

Schools in Provision of Toilet Facilities According To the National School Health Policy (NSHP) In Yenagoa Metropolis, Bayelsa State

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Abstract: *Excreta which contain viruses, bacteria, parasitic cysts and worms is a source of infection and environmental hazard. This study therefore assessed and compares the level of compliance rate of registered private and public schools in the provision of toilet facilities according to the National School Health Policy (NSHP) standard in Yenagoa Metropolis of Bayelsa State. Observational research design was adopted in the study. Data were obtained from 408 staff/students through a structured questionnaire in seventeen schools each in private and public schools using two stage random sampling procedure and analyzed using mean, standard deviation, ratio and independent samples t-test with SPSS 15.00 version. The result shows inadequate compliance rate in both private and public schools according to the National School Health Policy (NSHP) and a significance difference in compliance rate between private and public schools; the compliance rate being higher in private schools with lower population than public schools with higher population.*

Keywords: *Excreta, Facility, Private/Public, School, Toilet*

I. Introduction

Education has been described as the most important instrument of change. It is imperative therefore that fundamental change in intellectual and social outlook of any society be preceded by educational initiatives. (FMOE, 2006).[1]

In Nigeria, the history of formal education dates back to the colonial days with the introduction of Western education by missionaries and later by government. It was however not until 1977 that a national Policy on Education (NPE) was first published following the recommendation of the Ashby Commission of 1960, Banjo Commission of 1961 as well as the National Curriculum Conference of 1961. (FMOE, 2006).[1]

With a great deal of awareness of education as the most important instrument of change, the quest for education through school has been on the increase tantamount to the increasing population. In response to this, the number of private and public school have continued to increase over the years.

A school is an institution designed for the teaching and learning of pupils under the direction of a teacher. Teaching is a process of impacting knowledge, attitude and skills or involving a person in an experience which produces a change in behaviour while learning is a relatively permanent change in behaviour arising from an experience.

The school is a social unit established as a formal agency of education in which people learn about themselves, other people as well as the language, custom, attitudes and the ways of doing things. It is an integral part of the wider society. It is a mix multitude with a great deal of social diffusion of characters, ideas, behaviours, habits, lifestyles, wisdom, culture and tradition among the students. In consequence, positive or negative changes which improve or mar the effectiveness and efficiency of student performance occur. (Femi and Adebola, 2005).[2]

The complexity of school system in the present day occasioned by increasing enrollment level of student population explosion has made it imperative for the school to reach a large population with adequate facilities, equipment and other materials resources that contribute directly or remotely to the teaching learning process in the educational system. These resources form the hardware through which the educational curriculum (software) is transmitted to the students. (Femi and Adebola, 2005).[2]

However, Health and education are equally important for the development of a student. A student that is sick cannot fully profit from teaching and he/she is likely to miss school and perform poorly. On the contrary, a healthy student will make the most of his classes. A healthful school environment is therefore that school which embraces the health and safety of learners and other members of the school community. It is an essential factor for achieving the overall goal of education as it attends to the physical and aesthetic surroundings, psychosocial climate and culture of the school community. (FMOE, 2006).[3]

According to Duran-Narucki (2008),[4] in a study on student assessment of the condition of school sanitation facilities in New York, revealed that the condition of school sanitation facilities determine students academic success and school attendants. Thus, most parents often withdraw their children from a school with poor school sanitation facilities where privacy and dignity is virtually absent.

Access to sanitation facilities in school is a fundamental right that safeguards health and human dignity. Thus, providing these facilities in schools do not only help to meet the right, but also provides the most favourable settlings to encourage positive behaviour change in schools. (FMOE, 2006).[1]

In 2001, the Federal Ministry of health (FMOH) and the Federal Ministry of Education` (FMOE) in collaboration with the World Health Organization (WHO) conduct a rapid assessment of schools health system in Nigeria to ascertain the status of schools health. The assessment revealed several health problems among learners which include lack of health and sanitation facilities. This called for the need for urgent attention in school health. The study also indicated that 30% of students have low body max index (BMI) and the common health problems of students which contributes to absenteeism and low performance of student include fever, typhoid, headache, stomach ache, cough/catarrh and malaria. (FMOE, 2006).[1]

It is as a result of this that the Federal Ministry of Education (FMOE) in conjunction with UNICEF support, designed and launched the National School health Policy (NSHP) in 2006/2007 to form a true synergy to deal with health problems at school. By this policy, one of the provisions of dealing with common communicable diseases affecting students' performance and absenteeism in a school system is by providing gender sensitive sanitary toilet facilities in the ratio 1:30 pupils by management/owner of schools.

According to Amadi (2009),[5] human excreta contains viruses, bacteria, parasitic cysts and worms or eggs. Due to the potential presence of these pathogens, the exposure to untreated excreta is always unsafe. Thus, excreta remain a source of infection and a common cause of environmental pollution requiring prompt and adequate action. If excreta is allowed to accumulate or disposed indiscriminately, it serves as a major factor threatening the health and comfort of individual health. As a source of infections, the diseases associated with improper disposal of excreta include typhoid, paratyphoid, dysentery, hookworm, viral hepatitis, poliomyelitis and shigellosis. (Park's, 2007;[6] Basak, 2007)[7]

A health promoting school is the one that is constantly strengthening its capacity as a health setting for living, learning and working. The promotion of the health of learners in school is a critical step towards quality achievement in education. The National School Health Policy is aimed at promoting the health of leaners to achieve the goal of education for all. It is hoped that effective implementation of the National School Health Policy and its guidelines by all schools would guarantee conducive school environment and promote the education of learners in schools. (FMOE, 2006).[1]

Over the years, there has been little or no report on the compliance rate of established schools on the provision of sanitary toilet facilities by various schools as specified by the National School Health Policy of 2006/2007. It is with regards to this that this study is undertaken to assess and compare the level of compliance rate of private and public schools on the provision of sanitary toilet facilities as specified by the National School Health Policy in Yenagoa Metropolis of Bayelsa State.

II. Methodology

The study was conducted in Yenagoa Metropolis of Bayelsa State. Yenagoa is the capital of Bayelsa State where private and public schools thrive.

The investigative approach to data collection was adopted in combination with observation non-conceal. The study was limited to staff and students of registered private and public primary and secondary schools. A total of thirty four (34) schools, seventeen (17) each from private and public registered schools were randomly selected and used.

A standardized questionnaire constituted the major instrument of study. A sample size of twelve persons (staff/students) from each school were identified by the researcher and served questionnaires in each sampled school.

Information sought for included the provision of toilet facilities and the compliance rate on the provision of toilet facilities in relation to the National School Health Policy 2006/2007 of Nigeria.

Data obtained from questionnaires were tabulated and analyzed using mean and standard deviation while the hypothesis was analyzed with T-Test statistical technique using SPSS WIN: 15.00 version.

III. Result And Discussion

3.1 Research question.

What is the compliance rate of public and private schools according to National School Health Policy (NSHP) in the provision of toilet facilities?

Table 1 Analysis of the compliance rate on the provision of toilet facilities according to NSHP by private and public schools.

Type of School	No: of Schools	Staff/Student Population	Number of Toilet Facilities Provided	NSHP Standard Ratio- 1:30 Pupils	NSHP Standard Deficiency
Private	17	5,305	115	176	61
Public	17	9,625	68	321	253
Total	34	14,930	183	497	314
Mean	17	7,465	91.5	248.5	157
SD	-	305.5	33	103	136

The above table shows analysis on the compliance rate of providing toilet facilities according to the National School Health Policy by private and Public schools in Yenagoa Metropolis of Bayelsa state. The table X-ray a total population of 5,305 staff/students in private schools with a total number of one hundred and fifteen (115) toilet facilities provided in seventeen (17) schools. In Public schools, the table revealed a total population of 9,625 of staff/students with a total number of sixty eight (68) toilet facilities provided in seventeen (17) schools.

By the standard of the NSHP of one (1) toilet facility to thirty (30) persons, a minimum of one hundred and seventy six (176) toilet facilities were expected to be provided in the seventeen Private schools as against one hundred and fifteen provided. This indicates a deficiency of sixty one (61) toilet facilities to be provided in the seventeen private schools. In like manner, with a population of 9,625 of staff/students in seventeen public schools, a minimum of three hundred and twenty one (321) toilet facilities were expected to be provided as against sixty eight (68) toilet facilities provided. This indicates a deficiency of 253 toilet facilities to be provided.

This implies that there are more toilet facilities with lower population provided in private schools than in public schools with a higher population. This means that both private and public school have not adequately comply with the provision of NSHP in terms of providing toilet facilities. While the private schools have moderate compliance rate the public schools have very low compliance rate.

3.2. Hypothesis

There is no statistical significance difference in the level of compliance rate in the provision of toilet facilities between Private and Public schools in Yenagoa metropolis of Bayelsa State.

Type of School	Number of Toilet facilities Provided/ Schools																	
	6	15	9	10	3	8	6	4	5	9	3	4	6	4	5	15	3	
Private	3	6	0	4	3	4	5	10	6	8	3	3	3	4	0	6	0	
Public																		

Group Statistics.

VAR 00002	N	Mean	Std. Deviation	Std Error Mean
VAR 0000 1.00	17	6.7647	3.80015	.92167
2.00	17	4.0000	2.71570	.65865

The table above has shown that the private school coded 1 has 17 schools, mean 6.7647, standard deviation 3.80015 and standard error of mean .92167. The public school coded 2 also has 17 schools, mean 4.0000, standard deviation 2.71570 and standard error mean of .65865.

Independent Samples Test.

	Levene's Test for Equality of Variance		T-test for Equality of Means						
	F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std Error Difference	95% confidence Interval of the Difference	
								Lower	Upper
VAR 0000 1 Equal variance assumed	2.063	.161	2.441	32	.020	2.76471	1.13283	.45721	5.07221
Equal variance not assumed			2.441	28.962	.021	2.76471	1.13283	.44767	5.08174

From the second part of the table, it can be discerned that for equal variance assumed, Leven's Test for equality of variance (F) is 2.063, p value of .020 (sig. for 2-tailed), mean difference of 2.76471, standard error of difference of 1.13283 and upper and lower confidence interval of 5.07221 and 5.08174 respectively at 95% certainty.

With the use of SPSS, tenability of hypothesis is determined by comparing the p value or significance level in the output directly with the chosen alpha. When the P value is equal or less than the chosen alpha, the null hypothesis is rejected and vice versa. Therefore in this case that the P value (sig.) of .020 for 2-tailed test is less than the chosen alpha, the null hypothesis is rejected and concluded that there is statistical significance difference in the level of compliance rate in the provision of toilet facilities according to the NSHP between private and public schools in yenagoa Metropolis of Bayelsa State.

The result of this study further implies that private and public schools in Yenagoa Metropolis are associated with problems of poor excreta disposal such as transmission of faecal oral route of diseases and poor environmental quality which invariably has affected student's attendance to classes and academic success. While private schools are moderately associated with the above problems, the public schools are highly associated. (Fedchem et al, 1983[8]; Duran- Narucki, 2008[4]).

According to UNDP (2006)[9], increase access to adequate and sanitary facilities is one of the strongest determinants of child survival, privacy and less embarrassment especially in a mix multitude as school. This means that the level of compliance rate of private and public schools in the provision of toilet facilities has affected the survival, privacy and high embarrassment to students and staff of the schools.

Further, the result of the study has also prove that the goal of the NSHP for Education and Health to come together through their Ministries and Parastatals to form a true synergy to deal with common excreta associated communicable diseases affecting students' performance and absenteeism has also failed.

IV. Conclusion

This study has assessed the level of compliance rate of private and public schools in the provision of toilet facilities according to the National School Health Policy (NSHP). The study indicates inadequate compliance and significance difference in compliance rate between private and public schools. Increased number of toilet facilities in schools would ensure reduction in excreta associated communicable diseases and improve the condition for students to maximize learning. Thus, there is the need for the enforcement of the NSHP for students to maximize learning.

V. Recommendation

In view of the findings of the study, the following were recommended:

- Hygienic practices such as effective hand washing, better food handling, personal and domestic hygiene in schools should be vigorously enforced.
- The National School Health Policy should be enforced by the respective agency.
- Health Education in schools concerning hazards associated with excreta.
- There should be routine inspection and monitoring of toilet facilities in schools in the area by the respective agency.
- A study on the incidence of excreta associated diseases should be carried out in private and public schools to affirm the implied result.

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