**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 post facto* design of a descriptive research. Two research questions and one hypothesis were raised to guide the study. A self developed questionnaire with crombach alpha of r=0.84 at 0.05 alpha as reliability was used to generate the data. The descriptive and spearman statistics were used to analyze the data. The result reveals, inadequate availability and inadequate utilization of available School Health Services. Thus the level of availability was not a reflection of the level of utilization. Personnel, medical equipment and parent traditional belief influenced adequate utilization. It was recommended that school proprietors should adopt the strategy for the implementation school health policy and school budget be improved upon to accommodate better school health services in Delta State, Nigeria.

**Key Words:** School Health, Primary School, Children, Delta State, Nigeria.

**Introduction**

Pupils performance in schools would be a factor of health as absenteeism caused by ill-health will lead to poor academic achievement. Health status is therefore a factor in the over-all achievement of pupils. School health service was put in place in schools to caretaker for the interest, health and well-being of pupils. Medline plus (2013) stated that the child spent most of his active time at school except at home and the school can have major effect on the child’s health. The author stated further that the school can teach about health and promote healthy behaviours among others.

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. Word Health Organization (WHO) (2012) discused the aims of schools health promotion to include reinforcing national ownership of the programme and promote efficienct school based health inventions as the case in lebanon (in the memoradum of school health promotion 2010-2015). The school health concept means the prepared course of action taken by the school in the interest of school children and the school personnel. In some countries, special schools were developed. Halabi (2013) stated that Health promoting school approach is a comprehensive approach to health that involves all categories of the population who work together with the health promoting school. The school health programme is made of three components’ the school health instruction, school health service and the school healthy living environment. Each of these component 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 the teachers, social workers, nurses, dentists, physicians and others who are interested in the welfare of school children and personnel (Okoro, 2004). According to Wikipedia (2013),

“school health services are services from medical, teaching, other professionals applied in or out of school to improve the health and well-being of children and in some cases whole families. These services have been developed in different ways around the globe but the fundamentals are constant: the early detection, correction, prevention or amelioration of disease, disability and abuse from which school aged children can suffer”.

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 consist 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, she added. One of the fundamental responsibilities of any given society like Nigeria should be the ability to innoculate or instill the right value, ideologies, and philosophies of health into its citizenry. This would make the provision of school health services in the school as formal education worthwhil**e** (Egwusi, 2005).

School health service is important in the maintenance and promotion of the pupil health status in school. Hence Adeogun (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 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 personnel, headmaster interest, funds among others. When it do 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 with qualified personnel the absence of necessary equipment, makes it like an army without ammunition. This look explains why manpower, infrastructure and drugs in the school health services should be given most appropriate attention. If not those seeking for it may go home disappointed.

Ogbe & Nwajei (2004) in their study revealed that schools are ill-equipped for safety measures. Nwachukwu (2004) in a survey on implemention 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 were several health problems among learners, and the major factor was lack of sanitation facilities in schools.

It was on this bases that this study decided to access the presences or absences of personnel, equipment and infrastruction associated with school health services and how much pupils patronise the practice of school health services in Delta Central Senitorial District Delta State, Nigeria.

In school health services either the health teacher or the doctor or the dentist or the nurse who may be permanent in high quality schools or visiting in other schools exercise one form of health service or the other daily on puplis. According to Famuyiwa (2001), through the health personnel, the child is appraised through observation for feverish condition, visual or auditory defects, physical fittness among others; hisory taking and medical examination. Famuyiwa (2012) stated further that observation is also made of general appearance, too fat, or too tired, drowsy, noticable change in weight, poor posture, jundiced eyes, inflammed gum, ear discharges, nosal drains or discharges, mouth odour, decaying tooth, sore mouth among others: other things observed include behaviour at play, breathlessness, level of aggressiveness, cleaningness, complains of tiredness, abnormal pains, headache and general level of wellness or sickness reports.

The school is also in position to treat occuring emergencis and give First Aid. Thus injuries during the school hours are treated by the Nurse or Doctor if available, if not the health teacher or any other teacher with the knowledge, give First Aid and emergency care to pupils. Usually cases of being feverish are first treated with tepid bath and the administration of one or two analgesic from the First Aid box before sending the child home or sending for the parents. In most other serve cases, the pupil may be referred to the nearest health facility with the health teacher accompanying the child while sending for the parents.

Other school health services provided include that, staff guidance and counselling. According to Ibhafidon (2007) qouting Wilson (1980) defined guidance and counselling as the procedure by nurses, teachers, physicians and guidance counsellors, interpret to pupils and parents the nature and significance of a health problem and aid in formalting a plan of action which can lead to solution.

Eboh & Ogbe (2005) stated further that all the components of school health services should be given adequate attention and this should be 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 was not provided for in the primary schools in Delta State. In other words provision of school health services were 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**

Literatures are available in the area of school health services availability and utilization. Ogbe and Nwagei (2004) in their study revealed that schools were ill-equipped for safety measures in Delta State, Nigeria thus affecting the provision and utility of school health services. Ogbe and Eboh (2005) reported in their astudy that health team (made up of health teacher(s), doctor/dentist or nurses) was not provided for in primary schools in Delta State. In other words provision of school health services were not in existence. In a study in Lebanese schools, Chakar and Salameh (2006 and 2007) demonstrated that obesity is a growing problem in Lebanese schools and specically among adolescents which raises the need for effective intervention through school health services. Adeogun (2008), studied school health services variables as determinants of health delivery programme and found that school health service was available and utilize in colleges of education in SouthWest, Nigeria. He observed further that communicable diseases were controlled and provision made for emergency care for injuries and First Aid. Moronkolo 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 core and negative attitude of health workers. Their study further recommended, the need for continous health education for students on the utilization of school health services in the University. Onwuama and Obioha (2011) also stated from their study that school health service was available in schools in Federal Capital Territory Abuja, Nigeria. According to those authors, midday meal was provided in schools.

In another study, Famuyiwa (2012) studied and evaluated school health services in Oyo State Nigeria and found that health appraisal, school midday meals, emergency/first Aid services among others were significantly provided in Oyo State Secondary Schools. He stated further that communicable diseases were not controlled in public secondary schools in Oyo state, Nigeria.

World Health Organization (WHO) (2012) discussed the aim of the memorandom of school health promotion and stated that it was aimed to reinforce national ownership of the programme and promte efficient school base health interventions as it was in Lebanon for 2010-2015.

However, Halabi (2013), findings in her study of Lebanon schools revealed that current health promotion programme failed to address issues of concern to adolescents with prevealance of dangerous risk behaviour. According to the author, public health promoting school were to learning healthy behaviour compared to public and private schools. She concluded that the challenge was to involve both the health and education sectors in developing national educational strategies to support health promoting programme in schools.

**Conceptual Frame Work**

The National Health Policy (2006) stated that school health services are preventive and curative services provided for in 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 services available in primary schools in Central senatorial District of Delta State Nigeria.
* To what extent is health services 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 a part of the Ogbe (2014) comprehensive study on school Health Services in Delta Central Senatorial District and therefore adopted the same approach and method. 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 sampled form the bases for oarticipant, sampling school, the simple random sampling technique was used to sample one class arm from each school and 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 was 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 with the distribution of the questionnaire to the pupils through four trained research assistants and their teachers. The research assistants helped to interpret the questionnaire to the pupils should any one needs explanation while the teachers were given the questionnaire for self-completion. Questionnaire was collected instantly within one-two hours of administration. Schools were visited on 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. The bench mark or decision point was obtained from the lieket like type option questionnaire of 4 values; SA, 4, 3; D, 2; SD, 1. To obtain the bench mark, all options were added and divided by the number of options, 4 + 3 + 2 + 1 = 10/4 = 2.5. This is the mean value.

**Result/Findings**

**Demographic Data**

Status distribution:- Health Teachers – 51 (11.18%), pupils 405 (88.8%).

Age :– 11-15years, 405 (88.8%), 16-25years, 2 (0.44%), 26-27years, 19, (4.17%), above 35years, 30 (6.5%).

Health teachers by qualification:- Teachers Grade II Certificate – 4 (7.84%), National Certificate of Education – 35 (68.62%), Degree (B.Sc (Ed)) – 12 (23.52%).

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

Table 1, revealed that of the 10 items listed under perceived availability of school health services in primary schools, 4 items met, the bench mark of 2.5 and above of being available. Thus, pupils were appraised for personal hygiene at 3.76, referral service was available at 3.40, facilities for first Aid treatment were available at 3.90 while immunization service were available at 3.86. Other items on the list were recorded not to be acceptable as available. Thus the research question was answered that school health services exist but inadequate in Delta Central Senatoral District.

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

Table 2, revealed that of the 7 items listed under percieved utilization of school health services in primary schools, only 3 item met the acceptance level of 2.5 and above of been utilized. Thus, injured pupils were ussually given first Aid treatment at school had a bench mark of 2.70 and pupils with health problems were given referal letters for further treatment had 2.5. Health officers do visit schools for immunization purposes had a bench mark of 2.50. Other items were deemed not acceptable as being well utilized. Thus school health services was perceived to be utilized but inadequate.

**Table 3:** Table showing Spearman’s Correlation of availability with perceived utilization of school heath services in primary schools in Delta Central Senatorial District of Delta State

Table 3, revealed that, when items of avaialability were cross-tabulated with utilization and analysied at alpha of 0.05, it was found that 150 items fall under the tabulation, of which 82 items were significant. This represent 56% of the items as being significant. Issues such as provision of midday meal had all items under the cross-tabulation as being significantly available and utilized. Referral of sick pupils were significantly available and utilized. Teachers usually give health talk had 8 items in the cross-tabulation out of ten (10) as being significantly availability and utilized. Teachers, Nurse or Doctor usually do attend to sick pupils had seven of the 10 cross-tabulated items were significantly available and utilized.

**Discussion**

This study which is a status of the situation of school health services in Delta State, Nigeria was initiated as to determine what is available or known as school health services availability and useage. The study adoption of a descriptive research design was in line with WHO Global school health initiative (1996) which stated that three types of research are important to the continued development and improvement of school health programmes: descriptive research, evaluative and implimentation research. It went further to state that descriptive reserch helps to understand a population, to define a problem and to indicate the scope of interventions.

In this study, there were three tangable out come: (1) school health services were percived to be available (2) school health services were perceived to be utilized but inadequate and (3) level of utilization was not a correlate of level of availability. From table 1, it was revealed that pupils at 3.76 apprasial through inspection of personal hygiene met the bench mark level of acceptance. This was also applicable to referral service availability at stood at 3.40, while first Aid treatment and to injuried pupils and immunization service availability stood at 3.90 and 3.86 respectively. But other 6 items on the table do not met the bench mark of acceptance. Thus percieved availability of school health services in primary schools in Central Senetorial District of Delta State was available but inadequate. This findings collaborates that of Ogbe and Eboh (2005) who in their study stated that school health service were non-existence in Delta. But the findings of this study has shown that almost nine years after, there is resemblance of school health services in Delta State but inadequate. This findings also tally with Famuyiwa (2012) who stated that midday meals, health appraisal, First Aid among others though were present but not significant in schools in Oyo State, Nigeria.

From the study it was observed that pupils do not utilize school health service because of insufficeint health teachers and absence of a doctor or a nurse. Although few pupils also claimed not to utilize the school health service because of inproficient health teachers. From the study it was observed that in absence of a sick-bay, no adequate equipment for visual, auditory and dental impairment, such school cannot be said to have any meaniful type of school health services. From table, it was found that: injured pupils were usually given first Aid treatment in schools; pupils with health problems awere referred and the implimentation of immunization programme in schools meet the acceptance bench mark. Other 4 items in that list of utilization of school health did not meet the bench mark. Thus the findings reveal that there was school health services but inadequate. This finding tally with the findings of Ene (2000) and Ogbe and Eboh (2005), Famiyiwa (2012), all who stated that utilization of school health services in their study was inadequate: in absence of adequate and competent health teachers, non-availability of equipment and absence of adequate sick-bay school health services utilization will remain inadequate.

**Conclusion**

This study has brought to light the present status of school health services in Delta Central Senatorial District of Delta State revealing, that some form of school health services was available and practiced in Delta State schools but available and utilization were inadequate. It was found that the level of available reflected level of utilization. Tangigeble out come of the study include; school health services were perceived to be available but inadequate; school health services were percieved to be utilise but inadequately utilized; utilization level was a reflection or a correlate of availability. Thus, in this study, the level of availability was a correlate of the level of utilization. Reasons given for non-adequate utilization include; parents belief on traditional herbs, inadequate and inproficient health teachers, absences of a doctor or a nurse in the school, lack of health facilities such as sick bay

**Recommendations**

It was recommended that;

* Children health do better under multi-sectorial approach hence, schools being in the education sector needs cooperative approach such as the seconding of Nurses to Government schools while private schools should employ at least a Nurse.
* There should be need for in-services training for health education teachers
* 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 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.

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **School Health Service** | **Frequency of Respondents Perception Regarding School** | | | | **Health Services Availability** |
| **Strongly Agree** | **Agree** | **Disagree** | **Strongly**  **Disagree** | **2.5**  **Benchmark of Acceptance** |
| 1 | Pupils are inspected for personal hygiene | 348(76.3%) | 108(2437%) | 0(0%) | 0(0%) | 3.76 x |
| 2 | Referral services are available | 318(69.7%) | 128(28.1%) | 9(2%) | 1(0.2%) | 3.40 x |
| 3 | Sick- bay was available in my school | 0(0%) | 121(26.5%) | 21(4.6%) | 314(68%) | 1.57 |
| 4 | 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 |
| 5 | Immunization services were allowed in my school | 411(90.1%) | 30(6.6%) | 15(3.3%) | 0(0%) | 3.86 x |
| 6 | 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 |
| 7 | 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 |
| 8 | There was provision for observation of impairments my school | 0(0%) | 87(19.1%) | 5(1.1%) | 364(79.8%) | 1.40 |
| 9 | There was provision for observation of auditory impairments in my school | 0(0%) | 75(16.5%) | 374(84.0%) | 7(1.5%) | 2.15 |
| 10 | 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 |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **School Health Services** | **Frequency of Respondents Perception Regarding School Health Service Utilization** | | | | |
| **Strongly Agrees** | **Agree** | **Disagree** | **Strongly Disagree** | **2.5**  **Benchmark of acceptance** |
| 1 | Pupils usually go to sickbay when ill | 17(3.7%) | 10(2.2%) | 119(26.1%) | 310(68.0%) | 1.42 |
| 2 | Teacher nurse or doctor attends to pupils treatment | 0(0%) | 1(0%) | 237(51.55) | 218(47.8%) | 1.52 |
| 3 | 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 |
| 4 | 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 |
| 5 | 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 |
| 6 | Health officers visits my school to administer immunization | 4(0.9%) | 224(49.1%) | 218(47.8%) | 10(2.2%) | 2.48 |
| 7 | My school usually provide mid-day meal | 58(12.7%) | 127(27.9%) | 123(27.0%) | 148(32.5%) | 2.21 |

**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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S/N |  |  | 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 |
| 1 | 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 |
| 2 | 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 |
| 3 | 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 |
| 4 | 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 |
| 5 | 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 |
| 6 | 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 |
| 7 | 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 |
| 8 | 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 |
| 9 | 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 |
| 10 | 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 |
| 11 | 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 |
| 12 | 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 |
| 13 | 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 |
| 14 | 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 |