



A Comparative Study Of Healthy School Environment And Counselling, Psychological And Societal Services Among Public And Private Secondary Schools In Rivers East Senatorial District, Rivers State

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ABSTRACT

This study compared the practices of healthy school environment and counselling, psychological and societal services 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 public and private 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 coefficient 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 the 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 counselling, psychological and societal services was practiced more ($x = 3.09$) in private schools compared to public schools ($x = 2.88$); and healthy school environment was practiced more ($x = 3.16$) in private schools compared to public schools ($x = 3.00$). The tested hypotheses showed that there was a statistically significant difference in both healthy school environment and counselling, psychological and societal services ($p < 0.05$). It was concluded that there are variations in the practices of healthy school environment and counselling, psychological and societal services as components of school health programme among public and private secondary schools. Therefore, it was recommended that there should be institution of State school health policy and committee in the State that should supervise and monitor effective implementation of counselling, psychological and societal services as SHP in the districts and zones.

Keywords: Healthy, Society, Counselling, Environment, Psychological

INTRODUCTION

Healthy school environment encompasses both the physical and psychosocial weather of the school. Healthful school environment is one of the unified features of the school health programme. The perception of a healthful school environment signifies all the intentionally prepared and implemented struggles to ensure safety and healthy living environments for all members of the school community (National school health policy, 2006). The policy also has it that the factors that affect the physical

environment include the school building, the areas surrounding it, biological and chemical agents that are detrimental to health, physical conditions such as temperature, noise, and lighting among others. A comparative study of public and private secondary schools on healthful school environment in Ogun State, Nigeria by Amoran, Kupoluyi, Salako and Kupoluyi (2017) showed that World Health Organization estimated between 25% and 33% of the global burden of disease to environmental risk factors and about 40% falls under children under 5 years. Respiratory infection is common and pneumonia is the primary cause of childhood mortality worldwide. Indoor and outdoor air pollution will be attributed to 60% of the global burden of disease carried by respiratory infections. Next one was diarrhea diseases, which are linked with poor sanitation, poor hygiene and lack of access to safe and sufficient supplies of water and food (Amoran, Kupoluyi, Salako and Kupoluyi, 2017). FME, (2006) also noted that to encourage safety and prevent accident in schools, there should be provision of adequate road signs and markings on the roads going to the schools which should consist of informative, regulatory/warning signs and Zebra crossings. Speed rollers and overhead bridges should be constructed by the management at the proper locations.

Recreational facilities should be sited far from the roads likely to guard students against running into the roads without warning. Again, side rails or cross bars should be fixed on school places with high road traffic densities to promote a controlled crossing of the roads by the students/staff (FME, 2006). According to Ekenedo et al (2015) psychosocial environment in school is all about the attitude, approaches, feelings, ethics and values of learners and staff. Helpful and positive interactive associations and relationships, recognizing the needs and achievements of each other and assist in learning

The study went further to state that each year nearly two million children die of diarrhea diseases caused by unsafe water supplies, sanitation and hygiene. An intervention such as simple hand washing has been shown to reduce sickness from diarrhea diseases by up to 47%, and could save up to one million lives but these are not practiced in most Nigerian schools especially in secondary schools. Malaria, the deadliest mosquito transmitted diseases kill over one million people each year; majority are young people, 60% of all school children suffer from malaria because of standing water, overgrown weeds and poor waste management in schools which increase the risk of vectors breeding and spreading near the school environment. Schools sited adjacent to pools of water and wetlands are more susceptible to mosquito-borne diseases (National school health policy, 2006). The study showed that the environmental health situation in Nigerian schools is poor. There is need for patrol teams to inspect and monitor the environment and activities of the schools in Nigeria and other developing countries.

Practices of school health programme (SHP) in secondary schools have been seen as the vehicle for improved health knowledge, attitudes, decision-making skills, behaviour change, and improved health status, including counselling. Counseling, psychological and societal services are school-based interventions and referrals. These are services provided to improve student's mental, emotional, and social health. These services include individual and group evaluation, involvements, referrals, organizational intention and consultation skills of counselors and psychologists. Such practices can reduce the prevalence of health risk behaviours among students and young people as well as having a positive effect on academic performance. The impact of such practices cannot be overemphasized as it includes students' enrolment and retention, learning outcomes and healthy nutritional welfares of staff, families and communities.

Rivers State has 23 Local Government Areas (LGAs) with three Senatorial Districts. Each of these Senatorial Districts has public and private Secondary schools. However, it is important to note that despite the introduction, formulation and implementation of the National school health policy, observations still showed that the various components of this policy including healthy school environment and counselling are yet to be applied or practiced in secondary schools in Nigeria including Rivers State. Therefore, the researchers carried out a comparative study on healthy school environment and counselling, psychological and societal services 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. Level of practice of healthy school environment as a component of school health programme in public and private secondary schools in Rivers East Senatorial District.
2. Level of counselling, psychological and societal services 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 role of counselling, psychological and societal services 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 healthy school environment 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 was 38,636 (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 52 schools on the whole were selected 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 16 schools, 8 schools and 8 schools from private schools were selected 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

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 healthy school environment and counselling, psychological and societal services, 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 were presented below:

Table 1: Mean and Standard deviation on Healthy School Environment

Items	School	N	Mean	Std. Deviation	Decision
1. In my school, we conduct environmental sanitation exercise weekly to keep our surrounding clean	Public	610	3.4820	.83470	High
	Private	374	3.4706	.82712	High
2. We have adequate and regular water supply for drinking and washing in my school	Public	610	3.1246	1.02075	High
	Private	374	3.4733	.87447	High
We have waste bins kept in strategic places for proper disposal of refuse in my school	Public	610	3.3361	.94174	High
	Private	374	3.5160	.80114	High
3. In my school, our classrooms are properly ventilated, lightening and well-spaced for conducive learning including COVID 19 guidelines and protocols	Public	610	3.1262	1.05145	High
	Private	374	3.5481	.75503	High
4. My school is protected with wall fence all the time and we have security men at the gate to regulate and enhance safety of students and staff	Public	610	3.0738	1.16015	High
	Private	374	3.4118	.95837	High
5. My school has dwarf fence and there is no security man at the gate	Public	610	1.8672	1.18158	Low
	Private	374	1.5936	1.06897	Low
	Public	610	3.00	.55	High
	Private	374	3.16	.52	High

Criterion mean = 2.5

The result in Table 1 indicated that the mean and standard deviation on healthy school environment in public and private secondary schools in Rivers East Senatorial District. The finding of the study revealed that healthy school environment was high in both private and public secondary school. However, healthy school environment was practiced more ($x = 3.16$) in private schools compared to public schools ($x = 3.00$).

Table 2: Mean and Standard deviation on Counselling, Psychological and Societal Services

	School	N	Mean	Std. Deviation	Decision
1. In my school, we have a counselling unit manned by a qualified counsellor/psychologist to take care of issues like violence, drug abuse, rape, and other psychological problems from students and staff	Public	610	2.77	1.21	High
	Private	374	2.91	1.04	High
2. In my school, counselling units recommends and solicit the disciplinary action the school will take on any defaulting students/staff	Public	610	2.84	1.12	High
	Private	374	3.05	1.00	High
3. In my school, the nit monitor's the students, staff and other members to restore sanity to the school	Public	610	2.78	1.09	High
	Private	374	2.99	.95	High
4. In my school, the findings and recommendation of this unit determines the disciplinary action the school will take on any defaulting students/staff	Public	610	2.81	1.07	High
	Private	374	3.14	.93	High
5. Reports go straight to Principal and action is immediately taken depending on the offence the student or staff committed in my school	Public	610	3.22	.96	High
	Private	374	3.36	.86	High
	Public	610	2.88	.85	High
	Private	374	3.09	.73	High

Criterion mean = 2.5

The result in Table 2 indicated that the mean and standard deviation on counselling, psychological and societal services in public and private secondary schools in Rivers East Senatorial District. The finding of the study revealed that the counselling, psychological and societal services was high in both private and public secondary schools. However, counselling, psychological and societal services was practiced more ($x = 3.09$) in private schools compared to public schools ($x = 2.88$).

Test of hypotheses

Hypothesis 1: There is no significant difference between the mean values of male and female teachers on the practices of healthy school environment 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 healthy school environment

Variable	School	N	Mean	Std. Deviation	df	t-value	p-value	Decision
Healthy School Environment	Public	610	3.00	.55	982	-4.74	0.00	H ₀ rejected
	Private	374	3.16	.52				

P<0.05

The results on Table 3 showed the t-test analysis on difference in the practices of healthy school environment in private and public secondary schools in Rivers East Senatorial District. The findings revealed a significant difference ($df=982$, $t = -4.74$, $p<0.05$) in the practices of healthy school environment 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 healthy school environment in private and public secondary schools was rejected.

Hypothesis 2: There is no significant difference between the mean values of male and female teachers on the role of counselling, psychological and societal services 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 counseling, psychological and societal service

Variable	School	N	Mean	Std. Dev.	t-value	Df	p-value	Decision
Counseling, Psychological and Societal Services	Public	610	2.88	.85	-3.87	982	0.00	H ₀ rejected
	Private	374	3.09	.73				

P<0.05

The results on Table 4 showed the t-test analysis on difference in the practices of counselling, psychological and societal services in private and public secondary school in Rivers East Senatorial District. The findings revealed a significant difference ($df = 982$, $t = -3.87$, $p<0.05$) in the practices of counselling, psychological and societal services in private and public secondary schools in Rivers East Senatorial District. Therefore, null hypothesis which states that there is no significant difference in the mean values of male and female teachers on the practices of counselling, psychological and societal services 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 healthy school environment was practice more ($x = 3.16$) in private schools compared to public schools. The finding of this study is also in tandem with that of Oluyinka and Ayodeji (2019) whose study on a comprehensive healthy school programme to promote school health in Hong Kong showed that school health programme including healthy school environment 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. ($x = 3.00$). This finding may not be surprising because possibly the private schools were more observant and monitors the implementation of the school health programme in their private schools as compared to the public schools where the owners are not on ground always to monitor the programme. The findings of this study is in keeping with that of Filardo (2016) which showed that, healthy school environment help to improve student's health and attainment, increase staff fulfillment and maintenance, promote and elevate possessions and their values, develop educational fairness. The finding of this study is in line with that of National School Health Policy (2006) which showed that healthful school environment is one of the unified features of the School Health Programme. The finding of this study is at variance with that of Department of Education (2013) which showed poor school environment evidenced in students and staff which are severally unprotected to insufficient light, warming, freshening, and ventilation or airing which is the main beautification in eating and drinking; oxidation, asbestos, radon, polychlorinated biphenyls, substances in smears, gums, rugs or carpet coverings, washing materials, insecticides, and duplicators; sensitivity from pests, rats, swine and cockroaches. It includes other factors like pasture elements, simulated field, and contaminants from nearby infrastructures/organizations, businesses/trades, building sites, and contaminated sites. The variation found might be due to the difference in the study location. The finding of this study is not similar to that of Kuponiyi et al. (2016) whose study on school health programme and its practice among public and private secondary schools in Western Nigeria showed that the practice of school health programme including counselling, psychological and societal service was poor. This variation might be due to the difference in the study location and the sample size.

The finding of this study showed that counselling, psychological and societal service was practiced more ($x = 3.09$) in private schools compared to public schools ($x = 2.88$). This finding may not be surprising because possibly the private schools were more attentive and careful to monitor the implementation of the school health programme in the private schools as compared to the public schools where the owners are not watchful to monitor the programme. The finding of this study is in keeping with that of Kern et al. (2017) who insisted that experts like certified school counselors, psychologists, and social workers should provide these services. The finding of this study is also in agreement with that of Oluyinka et al (2019) whose study on school health programme to promote school health in Hong Kong showed that school health programme including counseling, psychological and social services were practiced with more experiences in private schools than in the public schools. This similarity found between the present study and the previous ones could be attributed to the similarity in the study setting as the both studies were carried out in academic institutions.

CONCLUSION

Based on the findings of the study, it was concluded that there are variations in the practices of healthy school environment and counselling, psychological and societal services as components of school health programme among public and private secondary schools in Rivers East Senatorial District as the practices 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. There should be institution of State school health policy and committee in the state that should supervise and monitor effective implementation of counselling, psychological and societal services as SHP in the districts and zones.
2. The management of private schools should also sustain and increase consistently the good practices towards the school health programme by putting more effort to ensure its full practices in their various schools.

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