



**Full Length Research Article**

**MANAGING ORGANIZATIONAL HEALTH AND SAFETY IN BASIC EDUCATION INSTITUTIONS: A STUDY OF SELECTED INSTITUTIONS IN ADAKLU DISTRICT IN THE VOLTA REGION, GHANA**

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**ARTICLE INFO**

**Article History:**

Received 20<sup>th</sup> November, 2015  
Received in revised form  
19<sup>th</sup> December, 2015  
Accepted 26<sup>th</sup> January, 2016  
Published online 17<sup>th</sup> February, 2016

**Key Words:**

Health and Safety,  
Basic Education,  
Adaklu District,  
Volta Region,  
Ghana.

**ABSTRACT**

The objective of this study is to identify health and safety management measures that are put in place in Basic Education Institutions in Adaklu District in Ghana. The ultimate goal of this study is to help parents and rural communities to identify healthy means of caring for children in basic schools. Again the study is meant to expose parents and operators of early childhood educational institutions to health and safety needs of children. Field visits were made to the selected schools for first hand data with evidence based data collected in the form of pictures. Questionnaires were distributed purposively to selected respondents including teachers and institutional managers for their opinions on the key issues related to the topic. The study revealed that most basic schools in the research area lack adequate classroom facilities, toilets, and hygienic drinking water. Suggestions and recommendations on good health and safety practices in these sensitive institutions are proffered in this paper.

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**INTRODUCTION**

Health is the general condition of the body and mind, especially in terms of the presence or absence of illness, injuries or impairments. Safety also refers to protection from, or not being exposed to the risks of harm or injury. Health and safety management therefore refers to the process of planning and controlling measures put in place to ensure the general wellbeing of individuals or a groups of people in an environment. Early childhood care and management refers (ECCM) refers to a range of programmes put in place, all aimed at the physical, cognitive and social development of children before they enter primary school. One of the main objectives of pre-primary educational level is the promotion of a healthy mind and body. For the realization of this objective, all children are expected to be fully immunized against the six-killer diseases and mothers follow courses in nutrition, family planning, and healthy life management and education. Efforts must be made to ensure that schools are safe and equipped with toys for psychomotor development; also teachers are expected

to organize activities such as role-plays, sports and games that both strengthens pupils and teaches them to socialize. The use of languages is also promoted at this level to manage the child's total development. Children are generally vulnerable to all forms of diseases and deformities. Total supervision of children in all aspects of their endeavor would make children grow in a healthy state. It is in the early years that fundamentals of children's intellectual, social and physical development are laid. Without good parenting, health management, nutrition and education, developmental delays can occur that rarely can be corrected later. For too long, children's early years have been the sole responsibility of their parents and extended family. In today's societies, poverty, disease, malnutrition, civil strife and the break-down of traditional structures place major constraints on parents and communities. The development and safety of children are jeopardized on a daily basis. Parents, families and communities under stress may not be able to respond adequately to the needs of young ones. It is upon this reason that these researchers wishes to find out the levels of Health and Safety management practices at the early child educational institutions in Ghana; precisely in the Adaklu District.

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## Background to the Study

Adaklu District is made up of about 45 villages. The District is located in the Eastern part of Ho, the capital city of the Volta Region of Ghana. It has a population of about 95,120 people. It is made up broadly of two settlements: Adaklu-Tordzenu and Adaklu-Tonu. Tordzenu people live along River Tordze and Tonu people lives around the mountain. People of Adaklu migrated from Notsie Agbogbome in the present day Republic of Benin. Farming is their major occupation. The traditional capital of Adaklu is Abuadi and the political District capital is Waya. This research therefore seeks to identify the health and safety needs of early child educational institutions in this District.

## Statement of the Problem

A nation with healthy children (citizens) can be termed as rich. In Adaklu District of Volta Region in Ghana, there are many health issues confronting the people especially children of school going age. Large family size is among the contributing factor of this health issues as parents could not fully cater for their children. Sources of drinking water and sanitation are among contributing factor to unhealthy issues for the people. The area have river Tordze as the major source of water. This river is heavily polluted over the years. It is believed that this river may contribute to any health hazard of the people.



Figure 1. River Tordze (A Main Source of Drinking Water)

The health and safety measures at the early child educational institutions in the District are badly affected by these health issues. If adequate measures are not put in place to ensure total health and safety at the early child educational institute in the district, there will be total drawback for the manpower needs and total development of the area.

## Objectives of the Study

The study is meant to:

- Identify health and safety measures that are put in place at early childhood educational institutes in Ghana with Adaklu District in the Volta Region in focus.
- Establish ways of improving the health and safety needs of children.



Figure 2. Some pupils studying under tree

## Significance of the Study

The study will help

- Parents, guardians, and managers or early childhood institutions to identify ways of caring for their children.
- Educational planners (policy makers) to ensure that operators of early child educational institutions put in adequate measures to ensure safety of children in these institutions.

## Literature Review

There is an understanding within both government and the community that all children should have equal opportunity for optimal growth and development in the early years (Zuberi, 2006). Like school education, universal access to antenatal care and well-child health services are expected in a fair and just society. Universal primary health systems have important roles in providing equitable access to health services (Gregg *et al.* 1999), in taking action to reduce health risks, in increasing the capacity of people to make decisions that will improve health and in working with communities to address the underlying determinants of health (Vleminck and Smeeding, 2003) and Flores (2004). In a recent review conducted in the United Kingdom, Forbes *et al.* conceptualized the role of nurses in contributing to child health services (Gill and Sharma, 2004); Barker (1992). Their analysis of over 11,000 papers, policy documents and expert opinion has identified four integrated dimensions of nursing work: assessment, health promotion, clinical care and health-care organization (for example, reports on the skill and experience of the nurses). Health promotion featured centrally in the role of community-based nurses, such as health visitors, including preventative treatment (for example, mass immunization programs), individual and group health education, interventions (both structured and unstructured), peer-group initiatives, and community development work.

A study by Goldfeld *et al.* (2012) found that health-service use in the first 12 months of life is relatively high in middle socio-economic urban areas of Australia, averaging approximately fortnightly visits to a range of health services in the first year of life, including medical and nursing services, hospitals, pharmacists, naturopaths and allied health services (Aber, J. L.,

Bennett, N., Conley, D. and Li, J.(1997)). Such high service use suggests there may also be overlaps in child health service provision in Australia, with different professionals often providing the same services to the same women, children and families, resulting in an unnecessary duplication of services (Haertsch, Campbell, Sanson-Fisher, 1998; Regalado and Halfon, 2001).

In countries where various professionals provide well-child care, there is often little coordination between services such as child and family health nurses and general practitioners (Dowling, S. *et al.* (2003); (Kuo *et al.*, 2006)). For example, a Victorian survey found that half of general practitioners had no contact with their local child and family health nurse in the previous month, and of those who did, almost all found it helpful for themselves and the mother (Brooks-Gunn, J. and Duncan, G. (1997); (Mbwili-Muleya, Gunn, and Jenkins, 2000). There is evidence that universal health services in developed countries are not available equally and are not accessed by all women, children and families (Wagstaff, A. (2002)). As Danziger, S. K. and Danziger, S. (1995) observed, there is an 'inverse care law' that operates within health systems, which means those who are in most need of health services are least likely to receive them unless action is taken (Duncan, G. and Brooks-Gunn, J. (2000); Bradshaw, J., Hoelscher, P. and Richardson, D. (2006)). Klassen T.P. *et al.* (2000) in their study reviews 32 research articles evaluating the impact of community-based injury prevention efforts on childhood injuries, safety behaviours, and the adoption of safety devices. This review focused on older children and school based education. The review indicates that multi-pronged approaches appear to work the best. Multi-pronged approaches included education strategies, behavioral strategies, legislation, and enforcement strategies.

The findings suggest that programs should be tailored to the unique characteristics of the community (e.g., ethnicity or socio-economic status). The authors note that the impact of interventions may be increased by peer pressure and modeling by adults. The authors conclude that community based intervention programs work well for safety topics like bicycle helmets and motor vehicle safety seats, but there is less support for topics like pedestrian safety (indicating that the children in the study were too young), adolescent alcohol use and vehicle safety, and general safety campaigns. The authors noted that knowledge alone would not necessarily change the children's behavior. The authors suggest that for communities to maximize the community-based approach, they must become active participants in injury prevention methods. Bradley *et al.* (1994), Exeter and Boyle (2007) examine the development and feasibility of implementing a computer tailored injury prevention intervention in a primary care practice to increase parent knowledge, positive beliefs and behaviors regarding injury prevention. This randomized study included a sample of 144 on income parents with children between the ages of 6 and 24 months (Corcoran and Chaudry, 1997). The intervention group completed a 40 - item assessment and parents received the Parent Feedback Report that included tailored information about two selected injury topics. A physician feedback report was also printed and attached to the child's medical chart. The physician report summarized all at risk areas for the child and encouraged the physician to counsel on these items four weeks

after the medical visit; both groups completed a follow up interview. The study collected follow up data on 90% of participants in the intervention and 82% of the participants in the control. There were no statistically significant differences in demographics between the intervention and control groups. Participants lost to follow up were demographically comparable on these variables to those who remained in the study. Parents in the intervention group took an average of 14 minutes to complete the kiosk assessment.

At follow up, Bradshaw (2000); Exeter and Boyle (2007); (McDonald *et al.*, 2005) 88% of the parents reported that they read some or all of the information on the feedback report and they correctly identified safety as a main topic. Most parents (76%) reported that they had discussed the feedback report with a friend or family member. One hundred percent (100%) of the physicians indicated the Physician Feedback report was easy to read and 57% reported it as helpful. Parents of both groups were knowledgeable regarding the laws of car seats, could identify that children were at risk of poisoning, and that falls were a common cause of injury for children. Parents in the intervention group were more knowledgeable on some items including; where a child should ride in the car (16% versus 5%), stair gates (14% versus 3%). The intervention group was more likely to have syrup of ipecac and know how to use it (57% versus 39%). Parents in the intervention group believed that adults needed to watch children to prevent injury (93% versus 73%). Ninety-five percent (95%) of the whole sample reported having a smoke alarm and a car safety seat. The authors conclude that tailoring safety messages for low-income populations through the computer kiosk is feasible and effective in busy clinic settings. The kiosk in the waiting room allowed parents to utilize the time between registration and physician encounter in a productive manner.

Feinstein, L. and Bynner, J. (2004) identify measures of parents' attributes and behaviors relevant to child injury risk, and to test the Parent Supervision Attributes Profile Questionnaire (PSAPQ). PSAPQ measures aspects of protectiveness and parental supervision. The study consisted of naturalistic observations of parents' supervision of children on playgrounds with questionnaires subsequently completed by parents. The findings indicated that the questionnaire (PSAPQ) could serve as measures of parenting behaviors; a number of parent attributes were relevant to understanding injury risk among children 2 - 5 years of age; results from preliminary test of the new PSAPQ promising for future study of child injury risk.

## MATERIALS AND METHODS

The study considered a total number of 12 basic schools in the district. The selection was based mainly on schools located along the river Tordze. This number and location was ideal due to time constraints and funds involve in the administration of the questionnaires. A simple random sampling technique was employed in selecting sample of the respondents in the various schools. The simple random sampling is a technique of selecting sample from a population in which each element of the population has equal chance of being included in the sample. Out of the population of 180, a sample of 82 respondents representing 45.6% is selected for the study. A

questionnaire (made up of both open ended and close ended) was used to collect primary data from the field. Open ended questions were used to offer the respondents some convenience and to collect more information. Closed ended questions were used to solicit specific information from the respondents. In the schools visited for the project, Head teachers were selected automatically to answer the questions. This is because they are the chief executives of the school. Simple random sampling procedure was used to select Teachers and Caretakers for the administration of the questionnaire. All the respondents cooperated with the researcher and this made collection of data easy. The primary data collection encourages respondents to confidentially disclose private and sensitive information. Responses obtained from the entire questionnaires were screened through a process of editing to detect and correct possible errors and omissions and to ensure consistency among respondents. SPSS was then used to analyze the data in tabular and graphical forms.

## RESULTS AND DISCUSSION

The analysis focused on gender, age, position, classes being taught, etc by the respondents to the questionnaires asked. Descriptive statistics was used for the analysis. The analysis here starts with gender.

between the ages of 41-50 while 5 respondents forming 6.1% are 50 years and above. We observe that the youth are mostly involved in teaching our children. This could mean that more energy and effort could be exerted in educating our children.

Considering the educational level of respondents from the above chart, it appears that most of the people who responded to this question are Trained Teachers. Out of 82 people, 40 forming 48.8% are trained teachers. This is followed by SHS leavers who are 21 people representing 25.6%. Those who had 1<sup>st</sup> Degree are 8 forming 9.8% while Middle School leavers and Other Institutions are 6 people each forming 7.3%. Only 1 person forming 1.2% is a JHS graduate. This finding could mean that the various schools visited for this project work have the necessary personnel to manage their affairs. Considering the position held in the school by the respondents, 64 people are teachers forming 78.0% while 12 respondents forming 14.6% are Head teachers. The Caretakers are 6 forming 7.3%. These Caretakers work in collaboration with the teachers especially in the Kindergarten. This means that schools visited are resourced in terms of personnel. The next item considered were the classes being taught by respondents. It is fair to state that all the school visited has fair distribution of teachers in their classes. For KG1, 13 respondents representing 15.9% take care of them. KG2 had 7 respondents forming 8.5% while Primary 1 to Primary 3 has 21 respondents forming 25.6%.

**Table 1. Gender Distribution of Respondents**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	40	48.8	48.8	48.8
	Female	42	51.2	51.2	100.0
	Total	82	100.0	100.0	

**Table 2. Age Distribution of Respondents**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20 - 30	42	51.2	51.2	51.2
	31 - 40	20	24.4	24.4	75.6
	41 - 50	15	18.3	18.3	93.9
	50 and above	5	6.1	6.1	100.0
	Total	82	100.0	100.0	

**Table 3. Educational Background of Respondents**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	JHS	1	1.2	1.2	1.2
	Middle Sch	6	7.3	7.3	8.5
	SHS	21	25.6	25.6	34.1
	Trained Tr	40	48.8	48.8	82.9
	1st Degree	8	9.8	9.8	92.7
	Others	6	7.3	7.3	100.0
	Total	82	100.0	100.0	

The Figure 1 above presents the number of respondents to the questionnaire. We observe that both male and female are equally represented in our survey. Out of 82 respondents, 42 representing 51.2% are female and 40 representing 48.8% are male. This could mean that gender is fairly represented in the research. From the Figure above, it is revealed from the study that majority of the respondents who responded to these question are between the ages of 20-30 forming 51.2%. This is followed by respondents with the ages between 31-40 representing 24.4%. Also 15 respondents forming 18.3% are

There were 16 respondents forming 19.5% in Primary 4 to Primary 6. Twenty four people forming 29.3% teach at the JHS while 1 person fails to indicate the class being handled. Most of the respondents who answered this question indicated that they have a classroom. Thus 56 people representing 68.3% have classroom while 18 respondents forming 22% sit under tree. Also 4 people each representing 4.9% sit under Market structure and also under temporal shade. This means that we are in deficit of 26 classrooms for the visited schools. The finding on this would be directed towards the District

**Table 4. Position held by the Respondents**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Headmaster	12	14.6	14.6	14.6
	Teacher	63	76.8	76.8	91.5
	Caretaker	7	8.5	8.5	100.0
	Total	82	100.0	100.0	

**Table 5. Classes being taught by Respondents**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	KG 1	11	13.4	13.6	13.6
	KG 2	9	11.0	11.1	24.7
	Pri 1-3	21	25.6	25.9	50.6
	Pri 4-6	16	19.5	19.8	70.4
	JHS	24	29.3	29.6	100.0
	Total	81	98.8	100.0	
Missing	System	1	1.2		
Total		82	100.0		

**Table 6. Type of Classroom structure Occupied**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Have classroom	56	68.3	68.3	68.3
	Sit under market structure	4	4.9	4.9	73.2
	Sit under temporal shade	4	4.9	4.9	78.0
	Sit under tree	18	22.0	22.0	100.0
	Total	82	100.0	100.0	

**Table 7. Views on Adequate Ventilation of Classrooms**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	51	62.2	68.9	68.9
	No	23	28.0	31.1	100.0
	Total	74	90.2	100.0	
Missing	System	8	9.8		
Total		82	100.0		

**Table 8. Availability of Adequate Furniture for Children**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	29	35.4	35.8	35.8
	No	52	63.4	64.2	100.0
	Total	81	98.8	100.0	
Missing	System	1	1.2		
Total		82	100.0		

Assembly to help address the issue of lack of classroom. PTA would also be charged to help construct decent classrooms in the respective schools to help promote good education in the area. The issue of ventilation is very important in discussing the health of people especially those confined in an area. The study revealed that majority of respondents has proper ventilation in where they sit and study. Thus 51 respondents forming 62.2% have proper ventilation in the place they sit to study. Eight people forming 9.8% did not answer this question which could mean that they could not identify the issue of ventilation in their outfit. Twenty three people forming 28% do not have ventilation in where they sit and study. This could mean that the pupils are overcrowded and finding from this study would be presented to PTA and District Assembly to help address the issue of overcrowding in the identified classes (schools). The finding revealed that most of the classes do not have adequate chairs.

In fact 52 respondents forming 63.4% indicated that they do not have chairs. Twenty nine respondents representing 35.4% have chairs in their classes. The finding could mean that pupils do not have comfortable sitting arrangement and hence, there could not be effective and efficient studies by these pupils. It is significant that efforts are made towards securing chairs for these schools to help in effective work. Overcrowding could breed all forms of diseases and sicknesses. This must be avoided as much as possible. From the responses obtained, 41 people representing 50.0% indicated that there is overcrowding in their classrooms. This could be true since most of them do not have chairs and good ventilation in their classes. 37 people forming 45.1% do not have problem with overcrowding and this is commendable. 4 people representing 4.9% could not identify whether there is overcrowding in their classes or not. It is recommended that adequate steps are taken by the various communities to address the issue of overcrowding in order to avoid any outbreak of disease. Place of convenience is one

major factor confronting many people even in big towns and cities, especially in developing countries like Ghana. Though, of the 82 responses received, 57 people representing 69.5% indicated that they have no problem with regard to place of convenience, a lot more need to be done to ensure that all schools have decent place of convenience.

From the responses, 11 people forming 13.4% said their kids go to the bush to ease themselves. 9 responded that their kids go to the refuse dump to defecate when confronted with such inconveniences. Those who indicated that their kids attend public toilet are 5 representing 6.1%. The indication here is that 30.5% of the responses are still having serious problem

**Table 9. Is there Overcrowding in the Classroom?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	41	50.0	52.6	52.6
	No	37	45.1	47.4	100.0
	Total	78	95.1	100.0	
Missing	System	4	4.9		
Total		82	100.0		

**Table 10. Treatment of Incidents of Inconveniences**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Attend sch toilet	57	69.5	69.5	69.5
	Enter the bush	11	13.4	13.4	82.9
	Go to public toilet	5	6.1	6.1	89.0
	Go to refuse dump	9	11.0	11.0	100.0
	Total	82	100.0	100.0	

**Table 11. Sources of Water for Daily Basic Use**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bring water from home	20	24.4	24.4	24.4
	The Sch have water	40	48.8	48.8	73.2
	Wash from food vendors	22	26.8	26.8	100.0
	Total	82	100.0	100.0	

**Table 12. Provision of Meals for Pupils**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	28	34.1	34.6	34.6
	No	53	64.6	65.4	100.0
	Total	81	98.8	100.0	
Missing	System	1	1.2		
Total		82	100.0		

**Table 13. Availability of Rest Facilities for Pupils**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	4.9	5.0	5.0
	No	76	92.7	95.0	100.0
	Total	80	97.6	100.0	
Missing	System	2	2.4		
Total		82	100.0		

**Table 14. Play and Recreational Facilities for Pupils**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	43	52.4	53.8	53.8
	No	37	45.1	46.2	100.0
	Total	80	97.6	100.0	
Missing	System	2	2.4		
Total		82	100.0		

**Table 15. Availability of Waste Management Facilities**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	14.6	14.8	14.8
	No	69	84.1	85.2	100.0
	Total	81	98.8	100.0	
Missing	System	1	1.2		
Total		82	100.0		

with place of convenient. This is unacceptable as there could be serious break of epidemics. It is recommended that serious steps are taken both by central government, district assembly and various communities to solve the problem of conveniences in our schools. Water forms about 75% of our body composition. Talking on health and safety issues cannot be complete without making reference to sources of water we use. There are lot of water-borne diseases and individual needs to be careful and cautious of the intakes of water. It is indicated from the study that 40 responses representing 48.8% have and keep clean water in their schools for use. This is good as it will help promote health and safety of our school kids. Unfortunately, 22 people representing 26.8% said their kids use water from food vendors and this is not very good promoter of health.

by stakeholders in education to provide such facilities in the schools concerned. Disposal of waste is another problem facing most developing countries. Disease especially cholera has upper hands on our health if waste is not properly disposed. Huge sums of money would be committed into fighting these diseases if we do not take serious our waste disposal issues. From the study, 69 people representing 84.1% said they do not have dust bin for that matter, any proper way of disposing their refuse. This is very serious and need much attention to prevent any outbreak of cholera. Fortunately, 12 respondents indicated that they have dust bin and proper waste disposal system. It is recommended that dust bin should be provided to all affected schools to help maintain proper health care system in our schools.

**Table 16 Provision of First Aid Facilities to Pupils**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	13	15.9	16.0	16.0
	No	68	82.9	84.0	100.0
	Total	81	98.8	100.0	
Missing	System	1	1.2		
Total		82	100.0		

**Table 17 Inspection of Basic Hygiene Practices Among Pupils**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	75	91.5	92.6	92.6
	No	6	7.3	7.4	100.0
	Total	81	98.8	100.0	
Missing	System	1	1.2		
Total		82	100.0		

Worth noting is the fact that, 20 respondents revealed that their kids bring water from their homes and it is believed that the water must be cleaned and devoid of disease. This question on provision of meals dwelt on schools that are enrolled into 'school feeding program by the government of Ghana'. Food is like the fuel that propels every engine to function properly. A good food must contain all the essential nutrients. A hungry person cannot carry out any meaningful activities. The study revealed that 28 people representing 34.1% benefit from school feeding program and for that matter, have food in their schools. Fifty three respondents indicated that they do not have food provided by the school. Some of them say food vendors operate in their schools while others do not have even vendors at all. In such cases, pupils go to their various homes during break time to eat. It is recommended that we check food very well to ensure that it contains all the necessary nutrients that will help proper development of our body.

Healthy body is integrated in three things: nutritious food, rest and exercise. So question on rest is crucial in health needs of people. From the study conducted, 76 respondents forming 92.7% said they do not have any rest facility. This raises serious issue about pupils' health since rest is needed for the body. Four people indicated that they have rest facility. It is recommended that schools should endeavor to create a rest facility in their schools. Figure 14 talked about sporting facilities and play ground. It is shown that 43 people representing 52.4% said they have. Thirty seven respondents do not have play ground and sporting facilities. This does not help promote health in our kids. Concrete steps should be taken

The study also found out about First Aid facilities provided in the schools under study. It was revealed that 68 respondents forming 82.9% do not have any First Aid facility for their kids. This is dangerous as no immediate attention could be given to pupils in time of injury or out- break of any disease. PTA should contribute and provide First Aid facilities to those schools. Thirteen respondents however indicated that they have First Aid facilities. They say they provide basic health assistants to kids and staffs that might be in need of such services. Personal hygiene is key to good health and safety of an individual. It is therefore important that early childhood institutions put in measures to help inspect teeth, finger nails, etc of their pupils. Fortunately, from the study conducted, 75 respondents representing 91.5% said they do inspect the teeth, finger nails, etc of their kids. Six people indicated that they do not carry out any such inspection. Their reason was that pupils in their class are grown to take care of their finger nails, teeth, etc. others also said they always forget to carry out the inspection. Whatever the case, finger nails, teeth, etc of pupils in our basic schools must regularly be inspected to ensure good health among the pupils.

### Conclusion and Recommendation

The study examined the health and safety measures put in place at the early childhood educational institutions in Adaklu District in the Volta Region of Ghana. Questionnaire designed based on the objective of the study was answered by 82 respondents (mainly Head teachers, Teachers and Caretakers), operating at these educational institutes. SPSS was used to

analyze the responses. Finding from the study revealed that gender is fairly represented in the research, the youth are mostly involved in teaching the children, various schools visited have the necessary personnel to manage their affairs and the classes were fairly represented. The finding again shows that some classes are poorly ventilated, overcrowded and pupils do not have adequate classrooms facilities for the pupils to occupy hence pupils sit under trees, under make-shift shed or under temporal pavilion structures. Analytically, 30.5% of the respondents are still having serious problem with place of convenient or toilet facilities for pupils. In fact, some said their kids go to the bush to ease themselves, some of the kids go to the refuse dump to defecate when confronted with such inconveniences and others attend public toilet at such a time. This is unacceptable as there could be serious outbreak of epidemics. Also revealed was the fact that 52.2% of the respondents do not have any clean water for use in their various schools. Some said their kids drink from food Vendors; others send their kids to the home to drink while some do not even know how their pupils drink while in school. From the study conducted, 76 respondents forming 92.7% said they do not have any rest facility while 37% also do not have play ground and sporting facilities. This raises serious issue about pupils' health since rest, exercise and good nutrition are vital ingredients for healthy body. Sixty nine people representing 84.1% said they do not have dust bin for that matter, any proper way of disposing their refuse. This is very serious and need much attention to prevent any outbreak of cholera. Twelve respondents indicated that they have dust bin and proper waste disposal system. It is recommended that dust bin should be provided to all affected schools to help maintain proper health care system in our schools.

First Aid is immediate help services provided to people before they get to health centers. From the study, it was revealed that 68 respondents forming 82.9% do not have any First Aid facility for their kids. This is dangerous as no immediate attention could be given to pupils in time of injury or outbreak of any disease. PTA should contribute and provide First Aid facilities to those schools. Thirteen respondents however indicated that they have First Aid facilities. They say they provide basic health assistants to kids and staffs that might be in need of such services. Fortunately, from the study conducted, 75 respondents representing 91.5% said they do inspect the teeth, finger nails, etc of their kids. Six people indicated that they do not carry out any such inspection. Their reason was that pupils in their classes are grown to take care of their finger nails, teeth, etc. Others also said they always forget to carry out the inspection. Whatever the case, finger nails, teeth, etc of pupils in our basic schools must regularly be inspected to ensure good health among the pupils. In-service training is one way that is used to update the knowledge of individual in an organization on existing issue or any new development. It came as surprised when 80 respondents representing 97.6% indicated that they have never attended any in- services training on health and safety issues of early childhood education. Two respondents failed to answer this question. Finding on this question pointed to the fact that respondents do not update themselves on health and safety issues. It is therefore necessary to organize such services from time to time.

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