



Original article

## Assessing Impacts of the School Clinic on Academic Performance in Selected Secondary Schools in Oyo State

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### Abstract

**Background:** School Clinic is a health care facility within school intended to provide basic health care for students and refer them to the specialist or primary health center, these appreciate efforts and consideration to protect the health of children and other children with whom they may come in contact. This study was to assessing the impacts of the school clinic on academic performance on selected secondary schools in Oyo state.

**Methods:** The target populations of the study comprised only Senior Secondary School one to three (SSS 1-3) students within Ibadan metropolis, Oyo State. The study adopted non-experimental survey using quantitative approach. Purposive and simple random sampling techniques were used to select the sample. Assessing the Impacts of the School Clinic on Academic Performance on Selected Secondary Schools Questionnaire (AISCAPO) was used to collect data for the study. Frequency and percentage scores of descriptive statistics were used to analyse research questions.

**Results:** The findings showed that school clinic is very supportive to teaching and learning outcome of the students through ability to have access to a good source for health information (59%), able to identify their health needs (57%), stayed in good physical health (59%) and mental health environments (41%). More also, the students have access to obtain test (23%), good medical treatment (28%) and also have access to specialist (23%). The study further showed that the impact of school clinic practices manifested in student academic performances through quick accessibility to drugs for immediate treatment which keeps them healthy for learning (71%) and provisions of treated bed nets in the school hostel that prevented malaria parasites and also protected the students learning activities (64%). The result further showed that there was a great relationship between the use of school clinic and student academic performance in the selected secondary schools which have manifested in reduction of students absenteeism (30%), drop-outs (31%) and also improved school performance (38%).

**Conclusion:** The study concluded that school clinic was very supportive to teaching and learning, has good impact and also contributed to the students' academic performance. The study recommended that each school should have school clinic and psychological care should part of services deliver by health care personnel in the clinic. Government should ensure establishment of school clinic in all government school both in rural and urban area and government should ensure regulation standard of school clinic.

**Keywords:** School clinic; academic performance; assessing; secondary schools; Nigeria

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## INTRODUCTION

School clinic can be regarded as health care facility within school intended to provide basic health care for students and refer them to the specialist or primary health center if required, these appreciate efforts and consideration to protect the health of children and other children with whom they come in contact. Haas and Robert (2006) opined that health and education are largely interdependent on young people growth and development, health challenges pose interruptions, distractions and impediments that placed students in a bad position to learn. School is seen as an ideal and unique location to target health of young ones by providing clinical services on campus. Due to the bad effect of poor health on education, school-clinic healthcare services provision may increase and promote educational goal. Crosnoe (2006) explained that health disparities are sources of educational stratification, which implies that reducing health inequality could help to reduce educational disparities as well. Sherwood-Samuel (2016) maintained that school based health clinics provide medical services and healthcare to students within the school setting. Research suggests that students who use school based health clinic services perform better academically in school by improving their attendance, health status, and addressing their medical needs, full time qualified and competent health personnel such nurses with her assistant should be available in the clinic the whole day.

Sherwood - Samuel (2016) emphasized that student health in elementary and secondary schools is an important aspect in public health that has gained several consideration over the past many decades in the developed and developing country, it is important to educate general public that children who receive appropriate healthcare within the school environment contribute to their growth and development of healthy and productive lifestyles. Sherwood-Samuel (2016) stated that children between the ages of five and nineteen make up about 18 percent of the population in the United States. A School-Based Health Clinic (SBHC) is an onsite clinic located within the school grounds providing a comprehensive range of services to students and it targeted to the specific healthcare needs of the youth community as described by National Assembly of School-Based Health care [NASBHC] in 2008. These onsite clinics become part of the school community, as healthcare practitioners and others involved strive to become leaders, mentors, and instructors of healthcare, and hope to provide beyond the necessary medical and health services to students with illnesses. According to Kalet, Juszczak, Pastore, Fierman, Soren, Cohall and Volel (2007), SBHCs aim to provide comprehensive, community-based primary healthcare to elementary and secondary school children who might not have access to that care.

The staffing at SBHCs is multidisciplinary, including various combinations of nurse practitioners, physicians, dentists, nutritionists, and mental health providers.

Several efforts have made by School-based health clinic (SBHCs) to improve the health and wellness of children and adolescents by providing an integrated health care and health promotion activities, including primary care, curative care, mental health care, substance abuse counseling, case management, and dental care. As analyzed in 2013 by Department of Health and Human Services, about two thousand SBHCs operate in forty-eight states and territories of the United States, with 57 percent located in urban communities, 16 percent in sub-urban communities, and 27 percent in rural communities. They serve more than 1.8 million students from kindergarten through Grade twelve, although the vast majority (80 percent) serves adolescents (that is those in Grade 6 or higher). Brigitte Vaughn, Daniel Princiotta, Megan Barry, Heather Fish and Hannah Schmitz (2013) have shown that SBHCs can expand services to vulnerable populations, increase the provision of acute care, improve management of students' chronic conditions, and improve access to mental health care as reported by National Assembly on School-Based Health Care, in 2009.

Breslau, (2010); Fox, Barr-Anderson, Neumark-Sztainer, and Wall (2010); Haas and Fosse, (2008) opined that education stakeholders have good reasons to promote student health fitness due to student health and wellness have positively influence on their academic performance which including attendance, grades, test, scores, and school graduation. The study of Fowler, Johnson and Atkinson (1985) postulated that health related issues can lead students to irregularities in school attendance, pay less attention and learn less in classroom. Moonie, Sterling, Figgs and Castro (2008) maintained that those with chronic illnesses such as asthma, juvenile diabetes; Selrawan, Faust, and Mulligan, (2012) highlighted tooth decay among high risk of missing school and suffering related academic consequences; likewise, Hishinuma, McArdle, and Chang, 2012 listed depression; Pan, Sherry and Blanck, (2013) enlisted obesity; and Jeynes, (2002) emphasized on substance abuse which have been tagged to have negative outcomes on school process. Conversely, California Department of Education, (2005) opined that healthy students have better chance to succeed in education process.

According to National Association of School Based Healthcare (2007) stated that school-based health centers (SBHCs) operate in nearly two thousand schools in the United States, typically providing some combination of primary health, immunization, reproductive, and mental health services, SBHCs are intended to improve availability of these services to children and youth who are traditionally underserved within community health and mental health settings. SBHCs have been shown to increase access to care for high-risk groups, such as those living in high-poverty communities, those with no health insurance, and ethnic minority youth. In addition to increasing access to health and mental health services, SBHC use is associated with improvements in physical and emotional outcomes and this school clinic has all the necessary equipment needed for the optimum health service for the students including

basic drugs, oxygen, and nebulizer. The efforts to promote hand-washing, hands sanitizing and good hygiene in the school to prevent the spread of communicable diseases are some of major goals of school health. Routine check up on nails, hair and personal hygiene is performed on a regular basis and consideration to protect the health of your children and other children whom they come in contact.

As instituted by UNICEF (2008), there has been a consistent outcry over the continuous fall in quality and standard of education in Nigerian, quality education produces sound, creative, innovative, insight, healthy and productive workforce. In Nigeria, about 45 million young people attend primary and secondary schools. The young people constituting a significant percentage of the country's population they should give special attention because the future of the country depends largely on them. To be able to produce quality and standard education, young people have to be in state of wellbeing or best physical, mental and social health. Health and academic performance are strongly correlated. Good health enables growth, maturation, development, and critical learning ability in children. Education Encyclopedia, (2012) proved that education process of young people have found the health risk behaviors which have negative impact on them in various ways such as: education outcomes including graduation rates, class grades, and performance on standardized tests; education behaviors including attendance, dropout rates, behavioral problem, and degree of involvement in school activities such as homework and extracurricular pursuits; and students attitudes, including aspirations for post-secondary education, feelings about safety at school, and positive personal attitudes.

Dilley (2009) opined that learning condition is one of determinants of learning outcome. Schools cannot achieve the fundamental aim, goal and objective of education if learners and staff are not physically, mentally and socially fit. Children who are not healthy, hungry, physically challenges, abused, drugs depended, rejected, or who may be going through family challenges are unlikely to learn well. Center for Diseases Control (2009 &2012) provided that a wide variety of research has further demonstrated correlation between health and learning, and that those two things are mutually reinforcing. In simple words, healthy students are better students. Likewise efforts at educational reforms would not be effective until health barriers to learning are addressed adequately. It was stated by Tyson (1999), among those barriers are poor physical and mental health conditions that prevent students from school attendance, paying attention in class, promoting their self-destructive impulses, and increasing the rate of dropping out.

Present of school clinic with qualified health personnel have the ability to promote effective education, regular attendance, prevent destructive behavior, and cultivate long lasting healthy knowledge, attitude and practices among learners. The practice of promoting health in the school was adopted by the World Health Organization (WHO) in line with the principles of Ottawa Charter of 1986 with the pronouncement of the "Health Promoting School" concept. WHO, (2012) explained further that a health promoting school is one that constantly strengthens its capacity as a healthy setting for

living, learning and working. In St Leger and Young, (2009) opinion, based on this global initiative, it was seen as the most promising approach in achieving both quality educational and health outcomes, this informed and guided the development of the Nigerian National School Health Policy in 2006. Likewise, Federal Ministry of Education (FME, 2006) mentioned one of the aims of this policy was to promote the health of learners in order to achieve the goals of 'Education For All'

### **Statement of the Problem**

Franklin, Harris, & Allen-Meares (2006) provided students with clinical healthcare access onsite has been a powerful tool in maintaining and assessing the health needs of students; however, it has been a challenge to fund access to healthcare for all schools. As a result of this, very few students in Nigeria have access to health care at their various schools. Children at school are exposed to a variety of hazards – physical injury, infections and emotional problems. The school through the school clinic service provides treatment through first aid, health education, health protection, health promotion, illness prevention and emergency services as well as counseling. FME, (2006) explained further that the school health services are preventive and curative services provided for the learners and staff within the school setting. Franklin C, Harris MB, Allen-Meares, (2006) described that these students may be forced to miss classes or school due to illnesses or injuries that require treatment outside of the school setting. The students would have to receive treatment at a location outside of the school, resulting in longer times or travel.

However, school clinic cannot be over-emphasized in promoting health of students in Nigeria. But the cases of sudden illness, diarrhea, common cold, worm infection, fainting, accident, injury, fall, drawing, sprain, strain, fracture, burns, scald, punctured wound ,bites ( from snake, scorpion, insects and human), electrocution, poisoning (from food, water and chemical), respiratory infections, deafness, skin diseases, eye's problems, anxiety, anemia, malaria, hearing problems, emergency cases and measles are alarming within the school premises, these can be actively managed in the school clinic likewise school nursing could help to proffer solution to most of health problems occurring on daily basis in the school, hence the study.

### **Research questions**

1. Does school clinic support teaching and learning in the selected schools?
2. What are the impacts of school clinic practice on students' academic performance?
3. What is the relationship between the use of school clinic and student academic performance?

## METHODS

### The Setting

This study was conducted in Oyo State metropolis of South-Western Nigeria, Oyo, usually referred to as Oyo State to distinguish it from the city of Oyo, Is an inland state in south-western Nigeria, with thirty three (33) local governments and its capital at Ibadan. It is bounded in the north by Kwara State, in the east by Osun State, in the south by Ogun State and in the west partly by Ogun State and partly by the Republic of Benin. Presently the State has the total number of one thousand and thirty three (1024) secondary schools which include 969 public secondary schools and fifty seven (57) private secondary schools.

### Research Design

The study adopted non-experimental survey using quantitative approach. The design was appropriate because subjects were studied as they were in the natural environment without any manipulation or active effort to control them. Meanwhile, researchers collected data, analysed and made final report of the subject the way they were in the study location.

### Target Population

According to Brink, (2006), population is a complete set of participants that possess some common characteristics that are interest to the researcher. The target populations of the study comprised only Senior Secondary School one to three (SSS 1-3) students within Ibadan metropolis, Oyo State.

### Sample and Sampling Techniques

The sample comprised total number of 100 students using Taro yamane's formula in determining the sample size used. The Taro yamane's formula is  $n = \frac{N}{1 + (Ne^2)}$  (where, n=Sample size N=Total population, e=0.05 (constant)) (Yamane, 1967). A purposive sampling technique was used to select all 5 Local Government Areas (LGAs) in Ibadan metropolis which is the current Sate capital. Purposive sampling techniques was used because the secondary schools that have clinic are majorly located in Ibadan metropolis (the state capital). From each LGA, one secondary school using school clinic was selected which makes total number of secondary to be five. From each secondary school, 20 students were selected using simple random sampling technique which made total sample to be 100 students.

### Instrument for Data Collection

A self-structured questionnaire title; Assessing the Impacts of the School Clinic on Academic Performance on Selected Secondary Schools (AISCAPS) of 100 copies consisting of five (5) sections was used to collect data for the study. Section A contains 10 items on socio demographic characteristics of respondents; section B contains 7 items on school clinic support for teaching and learning, section C contains 6 items on impacts of school clinic practice to academic performance and section D contains 7

items on relationship between school clinic and students' academic performance. For scoring of the questionnaire, 4-point Likert scale of Very supportive (VS) = 4, Supportive (S)=3, Slightly Supportive (SS)=2 Not Supportive (NS)=1 was used to rate Section B. In section C, 4-point Likert scale of Strongly Agree (SA) = 4, Agree (A)=3, Disagree (D)=2 and Strongly Disagree (SD)=1 while 4-point Likert scale of Great Relationship (GR) = 4, Some Relationship (SR)=3, Little Relationship (LR)=2 None Relationship (NR)=1 was used to rate Section D.

### **Validation of the Instrument**

The researchers with the aids of related literature designed a questionnaire for the study. The questionnaire covered all the research questions of the study. Content of the questionnaire was corrected and well scrutinized by the experts in Olabisi Onabanjo University, Ago-Iwoye, Ogun State in order to ensure that it measure what is to measured.

### **Reliability of the Instrument**

Test re-test method was used to determine the reliability of the study. Pilot study was done by administering the questionnaire to 10 respondent which was not part of the study but have similar characteristics at interval of 14 days was compared with response in each case to measure level of consistency of the instrument used. The data collected was coded and analyzed using the Pearson Moment Correlation Coefficient. A value of reliability co-efficient of 0.854 was obtained which was considered adequate for the study. The respondents used for the reliability was excluded from the study sample

**Table 1.** Reliability Test Results

<b>Sections</b>	<b>No of Items</b>	<b>Reliability Index</b>	<b>Status</b>
B	7	.823	Reliable
C	6	.847	Reliable
D	7	.892	Reliable
Scale of Reliability	20	.854	Reliable

### **Method of data collection**

Data was collected using questionnaire which was personally administered to a total of 100 respondents after necessary explanations to guide the filling of the instrument were provided.

### **Method of Data Analysis**

Data collected were analyzed using descriptive statistics approach. Frequencies and percentage scores were used to interpret research questions of the study. Frequencies and percentage scores were best approach because the researchers described the subject as it was found in the study location without

any manipulation. Statistical Packages for the Social Science (SPSS) was the tool that was used to analyze the data.

### Ethical Consideration and Management

Approval was obtained from the ethical committee of the institution where the study was carried out. The consent of individual respondents participating in the study was sought and necessary explanations were made before administering the questionnaires. Respondent was also assured that, any information provided would be treated confidentially

## RESULTS

Socio demographic information of the students

**Table 2.** Demographic Data of the Students

Variable	Categories	Frequency	Percent (%)
Gender	Male	41	41
	Female	59	59
	<b>Total</b>	<b>100</b>	<b>100</b>
Age	Below 10 years	22	22
	10-15years	75	75
	16-20years	22	22
	21years and above	1	1
	<b>Total</b>	<b>100</b>	<b>100</b>
Students' Classes	SSS1	28	28
	SSS2	22	22
	SSS3	50	50
	<b>Total</b>	<b>100</b>	<b>100</b>
Residence	Hostel	29	29
	Outside of school	71	71
	<b>Total</b>	<b>100</b>	<b>100</b>

Table 2 shows 41% of the students were male while 59% of the students were female, this means that majority of the students were female. According to the table, 2% of the students were in age below 10 years, 75% of the students were between 10-15 years, 22% of students were in the range of 16-20 years while 1% was in the age range of 21 and above years. This affirms that majority of the ante-natal clients sampled belong to age category of 10-15 years. In the table, 28% of the students claimed to be in SSS1, 22% of the students were in SSS2, while 50% of the students claimed to be in SSS3. According to the table, 29% of the students claimed to residence in the hostel while 71% of the students claimed to



residence outside of their schools. This means that most of the students were coming to their schools on daily basis.

**Research Question 1:** Does school clinic support teaching and learning in the selected school?

**Table 2.** School Clinic support Teaching and Learning

Items	Very supportive	Supportive	Slightly supportive	Not supportive	Total F(%)
Access to a good source for health information	59(59)	22(22)	4(4)		100(100)
Identification of health needs	57(57)	21(21)	4(4)	4(4)	100(100)
Staying in good physical health	59(59)	16(16)	8(8)		100(100)
Staying in good mental health	41(41)	14(14)	16(16)	1(1)	100(100)
Obtaining medication	27(27)	28(28)	12(12)		100(100)
Obtaining testing	23(23)	20(20)	20(20)	2(2)	100(100)
Referral to specialist	23(23)	24(24)	14(14)	4(4)	100(100)

Table 2 depicts school clinic support teaching and learning outcome on selected secondary school in Oyo State. According to the table, school clinic is very supportive to teaching and learning outcome of the students through ability to have access to a good source for health information (59%), able to identify their health needs (57%), stayed in good physical health (59%) and mental health environments (41%). More also, the students have access to obtain test (23%) and good medical treatment (28%) and also have access to specialist (23%). It can be concluded that the school clinic was very supportive to teaching and learning on selected secondary schools in Oyo State as a result of accessibility to medical attention.

**Research Question 2:** What are the impacts of school clinic practice on Students' academic performance?

**Table 3.** Impacts of School Clinic Practice on Students' Academic Performance

Items	SA F(%)	A F(%)	D F(%)	SD F(%)	Total F(%)
Students have quick access to drugs for immediate treatment which keeps them healthy for learning	43(43)	31(31)	6(6)	8(8)	100 (100)
Treated bed nets are used among students in the school hostel to prevent malaria parasites and to protect their learning	36(36)	28(28)	16(16)	8(8)	100 (100)
Insecticides are spread around the school compound to prevent disease and to protect learning	30(30)	26(26)	17(17)	15(15)	100 (100)
Dust bins and incinerator for refuse disposal are available to keep the environment clean for learning.	47(47)	23(23)	12(12)	5(5)	100 (100)
Toiletries are provided for students in this school for hygiene sake, hence boost their academic performance	40(40)	26(26)	12(12)	9(9)	100 (100)
Medication cupboard is stocked with drugs for immediate treatment of students in this school and invariably help their performances.	39(39)	27(27)	13(13)	9(9)	100 (100)

Table 3 depicts impact of school clinic practice on academic performance on selected secondary school in Oyo State. As shown in the table, students have quick access to drugs for immediate treatment which keeps them healthy for learning (71%) and also provided with treated bed nets in the school hostel that prevented malaria parasites and also protected their learning activities (64%). The Table also disclosed that insecticides were spread around the school compound which prevent disease and also protected learning of the students (56%). As shown on the table, dust bins and incinerators were made available for refuses disposal which kept the school environment clean for learning (70%), good and adequate toilets were provided for the students for hygienic purpose which indirect supported the students' academic performance (66%), and medication cupboard was well stocked with drugs for immediate treatment of students in this school and invariably help their performances. It therefore concluded that school clinic practice has impaction on academic performance through provision of clinic facilities, supply necessary and medication, treated mosquitoes net, good environmental hygiene and quick response to students' health need in selected secondary schools in Oyo State

**Research Question 3:** What is the relationship between the use of school clinic and students academic performance?

**Table 4.** Relationship between the use of School Clinic and Students' Academic Performance

Items	Great relationship F(%)	Some relationship F(%)	Little relationship F(%)	None relationship F(%)	Total F(%)
Reducing absenteeism	19(19)	30(30)	12(12)	27(27)	100(100)
Reducing drop-outs	27(27)	31(31)	5(5)	27(27)	100(100)
Improving school performance	31(31)	38(38)	5(5)	16(16)	100(100)
Increasing access to needed health care	33(33)	36(36)	14(14)	6(6)	100(100)
Creating a safer school environment	42(42)	29(29)	13(13)	6(6)	100(100)
Linking students to needed	34(34)	27(27)	13(13)	13(13)	100(100)
Information and resources	33(33)	28(28)	18(18)	8(8)	100(100)

Table 4 depicts relationship between the use of school clinic and students' academic performance on selected secondary school in Oyo State. According to the table, school clinics in the selected secondary school have drastically reduced student absenteeism (30%) and students' drop-outs from schools (31%). Also the Table disclosed that schools clinics have improved school performance (38%), students' accessibility to needed health care (36%), and equally assisted students to have access to information and resources (33%). It concluded that there was great relationship which was existing between the use of school clinic and students' academic performance in selected secondary schools in Oyo State.

### Discussion of Findings

This section gives detailed explanation of the various findings from the research questions as indicated from the study area. The findings of the study indicated that school clinic was very supportive the teaching and learning outcome on selected secondary schools in Oyo State. This could be from the fact that the students stayed in good mental and physical health, having access to good health information, and always have access to good medication. However, the findings showed that the students that experiencing chronic illness and sudden ill would refer to their family at home when such happened. This could be the only health related problems and disabilities that sometimes affect the academic performance of the students in selected secondary school in Oyo State but it is very rear to happen as said by the students. The study corroborates with the study of Sarah C. W., Suzanne E.U., Aaron R, Eric

J And T.J. Cosgrove, M.S (2009) carried out research in Washington with the two purpose: first to examine the effects of School-Based Health Center (SBHC) use on academic outcomes for high school students and the results indicated a significant increase in attendance for SBHC medical users compared to nonusers. Grade point average increases over time were observed for mental health users compared to nonusers. The moderating effect of type of use (medical and mental health) reinforces the importance of looking at subgroups when determining the impact of SBHC use on outcomes. The study also concurred with the study of Licata and Harper (1999) examined this sense of connectedness within the school community, and cited the importance of school clinic and robust school systems". This refers not only to the students within the school systems, but to the degree to which the school system functions as a positively contributing element to the community.

The findings of the study equally showed that school clinic practice has impact on academic performance through provision of clinic facilities; quick access to drugs for immediate treatment, used treated bed nets in the schools hostel to prevent malaria parasites, good environmental hygiene, provision necessary medication and prompted attention to students' health need in selected secondary schools in Oyo State. The study concurred with the study of Thompson et al. (2006) who contended that school-based health clinics (SBHCs) and academic performance have a direct and positive impart.

The study also showed that there was great relationship between the use of school clinic and students' academic performance in selected secondary schools in Oyo State. The use of school clinic resulted to low absenteeism, reduction of students drop out, provision of safer environment which has greatly improved students' academic performance. The study concurred with the study of McCord et al. (1993) found that School Base Health Clinic increased school attendance and reduced dropout rates in socio-economically deprived communities. These findings also revealed that it was the connectedness fostered by SBHCs that actually led to improved academic performance; this is not due to the improved access to services by the families within these communities. This investigation led to the findings that aside from students being able to access the healthcare they need, the communities have a special sense of interdependence through the SBHC venue. Community residents work on the same team for the benefit of the community's children by the SBHCs presence. This led to the improved academic performances of the students living within school clinic communities

### **CONCLUSION and RECOMMENDATIONS**

Based on the finding of this study, the paper showed that irrespective of their gender, age, class, residence and location, the impacts of the school clinic on academic performance on selected secondary schools in Oyo state was high through provision of medication, adequate supply of treated mosquitoes net, good environmental hygiene and quick response to students' health need which result to increased academic performances. There was great relationship between school clinic and learning outcome likewise school clinic supported the teaching and learning process because it reducing absenteeism,

decreased rate of dropping-outs, improving school performance, increasing access to health care need, provision of health information, provision of good medical counseling service, create safer school environment, good access to health education, provision of psychotherapy and referral system

Base on the outcomes of the findings analyzed and conclusion reached in the study, the follow recommendations were made: The study recommended that each school should have school clinic, medical counseling, mental health and psychological care should part of service deliver by health care personnel in the clinic, Government should ensure establishment of school clinic in all government schools both in rural and urban area. Finally, government should ensure regulation standard of school clinic.

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