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A Survey on Availability and Utilization of School Health Services Among Junior Secondary Schools in Funtua Zone Katsina State, Nigeria

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Abstract The study investigated the utilization of available school health services among secondary school in Funtua Education Zone, Katsina State-Nigeria. The study adopted a survey research design using a sample of Fifteen (15) junior secondary schools randomly drawn from a population of twenty-two schools in the study area. Three research questions were formulated for the study. School Health Services Availability and Utilization Questionnaire (SHSAUQ) was used for data collection. The instrument was duly validated by experts and a reliability coefficient of 0.85 was established using split half method. The data was analyzed using frequency and percentage count. Results revealed that, School Health Services are available in majority (86.70%) of the schools under study, but there was no enough qualified health personnel for effective utilization of school health services in the study area. It was recommended among others that Katsina State Government through ministry of education should deploy qualified health personnel such as nurses, community health workers in all the school clinics in the state.

Keywords: School Health Services, Availability and Utilization

1. INTRODUCTION

Making health services available to public schools as well as ensuring its effective utilization is one of the responsibilities of government to ensure the health of its citizens. Functional health services for school aged children is

very important, especially in developing countries like Nigeria where health services are not easily accessible to many people. Study conducted by Obionu, (2007) revealed that, in many places children/students form as much as 30% of the population, so a health care for children/students takes care of a good proportion of the total population. School Health is referred to as the medical services rendered in the school environment that are directly or in directly related to the health of students. It involves medical inspection, routine immunization and normal diagnosis in the case of affected students in the school. Moreover, services like health education and other medical teaching applied in or out of schools to improve the health and wellbeing of students are integral parts of school health.

Reserchers indicated that considerable part of students life are usually spent in schools alone with their friends, that are from different home setting and upbringing (Mohammad and Jing-Zhen, 2009).

It was understood that, school aged children are in danger of being communicated with diseases through interactions with others and as result of exposure to different environmental conditions in the school. Similarly, students are at risk of being affected by infections, emotional problems, physical injury and other communicable diseases while in school. It is in line with this Abdulmalik, Olorukooba and Samaila, (2016) opined that, for students to perform very well in school, the learning environment must be favourable to the students health and well being.

Health services therefore, must not only made available in school but effectively utilized to ensure a healthy environment for effective learning to take place. Moreover, health related services in schools must be directed towards ensuring healthy condition for students, teachers and the learning environment to minimize the spread of communicable diseases and other health related problems. This can be achieved through health education, regular school inspection, taking inventory of new staff and students health records among others (UNESCO, 2011).

Study conducted by Bhatia, Puri, Mangat, and Kaur, (2010) indicated that, school health services does not only benefits staff and students, it also benefits the parents of the students. This is because students are expected to communicate the healthy living tips acquired in school to the parents.

Although parents are responsible for the health and well-being of their children, private health care providers and government services are resources to help parents deal with the health needs of their children. Since, students spent must of their working hours in school. According to Verginia (1999) healthy kids make better students; hence schools must cooperate with parents to successfully ensure the health and well-being of the children in and out of

school. This showed that, functional school health services must be available for students to succeed.

It is in this regard, Nigeria government developed an action plan through the use of the Rapid Assessment and Action Planning Process (RAAP) partnered with World Health Organization (WHO) and Education Development Centre (EDC) in (2011), to serve as a foundation for infrastructure development for school health policy at the national level (Ogunjimi, Ikorok, Ekpu & Yusuf, 2010).

However in many schools in Nigeria, school health services do not exist in spite of the fact that, the program started as far back as in1928 as reported by (UCL, 2006). In view of the foregoing therefore, the present study was prompted to examine the availability of school health services as they affect school aged children. Hence the present study was carried out to investigate the availability and utilization of school health services among junior secondary schools in Funtua zone Katsina State, Nigeria.

2. PURPOSE OF THE STUDY

The objectives of the study was to:

1. examine availability of health services among junior secondary schools in Funtua zone Katsina State, Nigeria;
2. determine the extent of utilization of health services among junior secondary schools in Funtua zone Katsina State, Nigeria;
3. investigate availability of professional staff in the clinics of junior Secondary Schools in Funtua zone Katsina State, Nigeria.

3. RESEARCH QUESTIONS

The following research questions were raised to guide the study:

1. Do health services exist in the junior secondary schools of Funtua zone Katsina State, Nigeria?
2. To what extent are health services being utilized in the junior secondary schools of Funtua zone Katsina State, Nigeria?
3. What is the availability of professional staff in the clinics of junior secondary schools in Funtua zone Katsina State, Nigeria?

4. METHODOLOGY

A descriptive survey design involving a questionnaire was used to collect data on the availability of medical services and professional health personnel for

effective utilization of health services in clinics of junior secondary schools in Funtua zone Katsina State, Nigeria.

5. TARGET POPULATION

Target population for the study consisted of all the twenty-two (22) junior secondary schools in the study area. There are twenty two junior secondary schools in funtua education zone distributed across the three Local Government Areas in the zone, according to Zonal Education Quality Assurance Office Funtua; (ZEQAOF, 2016).

6. SAMPLE AND SAMPLING TECHNIQUE

A sample of fifteen (15) junior secondary schools participated in study. Five schools were randomly drawn from each of the three LGAs in the zone (5 Schools $\times$ 3 LGAs = 15 Schools).

7. INSTRUMENTATION

The instrument used by the researchers was the School Health Services Availability and Utilization Questionnaire (SHSAUQ) constructed by the researcher. Section A of the questionnaire was on bio-data information such as school type, age of the school and number of students. Section B consists of 16 major items covering availability of school health services in the schools. Section C consists of items assessing availability of qualified health personnel. Respondents were asked to respond by ticking the appropriate responses (Yes) and (No) in the questionnaire.

8. VALIDATION

The instrument was submitted to three experts in the area of physical and health education in the department of science education Federal University, Dutsin-Ma for validation. The validators were asked to check each item in the questionnaire and determine the following:

- Wether the items in the questionnaire can examine the availability of health services in the junior secondary schools of Funtua zone Katsina State, Nigeria;
- The wordings of the sentences are correct and check other possible errors in the instrument. The corrections, observations and criticisms made were incorporated in the final draft of the questionnaire.

9. RELIABILITY OF SHSAUQ

The reliability of the questionnaire was determined through a pilot test in four schools in the target population that are not part of the sample. The instrument was administered once to the schools and split half method was used to determine the reliability coefficient of the item using Spearman Rank Order Correlation. A reliability coefficient of 0.85 was obtained. Hence the instrument was found reliable for the study.

10. DATA COLLECTION PROCEDURE

The researchers went to the sampled schools and administered the questionnaire which comprises of three sections. A total of fifteen (15) respondents approached agreed to fill in the questionnaire giving a response rate of 100%. After collection of the questionnaire it was subjected to analysis using SPSS.

11. METHOD OF DATA ANALYSIS

Data collected were analyzed using frequency count and percentages. Respondents' opinion on availability and utilization of health services were assessed and Results obtained were presented as follows:

12. RESULTS

12.1 Research Question One

Do health services exist in the junior secondary schools of Funtua zone Katina State, Nigeria? This research question was answered using frequency count and percentage as follows:

Table 1 indicates that, 13 (86.70%) of the respondents agreed that school health services existed in their respective schools while the remaining 2(13.3%) respondents, reported that school health services do not existed in their schools at all.

12.2 Research question Two

To what extent are the schools health services being utilize in the junior secondary schools of Funtua education zone, Katsina State-Nigeria

Among these parameters, the physical health education, the school health inspection, the health education for students, health record keeping and the first aid services were the most practiced services giving a response of more than 50%. However, health education for teachers, pre-admission and periodic

Table 1: Frequency count and Percentage of Responses on the Availability of Health Services in the sampled Schools.

SHS	Frequency Count	Percentage
Yes	13.00	86.70%
No	2.00	13.30%
Total	**15.00**	**100%**

Table 2: Frequency and Percentage on the utilization of Health Services by the Teachers' of the sampled schools.

Health Services (HS)	Correct Response Count (%)
Physical health education	8(53)
School health inspection	15 (100)
Bush clearance/insect control	13 (86.7)
Health education for teacher	1 (6.7)
Health education for students	8 (53.3)
Pre admission and periodic medical examination for both teachers and students	3 (20)
Provision of school meal	2 (13.3)
Practical demonstration of balanced diet	4 (26)
Immunization services	0 (0)
Routine medical screening of school teachers and food handlers	0 (0)
Personal hygiene of students	9 (60)
Screening for handicap students	6 (40)
Visual test for students	0 (0)
Hearing test for students	1 (6.70)
First aid services	15 (100)
Health record keeping	15(100)

medical examinations for both teachers and students, school meal provision, routine medical screening of school teachers and food handlers, screening for handicap students, visual and hearing tests were less practiced giving a response of less than 50%.

12.3 Research Question Three

What is the availability of professional manpower in the junior secondary schools' health clinics in Funtua education zone, Katsina State-Nigeria. Only 5(33.3%) of the schools were coordinated by health trained personnel. More than half 10(66.7%) were coordinated by designated staff member. However, none of the schools have a medical officer.

12.4 Discussions of Findings

School health services were found to be available in majority (86.7%) of the schools which is in agreement with findings documented by the Save the Children Organization (2008). Utilization of health services was found to be very low due to the fact that only few were being practiced in the schools. These include school health inspection (100%), health record keeping (100%), physical health education (53%), first aid services (63.7%) and health education for students (58.5%). This was attributed to the fact that, 'majority of the SHS were mainly coordinated by designated staff member (66.7%) in the majority of the schools (as found in this study) rather than a trained health worker that are only (33.3%). Insufficient resources as well as poor monitoring and evaluation due to administrative bottleneck and lack of commitments from the relevant authorities are all contributory factors. This is in contrast with what was found in the developed countries like United

Table 3: Frequency Count and Percentage of professional Health Coordinator in the Sampled Schools.

Coordinator	Frequency	Percentage
Medical officers	0	0.0
Other health workers	5	33.3
Designated staff member	10	66.7
None	0	0.0
Total	**15**	**100**

State, Canada and Australia where all the components of SHS were practiced and it was coordinated by a trained health worker sometimes with specialist providing specific services as noted by Brener, Weist, Adelman, Taylor and Vernon-Smiley, (2007); Eaton, Marx and Bowie, (2009); Jones, Axelrad and Wattigney, (2006) and Stewart (2007).

CONCLUSION

This study observed that various components of school health services are available in majority of junior secondary schools in funtua education zone, Katsina State-Nigeria. However there is poor practice and coordination of school health services in the study area, which has medical, economic, social as well as psychological consequences in the state and country at large. The services were majorly coordinated by the teachers, therefore educating them on school health services and making it available will help in the production of physically, mentally and emotionally health population that will benefit the country in all aspects.

RECOMMENDATIONS

Based on the results of the study, the following recommendations were made:

- Improvement of junior secondary school teachers' knowledge of existing School health services and its guidelines by State Ministry of Education as well as providing written instructions for school health program and making it mandatory for each junior secondary school in the state.
- Intersectional collaboration between State Ministry of Health, State Ministry of Education and state National Youth Service Corps (NYSC) through posting of health workers as well as Primary Health Care (PHC) coverage of all junior secondary schools within the state.

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