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**ASSESSMENT OF THE PROVISION OF PREVENTION/ CONTROL OF COMMUNICABLE DISEASES AND HEALTH COUNSELING/ INTERPRETATION AMONG SENIOR SECONDARY SCHOOLS OF THE FEDERAL CAPITAL TERRITORY, ABUJA.**

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**ABSTRACT**

*This study assessed the adequate provision of two components of school health services for students' health services between urban and rural government senior secondary school students of Federal Capital Territory, Abuja. Descriptive survey research design was adopted for the study. Three hundred and seventy six respondents were randomly sample from urban and rural government senior secondary schools of Federal Capital Territory, Abuja using multistage random sampling technique. The instrument used for data collection was a self developed questionnaire base on five – point Liket scale which was validated by three experts in health education from the Department and Physical and Health Education and the Department of Community Health all Ahmadu Bello University, Zaria. It was administered personally by the researcher on the respondents in their schools after due permission from the schools authorities. Data generated was analyzed with SPSS using frequency counts; mean of scores, standard deviation and the student t-test was used in testing the hypotheses formulated. Findings revealed that, the two hypotheses on prevention and control of communicable diseases and the provision of health counseling/ interpretation of the senior secondary schools in the Federal Capital Territory were both significantly adequately provided. It was recommended that, the Federal Capital Territory health department should give more effort towards prevention and control of communicable diseases especially in the area of immunization while the Secondary Education Board should decongest class population. It was recommends that teachers, health personnel, and school*

*counselors should intensify efforts on interpretation of health findings to students and parents.*

**Keywords:** *School service, communicable diseases, immunization, health counseling and interpretation*

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## **Introduction**

Health is wealth, goes an old and very popular adage. But for one to have and maintain optimum health can be very expensive. Furthermore, for one to fall sick and get that healthy status back may spell financial doom for the individual depending on his or her financial status. School health services is a vital necessity for every individual, be you an infant, child, teenager, or an adult in order to keep the functions intact, and to live long and be able to carry out daily activities. Furthermore, it has often been said that, he that has health has hope, he that has hope has life and the greatest of all follies is the neglect of one's health to other virtues of life. Tukurah, (1988) and Umaru (2007) believe that low level of health status gives way to attack by various communicable diseases that could result in health insecurity even as the diseases' becomes endemic thereby, resulting to increased death rate within a nation or certain community, causing waste of human resources, and at the end creating a lot of economic loss, not only by death toll but also due to absenteeism from duty and insufficient energy to withstand the daily requirement of discharging duties.

In essence, students and staff spend most of their days in the school environment and for them to function well and to do their work effectively, their health must be secured. According to Garba, Ajayi, Abdul and Alackson (2006) the provision of a special health programme in schools that will take care of children and other members of the community are imperative. This health programme is referred to as the "School Health Programme". School health programme refers to all the activities organized and carried out in the school in the interest of health which include all the health activities that are planned, organized and conducted in the schools for the understanding of the factors affecting personal and social health, prevention of illness and treatment of the sick.

Garba, et al (2006) further explained that the overall objective of the school health programme is to ensure that all school children are as healthy as possible so that they can obtain full benefit of their educational programme as well as develop into a healthy and productive adulthood. Ademuwagun and Oduntan (1956) and Ajala (1987) explains that the school health programme consists of three main components which include School health services, School health education as

well as School environment (living) which all work together to achieve the stated objectives.

The school Health Service is the component, in which this study is based. It is the services provided when children start going to school to allow for an uninterrupted medical history so as to allow the children benefit in their educational carrier (Funso, 2005). School Health Services provides services which include: Health appraisals, Emergency care of injury and sudden illness, Prevention and Control of Communicable Diseases, Health Counseling/Interpretation, Referrals Services, education provision and Management of acute and chronic health problems that is designed to prevent health problems and to ensure care for students among others. The services outline above are provided by the School nurses, dentists, teachers and all School based / School linked health centers (North Caroline Healthy School, 2008).

### **Statement of the Problem**

The state of the school health services of our schools today among others has been one of the problems confronting the society at large and the educational sector in particular especially at the secondary school level. The expected school health services today appear to be poorly functional, grossly neglected and unaddressed. Umaru (2007) pointed that one major aspect of the school health services which is the prevention and control of communicable diseases of the students no longer exist. He further explained that health counseling / interpretation of health findings on school children to the children and their parents has disappeared, thereby reducing the means through which health knowledge is enhanced among students. More so, students are often seen in hospitals and clinics outside the school during school hours with minor injuries or illnesses that would have been handled by the school. Therefore the research study seeks to investigate the adequacy of the school health services provided in urban and rural Government Senior Secondary Schools of the Federal Capital Territory.

### **Objectives of the study**

The specific purposes of the study are to assess:

1. The prevention and control of communicable diseases provision in urban and rural Government Senior Schools of the Federal Capital Territory.
2. The health counseling / interpretation of health findings to students and parents in urban and rural Government Senior Schools of the Federal Capital Territory.

### **Research Questions**

The following research questions were structured for the purpose of this study:

1. What are the prevention and control of communicable diseases carried out to urban and rural Government Senior Secondary School students in the Federal Capital Territory?
2. What are the health counseling/ interpretation of health findings about students provided to students and parents in urban and rural Government Senior Secondary Schools in the Federal Capital Territory?

### **Hypotheses**

To achieve the purpose of the study two (2) hypotheses were formulated as follows:

1. There is no significant difference in the provision of prevention and control of communicable diseases programme between Urban and Rural government senior secondary schools of Federal Capital Territory.
2. There is no significant difference in the provision of health counseling/ interpretation of health findings about students to students and their parents between Urban and Rural government senior secondary school of the Federal Capital Territory.

### **Methodology**

The information required assessing the provision of school health services among urban and rural government senior secondary school of Federal Capital Territory-Abuja is already available with the students. Ex-post-facto research design was therefore used as the appropriate design for this study as it was intended to gain information on the school health services provision between urban and rural senior secondary schools of the Federal Capital Territory – Abuja. The sample for the study consisted of three hundred and seventy six (376) respondents from the population of 36,110 students in the senior secondary school of the federal Capital Territory.

Subjects were selected at random from 48 Schools consisting of 205 Urban and 171 rural students male and female for the study. The main instrument used was a structured and validated questionnaire to elicit appropriate information from the respondents. The researcher with the help of a research assistant administered the questionnaire to the respondents and were collected and coded for data analysis. The student t-test statistic was used to analyze the data collected at 0.05 alpha level of significance.

## Results /Discussion

### Research Question 1

1. What are the prevention and control of communicable diseases carried out to urban and rural Government Senior Secondary School students in the Federal Capital Territory?

**Table 1. Students Opinion on Prevention and Control of Communicable Diseases**

S/N	Prevention and control of communicable diseases	Urban		Rural	
		Mean	S.D	Mean	S.D
1.	Facilities and equipment are provided to keep the environment neat and well arranged.	3.32	1.290	3.28	1.375
2.	The school organizes and provides immunization to students when there is an outbreak of communicable disease.	3.86	1.119	3.90	1.274
3.	Students identified with communicable disease are isolated and sent home until a medical officer certified them fit to return to school.	3.87	1.330	3.69	1.496
4.	Toilet facilities are available in the school for students and staff to ease to avoid polluting the environment.	3.87	1.292	3.98	1.232
5.	The school environment is always rid-off things like broken bottles, nails, broken chairs and tables to prevent accident.	3.15	1.542	3.23	1.615
6.	Each class has a minimum and maximum population of between 40 and 50 students.	4.18	1.164	4.30	1.101
7.	Classes are well-ventilated to allow free flow of air in and out.	4.18	1.161	4.01	1.274
8.	Information on current health problems like HIV/AIDS, Lassa fever is given to students.	4.28	1.078	4.10	1.233
9.	Students undergo a medical examination before entry or registered into the school.	3.29	1.190	3.41	1.200
10.	Teachers and health personnel keep records of identified cases of communicable diseases.	3.43	1.226	3.42	1.325
<b>Total</b>		<b>3.74</b>	<b>1.239</b>	<b>3.73</b>	<b>1.313</b>

Agreement level = 3.5

With regard to prevention and control of communicable diseases provided table 1, revealed that both urban and rural schools do not provide facilities and equipment to keep the school's environment neat and well arranged as the mean score was 3.32 and 3.28 respectively. For 2 on the table, both schools setting

agree that they organizes and provides immunization to students when there is an outbreak of communicable disease as was indicated by a mean score of 3.86 and 3.90. On the Students identified with communicable disease being isolated and sent home until a medical officer certified them fit to return to school both urban and rural school agree to the provision of such a service as the mean was 3.87 and 3.69 indicates. The study further revealed that urban and rural schools of Federal Capital Territory provide Toilet facilities for students and staff to ease them to avoid polluting the environment as indicated by a mean score of 3.87 and 3.98. For item 5 both schools settings do not agree that the school environment is always rid-off of things like broken bottles, nails, broken chairs and tables to prevent accident as the mean scores was 3.15 and 3.23. The mean score was 4.18 and 4.30 for both urban and rural schools revealed that each class has a minimum and maximum population of between 40 and 50 students. With regards to Classes are well-ventilated to allow free flow of air in and out both schools setting agree to the provision such a service as the mean score was 4.18 and 4.01. The table revealed that Information on current health problems like HIV/AIDS, Lassa fever, Ebola is given to students of urban and rural schools as the mean score was 4.28 and 4.10. However, both schools settings urban and rural do not agree to the provision of medical examination to students before entry or registered into the school as the mean score was 3.29 and 3.41. For item 10 as usual urban and rural schools agree that Teachers and health personnel keep records of students identified cases of communicable diseases as revealed by a mean score of 3.43 and 3.42. The aggregate mean scores of 3.74 and 3.73 for urban and rural schools in the table clearly indicated that the students agree that prevention and control of communicable diseases in both urban and rural school could be considered adequately provided..

### Research Question 2

What are the health counseling/ interpretation of health findings about students provided to students and parents in urban and rural Government Senior Secondary Schools in the Federal Capital Territory?

**Table 2. Students' Opinion on Health Counseling/ Interpretation programme**

S/N	Health counseling/ Interpretation in the school	Urban		Rural	
		Mean	S.D	Mean	S.D
•	Teachers and health personnel interpret to students findings of their health appraisal.	3.70	1.110	3.51	1.194
2.	Teachers and health personnel interpret to parents findings on their children health appraisal.	4.06	.939	4.02	.988
•	Teachers and health personnel counsel students on health condition.	3.58	1.222	3.53	1.232
•	Teachers and health personnel counsel parents on the				

health condition of their children.	3.50	1.149	3.61	1.076
• Follow-up are made by either teachers, health personnel, or counselor to ensure that counseling given to students and parents are put into action.	3.88	1.133	4.01	1.076
• Students with abnormal behaviour receive proper counsel and parent notified accordingly.	4.04	1.024	4.22	1.056
• Information on how to maintain and promote health are often provided to students and staff.	4.32	1.099	4.45	.961
• Our school has a guidance counselor who counsel and interpret findings to students and parents.	4.17	1.148	4.29	1.119
• Students are given the opportunity to talk privately and freely with the teacher, counselor, and health personnel about their health problems.	3.64	1.178	3.69	1.265
• Students' complicated medical reports from hospital are kept by the counselor for onward passage to parents and guidance.	3.67	1.217	3.67	1.112
<b>Total</b>	<b>3.67</b>	<b>1.217</b>	<b>3.67</b>	<b>1.112</b>

Agreement level = 3.5

All the students agreed as indicated in the table above with the mean scores of 3.70 and 3.51 for urban and rural schools respectively from item 1 in table 2 which shows that their schools have teachers and health personnel interpret to students' findings of their health appraisals. The students agreed that teachers and health personnel interpret to parents findings on their children health appraisal as indicated by a mean score of 4.06 and 4.02 on both cases. This is an indication that both school settings could not be said to lack health counseling and interpretation programme. On a general note are items 2, 6, 7 and 8 which their mean scores are above 4, while items 1, 3, 4, 5, 9 and 10 are above 3.5 agreed levels for the items to say to provided or available. The observations in the table above generally provides the solution to the second research question which sought to establish whether health counseling/ interpretation programme was provided to the selected senior secondary schools of the Federal Capital Territory. The observation as revealed with the aggregate mean scores of 3.67 and 3.67 for urban and rural schools respectively implied that the students agreed that health counseling/ interpretation programme was adequately provided in the selected senior secondary schools.

### Hypotheses Testing

The hypotheses raised to support the solution proffered to the research questions raised in the study are two which all aimed at determining possible difference among the students in terms of their location of school in the provision of School Health Services in the selected schools. The hypotheses are tested as follows:

**Hypothesis 1.** There is no significant difference between urban and rural Senior Secondary Schools Students on the provision of prevention and control of communicable diseases programme among government senior secondary schools of Federal Capital Territory.

This hypothesis was tested with the score of the students on the prevention and control of communicable diseases programme in their respective schools as assessed in table 3. In this test, the score were used as the dependent variable while the location of the students' schools was used as the independent variable. The summary of the student's t-test procedure used in the test is indicated in the table below.

**Table 3. Student T-test on prevention and control of communicable diseases programme in the schools by Location.**

Location of Schools	N	Mean	Std. Dev	Std. Error	t-value	DF	Sig
Urban	203	3.8307	1.2132	.0447	0.165	374	.874
Rural	173	3.8006	1.3005	.0526			

$$t(2, 374) = 1.96 < 0.05$$

The result of the test as indicated in table 3 above did not reveal significant differences in the responses of the students on the prevention and control of communicable diseases programme among the selected senior secondary schools of the Federal Capital Territory. Moreover, the observed t-value (0.165) is lower compare with the critical value of 1.96 at 0.05 level of significant at the same degree of freedom. By this development the null hypothesis is retained. The mean scores of the two groups are basically the same as observed in the table and they both agreed that the prevention and control of communicable diseases programme among senior secondary schools of the Federal Capital Territory could be said to be significantly adequate.

**Hypothesis 2.** There is no significant difference between Urban and Rural senior secondary school students on health counseling/interpretation provision among senior secondary schools of the Federal Capital Territory.



This hypothesis was tested with the mean score of the students on the health counseling /interpretation of health findings provision available in the selected senior secondary schools involved in the study. The students' responses on the items used in the assessment were assessed in table 4 below. In the test of the hypothesis; the scores were used as the dependent variable while the school location was used as the independent variable for the test. The responses were compared using the student's t-test as summarized in table 4 below.

**Table 4. Student t-test on health counseling/ interpretation programme in Schools by Location.**

Location of Schools	N	Mean	Std. Dev	Std. Error	t-value	DF	Sig
Urban	203	3.8293	1.1242	.0480	0.324	374	.749
Rural	173	3.8784	1.1477	.0566			

$$t(2, 374) = 1.96 < 0.05$$

The result in table 4 above did not reveal significant difference between responses of the students on health counseling/interpretation of health findings provided in the selected senior secondary schools. As indicated in the table the observed t-value of 0.324 is lower than the critical value of 1.96 at 0.05 level of significant. This also means that the null hypothesis could not be rejected. The mean scores in the table indicated that the students were of the view that the health counseling/ interpretation provided in the selected schools senior secondary schools within the Federal Capital Territory was significantly adequate.

### Discussion of Findings

The major objective of this study was to assess the provision of health services provision in urban and rural government senior secondary schools of the Federal Capital Territory - Abuja. Towards the attainment of this objective, two components of school health services were investigated. These were prevention and control of communicable diseases and health counseling/ interpretation programme. The result of the test revealed that though, the students were selected from different schools their responses were not found to differ on this subject when subjected to test of difference using the student's t-test procedure. The test showed a t - value of 0.165 which is lower to the critical value of 1.96 for it to have a significant difference. This finding is consistent Moronkola (2003) and Ogwan (2006) where it was stated that the school community has the

responsibility of preventing communicable diseases among children in the school through a sound personal and environmental health practices in the schools. They went further to explain that a good programme on prevention of communicable disease prevent students absenteeism from school thereby providing a maximum learning opportunity of the students. It is also in agreement with Suleiman and Umaru (2006) and Wong (2002) who stated that "One of the most effective instruments in the fight against global poverty is the control of disease, and schools need to be provided with medical screening". The study also found the adequacy of health counseling/ interpretation in the selected senior secondary schools. The test showed a t - value of 0.324 which is lower to the critical value of 1.96 for it to have a significant difference. The students were of the opinion that the provision of health counseling/ interpretation in the schools in this regard was adequate as seen in the mean score of 3.67 for both urban and rural schools respectively. This finding is consistent with Turner (1979) where it was pointed out that one of the greatest services that can be rendered is counseling of boys and girls as well as adults on matters that affect their physical selves and the development of their personalities. The finding is in line with Moronkola (1999) and Fashiku (2004) who opined that health counseling acquaints students with their health status and the source and channel for developing themselves.

### **Conclusion**

The study was undertaken to assess the provision of prevention/ control of communicable diseases and health counseling/interpretation among urban and rural senior secondary schools of Federal Capital Territory, Abuja. Based on the findings of the study, it could therefore be concluded that:

1. Prevention and control of communicable diseases provision services for students and staff in both urban and rural of the Federal Capital Territory senior secondary school were adequately provided.
2. Findings also revealed that provision of health counseling/ interpretation to students and their parents in both urban and rural senior secondary school of the Federal Capital Territory were also significantly adequate.

### **Recommendations**

In the light of the above findings the following recommendations are made.

1. The Federal Capital Territory health department should give more effort towards prevention and control of communicable diseases especially in the area of immunization, while the Secondary Education Board should decongest classes' population.

2. Teachers, health personnel, and school guidance counselors should intensify efforts on interpretation of findings to students and parents to enable early interventions on health problems found.

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