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Al-Quds University**



**Challenges of School Health Services for Caring of
Children with Chronic Diseases at Governmental
Schools in Gaza Strip**

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**Challenges of School Health Services for Caring of
Children with Chronic Diseases at Governmental
Schools in Gaza Strip**

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Chronic Diseases at Governmental Schools in Gaza Strip**

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Dedication

To my great father, May Allah bless him,

To my sincere mother to whom I owe my life and success,

To my beautiful wife who has been supportive all the way,

To my brothers (Osama, Khalil, Youssef, Mahmoud) and my sisters (Shaimaa, Hadeel)
May Allah keep love and harmony between us,

To my dear uncles who supported me in all forms, especially Abdel Qader and Ibrahim
Abu Nasser,

To my friends and colleagues everywhere,

I deeply appreciate that you were always with me, gave me the support I needed to realize
this accomplishment and inspired me with your love and warm feelings

Heartfelt thanks and appreciations to all those who contributed to the completion of this
thesis... without their support, this work would not see the light.

Mohanad AlZatma

Declaration

I certify that this thesis submitted for the degree of Master, is the result of my own research, except where otherwise acknowledged, and this study (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed:

Mohanad Zeyad AlZatma

...../...../.....

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Abstract

Challenges that face school health in Gaza Strip are numerous especially for children with CHCs like asthma, diabetes or epilepsy who need extra attention at school to stay safe and healthy. The purpose of the study was to assess the challenges facing school health services provided to children with chronic diseases at governmental schools in southern area of Gaza Strip. The study utilized descriptive, cross-sectional design. The sample of the study is census sample, consisted of two groups: First group included 127 school health teachers from Rafah and KhanYounis, 120 teachers agreed to participate in the study with response rate 94.4%. Second group included 28 school health providers from Directorate of School Health at Ministry of Health. For data collection, the researcher developed two self-administered questionnaires (one for health care providers and one for school health teachers). The reliability of the questionnaires was tested by a pilot study and Crobach alpha of the domains ranged between 0.721 to 0.959 for school health providers and 0.710 to 0.856 for school health teachers. The researcher used SPSS (22) for data analysis, and statistical analysis included frequencies, percentage, cross-tabulation, Chi square, and Fisher's exact test. The results showed that 57.1% of school health providers and 50% of school health teachers were females, majority of them were married, mean age of SHPs was 43.642 years and mean age for SHTs was 39.716 years, the majority of them have Bachelor Degree, and most of them did not receive special training about care of chronic diseases. The results found low school health services for children with chronic diseases (diabetes, asthma, chronic renal failure, and epilepsy). The results also indicated that SHPs have high knowledge about chronic diseases and SHTs have above moderate knowledge. There were no statistical significant differences in level of knowledge related to gender, age, educational level, experience and previous training. Challenges that face school health included inadequate healthcare providers, shortage of supplies and logistics, and low administrative support especially in aspects of incentives and availability of supplies and materials. The results also indicated moderate coordination between school health providers and school administration. The study concluded that there was a need to increase the number of qualified healthcare providers in the school health team, and to provide adequate training to school health team to improve their skills and abilities to offer quality school health services.

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List of Abbreviations

ASCD	Association for Supervision and Curriculum Development
CDC	Centers for Diseases Control and Prevention
CKD	Chronic Kidney Disease
CHCs	Chronic Health Conditions
CRF	Chronic Renal Failure
DM	Diabetes Mellitus
DSH	Directorate of School Health
GS	Gaza Strip
HCS	Health Care System
IFG	Impaired Fasting Glucose
MoH	Ministry of Health
NASN	National Association of School Nurses
NGOs	Non-Governmental Organizations
PCBS	Palestinian Central Bureau of Statistics
PNA	Palestinian National Authority
SBHC	School-based Health Centers
SH	School Health
SHCPs	School Healthcare Providers
SHP	School Health Program
SHTs	School Health Teachers
SPSS	Statistical Package for Social Sciences
UK	United Kingdom
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNRWA	United Nations Relief and Works Agency for the Palestinian Refugees in the Near East
USA	United States of America
WB	West Bank
WHO	World Health Organization

Chapter One

Introduction

Over the past decades, the prevalence of chronic health conditions (CHCs) of children has increased over time (Perrin and Gortmaker, 2007). Students with CHCs are a unique but integral part of the school community. Although students with CHCs have many individual requirements, they share the need for equal access to the same educational outcomes, academically and socially, as their healthy peers (van der Lee et al., 2007).

The special needs of students with CHCs are complex and continuous. The school healthcare providers (SHCPs) has a pivotal role. Their roles include interpreting a student's health status, explaining the health impairment to the school team, translating the healthcare provider orders into the school setting by developing individualized healthcare plans, providing assessment, direct care, coordination and evaluation of care, providing nursing delegation that aligns with rules and regulations, and advocating for appropriate accommodations in the educational setting (Leroy et al., 2017; McClanahan and Weismuller, 2015; National Association of School Nurses (NASN), 2015; Zirkel et al., 2012).

Children with CHCs are at risk for high absentism rates, low student engagement, dropping- out of school, exposure to bullying, disruptive behaviors, poor grades, and below- average performance on standardized achievement tests (Bethell et al., 2012; Forrest et al., 2011).

The SHCP works to support the constructs of the whole school, whole community, whole child model by coordinating intervention and evaluation services, identifying previously unrecognized

symptom patterns and student responses to those patterns, and referring students to the appropriate resources (Centers for Diseases Control and Prevention - CDC, 2017a). By assisting students with the management of their CHCs, the school health program (SHP) contributes to risk reduction, increased classroom seat time, decreased student absenteeism, improved academic success, and cost savings to families and educational and health care systems (HCS) (Michael et al., 2015; NASN, 2015; Wang et al., 2014; Forbes, 2014).

Children with CHCs like asthma, diabetes or epilepsy need extra attention at school to stay safe and healthy. With the right treatment plan and support, children with these conditions can attend school without putting their health at risk. Moreover, HCPs can utilize the power of SHCP to maintain the health of students who have CHCs at the highest level; decrease healthcare costs, unnecessary use of emergency rooms, and hospitalizations; and increase quality of care (Wang et al., 2014).

School health services play a key role in managing the daily needs of students with CHCs. Although these health conditions can vary, but they have the potential for functional limitations, including dependency on medication, assistive devices, or routine medical care (van der Lee et al., 2007). The school nurse is often responsible for coordinating and conducting health assessments, as well as planning and implementing individualized health-care plans for safe and effective management of CHCs, often for those who may have limited access to health care. These health services are designed to help with access or referrals by linking school staff, students, families, community, and HCPs together to promote the health care of students in a healthy and safe school environment (Association for Supervision and Curriculum Development [ASCD] & CDC, 2014).

In Palestine, the school health began in 1994, after the establishment of the Palestinian National Authority (PNA). The Ministry of Education initiated a special department for school health in each directorate of education. A teacher has been assigned at each school to take responsibility of health services in every school in addition to his work as a teacher and called school health coordinator. The school health services are offered to students in the first, seventh and tenth grades in the governmental schools in the Gaza Strip (GS) which totaling more than 400 schools. The coverage rate for a medical examination was 96%, the number of students who were examined was 63295 students out of 65996 students (MoH, 2016).

From the researcher's opinion, school health is a part of the HCS in Palestine, and the SHCP play an important role in assessing health conditions of the students, identify health problems and refer to appropriate health facility. In addition, SHP offer health education and ensure safety of school environment to maintain good health of students and prevent hazards that may threaten the health status of students.