



Contents lists available at ScienceDirect

International Journal of Africa Nursing Sciences

journal homepage: www.elsevier.com/locate/ijans

Assessment of vulnerability status of public school children and existing school health programmes in Osun State, Nigeria



Adekemi E. Olowokere^{a,*}, Funmilayo A. Okanlawon^b

^a Department of Nursing Science, Faculty of Basic Medical Science, College of Health Sciences, Obafemi Awolowo University, Ile-Ife, Osun State, Nigeria

^b Department of Nursing, University of Ibadan, Nigeria

ARTICLE INFO

Article history:

Received 5 January 2015

Received in revised form 1 March 2016

Accepted 16 March 2016

Available online 17 March 2016

Keywords:

Vulnerability

Children

School health

Public health nurses

Vulnerable population

ABSTRACT

This study was designed to assess the vulnerability status of school children, the public health response to their care and support while at the same time offers strategic suggestions for improved school health programmes.

The research followed a descriptive mixed method cross-sectional design. The VC were recruited through a multistage sampling technique from two local government areas of Osun State, Nigeria. Data on vulnerability of school children were collected using vulnerability index (VI) while key informant interview gave the public health nurses the opportunity to share their experiences on public health services for school children. The data from the key informant interview were analysed by summarising key findings in theme while data collected from VC were analysed through descriptive and inferential statistics at 0.05 level of significance using SPSS version 16.

A total number of 2484 school children were assessed. The mean age was 13 + 1.6 years. The result shows that 5.7% ($n = 142$) were not vulnerable, 68.0% ($n = 1681$) were vulnerable, 22.7% ($n = 563$) were more vulnerable while 3.6% ($n = 90$) were mostly vulnerable. The result established that a lot of children in public schools were vulnerable and there was shortage of public health manpower and services in place to meet their needs.

The study revealed the needs of VC across the vulnerability indices. There is need for a viable school health programme for early identification of school children for prompt care and support.

© 2016 Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Background

Vulnerability in the health care system is a concept that connotes “susceptibility to a particular health problem”. The term refers to those people who are regarded as being unable to cope with problems that impact negatively on their lives (Mohlakwana, 2013). This problem could be such that affect the different aspects of an individual’s life – which may be physical, psychological, social, spiritual or developmental in nature. Literature has also shown that anyone can be vulnerable at any given point in time as a result of life circumstances or response to illness or events (Chesnay, 2008). This is because vulnerability is dynamic and relates to all entities even the universe (Michaels & Moffett, 2008). However, some groups of the population have been found to be more vulnerable and thus have worse health outcomes than

the rest of the population (Sebastian, 2008). One of such groups is the children population.

Vulnerability among children could result from a number of potential often-overlapping factors, of which the loss of a parent through death or desertion is important. Additional factors increasing vulnerability include severe chronic illness of a parent or care giver, poverty, hunger, lack of access to services e.g. education and health, inadequate clothing or shelter, deficient caretakers; and factors specific to the child including disability, emotional problems, substance use, direct experience of physical or sexual violence, or severe chronic illness.

Vulnerability could be viewed from individual level in which the individual child is viewed within a system context, and intervention is directed at the individual based on assessed needs (Chesnay, 2008). In another way, it could be viewed as an aggregate issue where collections of individuals are grouped together based on common health problems and intervention provided to them collectively (Chesnay, 2008). Whichever way it is viewed, it is important for public health nurses to have the necessary capacity to care for both the individual and groups. However, public

* Corresponding author.

E-mail addresses: ayaolowo@yahoo.com, aolowokere@oauife.edu.ng (A.E. Olowokere).

health services could be more cost effective when it is directed at group because epidemiological patterns can be detected in groups and appropriate interventions developed that provide better quality health care to more people (Chesnay, 2008).

Anecdotal evidence in Nigeria shows that the phenomenon of vulnerability has received extensive attention among the out-of-school youths due to civil society response and donor agencies support but no work had been done to explore vulnerability among in-school children for necessary intervention. This creates a knowledge gap which must be addressed to avert the consequences of unaddressed vulnerability which may impact on the children's health, academic performance and future development. Early vulnerability assessment and intervention can help keep the children in school and reduce the number of out-of-school children.

The focus of response in this study is the school because it is the second home of children. They spend more time in the school than other places, and it is therefore an ideal place to support children who are vulnerable to promote their well-being, academic success, and lifelong achievement. Public health nursing in schools is posited to have a significant influence on health and education of school age population (Dalgren & Whitehead, 2006; MacDougall, 2004; Michell, Laforet-Flisser, & Camiletti, 2009; Trim, 2011; Falk-Rafael, Fox, & Bewick, 2001).

In Nigeria, school health services are provided by the local government. It is among the primary health care services and they are one of the tasks of public health nurses. Due to reasons such as lack of personnel and heavy workload, these services are limited to health education, screening and management of minor ailments in many of the facilities. Not enough importance is given to services that protect or improve psychosocial health. Although school health nurses have a great deal of responsibility for health protection and improvement, nurses are not employed in public secondary schools in Nigeria except for colleges, universities and private schools. Therefore, public health nurses function as school nurses and offer these services as part of primary health care.

Given the current attention to vulnerable children in the school setting in Nigeria, there is need for a comprehensive response among different stakeholders to meet the physical and psychosocial needs of the children. Failure to do this may result into a short-term effect on their physical and psychosocial health which includes poor health, poor school attendance, and psychosocial distress. Long term consequences may be dropping out of school, chronic trauma, mental breakdown, risk behaviour (sexual and substance use,) family disintegration and social isolation. These can have national consequences which may include increase demand for health and social services, loss of human capital investment, political and social instability.

In assessing the school health services in the study settings, a comparison of available services was made with a recommended coordinated school health programmes posited by the Centre for Disease Control Prevention (CDC, 2013). The CDC described the coordinated school health programme as a strategy and standard for improving students' health and learning in nations' schools. A standard coordinated school health programme can be helpful in addressing vulnerability among the school-age children. This is because it provides holistic approach to care for all school children. A standard coordinated school health programmes consists of eight components which are health education, physical education, health services, nutrition services, counselling, psychological and social services, healthy and safe environment, and health promotion for school staff.

Researchers and authors define vulnerable populations in their own way and there are different categories of vulnerable populations. For the purpose of this paper, a vulnerable child is a school child who because of circumstances of birth or immediate environment, is prone to deprivation of basic needs related to health,

nutrition, education, protection, psychosocial, shelter and economic support and thus disadvantaged relative to his or her peers and are currently in public schools. Also, vulnerability is conceptualised as being susceptible to problems relating to health, education, nutrition, psychosocial, protection and the economy of children's household.

The purpose of this study was to assess the vulnerability status of school children, reviewed existing school health programmes (service provision) *vis-a-vis* the standard coordinated school health programme, underscore the gaps in school health programme and provide a strategic guidance to facilitate comprehensive coordinated school health programme.

2. Materials and methods

2.1. Research design

A descriptive mixed method cross-sectional design was adopted in the assessment of vulnerability of school children and existing school health programmes. While the quantitative method was used in collecting data from the children, a qualitative method (key informant interview) was used to collect data from the public health nurses. This study reports the gaps in school health services as barriers to meeting the comprehensive needs of vulnerable school children.

2.2. Population and sampling

The population includes junior secondary school children in two selected local government areas of Osun State, in Nigeria. A multistage sampling was used to select the respondents. First, a senatorial district (Osun East) was selected from the three senatorial districts in Osun State by simple random sampling. Then, two local government areas (LGAs); Ilesa-East and Ife-Central were purposively selected from a total list of 10 LGAs in the selected senatorial district because of the presence of school health programmes in these LGAs. In each of the LGAs, six schools were then selected each from a total of 16 and 17 schools respectively using simple random sampling technique by balloting (balloting is a procedure of selection that gives all the schools the chance to be selected. The names of the schools were written in a sheet of paper and make into a round ball. The papers were mixed together and the researchers picked six schools at random). Thus a total of 12 schools participated in the study which constituted 30% of the total number of 33 public junior secondary schools in the two LGAs. All the students in the junior secondary schools selected were the target population.

2.3. Instrument and data collection

A seven item vulnerability index (VI) questionnaire was used to collect vulnerability data on the school children. The vulnerability index is a simple assessment tool developed by the [Federal Ministry of Women Affairs and Social Development \(FMWA&SD\) \(2008\)](#)—a government body in charge of children and women affairs in Nigeria. It is a resource used to determine children most in need of support based on six verifiable criteria which are health, education, shelter, protection, nutrition, and economic support. The index was revised following a pilot study by the authors to adapt it to school setting and an additional index was added on psychosocial health. Each index was scored on a scale of 0–4 or 0–3 and a total score of 24 was obtainable. The higher the scores of the children on the vulnerability index, the more the need for care and support. Children were categorised into three groups based on this tool: most vulnerable (16–24), more vulnerable

Download English Version:

<https://daneshyari.com/en/article/2679893>

Download Persian Version:

<https://daneshyari.com/article/2679893>

[Daneshyari.com](https://daneshyari.com)