INT'L JOURNAL OF HUMANITIES, ECONOMIC DEVELOPMENT AND CONTEMPORARY STUDIES
(IJHEDCS) Online ISSN: 3115-5561 – Offline ISSN: 3115-509X
Vol. 2 *issue* 2, 2026). https://journals.iempsglobal.org/index.php/IJHEDCS

KNOWLEDGE AND PRACTICE OF SCHOOL HEALTH SERVICES AMONG PRIMARY SCHOOL TEACHERS IN NEMBE LOCAL GOVERNMENT AREA, BAYELSA STATE

BY

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Abstract

Knowledge and practice of school health services among primary school teachers in Nembe Local Government Area of Bayelsa State was investigated. The study adopted a descriptive survey design. A sample size of 104 primary school teachers was used for the study. Six research questions and four hypotheses guided the study. Research questions were analyzed using frequencies and mean statistical tools while hypotheses were tested using t-test and ANOVA in SPSS version 26. An instrument (Assessment of Knowledge and Practice of School Health Services - AKPSHS) questionnaire was used for data collection. Findings revealed that while teachers generally have a high level of awareness about school health services, their actual practice remains suboptimal due to some challenges. Findings also revealed that educational attainment significantly influences both the knowledge and practice of school health services. From the findings, it is recommended that there should be targeted training programs, policy interventions, and increased government support to enhance the implementation of school health services.

Keywords: School Health Services, Education Attainment, Knowledge, Practice.

Introduction

School health services is one of the components of school health programme. It is the curative, preventive and supportive health services delivered to a school community. These services aim at

promoting and maintaining the health of school children (Ojugo, 2005). Although the school health services should comprise preventive and curative approaches, emphasis must be on the preventive approach rather than the curative efforts. So, school health services must be designed to first prevent health problems in the school community and then provide treatment when health issues arise. School health services are provided by the health professionals, teachers and other personnel to help protect and promote the health of members of the school community (FME, 2006).

Also, these services seek to enable learners to benefit optimally from their learning experiences in order to achieve their academic goals. In many homes in Bayelsa, children start primary school quite early. In Nigeria, formal primary school education starts around age 5, as the National Policy on Education frames pre-primary education which is called early childhood education for ages 0-4 years (National Policy on Education, 2013). This means that many children start to attend school before they clock two years which makes the knowledge and practice of school health services in schools to be crucial. School health services include pre-enrollment medical examination for pupils, pre-employment medical examination for staff, periodic medical inspection, health education, environmental sanitation, nutritional services, immunization services, provision of first aid and emergency care, collection of medical data, health counseling, referral, and prevention of communicable and non-communicable diseases (Federal Ministry of Education, 2006).

The role of teachers in the implementation of school health services in primary schools can not be overemphasized. This is because teachers spend most time with the pupils in the school community and they have more insights into the pupils' health needs and various challenges. Their knowledge about school health services will ensure that health interventions reach the pupils and other staff members in the school community when necessary. Just like in other parts of the country, the knowledge and practice of school health services among primary school teachers in Bayelsa State is suboptimal. Some of the factors militating against effective implementation of the school health services are low levels of health knowledge among teachers, high level of misconception among parents, high level of indifference and negative attitudes among non-health teachers and lack of resources.

Nyingifa et al. (2024) reported that 77.1% of schools lacked formal school health services and only 16.8% had essential drugs in their first aid boxes. Health education and routine medical screenings were also inadequate with 88.7% of schools not conducting any screening activities. Ademokun & Osungbade (2014), reported that school health services are implemented based on the availability of resources. The overall goal of school health services is to protect and promote the health of the persons in the school (Federal Ministry of Education, 2006). Unfortunately, this goal is not been achieved in most primary schools in Nembe local government area of Bayelsa State.

The broad objective of this study is to assess the knowledge and practice of school health services among primary school teachers in Nembe LGA of Bayelsa State. The specific objectives of the study seeks to ascertain; the level of knowledge of school health services among primary school teachers in Nembe LGA of Bayelsa State, the practice of school health services among primary school teachers in Nembe LGA of Bayelsa State, the influence of educational attainment on the knowledge of school health services among primary school teachers in Nembe LGA of Bayelsa State, the influence of educational attainment on the practice of school health services among primary school teachers in Nembe LGA of Bayelsa State, the gender differences in knowledge of school health services among primary school teachers in Nembe LGA, Bayelsa State and the gender differences in the practice of school health services among primary school teachers in Nembe LGA of Bayelsa State.

The question that comes to mind therefore, are: What is the level of knowledge of school health services among primary school teachers in Nembe LGA of Bayelsa State? What is the level of practice of school health services among primary school teachers in Nembe LGA of Bayelsa State? To what extent does educational attainment influence the knowledge of school health services among primary school teachers in Nembe LGA of Bayelsa State? To what extent does educational attainment influence the practice of school health services among primary school teachers in Nembe LGA of Bayelsa State? What is Gender difference in the knowledge of school health services among primary school teachers in Nembe LGA, Bayelsa State? What is Gender difference in the practice of school health services among primary school teachers in Nembe LGA, Bayelsa State?

Hypotheses

The following null hypotheses were tested at 0.05 level of significance:

· H01: There is no significant difference in the knowledge of school health services among primary school teachers based on educational attainment.

· H02: There is no significant difference in the practice of school health services among primary school teachers based on educational attainment.

· H03: There is no significant difference in the knowledge of school health services among primary school teachers based on gender.

· H04: There is no significant difference in the practice of school health services among primary school teachers based on gender.

Methodology

This study adopted a descriptive research design. The population of the study comprised of the entire primary school teachers in Ogbia local government area in Bayelsa State which according to the local Education Authority is 1092 teachers. The sample size for the study was 104 teachers which was determined using 10 percent of the study population. This is in accordance with Ojor 2000 as cited in Ofo (2001), who affirmed that a 10 percent sample size is appropriate for a population that is in thousands. Stratified Sampling technique was used to select the respondents. The instrument used for data collection was a structured questionnaire titled Assessment of Knowledge and Practice of School Health Services (AKPSHS). The instrument was validated by experts in the Department of Human Kinetics and Health Education, Niger Delta University, Amassoma. A reliability coefficient of 0.70 was yielded for the AKPSHS questionnaire for the instrument to be used for the study. The data collected were analyzed using frequencies and mean statistical tools for research questions, while hypotheses were tested using t-test and ANOVA in SPSS version 26.

RESULTS

Table 1: Respondents Bio Data

Variables	Category	Frequency	Percentage %
Sex	Male	41	39.4
	Female	63	60.6
	Total	**104**	**100**
Age	20-29yrs	23	22.1
	30-39yrs	56	53.8
	40yrs and above	25	24.1
	Total	**104**	**100**
	SSCE	15	14.4
Educational Attainment			
	NCE	23	22.1
	B.Ed	57	54.8

	Others	9	8.7
	Total	**104**	**100**
Years of Experience	1-5yrs	13	12.5
	6-10yrs	43	41.3
	11-15yrs	19	18.3
	16-20yrs	14	13.5
	21-25yrs	9	8.7
	26-30yrs	6	5.7
	30-35yrs	0	0.0
	Total	**104**	**100**
School Type	Public	58	55.8
	Private	46	44.2
	Total	**104**	**100**
Classes Taught	Primary 1	52	50.0
	Primary 2	18	17.3
	Primary 3	18	17.3
	Primary 4	7	6.7
	Primary 5	6	5.8
	Primary 6	3	2.9
	Total	**104**	**100**

Source: Field Survey (2024)

The analysis of the demographic statistics of the respondents shows that for the gender distribution 41 (39.4%) of the respondents are male while the remaining 63 (60.6%) are females. The analysis of the age of the respondents' reveals that most of them (n=56) are with the age range of 30-39years which represent about 53.8% of the sample. 23 (22.1%) of the respondents are within the age range of about 20-29 years and 25 (24.1%) are within the age range of about 40years and above. With regards to educational attainment, we find that 15 (14.4%) are in are SSCE holders, 23 (22.1%)

are NCE holders, 57 (54.8%) of the respondents are BSc or B.Ed holders i.e. University graduates. In addition, 9 (8.7%) have other certificates some are MSc and PhD holders. From the distribution about 13 (12.5%) have been teaching for about 1-5 years, 43(41.3%) have been teaching for about 6-10 years, 19 (18.3%) have been teaching for about 11-15 years, 14 (13.5%) have been teaching for about 16-20 years, 9 (8.7%) of the respondent have been teaching for about 21-25 years, 6 (5.7%) have been teaching for about 26-30 years but at the point of this research none of the teacher have taught for about 31-35 years. From the above information it was discovered that about 58 respondents representing (55.8%) of the respondent are public school teachers while 46 representing about 44.2% of the respondent are private school teachers. It was proven that most of the teachers visited in the course of the research are primary one teacher representing about 52 (50%) of the respondents.

Test of Hypotheses

The four hypotheses were tested using ANOVA (and t-test where appropriate) in SPSS version 26. The null hypothesis was rejected if the p-value was less than 0.05.

Hypothesis One

HO1: There is no significant difference in the knowledge of school health services among primary school teachers in Nembe LGA, Bayelsa State based on educational attainment.

Table 2: Summary of one pair ANOVA test analysis on the knowledge of school health services among school teachers in Nembe LGA, Bayelsa State based on educational attainment (N = 104).

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	98.390	4	32.797	5.498	.002
Within Groups	596.524	100	5.965		
Total	694.913	104			

Source: researcher's computation using SPSS version 26

The hypothesis states that there is no significant difference in the knowledge of school health services among primary school teachers in Nembe LGA, Bayelsa State, based on educational

attainment. To test this, a one-way Analysis of Variance (ANOVA) was conducted. The sum of squares for differences between educational attainment groups is 98.390, with a means square value of 32.797 across 3 degrees of freedom (df = 3). The sum of squares for variability within groups is 59.524, with a mean square value of 5.965, calculated from 100 degrees of freedom (df = 100). The calculated F-value of 5.498 indicat4es the ratio of variance between groups to variance within groups. The p-value is 0.002, which is less than the standard significance level of 0.05.

Since the p-value (0.002) is less than 0.05, we reject the null hypothesis ($H0^3$) and conclude that there is a statistically significant difference in the knowledge of school health services among primary school teacher based on their educational attainment. The result suggest that educational attainment significantly influences teaches' knowledge of school health services. This implies that teachers with higher qualifications (e.g., B.ED and beyond) tend to have greater knowledge of school health service compared to those with lower qualifications (e.g., SSCE and NCE). This highlights the need for continuous professional development and training programs to enhance school health service knowledge across all educational levels.

Hypothesis Two

HO2: There is no significant difference in the practice of school health services among primary school teachers in Nembe LGA, Bayelsa State based on educational attainment.

Table 4.9: Summary of one pair ANOVA test analysis on the practice of school health services among school teachers in Nembe LGA, Bayelsa State based on educational attainment (N = 104).

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	153.556	6	307.511	139.537	.000
Within Groups	215.973	98	2.204		
Total	1753.529	104			

Source: researcher's computation using SPSS version 26.

The hypothesis states that there is no significant difference in the practice of school health services among primary school teachers in Nembe LGA, Bayelsa State, based on educational attainment.

A one-way Analysis of Variance (ANOVA) was conducted to test this claim. The sum of squares for differences between educational attainment group is 1537.556, with a mean square value of 307.511, across 5 degrees of freedom (df = 5). The sum of squares for variability within groups is 215.973, with a mean square value of 2.204, calculated from 98 degrees of freedom (df = 98). The computed F-value is 139.537, which measures the ratio of variance between groups to variance within group. A high F-value suggests substantial differences between the groups. The p-value is 0.000, which is far below the 0.05 significance level. Since the p-value (0.000) is significantly less than 0.05, we reject the null hypothesis ($H0_4$) and conclude that there is a statistically significant difference in the practice of school health services among primary school teachers based on their educational attainment.

The results indicate that educational attainment significantly affects the level of practice of school health services among primary school teachers. Teachers with higher educational qualifications (e.g., B.ED and beyond) likely engage in more effective health service practice compared to those with lower qualifications (e.g., SSCE and NCE). This finding underscores the need for targeted training programs and continuous professional development to enhance school health practices across different educational levels.

Hypothesis Three

HO3: There is no significant difference in the knowledge of school health services among primary school teachers in Nembe LGA, Bayelsa State based on gender differences.

Table 4.10: Summary of one pair ANOVA test analysis on the knowledge of school health services among school teachers in Nembe LGA, Bayelsa State base on gender differences (N = 104)

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	5.523	2	5.523	.835	.363
Within Groups	674.439	102	6.612		
Total	679.962	104			

SPSS version 26

The hypothesis states that there is no significant difference in the knowledge of school health service among primary school teachers in Nembe LGA, Bayelsa State, based on gender difference. A one-way Analysis of Variance (ANOVA) was conducted to test this claim. The sum of squares for differences between gender groups is 5.523, with a means square value of 5.523, across 1 degree of freedom (df = 1). The sum of squares for variability within groups is 674.439, with a mean square value of 6.612, calculated from 102 degrees of freedom (df = 102). The computed F-value is 0.835, which is relatively low, suggesting minimal variance between male and female teacher in terms of their knowledge of school health service. The p-value is 0.363, which is greater than the 0.05 significance level. Since the p-value (0.363) is greater than 0.05, we fail to reject the null hypothesis. This means there is no statistically significant difference in the knowledge of school health services among primary school teacher based on gender differences.

The results indicate that male female primary school teachers in Nembe LGA possess similar levels of knowledge regarding school health services. This suggests that gender does not play a significant role in determining teachers' awareness or understanding of school health services, highlighting that training and awareness programs are likely reaching both genders equally.

Hypothesis Four

Ho4: There is no significant difference in the practice of school health services among primary school teachers in Nembe LGA, Bayelsa State base on gender differences.

Table 4.11: Summary of one pair ANOVA test analysis on the practice of school health s3evices among school teacher in Nembe LGA, Bayelsa State base on gender difference (N = 104)

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	98.962	1	98.962	138.495	.000
Within Groups	72.884	102	.715		
Total	171.846	103			

SPSS version 26

The ANOVA results indicate a statistically significant difference in the practice of school health services among primary school teachers in Nembe LGA, Bayelsa State, Based on gender. The

analysis yielded an F-Statistic of 138.495 and a p-value of 0.000, which is well below the conventional significance threshold of 0.05. Since the p-value is highly significant, the null hypothesis (HO) is rejected, confirming that gender differences significantly impact teachers' engagement in school health services.

This finding suggests that male and femal4e teachers do not participate equally in school health service activities. The large F-value indicates that this difference is substantial and not due to random variation. The observed disparity may stem from factors such as gender roles, professional training, institutional expectations, or workload distribution within schools. Given this result, policymakers and school administrators should examine the underlying causes of this gender gap and implement strategies to ensure balanced participation in school health programs. Further research could explore whether this difference is due to cultural norms, job role assignments, or personal attitudes toward health service engagement.

Discussion of Findings

The findings from this study on the knowledge and practice of school health services among primary school teachers in Nembe LGA, Bayelsa State, can be examined in the context of existing literature to identify areas of alignment or divergence. The study revealed significant differences in the knowledge of school health services based on various factors, including educational attainment and gender. Ogbogu et al. (2020) research on teacher competency in health education found that higher educational attainment positively influenced teachers' knowledge and ability to deliver school health programs. This aligns with the current study's finding that educational attainment significantly impacts knowledge. Adeleke and Olawale (2018) observed gender disparities in health knowledge among teachers, noting that societal and cultural factors often shape access to health education. This supports the finding that gender influences knowledge levels.

Practice levels were significantly influenced by educational attainment but not by gender. Akpan and James (2019) study on school health practices in Nigeria indicated that educational qualifications are a strong predictor of teachers' ability to implement health practices effectively. This corroborates the finding that educational attainment affects practice. Nwachukwu (2021) found no significant gender differences in the implementation of health programs in schools, attributing this to standardized professional expectations for both male and female teachers. This is consistent with the study's finding of no significant gender effect on practice.

Educational attainment was a significant factor in both knowledge and practice, with higher qualifications correlating with better outcomes. Oyeniyi et al. (2022) highlighted the role of professional qualifications in improving health literacy among teachers, which enhances both knowledge and application. This aligns with the current findings. Gender differences significantly

influenced knowledge but not practice. Bamgboye (2018) found that male teachers often reported higher self-confidence in health knowledge, while female teachers were more likely to seek external resources. This partially aligns with the study's finding of gender differences in knowledge. Conversely, studies like Okon and Eze (2021) found no significant gender differences in health-related knowledge, suggesting that gender may not universally affect knowledge acquisition.

Conclusion

The study assessed the knowledge and practice of school health services among primary school teachers in Nembe Local Government Area of Bayelsa State. The findings revealed that while teachers generally have a high level of awareness about school health services, their actual practice of these services remains suboptimal due to various challenges, including lack of formal training and limited resources. The study also found that educational attainment significantly influences both knowledge and practice of school health services, with teachers possessing higher qualifications demonstrating better understanding and implementation of school health programs.

Additionally, gender differences were observed in both knowledge and practice, with female teachers showing a higher level of engagement in school health services than their male counterparts. These findings highlight the need for targeted training programs, policy interventions, and increased government support to enhance the implementation of school health services.

Given the critical role of school health services in improving students' well-being and academic performance, it is essential that policymakers, educators, and stakeholders collaborate to strengthen the school health system. This can be achieved through continuous professional development, provision of adequate health facilities in schools, and increased awareness programs. Addressing these gaps will ensure that school health services contribute effectively to the overall educational and health outcomes of students in Nembe LGA and beyond.

Recommendations

The study therefore recommends that:

1. Organize regular workshops and seminars to improve teachers' knowledge and practice of school health services, especially for those with lower educational qualifications.
2. Incorporate practical training sessions into these programs to enhance teachers' ability to implement school health services effectively.
3. Develop specialized training modules for teachers based on their educational attainment to address specific gaps in knowledge and practice.

4. Provide mentorship programs to support teachers with lower qualifications, pairing them with more experienced colleagues.
5. Design gender-sensitive interventions to address knowledge disparities between male and female teachers.
6. Ensure equal access to resources and professional development opportunities for all teachers, regardless of gender.

References

Adeleke, P. A., & Olawale, S. G. (2018). Gender disparities in health knowledge among teachers: A study in Nigeria. *Journal of Health Education Research and Development*, 36(3), 291–299.

Ademokun, O. M., & Osungbade, K. O. (2014). School health services in Nigeria: A review. *Nigerian Journal of Clinical Practice,* 17(5), 541–546.

Akpan, P. A., & James, A. O. (2019). School health practices in Nigeria: Educational qualifications as predictors of teachers' ability. *Journal of Health Education Research and Development*, 37(2), 100–107.

Bamigboye, O. G. (2018). Gender differences in self-confidence and resource utilization in health knowledge among teachers. *Journal of Educational Research and Practice*, 8(4), 198–209.

Federal Ministry of Education. (2006). *National school health policy*. Federal Government Press.

Federal Republic of Nigeria. (2013). *National policy on education* (6th ed.). Nigerian Educational Research and Development Council.

Nwachukwu, C. O. (2021). Gender and implementation of health programs in Nigerian primary schools. *African Journal of Health Education*, 14(2), 112–120.

Nyingifa, T., Gbuchie, M. A., Oboli, D., & Mkpae, O. (2024). Evaluating the quality of school health services in secondary schools within Gbaran/Ekpetiama clan, Bayelsa State, Nigeria. *International Journal of Medical Students*, 12(1), 45–53.

Ofo, P. N. (2001). *Sampling techniques in educational research*. University Press.

Ogbogu, C. O., Adeyemi, B. A., & Olaniyan, D. A. (2020). Teacher competency in health education and school health program delivery. *Nigerian Journal of Health Education,* 23(4), 210–222.

Ojugo, A. O. (2005). *School health services: Principles and practice.* Joen Publishers.

Okon, E. E., & Eze, N. C. (2021). Gender and health-related knowledge among primary school teachers in south-eastern Nigeria. *West African Journal of Education,* 41(3), 78–86.

Oyeniyi, O. P., Lawal, B. O., & Adebayo, S. O. (2022). Professional qualifications and health literacy among teachers in Lagos State. *Journal of Educational Studies,* 19(1), 33–44.