DOI: https://doi.org/10.67203/gjhrr.2021.gofljco5

https://abueducationjournals.com/gjhrr

ASSESSMENT OF SCHOOL HEALTH APPRAISAL SERVICES PROVISION AMONG URBAN AND RURAL SCHOOLS OF FEDERAL CAPITAL TERRITORY- ABUJA, NIGERIA

TUKURAH, Obadiah Ango

Government Secondary School Gwargwada– ABUJA.

Corresponding Authour: Email- tukuraho@gmail.com 08039427335/080532829

Abstract

This study assessed the adequate provision of school health services between urban and rural government senior secondary school students of Federal Capital Territory, Abuja. A multi-stage sampling technique that involved stratified random and simple random sampling techniques was used for this study. The instrument used for data collection was a structured questionnaire based on five points Likert Scale with 3.00 as the level of agreement that such a service is provided. Three hundred and eighty-four (384) copies of the questionnaire administered, three hundred and seventy-six (376) were valid and used for the analyses. Data collected was analyzed using a two-sample t-test at 0.05 alpha levels. The results revealed no significant difference in the responses of the respondents on the provision of health appraisal and emergency care to sudden injuries and illness among urban and rural senior secondary schools of the Federal Capital Territory. The t- values 0.121 and 0.368 obtained are lower than the t-critical value of 1.96. This means that the null hypotheses are upheld or accepted. It was recommended that schools clinics should be well equipped with beds, stretchers and drugs by the Secondary Education Board and the Federal Capital Territory Administration, to intensify better emergency care to injuries and sudden illness to limit the absentees of students from school.

Keywords: School health programme, School service, health appraisal, emergency care.

Introduction

Health is wealth goes an old adage. It is a necessity for every individual to keep the functions intact and to live long and be able to carry out daily activities. Furthermore, it has often been said that he that has health has hope, he that has hope has life and the greatest of all follies is the neglect of one's health to other virtues of life. Tukurah, (1988) and Umaru (2007) believed that a low level of health status gives way to attack by various communicable diseases that might become endemic and increased death rate within a community or nation at large, thereby causing wastage of human resources that create economic loss, not only to death toll but absenteeism from duty and insufficient energy to withstand the daily requirement of discharging one's duties.

According to Garba, Ajayi, Abdul and Alackson (2006), the provision of a special programme that is the "School health programme" will help ensure that all school children are as healthy as possible so that they can obtain the full benefit of their educational programme as well as develop healthy and productive adulthood. Ademuwagun and Oduntan (1956) and Ajala (1987) explains that the School Health Programme consists of three main components one of which is School health services that is been studied.

The school Health Service provided by the School nurses, dentists, teachers and all School-based / School linked health centre is the services provided when children start going to school to allow for an uninterrupted medical history for children to benefit in their educational carrier (Funso, 2005 and North Caroline Healthy School, 2008). School Health Services provides many services but this study is

concerned with two which include: Health appraisals and Emergency care for injuries and sudden illnesses.

Moronkola (2003) opined that health appraisal as a concept entails finding out the individual health status of students, staff and other members of the school community so that effective teaching and learning process can take place. Igwe (1996), Moronkola (2003) and Ojugo (2005) explained that the main objective of the health appraisal is to detect early any identifiable physical, medical and mental defects that may interfere with the students' ability to benefit from educational opportunities in the school. This will enable the school to plan for appropriate interventions like treatment, counselling education and also evaluation of the School Health Programme in general. In another development Carl, et al (1998) research reveals that most of the students agreed to have received physical and dental examinations in their schools.

A standard school health service aimed at securing the health of the students, staff and other members of the school community by providing emergency care for injuries and sudden illness to those found sick or having some emergency health challenges before they are referred to hospital if there is further need. Igwe (1996), Nichole, Hallenbeck and Robinson (2003) reported that providing an environment that is responsible for emergency health needs of students is essential in creating a safe setting for children in School and that the question about the minimum essential emergency equipment and resources that should be available to take adequate care for injuries and sudden illnesses brings with it many and varied opinions, issues and concerns. Makama (2007) said that the provision of simple care to the injured and sudden ill or sick student can be rendered through the school nurses or trained school personnel, and those serious conditions that cannot be handled by the school are referred to the hospital. Carl, et al. (1998) and Makama (2007) in their studies reveal that there were well equipped first-aid boxes to cater for the care for injury and the sudden illness of their student and personnel's, while Nwachukwu (2004) in his study found out that the provision of first-Aid boxes is deteriorating in Imo state.

The state of the school health services of our schools today among others has been one of the problems confronting the society at large and the educational sector in particular, especially at the secondary school level. The expected school health services today appear to be poorly functional, grossly neglected and unaddressed. Umaru (2007) pointed that one major aspect of the school health services which appraises the health status of the students and staff no longer exist. Today the usual inspection of students' fingernails, hair, and uniform on the assembly ground has disappeared, thereby reducing the means through which health knowledge is enhanced among students. More so, students and staff are often seen in hospitals and clinics outside the school during school hours with minor injuries or illnesses that would have been handled by the school. Therefore, the research study seeks to assess the adequacy of the health services provided in urban and rural Government Senior Secondary Schools of the Federal Capital Territory.

Research Questions

The following research questions were structured for the purpose of this study:

1. What is the health appraisal services provided to urban and rural government senior secondary school students in the Federal Capital Territory?
2. What are the facilities and equipment provided for the care of injuries and sudden illness among urban and rural government senior secondary schools in the Federal Capital Territory?

Hypotheses

To achieve the purpose of the study, two (2) hypotheses were formulated as follows:

1. There is no significant difference in the provision of health appraisal among Urban and Rural government senior secondary schools of Federal Capital Territory.

2. There is no significant difference in the provision of facilities and equipment for care for injury and sudden illness among Urban and Rural government senior secondary schools of Federal Capital Territory.

Material and Methods

Ex-post-facto research design was used. Multistage sampling technique was used to select three hundred and seventy-six (376) respondents from the population of 36,110 students of which 205 were from urban and 171 from rural school settings of the Senior Secondary School of the Federal Capital Territory. In the first stage, schools were stratified into the six Area councils to have a two-thirds number of schools in each to avoid undue advantage to any council. In the second stage, simple random sampling technique where names of all schools in each area council were written on pieces papers and are folded, put into a container, shuffled well and a neutral person dips his hand to pick one at a time after shuffling until the number allocated number for each area council is gotten. In the third stage one "Yes" was written on a piece of paper for an arm and "No" for the remaining arms of the class. The arm that picked "Yes" represents their class SSI, SSII, and SSIII. Finally, in the fourth stage four (4) "Yes" were written on pieces of paper because only four questionnaires were assigned for each class and "No" for the remaining class members of the selected arms of classes respectively. Those who picked "Yes" were use for the study. The main instrument used was a structured and validated questionnaire to elicit appropriate information from the respondents made of 25 items. The instrument consists of two sections A – B. Section A has five items on demographic information of the respondents, Section B consists of BI and BII. BI consists of 10 items on health appraisal services while Section BII was made up of 10 items on emergency care to injuries and sudden illness. This instrument was based on five points Likert scale which required the respondents to tick their responses on each of the statements that appealed to them. A mean score of less (3) for an item or a service is a negative response meaning that such was not provided. However, an item or service is considered been provided when it has a mean score of (3) and above. In order to ensure validation of the instrument, the questionnaire was vetted by (3) experts in the Department of Human Kinetics and Health Education, Ahmadu Bello University Zaria, for comment, observations, correction and suggestions. After incorporating all the suggestions made by them, the questionnaire was finally prepared for the study data collection. The instrument was administered during classes in the selected senior secondary schools by the research and (3) research assistants. Access into the schools was gained after submission of the letter of introduction obtained from the Department of Human Kinetics and Health Education, Ahmadu Bello University Zaria. The students were briefed on the purpose of the visit. Descriptive statistics of means and standard deviation to answer the research questions while inferential statistics of students' two-tail t-test was employed to test the formulated hypotheses at 0.05 level of significance.

Results and Discussion

Research Question 1: What is the health appraisal services provided to urban and rural government senior secondary school students in the Federal Capital Territory?

Table 1. Respondents' Opinion of Health Appraisal services provided in the Schools

S/N	Health Appraisal in the School	Urban Mean	Urban Std. Dev	Rural Mean	Rural Std. Dev
1	Teachers observed and asses my fingers nails, teeth, eyes, ears and clothes at assembly regularly.	3.30	1.394	3.67	1.326
2	Nurses and teachers check my eye and ear regularly in school.	2.34	1.238	2.58	1.210
3	Periodic medical checkups are conducted for students regularly in the school.	2.30	1.335	2.49	1.242
4	The teacher's observations on student's health are referred to the school Nurse or Doctor.	3.75	1.223	3.82	1.308
5	Medical examinations are carried out for students at entry and intervals before leaving school.	3.49	1.369	2.99	1.441
6	Teachers and other staff inspect the general body, clothes, cleanliness, skin, appearance and physical defects of students and action were taken where necessary.	4.16	1.032	4.17	1.059
7	The health information of each student is recorded in a standard form and kept in the school clinic.	3.70	1.213	3.64	1.372
8	Students weight and height are screen in the school to detect abnormalities.	2.31	1.277	2.13	1.189
9	Parents and guardians observed their children health status and report defects to the school.	3.90	1.162	3.90	1.175
10	Physical fitness activities are used to test students' health by teachers or health personnel.	3.89	1.118	3.99	1.206
	Aggregate Mean/ Standard Deviation	**3.31**	**1.118**	**3.34**	**1.253**

Table 1 above revealed the mean score of responses on health appraisal services provided in urban and rural senior secondary schools of the Federal Capital Territory- Abuja. The aggregate mean score of the items is 3.31 and 3.34 respectively for both urban and rural schools. Thus, indicating that health appraisal services are carried out among urban and rural schools. This can be concluded that most areas of health appraisal services are provided significantly by urban and rural senior secondary schools of the Federal Capital Territory, except for nurses and teachers from urban and rural schools do not check their students' eye and ears regularly in school as the mean score of $2.34 \leq 3.00$ and $2.58 \leq 3.00$, periodic medical checkups are not provided to students in urban and rural schools with mean scores of $2.30 \leq 3.00$ and $2.49 \leq 3.00$ and both school settings do not agree that their student's weight and height is screened to detect abnormalities with a mean score of $2.31 \leq 3.00$ and $2.13 \leq 3.00$ respectively. This implies that health appraisal services are provided among urban and rural senior secondary schools of the Federal Capital Territory – Abuja was good.

Research Questions 2: What are the facilities and equipment provided for the care of injuries and sudden illness among urban and rural government senior secondary schools in the Federal Capital Territory?

Table 2. Respondents' Opinion of Facilities and Equipment for Care of Injuries and Sudden Illness provide in the School.

S/N	Emergency care for injuries/ sudden illness	Urban		Rural	
		Mean	**Std. Dev**	**Mean**	**Std. Dev**
1	The school has a building for health care called Sickbay/dispensary or health centre.	4.18	1.205	4.02	1.296
2	Emergency care to injuries and sudden illness are provided within the school premises.	4.21	1.029	4.21	0.948
3	Equipment like stretchers and beds are available at the school clinic	3.45	1.429	3.37	1.510
4	The school nurse or other trained personnel provide emergency services to injury and sudden ill students.	4.10	0.997	3.98	1.067
5	Emergency cases beyond the school clinic are referred hospital and parents are notified.	4.40	0.992	4.43	0.989
6	The school has a well equipped first-aid box for emergency care.	3.99	1.177	3.82	1.167
7	Students are trained on first aid assistance (treatment) procedures.	3.67	1.345	3.59	1.343
8	Teachers and health personnel's keep records of injuries and sudden illnesses occurring in the school.	3.67	1.233	0.59	0.243
9	Health master and prefect only provide emergency care to injured and sudden ill students in the school.	3.52	1.114	3.68	1.228
10	The school has a planned procedure to follow by students and staff in terms of emergency or sudden illness in the school.	3.67	1.114	3.66	1.059
	Aggregate Mean / Standard Deviation	**3.89**	**1.173**	**3.84**	**1.178**

Table 2 above revealed that all the statements on emergency care to sudden injuries and illnesses were provided as their means scores were $3.89 \geq 3.00$ and $3.84 \geq 3.00$ for both urban and rural senior secondary schools of the Federal Capital Territory. For example on schools having a building for health care called Sickbay /dispensary or health centre, their means scores were $4.18 \geq 3.00$ and $4.02 \geq 3.00$ for urban and rural schools respectively. However, the table further revealed that students in urban schools agree with a mean score of $3.67 \geq 3.00$ that teachers and health personnel keep records of injuries and sudden illnesses in the school while those in rural schools do not agree to it provided with a mean score of $0.59 \leq 3.00$. This implies that health appraisal services are provided among urban and rural senior secondary schools of the Federal Capital Territory – Abuja was good.

Hypotheses Testing

The hypotheses raised to support the solution proffered to the research questions raised in the study are two which all aimed at determining possible differences among the students in terms of their location of the school in the provision of School Health Services in the selected schools. The hypotheses are tested as follows:

Hypothesis One: There is no significant difference in the provision of health appraisal between Urban and Rural government senior secondary schools of Federal Capital Territory.

Table 3. Two sample t-test Analysis on School Health Appraisal Programme by School Location.

School Location	N	Mean	S.D	S.E	t-cal	t-cri	DF	Sig	p
Urban	205	3.3063	1.236	.230	0.121	1.96	374	.905	0.000
Rural	171	3.3456	1.253	.232					

t (2, 374) = 1.96, P < 0.05

Table 3 above shows no significant difference between urban and rural government senior secondary schools student's responses on health appraisal care services provision. The observed t-value for the test is 0.121 which is lower compare with the critical value of 1.96 at a 0.05 level of significance. This means that the null hypothesis which says there is no significant difference in the provision of health appraisals between urban and rural government senior secondary school students of the Federal Capital Territory is hereby accepted.

Hypothesis Two: There is no significant difference in the provision of emergency care for injury and sudden illness between Urban and Rural government senior secondary schools of the Federal Capital Territory.

Table 4. Two sample t-test on Provision of Emergency Care for Injury/ Sudden Illness by Schools Location.

School Location	N	Mean	S.D	S.E	t-cal	t-cri	DF	Sig	p
Urban	203	3.8863	1.1724	.0427	0.368	1.96	374	.717	0.000
Rural	173	3.8327	1.1792	.0495					

t (2, 374) = 1.96, P < 0.05

Table 4 above did not reveal a significant difference between urban and rural government senior secondary schools students of the Federal Capital Territory opinion on the provision of emergency care for injury and sudden illness by location. The observed t-value of 0.368 is lower than the critical value of 1.96 at a 0.05 level of significance. This also means that the null hypothesis which says there is no significant difference in the provision of emergency cares for injury and sudden illness between urban and rural senior secondary school students of the Federal Capital Territory is hereby retained.

Discussions

Health appraisal as a concept entails finding out the individual health status of students, staff and other members of the school community so that effective teaching and learning processes can take place. This study was to assess the adequacy of health services provision in urban and rural government senior secondary schools of the Federal Capital Territory - Abuja. The result of the test revealed that health appraisal services were provided to both urban and rural government senior secondary schools of Federal Capital Territory with a mean score of less than 3.31 and 3.34. These findings are contrary to Garba, Ajayi, Abdul and Alackson (2006) whose studies among post-primary schools in Sabon Gari Local Government Area of Kaduna State reveals that only 21.6% of their respondent agreed to have

received health inspection. The same goes with the study of Ojugo (2005) and Makama (2007) who reported the absence of health appraisal in their respective places of study. The study was, however, in agreement with that of Carl, et al. (1998) who reported that most of the respondents agreed to have received physical and dental examinations at their respective school health centres in the United State of America.

The study also found no significant difference in the respondents' responses from both urban and rural schools as both agreed to the provision of emergency care for injury and sudden illnesses with mean scores of 3.89 and 3.84respectivey. The result shows that all emergency care services are functional in both schools locations. The finding is consistent with Igwe (1996) and Nichole, Hallenbeck and Robinson, (2003) who postulated that every school should have programmed relating to emergency care. Relevant to the above findings of Carl, et al. (1998), Garba, Ajayi, Abdul and Alackson (2006) and Makama (2007) whose studies reported good emergency cares in their respective places of study. However, this study is contrary to that of Nwachukwu (2004) who reported that the provision of emergency first aid boxes among schools of Imo State is deteriorating.

Conclusion

The study investigates the adequacy of School health services provided among Urban and Rural senior secondary schools of Federal Capital Territory – Abuja. A total of 384 copies of the questionnaire were administered to the students of which 376 (97.9%) were duly filled and returned and used for the study. Variables assessed were School Health Services components of health appraisal and emergency care for injury and sudden illness and it was concluded that:

1. Health appraisal services for students in both urban and rural of the Federal Capital Territory senior secondary school were inadequate.
2. Emergency care for injury and sudden illness in both urban and rural senior secondary schools of the Federal Capital Territory were adequately provided.

Recommendations

In the light of the above findings, the following recommendations are made.

1. Regular inspection of school children at school assemblies and classes with periodic medical examination, height and screenings, should be provided to the students by the teachers, school health personnel and the health department of the Federal Capital Territory.
2. Schools clinics should be well equipped with beds, drugs, stretchers by the Federal Capital Territory administration to further enhance emergency care.

References

Ademuwagun, Z. A., & Oduntan, S. O. (1986): *A School Health Education Hand-Book.* Ibadan: University Limited. P 162 – 168.

Ajala, J.A (1987): *Importance and place of Health Instruction in the school Programme.* Text of lecture at World Convention: Better Teaching of Health and Fitness, Boston, Massachusetts, U.S.A. P- 5 – 6

Carl, L.H., Mark, K., Kathleen, I. W., Dale, O.R., Paula, L.W., & Fred, R. I. (1998): *Rural School Health Services: An assessment of Adolescents' Felt needs.* Department of Health and Physical Education. Montana State University — Billings, 1500 North 30th Street, Billings (http://www.msubillings.edu/fac/hansonl8-26).

Funso, T. A. (2005). *A Guide to Primary Health Care Practice for Developing Countries*. Bendunny Grafiks Akure. P 72 – 80

Garba, S.N., Ajayi, A.D., Abdul, A.J. & Alackson, R. (2006). Assessment of School Health Programme in Secondary Schools in Sabon Gari Local Government Area, Kaduna State. *Journal of Education Research and Development,* Faculty of Education Ahmadu Bello University. Zaria: 1 (3): 120— 126.

lgwe, O . M. B.(1996): *Basic Health Science for Teachers and Nurses*. Uruowulu-Obosi Anambra: Pacific Publishers.

Makama, B. A. (2007): Assessment of School Health Services in Post Primary Schools Of Kaduna State. *Unpublished M.ed Thesis*, Department of Physica and Health Education Faculty of Education. Ahmadu Bello University, Zaria.

Moronkola, A. O. (2003): *School Health Programme*. Ibadan, Nigeria. Royal People (Nigeria) Ltd.

Nichole, B., Hallenbeck, P. & Robinson, J. (2003): Recommended Minimal Emergency Equipment and Resources for Schools. *The Journal of School of Nursing*: Nursing Division Washington Hospital Center. Washington Dc: 19 (3), 150—156. **https://doi.org/10.1177/10598405030190030501**

Nwachukwu, A. E. (2004): Implementation of School Health Programme. *Journal of Nigeria School Health Association*. 16 (1 and2), 83—93.

North Caroline Healthy Schools (2008): *Eight Components Model*. North Caroline. **http:/www.cdc.gov/nccdphplagpdf/aag-dash2004.pdf.**

Ojugo, A. I.(2005): Status of Health Appraisal Services for Primary Schools Children in Edo State. *The International Electric Journal of Health Education*.

Tukurah, O. A.(1988): Factors Responsible for Health Hazards in Kachia Local Government Area of Kaduna State. *Unpublished B.ed (P.H.E.) Project*. Faculty of Education Ahmadu Bello University, Zaria.

Umaru, M. (2007): Relationship of Health knowledge with attitude towards health and Healthful Practices of Senior Secondary Schools Students in Nigeria. *Unpublished PhD Dissertification,* Faculty of Education, Ahmadu Bello University, Zaria.