

ISSN 0794 3474



NIGERIAN SCHOOL HEALTH JOURNAL

VOLUME 24•NUMBER 2•2012

NIGERIAN SCHOOL HEALTH JOURNAL

Volume 24 Number 2, 2012

Nigerian School Health Association (NSHA)

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ISSN 0794 3474

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EVALUATION OF SCHOOL HEALTH SERVICES IN SELECTED PUBLIC SENIOR SECONDARY SCHOOLS IN EGBEDA LOCAL GOVERNMENT AREA OF OYO STATE

By

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Abstract

School health services is one of the components of school health programme and is a powerful means of raising community health, especially in future generations. This study examined the availability of school health services in selected public senior secondary schools in Egbeda Local Government Area of Oyo State.

Descriptive survey research method was adopted, 300 participants were selected in six selected schools through simple random sampling method. The instrument used was a self- developed validated questionnaire with a reliability coefficient $r = 0.74$, five hypotheses were generated, chi-square statistics was used to analyzed the collected data at 0.05 alpha levels. All the hypotheses were accepted. Based on the findings, the following recommendations were made: that the government at various levels and the school authorities should make provision for effective school health services such as appraisal and medical examination, provision of adequate midday meal, care of emergencies, referral and follow up services, as well as immunization to prevent the spread of communicable diseases and promotion of sound health among students and staff in public secondary schools.

Introduction

School health programme involves many activities as it concerns many persons of different professions. It comprises all health activities which are planned, organized and carried out under the auspices of the school to maintain and improve not only the health of school children but also school staff through the following components: health instruction, health services, healthful school living and school community relationship (Udoh, Fawole, Ajala, Okafor and Nwana 1999).

School health services has been defined by the Joint Committee on Health Problems in Education of the National Education (NEA) and the

American Medical Association (AMA) as that part of the school health programme provided by physicians, nurses, dentists, health educators, other allied health personnel, social workers, teachers and the school personnel, social workers, teachers and others to appraise, protect and promote the health of students and the school personnel.

Ademuwagun, Ajala, Oke, Moronkola and Jegede (2002) stated that health services reflect sound public health and educational principles. They contribute to the conservation of the child and community health, and to the health education of both pupils and parents with emphasis focused on: identification of health needs and resources, health facilities equipment and supplies, control of communicable diseases, health appraisal and follow up activities, management of emergency illness and injury.

Mc Harney and Kaufman (1991) observed that fundamentally school health services are preventive and protective, seeking to improve the overall well being of the child. According to Johnson (1991) school health services are procedures established to: appraise the health status of pupils and personnel, counsel pupils, parents and others concerning appraisal findings, carry out follow up services, provide emergency care for injury or sudden illness, help prevention and control of communicable disease, encourage the connection of remedial, defects and provision of midday meal.

Ogundele (1999) observed that for school health programme to be effective, school health services should be fully implemented through disease prevention, health screening, skin inspection, promotion of personal hygiene, sight and dental examination counselling, immunization, emergency care or first aid and treatment of common ailments.

Schools can provide many benefits to children and adolescents in addition to formal education. These include: healthy and safe environment often combining good nutrition with clean water and sanitation; health education and life skills training. Health and education are equally important for the development of a child. A child that is sick cannot fully profit from the teaching and he is likely to miss school. On the opposite, a healthy child will make the most of his classes (Robert Limlim UNICEF, 2007).

It was observed that there is a poor health status among school pupils: A national study of the school health system in Nigeria by Federal Ministries of Health and Education indicate that while 30% of students have low Body Mass Index (BMI), the common health conditions of students which contribute to absenteeism are fever/typhoid (56%) headache (43%) stomachache (29%) cough/catarrh (38%) and malaria (40%). Against this backdrop the Federal Government launched a policy documents on: the National School Health Policy, the National Education Section HIV/AIDS strategic plan and National guidelines for school meal planning; with the objectives of putting in place a national framework for the formulation, co-

ordination, implementation and effective monitoring and evaluation of school health programme, to reduce malnutrition and hunger among school children, particularly among those living in poor rural communities, through the provision of at least one adequate meal a day. (UNICEF, 2007).

Health Appraisals: Is an evaluation of the current health status of individual through: parent, teacher and nurse observation, screening tests for visual and auditory acuity, physical fitness tests, study pupils health history and medical examination.

Health observation: Observation of general appearance, too fat, too tired, drowsy, noticeable change in weight, poor posture; eyes observation; cross eyes (*strabismus*) inflamed or watery eyes, ear observation; ear arches, discharges from the ear, inability to hear discussions or questions.

Nose and throat observation: Persistent mouth breathing, frequent colds, persistent nasal discharges or sniffing, constantly stuffed up nose, unusual noises made in nose and throat. Teeth and mouth; irregular teeth, cracking of lips at corners of mouth, inflamed or bleeding gums, toothaches, sensitivity to cold, unclean, discoloured, decayed, protruding or crooked teeth, skin and scalp: rash on face or body; sore on face, scalp or body; numerous pimples and excessively dry or oily skin.

Other things to be observed in students by teachers are behaviour at play; easily tired, breathless following mild activities, general behaviour; docile and seclusive, aggressive, depressed and unhappy, excessive day dreaming, health practice; being unclean and unkempt, evidence of poor sleeping and eating habits. Attendance at school; frequent absences because of allergies, cold, headaches; toothaches; upset stomach, accidents; and feeling sick generally.

The screening tests most commonly used are those that measure height and weight and determine visual and hearing acuity to secure a better understanding of the pupil, help attain greater physical effectiveness and increase his understanding ways of living healthfully. The main objectives of the appraisal of health of school children is to be able to detect early any identifiable physical, medical and mental defects which may interfere with the child's ability to benefit from education opportunities in the school (Ademuwagun and Oduntan 1986)

Emergency care of injuries and first aid: This is the immediate care given to persons who have suffered injuries or sudden illness before taking him/her for proper medical attention. The school has the responsibility of providing immediate care in case of accident and sudden illness until the parent of the injured students are notified and handed over to them or to the doctor for proper medical treatment. It was reported by Allenworth and Green (1990) that emergency care and first aid services were not adequate in schools and there was no follow up services.

Ibhafidon (2007) quoting Wilson (1980) defined guidance and counselling as the procedure by which nurses, teachers, physicians and guidance counsellors interpret to pupils and parents the nature and significance of a health problem and aid them in formulating a plan of action which will lead to the solution of the problem. Pupils who require follow up services are identified by Nemir and Schaller (1985) as those suffering from tuberculosis, heart murmur, anemia, diabetes and chronic fatigue, those that require treatment services, correction or constant supervision are malnutrition, dental caries, vision or hearing deviation and epilepsy.

Ogundele (2002) submitted that health services reflect sound public health and educational principles that contribute to the conservation of the child and community health and to the health education of both pupils and parents.

Hypotheses

The following hypotheses were formulated and tested in the study:

- i) Health appraisal will not be significantly carried out on students in selected public senior secondary schools in Egbeda Local Government area of Oyo State.
- ii) School midday meals will not be significantly provided for students in selected public senior secondary schools in Egbeda Local Government area of Oyo State.
- iii) Emergency care and first aid services will not be significantly provided for students in selected public senior secondary schools in Egbeda Local Government area of Oyo State.
- iv) Follow up services will not be significantly provided for students in selected senior secondary schools in Egbeda Local Government area of Oyo State.
- v) Communicable diseases will not be significantly controlled in selected senior secondary schools in Egbeda Local Government area of Oyo State.

Methodology

Descriptive survey method was adopted in this research. The population for the study consists of all students in public senior secondary schools in Egbeda local Government Area of Oyo State. The simple random sampling techniques without replacement method of ballot system was used to select 6 out of 12 public senior secondary schools in Egbeda Local government. Purposive random sampling techniques was used to select 50 students. 25 each from SS 1 and SS 2 classes of the selected schools making a total of 300 respondents.

The instrument used for the study was a self designed questionnaire validated by the experts in health education from the Department of Human Kinetics and Health Education, University of Ibadan, Ibadan. The reliability of the instrument was ascertained by administering it using test retest method on twenty five senior secondary school students from Lagelu Grammar School, in Ibadan North East Local Government Area of Oyo State. The results was subjected to Cronbach alpha coefficient and coefficient of 0.74 was obtained.

The questionnaire was administered personally with the assistance of trained research assistants in each school on 300 respondents and collected on the spot. The data collected was coded and analyzed using chi square statistics at 0.05 alpha level.

Senior Secondary Schools in Egbeda Local Government

- i. Idi Ito High School Erunmu
- ii. Urban day Grammar School, Old Ife road Ibadan
- iii. Community High School Egbeda
- iv. Community Grammar School Olodo
- v. Ilupeju Grammar School, Aligbo
- vi. Community High School Ayede
- vii. Community High School, Osegere, Olukeye
- viii. Community High School Kumapayi
- ix. Community High School, Owobaale
- x. Community High School, Kasumu
- xi. Community High School, Ogungbade
- xii. Bishop Phillips Academy, Iwo Road, Ibadan.

Table 1: Distribution of Respondents

Schools	SS I		SS II		Total
	M	F	M	F	
Idi Ito High School Erunmu	15	10	15	10	50
Urban Day Grammar School, Old Ife road Ibadan	15	10	15	10	50
Community High School Egbeda	15	10	15	10	50
Community Grammar School Olodo	15	10	15	10	50
Community High School, Kumapayi	15	10	15	10	50
Bishop Phillip Academy Iwo Road, Ibadan	15	10	15	10	50
Total	90	60	90	60	300

Hypothesis 1:

Table 2: Frequency and chi square analysis of responses on health appraisal

Respondent	Fo	%	Fe	fo-fe ²	-x ²
SA	90	30	75	225	3
A	80	26.6	75	25	0.3
D	60	20	75	225	3
SD	70	23.3	75	25	0.3
	300	100	300		6.6

Level of significance = 0.05 critical value at 3df = 7.81.

Table 2: shows that out of 300 respondents, 90 (30%) strongly agreed, 80 (26.6) agreed, 60 (20%) strongly disagreed 70 (23.3) disagreed. The percentage of respondents that agreed 170 (56.6%) which is greater than those that disagreed 130 (43.3%) that health appraisal will not be significantly carried out on students in selected public senior secondary schools in Egbeda Local Government Area of Oyo State. Similarly, since the calculated value of 6.66 is lesser than critical value of 7.81, the null hypothesis which states that health appraisal will not be significantly carried out on students in selected public senior secondary schools in Egbeda Local Government Area of Oyo State is accepted.

Hypothesis 2:

Table 3: Percentage and chi-square analysis of responses on midday meals.

Respondent	fo	%	fe	fo-fe ²	-x ²
SA	86	28.6	75	121	1.61
A	82	27.3	75	49	0.65
D	65	21.6	75	100	1.33
SD	67	22.3	75	64	0.85
	300	100	300		4.44

Level of significance = 0.05 critical value at 3 df = 7.81.

Table 3 shows that out of 300 respondents, 86 (28.6%) strongly agreed, 82 (27.3) agreed, 65 (21.6%) disagreed and 67 (22.3%) strongly disagreed. The percentage distribution of the respondents that agreed is 168 (55.9%) which is greater than those that disagreed 132 (43.9%) that school midday meals will not be significantly provided for students in selected public senior secondary schools in Egbeda Local Government Area of Oyo State.

Similarly, since the calculated value of 4.44 is lesser than critical value of 7.81, the null hypothesis which states that mid day meal will not be significantly provided for students in selected public senior secondary schools in Egbeda Local Government Area of Oyo State is accepted.

Hypothesis 3:

Table 4: Frequency and chi-square analysis of responses on emergency care and first aid services.

Respondent	fo	%	fe	fo-fe ²	χ^2
SA	88	29.3	75	169	2.23
A	82	27.3	75	49	0.65
D	58	19.3	75	289	3.85
SD	72	24	75	9	0.12
	300	100	300		6.85

Level of significance = 0.05 critical value at 3 df = 7.81.

Table 4 shows that out of 300 respondents, 83 (29.3%) strongly agreed, 82 (27.3%) agreed, 58 (19.3%) disagreed and 72 (24.0%) strongly disagreed. The percentage of total respondents that agreed is 170 (56.6%) greater than those that disagreed. 130 (43.3%) stated that emergency care and first aid services will not be significantly provided for students in selected public senior secondary schools in Egbeda Local Government Area of Oyo State.

Similarly, since the calculated value of 6.85 is lesser than critical value of 7.81, the null hypothesis which states that emergency care and first aid services will not be provided for students in selected public senior secondary schools in Egbeda Local Government Area of Oyo State is accepted.

Hypothesis 4:

Table 5: Frequency and chi-square analysis of responses on follow up.

Respondent	fo	%	fe	fo-fe ²	χ^2
SA	85	28.3	75	100	1.53
A	77	25.6	75	4	0.05
D	68	22.6	75	49	0.65
SD	70	23.3	75	25	1.33
			100		2.26

Level of significance = 0.05 critical value at 3 df = 7.81.

Table 5 shows that out of 300 respondents, 85 (28.3%) strongly agreed, 77 (25.6%) agreed, 68 (22.6%) disagreed and 70 (23.3%) strongly disagreed. The percentage distribution of respondents that agreed is 162 (53.9%) is greater than those that disagreed 138 (45.9%) that follow up services will not be significantly provided for students in selected public senior secondary schools in Egbeda Local Government Area of Oyo State.

Similarly, since the calculated value of 2.26 is lesser than critical value of 7.81, the null hypothesis which states that followup services will not be significantly provided for students in selected public senior secondary schools in Egbeda Local Government Area of Oyo State is accepted.

Hypothesis 5:

Table 6: Frequency and chi-square analysis of responses on communicable disease.

Respondent	Fo	%	fe	fo-fe ²	x ²
SA	89	29.6	75	196	2.61
A	84	28	75	81	1.08
D	67	22.3	75	64	0.85
SD	60	20	75	225	3
	300	100	300		7.54

Level of significance = 0.05 critical value at 3 df = 7.81

Table 6 shows that out of 300 respondents, 89 (29.6%) strongly agreed, 84 (28%) agreed, 67 (22.3%) disagreed, 60 (20%) strongly disagreed. The percentage distribution of total respondents that agreed is 173 (57.6) is greater than those that disagreed 127 (42.3%) that communicable disease will not be significantly controlled in selected public senior secondary schools in Egbeda local government area of Oyo State.

Similarly, since the calculated value of 7.54 is lesser than critical value of 7.81, the null hypothesis which states that communicable disease will not be significantly controled in selected public senior secondary schools in Egbeda Local Government Area of Oyo State is accepted.

Discussion of findings

The result in table 2 show that health appraisal was not significantly carried out on students in senior secondary schools in Egbeda Local Government Area of Oyo State. This will prevent the teachers from evaluation of the current health status of students and the health of students may affect their school attendance and academic performance. Ademuwagun and Oduntan noted that the main objectives of the appraisal of health of school children is to be able to detect early any identifiable physical, medical and mental defects which may interfere with the child's ability to benefit from educational opportunities in the school. Table 3 shows that mid day meal was not provided for students in schools, UNICEF (2007) stressed the need for school to provide at least one adequate meal a day to reduce malnutrition and hunger among school children particularly among those living in poor rural communities.

It was also found out in tables 4 and 5 that emergency care/first aid services and follow up services were not provided for students in senior public schools. These findings corroborate those of Allensworth and Green (1990) that emergency care, first aid and follow up service were not adequate in schools. This can result into students who are injured or fall sick to suffer more complications and may result into the death of such students if adequate care is not taken. Nemir and Schaller (1995) observed that pupils who require follow up services are those suffering from: tuberculosis, heart murmur anemia, diabetes, and chronic fatigue. Table 6 also shows that communicable diseases were not significantly controlled in selected senior secondary schools in Egbeda Local Government Area of Oyo State. Moronkola (2012) noted that both the school and community have the responsibility of preventing communicable diseases among children generally and school children in particular since children learn well when in good state of health.

Conclusion

The above findings showed that respondents agreed that health appraisal, school midday meals, emergency care/first aid services, follow up services were not significantly provided for students. They also agreed that communicable diseases were not controlled in public senior secondary schools in Egbeda Local Government Area of Oyo State.

Recommendations

Based on the findings of this study, it is hereby recommended that the government at various levels and school authorities should make provisions for effective school health services such as adequate health appraisal and periodic medical examination, provision of at least one adequate meal per day for students, care of emergencies and first aid treatment. There is also the need for regular inoculation and immunization services to be provided for students to prevent the spread of communicable diseases.

The school authorities can also solicit for the assistance of the Parent Teachers Association in provision of health services in their schools.

Teachers and other health workers in the schools should contribute their own quota towards implementation of health services by self appraisal/ observation of students' health status, make adequate referrals and follow up services of student(s) that are sick or are having any form of disabilities. This will go a long way in preventing, preserving and promoting a sound health among the students and staff in our public schools as healthy citizens

made an healthy, wealthy and vibrant nation and the school children are the future of the nation.

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