

Availability and Application of School Health Services in Selected Primary and Secondary Schools in Ovia Local Government Area of Edo State-Nigeria

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Abstract

The purpose of this study was to survey the availability and application of school health services in both public primary and secondary school in Ovia Local government Area of Edo State using a self developed four point modified likert attitudinal scale questionnaire. The study had four variables on availability of school health service, qualified personnel, facilities & equipment and financial & material resources. The face and content validity was used to determine the validity of the instrument while the Test Re-test method of reliability was use to test the reliability with r value as 0.85. Inferential statistic of Pearson product moment correlation coefficient to test all the hypotheses at 0.05 alpha level. The findings of the study were that there is a correlation between availability of school health services, qualified personnel, facilities and equipment; financial and material resources; and health habits of pupils and students. The study thus recommended that school health services such as facilities and qualified personnel should be made available in all primary and secondary schools and government, NGOs and other able and willing individuals or group of people should provide constant financial aid in Ovia local government of Edo State.

1. Introduction

A school is an institution designed for the teaching of students (or pupils) under the direction of teachers. The school provides learning experience, services and environment which favourably influence those knowledge, practices and attitudes which promote individual, family and community health

WHO (1997) stated that there is no social agent or formerly organized group other than the school that has the privileges and resources to interact with practically every citizen with a view to modifying their ways of life.

Coordinated School Health (CSH) is an effective system designed to connect health (physical, emotional and social) with education. This coordinated approach improves students' health and their capacity to learn through the support of families, communities and schools working together. The Office of Coordinated School Health works with many partners to address school health priorities.

The Coordinated School Health (CSH) model is a method of connecting health and learning that consists of eight inter-related components. This approach constitutes a systems change by improving students' health and their capacity to learn through personal responsibility, and the support of families, communities and school.

Institute of Medicine (2005) defined comprehensive school health program as an integrated set of planned, sequential, school-affiliated strategies, activities, and services designed to promote the optimal physical, emotional, social, and educational development of students. The program involves and is supportive of families and is determined by the local community based on community needs, resources,

standards, and requirements. It is coordinated by a multidisciplinary team and accountable to the community for program quality and effectiveness.

The comprehensive school health programme mainly refers to all health activities and measures that are carried out within the school and community to promote and protect the health of children of school age and also the school personnel (Ademuwagum & Oduntan, 2006). Okafor (2000) posited that it includes all school activities that constitute to the understanding, maintenance, and improvement of the health of the school population.

School health services is that part of the comprehensive school health programme provided by physicians, nurse, dentists, health educators, other skilled health personnel, social workers, teachers, and other to appraise, protect and promote the health of students and the school personnel. (National Education Association (NEA) & the American Medical Association (AMA), 1998), School health services are operational within a school. In addition the services seek to enable children benefit optimally from their school learning experiences (Okafor, 1991).

To this end school health services embraces all the services rendered which help to prevent diseases and correct defects noticeable in children. The school is responsible for the management and care for all children who become sick or injured while at school.

A well planned school health services possesses inherent values for increasing students understanding of health and health problems. The comprehensive school health programme mainly refers to all health activities and measures that are carried out within the school and community to promote and protect the health of children of school age and also the school personnel (Ademuwagum & Oduntan, 2006). However, Okafor (2000) posited that school health programme refers to all aspects of the programme that affect the health of the school population. It involves all health activities that are planned, organized, and conducted by the school and under the jurisdiction of the school. It includes all school activities that constitute to the understanding, maintenance, and improvement of the health of the school population. It can also be any procedures that are carried out by teachers, doctors, nurses, health educators, nutritionist and dentist to appraise protect and promote the health the school child and school personnel. According to Daughtrey and Woods (2006); Oladimeji and Fabiyi (2003); Achalu (2003), the evolution of this programme was very much connected to certain problems which were escalating in schools which include nutrition, drugs, venereal diseases, promiscuity, and smoking, diseases of the circulatory system, cancer, degenerative diseases and accidents.

The integration of school Health Services to the educational system in Nigeria seems not to be given its desired attention particularly at the primary and secondary school. According to the national policy on Education (1998) effort will be made to provide School Health Services for all educational institutions. In developed countries of the world school health services has been fully integrated into the school system and constitute an integral aspect of the school and community life. This is due to the realization of the fact that schools constitute the most strategic places to enhances promotion of health and perpetuate healthful practices clearly in the youth life .

Lie (1998) stated that it is a general knowledge that basic health facilities are essential to the development of a healthful school living. In developing countries like Nigeria its has been observed that many schools exist where school health services of any kind have not been considered, medical personnel are hardly found in schools. Students health are hardly appraised counseled, protected from communicable disease; they are not carried out, in cases of sudden illness and injuries such a child is ask to go home. This is a sad development, which compared with what is obtainable in developed counties where school health services have been extended to nursing school.

The objective of school health services is to promote healthy growth and development of school children and school personnel. Therefore the general public, social workers, the school nurse physicians and health educators to be aware of well planned, organize and make health services available in our primary and secondary school, School health services are hardly available in the primary and secondary school.

The national school health policy was developed to ensure the good health status of primary and secondary school children. The extent to which this policy is implemented is a source of concern to the community.

It has been observed that despite the role of the school in the provision of Health information the students are still subjected to various health problems such as communicable diseases, skin infection accidents and various types of injuries. These health challenges can be reduced if the school health services are functional. This study is designed to assess the availability and utilization of school health services in primary and secondary schools in Ovia Local Government Area of Edo state.

Research Hypotheses

The following hypotheses were tested in the study:

1. There will be no significant relationship between availability of school health services and health habits of pupils and students in Ovia Local Government Area of Edo State.
2. There will be no significant relationship between qualified personnel and the utilization of school healthy services in primary and secondary schools in Ovia Local Government Area of Edo State.
3. There will be no significant relationship between facilities and equipment and the utilization of school health sources in primary and secondary schools in Ovia Local Government Area of Edo State.
4. There will be no significant relationship between financial and material resources and the implementation of school health services in primary and secondary schools in Ovia Local Government Area of Edo State?

2. Methodology

Population, Sample and Sampling Technique

The descriptive survey research method was employed to carry out this study. The population for this study was 116 administrators consisting of all principals, vice principals, headmasters, headmistresses, assistant headmasters and assistant headmistresses in both primary and secondary schools in Ovia local government area of Edo state. The cluster sampling technique was employed in the selection of the sample from the population. In so doing, all the heads and assistant heads of the primary and secondary schools was included in the sample of the study. The sample size of the study comprised of one hundred and sixteen (116) participants which are the population of the study. 48 principals, 48 vice principals, 10 headmistress and 10 headmasters drawn from the 24 secondary schools and 10 primary schools in Ovia Local Government Area of Edo state.

Research Instrument

The research instrument that was used in the collection of data is a self structured modified Likert attitudinal scale questionnaire of strongly agree, agree, disagree and strongly disagree. The questionnaire has two sections; section A and B. Section A collected demographic data of the respondents while section B was designed to elicit information from the participants on the variables of the study.

Validity and Reliability of the Instruments

The face and content validity was used to assess the validity of the instrument while the reliability of the instrument was tested using Test Re-test by administering 20 participants of the same parameter but were not members of the proposed population in Shomolu local government area of Lagos State. The data was subjected to statistical package of social science (SPSS) using Cronbach' Alpha. The r value was 0.85 which connotes that the instrument is reliable with a bench mark of 0.45.

Method of Data Collection

Copies of the questionnaire were administered by the researchers with the help of two research assistants explain the procedure for filing it and also ensure the retrieval of this questionnaire as soon as they finished responding to it so as to prevent lost or damage.

Method of Data Analyses

The descriptive statistics of simple percentage and frequency count was used for demographic data; the data obtained was analysed using mean, standard deviation and inferential statistic of Pearson product moment correlation coefficient to test the hypotheses at 0.05 alpha level.

3. Presentation of Data

Table 4.1: Participating respondents by Position

Position	Frequency	Percentage
Headmasters	10	9
Headmistress	10	9
Principals	48	41
Vice principals	48	41
Total	116	100

From the above table, there were 9% participating headmasters and headmistress. Similarly, there were 41% participating principals and Vice principals each.

Table 4.2: Distribution of respondents by Sex

Sex	Frequency	Percentage
Male	63	54
Female	53	46
Total	116	100

From the above table, 63 representing 54% of the respondents were males while 53 representing 46% of the respondents were females. This means that there were more male participants than female participants in the study.

Table 4.3: School location of the participants

Location	Frequency	Percentage
L.G.A Headquarter	55	42
Outside Headquarter	61	56
Total	116	100

From the above table, 55 representing 42% of the respondents were from the L.G.A headquarter while 61 representing 56% of the respondents were outside the L.G.A headquarter.

Hypothesis One

Table 4.4: Pearson Product Moment Correlation Analysis of availability of school health services and health habits of pupils and students

Variables	Mean	SD	df	r-calc.	r-critical	Remark	Decision
Health services	12.32	2.66	114	0.92	0.195		significant
Health habits	12.75	2.81					

$P < 0.05$; $df = 114$; $r\text{-critical} = 0.195$

Data in the above table is showing the correlation between availability of school health services and health habits of pupils and students. The calculated r-value ($r\text{-calc.} = 0.92$) is positive and greater in magnitude than r-critical ($r\text{-crit.} = 0.195$) at 0.05 significant level and 114 degree of freedom. It simply means that there is a positive correlation between the two variables. That is, increase in the availability of school health services will lead to a significant improvement in health habits of pupils and students. This implies that the availability of school health services is a strong predictor of health habits of pupils and students.

Since the calculated r-value is greater than the critical value, the null hypothesis is rejected while the alternate hypothesis is accepted hence; the relationship between the two variables is significant. It can therefore be concluded that there is a significant correlation between availability of school health services and health habits of pupils and students.

Hypothesis Two

Table 4.5: Pearson Product Moment Correlation Analysis of qualified personnel and utilization of school healthy services in primary and secondary schools

Variables	Mean	SD	df	r-calc.	r-critical	Remark	Decision
Health services	12.07	2.28	114	0.82	0.195		significant
Rejected							
Health habits	13.15	2.35					

$P < 0.05$; $df = 114$; $r\text{-critical} = 0.195$

Data in the above table is showing the relationship between qualified personnel and utilization of school healthy services in primary and secondary schools. The calculated r-value of 0.82 is positive and greater in magnitude than r-critical ($r\text{-crit.} = 0.195$) at 0.05 significant level and 114 degrees of freedom. It simply means that there is a positive relationship between qualified personnel and the utilization of school healthy services in primary and secondary schools. That is, qualified personnel are a strong predictor of the utilization of school healthy services in primary and secondary schools, because both variables are positively correlated.

Moreover, since the calculated r-value is greater than the critical r-value, then there is a significant relationship between the two variables thereby rejecting the null hypothesis. Hence, the alternate hypothesis which states that there is a significant relationship between qualified personnel and the utilization of school healthy services in primary and secondary schools in Ovia Local government area of Edo state is accepted.

Hypothesis Three

Table 4.6: Pearson Product Moment Correlation Analysis of facilities & equipment and utilization of school healthy services in primary and secondary schools

Variables	Mean	SD	df	r-calc.	r-critical	Remark	Decision
Health services	11.91	2.28	114	0.80	0.195		significant
Rejected							
Health habits	13.15	2.35					

$P < 0.05$; $df = 114$; $r\text{-critical} = 0.195$

Data in the above table is showing the relationship between facilities and equipment and the utilization of school health services in primary and secondary schools. The calculated r-value of 0.80 is positive and greater in magnitude than r-critical ($r\text{-crit.} = 0.195$) at 0.05 significant level and 114 degrees of freedom. It simply means that there is a positive relationship between the two variables. That is, increase in

facilities and equipment will significantly lead to utilization of health services in both primary and secondary schools in Ovia local government area of Edo state.

Moreover, since the calculated r-value is greater than the critical r-value, then the relationship between the two variables is significant hence, the null hypothesis is rejected. The alternate hypothesis which states that there is a significant relationship between availability of facilities & equipment and the utilization of school health services in primary and secondary schools in Ovia local government area of Edo state is accepted.

Hypothesis Four

Table 4.3.4: Pearson Product Moment Correlation Analysis of financial & material and the implementation of school health services in primary and secondary schools

Variables	Mean	SD	df	r-calc.	r-critical	Remark	Decision
Health services	10.61	2.28					
			114	0.75	0.195		significant
Rejected							
Health habits	12.09	1.91					

$P < 0.05$; $df = 114$; $r\text{-critical} = 0.195$

Data in the above table is showing the relationship between financial and material resources and the implementation of school health services in primary and secondary schools in Ovia local government area of Edo state. The calculated r-value of 0.75 is positive and greater in magnitude than r-critical ($r\text{-crit.} = 0.195$) at 0.05 significant level and 114 degrees of freedom. It simply means that there is a positive relationship between the two variables. That is, financial and material resources will lead to an improvement in the implementation of school health services.

Moreover, since the calculated r-value is greater than the critical r-value, then the relationship between the two variables is significant hence, the null hypothesis is rejected. The alternate hypothesis which states that there is a significant relationship between availability of finance & materials and the implementation of school health services in primary and secondary schools in Ovia local government area of Edo state is accepted.

4. Discussion

In hypothesis one, since the calculated r-value (0.92) is greater than the critical value (0.195), the null hypothesis is rejected while the alternate hypothesis is accepted hence; the relationship between the two variables is significant. It can therefore be concluded that there is a significant correlation between availability of school health services and health habits of pupils and students. In line with this, Paavola (1995) stated that as much as practicable, the school health programme is concerned not only with children's health but also with the health of the home and community. In this wise, the school can contribute to all these three. It is imperative that a coordinated effort by the school and the community is harmonized. The evolution of this programme was very much connected to certain problems which were escalating in schools which include nutrition, drugs, venereal diseases, promiscuity, and smoking, diseases of the circulatory system, cancer, degenerative diseases and accidents (Daughtrey & Woods, 2006; Oladimeji & Fabiyi, 2003; Achalu, 2003).

Umeh (2002) and Okafor (2000) revealed that the major aim of school health programme is to provide learning opportunities, experiences, services and an environment that will favourably influence those values, attitudes practices and cognitive capability which promote individual, family and community health. From this view, all the activities of the school that contribute to the understanding, maintenance and improvement of the health of the school population come under the umbrella of the school health programme.

Furthermore, in the third National Health Education seminar, Ozo (1975) stated that school health services represent a programme of the health promotion, protection and conservation associated with health instruction, all so nicely fitted together to ensure that during the time the pupil spends in school, he or she is well enough to take part fully in the school activities.

Jenne and Greene (1976) claimed that the ultimate and highest goal of school health services is to promote positive health among students and staff. They further indicated that if such a goal were reached, the result would be a completely well population functioning at peak physical, mental and social efficiency. A less ambitious aim of school health services is the primary prevention of disease occurrence.

In hypothesis two, since the calculated r-value (0.82) is greater than the critical r-value (0.195), then there is a significant relationship between the two variables thereby rejecting the null hypothesis. Hence, the alternate hypothesis which states that there is a significant relationship between qualified personnel and the utilization of school healthy services in primary and secondary schools in Ovia Local government area of Edo state is accepted. According to Anderson (1971), numerous qualified personnel such as nurses, doctors, health educator, physical educator, pharmacist, school dentist and counselors/psychologists are involved in the provision of school health services in an ideal situation. These personnel plan their work in conjunction with local policy and with the personnel of the departments of Health education and School Environment. Personnel to handle school health service programme are in various forms (Bucher, 1965; Folawiyo, 1988; Ogbalu, 1997) and are in most cases inadequate in quality and quantity (Anderson, 1972; DeYoung, 1996).

In hypothesis three, since the calculated r-value (0.80) is greater than the critical r-value (0.195), then the relationship between the two variables is significant hence, the null hypothesis is rejected. The alternate hypothesis which states that there is a significant relationship between availability of facilities & equipment and the utilization of school health services in primary and secondary schools in Ovia local government area of Edo state is accepted. This finding is in consonant with Sheetz (1998) observation that increased attention focuses on comprehensive student health many professionals and parents have vested interest in compressive school health programme at the school level.

School health services will function properly if there is huge commitment of material and human resources inform of funds facilities equipment and personnel.

The responsibility of the school health services should be a concern of all citizens. And should be distributed among the various government, communities parents, teachers and other agencies.

Nwimo (2001) in a survey carried out more recently indicated that there were significant divergences among schools in most aspects of health appraisal service. He pointed out that results showed that health appraisal services were provided in the schools albeit in varying degrees, specially, in the areas of inspection of students, clothing, hair, screening tests for behaviours; and emergency and hospital attendance records, but not in screening tests for ear and teeth; and height and weight records as a result of lack of facilities and equipment to carry out these appraisals.

Taylor (1982) emphasized that efficient health services are key to providing health care for all. He also asserted that efficiency of health services can be enhanced through health services research. Ademuwagun and Oduntan (2006) stated that some of the advantages of school health services include (a) helping both school and home to identify early which children require particular health attention and services (b) help in removing some of the major handicaps to learning (c) helping parents to focus on the type of care-in health need by their children and motivates them to seek such care timely (d) helping the classroom teacher better to understand each child's health problems which are likely to hamper teaching-learning process and thereby modify the instructional methods to suit the special needs of each child and (e) serving has a sound basis for counseling children, parents, and teachers.

In hypothesis four, since the calculated r-value (0.75) is greater than the critical r-value (0.195), then the relationship between the two variables is significant hence, the null hypothesis is rejected. The alternate hypothesis which states that there is a significant relationship between availability of finance & materials and the implementation of school health services in primary and secondary schools in Ovia local government area of Edo state is accepted. This finding buttresses that of (Bucher, 1975; Ademuwagun 2000; Ademuwagun & Oduntan, 2006; Okafor, 1996; Ogbalu, 1997; Nwajei, 1999) who stated that the militating factors against effective application of school health service programme have been identified as lack of funds, lack of personnel and facilities and equipment as well as cultural inhibitions (Ogbalu, 1997). Financial and material resources for implementing school health service programme which are regarded as the hinge on which other requirements revolve have not been adequately provided in schools (Bucher, 1975; Okafor, 1995; Ogbalu, 1997; Nwajei, 1990).

5. Conclusion

The study thus concluded that availability of school health services, qualified personnel, facilities & equipment and financial & material resources affect the utilization of school health services in both primary and secondary schools in Ovia local government area of Edo state.

6. Recommendations

The following recommendations were made by the researchers:

1. School health services should be made available in both primary and secondary schools in Ovia local government so as to improve their health habit.
2. Personnel play an important role in the implementation of school health services. Qualified nurses, doctors, counselor/psychologist, health teachers, physical education teacher, nutritionist and school administrators should be present in schools for proper implementation of school health services.
3. Facilities such as school based clinics, field, conducive classrooms, and enclosed counselor/psychologist office for one on one discussion should be made available in schools while equipment such as beds, drugs, chairs and teaching materials in classroom and sport equipment are very important in the implantation and utilization of school health services.
4. The government, NGOs and other able and willing individuals or group of people should provide constant financial aid to both primary and secondary schools in Ovia local government for proper running of the school health programme. Clue should be taking from Nigerian business Coalition against HIV/AIDS (NIBUCA) which is an organization set up by multi-international companies in Nigeria to curb the surge of pressing health problems.

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