

Teachers' Perception regarding School Health Implementation at Albaha; Saudi Arabia. A Cross Sectional Study.

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Abstract:

Introduction: School Health Programme (SHP) have been developed to promote health and well-being of school children so as to increase their capacity for making healthy choices. Teachers in the school health programme play a fundamental role, as they carry the full authority for the promotion and successful implementation of the school health programme. **Objective:** our study has been conducted to evaluate school health services in Albaha Governorate; Saudi Arabia in both an urban and a rural area. **Methods:** this was a descriptive cross-sectional survey conducted from November 2016 to June 2017. **Results:** According to job description the respondents were classified as school administrators (head masters), health supervisors and subject teachers that constitute 16.2 %, 3.9%, and 79.8% respectively among the respondents. Most teachers were below 45 years old (79.4%). The majority of in-service teachers were of bachelors holders (75.4%) and among the respondents (86.8%) of them had more than 6 years' teaching experience. There was 58.5% of the respondents agreed that there is a good implementation of preventive measures against communicable diseases and only 18.5% reveal that the implementation was poor. Only 27.2% of the respondents agreed that the school nominate a health supervisor their schools, while 63.6% and 56.5% reveals that their schools implement a proper waste disposal manners and satisfactory catering services for students respectively. Again about the third of the respondents reveal that their schools keep satisfactory pure water supply (39.9%) and clean surrounding environment (36.9%). Among participants except for staff training to which only 18.9% of them reveals that there was a good training of staff to encourage their health information and behavior, most of the respondents have a good and satisfactory perception towards health promotion for students in term of healthy behavior (54.95%), health information gathering (50.9%), care of personal health (62.3%) and collaboration with local health authorities (48.75%). **Conclusion:** The perception of the teacher and the level of contribution in school health programmes implementation was being moderately satisfied and need to be actively involved in supporting to school health programmes. **Recommendations.** Our recommendation were: More elaboration with all stakeholders, especially teachers, implementation progress AND here is a need to develop better plans to recognize the magnitude of coverage of health topics in the curriculum at schools.

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I. Introduction

Improving the health conditions and process of learning among school children through school-based health and nutrition programmes is not a new concept. School Health Programme (SHP) have been developed to promote health and well-being of school children so as to increase their capacity for making healthy choices; Schools can function as a means for directing, integrating, implementing and sustaining a range of ways that encourage good health, prevent disease and injury, and decrease risk.¹ A School Health Programme (SHP) refers to all aspects of the school programme which contributes to the understanding, maintenance and improvement of the health of the school population. Components of school health services include immunization, screening, surveillance, counseling, early detection and treatment, and referral services,² these services are delivered through three levels, prevention, early detection, and dealing with chronic problems. The level of early detection services consists of two important programs; primary mandatory health examinations for preschool children, and a periodic comprehensive health examination,³ consequently, investment in school health programmes is perhaps the "very best of the best".¹ It is expected that in assessing the value of school organization, the school experts would include indicators of student health. A more active support and assurance from the Ministries of Health and Education and coordination of their effort with school officials and school health staff are of the utmost importance. A part of the support will be to provide more resources in some sort of skilled personnel, training and materials. Research is required on how to power schools to implement and keep

good health programmes, and on the difficulties envisaged in the implementation of school health programmes at the local and national levels.⁴⁻⁸ Although schools have the potential to improve health through education, all too often, they do not take advantage of, nor utilize that capacity. Indeed, many schools in diverse ways put the health of the students and school personnel at risk. These dangers could be eliminated altogether or reduced with better resources

Teachers in the school health programme play a fundamental role, as they carry the full authority for the promotion and successful implementation of the school health programme. Teachers are well respected and are viewed as role models by their students and they therefore have an important impact on their learning and action

In Albaha, Saudi Arabia, school health services are managed by the General Administration of School Health (GAOSH), under the supervision of the Ministry of Education (MOE),⁹ our study has been conducted to assess perceptions and satisfaction of in-service teachers teaching at different schools at Albaha Governorate towards implementation of school health components that promoting healthy lifestyle among their students.

II. Method

2.1. Study Design: This study was a descriptive cross-sectional survey conducted from November 2016 to June 2017, to evaluate school health services in Albaha Governorate; Saudi Arabia in both an urban and a rural area

2.2. Study Sample: All in-service teachers teaching at Albaha Governorate schools were invited to participate in this study. A questionnaire was given to 250 in-service teachers and school administrators.

2.3. Data Collection: The questionnaire constructed for the purpose of study consisted of two components of measures: 1) information about socio-demographical characteristics; 2) level of self-perception and satisfaction statements of implementation of school health programs includes 24 items that provide acceptable lifestyle modification education to students. A 5-point Likert scale was used to measure the teachers' perceptions satisfaction, and the measure score from (strongly agree) to (strongly disagree).

2.4. Data analysis: Data were analyzed using the chi-square test and unpaired t-tests using SPSS 22 statistical software.¹⁰ A 5% significance level was used for the testing. Descriptive analyses were calculated using percentages, means and standard deviation.

III. Results and Discussion

The study included a total of 228 in-service teachers respondents (91.2%) participated in our study.

3.1 Socio-demographical characteristics: Table 1 provide information about the socio-demographic information included in this study. Age, gender, educational level, and years of teaching are reflected in the table. According to job description the respondents were classified as school administrators (head masters), health supervisors and subject teachers, that constitute 16.2%, 3.9%, and 79.8% respectively among the respondents as shown in Fig.(1) below.

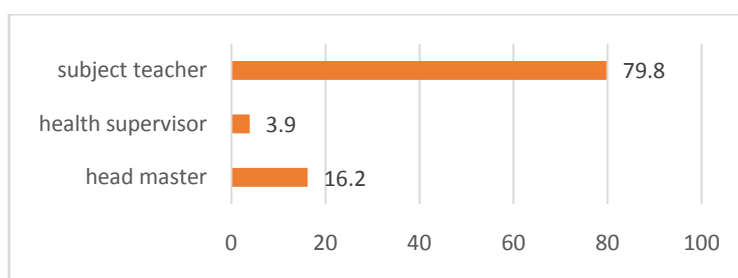


Fig. (1): Job description Classification of the Respondents

Among the respondents there were more males (n = 146; 64.0%) than females teachers (n = 82; 36.0%). Most teachers were below 45 years old (79.4%). The majority of in-service teachers were of bachelors holders (75.4%) and among the respondents (86.8%) of them had more than 6 years' teaching experience (Table 1).

Table (1): Socio-Demographic Characteristics of the Respondents

	No.	%
Gender		
Male	146	64.0%
Female	82	36.0%
Age.		
Less than 35 year	61	26.8%
36-45 year	120	52.6%
More than 45 years	46	21.6%

Educational level		
Diploma	30	13.2%
Bachelor	172	75.4%
Postgraduate	26	11.4%
Job Experiences		
1-5 years	30	13.2%
6 years and more	197	86.8%

3.2.Implementation of school health components:

3.2.1. Periodic medical checkup and medical records: Regarding the medical checkup at the beginning of every new academic year 40.0% of the respondents reveal that implementation medical review as one item of school health is good and their schools done it as a prerequisite from the students, while only 18.4 revealed that the implementation was poor and 72.7% of them shown that the school maintain to keep medical record for every student. Fig. (2) & (3).

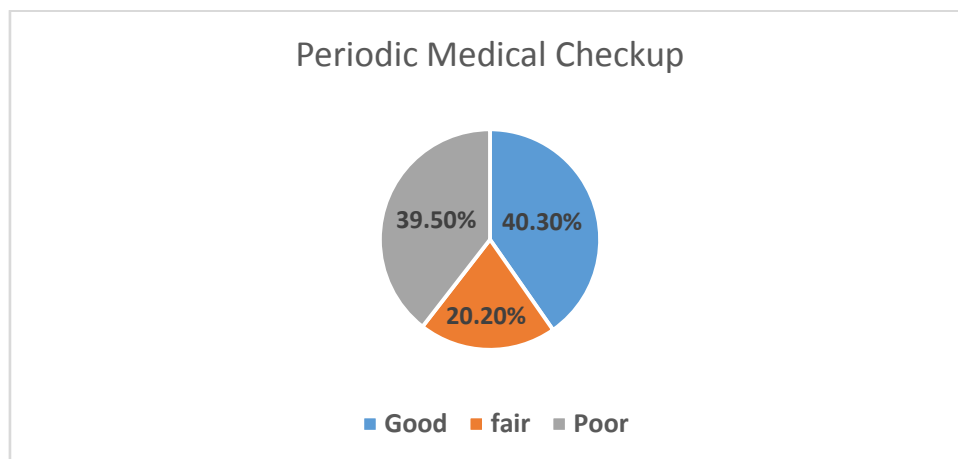


Fig. (2): Perception of periodic medical checkup among respondents

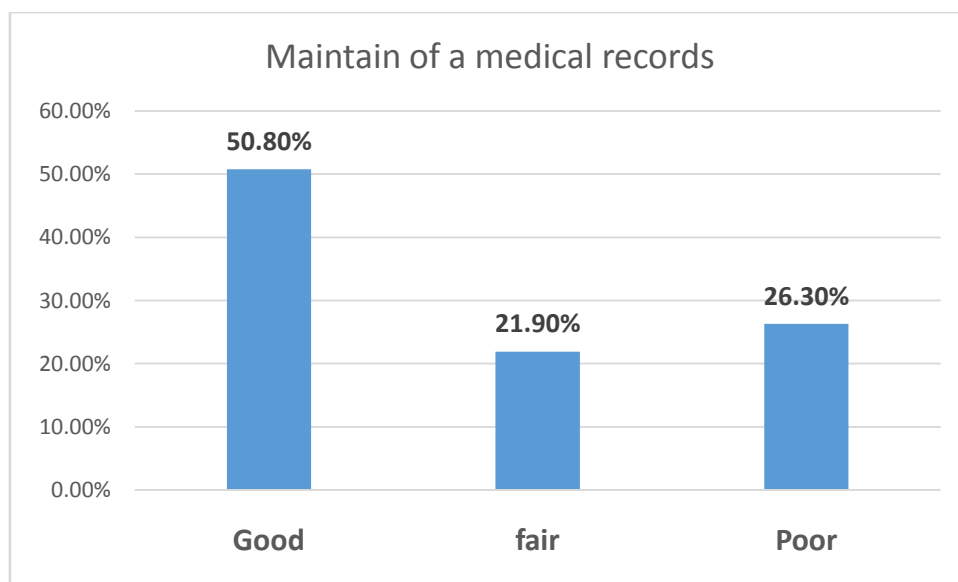


Fig. (3): Perception of keeping of medical records of students among respondents.

3.2.2 Communicable disease control. This should include early detection of cases of communicable diseases amongst the school students and enforcement of measures to check the spread to other students and immunization of those students who have not been protected against the vaccine preventable diseases. The participant response towards implementation of these items, **58.5%** of the respondents agreed that there is a good implementation of preventive measures against communicable diseases and only **18.5%** reveal that the implementation was poor as shown in Fig.(4) .

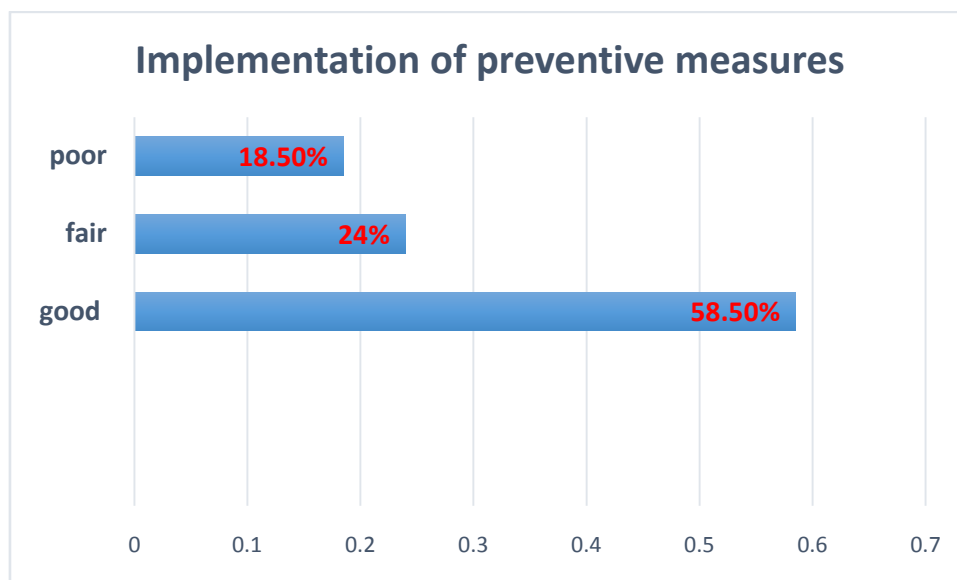


Fig. (4): Perception of respondents towards implementation of Preventive Measures

3.2.3. Healthful school environment: Schools can create environments that are supportive of healthy eating and physical activity by implementing policies and practices. School environment should be healthful as a student spends a good portion of his time in the school. The essentials for a healthful environment in school are nomination of health supervisor; satisfactory toilet and lavatory facilities; pure water supply; clean environment and proper sewage disposal.

Regarding perceptions of the teachers towards implementation of these items; only 27.2% of the respondents agreed that the school nominate a health supervisor their schools, while 63.6% and 56.5% reveals that their schools implement a proper waste disposal manners and satisfactory catering services for students respectively. Again about the third of the respondents reveal that their schools keep satisfactory pure water supply (39.9%) and clean surrounding environment (36.9%); as shown in table (2) below.

Table (2): Perception of Respondents towards Nutrition Services and School Environment

Item	Good	Fair	Poor
Catering services	56.5%	24.1%	18.4%
Proper waste disposal	63.6%	15.8%	20.6%
Pure water supply	39.9%	23.7%	36.4%
School surrounding	36.9%	19.3%	43.8%
Health supervisor	27.2%	19.3%	43.5%

3.2.4. Health Promotion for Students and Staff: Schools adopt a health programs that encourages school staff and students to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall comprehensive health program. Among participants except for staff training to which only 18.9% of them reveals that there was a good training of staff to encourage their health information and behavior, most of the respondents have a good and satisfactory perception towards health promotion for students in term of healthy behavior (54.95%), health information gathering (50.9%), care of personal health (62.3%) and collaboration with local health authorities (48.75%), as shown in the Table (3) below.

Table (3): Perception of Respondents towards health Promotion

Item	Good	Fair	Poor
Healthy behavior	54.9%	23.6%	21.5%
Health information	50.9%	25.8%	23.3%
Care of personal health	62.3%	23.2%	14.5%
Collaboration with local health authorities	48.7%	20.2%	31.1%
Staff training on health issues	18.9%	21.5 %	59.6%

IV. Conclusion and recommendations:

Our study reveal that The perception of the teacher and the level of contribution in school health programmes implementation was being moderately satisfied and need to be actively involved in supporting to school health programmes. Our study results should work as a baseline study for school health teachers, policymakers and other participants in school health education programme will help, and these results will be of value for of upcoming assessment studies on school health programme and which may be contrasted. Our recommendation were:

- More elaboration with all stakeholders, especially teachers, implementation progress
- There is a need to develop better plan to recognize the magnitude of coverage of health topics in the curriculum at schools.

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