

Impact of Health Education on the Frequency of Health-Related Absence among Primary School Children: Its effects on Overall School Attendance Rates

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Abstract

The study is on impact of health education on the frequency of health-related absence among primary school children: and how it affects overall school attendance rates. Health education in primary schools plays a crucial role in promoting students' overall well-being, which in turn can significantly influence school attendance rates. This study examines the impact of health education on the frequency of health-related absence among primary school children and its effect on overall school attendance rates. By incorporating comprehensive health education programs, schools aim to equip students with essential knowledge and skills related to nutrition, personal hygiene, physical activity, and disease prevention. These programs foster healthier lifestyle choices, reducing the incidence of common illnesses and conditions that contribute to absenteeism. Preliminary findings indicate that schools implementing health education curricula report a marked decrease in health-related absence. Students demonstrate improved personal hygiene practices and better nutritional habits, leading to enhanced immune function and fewer sick days. Additionally, physical activity promoted through health education helps in the early detection and management of health issues, further contributing to lower absenteeism. The reduction in health-related absence has a positive ripple effect on overall school attendance rates. Regular attendance is closely linked to academic performance, social development, and engagement in school activities. Health education not only supports children's immediate health needs but also fosters a conducive learning environment that promotes consistent attendance and academic success.

Keywords: Health Education, Primary school, Absenteeism, School Attendance, Student well-being

Introduction

Health education in primary schools is increasingly recognized as a critical component of the educational experience, aiming not only to improve children's immediate health outcomes but also to influence their long-term well-being. This growing emphasis on health education is driven by the understanding that early interventions can significantly reduce the prevalence of preventable diseases and conditions that contribute to school absenteeism. Regular school attendance is crucial for academic success, social development, and overall student engagement, making the reduction of health-related absence a priority for educators and policymakers alike. Recent studies have highlighted the profound impact of health education on various aspects of children's health. For instance, a comprehensive review by Brown et al. (2017) found that health education programs focusing on nutrition, physical activity, and personal

hygiene substantially improved students' health behaviors and outcomes. These improvements are directly linked to reduced incidence of common illnesses such as colds, flu, and gastrointestinal infections, which are major causes of absenteeism in primary schools.

The relationship between health education and school attendance is multifaceted. Effective health education programs equip students with the knowledge and skills needed to adopt healthier lifestyles. This includes understanding the importance of balanced diets, regular exercise, and proper hygiene practices, which collectively enhance immune function and reduce susceptibility to illness (Jones & Smith, 2016). Moreover, these programs often involve parents and communities, creating a supportive environment that reinforces healthy behaviors

both at school and at home (Williams & Johnson, 2018).

An important aspect of health education is its role in addressing health disparities. Children from lower socioeconomic backgrounds are disproportionately affected by health-related absenteeism due to factors such as limited access to healthcare, poor nutrition, and suboptimal living conditions. Integrating health education into the school curriculum can mitigate some of these disparities by providing all students with the same foundational knowledge and resources to make informed health decisions (Garcia et al., 2019).

In addition to improving individual health outcomes, health education contributes to a healthier school environment. Schools that implement health education programs often report lower overall absenteeism rates. This reduction in absenteeism is not only beneficial for the affected students but also for their peers, as it reduces the spread of contagious diseases (Clark & McGuire, 2020). Furthermore, consistent attendance fosters a stable learning environment, enhancing academic performance and social cohesion within the classroom (Harris et al., 2021).

The long-term benefits of health education extend beyond primary school. Children who receive comprehensive health education are more likely to carry healthy habits into adolescence and adulthood, reducing their risk of chronic diseases such as obesity, diabetes, and cardiovascular conditions (Nguyen & Baker, 2020). This proactive approach to health can have lasting effects on public health and healthcare costs, highlighting the importance of early interventions.

Comparative Analysis

Health education plays a crucial role in reducing the frequency of health-related absences among primary school children, subsequently improving overall school attendance rates. Studies have shown that implementing health education programs in schools significantly enhances children's awareness of hygiene, nutrition, and disease prevention, which reduces their vulnerability to common illnesses (Adeyemi & Ojo, 2018). For example, frequent absenteeism due to

preventable diseases such as diarrhea and respiratory infections can be mitigated when children are taught proper hygiene practices like handwashing (Bassey & Mohammed, 2019). In contrast, schools without structured health education often report higher rates of absenteeism due to preventable health issues, thus negatively affecting overall attendance.

Furthermore, health education also empowers children to adopt healthy behaviors that contribute to long-term well-being, leading to fewer absences and better academic outcomes (Olatunji & Bello, 2021). A comparative study of schools with robust health education curricula versus those without demonstrated a 15% higher attendance rate in the former, attributed to improved student health awareness and practices (Ibrahim & Yahaya, 2020). Ultimately, investing in health education proves to be a strategic approach to not only reducing absenteeism but also improving academic performance and enhancing the overall learning environment.

Conceptual Clarifications:

Health Education

Health education is a vital process that empowers individuals and communities with the knowledge, skills, and attitudes necessary to make informed decisions about their health. It encompasses a wide range of activities aimed at promoting health and preventing disease, ultimately improving quality of life. The primary goal of health education is to influence health behaviors and attitudes positively, thereby reducing the risk of illness and enhancing overall well-being.

Recent literature underscores the multifaceted nature of health education, highlighting its role in various settings such as schools, communities, and healthcare facilities. For instance, McKenzie et al. (2017) describe health education as a planned learning experience that utilizes evidence-based practices and theories to acquire health knowledge and skills. This approach is crucial for fostering healthy behaviors and creating supportive environments conducive to health.

In the context of primary education, health education is particularly significant. Brown et al. (2017) emphasize that early health

education can lead to lifelong healthy habits, reducing the prevalence of chronic diseases. Schools serve as an ideal setting for health education, as they can reach a broad audience of children during formative years, instilling essential health knowledge and behaviors. Moreover, health education is not limited to physical health but also includes mental and emotional well-being. According to Jones and Smith (2016), comprehensive health education programs that address mental health can significantly enhance students' ability to manage stress and emotional challenges, leading to improved academic performance and social interactions.

The integration of health education within school curricula also addresses health disparities. Garcia et al. (2019) argue that school-based health education can mitigate the effects of socioeconomic disadvantages by providing equitable access to health knowledge and resources. Overall, health education is a critical component of public health strategies, aimed at enhancing individual and community health outcomes through informed decision-making and healthy behavior adoption.

Health-related absence

Health-related absence refer to the instances when students miss school due to illness, medical appointments, or other health-related issues. These absence are a significant concern for educators and policymakers because they can negatively impact students' academic performance, social development, and overall well-being. Understanding the factors contributing to health-related absence and finding effective strategies to reduce them is crucial for improving educational outcomes. Moore et al. (2017) identify socioeconomic status, access to healthcare, and chronic health conditions as primary determinants. Children from lower socioeconomic backgrounds often face higher rates of absenteeism due to limited access to healthcare and nutritious food, increasing their vulnerability to illness.

Chronic conditions such as asthma, diabetes, and obesity are also major contributors to health-related absence. According to Silverstein et al. (2019), managing these conditions effectively through coordinated care

and school-based health interventions can significantly reduce absenteeism. Schools play a critical role in providing necessary health services and support to students with chronic conditions, ensuring they can attend school regularly.

Mental health issues are another significant factor contributing to health-related absence. Egger and Angold (2018) emphasize that anxiety, depression, and other mental health disorders can lead to frequent absence, affecting students' academic performance and social interactions. Comprehensive mental health education and support within schools are essential to address these challenges and promote regular attendance.

Interventions aimed at reducing health-related absence often focus on improving overall student health through health education, access to healthcare services, and creating supportive school environments. Williams et al. (2020) highlight the importance of school-based health centers in providing immediate care and reducing the need for external medical visits, thereby minimizing disruptions to students' education. Overall, addressing health-related absence requires a multifaceted approach involving healthcare access, chronic disease management, mental health support, and comprehensive health education. By tackling these issues, schools can create healthier environments that promote consistent attendance and better academic outcomes.

Health-related absence in primary school children

Health-related absence in primary school children refer to the days missed due to illness, medical appointments, or other health issues. These absence can have a profound impact on a child's educational experience, affecting academic performance, social development, and overall well-being. Understanding the causes and consequences of health-related absence is essential for developing strategies to minimize their occurrence and mitigate their effects. Gupta et al. (2017) found that children with asthma are more likely to miss school due to frequent exacerbations and medical visits. Effective management of these chronic conditions through school-based health

programs and coordinated care can help reduce absenteeism.

Mental health issues are also a critical factor. According to Egger and Angold (2018), conditions such as anxiety and depression can lead to increased school absence. These mental health challenges can disrupt a child's ability to engage fully in the educational environment, necessitating comprehensive mental health support within schools. Socioeconomic status plays a crucial role in health-related absence. Children from lower socioeconomic backgrounds often face higher rates of absenteeism due to factors such as limited access to healthcare, inadequate nutrition, and unstable living conditions (Moore et al., 2017). Addressing these social determinants of health through targeted interventions can help reduce disparities in school attendance.

Interventions aimed at reducing health-related absence focus on improving overall student health. School-based health centers, for example, provide accessible healthcare services that can address both physical and mental health needs (Silverstein et al., 2019). Additionally, comprehensive health education programs that teach children about hygiene, nutrition, and disease prevention can help minimize the occurrence of common illnesses (Williams et al., 2020). Overall, addressing health-related absence in primary school children requires a multifaceted approach that includes healthcare access, chronic disease management, mental health support, and health education. By addressing these factors, schools can create a healthier environment that promotes regular attendance and better academic outcomes.

Impact of health education on the frequency of health-related absence in primary school children, and how it affects overall school attendance rates

Health-related absence among primary school children often stem from preventable illnesses and conditions such as respiratory infections, gastrointestinal issues, and dental problems. These absence not only affect the academic performance of students but also pose challenges for teachers in maintaining consistent learning progress within classrooms

(Patel & Rushefsky, 2019). Recent studies indicate a clear correlation between health education programs implemented in schools and a reduction in health-related absence. For instance, a study by Johnson et al. (2018) demonstrated that schools integrating comprehensive health education curriculum reported lower absenteeism rates due to improved hygiene practices and early symptom recognition among students. Such programs emphasize teaching children about personal hygiene, nutrition, and the importance of regular health check-ups (Johnson et al., 2018). Furthermore, health education programs often extend beyond basic hygiene to include awareness about chronic diseases such as asthma and diabetes, which are prevalent among school-age children. By educating students on managing these conditions and recognizing early symptoms, schools can significantly reduce absenteeism related to these health issues (Smith & Jones, 2021). The impact of health education on school attendance rates is multifaceted. Research by Brown and Green (2017) suggests that schools with structured health education programs not only experience lower absenteeism rates but also observe improved overall attendance metrics. This improvement can be attributed to healthier behaviors adopted by students, such as regular handwashing, vaccination compliance, and a decrease in the spread of contagious diseases within school environments (Brown & Green, 2017).

Moreover, parental involvement plays a crucial role in the success of health education initiatives in schools. Educating parents about the importance of keeping children home when they are sick, seeking timely medical attention, and supporting healthy lifestyle choices reinforces the lessons learned in school (Jones et al., 2020). This collaborative approach ensures that health education messages are reinforced both at home and in the school setting, contributing to sustained improvements in student attendance and well-being.

In addition to reducing absenteeism, health education programs contribute to the overall well-being of primary school children. A study conducted by Lee and Chang (2019) highlighted that students participating in health

education initiatives reported higher levels of self-esteem and emotional well-being, which are critical factors in maintaining consistent school attendance (Lee & Chang, 2019). The effectiveness of health education in schools is also supported by advancements in technology and digital learning tools. Interactive platforms and educational apps can enhance engagement among students, making health education more accessible and appealing (Robinson & Patel, 2022). These tools facilitate continuous learning outside traditional classroom settings and empower students to take responsibility for their health.

Challenges of implementing health education on the frequency of health-related absence in primary school children

One significant challenge in implementing health education programs is the variability in curriculum standards and priorities across different school districts and regions. Each educational jurisdiction may have its own guidelines and objectives for health education, leading to inconsistencies in program content and delivery (Carter & Miller, 2023). This variability can affect the effectiveness of health education initiatives in addressing specific health issues relevant to local communities.

Another critical issue is the availability of resources and funding constraints. Schools often face limited budgets for implementing comprehensive health education programs, which can restrict the scope and quality of interventions. Adequate funding is essential for hiring qualified health educators, purchasing educational materials, and maintaining infrastructure necessary for delivering health education effectively (Brown & Green, 2017). Furthermore, the integration of health education into the already packed school curriculum poses a challenge. Educators may prioritize academic subjects over health education, perceiving it as secondary to core learning objectives. This can lead to inadequate time allocated for health education activities or superficial coverage of health topics, diminishing the impact on student knowledge and behavior (Johnson et al., 2018).

In addition to curriculum challenges, the engagement and involvement of parents and

caregivers in health education programs can be inconsistent. Parental support is crucial for reinforcing health messages at home and encouraging healthy behaviors among children. However, barriers such as language barriers, lack of awareness about the importance of health education, or conflicting cultural beliefs about health practices can hinder effective collaboration between schools and families (Jones et al., 2020).

Moreover, the evolving landscape of technology and digital distractions poses both opportunities and challenges for health education in schools. While digital platforms can enhance engagement and accessibility of health information, they also require careful monitoring to ensure reliable content and prevent misinformation (Robinson & Patel, 2022). Schools must navigate these challenges to effectively leverage technology as a tool for delivering health education to students.

The effectiveness of health education programs also hinges on the professional development and training of educators responsible for delivering health curriculum. Many teachers may not have specialized training in health education, leading to gaps in knowledge and confidence in addressing health topics in classrooms (Lee & Chang, 2019). Continuous professional development opportunities are essential to equip educators with the skills and resources needed to implement effective health education programs.

However, challenges such as funding constraints and varying curriculum priorities across different school districts can impact the implementation and sustainability of health education programs (Carter & Miller, 2023). Schools with limited resources may struggle to allocate sufficient time and personnel to deliver comprehensive health education consistently. In conclusion, health education plays a pivotal role in reducing the frequency of health-related absence among primary school children and improving overall school attendance rates. By equipping students with essential knowledge and skills related to health and hygiene, schools can foster a healthier school environment conducive to learning. Continued research and investment in evidence-based health education

strategies are essential to ensure the long-term success and sustainability of these initiatives. Lastly, measuring the impact and outcomes of health education initiatives poses a challenge. Evaluating changes in student behavior, absenteeism rates, and overall health outcomes requires robust data collection methods and longitudinal studies. Schools and researchers often face challenges in collecting comprehensive data and conducting rigorous evaluations that demonstrate the long-term benefits of health education on student health and academic performance (Patel & Rushefsky (2019). While health education holds promise in reducing health-related absence among primary school children, several challenges must be addressed to maximize its effectiveness. These include standardizing curriculum guidelines, securing adequate funding, integrating health education into the school day, fostering parental involvement, leveraging technology responsibly, providing educator training, and establishing rigorous evaluation methods. Addressing these challenges requires collaborative efforts among policymakers, educators, parents, and community stakeholders to create supportive environments where children can thrive both academically and health-wise.

Suggestions on way forward

Implementing health education programs to reduce health-related absence in primary school children can be challenging due to various factors. The study suggests:

1. Government should develop standardized health education curriculum guidelines that are adaptable to diverse school settings.
2. Government should increase funding to support comprehensive health education

programs. Secure resources for hiring qualified health educators, purchasing educational materials, and maintaining infrastructure essential for effective program implementation.

3. Health education topics should be embedded into the core curriculum to emphasize their importance alongside academic subjects. This integration can help prioritize health education and ensure adequate time is allocated for teaching essential health topics.
4. Government should implement strategies to increase parental involvement in health education initiatives through workshops, informational sessions, and community outreach to reinforce health messages at home and support healthy behaviors among children.
5. Government should provide health educators with training on using digital tools effectively and ensure content is accurate, age-appropriate, and engaging for students.
6. Partnerships should be formed with local healthcare providers, public health agencies, and community organizations to supplement school-based health education efforts.
8. Robust monitoring and evaluation mechanisms should be put in place to assess the impact of health education programs on student health outcomes and absenteeism rates.
9. Supportive policies at the school, local and state levels that prioritize health education as a fundamental component of primary education should be enacted that covers secure funding, mandate curriculum standards, and promote sustained commitment to promoting student health and well-being.

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