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(RESEARCH ARTICLE)

Evaluation of the health services provided by the primary schools in southwest Districts of Mogadishu, Somalia

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Abstract

Purpose: This study set out to evaluate the state of the School Health Services SHS in primary schools across the Southwest Districts of Mogadishu, Somalia.

Methods: The Southwest Districts of Mogadishu City, which are made up of the four districts "Wadajir, Dharkenley, Kahda, and Deyniile," served as the study site. In Mogadishu, these four districts rank among the biggest. The population was estimated around a million. A cross sectional descriptive study conducted from January to July 2024. A School Health Evaluation Scale Questionnaire was completed for each school by direct interview, there were about 100 elementary schools in the Area that were officially registered, comprising 60 private and 40 public schools.

Results: Of the Teachers in the schools surveyed, 8 (30.8%) were trained to assess the physical status of children. Only 6 (23%) schools observe and assess health status of school children regularly. Overall, twenty-one schools (80.7%) has no sick bay/health center. 80.8% has no a policy on first aid and emergency treatment. First Aid boxes were present only 2 schools (7.7%). Only 6 schools (23%) used their dispositions to exclude and re-admit students suffering from communicable diseases from school. 7 Schools 26.9% require students to be immunized against communicable diseases.

Conclusion: both public and private elementary schools in Mogadishu southwest districts, the quality of the school health services was generally poor. Thus, we would like to encourage that the management of the elementary schools be given immediate attention. First aid should be taught to at least one member of staff in every elementary school. The Ministry of Education ought to make this a requirement for registration and a policy.

Keywords: Evaluation; Health Services; Primary Schools; Mogadishu; Somalia

1. Introduction

School Health Services (SHS) is a vital component of primary care for children. Regardless of the location of service delivery, SHS is defined as health services rendered to enrolled students by medical professionals and/or allied professions, such as social workers, health visitors, counsellors, psychologists, and dental hygienists. [1].

A legal agreement between the healthcare provider and the educational institution should require the services. [2].

Everyone agrees that schoolchildren's health needs to be given extra consideration. For the child to receive the most advantage from the educational course, they need to be in good physical, mental, and emotional health. (3).

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They go on to say that kids are exposed to a range of risks at school, from infections and physical harm to emotional issues. (4).

When a child reaches school age, their physical and mental growth accelerates. In order to give the child the necessary changes during this crucial time, a healthy atmosphere is needed. (5)

Basic school health services, which are typically given by nurses, consist of immunization status assessments, care for children with special health needs, administration of prescribed medications, screening for medical conditions, assessment of acute and contagious conditions, first aid, health education and promotion activities, and record-keeping for students. (6).

The school has a responsibility to create a healthy atmosphere that will support students in maintaining the level of fitness necessary for learning and teaching, as well as maintaining the conditions necessary for healthy living. It will also help students make informed decisions about their own, their families', and the community's health. (7)

Children and teenagers in school have substantial demands for health services, yet they frequently do not get the necessary or preferred care. [8].

With high enrolment rates and estimates that students spend 7,590 hours a year in the classroom during elementary and lower secondary school, schools are the only institution that regularly reaches the majority of children and adolescents worldwide.

Three (3) decades of conflict in Somalia almost completely wrecked the country's education and health systems, which are notorious for their low standards, limited accessibility, and lack of funding. Because of this, about 85% of kids do not attend school.

Collaborations between public and private organizations, hospitals, universities, and government agencies are increasingly boosting health services and educational opportunities.

Data collection is required from all regions of Somalia in order to enhance the country's implementation of school health services. There are currently few research on school health services in southern Somalia, especially in the country's capital, Mogadishu.

Objective

This study set out to evaluate the state of the SHS in primary schools across the Southwest Districts of Mogadishu, Somalia.

2. Material and Methods

The Southwest Districts of Mogadishu City, which are made up of the four districts "Wadajir, Dharkenley, Kahda, and Deyniile," served as the study site. In Mogadishu, these four districts rank among the biggest. The population was estimated about a million.

A cross sectional descriptive study conducted from January to July 2024, a period of seven months. A School Health Evaluation Scale Questionnaire was completed for each school by direct interview, there were about 100 elementary schools in the Area that were officially registered, comprising 60 private and 40 public schools. Descriptive statistics were used for analysis after the obtained data were loaded into SPSS version 20.0.

3. Results

Table 1 Sociodemographic data

Variable	Frequency (n)	Percent (%)			
Gender					
Male	24	92.3%			
Female	2	7.7%			
Total	26	100%			
Educational le	vel				
Bachelor	19	73.1%			
Master	7	26.9%			
Total	26	100%			
Variable	Frequency (n)	Percent (%)			
Position held	in school				
Senior master	2	7.7%			
Teacher	6	23.1%			
Principal	18	69.2%			
Total	26	100%			
Nature of scho	ol				
Day	26	100%			
Boarding	0	0%			
Total	26	100%			
Ownership of school					
Private	12	46.2%			
Government	14	53.8%			
Total	26	100%			

Table 2 Number of Students

Number of students	Frequency (n)	Percent (%)
116	1	3.8%
133	1	3.8%
166	5	19.2%
200	1	3.8%
266	2	7.7%
333	6	23.1%
366	4	15.4%
400	1	3.8%
350	4	15.4%
300	1	3.8%

Total	26	100%
Mean		1132.6923

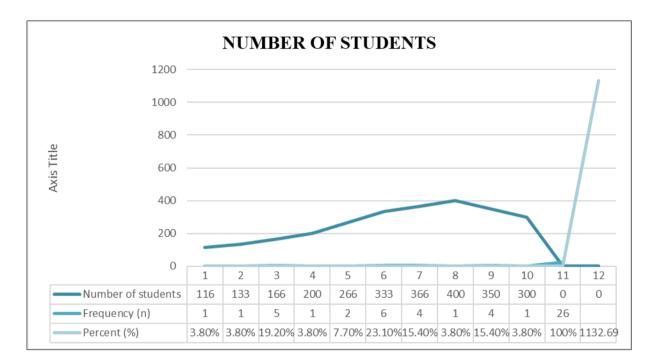


Figure 1 Number of Students

Table 3 Appraisal of Health Status of School Children

Variables	Strongly Disagree	Disagree	Strongly Agree	Undecided	Agree
Teachers are trained to assess the physical status of children.	8 (30.8%)	10 (38.5%)	4 (15.4%)	0 (0%)	4 (15.4%)
Teachers observe and assess health status of school children regularly.	7 (26.9%)	12 (46.2%)	1 (3.8%)	1 (3.8%)	5 (19.2%)
Teachers generally observe the parts of eyes, ears, nose, throat, skin and mouth of school children.	12 (46.2%)	9 (34.6%)	1 (3.8%)	2 (7.7%)	2 (7.7%)
School has sick bay/health center, where school children periodically undergo medical examination for any medical defects.	18 (69.2%)	3 (11.5%)	0 (0%)	3 (11.5%)	2 (7.7%)
Equipment and facilities like weighing scales, growth chart, thermometer and stethoscope are available in school for health appraisal of school children.	16 (61.5%)	6 (23.1%)	1 (3.8%)	1 (3.8%)	2 (3.8%)

Variables	Strongly Disagree	Disagree	Strongly Agree	Undecided	Agree
The school has a policy on first aid and emergency treatment.	12 (46.2%)	9 (34.6%)	2 (7.7%)	1(3.8%)	2(7.7%)
Teachers and health personnel are trained on first aid procedures.	7 (26.9%)	9 (34.6%)	1 (3.8%)	4 (3.8%)	5 (19.2%)
The school has a well-equipped first aid box for emergency care.	8 (30.8%)	13 (50%)	2 (7.7%)	3 (11.5%)	0 (0%)
Teachers send accident victims to the hospital.	0 (0%)	3 (11.5%)	18 (69.2%)	0 (0%)	5 (19.2%)
Teacher and health personnel keep health records on accidents and illnesses in school.	2(7.7%)	3 (11.5%)	2 (7.7%)	1 (3.8%)	18 (69.2%)
First aids classes are organize for Teachers and students in school.	4 (15.4%)	13 (50%)	1 (3.8%)	3 (11.5%)	5 (19.2%)
First aid training is part of physical educators training.	7 (26.9%)	10 (38.5%)	3 (11.5%)	1 (3.8%)	5 (19.2%)

Table 4 Provision of First Aid and Emergency Care to Students and School Personnel

Table 5 School Has a Policy on the Control of Communicable Diseases

Variables	Strongly Disagree	Disagree	Strongly Agree	Undecided	Agree
Teachers exclude and re-admit students suffering from communicable diseases from school.	5 (19.2%)	11 (42.3%)	1 (3.8%)	4 (15.4%)	5 (19.2%)
Teachers require students to be immunized against communicable diseases.	7 (26.9%)	9 (34.6%)	2 (7.7%)	3 (11.5%)	5 (19.2%)
Teachers/health personnel maintain records of student's immunization.	7 (26.9%)	12 (46.2%)	2 (7.7%)	1 (3.8%)	4 (15.4%)
The school notifies the health authority about an outbreak of communicable diseases.	1 (3.8%)	6 (23.1%)	9 (34.6%)	0 (0%)	10 (38.5%)
School authority closes the school during an outbreak of communicable disease.	0 (0%)	2 (7.7%)	4 (15.4%)	0 (0%)	20 (76.9%)
The school authority request students to undergo a medical examination before they are registered and annually.	6 (23.1%)	3 (11.5%)	3 (11.5%)	0 (0%)	14 (53.8%)
Teachers and school personnel routinely screen students suffering from infectious diseases.	17 (65.4%)	3 (11.5%)	2 (7.7%)	2 (7.7%)	2 (7.7%)
Teachers and health personnel maintain records of communicable diseases in the school.	6 (23.1%)	10 (38.5%)	7 (26.9%)	0 (0%)	3 (11.5%)

Variables	Strongly Disagree	Disagree	Strongly Agree	Undecided	Agree
Teachers maintain hygienic environment in school.	2 (7.7%)	8 (30.8%)	5 (19.2%)	2 (7.7%)	9 (34.6%)
Teachers inspect school routinely to determine the cleanliness of the school.	2(7.7%)	0 (0%)	15 (57.7%)	3 (11.5%)	6 (23.1%)
The school has adequate toilet and urinal facilities for males and females.	2 (7.7%)	8 (30.8%)	12 (46%)	0 (0%)	4 (15.3%)
The class rooms are well ventilated, lighted and provided with wash hand basins.	5 (19.2%)	6 (23.1%)	3 (11.5%)	2 (7.7%)	10 (38.5%)
The school has potable and adequate water supply.	5 (19.2%)	7 (26.9%)	4 (15.4%)	0 (0%)	10 (38.5%)
Students are over-crowded in the class room.	2 (7.7%)	5 (19.2%)	3 (11.5%)	1 (3.8%)	15 (57.7%)
The school has a good waste disposal system, dustbins and refuse dump for the disposal of waste.	0 (0%)	5 (19.2%)	6 (23.1%)	2 (7.7%)	13 (50.0%)

Table 6 Promotion of Sanitary Condition in School

3.1. Demographics of the schools/ Demographic Characteristics

Table 4.1 and 4.2 shows that out of a total of 26 respondents (senior master, principals & teachers) 24 (92.3%) were male and 2 (7.7%) female. Most of them were held Bachelor degree 19 (73.1%). They were mainly principals 18 (69.2%). Twenty-six (14 public and 12 private) primary schools among 4 districts in Southwest Mogadishu were studied. The total number of pupils assessed was 2630 in all the schools out of which 42.6% are in public and 53.8% in private schools respectively. 33.3% were girls. The total number of teaching staff was 572. In terms of nature of schools, they were all day schools 26 (100%).

3.2. Appraisal of Health Status of School Children.

Table 3 shows the distribution of Appraisal of Health Status of School Children. Of the health personnel in the schools surveyed, 8 (30.8%) Teachers were trained to assess the physical status of children, while the majority 18 (69.2%) were not trained.

As regards health appraisal in the schools, only 6 (23%) schools observe and assess health status of school children regularly. (80.8%) were not carried out routine inspection of pupil's eyes, ears, nose, throat, skin and mouth of school children'.

Overall, twenty-one schools (80.7%) has no sick bay/health center, where school children periodically undergo medical examination for any medical defects. Out of 22 schools (84.6%) had no Equipment and facilities like weighing scales, growth chart, thermometer and stethoscope are available in school for health appraisal of school children.

3.3. Provision of First Aid and Emergency Care to Students and School Personnel

In terms of weather schools has a policy on first aid and emergency treatment 80.8% has no a policy on first aid and emergency treatment. First Aid boxes were present only 2 schools (7.7%).

Most of schools 23 (88.4%) send accident victims to the hospital, and 76.9% keep health records on accidents and illnesses in school. Only 6 schools (23%) were organize First aid classes for Teachers and students in school.

3.4. Control of Communicable Diseases

Control of communicable diseases are illustrated in Table 5. In this table indicates that Only 6 schools (23%) used their dispositions to exclude and re-admit students suffering from communicable diseases from school.

As a control measure, only seven (7) schools 26.9% require students to be immunized against communicable diseases, while the rest of schools do not oblige students to ask for a vaccination certificate.

As indicated in item 4, the majority of school 19 (73.1%) usually notifies the health authority about an outbreak of communicable diseases and the school authority usually close the school during an outbreak of communicable disease.

The majority school authority 17 (65.3) usually request students to undergo a medical examination before they are registered.

20(76.9%) of the school teachers and health personnel do not routinely screen students suffering from infectious diseases, and that teachers and health personnel of only 10 (38.4%) maintain records of communicable diseases in the school.

3.5. Promotion of Sanitary Conditions in School

Promotion of sanitation here included maintaining hygienic environment, provision of toilet facilities, well ventilated classrooms and provision of potable water.

Items 1 and 2 in the table are indications that the majority of teachers maintain hygienic environment in schools 17 (65.4%) and that school teachers 21(80.7%) inspect the schools routinely in order to determine the cleanliness of the school.

Item 3 in the table indicates that the majority of schools 16(61.3%) has an adequate toilet and urinal facilities for males and females.

Items 4 in the table indicates that only 12(46.2%) school's class rooms are well ventilated, lighted and provided with wash hand basins, and 14(43.9%) of schools has potable and adequate water supply.

In terms of over-crowded in the class room, 18 (69.2%) schools their students are over-crowded in the class room.

In terms of waste disposal system, 19 (73.1%) schools have a good waste disposal systems such as dustbins and refuse dump for the disposal of waste.

4. Discussion

The current study's goal was to evaluate the state of the School Health Service among southwest district's elementary schools, Mogadishu, Somalia.

In general, the Southwest Mogadishu District's school health services were subpar.

Generally speaking, the level of health appraisal services in the study area was poor. This might be reflective of the lack of school health personnel in the study area.

Due to a lack of medical personnel, students in the study region may not receive early medical attention for mild illnesses, which could worsen and cause debilitating conditions that, in rare situations, result in school absences and even death.

In order for children to study efficiently, every effort should be focused on keeping kids healthy at school.

The presence of medical personnel in the schools may be ensured by effective cooperation between the ministries of education and health, as well as by active involvement and reorientation of the Primary Health Care (PHC) unit of the study location.

The primary health care provider in the host community could also provide training to school teachers on how to administer first aid as a temporary fix.

5. Conclusion

This study demonstrates that both in public and private elementary schools in Mogadishu southwest districts, the quality of the school health services was generally poor. Thus, we would like to encourage that the management of the School Health Services in Mogadishu southwest district's elementary schools—especially the public schools—be given immediate attention. First aid should be taught to at least one member of staff in every elementary school. The Ministry of Education ought to make this a requirement for registration and a policy. Similar studies should be carried out around the country to identify the schools that offer health services to pupils and those that do not, in accordance with the recommendations made by school health services.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare that there are no conflicts of interest related to this study

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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