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The State of Administration of Health Services among Secondary Schools in Cross River State of Nigeria (Pp. 292-301)

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Abstract

This study investigates the implementation of health services programme among public and private secondary schools in Cross River State of Nigeria. The five research questions aimed at finding out the state of access to module health services, nursing services, and health education. Other areas of the research are participation in games and sports and participation in health-promoting clubs in public and private secondary schools in the State. Samples comprising of 336 teachers from 104 secondary schools responded to a 12-item Principals and Teachers opinion on secondary school health services questionnaire. The findings show that there are significant differences between public and private secondary schools on administration of health services, health education and health-related programmes. It is recommended that since health service is the right of all citizens, government should ensure equitable distribution of health service and personnel to both public and private secondary schools in the State. School principals and proprietors should be aware that students need good health in order to

perform well in their academics. This realization should make them to promote health-related programmes in their schools.

Introduction

Health has been defined by World Health Organization (W.H.O: 1948) as a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity. School health education programme is that aspect of education programme, which is mainly concerned with the understanding of health and providing necessary experiences and services which are geared towards the maintenance and improvement of the health of both pupils and school personnel (Asibolat Samson-Akpan, 2005). Achalu (2001) sees school health services to be those services that take care of the health needs of members of the school community.

Aim of School Health Education Programme

School health education programme aims at developing optimum physical, mental, emotional and social health among all pupils.

Scope

School health education programme can be divided into three phases, namely: health instruction, health services and healthful school living:

Health Instruction: This requires creating opportunities for members of the school community to listen to teaching or instruction on different aspects of human health and factors that contribute to good health. It could be done by bringing in resource persons into the school to give the lecture, and at primary and secondary school, health education could form part of the school curriculum.

Health Service: The services are: appraisal of health status of pupils and school personnel, counseling pupils, parents and others concerning appraisal findings; encouraging the correction of remedial defects and proper adjustment of those identified as not remediable; identification and education of the handicapped; prevention and control of diseases and providing emergency services in injury cases and sudden illness.

Healthful Living: It includes healthful school environment, organization of a healthful school day, teacher/pupil relationship, and school food services. School health program should concern itself with the needs, interest and existing knowledge of the pupils in health. Health teacher must be knowledgeable in the essential school health programme and be a good example for the pupils.

The school health education teacher should be enthusiastic about his duties, be creative and innovative on the use of teaching aids (Udeh and Amusa, Sohi & Agbede, 1988).

Importance of School Health Programme

Literature review shows that much importance has been attached to school health programme. In Nigeria, the National Policy on Education (2004) clearly states that government will make effort to provide school health services to all educational institutions (p.43). Also the Federal Government guidance on minimum standards (2002) in schools nation-wide recommends that all boarding schools should have health care centres with trained nurses, while day schools should have first aid box with teachers trained in first aid administration.

In Cross River State of Nigeria, the minimum requirement for operating a primary or secondary school includes provision of facilities that promote good health such as potable water, good toilet facilities and provision of school play ground. In a recent development, the Cross River State Government issued a circular on September, 2005 to the effect that all public and private secondary schools should have sickbays. The same letter also directed the Ministry of Health to post nurses on duty to secondary schools in the State.

Also, the 2004 revised National Policy on Education recognizes the importance of youth club organization and school societies in promoting character training and social development. To this effect government has decided to strengthen Citizenship and Leadership Training Centre so that there could at least be one branch in each State as the mobile training unit will equally be increased.

Edem (1987) acknowledges recent trend in curriculum development which includes recognition by educators of the importance of outdoor activities in promoting social, emotional, physical and intellectual development of pupils. This has brought the rebranding of what used to be called “extra curricular activities” in school to be known now as “co-curricular activities”. Edem’s view on the role of outdoor activities in promoting good health in school is also supported by Campbel (1993) who described how school clubs in 12 Caribbean nations help teenagers avoid pregnancies by learning about sexual responsibilities. Malcolm (1993) also describes how drama could be used to teach sex education and the resulting benefits to performances and audiences.

In the same way Chisango (2004) states how school-based drama is used to address AIDS related stigma and discrimination in Zimbabwe.

Implementation of school health education programme is facilitated through establishment of health units in schools, mobile health services, inclusion of health education in the school curriculum, and creation of clubs and societies in school. Peer education from literature has been effective in increasing adolescent knowledge about health, changing negative attitudes and practices to healthy ones (Wihofzky, 1999, Barnett, 2000, Robinson, 2000, Macauley and Salter, 1995).

Problem of the Study

Health for all is a millennium development goal that has been endorsed by all member States of the United Nations. School health has been endorsed for all levels of educational institutions in Nigeria. Provisions of health facilities and health-promotion activities have become important requirement for proprietors of schools. Government has through guidelines on minimum standard in schools nationwide (2002) and the inspectoral checklist for schools, provided for establishment of health centres, sickbays and first aid kits in schools, along with other health education programmes and activities. There is however a scarcity of empirical evidence on the implementation of this laudable objective and directive to schools at the secondary school level in Cross River State. The study is poised to provide answer to the question: What is the extent of the implementation of health services/education at the secondary school level in Cross River State of Nigeria?

The purpose of the study was to examine the extent to which health education programme is carried out among public and private secondary schools in Cross River State of Nigeria. The specific objectives of the study were:

- To determine the extent to which secondary school students in Cross River State have access to mobile health services personnel and to determine the number of school with health centres with trained nurses;
- To determine the extent to which games and sports are encouraged among secondary schools in Cross River State;
- To determine the extent to which secondary school students are exposed to health education in the school curriculum and through special lectures; And

- To determine the extent of the availability of clubs that promote good health in Cross River State secondary schools.

The following research questions guided the study:

- 1) How frequent do secondary school students in Cross River State have access to mobile health services?
- 2) To what extent do secondary schools students in Cross River State enjoy nursing health services?
- 3) To what extent are games and sports encouraged in Cross River State secondary schools?
- 4) How often do secondary schools in Cross River State receive instruction on health education?
- 5) To what extent do health-promoting clubs function among secondary schools in Cross River State?

Hypotheses

To provide answers to the research problem, the following hypotheses were tested at 0.05 alpha level:

1. There is no significant difference between public and private secondary schools with regards to access to mobile health services
2. There is no significant difference between public and private secondary schools with regards to the availability of nurses for health services.
3. Public and private secondary schools in Cross River State do not differ significantly in their participation in games and sports.
4. There is no significant difference between public and private secondary schools with regards to the frequency on which they receive instruction in health education.
5. There is no significant difference between public and private secondary schools with respect to the function of health-promoting clubs.

Methodology

In the 2008/2009 school year, Cross River State has a total of 240 public secondary schools and 96 private secondary schools with about 7260 serving teachers. The State is divided into four education zones of Calabar, Ugep, Ikom and Ogoja. Principals and Teachers opinion on secondary school Health Services Questionnaire was the instrument used for data collection. A test-retest method was adopted to obtain the reliability of the instrument on

twenty (20) respondents of fifteen (15) teachers and five (5) principals from Akamkpa Town at 0.79.

Procedure

The authors used the period of training workshop for teachers in the State at the four education zones to administer the questionnaire. Principals were met in their offices by one research assistant in each education zone. The same research assistant administered the questionnaire to private schools. Adopting a stratified random sampling technique, 25 percent of the schools in the State, comprising of eighty (80) public schools and twenty four (24) private schools were sampled. Four (4) respondents for each school were sampled, giving 240 teachers for public schools and 96 teachers for private schools. Independent t-test was used in analyzing the data at 0.05 alpha level.

Data Analysis and Result

Hypothesis 1: There is no significant difference between public and private secondary schools regarding their access to mobile health services.

From the table 1, the calculated t-value of 9.51 is greater than the critical t-value of 1.645 within 166 degrees of freedom at 0.05 confidence level. This implies that there is a significant difference between public and private secondary schools with regards to student access to mobile health services. The null hypothesis is therefore rejected and the alternative hypothesis was upheld.

Hypothesis 2: There is no significant difference between public and private secondary schools with regards the availability of nurses for health services.

Table 2 shows the calculated t-value of -4.46 to be less than the critical t-value of 1.65 within 166 degrees of freedom at 0.05 alpha level. This shows that there is no significant difference between public and private secondary schools in terms of access to health services by nurses. Hence the null hypothesis is upheld.

Hypothesis 3: Public and private secondary schools do not differ significantly in their participation in games and sports.

As can be seen from the table 3, the calculated t-value of 4.29 is greater than the critical t-value of 1.65 at 0.05 confidence level and within 166 DF. Thus, the null hypothesis is rejected. Hence there is a significant difference between public and private secondary school students with regards to their participation in games and sports.

Hypothesis 4: There is no significant difference between public and private secondary school students with regards the frequency of instruction on health education.

Table 4 shows the calculated t-value of 2.33 is greater than the table t-value of 1.65. Thus, the null hypothesis is rejected at 0.05 confidence level within 166 degrees of freedom. Thus, there is a significant difference between public and private secondary schools in Cross River State with respect to the frequency with which their students receive health education.

Hypothesis 5: There is no significant difference between public and private secondary schools with respect to the function of health-promoting clubs.

Table 5 has a calculated t-value of -3.65 which is less than the critical t-value of 1.65. The hypothesis is therefore accepted at 0.05 level of significance within 166 degrees of freedom, hence, there is significant difference between public and private secondary schools with regards the function of health-promoting clubs.

Discussion of Findings

The findings of this study revealed that there are significant differences between public and private secondary schools in Cross River State on administration of health services, health education and health-related programs. Specifically, the study shows that public secondary schools have more access to mobile health services than their private counterparts. The same observation holds true for availability of nurses, participation in games and sports and receiving of instructions on health education. These findings are not strange because it is only a few of the private schools in the State that are well established in terms of curricular and co-curricular facilities. Many of them lack health centres, nurses, pitches and equipment for games and sports and even personnel to organize health-promoting clubs and activities. Most of them are examination centered.

On the other hand, public schools are well-established in terms of the human and infrastructural resources. They have adequate and well-qualified personnel for academic and non-academic services such as health and administration. The infrastructural facilities are provided from the coffers of the State and the community. For this reason, they can afford to provide health clinics, nurses, sickbays and can also fund games.

The study however, shows that there is no significant difference between public and private secondary schools on the function of health-promoting clubs. This is understandable because such clubs do not demand funds from school management for their operation.

Conclusion and Recommendations

The result of this study shows that public schools are better catered for in terms of health services. This finding may also apply to the curricular programmes of the two groups of school. Since health services is that right of all citizens, irrespective of the school they attend, it is hereby recommended that government should ensure equitable distribution of health services and personnel to both public and private secondary schools. Proprietors of private schools should also be aware that their students need good health services in order to perform well in their academics.

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Table 1: Independent t-test Analysis of the difference between Students in Public and Private Secondary Schools regarding their Access to Mobile Health Services

Variable	Group	N	Mean	SD	t-value	Critical-t
Access to mobile health services	1 (public schools)	240	6.36	1.06	9.51	1.65*
	2 (private schools)	96	4.35	1.60		

Table 2: Independent t-test Analysis between Public and Private Secondary Schools with regards to the availability of nurses for Health Services

Variable	Group	N	Mean	SD	t-value	Critical-t
Access to nursing services	1 (public schools)	240	3.64	0.97	-4.45	1.65
	2 (private schools)	96	4.41	1.05		

Table 3: Independent t-test analysis of the differences between public and private secondary school students with respect to their participation in games and sports

Variable	Group	N	Mean	SD	t-value	Critical-t
Participation in games and sports	1 (public schools)	240	3.64	0.97	4.29	1.65*
	2 (private schools)	96	4.41	1.05		

Table 4: Independent t-test analysis of the differences between public and private secondary schools receive instruction on health education

Variable	Group	N	Mean	SD	t-value	Critical-t
Health education	1 (public schools)	240	6.92	1.66	2.33	1.65*
	2 (private schools)	96	6.30	1.30		

Table 5: Independent t-test analysis of the differences between public and private secondary schools on the function of health-promoting clubs

Variable	Group	N	Mean	SD	t-value	Critical-t
Function of health clubs	1 (public schools)	240	5.24	1.09	-3.65	1.65
	2 (private schools)	96	6.00	1.49		