

---

## Knowledge and Availability of School Health Services Among Secondary School Students in Ibadan, Oyo State

Ibitola Amoke Oladeji

(RN, RM, B.Ed, MPH, PGDN, Msc Nursing)

McPherson University, KM 75 Lagos - Ibadan Expressway, Seriki Sotayo, Ogun State

doi: <https://doi.org/10.37745/ijnmh.15/vol10n13948>

Published December, 20 2023

---

**Citation:** Oladeji I.A. (2024) Knowledge and Availability of School Health Services Among Secondary School Students in Ibadan, Oyo State, International Journal of Nursing, Midwife and Health Related Cases 10 (1), 39-48

---

**ABSTRACT:** *This study investigates the knowledge and availability of school health services among secondary school students in Ibadan North-West Local Government Area of Oyo State, Nigeria. Employing a descriptive cross-sectional research design, the study sampled 300 students from both private and public secondary schools, aged between 10-19 years. The objectives included assessing students' knowledge of school health services, evaluating the available services, and exploring the association between school types and the understanding and availability of health services. The research reveals that the majority of participants, particularly in private schools, exhibit a higher level of awareness and utilisation of school health services compared to their public school counterparts. However, it highlights deficiencies in human and material resources necessary for the implementation of a comprehensive school health program in secondary schools within the Ibadan North-West Local Government Area. The study recommends that school management in the area should prioritize periodic health education to enhance students' health knowledge and promote healthy behaviors. Additionally, it calls on the national government to invest not only in increasing the number of school health service professionals but also in providing adequate training to address the specific needs of secondary school students, particularly during their adolescent years.*

**KEYWORDS:** Knowledge, Availability, School Health Services, Students

---

### INTRODUCTION

School health services (SHS) are an essential component of the School health programme (SHP) and encompass both remedial and preventive healthcare services delivered to the school community by qualified healthcare personnel, treatment facilities, and health assessment. These services include maintaining health records, preventing the spread of communicable diseases, and ensuring proper nutrition. It fosters collaborations between different sectors to enhance sustainable development at the individual, economic, communal, and national levels using a multidisciplinary approach. These strategies are implemented in conjunction with the families and communities of the students in order to offer social and health services to the school community (Oseni, et al., 2015). The inclusion of school health services, an essential component of an effective school health programme, ensures that children

maintain optimal health and are able to engage in learning activities without any hindrance. It is essential to prioritise the inclusion of children with special needs in the pursuit of "Education for All" (EFA) (Kofoworade, 2017). The services provided are as follows: medical examinations conducted in schools, health evaluation services provided by school health clinics, nutrition services supplied in schools, management of communicable illnesses, maintenance of school health records, and provision of health support for children with disabilities (Cho et al., 2018).

The school maintains direct interaction with the majority of the country's youth, aged 5-17, for almost 6 hours every day, spanning a crucial 13-year period including their social, psychological, physical, and intellectual growth. The average Nigerian community consists of around 23% school-age children. The school-age period is characterised by a significant phase of accelerated growth and development, sometimes referred to as the formative period. While the health quality of school-age children may not directly contribute to revenue creation, it is nonetheless an important indicator used to assess a nation's level of development (Adebayo 2019). The component of Primary Health Care in Africa known as school health has been characterised as being neglected. Given that nearly every small town possesses a school, it is feasible to utilise the school as a primary health care facility in areas without health clinics. This would extend the provision of health care services not just to the students but also to the wider community. An efficiently structured and well implemented school health strategy can establish a secure setting for students (Adegbenro, 2017).

The health behaviours instilled in them can be continued into adulthood. The well-being of adolescents is closely correlated with their academic achievement, and conversely, their academic achievement is closely correlated with their well-being. School health services facilitate the growth and development of each child by addressing their individual health requirements. It fosters awareness of the cooperative endeavours of the school, home, and community in promoting health. It promotes the cultivation of health awareness among youngsters. Additionally, it fosters knowledge regarding the accessibility and utilisation of many health-related services within the community. The programme enhances the abilities of students and faculty to promote health within the school community (Adebayo, 2019).

Continuous healthcare is necessary for school children, both inside their homes and at school. To promote children's well-being, avoid illnesses, and address any health issues that might have immediate or long-lasting effects, it is crucial to consider that children at this stage are still undergoing physical and mental growth and development. (Osian, et al 2020). Like other settings, schools subject children to many hazards such as diseases, accidents, and mental and physical strain. Consequently, it is imperative to protect them from these perils.

Currently, there are 1.2 billion school-age children worldwide, which accounts for 18% of the global population (Lloyd & Kolbe 2019; Osian, et al., 2020). Within a typical Nigerian community, children of school age constitute around 23% of the population. Evaluating their health condition and development indicators can provide valuable insights into a country's level of development. In the past ten years, Nigeria has had a significant increase in population, which has placed a great deal of strain on the country's resources, public services, and infrastructure that were already stretched thin.

Approximately 45 percent of the country's population consists of youngsters under the age of five, leading to an excessive strain on education and other sectors (Obeagu & Obeagu 2019). The insufficiency of parental time has resulted in an increased reliance on schools to provide care for children for extended periods each day. Therefore, it is important to have efficient school health services. Secondary school students, being adolescents, must transition to adult attitudes and behaviours. Therefore, it is essential for them to utilise school health services in order to cultivate and sustain healthy behaviour and make informed choices.

The worldwide issue over the transmission and improper execution of a school health policy extends to rural Nigeria as well (Adebayo, 2019). While State ministries do provide orientation programmes for newly hired staff members, the school health programme lacks sufficient emphasis on promoting school health care inside these ministries. Consequently, stakeholders in the field exhibit insufficient understanding of a school health policy, and the communication and execution of the policy are unsuitable, leading to disparities in education and health among kids in public schools. In order to accomplish the worldwide objective of advancing global school health, it is necessary to provide assistance to healthcare professionals and school teachers in acquiring the understanding of school health policies through efficient distribution of information, and to enhance their effectiveness in delivering services through innovative approaches. It is necessary to evaluate and redefine the involvement of stakeholders in order to achieve efficient coordination..

Although the government has implemented Universal Basic Education Policies, MDGs, and SDGs to ensure the functionality of school health services, there is still an increase in infections, as well as a high prevalence of childhood mortality and morbidity (Osian, et al., 2020). The presence of school health services in the different schools attended by these pupils' prompts inquiry about their awareness of these services and their potential attitudes towards utilising them.

The study conducted by Osian et al. (2020) aimed to enhance comprehension of school health services. The data reveals that 232 individuals, accounting for 88.9% of the sample, possess knowledge on the option for kids to access school health services in the event of falling unwell during school hours. Out of the total participants, 174 individuals, which accounts for 66.7% of the group, concur that it is imperative to have a nurse or doctor present at the school health care centre, since it is not appropriate for any teacher to assume the responsibility of attending to ill students. Kuponiyi (2015) found that in all categories, over 75 percent of the Head Teachers lacked the ability to provide a concise definition of the School Health Programme. Out of the head teachers at public schools, 166 of them, which accounts for 92.2%, had inadequate definitions. Moreover, the definitions of 167 (92.8%) of the private school heads were likewise below standard. Once more, both groups of head teachers, specifically 164 (91.1%) in public schools and 167 (92.8%) in private schools, were unable to provide an appropriate description of the components of the school health programme.

Abodunrin, et al. (2014) revealed that a significant proportion of respondents had limited understanding of specific health services. Specifically, only 22% of participants had a satisfactory level of knowledge of school health services, while a majority of 51% had inadequate knowledge. A research conducted by

Adebayo and Onadeko (2015) in Oyo State compared primary school teachers in rural and urban areas. The survey found that 84.6% of the teachers had insufficient understanding of the School health programme, with a comparable proportion seen in both rural (84.2%) and urban (84.9%) areas.

Kuponiyi, et al (2016) found that 47.8% of public schools (86 schools) and 61.1% of private schools (110 schools) lacked medical staff or first responders. In addition, a mere 57 (31.7%) of public schools employed a nurse or midwife, compared to only 27 (15.0%) of private schools. Only 13 public schools (7.2%) and 31 private schools (17.2%) conducted routine medical tests for their personnel and pupils. From a statistical standpoint, this outcome was very significant. Crucial drugs and supplies were entirely lacking in 36.7% of public schools and 22.2% of private schools, totaling 66 and 40 schools respectively. Out of all the schools, only 26 (14.4%) public schools and 67 (37.2%) private schools possessed a sick bay or clinic. Out of the private schools surveyed, 44 (24.4%) had either an ambulance or a school bus, whereas just 5 (2.8%) of the public schools had this facility.

While numerous studies have examined the accessibility and awareness of school health services among teachers, none of these studies have specifically focused on the knowledge and availability of such services among students, who are the main recipients of school health programmes, particularly in Oyo State, Nigeria.

The broad objective of this study is to assess knowledge and availability of school health services among secondary school students in Ibadan North-West Local Government Area of Oyo State. The specific objectives include:

1. To assess the knowledge of school health services among private and public secondary school students in Ibadan North-West Local Government Area, Ibadan.
2. To assess the school health services available to private and public secondary school students in Ibadan North-West Local Government Area, Ibadan.
3. To determine association between type of school and knowledge and availability of school health services

## METHODOLOGY

This study employed a descriptive cross-sectional research approach. The research was extended to encompass pupils residing in the Ibadan North West Local Government Area. The study population was estimated to be 37,396, with a sample size of 300 students. The research was conducted among adolescents attending secondary schools within the age range of 10 to 19 years in the Ibadan North West Local Government area.

The sample size was calculated using Fleiss formula

$$n = \frac{(Z(1-\frac{\alpha}{2}))\sqrt{2\bar{p}\bar{q}} + Z_{(1-\beta)}\sqrt{P_e Q_e + P_c Q_c}}{(P_e - P_c)}^2$$

n = desired sample size

$$Z(1 - \frac{\alpha}{2}) = 1.96 \quad ; \quad Z_{(1-\beta)} = 0.84$$

Pe = estimate of response rate in exposed group or exposure rate in cases (40.4%)

Pc = estimate of response rate in unexposed group or exposure rate in non cases(31%)

$$\bar{P} = \frac{(P_e - P_c)}{2}; \quad \bar{Q} = 1 - \bar{P}$$

$$P1 = 40.4\%$$

$$P2 = 31.0\%$$

$$q1 = 0.596\%$$

$$q2 = 0.643\%$$

$$n = \frac{1.96 \sqrt{2(0.36 \times 0.64) + 0.84 \sqrt{0.4 \times 0.6 + 0.31 \times 0.61}}}{0.4 \times 0.31^2}$$

$$n = \frac{1.33 + 0.566}{0.015376}$$

$$N = 123$$

Adjustment of 10% non-response rate;

$$\text{New sample size} = \frac{123}{1-0.1} = 137$$

n= 137 (per group) + 10% of calculated sample size - 150 per group

A sample size of 300 was selected from private and public secondary schools

To obtain a sample from the population for the study, a multi-stage sampling procedure was adopted. A self-structured questionnaire comprised of open and close-ended questions was used for data collection. The questionnaire was developed from information available in the literature on school health services. Section A contained questions that aim at obtaining information on the socio-demographic characteristics of the respondents. Section B contained questions on student's knowledge of school health services while section C contained questions on available school health services. The instrument's validity was proved through the use of the content and face validity approach. The professionals at Tests and Measurement conducted a comprehensive evaluation of the instrument to guarantee its suitability in terms of language, clarity, content adequacy, and its capacity to accurately gather information for the research.

The researcher sought the agreement and assistance of the Principals, Proprietor/Proprietress of the chosen private and public secondary schools within the Ibadan North West Local Government Area. The researcher made early visits to the schools on the days of data collection in order to personally acquaint herself with the chosen kids and obtain their approval to participate in the study. Three research assistants were enlisted and instructed to aid in the execution and retrieval of the filled-out questionnaire. The data was examined according to the study's purpose. The gathered questionnaires were processed by coding and entering the data into the computer using the Statistical Package for Social Science (SPSS) version

28. The descriptive findings were reported using frequencies, percentages, mean, and standard deviation. The association between the variables was assessed using Chi-square inferential statistics..

## RESULTS

**Objective 1:** To assess the knowledge of school health services among private and public secondary school students in Ibadan North-West Local Government Area, Ibadan. As shown in table 1 is the respondents knowledge on the school health sciences. Majority 143(95.3%) and 139(92.7%) of the respondents in private and public school know school health service constitute one of the major components of school health practices respectively. More than four-fifth of the respondents in both private and public schools knew that school health services deal with maintenance of the health of school children and school health service facilitate early detection and diagnosis of infections and diseases. 123(82%) and 112(74.7%) of respondents in private and public know school health services prevent mortality and reduce morbidity. Many 101(67.3%) and 95(63.3%) of the respondents in private and public think school health service don't contribute to the positive health of school children.

**Table 1: Frequency distribution of respondents' knowledge on school health sciences**

Knowledge	Private (%)	Public (%)
<b>School health services constitute one of the major components of school health practices</b>		
Yes	143 (95.3)	139 (92.7)
No	7 (4.7)	11 (7.3)
<b>School health services deal with the maintenance of the health of the school children</b>		
Yes	127 (84.7)	123 (82)
No	23 (15.3)	27 (18)
<b>Effective school health services facilitate early detection and diagnosis of infections and diseases</b>		
Yes	129 (86)	131 (87.3)
No	21 (14)	19 (12.7)
<b>Effective school health services prevent mortality and reduce morbidity</b>		
Yes	123 (82)	112 (74.7)
No	27 (18)	38 (25.3)
<b>School health services do not contribute to the positive health of school Children</b>		
Yes	101 (67.3)	95 (63.3)
No	49 (32.7)	55 (36.7)

**Objective 2:** To assess the school health services available to private and public secondary school students in Ibadan North-West Local Government Area, Ibadan

As shown in Table 2 the school health services available to respondents. 112(74.7%) and 70(46.7%) of the respondents in private and public school strongly agreed that they have health personnel and trained first aider box respectively. More than half of the respondent in private and public school agree they have health equipment and have a sick bay in their school. Many (47.3% and 46%) of the respondents in private and public school strongly agreed and agreed clinic with nearby hospital are available for further treatment of illness. 78(52%) and 62(41%) of the respondents in private and public school has health services provision for important information for students to modify their behavior that affect their health respectively. More than two-fifths of the respondents in private and public school agreed that they are no important drugs and material in the school respectively.

**Table 2: Frequency distribution of school health service available among respondent**

Variables	Private (%)	Public (%)
<b>School has health personnel and trained first aider and first aid box</b>		
Strongly agree	112 (74.7)	70 (46.7)
Agree	32 (21.3)	70 (46.7)
Disagree	5 (3.3)	9 (6)
Strongly disagree	1 (0.7)	1 (7)
<b>Health equipment and facilities are available in my school</b>		
Strongly agree	60 (40)	54 (36)
Agree	86 (57.3)	78 (52)
Disagree	3 (2)	18 (12)
Strongly disagree	1 (0.7)	
<b>School has a sick bay/health center</b>		
Strongly agree	73 (48.7)	55 (36.7)
Agree	60 (40)	65 (43.3)
Disagree	15 (10)	27 (18)
Strongly disagree	2 (1.3)	3 (2)
<b>Clinic and nearby hospital for further treatment of illness</b>		
Strongly agree	71 (47.3)	51 (34)
Agree	58 (38.7)	69 (46)
Disagree	19 (12.7)	28 (18.7)
Strongly disagree	2 (1.3)	2 (1.3)
<b>School provides health support for disadvantaged group</b>		
Strongly agree	68 (45.3)	36 (24)
Agree	60 (40)	58 (38.7)
Disagree	15 (10)	28 (18.7)
Strongly disagree	7 (4.7)	19 (12.7)
Undecided		9 (6)
<b>School health services in school provide essential information for students to modify their behaviour in matters affecting their health</b>		
Strongly agree	78 (52)	62 (41.3)
Agree	52 (34.7)	59 (39.3)
Disagree	14 (9.3)	25 (16.7)
Strongly disagree	6 (4)	4 (2.7)
<b>There are no essential drugs and material in school</b>		
Strongly agree	76 (50.7)	38 (25.3)
Agree	54 (36)	69 (46)
Disagree	15 (10)	34 (22.7)
Strongly disagree	5 (3.3)	8 (5.3)
Undecided		1 (0.7)

### Objective 3: To determine association between type of school and knowledge and availability of school health services

As shown in table 3 shows association between type of school and knowledge and availability of school health services. There is high proportion of availability of school health service to respondent in private (62.4%) school compared to those in public (37.6%) at p-value<0.05.

**Table 3: Association between school type and knowledge and availability of school services**

Variables	Private (%)	Public (%)	$\chi^2$	P-value
<b>Knowledge</b>			0.97	0.344
Poor	32 (45.1)	39 (54.9)		
Good	118 (51.8)	110 (48.2)		
<b>Availability</b>			23.4	0.000*
Not available	44 (34.1)	85 (65.9)		
Available	106 (62.4)	64 (37.6)		

\*statistically significant

## DISCUSSION

The study findings indicate that private schools possess a higher degree of knowledge in comparison to public secondary schools. Kuponiyi, et al. (2016) conducted a study on the practices of school health care in both public and private schools. The findings indicate a general lack of information of the components of school health services in both private and public schools. This contradicts the results of the research, which indicated a high understanding of the components of school health services in both types of schools. The study conducted by Osian et al (2020) revealed that a majority of the respondents (57.6%) possessed a high level of knowledge regarding school health services. Additionally, 30.5% had a moderate level of knowledge, while 11% had a poor level of knowledge. This contrasts with a previous study conducted by Olorukooba et al (2018) which focused on the knowledge and practice of school health programmes among secondary school teachers. Furthermore, the findings of this study indicate a significant In contrast to the study conducted by Oyinlade, et al., (2014) on the assessment of school health services in Sagamu, Nigeria, which revealed that there was no significant correlation between the availability of school health services and the kind of school (private or public) attended by children.

The study's findings indicated that there was no statistically significant correlation between students' awareness of school health services and whether they attended private or public schools. This is analogous to the investigation conducted by Odeyemi and Chukwu (2015) to evaluate the understanding, perspective, and behaviour of primary school teachers towards school health services in Ogun State. The study found that there was no notable correlation between the knowledge of school health services in rural and urban schools. Furthermore, the findings of Kuponiyi et al.'s (2016) study on school services and practices in public and private primary schools align with this, since they demonstrate that there is no substantial correlation between the awareness of school health services in private and public schools.



## CONCLUSION

The study found that a greater proportion of participants in private schools have a higher level of access to and use of school health services, compared to those in public schools. This study has uncovered that the school health services in Ibadan North West local government area are lacking the necessary people and material resources to effectively implement a high-quality school health programmes in secondary schools.

## Recommendations

Based on the findings of this study, the following recommendations were made:

1. The respective school management in Ibadan North West Local Government Area should ensure that there is periodic Health Education to impact health knowledge to modify secondary school students behavior and enhance healthy living.
2. The national government should not only invest in more school health service professionals but also in adequately trained SHS professionals to effectively address the specific needs of secondary school students as adolescents.

## REFERENCES

- Abodunrin, A., Adeomi, O., & Ilori, A. (2014). Practices, Scope and Determinants of School Health Services in Osun State, Nigeria. *British Journal of Medicine and Medical Research*. 4, 5548-5557
- Adebayo, A., Dania, O., Akimdele, A., & Fawole, T. 2021. Public-private comparative study of the quality of implementation of the school health programme in a metropolitan city in Nigeria. *Journal of Public Health*.29, 35-42
- Adebayo, A., & Onadeko, M. (2015). Knowledge of School Health Programme among Public Primary School Teachers in Oyo State, South-West Nigeria: A Rural-Urban Comparative Study. 19, 55-60
- Adegbenro, C. A. (2007). The effect of a school health programme on ensuring safe environments for primary school children. *J R Soc Health*. 127(1), 29-32
- Cho, S., Lee, H., Yoon, S., Kim, Y., Levin, P.F., Kim, E. (2018). Community health needs assessment: nurses global health project in Vietnam. *Int Nurs Rev* 65, 505-514. Doi:10.1111/ inr. 12443
- Kuponiyi, O. (2015). A comparative study of the school health programme in private and public primary schools in Ogun state. *Nursing Journal* 7(2), 45-49
- Kuponiyi, O.T., Amoran, O.E. & Kuponiyi, O.T. (2016). School health services and its practice among public and private primary schools in Western Nigeria. *BMC Res Notes* 9, 203
- Lloyd, J. & Kolbe, U. (2019). School health as a strategy to improve both public health and education. *Annual Review of Public Health* 40(1), 23-32 D01: 10. 1146/ annurev- public health- 040218-043727
- Obeagu, G., & Obeagu, E. (2019). School Health Programme: An Indispensable Programme in Child Health

- Odeyemi, K.A., & Chukwu, E.E. (2015). Knowledge, attitude, practice of school health among primary school teachers in Ogun State. Nigeria. *Niger J Paed*: 42(4), 340-345
- Olorukooba, A., Babagbale, A.O., Yahaya, S.S., Amadu, L., Nwankwo, B., Liman-Hamza, K.(2018). Knowledge of School Health Programme Among Teachers and its Practice by Secondary Schools in Sabon-Gari Zaria.
- Osian, E., Timothy, E., Igbinoba, O. (2020). Knowledge, Attitude and utilisation of School Health Services among Senior Secondary School Students in Egor Local Government Area, Benin City, Edo State. *International journal of tropical disease and health* 41(12), 1-9
- Oseji, M., Okolo, A. (2011) School Health Services and Millennium Development Goals. *International Journal of Collaborative Research on Internal Medicine & Public Health*. 3(5), 378-384
- Oseni, S., Olaleye, A.O., Olatunya, A., Akani, N., Oyelami, O. (2015). School Health Services in Nigeria: A sleeping giant? *African journal of health sciences*. 28, 23-32
- Oyinlade, O.A. Ogunkunle, O.O., Olanrewaju, D.M. 2014. An evaluation of school health services in Sagamu, Nigeria.
- Poudel, A. P. (2018). Teacher's perception on school health services (2018). *J. Heal Promot.*(june),pp 5-10
- Nwadiuto, A.A., & Nkanginieme, K.O. (2007). *School health programme. Paediatrics and Child Health in a Tropical Region*. 2nd ed. Port Harcourt: African Educational Services, Nigeria; 47-54.
- Ranga, A., & Majra, J. P. (2020). Status of knowledge regarding school health services among school teachers: a cross sectional study from a northern Indian state
- Sanni, U.A., Airede, K.I., Anigilaje, E.A, and Offiong, U.M. (2022). Assessment of school health services in primary schools in Gwagwalada area council, Federal Capital Territory, Nigeria. *Pan Afr Med J*. 41, (2), 25-31
- Sofowora, O.A. (2010). Improving the standard and quality of primary education in Nigeria: a case study of Oyo and Osun states. *Int J Cross-Disciplines Subjects in Education (IJCDSE)*. 2,156.
- Toma B.O. Tinuade O, Gabriel I.O, & Agaba E. (2014). School Health Services in Primary Schools in Jos, Nigeria. *Open Science Journal of Clinical Medicine*, 2(3), 83-88.
- Trinity Care Foundation. 2013. School Health Programme.
- UNESCO (2022) Tackling menace of out-of-school children.
- WHO (2002). Global School Health Initiative: Helping Schools to Become 'Health Promoting Schools'.
- WHO (2015) WHO guideline on school health service