



Appraisal of the Perceptions of Teachers on the Implementation of School Health Services in Private and Public Secondary Schools in Ebonyi State, Nigeria

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Authors' contributions

This work was carried out in collaboration among all authors. Author ON designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Authors COA, LNOA, IMO, ENA and JNN managed the analyses of the study. Authors PII and MOO managed the literature searches. All authors read and approved the final manuscript.

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ABSTRACT

Aims: The purpose of this paper is to appraise the perceptions of teachers on the implementation of school health services in Private and Public Secondary Schools in Ebonyi State, Nigeria.

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Background: Health is an essential commodity that every living human bargain for and is the prerequisite determinant of our overall achievements be it academic, social, economic and political dimensions.

Methodology: A cross-sectional descriptive design was employed to appraise the perceptions of teachers on the implementation of school health services in private and public secondary schools in Ebonyi state. Using the multistage sampling technique a total of 160 teachers who consented to participate in the study were enrolled. A self-developed questionnaire titled: Appraisal of the Perceptions of Teachers on the Implementation of School Health Service (APTISHS) was used for data collection.

Results: The findings revealed that the perceptions of teachers on the implementation of school health services in private and public secondary schools in Ebonyi state were generally poor with the Mean score 2 and 2.2 respectively. However, despite the low perception on the implementation, private schools were more favoured than public schools in areas like: Availability of personnel (P-value: 0.00); Health records (P-value: 0.00), Quality of first aid box (P-value: 0.01).

Conclusion: While efforts are made to revamp school health services in all schools, a heightened attention should be given to public schools. For an effective implementation of the school health services government should set up an implementation and evaluation committee or monitoring team. The team should composed of stakeholders from both ministries of Education and Health, school managements in both public and private including their association bodies, parent association and the communities hosting the schools. This body will facilitate issues to be agreed upon and enforcement more realistic.

Keywords: School health service; perceptions of teachers; implementation; secondary schools.

1. INTRODUCTION

Health is an essential commodity that every living human bargain for and is the prerequisite determinant of our overall achievements, be it academic, social, economic and political dimensions. The development of health promotion structure which has led to the establishment of school health program is not unconnected to the attention and application of the principles of Ottawa charter in schools [1,2]. School health programme emphasizes the relationship between health and education which Health for All and Education for All goals of the United Nation were distinctly reflected as the stronghold of the Ottawa charter [3,4]. The "Education for All" was established to ensure that all children have access to basic education of good quality. This implies creating an environment in schools and in basic education programmes in which children are both able and enabled to learn. Such environment must be healthy, friendly, effective and protective for children. The development of such child-friendly learning environment is an essential part of the overall efforts by countries around the world including Nigeria to increase access to, and improve the quality, of their schools [5].

It is important to note that School Health Program in Nigeria is a broad term which is made up of five main components, namely:

Healthful School Environment; skill-Based Health Education; School, Home and Community relationships; School Feeding Services and School Health Services [6]. However, this study focused on school health services to appraise the perceptions of teachers on the implementation of school health services in private and public secondary schools in Ebonyi State, Nigeria. The school Health services are grouped under preventive and curative services provided for the pupils, teachers and staff within the school setting. There include those activities in school that aim at improving and maintaining good state of health of the pupils', teachers, staff, school and community [7,1].

Over the last decade, World Health Organization have developed school health services under school health program and it is globally been implemented [8]. Studies have revealed varying results and challenges of different countries that practice school health program [8]. Some of the challenges which were adjudged to be significant were human resource mobilization and facilities to implement the initiative, inclusion of societies as whole identities, policy makers, public, private and non-governmental sectors, as well as students, their parents and teachers [9]. However, studies observed that the greatest barriers to achieving the goals of school health programme were educational institutions and teachers' ill-preparedness on health issues,

timelessness and resource shortage, and weakness of facilities [10].

However, the researcher has observed that none of the studies reviewed above assessed the perceptions of teachers on the implementation of school health services under school health programme. Therefore, it is not known if the perceptions of teachers have contributed to the ill-preparedness on health issues or is it affecting the implementation of school health services in the secondary schools in Ebonyi State. It is in the light of this possibility that the present study seek to investigate the perceptions of teachers on the implementation of school health services in private and public secondary schools in Ebonyi state, Nigeria.

2. MATERIALS AND METHODS

2.1 Study Design and Study Setting

A descriptive research design was used to assess the perceptions of teachers on the implementation of school health services in private and public secondary schools in Ebonyi State. The present study adopted quantitative tools for data collection. The quantitative method involved the use of semi-structured administered questionnaires. Ebonyi State, which is bordered by Enugu State to the west and south by the Central senatorial zone, and to the East by Cross River State, while Benue State is on the Northern edge. Ebonyi State is new state with its educational system at the developmental stage, an appraisal on the perceptions of teachers on the implementation of school health services in private and public secondary schools will play major roles in determining the factors affecting the implementation of school health services in secondary schools in the state.

2.2 Study Population

The population of the study comprised all the 1600 teachers in Ebonyi State Secondary Schools. There were 910 teachers from private schools and 690 teachers from public schools totaling 1600 teachers in the state.

2.3 Sample Size Estimation and Sampling Technique

A sample of 160 teachers was used for the study. This represented 10 per cent of the total population. This is in line with the rule of the thumb which stated that, when a population is in

a few thousand, five to ten per cent of the population will be deemed appropriate to determine the sample size. The sample technique was multistage sampling procedure. The first stage involved stratifying the three education zones in the state into exclusive clusters: (1) Abakaliki zone (2) Onueke zone and (3) Afikpo education zone. Abakaliki education zone has 40 government secondary schools, and 26 private secondary schools totaling 66 in the zone. Onueke education zone has 44 government secondary and 23 private secondary schools totaling 67 and Afikpo education zone has 39 government secondary schools and 32 private secondary school totaling 71 secondary schools in the zone. This makes up the 204 government secondary schools in the state. The second stage involved the use of quota sampling to draw two secondary school from each of the three education zones. One school from government owned secondary schools and one from private secondary schools totaling six sample secondary schools. The third stage involved stratifying teachers in each selected school into private and public school using proportionate sampling method. However, disproportionate sampling techniques were used to draw 160 secondary school teachers from each of the six (6) secondary schools selected, 91 teachers from private schools and 69 from public schools.

2.4 Data Collection

In order to gain access to the study population, a letter of introduction was obtained from the Director African Institute for Health Policy and Health Systems, Ebonyi State University, Abakaliki, and presented to the principal of each of the schools under study. This enhanced the researcher and her assistants' access to the students. The researcher trained 4 research assistants for the instrument's administration and data collection from the respondents. The respondents were requested to complete and return the questionnaires immediately. This motive ensured 100% return rate of the instrument.

2.5 Data Analysis

Data collection was by means of close-ended questionnaires (dichotomous and likert). The socio-demographic data and data for available school health services were collected using dichotomous ('yes' or 'no') questionnaires and represented in frequency tables. The mean score

for each variable was calculated, mean rate of 3- was selected as the critical value, whereas any value below that was rated poor and any value above that was rated good and were represented using mean tables. The data collected were analyzed using the statistical package for social sciences (SPSS) version 20. The difference in the mean scores of school health services in private and public schools was compared using the Student t-test. The level of significance was set at a p- value of less than 0.05 ($p < 0.05$).

The overall socio-demographic data and their comparative results in both public and private schools were shown respectively.

3. RESULTS

Data in the Table 1 shows that there were 91 respondents from private schools and 69 from public schools. 56% were males while 44% were females both from private schools whereas their counterparts from public were 49.3% and 50.7% respectively. The age range of 25 and 35years for private schools were 28.6% respondents and 47.8% for public schools. 19.8% and 17.4% represent private and public schools respondents that were between the ages of 35 to 44years. The least was those from the ages of 45years and above which were 7.7% for private and 2.9% for public schools.

Those that had West African Examination Council (WAEC), Nigeria College of Education (NCE) or Ordinary National Diploma (OND) were 20.9% and 36.2% respectively for both private and public schools. 26.4% of the respondents were those from private and 30.4% for public schools who had HND or First Degree. Those with second degrees were lower in number as private respondents were 7.7% and public were 2.9% and the least were those with PhD holders with 1.1% and 1.4% respectively. The respondents from private and public schools who are teachers were 51.6% and 69.6% in that order. The principals among the respondents were 1.1% and 1.4% respectively for private and public schools. For both 6months and 1year durations in service in the index schools, private schools had no respondent but there were 7.2% and 4.3% respectively for public school. The 5.5% and 13% of the respondents had served in the private and public schools respectively for 2 years while 14.3% and 27.5% had served for 3 years in the private and public schools respectively. However, there were 27.5% of private respondents compared with 24.6% of

public who had served for 4years in the schools whereas 52.7% and 23.2% in the same order had served in the schools for 5years and above.

Data in Table 2 shows availability of first aid box where 95.6% respondents from the private and 100% respondents from the public responded same. Regarding the pre-entry medical screen conducted on students, all the respondents from public agreed that they participated in the exercise and the same with 92.3% of the respondents from the private school. There were only 11.6% respondents from public school who indicated that they screened teachers before employment whereas 69.2% respondents from private schools had similar response. Health record system was more (76.9% respondents) in private schools than in public schools (11.6%). Both private and public schools had significant values of respondents that perceived to have health instructors in their schools and are 94.5% and 95.7% respectively. First Aiders were optimally available in both private and public schools as represented by the respondents respectively, 93.4% and 97.1%. Nutritionists were available but more (92.3% respondents) in private than in public schools which had 87% respondents to that effect. Nurses were also available more in private schools than in public schools which was reflected by the number of respondents 83.5% and 39.1% respectively. No availability of doctor was reported in public schools compared to 59.3% respondents from private who had such services.

4. DISCUSSION

This study identified that the perceptions of the knowledge of the teachers on the implementation of school health services in private and public secondary schools in Ebonyi State were generally poor. Even when the evidence is clear that an effective and sustainable school health services in schools in relation to improved academic performances and overall wellness of the students cannot be overemphasized. However, the finding of this study is in collaborates with the studies who reported poor perceptions of knowledge of teachers on the implementation of school health services in private and public secondary schools [11]. The generally poor knowledge on school health services has also been demonstrated in other previous studies [12-14]. It also collaborate with the study done by Kuponiyi, et al. [15], who indicated that about a quarter of the schools had a sick bay/clinic and in line with the study who

stated that less than a third of all the schools visited had a health room due to poor perception of teacher in the school [16].

Previous studies by different authors that demonstrated varying degrees of availabilities of sick bays in different parts of the country; 31.6% was reported by Ofovwe and Ofili in Edo State, 1% in Cross Rivers State by Akpabio, and 3.6% of primary schools in Akwa Ibom State by Akpabio [17,18]. The functionalities of the sick bays, was perceived to be on the average. That means they function better in private schools compared to public schools in terms of availability of personnel, essential drugs, emergency preparedness and responses.

Concerning availability of first aid box, both private and public school respondents had high

scores and but there was more agreement (100%) to the availability in public compared to the private schools, this report agrees partly with the report of Oyinlade, et al. [16], but better than 62% reported by Nwachukwu [19]. Although, the result in Table 2 showed hundred per cent responses in favor of public schools in terms of availability of first aid boxes compared to private schools, however, it is the opposite in terms of how equipped those first aid boxes were in those schools. They were more equipped in private schools than in public schools which are in disagreement with the finding of Oyinlade et al. [16], where all the public schools had equipped first aid box. Despite the higher figures obtained from both schools compared with the 39% reported by Akani [20] in a study he conducted in primary schools in Obio/Akpor local government, River State, it is still important to improve

Table 1. Summary of socio-demographic characteristics of both private and public schools

Parameter Assessed	Values (%)		
	Private (N=91)	Public (N=69)	
Gender	Male	51(56.0)	34(49.3)
	Female	40(44.0)	35(50.7)
Age (YRS)	25-34	26(28.6)	33(47.8)
	35-44	18(19.8)	12(17.4)
	≥45	7(7.7)	2(2.9)
Highest Academic Qualification	WAEC/NCE/OND	19(20.9)	25(36.2)
	HND/1 ST Degree	24(26.4)	21(30.4)
	2 ND Degree	7(7.7)	2(2.9)
	PhD	1(1.1)	1(1.4)
Job Title	Teacher	47(51.6)	48(69.6)
	Principal	1(1.1)	1(1.4)
Duration of service in present School	6 months	0	5(7.2)
	1 year	0	3(4.3)
	2 years	5(5.5)	9(13.0)
	3 years	13(14.3)	19(27.5)
	4 years	25(27.5)	17(24.6)
	≥5 years	48(52.7)	16(23.2)

Table 2. Comparing the perception differences among teachers on implementation of school health services in private and public schools

S/N	Parameters Assessed	Values (%)	
		Private n=91	Public n=69
1.	Yes to availability of sick bay/clinic	74(81.3)	26(37.7)
2.	Yes to availability of first aid box	87(95.6)	69(100)
3.	Yes to pre-entry medical screening on students	84(92.3)	69(100)
4.	Yes to pre-employment medical screening for teachers	63(69.2)	8(11.6)
5.	Yes to availability of school health record system	70(76.9)	8(11.6)
6.	Yes to availability of health instructor or teacher	86(94.5)	66(95.7)
7.	Yes to availability of a trained first aider	85(93.4)	67(97.1)
8.	Yes to availability of a nutritionist	84(92.3)	60(87.0)
9.	Yes to availability of a nurse	76(83.5)	27(39.1)
10.	Yes to availability of a doctor	54(59.3)	0(0.0)

on the equipment of the first aid boxes as these serve as the first point of intervention to an injured or ailing child. Considering pre entry medical screening for students, most of the respondents from private and public schools perceived that such exercise was available (Table 2) but the manner at which it was conducted in private schools was more and better from that of the public schools. The result from the private schools is not in agreement with the finding by Oyinlade, et al. [16] which revealed that screening exercises were not commonly practiced, however it aligned with the results of the public schools. Adeniran, et al. [21] stated that only 58.9% of the respondents from the schools studied conducted pre-admission examinations for new students which are lower than that revealed for private schools in the index study but better than the practice in public school in this study as presented in the above tables. The importance of pre-admission screening should not be overemphasized as it gives room for establishment of fitness and detection of abnormalities or conditions that may need immediate interventions Adeniran, et al. [21]. This serves as starting point for both students and staff Lucas, et al., and any case missed at this point predisposes the child to full blown health challenge and vice versa [22].

On the pre-employment screening of teachers, majority of the private schools' respondents indicated that it was available except very few of such respondents from public schools who were received in agreements. But the effectiveness of such practice was significantly demonstrated in private schools compared to public. However, while such screening could be done in school, there is need to be conducted elsewhere in a designated hospitals or laboratory and results brought to school.

School Health Record System was seen to be available mostly in private schools, though very few respondents from the public schools reported good perception towards implementation in their schools. Regarding the health record system, it was still the same private schools that demonstrated good and effective implementation as shown by the statistical significant value (p-value) compared to poor perception towards implementation by the public schools. This result from private schools is in sharp contrast with the report by Oyinlade, et al. [16], which stated that record keeping was generally poor in their study findings, which possibly could be due to lack of

knowledge of the importance by the responsible stakeholders.

Health instructors or teachers were seen to be available in private and public schools with high scores, the implication of this was that students are actually been taught or instructed on essential health tips that will aid them in improving their health which is in contrast with the report by Ejifugha [23], who revealed that the poor implementation of health instruction was attributed to administrative. Regarding first aider, there were more responses to availability of first aider in public schools than in private schools (Table 2). This could be due to the fact that some students who were not properly trained as first aiders lacks the knowledge of services in public schools and were possibly counted as such which could have made the respondents to respond in like manner.

Concerning nutritionists, the private schools recorded a slightly higher numbers of respondents who had nutritionist in their school than public schools. The fact that both private and public schools had nutritionists could be explainable on the basis that all the schools that participated in the study were boarding schools, some or otherwise all the students might depend on school cafeteria for feeding where the services of the nutritionists are paramount. A study by Ochor [24], reported that 13% of the schools studied provided meals, yet none of the study by Toma, et al. [12] and Akani [25], provided meals in school, and children were allowed to bring food to school or buy from vendors. Therefore the utilization of the services of a nutritionist in school meal preparation should not be overemphasized as it is expected to offer a quality and a balanced diet than when a non-specialist or expert does. Regarding the availability of a nurse in the schools there was a big margin in favor of private schools compared to public schools (Table 2). This finding generally does not agree with the 7.6% study identified to have school nurse by Toma, et al. [12], neither is it similar to 31nurses out of 830(3.7%) primary schools in Akwa Ibom State and 19 nurses of 942(2%) primary schools in Cross River's State [18]. Responding to availability and services of doctors as perceived by the respondents, the findings for this study revealed that while private schools had doctors, there was none in public schools (Table 2). On a general note, this finding does not tally with 1.5% (one out of the schools studied) as reported by Toma, et al. [12], to have services of a physician which in turn is better

than that shown by Kuponiyi, et al. [15], which identified that none of the school studied had the services of a doctor and this later finding is applicable with the result from public schools in this study.

5. CONCLUSION

The study observed that the perception of the knowledge of school health services in Ebonyi State was not optimal, which is an issue that should not be concealed. The importance of an effective and sustainable school health services in our schools in relation to improved academic performances and overall wellness of the students cannot be overemphasized. It is worthy to note that a child in a good state of health is better disposed for academic studies and performances than his or her counterpart who is facing some health challenges.

6. RECOMMENDATIONS

1. It was recommended that for an effective implementation of the school health services government has to set up an implementation and evaluation committee or monitoring team which should be composed of stakeholders from both ministries of Education and Health, school managements both public and private and their association bodies, parent association and even the communities hosting the schools where issues would be agreed upon, and communicated to the respective quarters and enforcement more realistic.
2. The public and private hospitals located within the areas of the schools should have partnership agreement with the designated schools. This will assist in terms of required health care personnel engagement and referrals. This can be enforced with a legislative backing hence it will give condition for establishment of any hospital within an area that certain services should be rendered.
3. Again, ministry of health should rationalize its health care personnel to cover the schools within the catchment zone as this could be prioritized on during employment of staff.
4. Most times the majority of those that utilize the school services are the children of the host community, community based health insurance scheme built in the school fees and linked to the appropriate hospitals is advocated for, so that this participatory responsibility by the parents will serve as a

driver to monitor the implementation of the services.

CONSENT AND ETHICAL APPROVAL

Ethical clearance was obtained from Ebonyi State University Ethical Review Committee which the researcher presented to the state secondary education board (ministry of education) to get their approval to conduct the study on the schools and the approval was given. The exercise was well explained to the participants, their consents sought and obtained, confidentiality guaranteed, and participation was optional.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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