

# Status of Health Appraisal Services for Primary School Children in Edo State, Nigeria

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## Abstract

*The purpose of this study was to determine the status of the health appraisal services provided for primary school children in Edo State, Nigeria. Using the cross-sectional survey design a total of 1506 primary school children were selected from across the state as the study participants. The analysis of data collected through a 14-item questionnaire showed that: four vital aspects of health observation (observation of mouth and teeth, nose and throat, skin, and ears) were not provided for the children; all aspects of health examination were not provided for the children; and records of the health histories of the children were not kept. These results were discussed and the study recommended that professional counselors be enlisted in the schools for a better management of school health services.*

**Key Words:** School health, health status, health appraisal, primary school children

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## Introduction

In Nigeria, the provision of health services for the citizenry is accorded a priority status by the national government. Every year, huge sums of money are allocated to the health sector. In particular, considerable effort is directed at combating childhood diseases. Thus, the National Programme on Immunization (NPI), a programme of immunization against deadly communicable diseases is substantially funded by the national government. The national government's focus on children is understandable against the background that the children of today are the adults of tomorrow and that a healthy citizenry is an asset to the nation. Today, most of these children are of primary school age, and many of them indeed, have unhindered access to school (UNICEF Nigeria, 2004). It is the contention of health professionals, educators and social workers that the provision of school health services is a cost effective way of meeting the health needs of children (Nakajima, 1992). Therefore, it is a welcome development for the Nigeria government to have made specific provisions for the rendering of health services in all schools in the federation, as enunciated in its policy document (Federal Republic of Nigeria, 1998).

School health services refer to the health-care delivery system that is operational within a school or college. The services aim at promoting and maintaining the health of schoolchildren so as to give them a good start in life. In addition, the services seek to enable children benefit optimally from their school learning experiences (Okafor, 1991; Ezedum, 2003).

Health appraisal is a major component of health services. Health appraisal according to Ogbuji (2003), is that aspect of health services which concerns itself with evaluating the health of an individual objectively. Health appraisal dovetails into three specific activities, each of which is related to the others. The activities are health observation (which involves physical inspection of the physiology and behaviours of children), health examination (which involves screening tests or medical diagnoses), and health records (which involves the keeping of records of the health histories of the children). Health appraisal is of benefit to school health programme in a number of ways. First, it affords the school authorities the opportunity to detect signs and symptoms of common diseases as well

as signs of emotional disturbances that could impede the learning activities of school children. Besides, health appraisal helps in providing information to parents and school personnel on the health status of school children (Cornacchia, Olsen & Nickerson, 1991).

There have been attempts at investigating the provision of school health services in Nigeria schools, with a view of ascertaining whether the lofty ideals that informed the setting up of the services are being realized. The status of school health services is usually determined through an examination of the health appraisal services that are provided. This is understandably so, because appraisal or diagnosis precedes prescription or treatment. In their studies, (Nwana, 1982, 1988, Imoge 1987, Okafor, 1991) reported large scale deficiencies in the provision of school health services in both primary and secondary schools. In another study, Ejifugha (1993), reported that the only health examination which was provided to school children in Enugu State, Nigeria were those for measurement of height and weight. The study by Nwimo (2001) has however showed an improvement in the situation. He reported that a majority of the school children not only enjoyed health observation, but that some screening tests were also provided for them. However, this report focused only on the secondary school students in Imo state, Nigeria.

Now, Nigeria enjoys democratic rule and the present administration avows that she is committed to the provision of quality education as detailed in the Universal Basic Education (UBE), Scheme (Federal Republic of Nigeria, 2000). This program provides for 9 years (6 years of primary and 3 years of secondary) of free, compulsory and quality education for all Nigerian children. This program is now six years old and the first group of students that were admitted into the program is expected to complete the primary school education and move on to the junior secondary school in September, 2005. With this new commitment for quality education, are there any improvements in the state of health services in the schools? Are health appraisal services now being provided? Are these services better than they were during the period of military rule? These questions constituted the problem of this study. Specifically, this study sought to answer the following questions:

1. What is the status of health observation services provided for primary school children in Edo State?
2. What is the status of health examination services provided for primary school children in Edo State?
3. What is the status of record keeping of the health histories of primary school children in Edo state?

The choice of Edo State as the area covered in this study was determined by the leading position of the state in educational matters in the country. Edo state ranks amongst the top 5% of the educationally advanced states in the Nigerian federation, (Joint Admissions and Matriculation Board, 2004). It was the view of this researcher that information obtained about the provision of school health services in the state could serve as a basis for deriving a national perspective to evaluate the situation.

## Methods

This was a descriptive study that adopted a cross-sectional survey design. The population of the study was all primary school children in all 562 public primary schools in Edo State, Nigeria. As of June 2003, there were 484,263 pupils enrolled in these schools (Edo State Primary Education Board, 2003). The study participants were 1506 primary school children whose ages ranged from 9 to 15 years. To ensure fair representation, the sample was drawn from 102 schools in 12 out of the 18 local government areas in the Edo state. The sample selection was restricted to grades 5 and 6 pupils. Pupils in these classes were chosen because they could easily respond to the questionnaire items without assistance.

The study instrument was a self-designed questionnaire titled "School Health Appraisal Service Inventory (SHASI)". SHASI has two sections; section A sought personal information from the participant and section B contained 14 items which elicited a Yes or No response, on the provisions of health observation, health examinations and record of health history to the participant (see Attachment A). Three professors in the area of Health Education and a professor of Counseling Psychology scrutinized and approved the instrument as valid for the purpose for which it was designed.

The research instrument was administered to the participants using five research assistants (these were graduate students in the Faculty of Education). At the end of the exercise, a total of 1498 copies of the questionnaire out of the 1506 administered, were returned. This represents 99.47% return rate. The data collected were analyzed using frequencies and simple percentages.

## Results

Responses to the three research questions that guided this study are provided in the Table 1. The results showed that while four aspects of health observation (observation of general appearance, eyes, scalp and hair, and behaviour at play) were provided to a majority of the children, there were no provisions for the observations of the children's mouth and teeth, nose and throat, skin, and ears.

The results also showed that all aspects of health examination (vision, hearing acuity, height, weight, medical, and dental) that were investigated in this study, were not provided to a majority of the children.

For records of health histories, a majority of the children (78%) indicated that there were no records available in the schools.

**Table1. Provision of Health Appraisal Service for Primary School Children**

Aspects of Health Appraisal	Yes		No	
	F	%	F	%
<b>Health observation</b>				
General appearance	904	60	594	40
Month & Teeth	402	26	1096	74
Eyes	796	53	702	47
Nose & Throat	326	22	1172	78
Skin	230	15	1268	85
Ears	436	29	1062	71
Scalp & hair	1026	69	472	31
Behaviour at play	1108	74	390	26
<b>Health Examination</b>				
Vision	210	14	1288	86
Hearing acuity	440	30	1058	70
Growth (height)	358	24	1140	76
Growth (height)	536	36	962	64
Dental	274	18	1224	82
	546	36	952	64
<b>Health Records &amp; Histories</b>	340	22	1158	78

## Discussion

This study examined the status of health appraisal services provided for primary school children. The study found four aspects of health observation including observation of children general appearance, eyes, scalp and hair, and behaviour at play, were provided for the children. However, there were no provisions for the observation of the children's mouth and teeth, nose and throat, skin, and ears. This finding was consistent with those of Imoge (1987), Nwana (1988), Okafor (1991), and Ezedum (2003). These researchers had reported the general absence of health appraisal services in the schools they had covered in their studies. Results of the present study indicated an improvement in the situation when compared with previous studies. Although, it is promising to realize that teachers are getting more concerned about the health status of their pupils, it is nevertheless disturbing to observe that not all aspects of children's physiology were being observed. Ordinarily, one would expect that teachers at the primary school level should as a matter of routine observe every facet of the children under their care. The finding that children's mouth and teeth, as well as ears were not being adequately observed does not speak well of the Nigerian primary school teacher. It suggests that the teachers do not have the desire, time or training to be involved in the affairs of their school children. Therefore, the requisite teacher training should be provided or appropriate health care personnel should be hired to ensure adequate screenings and on-going evaluations are performed regularly.

This study has also revealed that primary school children were not provided with health examination services. This finding lends credence to that of Ezedum (2003) which reported the absence of virtually all forms of screening services for primary school children in Anambra State. The finding is however in contrast to that of Efijugha (1993) which reported the provisions of height and weight measurement services for school children in Enugu state. All the same, the finding of this present study should be a matter of concern to all interested parties in children's education, especially when the place of seeing and hearing is put in the right perspectives in the teaching – learning process. A teacher must not be in doubt about the visual and hearing status of her pupils (Nwachukwu, 1996).

Neglecting the provision of health examination services for school children amounts to subjecting them to the ravages of preventable sicknesses and diseases. Good health is a necessary condition for learning. The child's overall health status must therefore be determined periodically through the provision of adequate health appraisal services.

The finding of inadequate provisions for the records of health histories of school children in this study supports those of Nwana (1982), and Ezedum (2003) which had reported that health records of school children were not kept in the schools. This finding is unfortunate. However, it seems to reflect the general state of things in the education sector in the country. Adequate records are rarely kept. Everyone expects that someone else in the establishment will keep the records. Eventually, no records are kept and the progress that would have been made by reference to previous records, is therefore, not forthcoming. Again, this can be avoided. Medical records are important and should be handled with seriousness.

### *Implications for Counseling*

The findings of this study suggest that there is a general neglect of school health services. The reason for this inadequate state of affairs could be that no particular school personnel are specifically detailed to take responsibility for the provision of school health services. Every teacher does whatever she thinks should be done at a particular time, and that is all. School health services should not be handled haphazardly. It is the contention of this author that the purpose of school health services would be better served if it is rendered under the portfolio of the school counselor. The counselor's training and job schedule places him in a vantage position to enlist the services of other school personnel to render health services to school children.

The implication of all these is for practicing counselors in our schools to be asked to assume full responsibilities for the provision of health services in their schools. Secondly, for the counselors to acquaint themselves thoroughly with the fundamentals of school health services. In furtherance of this, this study recommends the recruitment and posting of professional school counselors to all schools within the state.

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## Attachment A

### SCHOOL HEALTH APPRAISAL SERVICE INVENTORY

Dear Student,

The questionnaire before you was prepared to assist me in the research that I am conducting. The purpose of the research is to find out from primary school children, some of the health services provided for them by their schools. You are hereby invited to take part in the investigation. **This is not an examination.** Please, feel very free as you respond to all the questions. Give honest answers. Your responses will not be disclosed to your teachers.

#### Section A (Personal Information)

- (1) Age: 10yrs  11yrs  12yrs  13yrs  14yrs  15yrs
- (2) Present Class: PryV  PryVI
- (3) Sex: Male  Female

