

PREVENTIVE AND CURATIVE HEALTH CARE PRACTICES IN SECONDARY SCHOOLS IN BARKIN-LADI L.G.A. OF PLATEAU STATE

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Abstract

The study was designed to determine the preventive and curative health care practices in secondary schools, of Barkin Ladi Local Government Area of Plateau State; The survey research design was adopted. Questionnaire was the instrument used to collect the data. The sample for the study consisted of 415 students. Frequency percentage and chi-square statistics were used for the analysis of the raw data. The findings of the study revealed among others are poor health services, malnutrition, parents' poverty and traditional practices were the, factors responsible for health problems. Immunization, provision of sewage facilities and health observations were the preventive health care services. There was significant difference in the frequency of health care practices between private and public' secondary schools of Barkin Ladi Local Government Area of Plateau State.: it was therefore, recommended among others that school administrators' should promote the health of students by teaching and demonstrating good health habits. These they could do by health appraisal, prevention of communicable diseases and correction of remediable defects observed from students.

Introduction

To be healthy is to have what you want. This may be the reason why Nzelum (1999) explained that good health is of paramount importance to the life of every human (school children inclusive). The value of good health is sometimes better appreciated when one is ill. This assertion gives credence to the view of Galli (1998) who pointed out that health is a crown on an individual's head, which is not seen by a sick person. Unfortunately, Nigeria as a developing nation has peculiar health problems militating against the well being of children. These health problems may be as a result of negligence, ignorance, traditional practices, poverty, poor environment, sanitation, and others. Where these abound, health problems are eminent. This may justify why Chigbu (1990) stressed that in a country like Nigeria' health care has not been given its rightful place in the society. This could also be said of many developing countries in Africa and elsewhere.

The school child is the resource pool from which the future generation is predicted. The development of these young ones is dependent on the state they are brought up. This implies that the future of human resource and leadership of any society is inextricably linked to the' manner and ways in which its school children's health is protected.

Looking towards the third millennium, new challenges have emerged due to practical, social demographic and health problems that are occurring throughout the world. It was not surprising that Galli (1998) posited that for health promotion that will contribute towards; healthy living, three things were necessary, these are:

1. Integrating health and human development
2. Ensuring equitable access to health services and
3. Promoting and protecting health, as well -as preventing and controlling specific health problems. He expressed that the failure of the national health policy declaration could be attributed to less emphasis on health education and promotion in Nigerian society, hence could not achieve health for all by the year 2000.

Health parse is not a birth right; therefore, every school has the task of working hard so as to promote the health of the school child. Health is defined by World Health Organization,(WHO) (1964) as the state of complete physical, mental and social well being and not merely the absence of disease or infirmity. Uche (1991) explained it to mean the feeling of well being enjoyed by a person whose body systems work effectively together; and in harmony with the environment. However health shall be used to mean keeping the body, mind and all the systems of the body to a highest level of efficiency possible for one to live at best just being satisfied with the non existence of diseases infirmity. The highest level of efficiency of the body could be sustained by employing preventive measures.

According to Crowder, Kathryn and Ashby (1995) preventive means an action intended to stop or prevent sickness or an outbreak of disease precautionary, that is, ways of preventing disease especially medicine used or designed for prevention. Prevention is known to be better than cure. In line with this, they described curative to mean the provision of a successful remedy for illness; which is the act of curing or process of being cured. It is an undisputed fact that illness casts its shadows over all of us, it seems most sensible attempting a discussion on preventive measures against illness. Besides, the major emphasis of any meaningful health care has been and should continue to be the importance of disease prevention and the need to promote good health practices. Muga and Macdonald (1996) asserted that while major emphasis has been successful in some areas, there has been little progress in the area of mental health. The tendency has been to fall back in to a narrow model of health care, that is the curative and concentrate scarce resource and few available staff into caring for those who have already become ill. Early detection of potential or real cases can enhance this health prevention.

The child's school environment is one of the agencies for dynamic -action and change. It cannot be totally a safe environment, thus physical hazards can be reduced and or modified if they are recognized. Children's behaviour in school is normally fast moving with vigorous activities, which in itself may invite injury. Lack of curative and preventive health care services in schools have, caused many injuries, chronic diseases and millions of untimely deaths. This justifies the present study on preventive and curative health care practices in secondary schools in Barkin Ladi Local Government Area.

Research Questions

In order to address this, the following research questions and one hypothesis were stated,

1. What are the factors responsible for health problems in secondary schools?
2. What are the preventive health care practices in secondary schools?
3. What are the curative health care practices in secondary schools?
4. What is the frequency of use of preventive health care practices in secondary schools?

Hypothesis

There is no significant difference in preventive health care practices between private and government secondary schools.

Methods

The survey research design was found to be appropriate for the present study since the information gathered from the respondents were used in describing the condition existing condition of preventive and curative health care in the area of the study. It was estimated that a population of over 1,200 individuals were in the area of the study were a sample size of 415 volunteers were used for the study.

Instrument

The research tool used for data collection was 52-i questionnaire, which consist of sections A, B, C, D, and E. Section contained information on the personal data of the respondents, section A elicited information on factors responsible for health problems, section B sought for data on the preventive health care practices, while section C; provided items' on the curative health care practices in secondary school Again, section D provided items for the frequency of use preventive heal care practices in secondary schools. The reliability of the instrument determined by the use of the split-half method using the spearman correlation co-efficient was 0.75 was obtained.

Method of Data Collection and Analysis

The investigators and three trained assistants visited each of the schools. Each was assigned to collect data from students in each of the schools. Respondents were only required to tick 'good against the item that applied to them. The data collected were tabulated and put frequency distribution tables. The frequencies were converted to percentages, which were used for answering the research questions. The chi-square was used for further analysis of the data and the results used for verifying the only hypothesis stated.

Results

Table 1; factors responsible for health problems in schools N - 415

Factors	Frequency	Percentage
Poverty of parents	370	89.15
Traditional practice	280	67.43
Living environment	250	60.24
Malnutrition	390	93.90
Belief	190	45.70
Taboos	100	24.00
Misconceive ideas	284	68.43
Religious beliefs	105	25.30
Poor health service	410	98.78

Table 1 above shows that poor health services 410. (98.78%). Malnutrition 390 (93.97%). poverty of parents 370 (89.15%), misconceived idea 284 (68.43%) and traditional practices 280 (67.43%) were the factors responsible for health problems of secondary school students.

Table 2: Preventive health care practices in secondary schools – 435,

Practices	Frequency	Percentage
Immunisation	394	94.93
Health inspection	274	66.00
Medical check up	150	36.10
Provision of clean water	280	67.40
Sewage facilities	390	93.97
Provision of balance of diet	120	28.90
Safety education student	276	66.50
Fire extinguisher	110	26.50
Drug education	275	66.28
Isolation of sick students	100	24.09

The results in table 2 shows that immunization of students, provision of sewage facilities, provision of clean water, safety education to students, and drug education were the preventive health-care, practices in secondary school as indicated by 394(94.93%), 390 (93.97%) 280 (67.40%) 276 (66.50%) and 275 (66.28%) responses respectively.

Table 3: Curative health care practices in schools n = 415 Preventive health care practices in secondary schools – 415

Practices	Frequency	percentage
First aid	401	96.92
Referral	213	51.30
Dental treatment	115	27.70
Malaria treatment	115	27.70
Diarrhea treatment	117	28.10
Typhoid fever treatment	115	27.70
Chicken pox treatment	276	66.50
Measles treatment	190	45.70
Tuberculosis treatment	114	27.40
Meningitis treatment	300	72.20
Ring worm treatment	100	24.00
Catarrh treatment	312	75.10
Snake/scorpion/bite/sting treatment	130	31.30
Emergence care	350	84.30
Health examination ¹	120	28.91
Correction of remediable defects	136	32.72
Conveying sick students home	100	24.02
Taking sick students to hospital	314	75.63
Treatment of dislocation/fracture	291	70.30
Visual treatment	101	24.32

Preventive Health Care Practices in Secondary Schools N= 415

The results in Table 3 reveal that first aid 401 (96.62%), provision of emergency care for the sick 350 (84.30%), taking sick students to hospital 314 (75.60%) catarrh treatment 312 (75.12%) and treatment meningitis 300 (72.22%) were the curative health care practices in secondary schools.

Table 4: Frequency of preventive health care services in schools N= 415

Practices	Always		Occasionally		Never	
	f	%	f	%	f	%
Immunization	280	67.46	97	23.37	38	9.15
Health inspection	87	20.96	233	56.89	67	16.14
Medical check up	219	52.77	261	63.79	118	28.43
Provision of clean water	281	67.71	78	18.79	33	7.95
Sewage facilities	260	62.65	101	24.33	40	9.63
Provision of balance diet	103	24.81	115	27.71	234	56.38
Safety education	120	28.91	78	18.79	81	19.51
Fire distribution	56	13.49	214	51.56	250	60.24
Drug education	121	29.15	280	67.26	14	3.37
Isolation	116	27.85	89	21.25	210	50.60
Sex education	219	52.77	113	27.22	83	20.0
First aid boxes	102	24.57	206	50.1	93	22.40
Health observation	59	14.21	123	29.63	233	56.14

The results in Table 4 indicate that immunization 280 (67.46%) provision of clean water 281 (67.71%) and sewage facilities 260 (62.65%) were always provided as preventive health care services. Also, the table indicates that fire extinguishers 250 (60.24%) provision of balanced diet 234 (56.38%) and health observation 232 (56.4%) were never provided as prevention healthcare services.

Table 5; Summary of chi-square value verifying the difference in preventive health care practices between private and public secondary.

Factor	Calculated chi square	Table chi square	Level significant	of df	Decision
Immunization	2.05	5.991	-0.5	2	Accepted
Health inspection	3.16	5.991	-0.5	2	Accepted
Medical check up	2.19	5.991	-0.5	2	Accepted
Provision of clean water	1.04	5.991	-0.5	2	Accepted
Sewage facilities	1.20	5.991	-0.5	2	Accepted
Balance diet	1.06	5.991	-0.5	2	Accepted
Safety education	4.93	5.991	-0.5	2	Accepted
Isolation	3.31	5.991	-0.5	2	Accepted
First aid boxes	1.51	5.991	-0.5	2	Accepted
Health observation	1.51	5.991	-0.5	2	Accepted
Average F^2	1.38	5.991	-0.5	2	Accepted

The Results in table 5 shows that in almost all the items listed except isolation (cal $f^2 = 15.11$) all the calculated chi-square results are less than the table chi-square of 5.991. Since the calculated chi-square results are less than the table chi-square. The hypothesis of no significant difference was therefore accepted. This means there was indeed a significant difference in the frequency of preventive health care practices between private and public secondary schools in the area.

Discussion

The results in table I revealed that poor health services 410 (98.78%), malnutrition 390 (93.97%), poverty of parents 370 (89.15%), misconceived ideals 284 (68.43%) and traditional practices 280 (67.43%); were the factors responsible for health problems of secondary, school students in the area, this was expected because most Nigerians, especially those of the rural areas are known to be plagued with these identified

Again, the findings are in line with what Dimlong and Jatau (2001) Expressed. They explained that a combination of factors such as ignorance poverty, poor environment, malnutrition and lack of health care service] often culminate into high proportion of children deaths. In addition, Pat (1998) in his study found that superstitions, poverty, ignorance and lack of equipped medical personnel are factors predisposing to infants mortality.

The results in Table 2 showed that immunization 394 (94=93%) sewage facilities 280(66.40%) provision of clean water, 276 (66.50%) drug' education 275 (66.22%) were the:-preventive health care practices in secondary schools. When differences were sought between private and public schools, it was discovered that differences in prevention of health *practices* existed. These results were not surprising because immunization is the order of the day. It is even known in the media that some Lot Government Areas record hundred percent coverage. Sewage facilities, provision of good water supply are very essential to life. These are for providing conducive environment for proper living for moderate comfort. Where there are poor toilet facilities, no adequate good water supply and improper disposal of refuse, diseases are bound to spread at an alarming rate among children who find themselves in such poor environment.

Again, the results showed that differences existed in preventive health care practices .between private and public schools. This was equally expected because, it is possible that proprietors of private secondary school may want to improve on their health facilities to 'attract patronage and that it is a known fact that the number of students in public schools are always greater in number than those of private schools. So, even if the same facilities that are provided, those of public Schools may soon be it of use due to the population of students. This is in agreement with the statement credited to Uzoulor and Okafor (1993) who posited that the health of students is, affected negatively if they are overcrowded.

Conclusion

It is important to note here that for proper preventive health care practice, the school must know that it has the responsibility of protecting the students' health status. This could be done by provision of health policies known and practiced by the students.

Recommendation

Based on the results sand discussion above it is recommended that school administrators should promote the health of the students by teaching and demonstrating good health habits: These they could do by health appraisal, prevention of communicable diseases and correction of remediable defects observed from Students. The government and school administrators should make provision for an integrated health programme that involves the home and society. This could be done by' giving students health information about their status, interpreting to prevent the significance of health problems, promoting each students acceptance of good health and giving understanding of positive attitudes by stake holders.

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