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School Health Services Practices in Primary Schools as Reported by Teachers in Wassit and The-Qar Governorate in Iraq

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Abstract

School health plays an important role in preventive and curative management that will reflect positively on young children, all workers in school, and academic performance. The objective of this study was to assess the school health services practices in primary schools in Wassit and Thi-Qar governorates. A descriptive cross-sectional study design using a self-administered questionnaire to obtain information on the practice of school health services as reported by the schoolteachers. This study was conducted between October 2018 and March 2019. Data were analyzed using SPSS. The result of the study revealed that the statistical significance has been proved for two governorates related to practices therapeutic services (P <0.05) and the practice level was found poor among (71.62%) in Wassit governorate, while the score was observed as good and acceptable (52.7%) in Thi-Qar governorate. Statistical significance has been proved for two governorates related to practices preventive services (p<0.05) and the practice level was found poor among (71.62%) in the Wassit governorate and (59%) in the Thi-Qar governorate. In addition, the result of this study showed that the level of the overall practice of school health services in primary schools was poor (89.46%). The results of this study indicated that there is a weakness in the practice of preventive services in primary schools in two governorates. As observed from the study, the practice of therapeutic services in the Thi-Qar governorate is quite satisfactory and higher than in the Wassit governorate. Therefore, the study concludes that the overall practice of school health services is poor.

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Keywords: School health services; Schoolteachers; Health workers; Therapeutic services; Preventive services.

1. Introduction

The school is considered the second home for the child [1]. It is currently estimated the global number of children reaching school age is nearly one-fifth of the world's population (eighteen percent) and it had dramatically increased [2]. Students are vulnerable to various components of the school environment that have a positive or negative effect on student's health because children spend most of their time at school [3]. Some studies have shown education level to be associated with health [4]. As reported by the WHO and UNESCO, "Health for All" and "Education for All" so a health-promoting school is a universal concept for health and education [5, 6]. In Iraq, the school health programme has been implemented since 1936 [7]. Strategies aimed at preventing the risk at school are cost-effective and can even be cost-saving if efforts are focused on students and teachers with recognized health risk factors among children and youths. It is therefore a strategy called the school health programme [8]. Interestingly, it plays an important role in preventive and curative management [1], The main component of the School Health programme is health service which has been continuing as an integral part of it [9]. Which term refers to services for students and staff of the school to the promotion of health and development, prevention, early detection of, and intervention for physical, psychological, and social factors affecting young children and all workers in school [10], that will reflect positively on academic performance [11]. It has been involved in a wide range of activities to prevent and control infectious diseases that affect young children, and also contributed to activities related to mental health, supervision of health, and record keeping [12]. From what have mentioned previously and to highlight the most important health service, the study aimed to assess the school health services practices in primary schools from Wassit and Thi-Qar governorates as reported by teachers.

2. Methods

Population & place of study: The study population comprised teachers from a total of 32 primary schools in the Wasit and Thi-Qar governorates. Teachers who were less than one year on the work were excluded. Sixteen schools were located in the Wassit governorate, and

Nomenclature			
%	Percentage	SPSS	Statistical Package for the Social Sciences
≤	less than or equal to	UK	United Kingdom
et. al.	And others	UNESCO	United Nations Educational, Scientific and Cultural Organization
No.	Number	WHO	The World Health Organization
P- value	Probability value		

16 schools were located in the Thi-Qar governorate. The education system in Iraq consists of six years of primary schooling, three years of secondary and three years of intermediate, and four years of university.

2.1. Study sample

The study sample was composed of 444 teachers aged 23 to 60 years old.

2.2. Sampling technique

A simple random selection technique was used to select 32 private and public schools from the Wasit and Thi-Qar governorates by using balloting. Only primary schools that had registered with the Education Directorate and located within the center of two governorates whose head teachers agreed to participate in this study.

2.3. Design & time of Study

This study was a cross-sectional field. It was carried out for 6 months, between October 2018 and March 2019 in primary schools.

2.4. The Data Collection

The following tools were utilized to collect data related to this study: a self-administered semi-structured questionnaire for teachers (it was also used to assess the practice of school health services). The questionnaire for the survey was constructed by the researchers from various books and researcher papers applicable question items especially Sedrati, Fadhila thesis [1], and it was designed to encompass two parts:
The first part concerned with demographic characteristics of the teachers regarding age (The age of the respondents was grouped into three: those ≤ 40 years,41 to 50, and 51 years and above), gender (male and female), marital status (married, single, others), and residence (urban and rural).
The second part concerned the practice of school health services as reported by teachers, a scoring system was used based on 18 activities. The practice scoring was divided into two categories, practice score for therapeutic services (9 activities) and preventive services (9 activities). A five-point likert scale was used that consists of 18 items with 1 = very weak, 2 = weak, 3 = moderate, 4 = high and 5= very high. Grades were assigned based on the marks scored. The overall practice score was classified as good and acceptable and poor depending on the score. The answer is very weak was scored one, and the answer is weak was scored two, the answer is moderate was scored three, and the answer is high was scored four, and the very high answer was scored five, the general practice scores ranged from 18 to 90 (Minimum=18, Maximum=90, Medium=54). The medium was calculated for each question and those scores below the medium consider poor scores, above or equal to 54 acceptable &good scores.

2.5. Statistical analysis

The information regarding each case was transferred into code sheets and data entry and statistical analysis was done using the SPSS (version16) and Excel application 2007, the data description was presented as frequencies and percentages). Chi Square test was used for comparison. The level of significance was set at 0.05.

3. Results

Thirty-two primary schools (16 from Kut and 16 from The- Qar) were studied. A total of 444 schoolteachers, completed the study. Fig. 1 shows that out of the 222 teachers 154 (69.37%) were from public schools, and 68 (30.63%) were from private schools in Wassit governorate, while 137(61.71%) were from public schools, and 85 (38.29%) were from private schools in Thi- Qar governorate. The demographic was examined in four elements including age, gender, marital status, and residence. Table 1 showed that the total number of males was 263 (59.2%), and the total number of females was 181 (40.8%). There was, no significant difference in this regard between Wassit and Thi-Qar governorates (P >0.05). In Wassit governorate, the age range of 41-50 years old forms the highest percentage (57.7%), followed by ≤40 years range (28.8%), ≥51 years range (14%). While in Thi- Qar governorate, the age range of ≤40 years old forms all studies samples (100%), and 41-50 and ≥51 years range (0%). In Thi- Qar governorate, most of the teachers were married (90.5%) and two-thirds of teachers were in the Wassit governorate (77.5%). However, a significant difference in this regard between Wassit and Thi-Qar governorates (P<0.05). Concerning residence, the majority of teachers come from the urban area (68.9%) in the Wassit governorate and (80.5%) in Thi- Qar governorate. The teachers significantly show a wide range of residence (P<0.05).

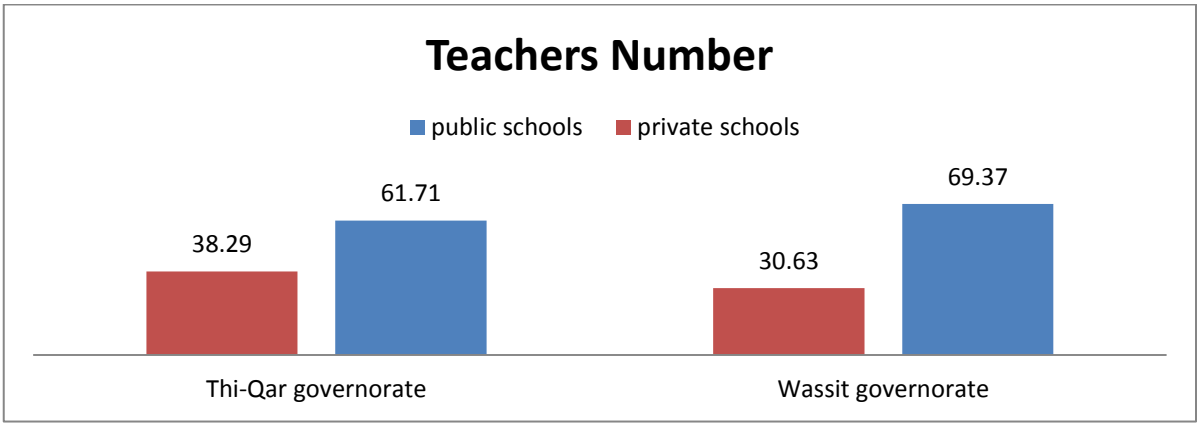

Fig 1. teacher's number in two governorates according to the type of schools

Table 1 Demographic characteristics of teachers

Demographic characteristics	Variable	Wassit governorate		Thi- Qar governorate		Total	%	P- value
		No.	%	No.	%			
Gender	Male	139	62.6	124	55.9	263	59.2	**0.147**
	Female	83	37.4	98	44.1	181	40.8	
	≤40	36	28.38	222	100	258	58.10	
	41-50	128	57.7	0	0	128	28.8	-
	≥51	31	14	0	0	31	7.0	
Marital status	Single	47	21.2	16	7.2	63	14.2	
	Married	172	77.5	201	90.5	373	84.00	**0.000**
	Other	3	1.4	5	2.3	8	1.8	
Residence	Urban	153	68.9	178	80.2	331	74.5	**0.006**
	Rural	69	31.1	44	19.8	113	25.5	

Table 2 shows the answers of the teachers regarding therapeutic services. Concerning Wassit governorate, more than one-third of teachers replied that the services regarding 1st, 3rd, 8th, and 9th activities were very weak and nearly one-third of teachers replied that the services regarding 2nd and 7th activities were weak, while the answers of teachers regarding the 4th, 5th, 6th activities that 33.8%, 32.4%, and 28.8% respectively were moderate. In Thi- Qar governorate, the highest percentage of teachers replied that the services in concern to all activities except one were moderate. However, statistical significance has been proved for two governorates related to practices of therapeutic services (P >0.05).

Table 2 Distribution of the practice of therapeutic services as reported by teachers

School health workers activities		Very weak	weak	moderate	high	Very high	P- value
1. Comprehensive regular medical examinations for all students.	Wassit	83	54	64	18	3	0.00
	%	37.4	24.3	28.8	8.1	1.4	
	Thi-Qar	21	28	156	17	0	
	%	9.5	12.6	70.3	7.7	.0	
2. Directs the health worker to follow up on the detected cases with the parents	Wassit	62	63	47	41	8	0.00
	%	28.1	28.5	21.3	18.6	3.6	
	Thi-Qar	34	34	108	45	1	
	%	15.3	15.3	48.6	20.3	.5	
3. Recognize the health status of students by	Wassit	67	61	47	37	9	0.00

reviewing their health records	%	30.3	27.6	21.3	16.7	4.1	
	Thi-Qar	37	38	75	69	3	
	%	16.7	17.1	33.8	31.1	1.4	
	Wassit	49	48	75	39	11	
4. Take all appropriate precautions to control infectious diseases and prevent their spread when the first case occurs in school	%	22.1	21.6	33.8	17.6	5.0	0.00
	Thi-Qar	20	37	64	92	9	
	%	9.0	16.7	28.8	41.4	4.1	
	Wassit	48	50	72	38	14	
5. Refer the sick cases detected to the competent health center and follow the stages of treatment	%	21.6	22.5	32.4	17.1	6.3	0.00
	Thi-Qar	10	37	106	45	24	
	%	4.5	16.7	47.7	20.3	10.8	
	Wassit	55	49	64	43	11	
6. Call parents of students who find satisfactory cases, discuss these cases and direct them to work on their treatment and follow-up	%	24.8	22.1	28.8	19.4	5.0	0.00
	Thi-Qar	26	41	108	36	11	
	%	11.7	18.5	48.6	16.2	5.0	
	Wassit	53	60	56	38	15	
7. Give special care to students with special needs to integrate them into the school community	%	23.9	27.0	25.2	17.1	6.8	0.00
	Thi-Qar	22	40	90	58	12	
	%	9.9	18.0	40.5	26.1	5.4	
	Wassit	89	62	58	11	2	
8. Treat undernourished students and follow them	%	40.1	27.9	26.1	5.0	.9	0.00
	Thi-Qar	39	69	86	8	20	
	%	17.6	31.1	38.7	3..6	9.0	
	Wassit	87	56	54	16	9	
9. Assess and follow up on the students' psychological status periodically	%	39.2	25.2	24.3	7.2	4.1	0.00
	Thi-Qar	44	66	94	7	11	
	%	19.8	29.7	42.3	3.2	5.0	

Table 3 shows the answers of the teachers regarding preventive services. Concerning Wassit governorate, more than one-third of teachers replied that the services regarding 1st, 5th, 6th, and 7th activities were weak and (35.3%) of teachers replied that the services regarding the 8th activity were very weak, while more than one-third of teachers replied that the services regarding 2nd,3rd,4th,9th activities were moderate. In Thi- Qar governorate, the answers of teachers regarding 1st as 8th activities that 35.1% and 44.6 respectively were weak. The majority of the teachers replied that the services in concern of 2nd, 3rd, 4th, 6th, 7th, and 9th activities were moderate. 36% of teachers replied that the services regarding the 5th activity were high. However, statistical significance has been proved for two governorates related to practices preventive services (P>0.05) except for practice regarding activity one (school health workers instruct students who need to take care of missed vaccines and dosages), which found no statistical significance (P>0.05).

Table 3 Distribution of the practice of preventive services as reported by teachers

School health workers activities		Very weak	weak	moderate	high	Very high	P- value
Instruct students who need to take care of missed	Wassit	45	72	60	35	10	0.46

vaccines and dosages	%	20.3	32.4	27.0	15.8	4.5	
	Thi-Qar	34	78	55	39	16	
	%	15.3	35.1	24.8	17.6	7.2	
	Wassit	45	51	69	36	20	
Work to vaccinate students against communicable diseases, as instructed by the Ministry of Health (poliomyelitis).	%	20.4	23.1	31.2	16.3	9.0	0.00
	Thi-Qar	7	64	97	34	20	
	%	3.2	28.8	43.7	15.3	9.0	
	Wassit	60	41	81	30	10	
Cooperates with the prevention teams to subject the school's staff to medical examinations periodically to ensure that they are free from infectious diseases.	%	27.0	18.5	36.5	13.5	4.5	0.00
	Thi-Qar	15	47	82	65	13	
	%	6.8	21.2	36.9	29.3	5.9	
	Wassit	49	49	71	37	16	
Ask the director to monitor the health of students with chronic illnesses at least once every 2 days	%	22.1	22.1	32.0	16.7	7.2	0.006
	Thi-Qar	24	47	97	44	10	
	%	10.8	21.2	43.7	19.8	4.5	
	Wassit	44	64	51	40	22	
Advise parents to follow their children and to make them aware of all aspects of health (physical, psychological)	%	19.9	29.0	23.1	18.1	10.0	0.00
	Thi-Qar	22	38	73	80	9	
	%	9.9	17.1	32.9	36.0	4.1	
	Wassit	35	76	46	47	18	
Oversees the first aid cabinet in the school with the principal	%	15.8	34.2	20.7	21.2	8.1	0.00
	Thi-Qar	12	55	78	48	29	
	%	5.4	24.8	35.1	21.6	13.1	
	Wassit	61	73	63	16	9	
Ask the principal to inform teachers, especially new students, of their patients and their health status	%	27.5	32.9	28.4	7.2	4.1	0.00
	Thi-Qar	20	59	84	58	1	
	%	9.0	26.6	37.8	26.1	.5	
	Wassit	78	56	55	20	12	
Prepare a monthly report on the health status of students and their visits to schools and submit them to the Health Directorate.	%	35.3	25.3	24.9	9.0	5.4	0.00
	Thi-Qar	23	99	79	16	5	
	%	10.4	44.6	35.6	7.2	2.3	
	Wassit	61	41	66	36	18	
The officer is appointed as a school health supervisor by the teaching staff	%	27.5	18.5	29.7	16.2	8.1	0.00
	Thi-Qar	22	55	112	16	16	
	%	9.9	24.8	50.5	7.2	7.2	

Table 4 shows the answers score on the practice of therapeutic and preventive practice services in Wassit and Thi-Qar governorates. The therapeutic practice level was found poor among (71.62%) in Wassit governorate and (59%) in the Thi-Qar governorate. The preventive practice level was found poor among (66.2%) in Wassit governorate and (59%) in the Thi-Qar governorate. The result of this study showed that the level of the overall practice of school health services in primary schools was poor (89.46%).

Table 4: Total scores of the practice of therapeutic services.

School health services	Score	Wassit		Thi- Qar	
		N0	%	N0	%
The practice of therapeutic services score	Poor	159	71.62	105	47.3
	Good and acceptable	63	28.38	117	52.7
The practice of preventive services score	Poor	147	66.2	131	59
	Good and acceptable	75	33.8	91	41
Overall score	Poor	156	70.27	129	58.11
	Good and acceptable	66	29.73	93	41.89

4. Discussion

The present study is regarded as one of the studies that describe the practice of school health services. The sample is comprised of 59.2% males and 40.8% females, this result disagrees with studies done by Didier Jourdan et al. 2015 in France, who found that majority of the studied sample was females [13]. 43% of teachers were in the age group 31-40 years, and 28.8% were in 41-50 years. This finding is close to the results of Mangala and Sahbanathul study in India which reported that 43.8% of teachers in the age group 31-40 years [14]. On other hand, this finding is various from the results of Sarah Harding et al study in the UK which reported that 35% of teachers in the age group between 26 to 35 years and 32.9% in the age group between 36-45 years[15]. For nearly three-quarters studied sample 74.5% live in urban areas and 25.5% were live in rural areas. These findings disagreed with what has been stated by Ye Minn Htun1. 2013 in Bangladesh, it found that 69.1% of teachers were live in rural areas [16]. This study revealed that nearly half of schools had good scores regarding the practice of therapeutic services in the Thi-Qar governorate, while only 28.38% in wassit governorate had good scores. Related to the practice of preventive services, the level was poor in the two governorates. These findings do not coincide with the finding of Fadila Sarati, 2014, in Algeria, who indicated that the level was high [1]. The observed similarities could be due to similarities in resource availability among developed countries. The symmetry in availability between the two studies was attributed to insufficient coordination between health centers and school administration, as well as a lack of means and materials required for activity execution.

Even though the Iraqi health system has specific and clear guidelines on school health and its implementation in schools. However, the majority of these guidelines are not strictly followed [17]. The current study revealed that overall practices of school health services in primary schools in Wassit and Thi-Qar governorates were generally poor with only 29.73%, and 41.89% respectively schools attaining good and acceptable. Studies conducted in other countries showed similar results. The results come along with the study of Osuorah DI Chidiebere et al (2016) in Nigeria, who stated that the overall school health services practices were poor in their study [18]. Another study by OA Oyinlade in 2014 in Nigeria has also shown that only fifteen schools (16.6%) had good scores [9]. This is consistent with the results of Olugbenga Temitope Kuponiy et al study in 2016 in Nigeria [2]. Also, the finding in the current study was similar to studies from other parts of Nigeria (19-22). This implies that most school-based health services may be insufficient to meet the health needs of their students. This may be due to the that their structures and facilities were older, which contributed to their relatively low score. Furthermore, it is possible that schools were underfunded by the government, making the acquisition and maintenance of structures that would aid the school health service difficult.

5. Conclusion

In conclusion, the practice of therapeutic services in the Thi-Qar governorate is quite satisfactory and higher than in the Wassit governorate. Also, the results of this study indicated that there is a weakness in the practice of preventive services in primary schools in two governorates. Therefore, the study concludes that the overall practice of school health services is poor. The findings of this study can be utilized as a guide by policymakers to develop an appropriate strategy for boosting the level of practice of school health services.

6. Recommendations

The main recommendations of the present study are; that teachers should receive training in health sectors in the good knowledge about the importance of health services topics. In dealing with health workers and people, Collaboration centers for effective extension campaigns to educate them on school health programme and their components. To successfully establish school health service, health authority, schools authority and local communities leaders must be participated to promote it. Further researches are suggested to be done in different areas with a larger sample of vision, hearing, oral health, and other factors affecting academic performance.

Acknowledgment

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Ethical clearance

The study was approved by the Permission of the Ministry of education in Wassit and Thi-Qar, Iraq, and official permissions were obtained from teachers in schools.

Conflict of interest

All authors declare that there is no conflict of interest.

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