EFFECTS OF GENDER AND YEARS OF WORKING EXPERIENCE ON PRIMARY SCHOOL TEACHERS' HEALTH ASSESSMENT BEHAVIOUR IN IBADAN SOUTH WEST LOCAL GOVERNMENT AREA, OYO STATE

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Abstract
The average Nigerian children spend at least seven to nine hours a day and five days in a week in schools where they face significant health challenges resulting from daily activities and risk-taking behaviour which may adversely affect their health and ability to learn. Previous studies revealed poor personal hygiene practices among public primary school pupils. This study, examined the effects of gender and years of working experience on primary school teachers' health assessment behaviour in Ibadan South West Local Government Area of Oyo State. The study adopted non-equivalent pre-test -post-test control quasi experimental design using 2x2x2 factorial matrix. One hundred and eighty teachers selected through multistage sampling procedure from sixty-five public primary schools in the study area were randomly assigned to experimental group and control group. A structured Teachers' Health Assessment Behaviour Questionnaire (THABQ), and a self-structured Pupil Health Assessment form were used to collect information from the participants was adapted, a reliability coefficient of .76 was obtained using cronbach alpha. Study lasted for eight (8) weeks. Analysis of covariance (ANCOVA) was used to test the hypotheses at 0.05 alpha level. 107(59.4%) primary school teachers had no time for health assessment of their pupils. Findings showed that there was no significant main effect of gender on primary school teachers' health assessment behaviour in Oyo State (F (2,177) = 3.360, p>.05, η^2 *=.019). There was a significant main effect of work experience on primary school teachers' health assessment behaviour in*

Oyo state (F(2,177) = 31.022, p<.05, η^2 =.149). Interaction effects of work experience and gender was significant on Primary school teachers' health assessment behaviour (F(1,175) = 17.227, p<.05, η^2 =.003). It was recommended that there is need for regular advocacies for improvement and sustainable health assessment behaviour among primary school teachers in Ibadan South West Local Government Area.

Keywords*: Health Assessment, Primary School Teachers, Health Assessment Behaviour, Oyo State*

Introduction

Children's health status is very vital to their learning ability and overall development. Health promoting behaviour inculcated by primary schools not only contribute to the physical development and health care of pupils, but also help to develop awareness about health issues among the parents and local community as well. There exists a supposed correlation between the health of pupils and their learning abilities and this has inspired planners and educators in developed countries to launch health related intervention programme in schools. In developing countries, where health services for the general public are poor and overall knowledge about health care is low, parents and teachers are unable to detect children's health problems, which may eventually impede their learning as well (United Nations Children Fund [UNICEF], 2009).

Ekpo, Mafiana, Akintola and Ogunsan (2007) noted that insufficient attention has been paid to the health problems of school-age children in Nigeria due to the absence of baseline data of this group. Nigeria, like other countries of the world, acknowledges that education is a vital tool for achieving national development. Consequently, she has joined other nations in their match towards worthwhile educational investments and reforms (World Health Organisation, [WHO], 2009). The purpose of schooling is to effect changes in children's behaviour by exposing them to specific experiences through systematic presentation of skills, attitudes, concepts and principles. The teacher uses various techniques to observe the characteristics and behaviours of pupils that could promote

or hinder learning among them. A child's health can contribute to or inhibit ability to function satisfactorily in schools.

It is important for school authorities to have current and complete information on each child's health and any specific conditions which may obstruct or interfere with the learning process and therefore initiate methods by which the children's health can be improved and maintained. The World Health Organization (2007) and United Nations Educational, Scientific and Cultural Organization[UNESCO], (2010) stated the number of factors that influence the physical and mental health of school children, and their learning process to include health conditions of the children themselves, physical and social environments of their schools, quality of life of their parents, their own knowledge about health promoting practices and availability of health services around them (UNESCO, 2010).

The World Health Organization (2009) stated that young children are prone to many diseases. Schools therefore have the responsibility to educate their pupils and promote among them, healthy and hygienic behaviours. They need to warn their pupils against various health risks and guide them on how to protect themselves and others against diseases and other forms of ill-health by adopting health and hygiene promoting habits and practices. Hygiene practices referred to as personal care, which**:** includes the following: bathing, hair, nail, foot, genital and dental cares and washing of clothing among others. Grooming according to Orenstein (2014) and Ahmadu, Rimamchika, Ibrahim, Nnanubumom, Godiya and Emmanuel (2013) is caring for fingernails and hair, examples of these activities are barbing of hairs and trimming of fingernails.

personal hygiene in primary school children could be effective towards preventing infectious diseases and It is a public health tool that is used for disease prevention and health promotion in individuals, families and communities (Jadad and Grady, 2008). Consequently, every child should be taught in the classroom and on the assembly ground during health assessment exercise, early in life, that to preserve his own life, his own health, lives and health of others, is one of his most important and constantly abiding duties. Consequently, study by *Oyibo* (2012), in a study carried out on basic personal hygiene. Knowledge and practices among school children aged 6-14 years in

Abraka, Delta State, Nigeria submitted that there was a general neglect of health inspection by teachers in primary schools.

Moronkola (2003) described health assessment as a concept which entails finding out individual health status of students and staff and that of school community so that effective teaching learning process can take place. It was also emphasized in the study that such information about health status of individual and the community will enable the school to plan for appropriate intervention like treatment, counselling, education and also evaluation of the school's health programme. Famuyiwa (2012) affirmed that health assessment is an evaluation of the current health status of individual through: observation by parents, teachers and nurses, screening test for visual and auditory acuity, physical fitness test, study of pupil's health history and medical examination.

Health assessment is important to every pupil particularly in Oyo State, as it helps an individual to find out if a child has a particular disease or condition, even if he feels perfectly well, without any symptoms or signs of disease. Early detection, followed by treatment and good control of the condition can result in better outcomes and lowers the risk of serious complications. Health assessment helps in providing information to parents and school personnel on the health status of school children (Cornacchia, Olsen and Nickerson, 2006). However, large scale deficiencies in the provision of school assessment services have been reported (Nwana, 1988; Nwimo, 2001; Cornacchia*et al,* 2006; Imoge, 2007). This negligence by all stakeholders - teachers, parents and the community at large has had adverse effects on the health status and academic performances of the pupils (Imoge, 2007).

As a result of large scale deficiencies in the provision of school health assessment services, the increased burden of communicable diseases among school children due to poor personal hygienic practices and inadequate sanitary conditions remains a concern on the public health agenda in developing countries. School children are particularly vulnerable to neglect of basic personal hygiene (Postma, Getkate and Vanwijk, 2004; Ademiju and Ayanlaja 2006; Ogwu and Ayabiogbe 2010;). The consequences in terms of morbidity and mortality are also more severe in them compared to adults. Poor knowledge and practice of and attitudes to personal hygiene play major roles in the high

incidence of communicable diseases and has negative consequences on a child's long term overall development. Certain respiratory infections (common cold, influenza virus infection, et cetera) have also been linked to poor personal hygienic practices (Oniyangi, 2003). Of all the communicable diseases promoted by poor personal hygiene, helminthic infestation contributes the greatest proportion. Although, these helminths can infect all members of a population, the most vulnerable group are school children (WHO, 2002; WHO, 2003).

Federal Ministry of Education in 2006 released a statistics on the national study of the School Health System in Nigeria in some schools selected by the Federal Ministries of Health and Education in collaboration with WHO in 2003. It was observed that 30% of students had low body mass index (BMI), 0.2% of students had lice on their heads, 3% of students had skin rashes, about 20% of students do not have normal visual acuity, and lip sores were observed in 0.8% and 0.5% of the primary and secondary school students respectively, while dental plaque was observed in more than 10% of the students while 0.4% of students had sores on their tongue. About 19% of students do not have normal hearing, 14% of head teachers indicated that pre-medical examination was mandatory in their schools. Food handlers were screened only in 17% of schools, Four-fifth of schools have first aid boxes, 17% of schools have school nurses, 6% of schools have linkages with government-designated school clinics, 29% of schools have social welfare services provided mainly by community based organizations. It was also noted that the following five common health problems contributed to students' absenteeism in schools: typhoid fever (56%), headache (43%), stomach ache (29%), cough/catarrh (38%) and malaria (40%).

Various studies have been conducted on school health services. Ademiju and Ayanlaja (2006) assessed teachers' perception of school health services and concluded that public primary school teachers are aware of school health services and their benefits to pupils and the school community and that non-provision of varied services by school health services can negatively affect the quality of services provided in the health facility. Ogwu and Ayabiogbe (2010) studied school health services in public and private senior secondary schools and observed that health services in Kogi State do not include: frequent measurements of weight and height, inspection of food in public

schools, vaccination in public schools, health assessments in private and public schools, provision of potable water and drugs in public schools and that both private and public schools have some inadequacies of provision of health services, among others.

School health records are not properly maintained in most instances due to one reason or another. Durosaro (2004) and Adesina (2005) submitted that several issues are associated with the management of educational record keeping in Nigeria, in the sense that some vital records needed are either not kept or at best poorly kept. The key issues in school record keeping and storage include non-availability of record keeping, inaccuracy of the available records, general attitude of Nigerians to record keeping and the processes of retrieval of record on time when needed are generally poor. These are quite noticeable at all levels of our educational system. It seems the majority of Nigerians do not keep records, neither are they very willing to give out information for fear that such information might be used against them. Even in the schools, the needed information may not be found either because they have not been obtained by the school or they have been lost due to poor storage. Many of the schools, particularly in the rural areas suffer from natural disasters like fire, storm, flood and termites, as a result of which they lose their school records. Even in some places where such records are kept, they are placed in the care of poorly trained or totally ignorant record clerks. The records might have become mixed up to the extent that retrieval may be very difficult when required for use.

Gender and years of service are two factors that have been reported to have effects on health assessment behaviours of primary school teachers. The word **gender** has been used since the 14th century as a grammatical term, referring to classes of noun designated as *masculine, feminine, or neuter* in some languages. The sense 'the state of being male or female' has also been used since the 14th century, but this did not become common until the mid-20th century. Although the words **gender** and **sex** both have the sense 'the state of being male or female', they are typically used in slightly different ways: **sex** tends to refer to biological differences, while **gender** refers to cultural or social ones. Gender role stereotyping occurs when a person is expected to enact a series of norms or behaviours based upon their sex. Gender is a social construction and other social categories such as race, ethnicity,

class, religion, and language also influence that construction. In most European and North American societies, gender roles divide through male and female behavioral norms. Certain types of behaviours are categorized as masculine or feminine. However, gender as a continuum is social and relational, rather than categorical. In other words, gender only exists as a comparative quality (if people are "less masculine" than others, they are also "more feminine" than those same others, even if their biological sex is the same). Thus gender role stereotyping occurs when individuals are expected to enact certain practices or behaviours because of their gender.

Gender roles are also reinforced by school. Teachers and school administrators have great influence as they pass along cultural information and expectations. In school, children are expected to sit still, read and be quiet. Such expectations may have been part of the gender role that a child has been learning from the parents, especially if the child is a girl. But for a boy who has been encouraged to be loud and boisterous prior to starting school, these expectations can lead to trouble. In fact, some researchers maintain that all boys face difficulty with expectations because the structure of their brains makes them less able to meet these expectations than girls are. Previous studies have been documented to show some significant effects of gender on health assessment behaviours of primary school teachers, most of these studies reporting better health assessment behaviour of male primary school teachers than females. Bennett, Gottesman, Rock and Cerullo (2001) opined that gender and behaviour of teachers affect their judgments of academic skills. Effect of teacher characteristics on student Achievement: A meta-analysis.

Martin and Harsh (2005) opined that academic motivation and engagement are the same for male and female teachers. They averred further that, academic motivation and engagement does not significantly vary as a function of teachers' gender and in terms of academic motivation. Bennett, Karabenick and Conley (2011) opined that gender and behaviour of teachers affect their judgments of academic skills. Martin and Harsh (2005) agreed that academic motivations and engagements are the same for both male and female teachers. They averred further that, academic motivation and engagement do not significantly vary as functions of teachers' gender and in terms of academic motivation. That is, male teachers do not fare

any better than female teachers. On the contrary, The International Rescue Committee (2009) submitted that gender is a factor in determining teachers' roles and responsibilities in families and communities. This contrast between (Martins and Harsh,2005) and the International Rescue Committee (2009) could be as a result of human and research methodology factors. Burkar, Idris and Bukar (2011) discovered that male teachers tend to inspect the general appearance of the pupils more thoroughly than female teachers

Studies have shown that health assessment behaviour of primary school teachers are greatly influenced by their years of service. Study carried out by Aduwa (2004) on determinants of students' academic success, reported that students' home environment, their cognitive abilities, self-esteem, self-concept, study habits, years of service of teachers and motivation affect their academic success. Contrary to this, Iyamu (2005) contended that the provision of all these factors may not have significant impact on successful learning if the learners are exposed to competent principals, teachers and other school teams. Hammond (2000) submitted that middle and high school students learn more from teachers who hold Bachelor's or Master's degrees in the subjects they teach and from experienced teachers who had put in many years in service than they do from less experienced ones.

Research Questions

1. Do primary school teachers carry out health assessments in their various schools?
2. Do primary school teachers keep health records of their pupils in their various schools?

Hypotheses

(1) There will be no significant main effect in primary school teachers' gender and their health assessment behaviour in Ibadan South West Local Government Area.

(2) There will be no significant main effect in primary school teachers' years of service and their health assessment behaviour in Ibadan South West Local Government Area.

(3) There is no main and interaction effect of gender and years of service on primary school teachers' health assessment behaviour in Oyo state.

Methodology

The research design adopted for this study was pretest-posttest and control quasi experimental groups design using 2x2x2 factorial matrix. The population for this study comprised all male and female teachers (1,354) in public primary schools in Ibadan South West of State Nigeria. The sample for this study was one hundred and eighty teachers drawn from public primary schools in Ibadan South West Local Government Area of Oyo state. Multi stage sampling procedure (Purposive and Proportionate sampling techniques as well as voluntarism technique) was employed in the selection of participants for the study. Teachers' Health Assessment Behaviour' questionnaire (THABQ) was used as instrument for data collection.

Findings and Discussion

Research Questions

Research Question 1:

Do primary school teachers carry out health assessments at their various schools?

Table 1: Frequency and percentage distribution showing the Primary School Teachers' Appraisal of Health of the Pupils

Do you appraise the health of the pupils	Frequency	Percentage
No	107	59.4
Yes	73	40.6
Total	**180**	**100.0**

Table 1 showed that 107(59.4%) of the respondents do not appraise the health of the pupils, while 73(40.6%) do appraise the health of the pupils prior to the intervention study. This implied that primary school teachers have negative behaviours towards appraising school pupils' health.

Testing of Hypotheses

Ho 1: There is no significant main effect of working experience on primary school teachers' health assessment behaviour in Oyo State

Table 2: ANCOVA showing the main effects of working experience on Primary School Teachers' Health Assessment Behaviour in Oyo State

Source	Sum of Squares	DF	Mean Square	F	Sig.	Eta^2/ Effect Size
Corrected Model	84889.918	2	42444.959	20.561	.000	.189
Pre health assessment	16026.420	1	16026.420	7.763	.006	.042
Working experience	64041.005	1	64041.005	31.022	.000	.149
Error	365393.610	177	2064.371			
Total	450283.528	179				

(R-squared = .189, Adjusted R-Squared = .179)

Table 2 showed that there was a significant main effect of working experience on primary school teachers' health assessment behaviour in Oyo state (F(2,177) = 31.022, p<.05, η^2 =.149). This denoted a significant difference in the groups on Primary school teachers' health assessment behaviour. Hence, the hypothesis was rejected; the table also shows the contributing effect size of 14.9%.

Table 3: Estimated Marginal means of working experience effects on Primary School Teachers 'Health Assessment Behaviour in Oyo state

Working experience	Mean	Std. Error
Less than 10 years	256.434	4.595
10 years and above	218.469	5.024

From table 3, those with one to ten years of working experience had a higher mean score followed by those with eleven years and above working experience respectively. The table revealed that the result of estimated marginal means analysis score of working experience on

primary school health assessment behaviour. Teachers with one to ten years working experience had the highest post-test mean score of (256.434) while teachers with working experience of eleven years and above had the post-test mean score of (218.469). This indicated that teacher with one to ten years working experience have better health assessment behaviour towards primary school pupils health appraisal when compared with teachers that have working experience of eleven years and above.

Ho 2: There is no significant main effect of gender on Primary School Teachers' Health Assessment Behaviour in Oyo State

Table 4: ANCOVA showing the main effects of gender on Primary School Teachers' Health Assessment Behaviour in Oyo State

Source	Sum of Squares	DF	Mean Square	F	Sig.	Eta^2/ Effect Size
Corrected Model	28849.665	2	14424.833	6.058	.003	.064
Pre health assessment	18754.821	1	18754.821	7.877	.006	.043
Gender	8000.752	1	8000.752	3.360	.068	.019
Error	421433.863	177	2380.982			
Total	450283.528	179				

(R-squared = .064, Adjusted R-Squared = .053)

Table 4 showed that there was no significant main effect of gender on primary school teachers' health assessment behaviour in Oyo State (F (2,177) = 3.360, p>.05, η^2 =.019). This indicated that there was no significant difference in the groups on primary school teachers' health assessment behaviour. Hence, the hypothesis was upheld: while the table also showed the contributing effect size of 1.9%.

Table 5: Estimated Marginal means of gender on Primary School Teachers' Health Assessment Behaviour in Oyo state

Gender	Mean	Std. Error
Male	247.235	5.722
Female	233.615	4.723

Table 5, showed that, male teachers had a higher mean score than their female counterparts. The table revealed the result of the estimated marginal means analysis score of gender on primary school teachers' health assessment behaviour. Male teachers had the highest post-test mean score of (247.235), while female teachers had the post-test mean score of (233.615). This indicated that male teachers had better health assessment behaviour towards primary school pupils health appraisal when compared with their female counterpart.

Ho 3: There is no main and interaction effect of gender and years of service on Primary School Teachers' Health Assessment Behaviour in Oyo state

Table 6: ANCOVA showing the significant main and interaction effect of gender and years of service on Primary school teachers' health assessment behaviour in Oyo State

Source	Sum of Squares	DF	Mean Square	F	Sig.	Eta^2/ Effect Size
Corrected Model	117721.310	4	29430.328	15.487	.000	.261
Pre health assessment	10884.377	1	10884.377	5.728	.018	.032
Main effect						
Working experience	26325.654	1	26325.654	13.853	.000	.073
Gender	2129.493	1	2129.493	1.121	.291	.006
2-ways interaction						
Working exp. x Gender	32737.389	1	32737.389	17.227	.000	.090
Error	332562.218	175	1900.356			
Total	450283.528	179				

(R-squared = .261, Adjusted R-Squared = .245)

Table 6 showed that in the main effect, there was a significant main effect of working experience while gender was not significant. The interaction effects of working experience and gender was significant on Primary school teachers' health assessment behaviour (F(1,175) = 17.227, p<.05, η^2 =.003). This denotes a significant difference in the groups on primary school teachers' health assessment behaviour. Hence, the hypothesis was rejected and the table also showed the contributing effect size of 9.0%.

Table 7: Estimated Marginal means of working experience and gender on Primary School Teachers' Health Assessment Behaviour in Oyo State

Working experience	Gender	Mean	Std. Error
1 to 9 years	Male Female	246.703 270.203	5.775 6.817
10 years and above	Male Female	250.160 210.637	10.947 5.395

Table 7 showed the estimated marginal means of the interaction effect of working experience and gender on primary school teachers' health assessment. It revealed that, female teachers with 1 to 9 years working experience exposed to treatments had the highest post-test mean score of health assessment behaviour (270.203), followed by male teachers with 1 to 9 years working experience that were exposed to treatment with post-test mean score of health assessment behaviour (246.703). Male teachers with 10 years and above working experience had post mean score of health assessment behaviour (250.160) and female teachers with 10 years and above working experience had post mean score of health assessment behaviour (210.637). It could therefore be inferred that female teachers with 1 to 9 years working experience, performed better in health assessment behaviour than male teachers with 1 to 9 years working experience, while female teachers with 10 years and above working experience performed better in health assessment behaviour than male teachers with 10 years and above working experience.

Discussion of Findings

The study found out that primary school teachers do not have adequate knowledge of health assessment. The findings is in agreement with Oyinbo (2012) who find out that teachers do not have the desire, time or training to be involved in the affairs of their school children. This however does not speak well of teachers at the primary school level and it should be a matter of concern to all interested stakeholders in children education. Neglecting the health inspection of children health amounts to subjecting them to be predisposed to preventable diseases. Good health is a necessary condition for learning and there is need for the child's overall health status to be determined regularly through the provision of adequate health assessment services, The finding of this study is in line the assertion of Ofovwe and Ofili (2007), who conducted study on assessment of the knowledge, attitude and practice of school health programme among head teachers of primary schools in Nigeria and found out that none of the teachers had adequate knowledge of school health programme.. The findings also indicate that primary school teachers do not adequately have knowledge on health programme.

The study also found out that primary school teachers in Oyo State do not assess the health of primary school pupils. This is in line with the work of Oyinbo (2012) who carried out study on basic personal hygiene: knowledge and practices among school children aged 6-14 years in Abraka, Delta State, Nigeria. It was also reported that over half of the children studied had dirty nails, while over two third of them had dirty uniform and dirty hair respectively. This poor state of affairs observed among the children implies a general neglect of health inspection by teachers in primary schools and lends credence to the observations by previous researchers who reported the general absence of school health services in Nigerian schools (Imoge, 1987; Nwana, 1988; Okafor, 1991). Health inspection is one of the three specific activities of school health assessment. It involves the physical observation of the general appearance, mouth and teeth, nose and throat, skin, ears, eyes, scalp and hair, and behaviour of school children at play. It is an exercise that involves the teachers continuous observation and routine morning inspection of school children (Augustine, 2005). The researcher findings also in line with the study of Oyinlade, Ogunkunle and Olarenwaju (2014) who reported that

screening tests for disabilities and periodic medical examination of staff and pupils were not commonly practiced in Ogun State. the researcher therefore concluded that there could be positive behaviour changes following the health intervention programme.

The study also found out that there was no significant main effect between gender of primary school teachers and health assessment behaviour. This is in contrast with the findings of Bennett, Karabenick and Conley (2011) who argued that gender and behaviour of teachers affect their judgments of academic skills. Similarly, the International Rescue Committee (2009) submitted that gender is a factor in determining teachers' roles and responsibilities in families and communities. Most studies reported better health assessment behaviour of male school teachers than females. Burkar, Idris and Bukar (2011) noted that male teachers tend to inspect the general appearance of the pupils more thoroughly than female teachers.

The study also found out that there was significant main effect between years of working experience of primary school teachers and health assessment behaviour. This is in line with the previous studies (Ferguson, 1991; Ehrenberg and Brewer, 1995 and Aduwa, 2004) that reported that years of experience of teachers and motivation affect their academic success. On the other hand, the finding was in disagreement with Iyamu (2005) finding who contended that the provision of all these factors may not have significant impact on successful learning if the learners are not exposed to competent principals, teachers and other school teams.

Conclusion

This study examined the effects of gender and years of working experience on primary school teachers' health assessment behaviour in Ibadan South West Local Government area, Oyo state and the study found out that primary school teachers do not have adequate knowledge of health assessment. It was revealed that there was no significant main effect between gender of primary school teachers and health assessment behaviour. The study also found out that there was significant main effect between years of working experience of primary school teachers and health assessment behaviour. Teacher centered health intervention is good and effective intervention method to improve primary school teachers' health assessment behaviour.

promotes pupils' health status, reducing communicable diseases and non- communicable disease among primary school children and it will also reduce both morbidity and mortality rate among the school children.

Recommendations

Based on the findings of this study, the following recommendations are made:

- Primary school teachers should regularly carry out health assessment on pupils, so as to instill positive health behaviour on the school pupils' and also detect early enough any abnormalities and treat such promptly.
- Ministry of health, Universal Basic Education Board Oyo State and other related stake holders should organise regular in-training services for teachers regardless of their years of working experience.
- There should be regular advocacies for improvement and sustainable health assessment behaviour among primary school teachers in Ibadan South West Local Government Areas.
- Ministry of health, Universal Basic Education Board Oyo State and other related stake holders should organise regular in-training services for teachers regardless of their genders.

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