Innovative Pedagogical Approaches in Enhancing Health, Safety & Well Ness of Students in Secondary Schools. A Case Study of 'A' Level Students Of Jinja College, Jinja City, Uganda

Wamubirigwe Thomas[1] & Muweesi Charles[1]

[1] Busitema University

Correspondence: Muweesi Charles, Busitema University

Abstract

The paper explored into the innovative Pedagogical approaches in enhancing the students' health, safety and wellness in the 21st century secondary schools, with a case study of Jinja College in Jinja City. The objective was to investigate the learners' health, safety and wellness in schools. The paper followed mixed research methods using both the qualitative and quantitative approaches with the help of questionnaires and interview guides and a sample population was purposefully selected in obtaining information. The findings revealed that chronic diseases like ulcers, Sickle cells, syphilis, gonorrhea, HIV/Aids, etc. and psycho-social challenges are great predicaments to the students' health and wellbeing in schools, homes and communities where they live. The paper concluded that inclusive programs of study like health care services and awareness, physical education, mental health, career development and life skills have the ability to influence students towards their wellbeing. It was recommended that the school administrators, parents, community leaders and government via Ministry of Education and Sports and Ministry of Health plus Developmental Partners like UNICEF,UNESCO and the World Health Organization(WHO) should ensure public awareness and sensitization of health education, proper Nutrition, Mental health, medical Insurance of the students and disease prevention through Immunization and vaccination of the students against the killer diseases and to guarantee their safety for a better future and academic achievement.

Keywords: health, safety, wellness, innovative pedagogical approaches

1. Introduction

The management of Students' health, safety, and wellness is a major factor that contributes to their academic performance and well-being. Students who study in a safe environment and enjoy good health are more likely to perform better than their counterparts. Safety means all the activities involved in protecting students from injuries caused by reckless playing, accidents and dangers from fellow students. Health and wellness programs include all the activities involved in securing the learners' freedom from illness and their general physical and mental wellbeing. Schools with better reputation develop well and through safety, health and wellness programs achieve higher academic excellence and teachers' productivity. A well-organized safety, health and wellness program can have a drastic effect on the overall performance of the students.

1.1 Health of the Students in A School Setting

Health according to Dr. Stamper, one of the founders of World Health Organization(WHO, 1948) is defined as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. In additional to physical and mental health, social welfare is an integral component of the overall health, because health is closely linked to the social environment, living and studying conditions. Plato; (429-347 B.C), in his dialogues pointed out that a perfect human society could be achieved by harmonizing the interests of the

individual and the community and that of the idea of Ancient Greek philosophy, **"health mind in a healthy body",** could be achieved if people established internal harmony and harmony with the physical and social environment.

In the 21st century today, students face diverse health challenges like the high intake of total fats, free sugars and salt along with lack of physical activities that contributed to the increase of students' obesity at worrying rates. Students' lives are also threatened by addictive and risky behaviors like alcoholism, substance abuse, un protected sex, interpersonal violence and intentional self- harm. Today there are media reports about data and stories of teen pregnancies or child mothers and fathers, incidences of sexually transmitted diseases, HIV/Aids, obesity, illegal drug abuse and many examples of health challenges experienced by students. Students exhibit a variety of physical and emotional problems that are acute and chronic which call for immediate medication or medical attention while at school.

The health challenges of students are psycho-social in nature thus hindering their physical as well as mental and emotional development, unintentional injuries, learning disorders, behavioral problems, alcoholism, family disagreements, orphanage, civil wars, drug abuse and sexually transmitted diseases are now typical health hazards. Many of these health predicaments are attributed to changes affecting families such as poverty, poor sanitation, poor nutrition, increased mobility and media influence (American sch. of health Ass, 1989 and wand berg, 1990).

Students' further experience mental health challenges such as anxiety, depression concurring with (Rich woodet. al; 2016) that psychological distress is as a result of mental health effects and almost 48.8% of the learners are affected due to the struggle in balancing studies and beating deadlines and exhaustion inclusive. This is supported by(Kaur, 2014) who acknowledged that mental health of students gets affected due to the academic stress and stipulated further that girls with academic stress were found to have poor mental health as compared to the boys. The nutrition and dietary eating habits of the students are worth noting. Poor nutrition and feeding may also be sources of poor health which is in line with (Perry et. Al, 1988) of active involvement of parents in a healthy eating initiatives in schools, this demonstrated more influence on the behavior of students in relation to their diet. There are parents and representatives of the society influencing food policies in schools through involvement of school nutrition action groups resulting in health alternatives being provided for the students. In some schools with no meal services, parents and guardians have become actively involved by packing food stuffs for their children.

Improved sanitation, good nutrition and housing plus immunization and vaccination against killer diseases like hepatitis B, Polio, HIV/Aids and Corona Virus and antibiotics have enabled many students to live longer and healthier lives. Health education during early childhood and through adolescence must be part of the school curriculum in order to build a foundation on which attitudes towards health and behavior patterns affecting health are established (Code B, 1990 & Lavin, 1992).

1.2 Safety of Students in A School Environment

Maddox; (2010) says, the word safety comes from a Latin word Salvus meaning un injured or in good health. Safety is also a state in which hazardous conditions leading to physical, psychological or material harm are controlled in order to preserve the health and wellbeing of the students and the school environment. Therefore, safety is a concept that includes all measures and practices taken to preserve life, health and bodily integrity of students (Safeopedia, 2021).

Educational environments must be safe and secure places for the learners, teachers, non-teaching staff, parents and the community which is in conformity with (Floden H. et.al, 2010) 's suggestion of what constitutes a safe school as a place free from violence and represented by an environment where there is no perceived fear with respect to the school or its disciplinary procedures. Also Hull;(2010), provides a more practical and management oriented elucidation of school safety, stating that it includes the school's culture and appropriate training and resources to respond to threats and hazards.

Squelch; (2001:138), also supplemented that a safe school is one that is free from danger and possible harm, where non-educators, educators and students can, teach and learn without fear or radical, intimidation, harassment, violence and humiliation. A safer school creates a secure, safer, comfortable and healthy feeling to students and teachers both in normal and disaster situations. This is in agreement with (Mc Guire, 2017) who explained that if learners perceive danger and sense of fear from other learners, teachers, administrators or even school infrastructure itself is unsafe, this may indicate that the school has experienced violence among the learners and teachers or the community, that school is considered un safe.

Mc Guire; (2017) also said that the primary indicator of a safe school is the existence of a plan in the school policy meant to address situations that may be a threat to the students and teachers. There is need for a safe and supportive school environment in order for students to excel academically. By implementing the standard of

structures and infrastructures with resilience to disaster and implanting the safer culture. Schools are able to protect the community and surrounding environment from disaster risks. Therefore, safety is an umbrella form for many issues like health, mental health, wellness, school climate, fire safety, weather safety, building security, dangerous persons, bullying and environmental disaster. Provision of wellbeing enhancement opportunities early enough in life to students of all walks of life make them safer in life (Morrison et.al, 2013, Seligman et al, 2009). Access to safe and reliable water, sanitation and good hygiene is critical pre-condition for providing a safe school environment that supports equal opportunities for high quality education and healthy development of the learners.

1.3 The Wellness of Students in School

Wellness is the optional state of health and well-being of students or groups. It is the ability of students and communities to reach their fullest potential both in terms of health and fulfillment of purpose. The active pursuit of proper health and removal of individual and community precadiments to healthy living, are key elements to achieving wellness. Wellness is a balanced state of emotional, intellectual, physical, social, environmental, occupational and spiritual well-being that enables students to reach their full potential in the school community. Individual wellness happens with commitment to life style choices based on healthy attitudes and actions.

Diverse aspects of life affect students' academic performance including stress, anxiety, sleep difficulties and depression. Students who do not engage in coping strategies that help in managing stress, end up experiencing high depression and anxiety (Mahmond. et al, 2012). This is in liaison with(Crutcher, 2015) who in his study indicated that high level of perceived stress is a significant predictor for low level of wellness while high level of social support is a vital predictor for low level stress and high level of wellness among students.

Gibbs. et al, (2018) and Smith (2003), believed that students need practical knowledge and skills related to health and wellness. They also need to understand the connections between thoughts, feelings and behaviors. Learning practical skills like self-awareness, relaxation and medication can help students prevent the burn out that they frequently experience.

Wellness is mental and physical health which includes frequent physical exercises, sleep and health checkups and eating a variety of foods that include; fruits, vegetables, low fat and fat free dairy products as stipulated by (Roberts, 2018).

As stated by(Myers.et.al, 2000-252), wellness is a way of life oriented towards optimal health and wellness in which the body, mind and spirit are integrated by the individual to live life more fully with in human and natural community thus it is the optimum state of health and well-being that each student is capable of getting. Therefore, the aspect of wellness proves to be vital to students, health given the wide interlinks between self and external factors influencing quality of life and subsequent health.

Ardell; (1977), described a wellness system in terms of medical care and health promotion. In his system of wellness, he advocated for the transitioning from primarily physical aspects of disease to a model that takes into account the inter-relationships of the whole person. He further argued for a holistic model that balances relationships with self, the environment and the universe. He also suggested a system that concerned itself with the holistic person, not simply aspects of physical disease within the individual. His model incorporated inter-relationships among emotional, physical, social and spiritual aspects intertwined to affect one's medical condition in terms of disease prevention. However, although the avoidance of disease was thought to be indicative of wellness, (Lafferty, 1979) argued that students must take responsibility for their own health and make the proper decisions to improve their health. He proposed a model of wellness known as the total person concept which suggests that students are multi-dimensional beings who possess five major dimensions like emotional, intellectual, physical, social and spiritual.

2. Objectives

To examine the health behavioral changes and mental health of the students.

To assess the importance of practicing good healthy lifestyles among the young generation.

To investigate the students' health, safety and wellness in schools.

To analyze the quality of students' life in schools and communities where they live.

3. The Behavioral Theory

The school related morbidity and mortality are persistent students' health problems including health care. Students are at a high risk of experiencing injuries and illnesses related to their wellness and academic endeavors. This is in agreement with the study and Minnesota Department of health (1990) that injuries not disease are the leading causes of death among students for example, motor vehicle accidents, suicide and homicide. Students' health challenges like unintentional injuries, STDs, UTI, learning disorders, indiscipline, alcoholism, and drug

abuse are psychological in nature hindering their physical as well as mental and emotional development. Also aligning with Alford's (2014) report that injuries and illness can create bad feelings among students.

However, Social and behavioral science theories can be useful tools for designing interventions to prevent school injuries and illnesses and can provider road map for investigating the multi-level factors that may hinder or promote safety, health and wellness of students. Specifically, individual behavioral change theories can be useful in evaluating the proximal, personal related antecedents such as perceived behavioral control that influence students' safety, health and wellness outcomes. This is in line with (Gibb et al, 2018 & Choate et al, 2003) in their study that students need practical knowledge and skills related to health and wellness and need to understand the connections between thoughts, feelings, and behaviors. Learning practical skills for example self-awareness, relaxation and medication can help students prevent the burn out that they frequently experience. The study uses behavioral science to consider the role of individual behaviors in promoting health and preventing disease and injury provides a necessary complement to structural approaches to protecting students in school.

Social and behavioral science methods and approaches provide useable strategies for developing and implementing effective school protective activities for all students, agreeing with Abualrejal (2016) in his findings that students who study in a safe environment like Jinja College and enjoy health are more likely to perform better. Safety means all the activities involved in protecting students from injuries, health and wellness programs include all the activities involved in securing the learners freedom from illness and their physical and mental well-being. A well-organized safety, health and wellness program in a school setting like Jinja College can have a drastic effect on the overall performance of students. He also highlighted the importance about safety and health practices to the students to reduce injuries.

The use of behavioral change theories in primary care settings and injury prevention has been encouraged and these theories hold promise for designing programs and practices to prevent injuries and illnesses in health care settings. According to this theory and the study, knowledge of the influential factors and models for understanding health behaviors and behavioral change, provide a foundation for well-informed public health programs. This concurs with Frisch (2000) in his findings that wellness in students is positively linked to both physical health and healthy life style behaviors such as exercise and healthy eating and negatively linked to health compromising behaviors like alcoholism, drug use, indiscipline and poor diet. Dunn et al;2001, added that taking part in physical activity has shown to contribute to well-being in both short and long term by generating positive emotions and reducing feelings of stress, anxiety and depression.

At individual level, behavior change theories such as the health belief model, theory of planned behavior or theory of reasoned action and the trans-theoretical mode of change have been used extensively in public health research and practice to improve human health. The multi-level perspective aligns with social ecological models in the behavioral sciences in which individual behavior is situated within a context of intra-personal, interpersonal, organizational, community and policy or regulatory dimensions. Given the interactive aspect of individual hazard-related beliefs and attitudes have a high like hood of failure if the environment including managerial and safety culture is not supportive. This is in line with (Suldo et al, 2008, Natvig et al, 2003 &Huebner, 2006) affirmation of the link between positive relationships with the teachers and levels of wellness, a finding consistent with research shows that students who perceive high levels of support from teachers, have higher life satisfaction and improved safety, health and wellness plus academic achievement. Similarly, (Opdenakker et al, 2000 & Wubbels et al, 2006), found out that secondary students had higher wellness when they perceived that their teachers cared for them, were attuned to their needs and were willing to help and lower wellness when their teachers were perceived as strict and admonishing.

Moreover, as personal risk factors such as injuries, illnesses and obesity or other health conditions increasingly interact with unhealthy school environments, there is a need to consider not only students' behavior and environmental and economic factors that contribute to students' ill-health. Active approaches assume students are able to take an active role in protecting themselves, even in the presence of hazards and other barriers in their environments. Behavioral science applications, including those that consider the role of individual behaviors in preventing disease and injury, provide a necessary complement to structural and environmental approaches to protecting students at school.

Effective interventions and programs that aim to help students improve their health, reduce disease and injury risks and manage illnesses will require behavioral change at individual level, school, community, national and international levels. Social and behavioral science theories could inform culturally competent educational programs targeting the health and safety needs of students and could guide the design and implementation of behavioral change interventions in schools like Jinja College.

4. Literature Review

4.1 Advancing the Health of Students in Schools

A study done by (Larson. et.al, 2016) explored both physical and mental health difficulties. Some of the physical health challenges the study measured included asthma, allergies, monomcleosis, strep throat and urinary tract infections. The study found that mental health issues also showed that physical health issues were often correlated with mental health problems. For example, students who had high levels of stress or difficulties in handling stress, reported physical health issues affecting their diet and sleep. In working with students with anxiety and depression, the physical health symptoms are often reported as the presenting problem because they are the symptoms that are externalized (Dusselier.et. al, 2005 & Hartley, 2011). Anxiety and depression are prevalent among students. Symptoms of these mental health issues can affect students' ability to be successful academically and have a negative impact on their overall well-being (Mitchell.et.al; 2008).

Adolescence is a time of experimentation, increasing risk of poor sexual health, including unwanted pregnancy or child mothers and sexually transmitted infections (Burgh.et.al, 2001 and Health Canada;2005), smoking and substance use (Lerner.et.al, 1998) and psychological distress (Walker.et.al, 1999). Suicide, the most serious consequence of mental health disorders, is an increasingly important cause of death among adolescents (King; 2001). It is often difficult to reach young people with appropriate health services to promote health and prevent such adverse outcomes because of barriers to access and use (Caputa.et.al, 1997 and Friedrich, 1999). Such barriers include perception of lack of confidentiality, especially where usual care service providers insist on involving parents in decisions about care and respect for the autonomy of adolescents and the health related decisions they may make (Langille.et.al, 2000).

Subramani.et.al (2017), revealed the link between academic stress and mental health among students. They endorsed that academic stress and mental health are correlated and that students are cramped with the academic structure. Parents and schools pressurize students too much for the higher grades that disheartens them, further to add on there is no enough support from the parents and school in terms of guidance. The students are mentally health when they perform constructively in the academic forums. Students from private schools are more pressurized as compared to students in government schools due to excessive homework and academic related assignments. Significant difference in mental health of students from private and government schools was found. Mathur.et. al; (2014), identified and described health behaviors associated with weight status among students. The study found a connection in obesity risk with in older male students showing an increase in weight with age. They concluded that in order to understand and refine weight related health behaviors, they needed to develop a successful intervention program for students to discuss the risk and strategies needed to lead a healthy eating life style.

According the study, students between the age of 14-19 years old knew cases of sexually transmitted diseases and infections every year. These alarming statistics have become a concern for many stake holders trying to find a pattern in the risk behaviors, students choose in their sexual practices. Also Kaur; (2014), acknowledged that the mental health of students is affected due to the academic stress. Girls with academic stress were found to have poor mental health as compared to the boys. This was accounted on the study that parents at times put pressure and strain on the students that leads to deterioration of the mental health.

Busari; (2013) found that stress was leading to depression among the secondary school students and is linked with effect on the academic achievement. The introductions to preventive measures, teaching life skills and other therapeutic techniques should be taken into serious considerations. Furthermore, Dimitror;(2017) in his study claimed that stress can be addressed by ensuring that the students give utmost importance to their welfare. Food, exercise and recreation are some of the areas to focus on. He concluded that the education system is more to do with the academic excellence and does not contribute enough to the holistic development of students. Students are always conditioned in a way that makes students fearful to take up upcoming challenges as the focus is only the academics and not the development of ago getter mentally. School based health programs have been shown to improve student health (Blanksby.et.al, 2004). Bornstein et al;(2003), concludes that although this conclusion is unequivocal, he is not convinced that the physical pathway to well-being is significant. Students' health has links with their sense of connectedness to school, family and community (AIHW, 2007).

4.2 Wellness of the Learners in Schools

According to World Health Organization(WHO), wellness does not only imply freedom from any disease and physical illness but also means having optimal health in all aspects of a person's life and his environment including physical, mental and social aspects (Mackey, 2009 & Rosloe, 2009) wellness also relates to an individual's holistic life style that integrates six healthy dimensions namely; emotional, intellectual, environment, physical, spiritual and social (Sackney.et.al, 2000).Therefore, wellness cab be understood as a holistic construct that leads people towards a healthy life style and developing a positive meaning in life and in their relationships with the environment. Lopez; (2016) highlighted that students' attitudes and exposure to wellness activities were among the predictors of their level of involvement in physical activities and their intake of nutritious food. Fino;

(2010) indicated that 5587 college students from minority groups, particularly female students in the USA, did not take part in exercise and eating nutritious food.

Numerous studies on wellness among University and College students identified the gender factor to be a significant element in differentiating wellness among students. Roothman et al; (2003) and Jofy; (2014), found out in their studies that male students achieved high scores in physical activities, display of positive thinking, flexibility, self-esteem and emotional stability while female students achieved high scores in emotional expressions, somatic symptoms, religious spirituality and social elements. Jofy's study also indicated that perceived problem-solving skills and leisure satisfaction were among the factors contributing to wellness among male and female students.

The school wellness involves a sense of being cared for, accepted, valued and supported and finding enjoyment and fun with others within the school environment (Mac Graw.et.al, 2008). Baumeistel.et.al; (1995), have argued that the need to belong is a basic human and pervasive drive and that a student's perception that they are cared about and supported is especially significant in creating a sense of belonging and wellness. Pride in belonging to what students perceive to be a good school has also been linked to students' wellness (Anderman, 2003).

Richard. E; (2005) argues that schools should be dedicated to creating capable, confident young people who are equipped to face the ups and downs of life. To this end he advocates that schools should focus on developing student well-being to produce happier, healthier and more productive young people who flourish as human beings. Research suggests that overall students who have high levels of well-being tend to be better problem solvers, show better work performance and achieve more highly, have more positive and meaningful social relationships or display virtues such as forgiveness and generosity, be more resistant to stress and experience better physical and mental health (Frisch, 2000 & Veenhoven, 1989).

A study conducted by(Suldo.et.al;2008), affirmed the link between positive relationships with teachers and levels of wellness, a finding consistent with research that shows that students who perceive high levels of support from teachers also have higher life satisfaction (Natvig.et. al, 2003 & Suldo et al, 2006). Similarly, Odenakker.et.al;(2000) and Wubbels.et. al;(2006), found out that secondary students had higher wellness when they perceived that their teachers cared for them, was attuned to their needs and was willing to help and lower wellness when their teacher was perceived as strict and admonishing. A meta-analytic study by(Mazano.et.al; 2003) found that the quality of the teacher-student relationship was the most vital factor in affective classroom management and students' engagement in learning.

One of the strongest themes in research into school wellness (Zinc.et. al, 2004) is the significant contribution of positive peer relationship to a sense of community and student wellness. Feeling accepted by peers and having positive peer interactions can enhance the confidence of the vulnerable students and make it more likely that they will behave in ways that further encourage positive interactions with others. Friendship provide students with social, support, opportunities to practice and refine their social skills and opportunities to discuss moral dilemmas, develop empathy and socio-moral reasoning (Schonert-Reichel, 1999 & Thoma.et.al, 1991). The more students get to know each other, the more likely they are to identify and focus on similarities between themselves and other students and become more accepting of difference (McGrath, 2008).

The understanding and management of one's emotions and the capacity to generate positive emotions are commonly cited components of wellness (Salovey.et.al, 2003). Emotional management includes the self-regulating processes of monitoring, evaluating and modifying emotional reactions. Polland.et.al;(2001) and Frisch;(2000) concluded that wellness young people is positively linked to both physical health and healthy life styles behaviors such as exercise and healthy eating and negatively linked to health compromising behaviors such as tobacco, drug and alcohol use and poor diet. Taking part in physical activity has been shown to contribute to well-being in both the short and long term by generating positive emotions and reducing feelings of stress, anxiety and depression (Dunnetal;2001) .

4.3 Safety of Learners in Schools

Pediatr; (2005) stipulated that children and adolescents tend to spend approximately one third of their day at school or on the way to or from the school. Safety at school in terms of the physical, emotional and psychological environment, is the subject of constant concern of parents or guardians, teachers and school administrators. He contends that school environments where safety is not promoted can only destruct the role of the school, check mating its basic principles. The preservation of human security is based on sustainable development, strongly related to health and education. Hoffman; (1995), recommended that developing social norms that disapprove of bullying and all forms of violence, involves teachers, employees, students, parents and the community in all operational aspects of the school, designate the responsibility to safety activities, encourage a sense of connectedness in students in relation to their school, develop and implement policies aimed at the prevention of suicide, violence and un intentional injuries.

Feeling safe from violence, putdowns, being bullied or harassed is an important pathway to well-being (Connell.et.al, 1991 & Lee.et.al, 1999). A safe school is one in which all members of the school community enact a safe school vision which includes a clear and transparent safe school policy and a safe school curriculum. Rigby.et.al; (1999), have noted that adolescents who bully others have a higher likelihood of school absenteeism, engaging in vandalism and getting into trouble with the police. Students who bully others are not only at risk of becoming serious violent offenders but are also at risk of enjoying in domestic violence and raising children who themselves engage in bullying others. Students who are bullied are likely to react with a range of mental health difficulties like anxiety and depression (Rigby, 2001 & slee, 2006).

In a meta-analytical review of 20 years of research, Hawker.et.al; (2000), concluded that it was clear that being a target for bullying was associated with depression, loneliness, anxiety, low self-esteem and poor data showed that young people who reported lower levels of well-being were more likely to report feeling unsafe at school and to have been harmed at school through school bullying or school violence (Valois. et.al, 2001). Nansel. et.al;(2001) also found that students who had been bullied demonstrated poorer, social and emotional adjustment, greater difficulty making friends, poorer relationships with class mates and poor academic performance.

Addressing bullying and violence in schools assists the mental health of all students and creates a learning environment in which well-being can thrive. Low levels of bullying are more likely in schools where there is effective leadership which articulated a vision for student well-being underpinned by pro-social values, effective and consistent whole school positive behavior management program (McGrath.et.al, 2007). Taken in a narrow way, safety and security in education are linked to eliminating physical harm. Yet an extensive interpretation reveals all risks concerning learners' well-being as safety matter (De waal.et.al, 2009) such an issue does not merely refer to a set of statistics as can be calculated regarding school crime and discipline (Duke, 2002). Researchers therefore must consider multiple angles when considering safety and security in education, one of which is the sense of safety learners experience concerning their intellectual development (De Waal.et.al, 2009).

According to Henson;(2012:75), school climate needs to be taken seriously in the promotion of a good atmosphere in the school. Also the relationship between teachers and students increases which promotes the team work. Students who perform better are the ones that have strong confidence in their teachers (Gregory, 2012:33). The school programs and policies must allow or promote a good school climate where learning is not self- disturbed. Furthermore, if the school is safe, students can successfully achieve their goals regardless of their background (Cohen et al, 2013). Also according to (Cohen, 2012:88), teachers must ensure that they create a positive learning environment that serves as the second home for students and teachers have the authority to ask students if they are not performing well or meeting the requirements. Hence, the teachers get the chance to provide the intervention in assisting the students. Therefore, it is imperative to look at the relationship that is caused by a school in promoting the positive learning environment. Mc Farland; (2012:11), recommended that creation of environment that provides fully support to students must be looked at, as it creates conducive climate for the students to learn to their potential. If the learning environment was not conducive to learning for students, then it breeds dropouts or affected their success.

5. Methodology

This paper employed a mixed research methods using both Qualitative and quantitative approaches with the help of questionnaires and interview guides. The paper was limited to 'A' level students only and a total of 59 students out of 157 from the four steams of arts and science classes were randomly sampled to participate in the study. Interviews were carried out on the Head teacher, teachers, students and a school nurse; All from Jinja College, a government aided school.

6. Findings

6.1 Awareness of the 'A' Level Students About Their Health at School

The paper revealed that some 'A' level students of Jinja college are affected by acute and chronic illness as well as lack of access to health care. Acute illness for example viruses and other infections are common and play a major role in the missing of lessons leading to poor performance. Among the college students,8% reported having at least one upper respiratory infection (URI) in the period of three months. Rate of chronic diseases have increased among students like asthma, high blood pressure, diabetes, HIV(Aids), this equivalent to 15% of those affected. 12% of the boys reported sleeping difficulties thus not meeting the required and recommended seven to nine hours of sleep per night which is in agreement with (Herschkowitz et.al, 2015) that individuals with poor sleeping habits can experience impaired social relationship, poor health, and risk taking behavior. However, 86% of the students were able to access health care services for preventive measures and get treatment from the school dispensary, main hospitals, drug shops and private hospitals which is in line with (Silverman et.al, 2008) views that the ability to access health care to prevent, detect and treatment of illnesses that are threats to human health are paramount.

Diverse health related issues have been identified among the 'A' level students of Jinja College including those related to dietary challenges, sexual behaviors, poor nutritional habits and physical injuries. This is in conformity with (Hendricks et.al, 1998) and (National Center for health statistics, 2013) that in the United States of America (USA), four of the ten leading causes of death are linked to diet and other related diseases like diabetes, cancer and high blood pressure.

Table1. Shows the percentage (frequency)of students rating of the extent to which specific health-related issues had negatively affected their lives and performance in class

Rate	1	2	3	4
Specific Health-Related Issues	**Strongly disagree**	**Disagree**	**Agree**	**Strongly agree**
Allergies	55%(157)	9%(45)	2%(13)	2%(8)
Anxiety	43%(139)	15%(50)	6%(20)	6%(15)
Assault	65%(157)	3%(18)	1%(05)	0.2%(2)
Cold flu	48%(157)	15%(75)	7%(35)	2%(11)
Eating habits	90%(157)	5%(15)	1%(2)	0.3%(1)
Drug use	97%(153)	1%(8)	1%(2)	0.1%(4)
Sleep Difficulties	32%(124)	23%(100)	13%(49)	7%(36)
STD/HIV	98%(157)	1%(2)	1%(2)	0%(0)
Chronic challenges	97%(157)	5%(20)	6%(2)	1%(3)
Physical injury	88%(157)	5%(21)	1%(4)	1%(4)
Drug use	95%(157)	2%(8)	0.1%(9)	0.1%(4)
Home sick	80%(157)	7%(27)	3%(15)	1%(3)

6.2 The State of Mental Health of Students in The School;

Some students reported diverse mental health concerns and of the most concern is the percentage of students who reported feeling hopelessness, overwhelmed with anxiety and so depressed, they struggled to study.

Table 2. Showing students' self-reported mental health symptoms

Sentiments	Boys
Hopelessness	26%
Very lonely	17%
Feeling overwhelmed	20%
Very sad	6%
Depressed	8%
Anxiety	22%
Attempted suicide	1%
Total	100%

6.3 Health/Medical Checkups as an Innovative Pedagogical Approach to Prevent and Detect Illnesses Among the Students

The paper revealed that 95% of the 'A' level students of Jinja College had high level of knowledge of the termly routine health checkup. Students reported that every first week of beginning of term, they undergo compulsory health checkup which includes general medical examination of ENT, eye, dental checkup, blood groups, laboratory tests, blood sugar, UTI, Hepatitis B, TB and specific health consultations if required. The findings are in liaison with (Tahira.et.al, 2017) in their study which revealed that majority of students, both from medical and

non-medical institutions, had awareness about the knowledge and practice of periodic medical examination. The school entered into medical agreement with the Jubilee Health Services. During examinations, discussions between students and Doctors are encouraged. The students past medical history was considered as well as recording their visual acuity and hearing defects. Health education was given on issues considered relevant. Students who needed further investigations were referred for further management.

From the medical report out of 157 students examined, 59 were presented with different ailments. However, 98 were presented to be without any abnormality representing 94.3%, dental was leading with 26 representing 2.4%, UTI followed with 20 representing 2%, malaria followed with 0.5%, hepatitis B followed with 4 representing 0.4%, allergy followed with 3 representing 0.3%and PUD followed with 1 representing 0.1%.

Table3. Shows the morbidity report after medical checkup of the students

DISEASE TYPE	9-11YRS	12-14YRS	15-18YRS	19 &ABOVE	TOAL
Allergy	00	00	02	01	03
Dental	00	04	10	12	26
HEP B	00	00	05	00	05
Malaria	01	01	01	01	04
UTI	00	01	19	00	20
PUD	00	00	01	00	01
TOTAL					59

In an interview with the Head teacher about the process of medical checkup, he said that; ''*Doctors, Nurses, Physicians and Laboratory experts are hired by the school to do thorough medical checkup on the students. During the process, some of the non-communicable diseases like hypertension, cancer, prostate, diabetes and so on can be detected and declining health condition from normal health is noticed and managed in form of preventive curative services.*''

The above findings are in agreement with the World Health Organization (WHO, 2010) that routine medical checkup is a forum of preventive measures involving thorough history, physical examination and screening of asymptomatic persons by physicians on regular basis and this is in secondment of (Damiani et.al, 2012) that periodic medical checkup is seen as effective in preventing illnesses and promoting health as well as reducing mortality rate.

It was further revealed that the universal medical checkup and screening of the boys allows early identification of those who may need immediate attention like malaria treatment, dressing of wounds, headaches, but those with complicated illnesses like dental cases, minor and major operations are referred by the School Nurse to the main hospitals like Jinja Main Referral Hospital, Royal Doctors Chambers and Rippon Hospital. This agrees with (Eklund et.al, 2017 & Oakes et.al, 2016) that general screening of students helps to identify those who may need additional behavior support including those exhibiting both externally and internally partners of problem behavior.

6.4 Health Insurance and Health Care Access as Innovative Pedagogical Approach to Enhancing Students' Health

A big number of students indicated having no knowledge about health insurance and only 15% reported having medical insurance. Students tended to perceive cost as a greater barrier to using health insurance than non-seekers while those from well to do families tended to perceive cost as less of a barrier to using health insurance. Among the 15% with knowledge of health insurance, some had health insurance cards which they accessed through their parents' coverage at their work places and others their parents were financially able to meet the cost of health insurance.

In line with the previous research on health insurance, (Kim et.al., 2013, Nardina et.al, 2016 & Paez et.al, 2014), many students struggled with understanding how the health insurance works, which is compounded by lack of information from the health insurance companies. Yet the purpose of health insurance is to increase access and use by making health services more affordable like in 2003 Ghana introduced a National Health Insurance Act 650 (NHIS) that aimed at covering the entire population with affordable access to basic health services within five years.

Similarly, in 2021, the Parliament of the Republic of Uganda also enacted and passed the National Health Insurance Scheme (Bill, 2019) into Law but still wait for assent by His Excellence the President of Uganda however, this bill may not if implemented favor the learners. Most students in this study rated their overall health positively, with 42% indicating that their health was very good or excellent. Some students also reported an average of 3-4days of poor mental health and 1-2 days of poor physical health in the past 90 days. With respect to specific mental health issues students most often reported feeling overwhelmed by time pressure and anxiety. This corresponds with (Acha, 2015) in his report that over half of the students in their study reported feeling of anxiety and stress. To counteract this, schools can implement programs that focus on coping strategies for stress (Brougham et.al, 2009 and Roddenberry et.al, 2010) for example stress management techniques could be taught in orientation classes. Successful stress reduction programs and other mental health services can critically affect the well-being and academic success of the students locally and internationally.

6.5 Vaccination and Immunization of Students as Innovative Pedagogical Approaches in Enhancing Their Health in School

It was found out in this study that 98% of the 'A' level students of Jinja College had been vaccinated and immunized against the preventable diseases like polio, Hepatitis B, and Corona virus. It is a School policy of vaccinating and immunizing the new admitted students in Senior Five classes however presentation of confirmation cards that one had been vaccinated/immunized on admission, such students can not to do it again. The regular vaccination is against Hepatitis B, the serious killer disease. The exercise of vaccination is done in three intervals, first dose then second dose after two weeks and the third after six months at the Joint Medical Stores, Jinja Branch under the supervision of teachers and the school nurses. Whoever completes the third dose is issued with a vaccination Card for confirmation and identification of the whole process.

The above exercise is in agreement with the Public Health Act and the Health Sector Development Plan (2015/16-2019/20) of Uganda that stipulate mandatory vaccination of Children and persons within and entering the country. In as far as school attendance is pertained, no child should be admitted and attend any school until there has been produced to the person in charge of the school, a certificate or satisfactory evidence that vaccination as required by the Act has been done. This concurs with immunization / vaccination Agenda 2030 with emphasis on immunization and disease surveillance as core capacities required by the International Health Regulation (2005), as they contribute to resilient sustainable health systems that can respond to the infectious disease out breaks, public health risks and emergencies.

Additionally, also the International Agencies like the World Health Organization(WHO), United Nations Children's Fund(UNICEF), GAVI, the Vaccine Alliance, the Bill and Melinda Gates Foundation and the Coalition for Epidemic Preparedness initiative(CEPI), with the multiple funding streams have been instrumental in expanding vaccine benefits to all human race. The most important impact of vaccines has been to prevent morbidity and mortality from serious infections that disproportionately affect children. Vaccines are estimated to prevent almost 6million deaths and to save 386million lives yearly and 96million disability globally(Ehreth;3003).

6.6 Safety and School Climate as Innovative Pedagogical Approaches in Enhancing Students' Academic Excellence and Their Life Long at School

It was revealed that Jinja College is safe and supportive school environment in which students flourish emotionally, socially and academically basing on the quality of relationships between students, teachers, support staff, administrators and other stake holders like parents, BOG and PTA members plus the community as aligned by Rigby (2012) that all children and adolescents' behaviors are crucially influenced by factors related to family relationships, school environment, people in the neighborhood and the broader cultural context.

Almost 96% of the students' population expressed happiness and gratitude with the conducive and excellent school climate favorable for learning. They reported the quiet and cool environment surrounded by only people of God in their neighborhood like the Bishop of Jinja Diocese, Charles Wamika, the Little Sisters of St. Francis, the Jinja Diocese Minor Seminary and the Mill Hill reformatory center. Majority testified that this excellent environment has enabled them to concentrate on their academic endeavors and improved in performance as the school motto goes, ''strive to excel''. This corresponds well with Henson (2012:75), putting emphasis on school climate that needs to be taken seriously in promotion of a good atmosphere in the school. This concurs with McFarland (2012:11) who recommended that creation of environment that provides full support to students must be looked into, as it creates conducive climate for the potential learners

The students further reported the magnificent infrastructure of the school conducive for learning. They were extensively proud of the spacious classrooms and well ventilated which corresponds with(Farmer.et.al;2010) that classrooms serve as quintessential settings where students and teachers build and negotiate a climate that influences academic, behavior and social adjustment of students within the group. The windows are wide enough

for enough fresh air and with sufficient lights both inside and outside. This is in agreement with the Public Health Act and the Health Sector Development Plan 2015/16-2019/20 of the Republic of Uganda and connected to Gettfredson (2001) and Greene (2005)'s researches about school climate feelings and personal safety as the most important variables for understanding the school safety.

It was also found out that interpersonal relationships are paramount in the establishment of students' safety in school. 88% of the students were anxious with the quality of interpersonal relationships among themselves, teachers, cooks, askaris, compound cleaners, administrators and other stakeholders like the parents and members of the community.98% of students expressed their joy with the Head teacher of the school for being responsible in maintaining and sustaining the standard of the school like the outstanding diet, performance, his love for them and their parents and restoring trust with in their school. They were also happy with the good relationship between them and their teachers plus the support staff which is aligned with (Kutsyuruba et.al, 2010, 2011) that the school climate is largely based on the quality of relationships and strong interdependence or connections among people. This concurs with (Deakin.et, al, 2005 and Cawsey, 2002), that quality classroom relationships are critical for promoting the values and dispositions that are necessary for students to undertake personal responsibility for lifelong learning.

The paper revealed that 76% of students had the knowledge of conflict resolution as a remedy for safe living in the school. During their first week in the school are oriented in skills of handling societal conflicts for example they are cautioned to manage their emotional intelligence, negotiation skills, having a forgiving heart, love for everyone, be accommodative with one another and manage personal conflicts. This has created peace and stability in the school for both students and staff thus conducive for teaching and learning. This is in agreement with many researchers that social competency is an essential part of students' capacity for effective functioning in their school community (Leary, 2000, Polland.et.al, 2003, Roberts, 2002), examples of learning related and friendship-related social skills include; cooperating respectfully, negotiations and conflict management.

The paper further realized that the school is secured from external invaders by a fence and three well managed gates thus there is the lower, middle and upper gates but the middle which is the main gate mannered by Uganda Police and locally recruited security guards at the check point. The security personnel also do day and night patrols around the school premises plus taking care of human resource and their property. The school is blessed with CCTV cameras specifically for monitoring students' safety in school and watching over the would be suspected dangers to the learners. This confidently makes the students safe for their academic pursuance and excellence.

It was found out that the school has well defined culture, vision, mission, motto and values that are cherished by the students, teachers, support staff and other stakeholders like Old boys, BOG and PTA members, parents and community members. New students are inducted to get acclimatized to love the school inclusive of its culture and issues like discipline, smartness, respect, greeting, accountability, integrity, wholesomeness, hard work and continuous improvement are emphasized. This is in agreement with (Watson, 2001) that school culture which is not hospitable to learning is detrimental to students' academic achievement and (Devine et.al, 2007) that school safety is necessary for learning and a healthy development of the students to flourish well. As the school is "strive to excel", students revealed that their school motto motivates them to work for academic excellence. They also feel secure and safe with the school's vision," An institution where provision of quality education for life in a dynamic world guides all activities." This is in conformity with the Ministry of Education and Sports' target of provision of education for all and the millennium goal of education for all.

6.7 The Innovative Pedagogical Approaches to Enhancing Wellness of Students in School

The findings of the paper revealed that Jinja College has a unique students' welfare compared to other nearby schools that has compelled many parents to bring in their sons. The school provides a rich menu for the students inclusive; class one posho, buns, eggs, beans, Fish, meat, cabbages, rice, ground nuts paste, porridge with milk and sugar, hot water, spices and a water purifier in the dining hall for safe drinking water. Also entertainment, sports and games, parties, clubs, and religious tolerance all combined keep students active and happy in school. With this therefore, 87% of the students reported that their school fosters an atmosphere that supports and encourages wellness and recommended seminars and lunch meetings devoted to health and wellness and physical activities encouraging participation by all students in health and wellness. This is in alignment with(Ahmet.al, 2017, Awick et.al, 2017 & Moore et.al, 2011) that physical activities tend to positively influence students' self-perception and consequently their self-esteem. Then Schmaltz et.al, 2007 found out that higher physical activity early in life predicted higher self-esteem later in life.

The paper in its findings of staff-student relationships and wellness, found out that students highlighted the importance of teachers in dealing with issues around health and wellness. They reported that the teachers dealt with any issues that they had, though with somewhat mixed perceptions of effectiveness. For example, a student reported that the teaching staff liaised effectively with his father to resolve a bullying issue;

"when I went through a bullying issue with the school before, my father rang up the school administration and they communicated really well like my father explained the situation and what was going on and the school sorted it straight away." (student interview;19-year-old).

This is similar to what (Opdenakker.et.al, 2000 & Wubbels et.al, 2006), found out that secondary school students had higher wellness when they perceived that their teachers cared for the and was attuned to their needs and was willing to help and lower wellness when their teachers were as strict and admonishing. Additionally, McGraw.et.al;2008, affirmed that the school wellness involves sense of being cared for, accepted, valued and supported and finding enjoyment and fun with others within the school environment.

However, some percentage of students reported experiencing psychological distress, depression and anxiety. 20% of students reported stress and 10% reported sleeping difficulties negatively impacting on their academic performance and wellness. This is in agreement with Mahamoud et.al;2012, affirmation that students who do not engage in coping strategies that help in management of stress, are most likely to experience depression and anxiety. On contrary, in a longitudinal study examination positive well-being and health outcomes, Hoyt et.al;2012, reported that positive well-being during adolescence predicted fewer risky health behaviors in students. Given the above findings the assessment and promotion of wellness within school student population are imperative. This is confirmed by (Miller et.al, 2008, Slavin et.al, 2014), that promoting wellness within academia reduces disease frequency and enhances both mental and physical health, moreover, wellness behaviors can be learnt. Some students reported common barriers to exercise like other priorities for example fatigue, no motivation and lack of time due to the school busy schedule. However, those who reported higher levels of physical activity also scored high on measures of emotional intelligence and mental health.

Furthermore, according the findings in the study it was found out that approximately 23% of the students reported and consented to have approached the office of Careers seeking guidance and counselling from the school counsellor especially those with psycho-social challenges related to poor child-parents' relationships, loss of dear ones, chronic illnesses, stress, anxiety and believed that this had helped them to settle in school and eventually improved upon their academic performance. This is in agreement with the previous studies of (Opdenakker et al, 2000 & Wubbels et al, 2006), that secondary students had higher wellness when they perceived that their teachers cared for them, guided and counselled them, attuned to their needs and willing to help them.

In an interviewing a 21year old student with family neglect challenges said;

"my biological father had disowned me for failure to convert to his local religious sect (Isemasiya sect). While I was still young, I used to pray together with family members but after knowing the truth about the local religious sect, I surrendered to Jesus Christ which angered my father and chased me away from home. After being on the streets for a while, I received a holy guidance to approach the Headmaster of Jinja College for help. The Headmaster was very positive in awarding me with a bursary for my two year 'A' level studies and I express my high level of wellness and settled life in school as I pursue my Academic studies and hoping to join University Education"

7. Conclusion

Arising from the findings above, the paper concludes that Schools are primarily places where students acquire academic skills. However, they should also provide the platform where students connect with others, build their personality and experience life, all of which can influence their subjective well-being (Bucker et.al, 2018). Schools operationalize students' wellness as a sustainable positive mood and attitude, health, resilience and satisfaction with self, relationships and experiences at school. The Ministry of Health and Ministry of Education and Sports emphasizes some strategic imperatives for improving health and wellness of learners which include; improving students' mental wellness, encouragement of regular physical activities, promoting health eating and preventing harm from alcohol and tobacco. Improving students' well-being and building resilience are crucial in preventing and reducing the impact of mental health problems. Educating students about protective behavior and teaching them the coping skills can help them react positively to change and obstacles in life, allowing greater mental, social and academic success.

The findings reveal that the biggest burden on our health care system and on the lives and abilities of students plus Ugandans generally is related to a handful of chronic diseases that are largely the result of modifiable behaviors. Physical therapists encounter patients and clients daily in their practices who have unhealthy behaviors such as lack of physical activity, poor nutrition, inadequate sleep, anxiety, depression and stress. Physical therapists are being challenged to address the health and wellness status of patients and clients, especially in situations in which these behaviors may not be directly related to the diagnosis for which the patient is being seen. There is a desperate need to create a shift from a medical system based on illness to one based health and wellness. Embracing the role of the physical therapists in promoting health and wellness will

respond to this need, make a lasting contribution to schools, societies, nationally and internationally and ensure the viability of the physical therapy profession far into our future.

Evidence from this paper reveals that the main source of stress for students is the inadequacy of right support. There are many personal and social factors that lead to stress among students, lack of clarity and un availability of right career guidance lead to directionless goals and even after graduating, students are clueless with their careers and are insecure regarding jobs. The pressure of the studies in terms of academics, extra-curricular activities, assignments and sleepless nights has increased beyond comparison. The health and longevity of students is threatened by chronic diseases and the poor eating habits and sedentary behaviors that promote these conditions. Helping students acquire the knowledge and skills needed to practice positive heath behaviors is critical to reversing the escalating trend towards the development of overweight and obesity plus diabetes. Schools and more specifically programs of study related health, physical education, career development nag life skills have the potential to drive students towards wellness, safety and health enhancement.

8. Recommendations

Arising from the above conclusions, its recommended that; Health, safety and wellness should be integrated into all aspects of schools' operations including co-curricular, physical education, classroom management, health services and food service. The Ministry of Education and sports can lead this transformation by incorporating health, safety and wellness into its own education policies and programs. The International Agencies like WHO, UNICEF, UNESCO, UNO, GAVI, Government of Uganda via Ministry of Education and Sports, the local community and parents should be involved in health and wellness promoting schools' projects for example, when parents register their children in schools, they could be given information about health promotion activities of the schools and be invited to be involved. The modern school health programs include; health education, physical education, health services, counselling and guidance, psychological and social services, family engagement, community involvement and students' wellness.

There is great need to incorporate metrics for health and wellness into data tracking and school accountability systems that will provide educators, policy makers and the public with more refined understanding on how to achieve learning and academic out comes. This deeper understanding of how health impacts students learning can inform resource management and teaching practices, ensuring that students health and wellness is tracked overtime and that school stakeholders understand the connection between health and learning. The Government of Uganda in liaison with the Ministry of Health and Ministry of Education and Sports should ensure that facilities for routine medical checkups are made available at schools and individuals who have been established with abnormal results should be referred to the appropriate specialists for further evaluation and care. Public awareness should also be enhanced about Hepatitis B virus which is vaccine preventable and highly prevalent in Uganda. Universal screening allows for early identification of students who may need additional behavior support including those exhibiting both externally and internally patterns of problem behavior. (Eklurd et.al;2017, Kilgus et.al, 2016 and Oakes et.al, 2016).

The Government of the Republic of Uganda should promote the policy of health education in schools that provides students with the knowledge, attitudes, skills and experiences needed for healthy eating and physical activity. Schools should implement a planned and sequential health education curriculum that is culturally and developmentally appropriate, addresses a clear set of behavior outcomes that promote healthy. School Administrators should create safe and supportive school environments in which students feel and flourish emotionally, socially, and academically which is based on the quality of relationships between themselves, teachers, parents, support staff and the community (Demaray et.al, 2012, Loukas et.al, 2007). All students' behaviors are crucially influenced by factors related to family relationships, school environment, people in the neighborhood and the broader cultural context.

School Administrators should promote good Nutrition in their schools. Health and Nutrition form a foundation for education. Healthy, well-nourished children and adolescents learn better and as adults they lead healthier and more productive lives. Therefore, investing in the health, nutrition and well-being of the learners is important as investing in education to achieve equitable quality education. This transformation yields a triple dividend by impacting the lives of school children and adolescents today, their adulthood and the generation of children to come. School health and nutrition programs can significantly improve both the health and nutrition and the learning for children and deliver big development plans. Public health communication initiatives must use the most effective strategies for the promotion, protection and maintenance of health. This can be achieved through using the best available evidence to guide and inform practice and policy. Practioners, program managers and policy makers need to be aware of what is known about the benefits, risks and costs of communication interventions aimed at the prevention and control of communicable diseases.

The schools should emphasize the importance of promoting positive mental well-being of students. Schools can use various strategies to support students who are experiencing high levels of psychological stress or wo are at

risk of developing mental health problems. This can include; teaching through curriculum subjects for example; health education, guidance and counselling, positive classroom management, developing social skills and working with parents. The Ministry of Education and Sports through the School Administrators, should promote continuous professional development to ensure that staff are aware of some common symptoms of mental health problems. What is and isn't a cause for concern and what to do if they think they have spotted a developing problem. Clear systems and processes should be in place to help staff who identify possible mental health problems. Schools should work closely with other professionals to a range support services that can be put in place depending on the identified needs both within and beyond school.

In order to develop strategic cooperation and collaboration to advance quality education by enhancing health, safety and wellness of students, education partners for example; Ministry Officials, Education officers, Chief Administrative Officers, management commitees, School heads, BOG and PTA members, Politicians, and Medical personnel should get committed in the spheres of developing comprehensive school programs that are aligned to SDG4 (by 2030) which stresses to ensure that all learners acquire the knowledge and skills needed to promote sustainable development including among others , through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of the cultures contribution to sustainable development. There is also need to provide spaces for students to learn about, discuss, and take action on the SDGs, including good health, safety and wellness. Awareness-raising and participation should be seen as part of a continuum to regularly, meaningfully and consistently engage students as agents of change to influence behaviors and social norms amongst themselves, their households and their communities.

Financial and technical support is needed from the Developmental Partners like the UNICEF, UNDP, IMF, UNESCO, WHO and World Bank for services that provide age appropriate health care, promote child and adolescent health, safety and wellness, reduce the acquisition of risks for NCDs in late life, prevent injuries and support to children with developmental delay or disability. More sustainable financial resources need to be dedicated for public health, ensuring that they follow strategic planning and that effective policies are implemented. Public health expenditure ought to be increased in low and middle income countries. Increased Donor Funding, technical assistance and aligned investments for health particularly for Public Health Care, are needed from High income states like United States of America, Britain, Japan and Germany.

References

Bandura.A, (2004). Health promotion by social cognitive means. *Health Education Behax. 31*(2), https://www.uky.edu/~eushe2/Bandura/Bandura2004HEB.pdf.

Beus.JM et.al, (2010). safety climate and injuries; an examination of theoretical and empirical relationships, *JAPPl psychology,* https://pubmed.ncbi.nlm.nih.gov/20604591/.

BOBO.N et al (2013). There is power in the school nurse recommendation to immunize, *NASN school nurse. 28*(1), PMID: 23724593 DOI: 10.1177/1942602X12465438.

Damiani G et al (2012). Social-economic Disparities in the uptake of Breast and cervical cancer screening in Italy; Across section study, BCM public health, *12*(99), https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-99.

Denis Sekiwu &Milly kabanda, (2014). Building safer secondary schools in Uganda through collective commitment to health and safety compliance, *1*(4), pp.047-053, http://dx.doi.org/10.15739/IJEPRR.003.

Castro.J. R and Rice K.G, (2003). Perfectionism and ethnicity, implication of depressive symptoms and self-reported academic achievement. *Cultural Diversity and Ethic minority psychology, 9*(1), 1099-9809/03/$12.00 DOI: 10.1037/1099-9809.9.1.64.

Heidi B et al, (2008). Wellness curricular to improve the health of children and Youth; https://files.eric.ed.gov/fulltext/ED506102.pdf.

Micheal D. O, (2018). Health to Wellness; A review of wellness models and transitioning back to health, *International Journal,* https://www.researchgate.net/publication/329258077_Health_to_Wellness_A_Review_of_Wellness_Models_and_Transitioning_Back_to_Health.

Mathur C et al. (2014). a latent class analysis of weight-related health behaviors among 2 & 4-year College students and associated risk of obesity, *Health Education & behavior*, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5051694/.

Max Albert Holds Worth, Health, wellness and well-being, (n.d.). https://doi.org/10.4000/intervention seconomiques.6322.

Kaiko M. (2002). Understanding school safety and security; conceptualization and definitions, https://www.researchgate.net/publication/353702472_Understanding_School_Safety_and_Security_Conceptualization_and_Definitions.

Kann L & Mc Manusi, (2017). Youth Risk Behavior surveillance; United States, *MMWR Surveill sum.* 2018, *67*(8): PMID: 29902162 PMCID: PMC6002027 DOI: 10.15585/mmwr.ss6708a1.

Keyes.C.L.M et al, (2012). The relationship of level of positive mental health with correct mental disorders in predicting suicidal behavior and academic impairment in college students. *Journal of America heath, 60*(2), PMID: 22316409 DOI: 10.1080/07448481.2011.608393.

Kim J E et al. (2015). The influence of psychological symptoms on mental health literacy of college students; *American Journal of orthopsychiatry, 85*(6), PMID: 26052815 PMCID: PMC4658251 DOI: 10.1037/ort0000074.

Lee Albert. (2018). School health programs in the pacific Region, In Oxford Bibliographies in public health David Mc Queen, New York, Oxford University press, https://www.oxfordbibliographies.com/view/document/obo-9780199756797/obo-9780199756797-0173.xml

Paakkari.L, (2012). Health literacy as a learning outcome in schools. *Health Educ,* 2012, *112*(2), https://doi.org/10.1108/09654281211203411

Peterson F L, Cooper R J & Laird J, (2001). Enhancing teacher health literacy in school health promotion. *a vision for the New Millennium sch Health. 71*(4): PMID: 11354982 DOI: 10.1111/j.1746-1561.2001.tb01311.x.

Torres.I (2017); Policy windows for school based health education about nutrition in Ecuador. Health Promot int 32(2):https://doi.org/10.1093/heapro/daw037

Trieu S L et al, (2011). Sexual and reproductive health behavior of California Community College students. *Journal of America College Health, 59*(8), PMID:21950256DOI:10.1080/07448481.2010.540764.

Young I. (2005). Health promotion in schools –a historical perspective. *Promot educ. 12*(3-4), https://journals.sagepub.com/doi/10.1177/10253823050120030103.

UNICEF, (n.d.). Strategy for health 2016-203, https://www.unicef.org/media/119736/file/UNICEF-Strategy-for-Health-2016-2030.pdf.

UNICEF, (n.d.). Goal three of SDGs, Good health and well-being, https://www.unicef.org/media/64261/file/sdg3_2pager_final.pd.

NYU, Safety, Health and Wellness of students, https://www.nyu.edu/life/safety-health-wellness.html.

UNESCO, (n.d.). Strategy of Education for health and well-being, https://en.unesco.org/themes/education-health-and-well-being.

Zolar.D et al, (2005). A multilevel model of safety climate, Cross level relationships between organization and group-level climates, JPPL psychol.https://pubmed.ncbi.nlm.nih.gov/16060782/

Copyrights