

# Assessment of School Health Services Utilization Among Secondary School Students in Akinyele Local Government Area, Ibadan, Oyo State

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## Abstract

**Background:** The term "school health services" refers to the healthcare delivery system in place in a school or college. These services seek to improve and maintain school children's health in order to give them a healthy start in life. Additionally, these services aim to ensure that children get the most out of their educational opportunities in school.

**Methodology:** A descriptive cross-sectional study was conducted among 42 respondents in Akinyele LGA. SPSS version 2.0 was used for the data analysis.

**Results:** Findings from the study provided evidence for a good test-retest reliability and an acceptable Cronbach alpha value.

**Conclusion:** School health Services are activities undertaken to promote, improve and protect the health of the school community through a participatory and action oriented approach to health education and understanding that students have their concepts of health and well-being.

**Keywords:** School, school health services, utilization, Secondary school,

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## Introduction

School health services refer to the health care delivery system that is operational within a school or college. These services aim at promoting and maintaining the health of school children so as to give them a good start in life. In addition, these services seek to enable children benefit optimally from their school learning experience. (Kuponiyi, Amoran and Kuponiyi, 2016). Globally the number of children reaching school age is estimated to be 1.2 billion (18 % of the world's population) and rising to 1.96 billion in 2017 (Kuponiyi, Amoran and Kuponiyi, 2016). In many homes across the world, children start to attend school as early as 5–6 months because mothers have to wean early to return to their work place. The goal of the school health services is to assist students in maintaining the best health possible so they can benefit fully from their education. School health services deal with health appraisals, control of communicable diseases, record keeping and supervision of the health of school children and personnel (Kuponiyi, Amoran and Kuponiyi, 2016). It is the aspect that concerns itself with evaluating the health of an individual objectively. Through health evaluations, school officials have the chance to spot common diseases' signs and symptoms as well as indications of mental disorders that could obstruct children's learning activities (UNICEF, 2017).

School health services are both preventive and curative services and it helps in providing information to parents and school personnel on the health status of school children (Federal Ministry of Education, 2016). It also provides advisory and counselling services for the school community and parents. It includes pre-entry medical screening, routine health screening/examination, school health records, sick-bay, first aid and referral services. Other services rendered include health observation (which involves physical inspection of the physiology and behaviors of children), health examinations (screening tests and medical diagnosis) and health records (keeping of records of the health histories of children) (UNICEF, 2017; Federal Ministry of Education, 2016).

School health has been described as the neglected component of Primary Health Care in Africa (Adegbenro, 2017). Since almost every small community has a school, in those communities without health centres, it should be possible to use the school as a centre for primary health care delivery to the community as well as the students. A well organized and properly executed school health programme can be used to create safe environment for school children (Adegbenro, 2017). School health programme can become one of the strategies for promoting primary health care services. In Nigeria, all efforts to address the school health program have mostly been at the policy level, with little implementation. Where implementation has been attempted the emphasis has been on outside rather than within the schools (Mbarie, Ofovwe and Ibadin, 2010).

The primary aim of the present pilot study was to identify possible obstacle areas and shortcomings in the main research project concerning school health services utilization among secondary school students in Akinyele Local Government Area, Ibadan, Oyo State. The secondary aims were to determine the feasibility of the main study protocol, to examine if the recruitment methods of participants are suitable, to pretest the questionnaire, and to determine the reliability method.

## Method

### Research design

A pilot study was conducted to assess school health services utilization among secondary school students of a descriptive cross-sectional study which will be the main future research project.

**Population and sampling:** The study was conducted among secondary school students, Akinyele LGA. 42 participants were recruited for this study which is 10% of the main study population

**Participants and participant recruitment:** In order to participate secondary school students had to meet the inclusion criteria: People aged 10-19 years. Students available during the study in selected secondary schools in Akinyele Local Government Area.

The individuals or group that were excluded from this study include:

Eligible participants who are not willing to participate in the study.

Eligible participants who are sick or disoriented

Schools not registered by the state government.

Refusal to give assent at the time of the interview.

**Instruments:** A structured self-administered questionnaire developed by researchers from reviewed literature was used. The questionnaire consists of information on socio-demographic characteristics of the respondents, student's knowledge on school health services, available school health services, practice of school health services in school, barriers affecting implementation of school health services and assessment of level of utilization among school health services.

**Ethical Consideration:** Ethical clearance was obtained from Oyo State Health Management Research and Ethical Committee. Written consent was obtained from the managing authorities of public and private secondary schools in Akinyele Local Government Area Ibadan. Participation in the study was voluntary and participant can withdraw from the study at any point without any penalty. Informed consent was obtained from the respondents along with the questionnaire to be filled. The collection process lasted for 3days.

**Data Analysis:** The data obtained was properly screened for errors and completeness. SPSS version 25.0 was used to analyze the data. Descriptive statistics such as percentages and frequency were used for categorical variables. The mean and standard deviation for continuous variables. The Cronbach alpha was used to evaluate the reliability of each scale in the questionnaire and values  $>0.7$  were considered acceptable.

## Results

### Socio-Demographic Characteristics of the respondents

Table 1 shows the respondents' socio-demographic characteristics of the respondents. About 40.5% of the respondents are between the age group 14-16years. More than half of the respondents were male, JSS3 (21.4%) and Majority (47.6%) are Yoruba. Majority (40.5%) of the respondents religion were Islam. 47.6% have a polygamy family structure. Majority (57.1%) lives with both parents.

Table 1: frequency distribution of the respondents socio-demographics characteristics

Variables	N	%
<b>Age</b>		
10-13	10	23.8
14-16	17	40.5

17 and above	15	35.7	
<b>Gender</b>			
Male	23	54.7	
Female	19	45.3	
<b>What is your class?</b>			
JSS1	6	14.3	
JSS 2	6	14.3	
JSS 3	9	21.4	
SSS1	8	19.0	
SS2	7	16.7	
SSS3	6	14.3	
<b>What is your ethnic group?</b>			
Yoruba	20	47.6	
Hausa	10	23.8	
Igbo	8	19.0	
Others	4	9.5	
<b>What is your religion?</b>			
Christianity	17	40.5	
Islam	21	50	
Traditional	4	9.5	
<b>What is your family structure?</b>			
Monogamy	17	40.5	
Polygamy	20	47.6	
Single parent	5	11.9	
No parent	-	-	
<b>Who do you live with?</b>			
Both parents	24	57.1	
Father alone	-	-	
Mother alone	5	11.9	
Relatives	13	31.0	

### Knowledge of Students on School Health Service

About 71.4% of the respondents knows that school health services constitute one of the major components of the School Health Practices. Most (72.2%) of the respondents school health services deals with the maintenance of the health of the school children. Majority (66.7%) ticked yes to effective school health services facilitate early detection and diagnosis of infections and diseases. About 71.4 of the respondents agrees to effective school health services prevent mortality and reduce morbidity. 72.2% of the respondents says that school health services contribute to positive health of school children.

**Table 2: Knowledge of Students on School Health Service**

Variables	Yes (%)	No(%)
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School health services constitute one of the major components of the School Health Practices	30(71.4%)	12(28.6%)
School health services deals with the maintenance of the health of the school children	32(72.2%)	10(23.8%)
Effective school health services facilitate early detection and diagnosis of infections and diseases	28(66.7%)	14(33.3%)
Effective school health services prevent mortality and reduce morbidity	30(71.4%)	12(28.6%)
School health services do not contribute to positive health of school children	10(23.8%)	32(72.2%)

Knowledge Score	Frequency	Percentage (%)
Good knowledge	26	62
Poor knowledge	16	38
No response	-	-
<b>Total</b>	<b>42</b>	<b>100</b>

### Respondent's Opinions about available School Health Services

About two-thirds of the respondents strongly agree they my school has health personnel and trained first aiders and First Aid Box and start CPR immediately before calling emergency services. More than two-fifths strongly agree of the respondents Health equipment and facilities are available in my school. Many (59.5%) of the respondents strongly agree that there is a clinic and a nearby hospital for further treatment of illness in my school. Most (35.7%) of the respondents of the school provides health support for the disadvantaged groups e.g. chronically sick, mentally and physically handicapped. 47.6% of the respondents where undecided that the school health services in my school provides essential information for students to modify their behaviour in matters affecting their health. Majority (47.6%) of the respondents were undecided that there are no essential drugs and materials in my school.

**Table 3 : School Health service**

Variables	SA	A	D	SD	UD
My school has health personnel and trained first aiders and First Aid Box	15 (35.7%)	13 (40%)	5 (11.9%)	4 (9.5%)	5 (11.9%)
Health equipment and facilities are available in my school	17 (40.5%)	11 (26.2%)	4 (9.5%)	5 (11.9%)	5 (11.9%)
My school has sickbay/health centre where students periodically undergo medical examination for any medical defects	19 (45.2%)	10 (23.8%)	5 (12%)	4 (9.5%)	4 (9.5%)
There is a clinic and a nearby hospital for further treatment of illness in my school	25 (59.5%)	10 (23.8%)	2 (4.8%)	-	5 (11.9%)

My school provides health support for the disadvantaged groups e.g. chronically sick, mentally and physically handicapped.	15 (35.7%)	8 (19.0%)	5 (9.5%)	5 (9.5%)	9 (21.4%)
The school health services in my school provides essential information for students to modify their behaviour in matters affecting their health.	5 (11.9%)	2 (4.8%)	5 (11.9%)	10 (23.8%)	20 (47.6%)
There are no essential drugs and materials in my school.	10 (23.8%)	3 (7.1%)	5 (12%)	4 (9.5%)	20 (47.6%)

### Respondent's Barriers affecting utilization/implementation of school health services

Table 4 shows the barriers affecting utilization of school health services. Majority agree that Lack of procedures and guidelines for school health is a barrier. About 28.6% of the respondents agrees to that collaboration with other support services, such as oral health, environmental health, primary school nutrition programmes and immunization is ineffective is a barrier. Majority (47.6%) agrees to shortage of health personnel. 42.7% of the respondent are undecided to poor roads, especially in rural communities, could create difficulties for outreach programmes being a barrier. 47.6% of the respondent are undecided to school nurses could not do proper follow-up and home visits for learners with problems.

Variables	SA	A	D	SD	UD
Lack of procedures and guidelines for school health	15(35.7%)	15(35.7%)	5(11.9%)	5(11.9%)	2(4.8%)
Collaboration with other support services, such as oral health, environmental health, primary school nutrition programmes and immunization is ineffective	10(23.8%)	12(28.6%)	7(16.7%)	5(11.9%)	8(19.0%)
Shortage of health personnel	20(47.6%)	10(23.8%)	5(11.9%)	2(4.8%)	5(11.9%)
Poor roads, especially in rural communities, could create difficulties for outreach programmes.	5(11.9%)	7(16.7%)	5(11.9%)	7(16.7%)	18(42.9%)
School nurses could not do proper follow-up and home visits for learners with problems.	5(11.9%)	6(14.3%)	7(16.7%)	4(9.5%)	20(47.6%)

### Respondent's Practice of school health services in secondary schools

Majority (15%) of the students agree that school sickbay/clinic has all equipment and it is being utilized by students. 30.9% of the respondent agree that school ambulance or bus to

convey sick children to hospitals in case of any emergency. Majority (35.7%) agree that routine inspection is being done by teachers in my school during general health appraisal services. About 47.6% agrees that the school carry our periodic medical examinations on students. About 47.6% agrees that there are health personnel and nurses ready to attend to students in my school.

**Table 5: Practice of school health services in secondary schools**

Variables	SA	A	D	SD	UD
My school sickbay/clinic has all equipment and it is being utilized by students	15 (35.7%)	15 (35.7%)	5 (11.9%)	3 (7.1%)	4 (9.5%)
My school has school ambulance or bus to convey sick children to hospitals in case of any emergency	8(19.0%)	13(30.9%)	6(14.3%)	8(19.0%)	7(16.7%)
Routine inspection is being done by teachers in my school during general health appraisal services	10(23.8%)	15(35.7%)	6(14.3%)	8(19.0%)	2(4.8%)
My school carry our periodic medical examinations on students	10(23.8%)	20(47.6%)	6(14.3%)	4(9.5%)	2(4.8%)
There are health personnel and nurses ready to attend to students in my school	10(23.8%)	20(47.6%)	5(12%)	4(9.5%)	3(7.1%)

### Respondent's Utilization of School Health Services

Majority (71.4%) says Utilization of health record book is N/A. Majority (66.7%) utilizes of recreational facilities. 83.3% of the respondents answered that utilization of school based clinic is N/A. More than half of the respondents agrees that there is adequate utilization of waste bins and toilet facilities. About 47.6% gave a positive response to utilization of counselling unit.

**Table 6: Utilization Of School Health Services**

Variables	YES	NO	N/A
Utilization of health record book	-	11(26.2%)	30(71.4%)
Utilization of recreational facilities	28(66.7%)	9(21.4%)	5(11.9%)
Utilization of school based clinic	2(4.8%)	5(11.9%)	35(83.3%)
Utilization of social food scheme	27(64.3%)	10(23.8%)	5(11.9%)
Utilization of waste bins	37(88.1%)	5(11.9%)	-
Utilization of counselling Unit	20(47.6%)	10(23.8%)	12(28.6%)
Utilization of toilet facilities	35(83.3%)	5(11.9%)	2(4.8%)



## Discussion

### Objectives One: To assess the school health services available to secondary school students

According to the study of Kuponiyi, Amoran and Kuponiyi, (2016), there were no health personnel or a trained first aider in 86 (47.8 %) public schools and 110 (61.1 %) private schools. Periodic medical examination for staff and pupils was carried out in only 13 (7.2 %) public and 31 (17.2 %) private schools. Essential drugs and materials were totally absent in most of public and private schools. In this study about 35.7% of respondents strongly agree that there are health personnel and trained first aiders and First Aid Box available in their schools. 69% of students concurred that there is a sickbay that undergoes periodic medical examination for students. About 30.9% of the respondent opined that there are no essential drugs and materials in the school.

In a study done by sann, Airede, Anigilaje & Offiong 2022 shows that a sickbay was present in 24 (22.6%) private schools and none in public schools. While in this study (59.5%) of the respondents strongly agree that there is a clinic and a nearby hospital for further treatment of illness in the schools compared to the study done by Kuponiyi, Amoran and Kuponiyi, (2016) that shows that sick bay/clinic were present only in very few public and private schools respectively.

In this study most (35.7%) of the respondents of the school provides health support for the disadvantaged groups e.g. chronically sick, mentally and physically handicapped compared to a study done by Lund 2001 in Zimbabwe shows that only 17.1% supervises children with special health needs and the physically challenged.

### Objectives Two: To assess the knowledge of secondary school students about school health services

Olrukooba, Babagbale, Yhaya et al (2018) conducted a study on the knowledge of school health programme among teachers and its practice by secondary school. The study revealed that Majority (96.2%) had poor knowledge on School health programme. This is contrary to a study done by Osian, Ehwarieme, Igbinoba (2020) where the findings show that majority of the respondents (57.6) have good knowledge of school health services. In this study majority (62%) has good knowledge of school health services.

In a study done by Kuponiyi, Amoran and Kuponiyi (2016) in western Nigeria on school health services and its practice among schools reported an overall poor knowledge. This is similar with the study carried out by Odeyemi & Chukwu 2015 on knowledge and attitude and practice of school health among primary school teachers in Nigeria. Findings from the study shows that majority of the respondents had poor knowledge. The findings are contrary to this study carried out.

Also, Findings from a study done by Abubakar, Awosan, Ibrahim, Ibitoye (2019) on the knowledge and practice of school health program in Nigeria showed that majority of the respondents have poor knowledge.

### Objectives Three: To determine the level of school health services Practices

Kuponiyi, Amoran and Kuponiyi (2016) in a study on school health services and its practices reported that the practice of the various components of services was poor. This is similar to the study done by Odeyemi & Chukwu (2015) in western Nigeria that reported poor practice of many key component of school health services. Reports from the study are contrary to this

study done. Findings from this shows that majority of secondary school students utilizes school health services.

## CONCLUSION

This pilot study has achieved its goal by ascertaining the reliability of the study. Properly evaluating the tool's feasibility for gauging school health services utilization among secondary school students in Akinyele Local Government Area, Ibadan and recommending a number of research design improvements in the main study in a different study setting. Evidence has shown that education and health are closely related by confirming their health promotion can help schools in meeting their social aims and to promote educational attainment. Also Young people that feel good about their school and significant adults are less likely to undertake high risk behaviours and are likely to have better learning outcomes.

## RECOMMENDATIONS

1. Developing healthy school policies to promote health and well-being will be a necessity for life competencies.
2. Creation and maintenance of healthy physical and social school environment.

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