



Comparative Study Of Parents/Community Involvement And Health Promotion For Staff Among Public And Private Secondary Schools In Rivers East Senatorial District, Rivers State

Dr Goodluck Azuonwu¹ & Dr Uloma Anucha Okere^{2*}

¹Department of Nursing Science, University of Port Harcourt, Port Harcourt, Nigeria

²Department of Human Kinetics, Health and Safety Education, Ignatius Ajuru University of Education, Rivers State, Nigeria

¹goodator2002@yahoo.com; ²ulomaokere@yahoo.com

*Correspondent: Dr Uloma Anucha Okere

ABSTRACT

This study compared the practices of Parents/community involvement and Health promotion for staff as components of school health programme among public and private secondary schools in Rivers East Senatorial District. The descriptive cross-sectional research design was adopted with a study population of 38,636 drawn from both public and private secondary schools in Rivers East Senatorial District. A sample size of 1,041 was selected using a multi-stage sampling procedure. Data was collected using a structured questionnaire with a reliability co-efficient of 0.89. The data was analysed using mean, standard deviation and t-test statistics at 0.05 alpha level. The findings of this result showed that criterion mean was 2.5 and any result less than 2.5 is low while the results more than 2.5 is high. Taking this into consideration, the finding of this study showed that health promotion for staff was practiced more ($x = 2.84$) in private schools compared to public schools ($x = 2.63$); parents'/community involvement was also practiced more ($x = 3.07$) in private schools compared to public schools ($x = 3.05$). The tested hypotheses showed that there was a statistically significant difference in Health promotion for staff ($p < 0.05$) while Parents/community involvement was found not to be statistically significant ($p > 0.05$). It was concluded that there are variations in the practices of Health promotion for staff and Parents/community involvement as components of school health programme among public and private secondary schools in Rivers East Senatorial District of Rivers State. Therefore, it was recommended that the school authorities in the various schools both private and public should map out strategies and better ways of ensuring and encouraging community involvement through full participation of the community leaders.

Keywords: Community involvement, Health promotion, School

INTRODUCTION

Parents and community involvement including societal services are wide varieties of assets and support to develop the health and well-being of students. Parents/community participation and approach are an integrated school method for improving the health status of students and staff. National school health policy (2006) stated that the first health teachers of the child are the parents, who form the child's habits from infancy. Long before the child is ready for school, the parents had secured needed immunization, medical care and impart good practices into the child. Schools are keenly requesting for parent's

contributions and engagements, community resources and services to respond more effectively to the health-related needs of students. A study by Modu (2013) on home environment, parenting and counselling of adolescent on healthy living discusses the developmental concerns of adolescents' especially within the home environment which is their familiar terrain considering the fact that next to the family is school. The study argued strongly that parents are anticipated to guide and counsel the adolescents (students) properly as they face the storm of life in the areas of personal hygiene, exercise, peer group, drug and alcohol use. The study also opined that students need to be guided confidently to noble, worthy and healthy living if they are to become decent and valuable adults in future. The paper concluded by saying that every area of the adolescents' enhancement and development should be discussed with them early enough to avoid any pitfall. This means that students need to be involved consistently on the activities and programme that concerns their growth and development.

School health programme is a health package full of activities to improve the health desires and status of students, staff and the school community at this contemporary time. Practices of school health programme by students and staff in secondary schools has been seen as a vehicle to improve health knowledge, attitude, behaviour change, decision making skills and enhanced health status. School health programme in Nigeria has largely remained at policy level with minimal implementation and there is need to re-create and make the programme stronger in the country. It is also necessary to evaluate and redefine stakeholders' involvement for actual synchronization and harmonization which may call for policy review and/or change because SHP's practices are therefore capable of persuading and encouraging the health of the school community at large if deployed rightly hence the assessment of SHP practices in secondary schools becomes imperative. This study therefore, carried out a comparative assessment of parents'/community involvement and health promotion for staff among public and private secondary schools in Rivers East Senatorial District, Rivers State.

Research Questions

The following research questions were postulated to guide the study; what is the:

1. role of parents'/community involvement as a component of school health programme among public and private secondary schools in Rivers East Senatorial District.
2. level of practices of health promotion for staff as a component of school health programme among public and private secondary schools in Rivers East Senatorial District?

Hypotheses

The following hypotheses were tested at 0.05 alpha level:

1. There is no significant difference between the practices of parents and community involvement as a component of school health programme among public and private secondary schools in Rivers East Senatorial District.
2. There is no significant difference between the practices of health promotion for staff as a component of school health programme among public and private secondary schools in Rivers East Senatorial District?

METHODOLOGY

The descriptive cross sectional research design was used in this study. The population for the study consisted of 38,636 teachers drawn from public and private secondary schools (Ministry of Education (MOE) & Rivers State Primary Health Care Management Board (RSPHCMB, 2020). A sample size of 1,041 was selected for the study using a multi- stage sampling procedure which consisted of four stages. At the first stage, cluster sampling was used to divide the eight LGAs in Rivers East Senatorial District into three, A, B and C respectively.

Group A comprised of (Ikwerre, Etche and Omuma), B includes (Emohua, Obio/Akpor and Port Harcourt City) while C consists of (Okirika and Ogu/bolo). This was done in consideration of similarity in culture and proximity. At stage two, the simple random sampling technique without replacement was used to select one LGA from each cluster, Omuma, Obio/Akpor and Okirika were selected. At the third stage, systematic sampling technique was used to select schools from the list of schools in each of the LGAs. The list was with serial numbers, number one (1) school was not taken but number two (2) was taken,

fourth, sixth and 53 schools on the whole were chosen which means schools that fall on the odd numbers were not taken but the ones on even numbers were chosen. Public schools in Omuma and Okrika were all taken because they were not many. Finally, at the fourth stage, the stratified proportionate sampling was used to select schools from each stratum, 11 schools, 4 schools and 5 schools were chosen from public schools and 17 schools, 8 schools and 8 schools from private were chosen from the three LGAs respectively, making a total of 20 public schools, 33 private schools and 53 on the whole. This was done because the school populations differ from each other in the respective LGAs.

The instrument for data collection was a structured questionnaire titled “Comparative study of school health programme practices among public and private secondary school’s questionnaire (CSSHPPPPSSQ)”. The instrument for the study was grouped into sections A and B. Section A revealed question items on demographic information of the respondents while section B was question items on practices of school health programme in secondary schools, with each section addressing a component of the school health programme including community involvement and staff welfare, on a modified Likert’s scale response options, rated as Always = 4 points, Sometimes = 3 points, Rarely = 2 points and Never = 1 point respectively. The instrument has a reliability coefficient of 0.89. Data collected were fed into the computer with the aid of the IBM Statistical Product for Service Solutions (SPSS V-25) and analysed using descriptive statistics of mean and standard deviation to answer research questions and inferential statistics of t-test to test the hypotheses at 0.05 alpha level.

RESULTS

The results of the study are presented below:

Parents/community involvement

Table 1: Mean and Standard deviation on Parent Community Involvement

	School	N	Mean	Std. Dev	Decision
1. In my school, there is always an agreement letter in form of terms of reference from the school to parents through the students stating the rules and regulations of the school especially during their first year of admission	Public	610	3.07	1.02	High
	Private	374	3.25	.93	High
2. School hall, football field and other school amenities can be used by the community when the school is not in session	Public	610	2.90	1.05	High
	Private	374	2.66	1.15	High
3. In my school parents are always notified when a student is sick and when referral is also made	Public	610	3.28	.89	High
	Private	374	3.39	.84	High
4. Apart from PTA meetings, parents are called for a meeting in the school before a serious disciplinary action is taken against a student	Public	610	2.97	1.06	High
	Private	374	3.25	.87	High
5. There is collaboration between my school and the community where my school is situated	Public	610	3.06	1.04	High
	Private	374	2.81	1.02	High
	Public	610	3.05	.57	High
	Private	374	3.07	.56	High

Criterion mean = 2.5

The result in Table 1 indicated that the mean and standard deviation on parents’/community involvement in public and private secondary schools in Rivers East Senatorial District. The finding of the study revealed that parents’/community involvement was high in both private and public secondary school.

However, parent community involvement was practiced more ($x = 3.07$) in private schools compared to public schools ($x = 3.05$).

Table 2: Mean and Standard deviation on practice of Health Promotion for Staff

Items	School	N	Mean	Std. Deviation	Decision
1. In my school we have on the job training and re-training of teachers and staff to update them on the current happenings	Public	610	2.7246	1.05336	High
	Private	374	3.0374	.81124	High
2. In my school, teachers and staff benefit and participate in health talks, physical activities in the school to improve and enrich their health status	Public	610	2.7984	.94182	High
	Private	374	3.0829	.74753	High
3. Teachers and staff are not allowed for in-services training or on the job training to update themselves on the current happenings in my school rather they take study leave or leave of absence	Public	610	2.3902	1.05290	Low
	Private	374	2.3289	1.08431	Low
4. In my school, teachers and staff who are sick are also treated by the school nurse and serious ones are refereed and followed up	Public	610	2.1131	1.21241	Low
	Private	374	2.3102	1.16244	Low
5. In my school, we have visitors report books, maintain close gates, watched by security men to regulate movements for the safety of staff, students and the school community	Public	610	3.1148	1.06748	High
	Private	374	3.4652	.87419	High
	Public	610	2.63	.67	High
	Private	374	2.84	.59	High

Criterion mean = 2.5

The result in Table 2 indicated that the mean and standard deviation on practices of health promotion for staff in public and private secondary schools in Rivers East Senatorial District. The finding of the study revealed that the practices of health promotion for staff was high in both public and private secondary schools. However, health promotion for staff was practiced more ($x = 2.84$) in private schools compared to public schools ($x = 2.63$).

Test of hypotheses

Hypothesis 1: There is no significant difference between the activities of Parents/community involvement as a component of school health programme among public and private secondary schools in Rivers East Senatorial District

Table 3: T-Test analysis on difference in practices of parent and community involvement

Variable	School	N	Mean	Std. Dev.	t-value	df	p-value	Decision
Parent and Community Involvement	Public	610	3.05	.57	-.40	982	0.69	H₀ not rejected
	Private	374	3.07	.56				

p>0.05

The results on Table 3 showed the t-test analysis on difference in the practices of parents and community involvement in private and public secondary schools in Rivers East Senatorial District. The findings revealed a non-significant difference ($df = 982$, $t = -0.40$, $p > 0.05$) in the practices of parents and community involvement in private and public secondary schools in Rivers East Senatorial District. The

null hypothesis which states that there is no significant difference in the practices of parents'/community involvement in private and public secondary schools was thus not rejected.

Hypothesis 2: There is no significant difference between the practices of health promotion for staff as a component of school health programme among public and private secondary schools in Rivers East Senatorial District

Table 4: T-Test analysis on difference in practice of health promotion for staff

Variable	School	N	Mean	Std. Dev.	t-value	df	p-value	Decision
Health Promotion for Staff	Public	610	2.63	.67	-5.18	982	0.00	H ₀ rejected
	Private	374	2.84	.59				

($p < 0.05$)

The results on Table 4 showed the t-test analysis on difference in the practices of health promotion for staff in private and public secondary schools in Rivers East Senatorial District. The findings revealed a significant difference ($df = 982$, $t = -5.18$, $p < 0.05$) in the practices of health promotion for staff in private and public secondary schools in Rivers East Senatorial District. Therefore, null hypothesis which states that there is no significant difference in the practices of health promotion for staff in private and public secondary schools was rejected.

DISCUSSION OF FINDINGS

The findings of the study are discussed below:

The finding of this study showed that health promotion for staff was practiced more ($x = 2.84$) in private schools compared to public school ($x = 2.63$). This finding may not be surprising because possibly the private schools were more observant and monitors the implementation of the school health programme in the private schools as compared to the public schools where the owners are not on ground to monitor the programme. The finding of this study is similar to that of Bisi-Onyemaechi et al (2017) whose study assessed the school health programme in schools in Enugu East, Nigeria showed that there was variance in the mean scores of school health programme which health promotion for staff is one of the components in public schools and private schools. This similarity might be due to the homogeneity of the study population. The finding of this study is also in tandem with that of Ayodeji et al. (2016) whose study on a comprehensive healthy school programme to promote school health in Hong Kong showed that school health programme including health promotion for staff was practiced with more experiences in private schools than in the public schools. This similarity found between the present study and that of Ayodeji and colleagues could be attributed to the similarity in the study setting as the both studies were carried out in academic institutions. The finding of this study also corroborates that of the Institute of Medicine which showed that health promotion activities for staff have enhanced efficiency, productivity, reduced absenteeism, and cut down health insurance costs. The finding of this study was in consonance with that of Gallup (2014) who noted that health promotion for staff are practiced. The finding of this study is in tandem with that of the National Association of Chronic Disease Directorate (NACDD) (2018) declared that school personnel wellness programmes can enhance worker's employment, self-confidence, preservation, and efficiency. The finding of this study does not give credence to the Annual Review of the Public Health (2019) which showed poor health promotion among teachers reporting high level of stress every day resulting to headache, upset stomach, sleep disorders, difficulty in concentration, short anger or displeasure, psychological disorders which include anxiety, worry and sadness or depression, low self-esteem or confidence, job frustration or dissatisfaction, cardiovascular diseases, musculoskeletal disorders, office injuries, and bigger health care expenditures. The finding of this study is not also similar to that of Kuponiyi et al. (2016) whose study on school health programme and its practices among public and private primary schools in Western Nigeria showed that the practices of school health programme including health promotion for staff was poor. This variation might be due to the difference in the study location and the sample size.

CONCLUSION

Based on the findings of the study, it was concluded that there are variations in the practices of health promotion for staff and parents/community involvement as components of school health programme among public and private secondary schools in Rivers East Senatorial District, which were more pronounced in the private schools than the public schools.

RECOMMENDATIONS

The following recommendations were made based on the findings of the study:

1. The school authorities in the various schools both private and public should map out strategies and better ways of ensuring and encouraging community involvement through full participation of the community leaders, community development committees and stakeholders to collaborate and strengthen the school health programmes in schools.
2. Government, partners and the management of private schools should also improve on the welfare of teachers and staff by given them allowances due them timely, training and retraining opportunities, these will help to improve their welfare and make them more efficient.

REFERENCES

- Annual Review, Public Health (2019). 40:443-463. www.annualreviews.org Access provided by 105.112.91.210 on 04/15/20.
- Bisi-Onyemachi, A. I., Akani A. N., Ikefuna, A. N., Tagbo, B. N., Chinawa, J. M., & Chikani, U. N. (2017). School health services in Enugu East, Nigeria: Perspectives from a resource poor setting. DOI:10.4081/hls.2017.6357.
- Gallup, (2014). State of America's schools: The path to winning again in education. Rep., Gallup, Washington, DC. <https://www.calteachersstudy.org/>.
<https://www.gallup.com/services/178709/state-america-schools-report.aspx>.
- Kuponiyyi, O. T., Amoran, O. E., & Kuponiyyi, O. T., (2016). School health services and its practice among public and private primary schools in Western Nigeria. <https://www.researchgate.net/publication/301241027> DOI: 10.1186/s13104-016-2006-6. <http://creativecommons.org/licenses/by/4.0/>
- Modo, F., N. (2013). Home environment, parenting and counselling of adolescents on healthy living. *Nigerian School Health Journal*. 25(2) 119- 124. ISSN 07943474.
- National Association of Chronic Disease Directorate (2013). Speaking education's language: a guide for public health professionals working in the education sector. Rep., NACDD, Decatur, GA. https://cdn.ymaws.com/www.chronicdisease.org/resource/resmgr/school_health/nacdd_educationsector_guide
- National school health policy. UNICEF. (2006). http://www.unicef.org/nigeria/NG_resources_schoolhealthpolicy.pdf
- Oluyinka, D., & Ayodeji, M. A. (2019). School health programme in Nigeria: A review of its Implementation for policy improvement. *American Journal of Educational Research*. 7(7) 499 – 508. DOI:10.12691/education-7-7-10.