**Principals’ Perception of Health Services in Secondary Schools in Kwara State: A Qualitative Approach**

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**Abstract**

The common problems of learners that contribute to absenteeism in school include malaria, cough/catarrh, typhoid, headache and stomach ache, this led to the formulation of national school health policy in Nigeria to promote health services in schools. In view of the foregoing, this study assessed the health services in secondary schools. The population for the study consists of all principals in secondary schools. Purposive and convenience sampling techniques were employed to select 20 principals. Instrument tagged “Interview Protocol on Health Services (IPHS)” was used to elicit data from the participants. Data collected was transcribed and analysed via thematic approach. Findings revealed that majority of the schools does not have school clinic to dispense health services to learners. Our findings also show that most of the schools lack health personnel and equipment. This study concludes that comprehensive health services were not provided for learners. The study recommends that government should come up with policy statement on school health services that will help to provide quality health services to the learners. Lastly, adequate budget should be made by the government for the implementation of the policy.

**Keywords:** Qualitative Study, Health Services, Secondary School, Kwara State

**INTRODUCTION**

Health is regarded as quality of life that allows individual to live in the society. In developed and developing countries (including Nigeria), good health is considered as important in life of every individual (Kolawole, 2015; Owen & Fabiano, 2011). The school health service is one of the fundamental services in the school system. Health related diseases in the society necessitated the need for health services to be inculcated in the school system (Engelke et al., 2008). In developing countries, study revealed that half of the school children had anemia disease with ample evidence linking anemia with impaired reasoning abilities (Brooker, Okello, Njagi, Dubeck, Halliday & Inyega, 2010). According to Nigeria’s National School Health Policy (2006), there are several health challenges among learners in Nigeria, the lack of sanitation and health facilities, demands for urgent action in school health. For instance, World Health Organisation reports that 30% of students in Nigeria have low Body Mass Index (BMI), about 20% of students do not have normal visual acuity, 6% of schools have linkages with government-designated school clinics, and 17% of schools have school nurses.

Similarly, study conducted by Ademokun, Osungabade and Obembe (2012) shows that 90% of public secondary schools in south west, Nigeria only have first aid boxes for the treatment of slight injuries and ailments, which often administered by teachers (non-trained first aiders). That only 19% had health facilities, while 5% had health personnel (such as nurse, doctor etc.). In the same vein, the study of Kolawole (2015) on the state of school health in Kogi State’s public and private secondary schools conclude that majority of schools are faced with various challenges which includes lack of health manpower, inadequate provision of health facilities and poor organization and administration of health services to learners.

Meanwhile, empirical studies revealed that the provision of health services improve students’ learning ability (Murray, Campbell, Hextall, Hulme, Jones, Mahony & Wall, 2007; Paina & Peters, 2011; Wyman, 2005). It is said that health promoting school is seen as the one that is always strengthening its capacity as a health setting for living, working and learning. Such schools foster learning and healthy environment. Provision of health services like sick bay, immunization and school dispensaries contribute to high quality of education. Education for all is the business of all stakeholders, thus adequate provision of health services to learners help to achieve education’s goal (National School Health Policy, 20006; Owen & Fabiano, 2011; Ludeman, 2002). In addition, a school health service is key to the realization of the goals of the Nigeria’s National Policy on Education (National School Health Policy, 2006). In view of the foregoing, therefore the present study seeks to the assess the school health services in secondary schools in Kwara State, Nigeria

**LITERATURE REVIEW**

Researchers’ efforts have been on how to know whether health service is a predictor of students’ academic achievement. For instance, Walker et al. (2009) worked on the relationship between school-based health services and students’ academic success in schools. Their findings found that, there was a positive significant relationship (high) between schools with standard clinics and qualified personnel and academic achievement of students. They concluded that the provision of health facilities in school is as important as other students’ personnel services. It was recommended that similar studies should be carried out in a larger scope to determine whether similar findings would be found or not. In a similar vein, Owens and Fabiano (2011) investigated on the relationship between school health programs and academic performance in schools. The outcome of their findings was that school based-health service correlates with students’ academic performance. They concluded that further investigations should be carried in out at all levels of education for more findings.

Wayne et al. (2013) also conducted a study on the correlation between school medical services and academic performance of students in New Mexico University Medical Centre. The study adopts descriptive survey to carry out the study. The instrument used for the study was Learning Environment Questionnaire (LEQ) to collect relevant data from the respondents. The outcome of the study revealed a positive relationship (high) between the two variables (health services and academic achievement).

Further, Wang et al. (2014) conducted an investigation into the relationship between mental health and academic outcome in schools. The study was conducted using the survey method. The outcome of the study showed a positive (high) relationship between mental health of the students and academic achievement in schools. It was agreed that health services should be paramount in the minds of education stakeholders. Likewise, Rooney, Coleman, Schlitching (2007) and Welk et al. (2010) worked on the relationship between health fitness of students and academic performance in Texas, USA. Similarly, they found a positive (high) relationship between health, fitness and students’ academic achievement. They concurred that the health service is an ideal service that promotes well-being of students and staff. The study recommended that more empirical studies should be carried out in the future.

Also, Bharadwaj, Loken and Neilson (2013) investigated the relationship between health care and students’ academic achievement in secondary schools in Norway and Chile. The study was based on comparative analysis of health care between the two countries. The study revealed a positive significant (high) relationship between the two variables used for the study. They opined that people with good health services at infant age performs brilliantly when they get to school. They concluded that the provision basic health needs assist students to put in an excellent performance in their examinations. Thus, future studies were recommended on the nexus between health services and academic achievement.

In the same vein, Geierstanger and Amaral (2005) and Maughan (2003) worked on the impact of health services and student’s academic performance. Their studies adopt survey methods to carry out their studies. They found that, health services had a positive significant impact (high) on students’ academic performance. Thus, future studies were suggested. Still, Guttu, Engelke and Swanson (2004) conducted work on the relationship between school nurse and students’ academic achievement in North Carolina schools, USA. Their study revealed a significant positive relationship (high) between health services academic achievement. A similar study was also carried out on nurse services and students’ academic performance by Allen (2003) who found a positive significant relationship (high) between services provided by the school nurses and academic performance. In another related study conducted on the relationship between health programs and academic achievement in Colombian secondary schools, the study confirmed a positive (high) relationship between health and academic performance. Vinciullo and Bradley’s (2009) claimed that the provision of health services has a positive impact on students’ academic achievement. The availability of health equipments assists health personnel in discharging their duties. Policies for strengthening school health services should be made to improve health services. The study suggested that, studies on other aspects of students’ personnel services should be investigated to know whether current findings will be found or otherwise.

Moreso, Wyman (2005) found a positive significant (high) relationship between health services and academic achievement. Cooper (2005) and Engelke et al. (2008) all found a positive significant (high) relationship between health services and students’ academic achievement. In consonance with the preceding studies, Carney, Mcneish, and Mccoll (2005), Eigenbrood (2005), Geierstanger and Amaral (2005), Gelfman and Schwab (2000), Lee (2011), Ludeman (2002) and Paina and Peters (2011) all found significant (high) relationship between health services and academic performance in their studies.

Still, Basch (2011), Bradley et al. (2012) and Chen et al. (2012) empirically studied on the relationship between health services and academic achievement. Their findings showed a positive significant relationship (high) between health services and academic achievement. They are of the view that health fitness of students is related to their academic achievement. They affirmed that test conducted by health personnel services made students to be healthy and be in good in shape for academic work. Thus, this assisted them to excel in their examinations. Future studies were suggested by the researchers. Murray, Campbell, Hextall, Hulme, Jones, Mahony and Wall (2007) investigated the connection between health programs and academic performance of students. They confirmed that health service had links with academic performance in the school system. This assertion was strongly supported by Donnelly et al. (2013), who posited that health was positively correlated with students’ academic performance. They concurred that, student with stable health comprehends what was being taught in the classroom and it would definitely reflect on his/her academic performance. The studies recommended more future studies on health services and academic performance.

However, there are other researchers who conducted various studies on the relationship between health and academic achievement and found negative findings. For instance, Fiscella and Kitzman (2009), Taras (2005), Troop and Tyson (2008) and Walsh and Murphy (2003) in their separate studies to know whether the relationship between exists between the two health and academic achievement, found a negative relationship between health services and academic achievement. They concluded that lack or unavailability health service in schools, it would have a negative effect on students’ academic achievement. In the same vein, Valdez, Lambert and Lalongo (2012) studied on mental health based services and academic achievement in secondary schools. Their study found a negative relationship between the two variables (independent and dependent). They concurred that, students with mental health performed woefully in examinations despite the treatment received from school health personnel. Their studies recommended among other the need to empirically study on link between health services and academic performance. Lastly, Lisa (2012) empirically explored the relationship between health related services and students’ academic achievement. The study found a negative relationship in the study. He observed that, students with mental problem, after receiving treatment, performed woefully in their examinations. The study concluded that health service provision should be constant and quality in terms service delivery. The researcher suggested more studies for future research. Ademokun, Osungabade and Obembe (2012) investigated a qualitative study on health services in public secondary schools in south west, Nigeria. Schools’ principals were used as study’s participants. Interview and observation checklist were used to collect relevant data. They conclude that majority of the schools do not have school clinic, they often use first aid box to treat students with minor injuries and ailments.

Taken together, it can be seen that a comprehensive review of literature shows that majority of studies on school health services focused on quantitative aspect (Basch, 2011; Cooper, 2005; Gelfman & Scwab, 2000; Kolawole, 2015; Paina & Peters, 2011; Wyman, 2005), meaning that little attention is given to qualitative approach (Ademokun, Osungabade and Obembe, 2012). Therefore, the current study intends to investigate school health services in kwara state’s secondary schools through inquiry, so as to have a better understanding of school health services.

**Research Questions**

1. What are the contemporary issues on health services in secondary school?

2. What are the problems militating against health services in secondary school?

3. What are the solutions to the problems of health services in secondary school?

**Research Objectives**

1. To understand contemporary issues on health services in secondary school

2. To identify problems militating against health services in secondary school

3. To proffer solutions to the problems of health services in secondary school

**Meaning and Nature of Health Services**

There is universal notion that says “health is wealth”, which means it is good for someone to be healthy. The health of human beings cannot be compromised. Health can be defined as the complete state of mental, social and physical well-being of an individual without any trace of diseases in the body (Ademokun, Osungnade & Odembe; 2014; Kolawole, 2015; Owens & Fabiano, 2011). In support of this view, Wang et al. (2014) sees health to be the complete well-being of a human being without any trace of illness or disease in the body.

Relating the above explanation to the school system, De Klerk (2013) explained that school health services are the services designed to cure the diseases that students may suffer in school. There are numerous diseases (i.e. Fever and malaria) which students are prone to. According to National School Health Policy (2006), health services in the school system is as important as other dimensions of students’ personnel services. Health service policy for all schools at all levels of education is aimed at achieving the philosophical goals of education in Nigeria. Thus, implementation of the policy will also guarantee the academic achievement of the students in education. The health of the students is a vital step for qualitative education in Nigerian schools.

De Klerk (2013) and Eigenbrood (2005) were of the view that, health and education have strong relationships with each other and that, if the health service is provided in school, students would be assured of their well-being. In support of this statement, Armstrong et al. (2011) opined that a comprehensive school based health service foster teaching and learning activities, this view is strongly supported by (UNICEF, 2009), that stressed the importance of health service in schools promotes the well-being and good condition of students (De Klerk, 2013).

Furthermore, the health of the school children cannot not be compromised in any form due to the fact that an ideal school environment is to ensure that contemporary diseases in the society which students are prone to are treated to allow them be in stable condition. A school that promotes school health against communicable and non-communicable diseases for students will equally be promoting the school effectiveness. However, Walsh and Murphy (2003) had different opinions on the issue of health services in school, they argued that the health services provided in some schools are irritating and have serious consequences for students. Some schools operate without school clinic and those that have clinic, they lack adequate personnel to provide the services to students.

Taras (2005) is of the view that major diseases confronting students in school are cancer, epilepsy, malaria, fever and other chronic diseases, this view was corroborated by Troops & Tyson (2008), who opined that poor health services lead to the abysmal performance of students in the school system. Cooper (2005) and Guttu et al. (2004) were of the opinion that schools that did not have good health services may experience negative impact on students’ academic performance. Concerning the school health policies, according to UNICEF (2010), all schools must formulate school health policies and implement them for the safety of students as well to ensure general cleanliness in the school system. The contents of the school health policy are:

1. Prevention of the leading causes of diseases, death and disabilities in the school environment, e.g. malaria, infections, HIV and AIDS, fever, disabilities, hepatitis, meningitis, malnutrition, injuries and other related diseases
2. Capacity building for food, shelter, security, peace, gender equity, social justice, stable eco-system as well as sustainable development
3. Improvement of students’ health and personnel
4. Incorporation of health needs into education curriculum
5. Providing healthy school environment

Furthermore, Ludeman (2002) and UNICEF (2010) asserted that there are some certain school health services which must be provided by the school environment. Substantiating this view, Troop & Tyson (2008) opined that health services are vary in some schools due to the nature of which the school operates. National School Health Policy (2006) gave the true picture of health services in Nigerian secondary schools as contained in the national school health policy. It reports that *the health problems that are common among students in secondary schools in Nigeria are headache, cough, catarrh, stomach ache, malaria and fever. 14% of the Nigerian secondary schools have a first aid box, while 17% of the schools have health personnel” (p.2).*

In continuation for the support of health services in the school, World Health Organization (2011) reported that there are series of school health services that must be promoted in schools for students and the entire school staff; this will lead to eradication of diseases in the school environment. The school health programs are a variety of health services that promotes the advancement of the school (De Klerk, 2013; London & Castrechini, 2009; Maughan, 2003; Wyman, 2005). The purpose of health personnel in school is to provide basic health care (Engelke et al., 2008; Ludeman, 2002), which will influence the performance of students in school (Armstrong et al., 2011; Welk et al., 2013). The main purpose of establishing a school clinic is to;

1. Promote the good health of the students,
2. Promote awareness and the well-being of the students and offer primary health care at little or no cost for all registered students,
3. Provide health information about the students should be in case there is a need to refer students to another hospital for severe cases
4. Keep proper health records of both staff and students
5. Make Constant sensitization of staff and students on the need to promote cleanliness in the school (Ludeman, 2002; Paina & Peters, 2011).

Equally important, Rooney, Coleman and Schlitching (2007) are of the view that, there are certain equipment needed in the school clinic for effective delivery of health services to students and staff in the school. Supporting the need for equipment that should be found in the school clinic, Welk, Jackson, Morrow, Haskell and Meredith and Cooper (2010) also posited that these equipments are needed to accelerate health service delivery to students. It will enable the health personnel service personnel to carry out their work efficiently and effectively. According to World Health Organization (2011), there are certain equipment that must be provided in the clinic. The equipments are listed below:

* A well-constructed building
* Laboratory chairs
* Physician tools
* Medical recliners
* Footstools
* Privacy screens
* Charts cartes
* Magnifying lamps
* Clinic couches
* Reception furniture
* Cold packs
* Disposable linens and others

Furthermore, provision of clinic equipment needs to be managed by competent doctors and nurses. Well trained health personnel should be employed to dispense service to staff and students in the school. This would ensure that, related diseases that are common among students will be treated on time (Wayne, Fortner, Kitzes, Timm and Kalishman, 2013).

**Factors Affecting Provision of Health Services in Secondary Schools in Nigeria**

The basic factors that are militating against the provision of health services in the school system are discussed as follows. Firstly, poor funding is one of the factors affecting the provision of health services in the school. Poor allocation of funds to schools is negatively having its toll on students’ well-being. Some secondary schools lack basic health equipments that are needed to cater for the health challenges of students (Dairo & Owoyokun, 2010).

Secondly, lack of health personnel is another factor affecting the provision of health services in schools. Some of the secondary schools, most especially in public schools do not have adequate health personnel to work in the school clinic. Shortage of nurses, laboratory scientists, pharmacists and medical doctors are well pronounced and noticeable in some of the Nigerian secondary schools and this is due to inadequate health services (Onah, Ikeako & Iloabachie, 2006). Taken together, it can be deduced that certain factors as discussed previously are affecting the provision of health services to students, and if the situation isn’t arrested, it could inhibit the goals and objectives set by the school Onah, Ikeako & Iloabachie, 2006). In addition, School Health Policy's (2006) report revealed the state of school health services in Nigeria. The report is based on physical location of school, physical state of classroom and structural facilities, availability of environmental health services, health care services, health status of students, and common health condition of students in school. The following tables gave a detailed state of health services in Nigeria.

Table 1 State of School Location, Classroom, Structural and Health Facilities

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| --- | --- |
| **Physical Location of School** | Most of the schools are located 71% at a distance of less than 5km to main markets. Also, most of these schools (68%) were located less than 1 Km to busy main roads. |
| **Physical State of Classroom and Structural Facilities** | Most schools had good ventilation (94%), and more than two-thirds had satisfactory doors, windows and adequate light. |
| **Availability of Environmental Health Facilities** | About three-quarters of schools assessed had recreation facility, one-quarter have ventilated pit latrine, 46% had pipe-borne water or bore hole and 67% were reported to be clean. |

Source: Nigeria’s School Health Policy (2006)

Table 2 Health Care Services in Schools

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| **Health Care Services in Schools** |
| * 14% of head teachers indicated that pre medical examination was mandatory in their school |
| * Food handlers are screened only in 17% of schools. |
| * Four-fifth of schools have first aid Box |
| * 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 organization |

Source: Nigeria’s School Health Policy (2006)

Table 3 Health Status of Students in Nigeria

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| **Health Status of Students** |
| * 30% of students have low Body Mass Index (BMI) |
| * 0.2% of students have lice on their heads |
| * 20% of students do not have normal visual acuity |
| * Lip soars were observed in 0.8% and 0.5% of the primary and secondary school students respectively |
| * Dental plaque was observed in more than 10% of students |
| * 0.4% of students have soars on their tongue |
| * About 19% of students do not have normal hearing |
| * 3% of students have skin rashes |

Source: Nigeria’s School Health Policy (2006)

Table 4 Common Health Condition of Students in Nigeria

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| --- |
| **Percentage (%) of Common Health Condition of Students** |
| Fever/Typhoid (56%) |
| Headache (43%) |
| Stomach Ache (29%) |
| Cough/Catarrh (38%) |
| Malaria (40%) |

Source: Nigeria’s School Health Policy (2006)

**METHODOLOGY**

**Research Philosophy**

Research philosophy, which is also called research paradigm, can be defined as the world view or a basic belief which guides the conduct of a research (Guba & Lincoln, 1994). Research philosophy can be grouped into two types, namely, interpretive and positivist paradigm (Bryman & Bell, 2007). Firstly, positivist paradigm, which is also refer to as scientific paradigm, is a contribution of the French Philosopher, who is universally known as Auguste Comte since 1798-1857 (Marks, 2007; More, 2009). This positivist paradigm is commonly used in social science research. Those who belong to this school of thought believed that researchers can study social reality. It is also believed that, social life could be represented by using quantitative through experimentation and correlation to know the cause and effect among variables in a research (Creswell, 2009). Deductive inquiry is employed by the positivists to conduct a test of hypotheses based on empirical evidences and theories. Deductive inquiry is aimed at drawing conclusions for the generalization of a research. It also gives room for the revision of theory (Bryman & Bell, 2007). According to Neuman (2011), positivist researchers that study precisely on quantitative measures, seek for value-free science, test theories with relevant statistics as well as see a replication of studies as a very important issue. On the other hand, interpretive paradigm, also referred to as constructivist or anti- positivist, is an underpinning philosophy of a Mathematician and German Philosopher, Edmund Husserl from 1859-1938 (Wright, 2009). The interpretive assumption is that, human life can be studied through observation, interview, case studies and others (Guba & Lincoln, 1994). In addition, interpretivists are of the view that social reality is socially constructed and subjective, with both participants and the researcher relating to know the phenomenon from the perspective of the individual. The researcher adopted for this study the interpretive paradigm, as philosophized by Edmund Husserl (1859-1938).

**Research Design**

According to Creswell (2009), research design can be defined as the set of procedures and methods that can be used for collecting and analysing measures of the constructs in the investigation. Therefore, the research design for the current study is qualitative. This is based on the recommendations in the previous studies that call for investigation to be made via inquiry so that the concept of health services can be better understood.

**Population/Sampling Techniques**

The population of the study consists of all principals in secondary schools in Kwara state, Nigeria. In order to select participants for the study, we used non-probability sampling technique to select the participants. Specifically, we employed two sampling techniques which include purposive and convenience techniques. Firstly, purposive technique was used to select secondary schools across the 16 local governments in the state. Secondly, we adopted convenience technique to select 20 principals. As opined by Creswell (2009), the aim in qualitative study is to explore the diversity, sampling strategy and sample size do not play a substantial in the selection of a sample. So, if sample is cautiously selected, diversity can be accurately and extensively described on the basis of information gotten even from one individual.

Table 5 Local Governments and Number of Secondary Schools in Kwara State

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| --- | --- | --- |
| **S/N** | **Number of Local Government Areas in Kwara State** | **Number of Secondary Schools** |
| 1 | Asa | 27 |
| 2 | Baruteen | 27 |
| 3 | Edu | 35 |
| 4 | Ekiti | 18 |
| 5 | Ifelodun | 60 |
| 6 | Ilorin East | 46 |
| 7 | Ilorin South | 73 |
| 8 | Ilorin West | 62 |
| 9 | Irepodun | 53 |
| 10 | Isin | 19 |
| 11 | Kaiama | 12 |
| 12 | Moro | 33 |
| 13 | Offa | 29 |
| 14 | Oke-Ero | 17 |
| 15 | Oyun | 24 |
| 16 | Patigi | 20 |
| **Total** |  | 555 |

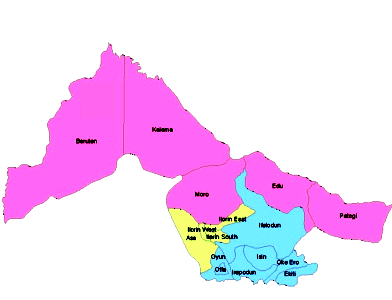


Figure 1 Map of Kwara State showing the 16 Local Government Areas

**Ethical Consideration**

Ethical consideration is an important issue in qualitative research, which researchers need to comply with to prevent errors (Wikiversity, 2015). According to Creswell (2013), seeking for information can pose an ethical dilemma in research. Certain categories of information can be classified as confidential or sensitive by some people and thus means an invasion of privacy. In the same vein, asking for information may embarrass a participant. If researcher do not ask for the information, it may not be easy for the researcher to pursue interest in the areas and make a meaningful contribution to the existing body of knowledge. In summary, ethical consideration requires fairness and respect for participants involved in research. Therefore, an introduction letter was obtained from Awang Salleh Graduate School of Arts and Sciences, Universiti Utara Malaysia and taken to the selected schools. In addition, the participants (principals) were told of the type of information to be collected, why the information is being collected, what purpose it will be put to, how they (participants) are expected to participate in the study, and how the study will directly or indirectly affect them.

**Interview Protocol**

Burns (1997) defined interview as a commonly used method of gathering information from interviewee. It is a oral interchange, often face to face, though telephone or other gadgets may be used, in which an interviewer tries to elicit information or opinions from the interviewee. In a nutshell, person-to-person interface, either face to face or otherwise, between two or more individuals with a precise purpose in mind means an interview. According to Turner (2010), interview protocol is a manuscript that contains vital information that interviewer will follow to collect relevant information from the interview. Interview protocol covers essential questions to be asked. Creswell (2013) opined that interview protocol is a document that contains semi-structured open-ended questions. In view of the foregoing, items from previous studies on health services were adapted to develop the interview protocol called “Interview Protocol on Health Services (IPHS)” for the current study. The questions in the interview protocol were constructed based on research questions so as to provide information that is needed to achieve the research objectives. Materials that were used to collect and analyse data include digital tape recorder, pencil, biro, eraser, jotter, laptop and I pad phone.

**Pilot Study/Trustworthiness**

According to Creswell (2009), trustworthiness is needed in qualitative research because it helps to ensure data credibility, it also help to ensure that the results of the research reveals the research context. The interview protocol was checked by specialists in the field of the study. All the observations and suggestions were corrected in the protocol. In addition, a pilot study was conducted with the use of one secondary school principal**.** Before the main study was carried out, a pilot study was conducted in one secondary school. The school principal was interviewed in line with interview protocol. The pilot study conducted was in congruent with the suggestion of Kim (2011) who suggested that conducting a pilot study normally assist the researcher to detect if there are weaknesses or mistakes within the interview conducted. It also help to make necessary amendments before the main study (Creswell & Clarke, 2007). Before the commencement of the interview with the school principal, the consent of the principal was sought. After that, the questions contained in the interview guide were explained to the principal for him to have a prior knowledge of what to be expected during the interview. Permission to carry out the interview was granted by the school principal and the interview was successfully conducted. Lastly, the interview was transcribed and analysed. Part of the interview granted by the principal read thus:

*“We have a functional clinic in my school. The school clinic has health personnel who attend to students when they need health services. Sometimes we admit students in the school clinic for 2 to 3 days, depending on the nature of the sickness of the particular students admitted. Also, if we have students whose health challenges are beyond our control, we take such students to the State Civil Service Clinic for medical attention.”*

**DATA ANALYSIS**

**Categorization of Main Theme and Sub-Theme**

The main interviews were tape-recorded with approval of the 20 selected principals that participated in the study. The interviews were conducted in one month. After that, the recorded interviews were carefully transcribed using the thematic approach. After that, transcripts from the interview were interpreted thematically using main themes, sub-themes. Table below shows the theme categorization.

Table 6 Theme Categorization

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| --- | --- |
| **Theme One (Issues on Health Services)** |  |
| Number of sub-theme | 3 |
| **Theme Two (Problems of Health Services)** |  |
| Number of sub-theme | 2 |
| **Theme Three (Solutions to the Problems of Health Services)** |  |
| Number of Sub-theme | 2 |
| Total | 7 |

***Research Question One: What are the contemporary issues on health services?***

**Theme One: Contemporary issues on health services**

Health is regarded as wealth, it is a vital service in the school system. The school is often said to be incomplete without the presence of health services (Paina & Peters, 2012). Roney, Coleman and Schlitching (2007) observed that certain health services are needed in the school system to ensure a healthy school system. Health services need irrespective of the status of the school. Naturally, it has been said that a normal student will be in the right frame of mind for the classroom activities. However, in line with the context the current phenomenon, a health service is regarded as the sub-theme of student personnel services. There are four fundamental questions that this study seeks to get a response from the school principals in secondary schools in Kwara State, Nigeria. The questions are: meaning of health services, the nature of health services, provision of health services, and the importance of health services. The preceding questions became the sub-sub themes under the health services.

**Sub-Theme One: Meaning of Health Services**

The interviews conducted in this study demonstrate the strong conviction of the school principals on the above statement concerning the meaning of health services in the school. Virtually all the principals subscribe to the views of what school health services are all about in the education system. To start with, informants 5, 7 and 18 explained below:

*“The health service has to do with taking care of health challenges of the students. Health services are inseparable services in the school. It is a service that is meant to take care of the health needs of the students. Health services refer to medical services provided for the benefit of the students. It is a valuable service in the school system.”*

Likewise, other informants subscribe to the positions of the above meaning of health services in the school system. They describe it as:

*“Health services are services provided to cater for the health challenges of students. Health services are necessary services that must be provided for the well-being of students. It is not only for students, but it is also important for the entire staff of the school. It encompasses the provision of health needs for the benefit of students in school. Health services are services provided to ensure that students are in the right frame of mind when teaching and learning are going on (Informants 9, 2o and 11).”*

In the same vein, other informants who participated in the study believe that health services are needed for the development of the learners in the school system. They opined that:

*“Health services are very germane to the development of the school. It is an important service that must be provided to complement other components of school services. In a school, health facilities are essential. The health service is an integral part of school service that is not only for the students, but for also for the entire staff of the school. The health service is a vital service that is provided to cater for health challenges of the students. It is a center that is essential for the illness or any emergency in the school. Health services are services that cannot be compromised in the school system. It is an indispensable service in the school system (Informants 15, 3, 14 and 16).”*

The points above on the meaning of health services by all the informants show the level of understanding of the meaning of health services in secondary schools in Kwara State. It displays the standard of consciousness when it comes to the health needs of their students. Thus, understanding what health service men by the school principals are good for the promotion of health services in the education sector in Kwara State and Nigeria at large.

**Sub-theme Two: Nature of Health Services**

It is evident in this study on the nature of the health services in secondary schools in Kwara State. The entire informants (principals) selected for interview bared their minds on the nature of health services that are inherent in their schools. For instance, informant 11 expressed that:

*“We have a functional clinic at our school. The school clinic has health personnel who attend to students when they need health services. Sometimes we admit students in the school clinic for 2 to 3 days depending on the nature of the sickness of the particular students admitted. Also, if we have students whose health challenges are beyond our control, we take such students to the State Civil Service Clinic for medical attention. Our school and Queen Elizabeth College are the two schools that do refer students to that public hospital.”*

According to informants 13 and 14, they expressed that:

*We have a first aid box which we use to treat students with minor injuries. However, in case we have students with severe injuries, we take such students to a nearby hospital for adequate medical attention. We have a clinic with qualified health personnel who are in charge of the clinic. The health workers attend to students when they need the services. It is a valuable service in the school system. The clinic provides these services for the benefit of the students.*

In support of the above responses, informant 20 gave explanations on what is obtainable from their school regarding the nature of health services, thus “… we have a functional clinic with qualified nurses who attend to students when they need health services. We refer students to the best hospitals if we have cases that cannot be treated in our school”.

Informant 16 categorically expressed that “… we offer direct and indirect health services in our school. We have a general school clinic with qualified health personnel services in charge of the school clinic. We provide treatment when students fall sick and we refer students to severe cases to a better hospital for immediate medical attention”.

Likewise, informant 10 says “… we have a school clinic where we treat students with injuries. We also have first aid which will also provide for our students. We have nurses that are in charge of administering these services in our school”.

Furthermore, the researcher discovered that some schools did not have a functional clinic in their schools, but still offered health services directly and indirectly to their students. In support of this statement, informants 2 and 7 expressed thus “… our school has a first aid box because we do not have a school clinic, we offer health services if the injury sustained by the student is severe, we have a nearby clinic where we refer our students for prompt treatment of such student. We also treat students with our first aid box with cases that are not severe.” Another informant corroborates the view that “… we have a first aid box and we do refer students to a nearby hospital for quick medical attention. Currently, we do not have school clinic, but we refer students to a better hospital as explained before (Informant 18)”. Informant 17 said ”… we have first aid box which we use to treat our students if there is any injury or other diseases. Also, we collaborate with the state civil service clinic beside our school with the aim to be taking our students there for extensive treatment if there is a need for us to do so”. In the same vein, informant 6 stressed that “ we have a first-aid box which we use in catering for minor injuries which students might sustain within and outside the school. We take students whose injury or challenges are beyond our control to a nearby hospital for treatment”.

More so, informant 4 beared his view”… our school has a first aid box which is meant to cater for any diseases that students or staff might have. In case we have cases that are beyond our power, we normally take such students to a nearby hospital for prompt medical attention”. Informant 9 also in support of the statement, thus”… only has a first aid box in this school, which we use to provide when they have minor injuries. When students have severe injuries, we take such students to a nearby hospital for better treatment. That is the nature of health services here in our school”. Informant 12 also concurs with them that “… we offer first aid health services to students. However, if we have cases that are beyond our control, we refer such cases to nearby hospitals because we have partnered with those hospitals”. In support of this, informant 19 says “… we have a first aid box in which we use to treat students with minor health cases. However, in some instances where we have health cases that are beyond our power, we refer such cases to the nearest hospital for immediate medical attention”.

In synopsis, it was discovered that some schools have clinic erected in their school premises while some only have the first-aid box but still provide health services directly and indirectly. Students with minor injuries are treated with the first-aid box in the school. They signed an agreement with nearby hospitals whom they refer their students to should be in case they have students with severe injuries. Also, it was discovered that schools with clinic also refer their students to better hospitals should in the event of an emergency.

**Sub-theme Three: Provision of Health Services in School**

Interviews conducted in this study confirmed that the provision of health services is paramount in the minds of the school principals in secondary schools in Kwara State, Nigeria. Virtually all the principals admitted that they ensure the provision of health services in their respective schools. For instance, informants 8, 18 and 17 expressed that “… Health services are well provided for students in our schools”. Informants 5 and 16 opined that “health services are well provided. The health services should be provided because it helps to manage the health of students”. Another informant supported the views as captured in the preceding and says that:

*“Without health services, students may not be able to come to school if they are sick, this means that health services should be provided. In this school, we provide health services for students as explained earlier on. The health services should be provided for students in school (Informant 2).”*

Other informants expressed their views on the provision of health services in their schools:

*Health services are well given to students in this school as far as am concerned and all schools should provide it for their students because of it is important (Informant 13)*

*We provide health services, directly and indirectly, it is a valuable service in the school system (Informants 9 and 12).*

*These services are well provided for our students in school. All schools should provide health services (Informants 11 and 14).*

*We offer health services within and outside the school as I said earlier on. Simply put, students are provided with health services. Schools should provide health services for their students for their health benefit (Informants 3, 7, 6, 19 and 20).*

Further, health services are well provided for students in my school. It should be provided for students in school (Informants 15, 4 and 10). The above statements on the provision of health services as expressed by informants agree with the Federal Ministry of Education’s school health policy (National School Health Policy, 2006). In summary, it is evident that provisions of health services for students are prominent in the schools. Apart from the provision of health services, the majority of the informants agreed that all schools should provide these services as they are vital to the academic success of students.

#### Sub-theme Four: Importance of Health Services

The responses from the interviewed principals on the importance of health services showed that health services are essential services in the school setting. For instance, informants 13, 1 and 11 expressed that:

*“Health service is important because it helps to cater for the health needs of the students. It also helps students to be in good condition for classroom activities. It helps to make students be in good condition for academic activities. It ensures that students are healthy for academic activities. It is an essential service in the educational system.”*

The above statements are synonymous with the study of Nwimo (2006) who found that “health is wealth” and it cannot be compromised. In reckoning with the above submissions on the importance of health services, some informants also concurred that health services are sacrosanct in the school settings. Informants 14, 4 and 5 are of the view that:

*“Health service helps to cater for emergencies in the school. It also provides first aid treatment for students. It makes students to be physically ready for the classroom activities. With health facilities in the school, it will promote effective teaching and learning. It prepares students to be in stable condition for teaching and learning activities. It prevents danger from happening in the school.”*

Informant 10 specifically admits that “… It helps students to maintain personal cleanliness. It helps students to be in the right frame of mind for learning activities. It is good for the overall development of the school. It helps to respond to health challenges facing students”. Informants 15 and 20 also bare their views on the importance of having health service in the school premises; they said “… It provides first aid treatment to students. It prevents death in the school system… It helps teachers to be treated as well”. Likewise, informants 7, 8 and 9 say that:

*“The importance of health services is to take care of the health needs of the students. It assists in attending to the health challenges of the students. To ensure that students are healthy for academic activities. It is an essential service in the school. It helps to treat health-related challenges that might be facing students in school.”*

In summary, it can be seen that the level of responses about the importance of health services is overwhelming. It is noteworthy that essence of having health services as being expressed by the custodians (principals) of schools. Health services will continue to play a significant role in the moulding of students towards achieving academic excellence as postulated by the National School Health Policy (2006). However, figure below shows the level of responses by the school principals in secondary schools in Kwara State concerning the importance of health facilities to the academic achievement of students.

***Research Questions 2: What are the problems militating against health services in secondary schools?***

**Theme Two: Problems Militating against Health Services in Secondary Schools**

Interview conducted established that inadequate provision of school clinic is one of the problems affecting the provision of health services. Also, lack or inadequate provision of health personnel and equipment is another problem militating against the provision of good health services. The two problems are sub-themes under theme two. The two sub-themes are given below.

**Sub-theme one: Inadequate Provision of School Clinic**

The data collected from the informants revealed that inadequate provision of school clinic formed sub-theme one under theme two. According to informants 5, 6 and 8, they bear their minds on inadequate provision of school clinic:

*“To be sincere, we don’t have established clinic. We only have first aid box which we use to treat students with minor injuries. As you can see for yourself that there is no clinic in this school. Government and old students should please come to our aid for the provision of modern school clinic so that we can treat minor and major injuries”.*

Corroborating the above statement, informants 1, 7, 4 and 9 said:

*Inadequate provision of school clinic is one of the problems affecting provision of health services in this school. We don’t have school clinic here to be sincere. What we have is first aid box which is usually administered to injured students with the assistance of teachers. We hope to have modern clinic in our school soon.*

In the same vein, informants 3, 8, 10, 13 and 2 confessed on the state of school clinic in their schools, they said:

“*We don’t have school clinic but we have a fist aid box. The first aid box is well stocked. We often send students who fall sick back to their parents for proper treatment. We really need school clinic so that we can be able to treat minor and major injuries. Also, we don’t have health personnel and this affects health services in school”.*

**Sub-theme Two: Inadequate Provision of Health Personnel and Equipment**

Inadequate provision of health personnel and equipment is sub-theme two under theme two. Majority of the informants explained that their schools lack provision of health personnel and equipment. For instance, informants 3, 9, 8 and 7 expressed thus:

“*Our school lack health personnel and equipment such as nurses, doctors, drugs, sick bay, nurses, doctor and other health related materials which are needed to improve the health condition of the students and teaching staff. We used to improvise by using teachers to treat students who are sick. That is the reality in our school. Inadequate provision of health personnel and equipment is against the national school health policy of 2006.”*

Confirming the inadequate or absence of health personnel and equipment in schools, informants 4, 6, 2, 5 and 10 said:

*“Honestly, lack of health personnel such as nurses and doctors affects the provision of basic health services in secondary schools. Also, unavailability of drugs and other health equipment in secondary schools is worrisome and disheartening”.*

In support of the foregoing statement on the dearth of health personnel and equipment in secondary schools, other informants are of the view that:

*“One of the problems confronting the provision of quality health services in secondary schools in Kwara State and Nigeria at large is the lack of health personnel, which includes nurses, matron, doctors and other personnel. In addition, lack of basic health equipment such as sick bay, drugs etc.” (Informants 11 and 20)*

***Research Question 3: What are the solutions to the problems of health services in secondary schools?***

**Theme Three: Solutions to the Problems of Health Services in Secondary schools**

Evidence from the interview conducted confirmed that majority of the informants concluded that building of modern clinic and availability of adequate health personnel and equipment are the solution to the problems militating against the provision of health services in secondary schools in Kwara state.

**Sub-theme One: Building of Modern Clinic**

Evidence from the interview revealed that majority of the informants are of the view that erecting modern clinic for secondary schools will help to solve problem of health services. According to informants 11 and 20, they expressed thus:

“*If health services are to be promoted in secondary schools, modern clinic should be built. Government should assist in building modern clinic for schools. Private companies and philanthropists can also assist in building a befitting clinic for secondary schools.”*

Informants 1, 7, 8, 9 and 3 said:

“*Building of modern clinic is sacrosanct for the development of secondary schools in Kwara state. This will help to treat students who may sustain minor and major injuries. The earlier we have standard clinic in our schools, the better for the advancement of health services”.*

Likewise, informants 6, 10, 4, 11 and 18 are of the view that:

“*Construction of modern clinic will help to improve health services in secondary schools. It will help to attend to various diseases that students are battling with. The school clinic should be built as soon as possible by the government.”*

**Sub-theme Two: Provision of Health Personnel and Equipment**

Majority of the Informants are of the view that provision of health personnel and equipment will help to solve the problems militating against provision of health services in secondary schools. Excerpts from informants 3, 2, 17, 16, 1, 6, 9 and 20are given below:

*“To be sincere, after provision of modern school clinic, qualified health personnel should be recruited to run the school clinic. Also, the clinic should be stocked with adequate health equipment such as drugs, sick bay, tables, chairs etc. This will definitely improve the health services in secondary schools.”*

Informants 5, 18, 19, 10 and 4 expressed thus:

*“The importance of health service cannot be underestimated, hence government should endeavour to recruit qualified and competent health personnel to run the clinic for the benefit of students and the entire staff in the school. In addition, the clinic should be equipped with drugs, sick bay, chairs and table and other health equipment that is needed to run the clinic efficiently and effectively.”*

**DISCUSSION OF FINDINGS**

Findings from our study were able to provide answer to the three research questions formulated for the study. Therefore, in line with answered research questions, the objectives of the study are discussed.

The first research objective was to understand contemporary issues on health services in secondary schools. The first contemporary issue is on perceived meaning of health services. Interestingly, majority of the informants agreed that health connote the well-being of human being. Their views is synonymous with the study conducted by Coleman and Schlitching (2007) and Welk et al. (2010) that health is a state of complete mental, physical and social well-being and not necessarily the absence of infirmity or disease. The school is regarded a vital context for promoting health, essentially because it touches a larger proportion of the school population for years. This lends credence to the fact that learning about health-related attitudes, knowledge, and behavior starts at an early age. They opined that health services can be described as the series of activities or harmonized projects in the school system for the purpose of promoting the health of the staff and students as well as the academic community at large. The second issue on informants’ (principals) perceived nature of health services in their secondary schools. Majority of the informants concured that first they offered first aid service to their students, a situation whereby students with minor injuries are treated using the first aid box. Also, they offered referal service, a situation where students who sustained major injuries or have complex diseases, will be refered to a nearby government or private hospital for comprehensive treatment. The foreging is consistent with the study of Ogbiji and Ekpo (2011) who are of the view that health services are embedded in the academic program, which is primarily concerned with the understanding of health. They opined that well-providing services are geared towards the improvement and maintenance of the students and staffs of the school Health service are aimed at developing mental, emotional, physical and social health among students. They claimed that the nature of health services in secondary schools in Nigeria largely depends on the capability of the schools. According to National School Health Policy (2006), Nigerian school health policies state that the major characteristics of health services in the school are assessment of the health status of students and staffs through pre-entry selection, routine psychological and medical examinations. Referral and follow-up between the school, health facilities, and community is allowed. Both first aid and referral services help to control non-communicable and communicable diseases, through exclusions, inspections, educational measures, re-admissions, sanitation, and epidemic and immunization control. The third contemporary issue is on informants’ (principals) perceived provision of health services for their students in schools. Virtually all the informants said that they provide health services for their students, the health services provided include first aid treatment and referral services. They confirmed that they value the health of their students and the entire teaching and non-teaching staff. A healthy school atmosphere is one of the interrelated aspects parts of the academic program. In support of the foregoing, Ludeman (2002), Gelfman and Scwab (2000) and Ogbiji and Ekpo (2011) are of the view that health service connotes all the deliberately organized, scheduled and executed efforts with a view to ensuring healthy living of students and the entire members of the school community. Healthy school (biological, socio-cultural and physical) is an important factor of health and significantly influences the student’s level of intellectual development and growth. Further, provision of health services must be assured in schools for the efficient performance of students in the classrooms. All the essential health facilities and tools that are needed for the social, emotional and physical well-being of the school be guaranteed, provided and sustained. In the same vein, the finding is similar to the studies of Bradley (2009), Cooper (2005) and Eigenbrood (2005) who confirmed that provision of health service in school helps to increase the academic performance of students.

The fourth contemporary issue is on informants’ (principals) perceived importance of health services in school. They unanimously agreed that school health services help to accelerate the development of every learner by taking into consideration the learner’s health needs; create awareness concerning synergy efforts of the school, community and home in promoting health. According to Kolawole (2015), he opined that heath services help in development of health awareness among the learners as well as creation of availability and use of health-related aspect of resources in the community; encourage collaboration in a realm of interdependence, technological exposure and social interaction in looking at the emerging health-related issue skills building of staff and learners for promoting health in the school environment. Similarly, Bharadwaj, Loken and Neilson (2013) and Nwimo (2006) assert that the importance of health services cannot be underestimated, because there is a solid inter-connectivity between a student’s health status and academic performance and for tangible learning to happen, the student needs to be healthy. Further, he posits that the school health services comprise of essential components, which include health examination, health appraisal, health counselling, referral services, emergency care, correction of defects, health screening, control of communicable diseases, etc. These components are imperative in assisting students in the school. This will, in turn, curb the likelihood of diseases that may surface in the school.

The second research objective was to identify problems militating against provision of health services in secondary schools. Our findings revealed that two problems were identified by the informants (principals), they are inadequate provision of school clinic, and inadequate provision of health personnel and equipment. Firstly, in a unanimous decision, informants agreed that non-existence of school clinic hinders provision of qualitative health services for students in secondary schools. Also, they are of the view that the issue has been for a long time and if not addressed, provision of health services will continue to be an impediment to school success. This finding is congruent with the study conducted by Ademokun, Osungbade and Obembe (2014) who conducted a qualitative study on status of implementation of school health programme in south western Nigeria. They found non-availability of school clinic is one of the problems militating against the provision of health services in secondary schools. Similarly, Kolawole (2015) confirmed that lack of basic school clinic in secondary schools slowed down provision of health services. Secondly, majority of the informants confirmed that lack of health personnel and equipment is another problem militating against provision of health services in secondary schools. They opined that some schools do not have school clinic talk less of health personnel and equipment. Sadly, they confirmed that most schools used teachers as health personnel, which is inconsistent with the Nigeria’s school health policy 2006. The finding corroborate the earlier studies conducted by Kolawole (2015) and Ademokun, Osungbade and Odembe (2014) who found that inadequate health personnel and equipment is a big problem as most secondary schools are seriously found wanting in respect to availability of health personnel, equipment, funding, administration, and organization of school health services. They reported that basic clinic is limited in majority of the schools visited and that availability health personnel for the implementation of health services are also limited. They conclude that there is no evidence of plans for provision of health personnel and equipment.

The third research objective was to proffer possible solutions to the problems of health services in secondary schools. Interestingly, our findings revealed that informants for the study suggested two possible solutions to the problems militating against provision of health services. They are building of modern clinic and provision of health personnel and equipment. Firstly, most of the informants are of the view that having modern school clinic is needed to provide quality health services for students. They opined that the availability would significantly promote health services, which is in line with Nigeria’s 2006 school health policy which state that availability of school clinic provides basic health services for disease prevention and management of injuries in the school, build capacity of the school community so as to identify, treat, and manage simple illnesses, infections, injuries and infestations. The foregoing finding is consistent with the study of Ademokun, Osungnade and Odembe (2014) who conclude that provision of school clinic is essential for the implementation and improvement of school health services. The finding is congruent with the studies of Bharadwaj, Loken and Neilson (2013), Bradley et al., (2012) and Chen et al., (2012) who found that availability of school clinic is needed to implement the school health programme. Secondly, our findings revealed that most of the informants agreed that provision of health personnel and equipment are sacrosanct to ensure the successful implementation of school health programmes. The finding is in consonance with the studies of Allen (2003) and Swanson (2004) who said that availability of health personnel such as nurses, doctors, and matrons in schools help students to receive constant health services, which in turn positively affect their academic performance. Our findings also corroborate the findings of Chen et al., (2012) and Murray et al., (2007) who found that availability of health personnel and facilities are significant predictors of students’ success.

**CONCLUSION AND RECOMMENDATIONS**

Based on the findings, this study concludes health services in majority of secondary schools in Kwara state (both public and private) are faced with several challenges which include inadequate provision of comprehensive health services, inadequate or lack of modern clinic, and inadequate or lack of health personnel and equipment. However, in order to improve school health services in secondary schools, the following recommendations are made:

* State government should come up with policy statement on establishment of modern clinic in all secondary schools. Also, the policy should mandate private school owners to have clinic in the schools. Such policy should have a clear aims and objectives, the scope and mode of implementation.
* Adequate budget should be made by the state government for the implementation of the policy, so as to speed up the construction of school clinics. In addition, funding for the provision of health facilities and personnel for the school clinic should catered for in the budget.
* In order to ensure smooth implementation of the policy, three committees need to be set up are: school-based implementation committee, local government implementation committee, and state implementation committee. The school-based committee will report the level of health policy implementation to the local government committee, while the task of the local government is to give detailed activities on policy implementation to the state committee.

* After the provision of clinic with adequate health personnel and equipment, there is need for monitoring and evaluation by the school principals with a view to ensuring that students have access to comprehensive health services in school.
* Lastly, school principals should ensure constant maintenance of school clinic

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**Interview Protocol on Health Services (IPHS)**

The purpose of this interview is to know the perception of principals on health services in secondary schools in Kwara State, Nigeria.

***Section A:*** *Informants’ Profile*

1. Gender……………………………………………
2. Age…………………………………………………
3. Religion……………………………………………
4. Educational Qualification……………………….
5. Length of Service…………………………………
6. School Name……………………………………..

***Section B:*** *Health Services*

Interview Questions on Health Services:

1. What do you think health services refer to in your school system?
2. Can you please explain the nature of health services provided for students in your school?
3. What is the importance of health services on students’ academic achievement?
4. What are the problems militating against provision of health services in school?
5. What are the likely solutions to the problems of health services in school?