physical, social, cultural, mental, intellectual and spiritual dimensions of health comprehensive services.

It is discussed that the study findings revealed that students with no health issues perform better in class than those with health issues. Besides Matingwina (2018) further argues that students with good health perform better than students with poor health. This meant that students with no health issues performed better in class than those with health issues. It gives them morale and ability to live well and avoid food stuffs or other habits that may cause unnecessary problems to them rather than concentrate on their academic work (Sen, 2017). Further, health education facilitates physical and emotional development was also mentioned. This is in agreement with Eppright et al (2017) who revealed that health education leads to emotional growth where it involves learning what feelings and

emotions are; understanding how and why they occur; recognizing your own feelings and those of others (classmates); and developing effective ways for managing those feelings without being destructive to one's academic work. From the field study, students who involve themselves in activities that provide physical fitness excel at academic (Pangrazi, 2019).

The Challenges Impeding Implementation of Health Education for Students' Academic Welfare in Secondary Schools

The third question was posed to find out the challenges impeding the implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality. Findings are indicated in Table 4 below:-

Table 4: Showing the challenges impeding implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality

STATEMENTS	SA		A		NS		D		SD	
	f	%	f	%	f	%	f	%	f	%
Inadequate resources	234	85.7	39	14.3	0	00	0	00	0	00
Inadequate time	215	78.7	58	21.3	0	00	0	00	0	00
Inadequate teaching materials.	198	72.5	70	25.6	5	1.9	0	0	0	00
Inadequate school infrastructure	180	65.9	85	31.2	8	2.9	0	00	0	00
Lack of support from stakeholders	174	63.7	80	29.4	19	6.9	0	0	0	00
Inadequate capacity building	160	58.6	79	28.9	25	9.2	9	3.3	0	00
Inadequate health personnel /teachers.	152	55.7	68	24.9	26	9.5	27	9.9	0	00
Ineffective school health policy.	146	53.5	66	24.2	38	13.9	23	8.4	0	00
Ineffective support supervision	115	42.2	61	22.4	43	15.7	29	10.6	25	9.1

Source: Field Data, 2021

The challenges impeding implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality were mentioned. The research revealed that 234(85.7%) of participants strongly agreed that inadequate resources is a major challenge impeding the implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality; and 39(14.3%) agreed respectively. This meant that health educators in secondary schools experience a lot of educational challenges in their teaching. They lack funds to purchase instructional materials and other resources as a source of reference to foster proper health education. Inadequate teaching materials is a major challenge impeding the implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality, and this was strongly agreed by 198(72.5%) of participants, followed by 70(25.6%) who agreed with the above mentioned idea, and only 5(1.9%) were neutral. According to the findings in the table 4 above, the results reveals that there is challenges of using instructional materials and non-availability of materials, laziness of the teachers, lack of skill and strategies and lack of appropriate materials like textbooks to effectively implement health education.

In addition, participants totaling to 215(78.7%) and 58(21.3%) strongly agreed and agreed respectively that inadequate time is another challenge impeding the

implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality.

The table 4 shows that most of the participants 180(65.9%) strongly agreed that inadequate school infrastructure is another challenge impeding implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality; 85(31.2%) agreed, and 8(2.9%) were neutral. This meant that that high-quality infrastructure better instructions and improves learners' academic performance and reduces dropouts. The impact of educational spaces on the students set out to identify empirical well-being of students in school. It makes it interesting and gets the children motivated to come to school, this in turn improve the attendance and interest of students in learning.

The study further revealed that 174(63.7%) of participants strongly agreed that lack of support from stakeholders is another challenge impeding implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality; 80(29.4%) of respondents agreed, and only 19(6.9%) were neutral to the above stated idea under investigation.

This meant that lack of cooperation, co-ordination and teamwork among school-education stakeholders has remained a big challenge to the implementation of health education. Health education requires joint effort from such

school stakeholders at different levels so as to achieve the goals of health education properly. Also participants totaling to 160(58.6%) of the respondents strongly agreed that inadequate capacity building is another challenge impeding implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality; followed by 79(28.9%) who agreed, 25(9.2%) were neutral and 9(3.3%) disagree. This meant that capacity-building is the process of developing and strengthening the skills, instincts, abilities, processes and resources that organizations and communities need to survive, adapt and thrive in a fast-changing world. Further, participants totaling to 152(55.7%) strongly agreed that inadequate health personnel/teachers is also challenge impeding implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality; followed by 68(24.9%) who agreed, 26(9.5%) were neutral, and 27(9.9%) disagreed. This meant that health education lack specific teaching staff trained and recruited specifically for that particular subject in most secondary schools. Health education is being taught by different teachers in accordance to their field of specification. For instance, counselors handle their part, sports teachers also do their best, to mention but a few.

In reference to Table 4 above, participants totaling to 146(53.6%) and 66(24.2%) strongly agreed and agreed respectively that ineffective school health policy is another challenge impeding implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality; 38(13.9%) were neutral, and 23(8.4%) disagreed. This findings show that with ineffective school health policy, the state of complete, physical, mental, social and spiritual well-being remain lacking. There is lack of provision of age-appropriate information about health and nutrition to the children in schools. Last but not least, participants totaling to 115(42.2%) strongly agreed that ineffective support supervision is another challenge impeding implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality; followed by 61(22.4%) who agreed, 43(15.7%) were neutral, 29(10.6%) disagreed and only 25(9.1%) strongly disagreed. Interviewed participant from School This meant that effective supervision supports good working relationships, helped teachers to address any issues and celebrate achievements, which have remained lacking in secondary schools for effective implementation of health education. Additionally, the study findings meant that teachers of health education have not been provided with adequate tools to do their jobs, not provided with training they deserve to do their job perfectly, to mention but a few.

The research revealed that inadequate school infrastructure was one of the challenge impeding

implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality. In support of the above, Eppright, Sanfacon, Beck, and Bradley (2017) also noted that high-quality infrastructure betters instructions and improves learners' academic performance and reduces dropouts. The impact of educational spaces on the students set out to identify empirical well-being of students in school. Kirby, (2011) further added that it makes it interesting and gets the children motivated to come to school, this in turn improve the attendance and interest of students in learning. Secondary schools lack required infrastructure to cater and accommodate for health education teaching-learning process. This means that there is lack of classroom space in some schools, lack of well-furnished and well ventilated classrooms to accommodate joined classes for health education session which has also been a big challenge. The study also revealed lack of support from stakeholders as another challenge impeding implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality; and this is further supported by Lytle and Achterberg (2015) who argued that lack of co-ordination and teamwork among school-education stakeholders have remained a big challenge to the implementation of health education. In support of the above, Stone, McKenzie, Welk and Booth (2018) added that health education require joint effort from such school stakeholders at different levels so as to achieve the goals of health education properly. This means that less support from educational stakeholders, including students, teachers, school managers, parents and government education officials towards the implementation of health education has also undermined the health education delivery in schools. Furthermore, inadequate health personnel/teachers is another challenge impeding implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality. The above findings concurs with Stone, McKenzie, Welk and Booth (2018) who revealed that health education lack specific teaching staff trained and recruited specifically for that particular subject in most secondary schools. Health education is being taught by different teachers in accordance to their field of specification. Besides, Maduka (2010) found that most secondary schools lack competent and qualified teaching staff to effectively implement the delivery or handle health education content clearly. This means that students' don't have competent and recognized teaching staff specifically for health education which has remained a gap in the implementation of health education. Additionally, ineffective school health policy is another challenge impeding implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality. The above finding concurs with Maduka (2010) who found that with ineffective school health

policy, the state of complete, physical, mental, social and spiritual well-being remain lacking.

5. Conclusion and Recommendations

5.1 Conclusion

From the findings, it is concluded that physical education, healthy school environment, hygiene and sanitation; school health services; medical examination and follow-up; school nutrition; guidance, counseling and mental health services; and medical examination and follow-up are the major health education services available in secondary schools in Bushenyi-Ishaka Municipality. The findings further revealed that students with no health issues perform better than those with health issues, health education facilitates, physical and emotional development, and students who involve themselves in activities that provide physical fitness excel at academic. There was a high dropout rate of students with health-related issues, promoting teamwork among students and students who are actively involved in health education classes are physically healthy. In addition, inadequate resources, inadequate time, inadequate teaching materials, inadequate school infrastructure, lack of support from stakeholders, inadequate capacity building, inadequate health personnel /teachers and ineffective school health policy were identified as key challenges impeding implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality.

5.2 Recommendations

Based on the findings, the recommendations were that :

1. The study findings revealed that there are inadequate resources as a challenge impeding implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality. Therefore, it is recommended that government of Uganda and inline ministries (Ministry of Education in-conjunction with Ministry of Finance, Planning and Economic Development) endeavor to improve on the health education budget. This shall facilitate the schools to be able to acquire the necessary and relevant instructional materials and fulfill other financial demands required in the implementation of health education.
2. The findings also noted inadequate school infrastructure as another challenge impeding implementation of health education for students'

academic welfare in secondary schools in Bushenyi-Ishaka Municipality. Therefore, it is recommended that there is need to improve on the education facilities including classrooms, well equipped library and other required facilities so as to enhance effective health education teaching-learning process.

3. It was also noted that inadequate capacity building and inadequate health personnel/teachers were among the key challenges impeding implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality. Therefore, it is recommended that there is need to recruit more qualified and competent health education teachers; in addition to having refresher courses so as to equip the teachers with more knowledge and skills to effectively handle health education lessons.
4. Lastly, inadequate time, inadequate teaching materials were also mentioned as other key challenges impeding implementation of health education for students' academic welfare in secondary schools in Bushenyi-Ishaka Municipality. Therefore, it is recommended that there is need to set aside time in the schools programme specifically for educating students on health related issues and fully equip secondary schools with necessary and updated instructional materials for health education so as to promote and have proper health education curriculum completion and content syllabus coverage.

Reference

- Allensworth, and Kolbe, L.J. (2017). *The Comprehensive School Health Program: Exploring an Expanded Concept*. Journal of School Health 57(10):409—411.
- Babatunde, E.O. (2013). *Physical Activity and Obesity as Correlates of Students A.O.U.* (ed), Learning, pp263-275, Society for the Promotion of Academic and Research Excellence.
- Beames, J. R., Johnston, L., O'Dea, B., Torok, M., Boydell, K., Christensen, H., & Werner-Seidler, A. (2022). Addressing the mental health of school students: Perspectives of secondary school teachers and counselors. *International Journal of School & Educational Psychology*, 10(1), 128-14.
- Bensley, J. & Brookins, F. (2017). *Community and Public Health Education Methods*. A practical guide 4th Edition 70.

- Burde, D., Guven, O., Kelcey, J., Lahmann, H. & Al-Abbadi, K. (2015). *What works to promote children's educational access, quality of learning, and wellbeing in crisis-affected contexts*. Education Rigorous Literature Review. DFID; NYU; INEE.
- Chaabane, S., Doraiswamy, S., Chaabna, K., Mamtani, R., & Cheema, S. (2021). The impact of COVID-19 school closure on child and adolescent health: a rapid systematic review. *Children*, 8(5), 415.
- Masonbrink, A. R., & Hurley, E. (2020). Advocating for children during the COVID-19 school closures. *Pediatrics*, 146(3), 3.
- Dillon, A., Craven, R. G., Guo, J., Yeung, A. S., Mooney, J., Franklin, A., & Brockman, R. (2022). Boarding schools: A longitudinal examination of Australian Indigenous and non-Indigenous boarders' and non-boarders' wellbeing. *British Educational Research Journal*, 48(4), 751-770.
- Drezner, J. A., Heinz, W. M., Asif, I. M., Batten, C. G., Fields, K. B., Raukar, N. P., ... & Walter, K. D. (2020). Cardiopulmonary considerations for high school student-athletes during the COVID-19 pandemic: NFHS-AMSSM guidance statement. *Sports Health*, 12(5), 459-461.
- Eppright, TD. & Sanfacon, J.A., Beck, NC. & Bradley, J.S. (2017). *Sport psychiatry in childhood and adolescence: An overview*. Child Psychiatry and Human Development. 28(2), 71-88.
- GA Heath 1, 2 & Mendell, L. (2012). *Do the Indoor Environment affect students' academic performance?* University of California, Berkeley, CA, USA.
- Garcia, M. S. P. (2021). Teachers and Parents Influence on the Learning Motivation and Styles of Senior High School Students. *Turkish Online Journal of Qualitative Inquiry*, 12(8).
- Grant, J. (2018). Principles of curriculum design. *Understanding medical education: Evidence, theory, and practice*, 71-88.
- Jaarsma, T., Hill, L., Bayes-Genis, A., La Rocca, H. P. B., Castiello, T., Čelutkienė, J., ... & Strömberg, A. (2021). Self-care of heart failure patients: practical management recommendations from the Heart Failure Association of the European Society of Cardiology. *European journal of heart failure*, 23(1), 157-174.
- Kerns, S. & James, L. (2011). *Adolescent Use of School-Based Health Centers and High School Dropout*. Boston: American Medical Association.
- Kirby, D. (2011). *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Lee, R. E. (2018). Breaking down barriers and building bridges: Transformative practices in community- and school-based urban teacher preparation. *Journal of Teacher Education*, 69(2), 118-126.
- Lohrmann, D.K., & Wooley, SF. (2018). *Comprehensive School Health Education*. In: Marx E, Wooley S, Northrop D, editors. *Health Is Academic: A Guide to Coordinated School Health Programs*. New York: Teachers College Press; 43—45.
- Lytle, L. & Achterberg, C. (2015). *Changing the diet of Americas children: what works and why?* Journal of Nutrition Education; 27 (5):250—60.
- Maduka, N. (2010). *The Relationship between Service Condition of Teachers and Their Effectiveness in Secondary Schools in Abia State*. M. Ed. Dissertation, Unpublished, Port Harcourt: University of Port Harcourt, Nigeria.
- Matingwina, T. (2018). *Health, Academic Achievement and School based Interventions*. Kampala: MK Publishers.
- Mertens, K., Jacobs, L., Maes, J., Kabaseke, C., Maertens, M., Poesen, J., ... & Vranken, L. (2016). The direct impact of landslides on household income in tropical regions: A case study from the Rwenzori Mountains in Uganda. *Science of the total environment*, 550, 1032-1043.
- McCalman, J., Benveniste, T., Wenitong, M., Saunders, V., & Hunter, E. (2020). "It's all about relationships": The place of boarding schools in promoting and managing health and wellbeing of Aboriginal and Torres Strait Islander secondary school students. *Children and Youth Services Review*, 113, 104954.
- McNall, M. A., Lichty, L. F., & Mavis, B. (2010). *The Impact of School-Based Health Centers on the Health Outcomes of Middle School and High School Students*. American Journal of Public Health, 100(9), 1604—1610
- McKenzie, J. F., Neiger, B. L., & Thackeray, R. (2022). *Planning, implementing and evaluating health promotion programs*. Jones & Bartlett Learning.
- Murray, N. G., Low, B. J., Hollis, C., Cross, A. W. and Davis, S. M. (2017). *Coordinated School Health Programmes and Academic Achievement: A Systematic Review of the Literature*. New Delhi: New Age International.

- Nederveld, A., Phimphasone-Brady, P., Connelly, L., Fitzpatrick, L., & Holtrop, J. S. (2021). The joys and challenges of delivering obesity care: a qualitative study of US primary care practices. *Journal of General Internal Medicine*, 1-8.
- Nnenna, O. C. A., & Ubogu, R. (2020). Inadequate Infrastructural Distribution in Public Primary Schools in Delta State: Implication for National Development. *ATBU Journal of Science, Technology and Education*, 8(4), 54-62.
- Nyamwaya, D. & Oduol, E. (2014). *Health education: An essential text for schools*. London and New York: Routledge press
- Okello, W.O. (2016). *Students' welfare in the face of private sponsorship in Uganda College of Commerce Soroti*. Kampala: Unpublished dissertation, Makerere University.
- O'Reilly, C.E., Freeman, M.C., Ravani, M., Migele, J. (2018). *The impact of a school-based safe water and hygiene programme on knowledge and practices of students and their parents*: Nyanza Province, Kenya. *Epidemiology and Infection*, 136(1), 80-91.
- Pangrazi, R. P., & Beighle, A. (2019). *Dynamic physical education for elementary school children*. Human Kinetics Publishers.
- Perlman, S. M., Shaw, S. H., Kieffer, C. H., Whitney, G. A. C., & Bires, C. (2017). Access to early childhood services for young children experiencing homelessness. *Child and Family Well-Being and Homelessness: Integrating Research into Practice and Policy*, 65-82.
- Robinson, C. (2021). Reforming the engagement of schools with unaccompanied homeless children. In *Oxford Research Encyclopedia of Education*.
- Sen, A. (2017). Well-being, agency and freedom the Dewey Lectures 1984. In *Justice and the capabilities approach* (pp. 3-55). Routledge.
- Snilstveit, B., Stevenson, J., Menon, R., Phillips, D., Gallagher, E., Geleen, M., ... & Jimenez, E. (2016). The impact of education programmes on learning and school participation in low-and middle-income countries.
- Stone, E.J., McKenzie, T.L., Welk, G.J., Booth, M.L. (2018). *Effects of physical activity interventions in youth*. Review and synthesis. *American Journal of Preventive Medicine*; 15(4):298— 315.
- Tobler, N.S., & Stratton, H.H. (2017). *Effectiveness of school-based drug prevention* Stone, E.J., McKenzie, T.L., Welk, G.J., Booth, M.L. (2018). *Effects of physical activity interventions in youth*. Review and synthesis. *American Journal of Preventive Medicine*; 15(4):298— 315.
- Taylor, L. & Ogbogu, P. (2016). *The Effects of School Feeding Programme on Enrolment and Performance of Public Elementary School Pupils in Osun State, Nigeria*, *World Journal of Education*, Vol. 6, No. 3.
- Tumwesige, J. (2020). COVID-19 Educational disruption and response: Rethinking e-Learning in Uganda. *University of Cambridge*
- Weed, S.E. & Ericksen, I. (2005). *A Model for Influencing Adolescent Sexual Behavior*. Salt Lake City, UT: Institute for Research and Evaluation. Unpublished manuscript.
- Willemse, T. M., Thompson, I., Vanderlinde, R., & Mutton, T. (2018). Family-school partnerships: a challenge for teacher education. *Journal of Education for Teaching*, 44(3), 252-257.