**PERCEIVED AVAILABILITY AS CORRELATES OF UTILIZATION OF SCHOOL HEALTH SERVICES IN PRIMARY SCHOOLS IN CENTRAL SENATORIAL DISTRICT, DELTA STATE, NIGERIA.**

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**Abstract**

Pupils academic performance at school among other things is a factors of health. This study was conducted to assess the status of school health services availability and utilization in schools in Central Senatorial District, Delta State, with a sample size of 456 and using the *ex pose factor* design of a descriptive research. Two research questions and one hypothesis were generated to guide the study. A self developed questionnaire with crombach alpha of r=0.84 as reliability was used to generate the data. Descriptive and spearman statistics were used to analyze the data. The results revealed the availability and utilization of school health services were inadequate both in availability and utilization due to inadequate funds and personnel. It was recommended that school proprietors should adopt the strategy for the implementation school health policy and school budget be improve upon to accommodate school health services in Delta State, Nigeria.

**Introduction**

Pupils performance in school would be a factor of health as absenteeism caused by ill-health can lead to poor academic achievement. Health status is therefore a factor in the overall performance of pupils. School health service was put in place in schools to care for the interest, health and well-being of pupils.

School health service becomes one of the ways by which children of this age are opportuned to be exposed to a form of care. The modern school health services was launched on the fundamental concept that the school is in a strategic position to contribute effectively to prepare an individual to do what is necessary for the protection, preservation and promotion of his own health (Udoh, Fawole, Ajala, Okafor & Nwana, 1999). The school health concept means that a prepared course of action is taken by the school in the interest of the school children and the school personnel (Anderson 1980). The school health programme is made of three components: school health instruction, school health service and school healthy living environment. Each of these components influence the availability and utility of the other. School health services in relation to the school health programme, include all efforts made by the school to conserve, protect and improve the health status of the school population through the activities of teachers, social workers, nurses, dentists, physicians and others who are interested in the welfare of school children and personnel (Okoro, 2004). School health services consist of an appraisal, health guidance and supervision, preventive aspect and remedial aspect, meant to minister to the needs of the sick child, prevention of diseases and setting of goals for the maintenance and promotion of health (Nwajei, 2004). An ideal primary school healthcare setting therefore consists of health appraisal services, emergency health services, referral health services, counselling health services, preventive and control measures of communicable diseases. These components/elements of school health services are basic tools to meet health needs of the school child.

About a century ago, the lack of organization and the absence of understanding of the fundamentals of health, prevented the existence of any semblance of an organised, continuous programme directed primarily to the health needs of the child (Okoro, 2004). The organisation of health services in Nigeria has evolved through a series of historic developments that include a succession of attempts to develop policies and plans that were introduced by the various administrations while various groups attempted to provide health services of some sorts. These became the forerunners of child health care and eventually metamorphosed into a school health programme. One of the fundamental responsibilities of any given society like Nigeria should be the ability to inculcate or instill the right values, ideologies, and philosophies of health into its citizenry. This would make the provision of school health services in the school if formal education worthwhil**e (Egwusi, 2005).**

School health service is important in the maintenance and promotion of the pupil health status in school. Hence Aduogun (2008) stated that;

“School health services are integral part of school health programme for preventing diseases and providing appropriate treatment to common diseases and injuries in school. Nemir and Schaller (1995) asserted that school health services are curative and priventive services provided for the promotion of optimal health status of students and staff through adequate health appraisal, guidance and counseling, following-up services, control of communicable diseases and emergency care of injuries and first Aid treatment”

However, school health services may not be available in all schools despite a school health policy that specifies the presence in every school (National School Health Policy, 2005). Many factors may militate against the existence of school health services in schools. This may be associated with problem of implementation, such as personal, headmaster interest, funds among others. When it does exist the utilization by pupils may not be encouraging due to personal interest of pupils, fear of immunization or fear of the use of iodine.

Even if a school has qualified personnel without drugs, it is like an army without ammunition. He further explained that manpower, infrastructure and drugs in the school health services are given most appropriate attention. As a result, the health unit force of attraction is reduced and those that are contained to seek it go home disappointed or dissatisfied.

Ogbe & Nwajei (2004) in their study revealed that schools are ill-equipped for safety measures. Nwachukwu (2004) in a survey on implementation of school health services in Imo State observed that schools lack health facilities, a situation he describes “leaving a sour taste in the mouth”.

In 2001, the federal ministry of Health and Federal ministry of Education in collaboration with WHO took the initial step by conducting a rapid assessment of school health system in Nigeria to ascertain the health status of school children. The assessment reveals that there are several health problems among learners, and the major factor is lack of sanitation facilities in schools. Akpu & lgbinoghene (1987) also observed that health services in the schools have been described as being limited as neither non-existence or when they are available there are limited to the presence of first aid boxes that do not contain much.

**School Health Services Utilization**

Availability and utilization of school health services in the primary schools is a step forward towards the successful implementation of the Alma-mata Declaration since 1972 (Osemwota 1992), which stipulates…. Erinosho (1981) maintained that culture influences extensively the concept of illness and illness behaviours. The belief system of the community according to Babatunde (2002) influences utilization of health services. The cultural myths surrounding the outbreak of disease varying from place to place depending on the ethno-cultural practice. Observation has it that illiterate and educated individuals hold strong belief that certain ailment/health problem can be better treated traditionally (Babatund1 990).

Babatunde (2002) cited Brieger (1991) and Udoh (1981) who stated that some of the administrative factors in healthcare delivery and utilization are accessibilty and availability of healthcare facilities, the availability of required number of trained medical personnel, attitude of modern health workers, flexibility of treatment, perceived competence of providers, the individual perception and attitude towards health services are significant determinants of healthcare utilization. WHO (1997) reported that health cannot be imposed on the community. What can be provided is healthcare. It is the people who decide whether to utilize the service or not. Awareness and health education services will increase people participation and utilization of available facilities (Moronkola, 2004).

Umar (2001) also considers awareness and knowledge as a major factor predicating utilization of healthcare services. He explained that it is obvious that the public should know that certain health-care services exist and how they can be reached if these services are ever to be utilized. If the public do not know that a community/school health services exist and does not know how to gain entry to the centre, its services will simply not be used to their fullest advantage.

**School Health Services Implementation**

In 1987, Nigeria adopted a comprehensive National health policy which accepted Primary Healthcare (PHC) as the foundation of this policy and the principal method of ensuring the provision of health for all their citizens by the year 2000 and beyond. (Bravema & Tarimo 1994).

An ideal primary school setting consist of health appraisal services, health education, emergency health services ,referral health counselling services, prevention and control measures for communicable disease (Fajewony $ Afolabi, 1993; Ejifugha, 1988; Olowajo, 1988 & Demetin, 1981). Health services in the school have been described by some as either non-existent or when they are available, the scope is limited to the presence of first aid boxes that do not contain much (Akpu & lgbinoghene 1987).

Eboh & Ogbe (2005) stated further that all the components of school health services should be given adequate attention and this should pointed out for all the primary schools owned by government or individuals. A study on status of health services and needs of nursery school in Ogun state (Fajewonyomi & Afolabi,1993) indicated that most schools do not have health facilities at all, that there was no healthcare services in schools. Onowhakpo (1999) stated that in the 90’s there was early morning pupil hygiene inspection on the pupils during morning assembly by teachers and the checking of pupils. These days, health practices by teachers are no longer pronounced Eboh& Ogbe (2005) reported that health team is not provided for in the primary schools in Delta State. In other words provision of school health services are not in existence .

School health service is therefore a school programme that requires surveillance through supervision and research on periodic bases to make suggestion for maintenance and improvement. This is directed towards the promotion of pupils health in the school and community as there is no true dichotomy between the school and the community. The purpose of this study was to assess the perceived availability as correlates of utility in school health services in Central Senatorial District, Delta State, Nigeria. The essence was to assess the availability and utilization of school health services in Central Senatorial District-Delta State-Nigeria.

**Review**

Adeogun (2008) studied school health service variables as determinants of health delivery programme, and found that school health service is available and utilized in colleges of education Southwest Nigeria. He observed further that communicable diseases are controlled and provision made for emergency care for injuries and first Aid. Famuyiwa (2012) in his study and evaluation of school health services in Oyo State found that health appraisal, school midday meals, emergency care/first Aid services among others were not significantly provided for in Oyo State secondary schools. He stated further that communicable diseases were not controlled in public secondary schools in Oyo State Nigeria. Moronkola and Obiechina (2010) studied determinants of students utilization of University of Ibadan health services and found that school health service was affected by long waiting time, high cost of care and negative attitude of health workers. The study further recommended the need for continuous health education on student on the utilization of school health services in the University. In another study Fajewoni Yomi and Afolabi (1993) found that school health services and needs of nursery schools in Ogun State indicated the most nursery schools do not have health facilities at all and therefore no health services. Eboh and Ogbe (2005) reported in their study of school health services in Delta primary schools and found that nothing similar to health team or health personnel exist the schools. The study revealed further that provision of school health services were not in existence.

**Conceptual Frame Work**

The National Health Policy (2006) stated that school health services are preventive and curative services provided for the promotion of health. The policy stated that:

*School Health Services are preventive and curative services provided for the promotion of the health status of learners and staff. The purpose of the School Health Services is to help children at school to achieve the maximum health possible for them to obtain full benefit from their education.*

*School Health Services shall include pre-entry medical screening; routine health screening / examination; school health records; Sick bay, First Aid and referral services. It shall also provide advisory and counselling services for the school community and parents.*

*Personnel for School Health Services shall include Medical Doctors, School Nurses, Health Educators, Environmental Health Officers, School Guidance Counsellors, Community Health Workers, Dieticians, Nutritionists, School Teachers and Social Workers.* Pp12

Based on this, it is expected that availability and utilization of school health services will provide the pupils with opportunity for better health than their counterpart that may not be exposed to this opportunity at this level of education. However, provision make for availability and utilization. Though certain factors could inhabit utilization despite availability.

To guide this study, two research questions and one hypothesis was generated:

* To what extent is health service available in primary schools in Central senatorial District of Delta State Nigeria?
* To what extents is health service utilized in primary schools in Central Senatorial District of Delta State.

**Hypothesis**

* Availability of school health services would not be significantly perceived as a correlate of utilization in primary schools in Central Senatorial District of Delta State, Nigeria.

**Materials and Method**

This study was part of the Ogbe (2014) comprehensive study on school Health Services in Delta Central Senatorial District. The study adopted the *expo-facto* *design* of a descriptive survey. The population was estimated to be seven thousand, eight hundred and eight-five (7,885) pupils and health teachers in both private and public schools in central senatorial district, Delta state. The stratified random sampling technique with each local Government area as stratum. From each stratum, a systematic sampling technique was used to sample ten percent (10%) of the schools in each Local Government Area with total of 28 schools. From each sample, the simple random was used to sample one class arm from each school a total of 15 class arms were sampled. Ten percent (10%) of each class arm was sampled as pupils for the study. A total of 408 pupils were sampled. Purposive sampling technique was used to select all 5 health teachers from each school. The sample was therefore 549; pupils and teachers. The size of the sample was informed by the view of Areaya,(2004) who stated that a sample of 384 is comfortable for a population of above 10,000.

The instrument for the study was a closed end questionnaire where respondents have the option to select from four options of strongly agreed (SA), Agreed (A), Disagreed (D), and strongly disagreed (SD). The options were rated as follows; SA, (4 points), S, (3 points) D, (2 points) and SD, (1 point). The questionnaire was in two parts; section A, demographic data and section B, structured statement items.

The instrument was face validated by three experts in health education, test and measurement, and biostatistics in Delta state university Abraka. Both structural and grammatical corrections were made and adopted to improve the quality of the instrument. After which the instrument was subjected to factor validation and using the principal axes method of factor analysis and selection criteria of 14 and above factor load. The final product was pre-tested on 20 pupils and 10 health teachers outside the study area (Delta North senatorial District). Data obtained were used to compute the crombach alpha which stood at reliability of .74. This indicated good internal consistency of the items. According to Brace Kemp and Saelgar (2000) crombach alpha of .70 is ideal for every study.

Data were collected from pupils through the questionnaire distributed by four trained research assistants and their teachers. The research assistants help to interpret the questionnaire to the pupils should anyone need explanation while the teachers were given the questionnaire for self-completion. Questionnaire was collected instantly within one-two hours of administration. Schools were visited in different dates. Of 459 questionnaire distributed, all were retrieved from participants but three representing 0.30% were found unfit for use. Thus 456 questionnaire representing 99.7% were used for the study. The data were analyzed using the spearman correlation coefficient tested at .05 alpha. The model was the statistical package for social science (SPSS) 16 for MS windows. A benchmark of 2.50 was used as criterium for acceptance or rejection of a statement item in the questionnaire.

**Result/Findings**

**Demographic Data**

The age distribution of the participants were: 6-10 years old (n=283, 62.1%), 11-30 years (n=141, 30.9%), 31-40 years (n=19, 4.1 %), over 40 years old (n=??, 2.9%). Sex distribution was 231 males (50.7%) and 225 (49.3%). Distribution by level of education: primary school 391, (85.7%), teachers with NCE, 35, (7.7%) and teachers with first degree 30 (6.6%). Distribution by type of school: public 221, (46.3%), private 245, (53.7%).

**Table 1:** Perceived availability of school health services in primary schools in Central Senatorial District, Delta State, Nigeria.

Of the ten items under perceived availability, four fall within the acceptance level of 2.5, which was the bench mark. Thus pupils’ inspection for personal hygiene, referral services, first aid treatment and allowance for immunization were perceived to be available in Central Senatorial of Delta State. Other items in the table were observed to be grossly inadequate. Thus the question is answered that school health services exist but inadequate in Delta Central Senatorial District.

**Table 2:** perceived utilization of school health services in primary schools in Central Senatorial District, Delta State, Nigeria.

Table 2, revealed that two out of the eight items under utilization met acceptance level of the 2.5 bench mark. Thus, first aid treatment, referral services, and immunization talks were perceived to be utilized in primary schools in Delta Central Senatorial District. Utilization of school health services was perceived to be present but not adequately utilized in primary school in Central Senatorial of Delta State.

**Table 3:** Table showing Spearman’s Correlation of availability with perceived utilization of socio heath services in primary schools in delta senatorial District of Delta State

Table 3, revealed that of the 140 items (availability cross tabulated with utilization) had 82 items significant. Above 85.57% of the items were apha significant at 10.05. thus perceived availability was perceived to be correlated with utilization.

**Discussion**

This study concerned itself with the correlation of perceived availability and utilization of school health services in primary schools in Delta State, Nigeria. The study revealed that school health services were inadequate. These findings collaborates the findings of Famuyiwa (2012) who stated that midday meals, health appraisal, first Aid treatment among others were not provided for in Oyo State. Also Famuyiwa and Afolabi (1993) found that school health services and needs were not provided for in schools in Ogun State, Nigeria Eboh and Ogbe (2005) in their study in Delta revealed that school health services were non-existence in Delta.

From this study, it was observed that health teachers were inadequate and discussing pupils’ health with parents was not practiced. The absences of a sick-bay, no equipment for observation of visual, auditory and dental impairment, such school cannot be said to have any meaningfull type of school health services.

The study revealed in some part that there was gross under utilization of school health services in primary schools in Central Senatorial District Delta State Nigeria. This is so because, unless the services exist, it cannot be utilized. This collaborate the findings of Ene (2000) who stated that it is disappointing that the South-East States of Nigeria do not have adequate school health services. It was found that health personnel, medical doctors, nurses and other health workers do not exist in the school system. This tally with input of Ene (2000) stating that these quality of staff do not exist in primary schools in South-East-States-Nigeria. As stated by Eboh and Ogbe (2005) that school health services does not exist in Delta State and so cannot be utilized as found in this study.

From this study, it was found that the National school Health Policy (2006) which stated that;

“School Health Services are preventive and curative services provided for the promotion of the health status of learners and staff” Has being ignored. While the same policy which stated that; “The main goal of the school health programme is to improve the health of learners and staff as responsible and productive citizens” seems to be under mind in our schools.

**Conclusion**

This study investigated perceived availability and utilization of school health services in Central Senatorial District of Delta State. The descriptive survey design of the *ex pose factor*, with the use of questionnaire served as the instrument. It was found that; Availability and utilization of school health services is core to the realization of the goals of the National Policy on Education. It is therefore of paramount importance as health educators, to be more concerned with the provision and utilization of these materials in order to promote health of learners in school toward quality achievement in education. It is most evident that the challenges and shortfall that exist in our primary schools were availability and utilization.

The study revealed that few qualified health teachers and absence of physician, dentist and nurses in the school health system. Availability of health services will attract those that seek medical care. It can be seen that utilization of healthcare services rest on availability of materials to a great extent. It is better to make them available so that utilization can be considered.

**Recommendations**

It is recommended that;

* the Nigerian government should provide fund for carrying out school health service programmes in primary schools.
* Government should put in place workable policies to involve ministry of health, ministry of education, co-operate organizations and stakeholders in the planning and implementation of school health service programmes in primary schools.
* Government should as a matter of urgency provide budgetary allocation for primary school health programmes
* School health services should be made compulsory in primary schools in order to achieve this certain percentage of fee should be charged for the provision of school healthcare.
* School proprietors either public or private should go back to the National school Health Policy for strategies for the implementation of the programme which include;

Strategies that will enhance the development, realization and sustainability of the School

Health Programme shall be put in place. These strategies shall include:

• Planning

• Capacity Building

• Partnership and Collaboration

• Monitoring and Evaluation

• Advocacy and Resource Mobilization

• Research and Knowledge Sharing

Guideline for the implementation of the National School Health Policy shall be developed.

**monitoring & evaluation**

Monitoring and Evaluation activities as a veritable tool for ensuring quality control needed to be adopted at every level of the organizational structure and linked with the school inspection and EMIS

Major structural and write up issues. This paper needs to be revised before it is submitted for publication consideration.

**Acknowledgement**

I wish to appreciate the Ministry of Basic Education and the school board, for the use of schools, pupils and teachers under their employment. Special thanks to pupils and teachers for their participation.

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**Table 1:** Perceived availability of school health services in primary schools in Central Senatorial District, Delta State, Nigeria.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Health Service** | **Frequency of Respondents Perception Regarding School Health Services Availability** | | | |
| **Strongly Agree** | **Agree** | **Disagree** | **Strongly**  **Disagree Benchmark of Acceptance** |
| Pupils are inspected for personal hygiene | **348(76.3%)** | **108(2437%)** | **0(0%)** | **0(0%) 3.76 x** |
| Referral services are available | **318(69.7%)** | **128(28.1%)** | **9(2%)** | **1(0.2%) 3.40 x** |
| Sick- bay was available in my school | **0(0%)** | **121(26.5%)** | **21(4.6%)** | **314(68%) 1.57** |
| There were facilities for aid treatment in the event of a pupil’s injury in my school | **438(96.1%)** | **10(2.2%)** | **7(1.5)** | **1(0%) 3.9 x** |
| Immunization services were allowed in my school | **411(90.1%)** | **30(6.6%)** | **15(3.3%)** | **0(0%) 3.86 x** |
| There were facilities for isolating pupils who falls ill with communication disease in my school | **5(1.1%)** | **18(3.9%)** | **97(21.3%)** | **364(73.7%) 1.30** |
| There was provision for health teachers to discuss pupils health problems with them | **8(1.8%)** | **6(1.3%)** | **112(24.6)** | **330(72.3%) 1.32** |
| There was provision for observation of impairments my school | **0(0%)** | **87(19.1%)** | **5(1.1%)** | **364(79.8%) 1.40** |
| There was provision for observation of auditory impairments in my school | **0(0%)** | **75(16.5%)** | **374(84.0%)** | **7(1.5%) 2.15** |
| There was provision for observation of dental defects in my school | **1(0.2%)** | **19(4.2%)** | **131(28.7%)** | **305(66.9%) 1.37** |

**X Benchmark Acceptance**

**Table 2:** perceived utilization of school health services in primary schools in Central Senatorial District, Delta State, Nigeria.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School Health Services** | **Frequency of Respondents Perception Regarding School Health Service Utilization** | | | | |
| Strongly Agree | Agree | Disagree | Strongly Disagree | Benchmark of acceptance |
| Pupils usually go to sickbay when ill | 17(3.7%) | 10(2.2%) | 119(26.1%) | 310(68.0%) | 1.42 |
| Teacher nurse or doctor attends to pupils treatment | 0(0%) | 1(0%) | 237(51.55) | 218(47.8%) | 1.52 |
| Injured pupils are usually given first aid treatment my school | 5.(1./1%) | 306(67.1%) | 138(30.3) | 7.(1.5%) | 2.70 x |
| Pupils parents are sometimes called to discuss their children’s health problems | 10(2.2%) | 164(36.0%) | 247(54.1%) | 35(7.7%) | 2.30 |
| Pupils with health problems are given referral letters for further treatment I n my school | 30(6.6%) | 210(46.0%) | 208(45.6%) | 8(1%) | 2.50 x |
| Health officers visits my school to administer immunization | 4(0.9%) | 224(49.1%) | 218(47.8%) | 10(2.2%) | 2.48 |
| My school usually provide mid-day meal | 58(12.7%) | 127(27.9%) | 123(27.0%) | 148(32.5%) | 2.21 |

**X Benchmark Acceptance level**

**Table 3:** Table showing Spearman’s Correlation of availability with perceived utilization of socio heath services in primary schools in delta senatorial District of Delta State

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Pupils were inspected for personal hygiene in my school | Health problems have been observed and referred to the hospital in my school | There was a sickbay in my school | There was provision for first aid treatment in my school | Pupils observed with communicable diseases are isolated in the sickbay | School administrators usually encourage immunization officers to provide their services in my school | There was provision for teachers to discuss pupils health problems in my school | There was provision of visual impairments by teachers in my school | There was provision for observation of auditory impairment by teachers in my school | There was provision for observation of dental defects among pupils in my school |
| Pupils were inspected for personal hygiene in my school | Cor. Coef. | 0.093 | 0.121 | 0.150 | 0.067 | 0.061 | 0.191 | 0.056 | 0.037 | 0.143 | 0.119 |
| Sig. | 0.052 | 0.052 | 0.002 | 0.164 | 0.202 | 0.000 | 0.242 | 0.448 | 0.003 | 0.013 |
| N | 435 | 435 | 435 | 435 | 435 | 435 | 435 | 435 | 435 | 435 |
| Pupils do not utilize school health services because of their parents traditional beliefs | Cor. Coef. | 0.126 | 0.126 | 0.0092 | 0.008 | 0.140 | 0.016 | 0.10 | -0.162 | -0.70 | 0.062 |
| Sig. | 0.009 | 0.009 | 0.055 | 0.870 | 0.003 | 0.737 | 0.0376 | 0.001 | 0.149 | 0.201 |
| N | 435 | 435 | 435 | 435 | 435 | 435 | 435 | 435 | 435 | 435 |
| Pupils do not utilize school health services because of proficient health teachers | Cor. Coef. | 0.088 | 0.088 | 0.113 | 0.085 | 0.063 | 0.194 | 0.072 | 0.053 | 0.135 | 0.143 |
| Sig. | 0.064 | 0.067 | 0.018 | 0.078 | 0.193 | 0.000 | 0.133 | 0.270 | 0.005 | 0.003 |
| N | 435 | 435 | 435 | 435 | 435 | 435 | 435 | 435 | 435 | 435 |
| Pupils do not utilize school health services because of absence of doctors and/or nurses | Cor. Coef. | 0.064 | 0.064 | 0.174 | 0.171 | 0.111 | 0.289 | 0.073 | 0.108 | 0.197 | 0.148 |
| Sig. | 0.186 | 0.186 | 0.000 | 0.000 | 0.021 | 0.000 | 0.128 | 0.024 | 0.000 | 0.002 |
| N | 435 | 435 | 435 | 435 | 435 | 435 | 435 | 435 | 435 | 435 |
| Pupils do not utilize school health services because of the attitude of the health personnel | Cor. Coef. | -0.241 | -0.241 | 0.090 | 0.167 | -0.059 | 0.195 | -0.140 | -0.041 | 0.041 | -0.102 |
| Sig | 0.000 | 0.000 | 0.06 | 0.001 | 0.216 | 0.000 | 0.003 | 0.393 | 0.391 | 0.033 |
| N | 435 | 435 | 435 | 435 | 435 | 435 | 435 | 435 | 435 | 435 |
| Pupils do not utilize school health services because of lack of medical facilities | Cor. Coef. | 0.016 | 0.016 | 0.081 | 0.190 | 0.122 | 0.221 | 0.025 | 0.055 | 0.129 | 0.087 |
| Sig | 0.737 | 0.737 | 0.093 | 0.000 | 0.011 | 0.000 | 0.609 | 0.253 | 0.007 | 0.072 |
| N | 435 | 435 | 435 | 435 | 435 | 435 | 435 | 435 | 435 | 435 |
| Pupils usually go the sickbay when they are sick | Cor. Coef. | -0.063 | -0.063 | 0.177 | 0.302 | -0.007 | 0.287 | -0.057 | 0.203 | 0.247 | 0.001 |
| Sig. | 0.182 | 0.182 | 0.000 | 0.000 | 0.875 | 0.000 | 0.224 | 0.00 | 0.000 | 0.985 |
| N | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 |
| Teacher, Nurse or Doctor usually attend to sick pupils | Cor. Coef. | 0.433 | 0.433 | 0.378 | 0.069 | 0.339 | -0.012 | 0.372 | 0.08/94 | 0.176 | 0.331 |
| Sig. | 0.000 | 0.000 | 0.000 | 0.143 | 0.000 | 0.806 | 0.000 | 0.046 | 0.000 | 0.000 |
| N | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 |
| Injured pupils usually receive first aid treatment from teacher nurse or doctor | Cor. Coef. | -0.030 | -0.030 | -0.022 | 0.131 | -0.111 | 0.067 | -0.003 | -0.031 | -0.006 | -0.088 |
| Sig. | 0.520 | 0.520 | 0.637 | 0.005 | 0.017 | 0.151 | 0.942 | 0.510 | 0.904 | 0.60 |
| N | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 |
| Pupils parent are sometimes called to discuss health problems | Cor. Coef. | 0.099 | 0.099 | 0.055 | 0.081 | 0.059 | 0.104 | 0.116 | 0.040 | 0.087 | 0.073 |
| Sig. | 0.036 | 0.036 | 0.244 | 0.083 | 0.212 | 0.026 | 0.013 | 0.394 | 0.065 | 0.118 |
| N | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 |
| Pupils health problems have been given referral letters from my school for further treatment | Cor. Coef. | 0.418 | 0.418 | 0.503 | 0.211 | 0.443 | 0.198 | 0.480 | 0.236 | 0.313 | 0.451 |
| Sig | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| N | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 |
| Health officers have come to my school to administer immunization | Cor. Coef. | -0.158 | 0.158 | -0.133 | 0.110 | -0.180 | 0.182 | -0.102 | 0.012 | 0.057 | -0.129 |
| Sig. | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 | 0.001 |
| N | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 |
| Health teachers usually give health talks on cleanliness and environmental hygiene | Cor. Coef. | 0.452 | 0.452 | 0.392 | 0.084 | 0.401 | 0.079 | 0.510 | 0.123 | 0.196 | 0.413 |
| Sig. | 0.000 | 0.000 | 0.000 | 0.073 | 0.000 | 0.092 | 0.000 | 0.009 | 0.000 | 0.000 |
| N | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 |
| My school usually provides mid-day meal to pupils. | Cor. Coef. | 0.314 | 0.314 | 0.447 | 0.233 | 0.310 | 0.221 | 0.372 | 0.240 | 0.319 | 0.341 |
| Sig | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| N | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 |