

Principals' Perception of Health Services in Kwara State Secondary Schools: 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 assesses principals' perception of health services in secondary schools. The study population consists of 551 principals of secondary schools (public and private) in Kwara State, Nigeria. 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 the government should come up with policy statement on school health services that will help to provide quality health services to the learners. Adequate budget should be made by the government for the implementation of the policy. Lastly, the study provides practical and methodological contributions to the body of knowledge in the field of education.

Keywords – school principal, qualitative approach, health services, secondary school

1. Introduction

There is a 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 is seen as a complete state of mental, social and physical well-being of an individual

without any trace of diseases in the body (Ademokun et al., 2014; Kolawole, 2015; Owens and Fabiano, 2011). In support of this view, Wang et al. (2014) see health to be the complete well-being of a human being without any trace of illness or disease in the body. Health is regarded as the 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 and 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 et al., 2010). According to Nigeria's National School Health Policy (2006), there are several health challenges among learners in Nigeria. Lack of sanitation and health facilities demand for urgent action in school health. For instance, report indicates 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. Reports on health status of students in primary and secondary schools in Nigeria show that 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, and 3% of students have skin rashes. As for health care service 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, 17% of schools have school nurses, 6% of schools have linkages with government-designated school clinics, and 29% of schools have social welfare services provided mainly by community-based organization.

Ademokun et al. (2014) report that 90% of public secondary schools in southwest Nigeria only have first-aid boxes for the treatment of slight injuries and ailments, which is often administered by teachers (non-trained first aiders). It has been revealed that only 19% had health facilities, while 5% had health personnel (such as nurses, doctors, 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 concludes 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 provision of health services improve students' learning ability (Murray et al., 2007; Paina and 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 helps to achieve education goal (National School Health Policy, 2006; Owen and 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, the present study seeks to assess the school health services provided for secondary school students in Kwara State (Nigeria) with a view to ascertain the availability or otherwise of health service.

2. Literature review

Researchers' efforts have been focused 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 revealed 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 a descriptive survey to carry out the study. The instrument used for collecting relevant data from the respondents was the Learning Environment Questionnaire (LEQ). 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, Roney et al. (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 et al. (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 perform brilliantly when they get to school. They concluded that the provision of basic health needs helps students to be successful 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 students' 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 et al. (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 and students' 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 (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 researches on other aspects of students' personnel services should be investigated to know whether current findings will be found or otherwise.

What is more, 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 et al. (2005), Eigenbrood (2005), Geierstanger and Amaral (2005), Gelfman and Schwab (2000), Lee (2011), Ludeman (2002) and Paina and Peters (2011) all found a significant (high) relationship between health services and academic performance in their studies. 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 the 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 et al. (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 the 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 conducted in order to know whether there is a connection between health services and academic achievement, found a negative relationship between these two issues. They concluded that lack or unavailability of health service in schools, would have a negative effect on students' academic achievement. In the same vein, Valdez, Lambert and Ialongo (2011) 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

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

with mental health problems performed woefully in examinations despite the treatment received from school health personnel. Their studies recommended, among others, the need to empirically study on the 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 that a relationship was negative. He observed that students with mental problems, after receiving treatment, performed woefully in their examinations. The study concluded that health service provision should be constant and of high quality in terms service delivery. The researcher suggested more studies for future research. Ademokun et al. (2014) investigated a qualitative study on health services in public secondary schools in southwest Nigeria. Schools' principals were used as study's participants. Interview and observation checklist were used to collect relevant data. They conclude that the majority of the schools do not have school clinic, they often use first-aid box to treat students with minor injuries and ailments.

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 and Owoyokun, 2010). Lack of health personnel is another factor affecting the provision of health services in schools. Some of the secondary schools, most especially 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 et al., 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 is not arrested, it could inhibit the goals and objectives set by the school (Onah et al., 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.

Taken together, it can be seen that a comprehensive review of literature shows that majority of studies on school health services focused on the quantitative aspect (Basch, 2011; Cooper, 2005; Gelfman and Schwab, 2000; Kolawole, 2015; Paina and Peters, 2011; Wyman, 2005), meaning that little attention is given to the qualitative approach (Ademokun et al., 2014). 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.

3. Materials and methods

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

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

Table 1.

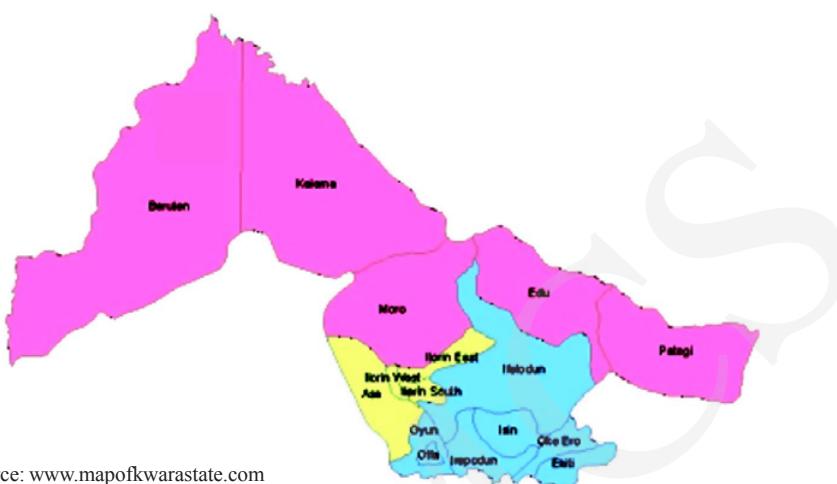
Local governments and number of secondary schools in Kwara State

Source: Quality Assurance Unit, Kwara State Ministry of Education.

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),

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



Source: www.mapofkwarastate.com

Figure 1.

Map of Kwara State showing the 16 Local Government Areas

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 the researcher does not ask for the information, it may not be easy for him/her 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 Had 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

Creswell (2013) defined an interview as a commonly used method of gathering information from an interviewee. It is an 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), an interview protocol is a manuscript that contains vital information that the interviewer will follow to collect relevant information from the interview. Interview protocol covers essential questions to be asked. He opined that the 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 a digital tape recorder, pencil, biro, eraser, jotter, laptop and iPad phone.

Trustworthiness

According to Creswell (2009), trustworthiness is needed in qualitative research because it helps to ensure data credibility, it also helps to ensure that the results of the research reveal 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 the interview protocol. The pilot study was conducted in congruence with the opinion of Kim (2011) who suggested that conducting a pilot study normally assists the researcher to detect if there are weaknesses or mistakes within the interview conducted. It also helps to make necessary amendments before the main study (Creswell and Clarke, 2007). Before the commencement of the interview with the school principal, the consent of the principal was obtained. After that, the questions contained in the interview guide were explained to the principal in terms of what could 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.

4. 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. Next, transcripts from the interview were interpreted thematically using main themes and sub-themes. Table 2 shows the theme categorization.

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

Source: Authors' study.

Table 2.

Theme categorization

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 and Peters, 2012). Roney et al. (2007) observed that certain health services are needed in the school system to ensure a healthy school system. Health services are needed, 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 of the current phenomenon, a health service is regarded as the sub-theme of student personnel services. There are four fundamental questions, and 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-themes under the health services.

Sub-theme one: Meaning of health services

The interviews conducted in this study demonstrate the strong belief of the school principals in 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 the issue as follows:

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 (Informants 5, 7, 18).

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 centre that is essential in case of 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 3, 14, 15, 16).

The points above, concerning 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 health needs of their students. Thus, school principals' understanding of what health service means

is good for the promotion of such services in the education sector in Kwara State and Nigeria at large.

Sub-theme two: Nature of health services

With regard to the issue of nature of the health services in secondary schools in Kwara State, all informants (principals) selected for the interview expressed their opinions 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 (Informant 11).

Informants 13 and 14 presented the following opinion:

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 (Informants 13, 14).

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”.

Furthermore, the researcher discovered that some schools did not have a functional clinic, but still offered health services directly and indirectly to their students. In support of this statement, informants 2 and 7 expressed that “[...] 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. 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”.

In general, it was discovered that some schools have a 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 to which they refer the students whose health condition demands professional treatment. Also, it was discovered that schools with clinics also refer their students to better hospitals in case of emergency.

Principals'

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

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. Virtually all the principals admitted that they ensure the provision of health services in their 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 previously 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 I am concerned and all schools should provide it for their students because it is important (Informant 13). We provide health services, directly and indirectly, it is a valuable service in the school system (Informants 3, 6, 7, 9, 11, 12, 14, 19, 20).

Further, "health services are well provided for students in my school. It should be provided for students in school" (Informants 4, 10, 15). The above statements on the provision of health services as expressed by informants are in line with the Federal Ministry of Education's school health policy (National School Health Policy, 2006). In summary, it is evident that provision of health services for students is of importance. 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 1, 11, and 13, expressed that:

Health service is important because it helps to meet 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 (Informants 1, 11, 13).

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

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 (Informants 7, 8, 9).

In summary, it can be seen that the level of responses concerning the importance of health services is overwhelming. It is noteworthy that the essence of having health services is expressed by the custodians (principals) of schools. Health services will continue to play a significant role in focusing students' attention on achieving academic excellence as postulated by the National School Health Policy (2006).

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

Theme two: Problems militating against health services in secondary schools

The 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. As for the provision of school clinic, informants 5, 6 and 8 expressed the following opinions:

To be sincere, we don't have an established clinic. We only have first-aid box which we use to treat students with minor injuries. As you can see there is no clinic in this school. The government and old students should come and help us to create such an institution so that we can treat minor and major injuries (Informants 5, 6, 8).

Sharing the opinion on the above statement, informants 1, 4, 7, and 9 said:

Lack of school clinic is one of the problems affecting the provision of health services in this school. We don't have a school clinic here to be sincere. What we have is the first-aid box which is usually administered to injured students with the assistance of teachers. We hope to have a modern clinic in our school soon (Informants 1, 4, 7, 9).

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

We don't have a school clinic but we have a first-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 a 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 (Informants 2, 3, 8, 10, 13).

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 do not provide health personnel and equipment. For instance, informants 3, 7, 8, and 9 expressed that:

Our school lacks health personnel such as nurses or doctors, and equipment such as drugs, sick bays, 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 (Informants 3, 7, 8, 9).

Confirming the inadequacy or absence of health personnel and equipment in schools, informants 2, 4, 5, 6 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 (Informants 2, 4, 5, 6, 10).

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 proper health services in secondary schools in Kwara State and Nigeria at large is the lack of health personnel, which includes nurses, matrons, doctors and other personnel. In addition, there is lack of basic health equipment such as sick bays, drugs, etc. (Informants 11, 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 the 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 the majority of the informants are of the view that erecting a modern clinic for secondary schools will help to solve problem of health services. Informants 11 and 20 are of the opinion that:

If health services are to be promoted in secondary schools, a modern clinic should be built. Government should assist in building it. Private companies and philanthropists can also assist in building a befitting clinic for secondary schools (Informants 11, 20).

Informants 1, 3, 7, 8, and 9 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 a standard clinic in our schools, the better for the advancement of health services (Informants 1, 3, 7, 8, 9).

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

Construction of a modern clinic will help to improve health services in secondary schools. It will help to provide treatment to various diseases that students are battling with. The school clinic should be built as soon as possible by the government (Informants 4, 6, 10, 11, 18).

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 the statements of informants 1, 2, 3, 6, 9, 16, 17, and 20 are 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 bays, tables, chairs, etc. This will definitely improve the health services in secondary schools (Informants 1, 2, 3, 6, 9, 16, 17, 20).

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

The importance of health service cannot be underestimated, hence the 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 bays, chairs and table and other health equipment that is needed to run the clinic efficiently and effectively. (Informants 4, 5, 10, 18, 19).

5. Discussion

The findings of our study enabled us to provide the answers 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

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

services. Interestingly, majority of the informants agreed that health means the well-being of human being. Their views are in line with the study conducted by Roney et al. (2007) and Welk et al. (2010) who claim 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 place for promoting health-connected issues. 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 concerns the informants' (principals) perceived nature of health services in their secondary schools. Majority of the informants concurred 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 referral service, a situation where students who sustained major injuries or have complex diseases, will be referred to a nearby government or private hospital for comprehensive treatment. The foregoing 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-provided services are geared towards the improvement and maintenance of the well-being of students and staff. Health services 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 staff 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 the 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 of the entire teaching and non-teaching staff. A healthy school atmosphere is one of the interrelated aspects of the academic program. In support of the foregoing, Ludeman (2002), Gelfman and Schwab (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 should be guaranteed, provided and sustained. In the same vein, the finding is similar to the studies of Vinciullo and 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 the 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; and to create awareness concerning synergy efforts of the school, community and home in promoting health. According to Kolawole (2015), health services help in the development of health awareness among the learners as well as the 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, building the attitude among the staff and learners towards promoting health in the school environment. Similarly, Bharadwaj et al. (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, they posit 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, the informants agreed that lack 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 et al. (2014) who conducted a qualitative study on status of implementation of school health programme in south western Nigeria. They found that lack 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 the 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 a school clinic, 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 findings corroborate the earlier studies conducted by Kolawole (2015) and Ademokun et al. (2014) who found that inadequate health personnel and equipment is a big problem as most secondary schools are seriously interested in the availability of health personnel, equipment, funding, administration, and organization of school health services. They reported that access to the basic clinic is limited in majority of the schools visited and that the number of health personnel for the implementation of health services is also limited. They conclude that there is no evidence of plans for the 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 the

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

informants' study suggested two possible solutions to the problems militating against provision of health services. They are 1) building of modern clinic and 2) provision of health personnel and equipment. Firstly, most of the informants are of the view that having a modern school clinic is needed to provide high quality health services for students. They opined that introducing of such standards would significantly promote health services, which is in line with Nigeria's 2006 school health policy which states that availability of school clinic provides basic health services for disease prevention and management of injuries in the school, and builds capacity of the school community in terms of identifying, treating, and managing simple illnesses, infections, injuries and infestations. The foregoing finding is consistent with the study of Ademokun et al. (2014) who conclude that the provision of school clinic is essential for the implementation and improvement of school health services. The finding is congruent with the studies of Bharadwaj et al. (2013), Bradley et al. (2012) and Chen et al. (2012) who found that the school clinic is needed to implement the school health programme. Secondly, our findings revealed that most of the informants agreed that the 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 helps students to receive constant health services, which, in turn, positively affect their academic performance. Our findings also corroborate the research results 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.

Taken together, this study constitutes a significant contribution to the body of knowledge about the discussed issue in both aspects: practical and methodological. First, from the practical perspective, findings of the study will assist the school principals in understanding various health services that are needed to improve not only the well-being of the students, but also that of the entire staff and management of the schools. As for the methodological perspective, literature indicates that studies on school health services are often investigated via the quantitative approach. Thus, the use of the qualitative approach, where interview was used to get the views of school principals, helped to get a greater understanding of contemporary issues on health services.

6. Conclusions and recommendations

Based on the findings, this study concludes that health services in the majority of secondary schools in Kwara State (both public and private) are faced with several challenges which include inadequate provision of comprehensive health services, inadequacy or lack of modern clinic, 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 the policy statement on the establishment of modern clinic in all secondary schools. Also, the policy should mandate private school owners to have such clinics in their 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 be ensured.

- In order to ensure smooth implementation of the policy, three committees need to be set up. They 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 a need for monitoring and evaluation by the school principals of the level at which health services are provided to the students.
- Lastly, school principals should ensure constant maintenance of school clinic.

References

Ademokun, O.M., Kayode, O., Osungbade, K.O., and Obembe, T.O. (2014), "A qualitative study on status of implementation of school health programme in south western Nigeria: Implications for healthy living of school age children in developing countries", *American Journal of Educational Research*, vol. 2, no. 11, pp. 1076–1087.

Allen, G. (2003), "The impact of elementary school nurses on student attendance", *The Journal of School Nursing*, vol. 19, no. 4, pp. 225–231.

Bharadwaj, P., Løken, K.V., and Neilson, C. (2013), "Early life health interventions and academic achievement", *The American Economic Review*, vol. 103, no. 5, pp. 1862–1891.

Bradley, C., Nowlan, G., Vajcner, M., Cushon, K., and Cripps, D. (2012), @ Archer, September, vol. 2, no. 1.

Brooker, S., Okello, G., Njagi, K., Dubeck, M.M., Halliday, K.E., and Inyega, H. (2010), "Improving educational achievement and anaemia of school children: design of a cluster randomised trial of school-based malaria prevention and enhanced literacy instruction in Kenya", *Trials*, vol. 11, no. 1, p. 93.

Carney, C., McNeish, S., and McColl, J. (2005), "The impact of part time employment on students' health and academic performance: A Scottish perspective", *Journal of Further and Higher Education*, vol. 29, no. 4, pp. 307–319.

Chen, L.J., Fox, K.R., Ku, P.W., and Wang, C.H. (2012), "A longitudinal study of childhood obesity, weight status change, and subsequent academic performance in Taiwanese children", *Journal of School Health*, vol. 82, no. (9), pp. 424–431.

Cooper, P. (2005), "Life Before Tests: A district's coordinated health approach for addressing children's full range of needs", *School Administrator*, vol. 62, no. 9, pp. 25–34.

Creswell, J.W. (2009), *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, Sage Publications, Los Angeles–London–New Delhi–Singapore–Washington.

Creswell, J.W. (2013), *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, Sage Publications, Los Angeles–London–New Delhi–Singapore–Washington.

Creswell, J.W., and Clark, V.L.P. (2007), *Designing and Conducting Mixed Methods Research*, Sage Publications, Thousand Oaks, CA.

Dairo, M.D., and Owoyokun, K.E. (2010), "Factors affecting the utilization of antenatal care services in Ibadan, Nigeria", *Benin Journal of Postgraduate Medicine*, vol. 12, no. 1, pp. 3–13.

Donnelly, J.E., Greene, J.L., Gibson, C.A., Sullivan, D.K., Hansen, D.M., Hillman, C.H., and Washburn, R.A. (2013), "Physical activity and academic achievement across the curriculum (A+PAAC): Rationale and design of a 3-year, cluster-randomized trial", *BMC Public Health*, vol. 13, no. 1, pp. 307–315.

Eigenbrood, R. (2005), "A survey comparing special education services for students with disabilities in rural faith-based and public school settings", *Remedial and Special Education*, vol. 26, no. 1, pp. 16–24.

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

Engelke, M.K., Guttu, M., Warren, M.B., and Swanson, M. (2008), "School nurse case management for children with chronic illness: Health, academic, and quality of life outcomes", *The Journal of School Nursing*, vol. 24, no. 4, pp. 205–214.

Fiscella, K., and Kitzman, H. (2009), "Disparities in academic achievement and health: The intersection of child education and health policy", *Pediatrics*, vol. 123, no. 3, pp. 1073–1080.

Geierstanger, S.P., and Amaral, G. (2005), *School-Based Health Centers and Academic Performance: What Is the Intersection?* April 2004 Meeting Proceedings. White Paper, National Assembly on School-Based Health Care, Washington, DC.

Gelfman, H., and Schwab, W. (2000), *Program Update: Essential School Health Services*, online submission.

Guttu, M., Engelke, M.K., and Swanson, M. (2004). "Does the school nurse-to-student ratio make a difference?", *Journal of School Health*, vol. 74, no. 1, pp. 6–9.

Kim, Y. (2011). "The pilot study in qualitative inquiry identifying issues and learning lessons for culturally competent research", *Qualitative Social Work*, vol. 10, no. 2, pp. 190–206.

Kolawole, A.A. (2015), "Assessment of health services in Kogi State public and private secondary schools", *Public Health Research*, vol. 5, no. 4, pp. 90–94.

Lee, R.L. (2011), "The role of school nurses in delivering accessible health services for primary and secondary school students in Hong Kong", *Journal of Clinical Nursing*, vol. 20, no. 19/20, pp. 2968–2977.

Lisa, F.E. (2012), *Improving the health and well-being of students and their academic achievement*, online submission.

Ludeman, R.B. (2002), *The role of student affairs and services in higher education: A practical manual for developing, implementing, and assessing student affairs programs and services*, online submission.

Maughan, E. (2003), "The impact of school nursing on school performance: A research synthesis", *The Journal of School Nursing*, vol. 19, no. 3, pp. 163–171.

Murray, N.G., Low, B.J., Hollis, C., Cross, A.W., and Davis, S.M. (2007), "Coordinated school health programs and academic achievement: A systematic review of the literature", *Journal of School Health*, vol. 77, no. 9, pp. 589–600.

National School Health Policy. (2006), Federal Ministry of Education, Nigeria, pp. 1–40.

Nwimo, I.O. (2006), "Status of preventive health services in secondary schools in Owerri Education Zone, Imo State, Nigeria", *International Council For Health Physical Education Recreation Sport And Dance*, vol. 42, no. 4, p. 37.

Ogbiji, J.E., and Ekpo, K. (2011), "The state of administration of health services among secondary schools in cross River State of Nigeria", *African Research Review*, vol. 5, no. 1.

Onah, H.E., Ikeako, L.C., and Iloabachie, G.C. (2006), "Factors associated with the use of maternity services in Enugu, southeastern Nigeria", *Social Science & Medicine*, vol. 63, no. 7, pp. 1870–1878.

Owens, J.S., and Fabiano, G.A. (2011), "School mental health programming for youth with ADHD: Addressing needs across the academic career", *School Mental Health*, vol. 3, no. 3, pp. 111–116.

Paina, L., and Peters, D.H. (2012), "Understanding pathways for scaling up health services through the lens of complex adaptive systems", *Health Policy and Planning*, vol. 27, no. 5, pp. 365–373.

Roney, K., Coleman, H., and Schlichting, K.A. (2007), "Linking the organizational health of middle grades schools to student achievement", *NASSP Bulletin*, vol. 91, no. 4, pp. 289–321.

Taras, H. (2005), "Physical activity and student performance at school", *Journal of School Health*, vol. 75, no. 6, pp. 214–218.

Troop, T., and Tyson, C.P. (2008), "School nurses, counsellors, and child and family support teams", *North Carolina Medical Journal*, vol. 69, no. 6, pp. 484–486.

Turner, D.W. (2010), "Qualitative interview design: A practical guide for novice investigators", *The Qualitative Report*, vol. 15, no. 3, pp. 754–760.

UNICEF. 2009, *Promoting Quality Education for Orphans and Vulnerable Children: A Source Book of Programme Experiences in Eastern and Southern Africa*, UNICEF, New York.

UNICEF. 2010, *Convention on the Rights of a Child*, UNICEF, New York.

Valdez, C.R., Lambert, S.F., and Ialongo, N.S. (2011), "Identifying patterns of early risk for mental health and academic problems in adolescence: A longitudinal study of urban youth", *Child Psychiatry & Human Development*, vol. 42, no. 5, pp. 521–538.

Vinciullo, F.M., and Bradley, B.J. (2009), "A correlational study of the relationship between a coordinated school health program and school achievement: a case for school health", *The Journal of School Nursing*, vol. 25, no. 6, pp. 453–465.

Walker, K., Alloway, N., Dalley-Trim, L., and Patterson, A. (2009). "Counsellor practices and student perspectives: Perceptions of career counselling in Australian secondary schools", *Australian Journal of Career Development*, vol. 15, no. 1, pp. 37–45.

Walsh, M.E., and Murphy, J.A. (2003), *Children, Health, and Learning: A Guide to the Issues*, Greenwood Publishing Group, Westport, Connecticut.

Wang, R., Chen, F., Chen, Z., Li, T., Harari, G., Tignor, S. and Campbell, A.T. (2014, September), "Student life: assessing mental health, academic performance and behavioral trends of college students using smartphones", in: *Proceedings of the 2014 ACM International Joint Conference on Pervasive and Ubiquitous Computing*, ACM, pp. 3–14.

Wayne, S.J., Fortner, S.A., Kitzes, J.A., Timm, C., and Kalishman, S. (2013), "Cause or effect? The relationship between student perception of the medical school learning environment and academic performance on USMLE Step 1", *Medical Teacher*, vol. 35, no. 5, pp. 376–380.

Welk, G.J., Jackson, A.W., Morrow Jr, J.R., Haskell, W.H., Meredith, M.D., and Cooper, K.H. (2010), "The association of health-related fitness with indicators of academic performance in Texas schools", *Research Quarterly for Exercise and Sport*, vol. 81, sup. 3, pp. S16–S23.

Wikiversity (2015), *Multiple Response Analysis*, available at: https://en.wikiversity.org/wiki/Multiple_response_analysis (accessed: 12 March 2017).

World Health Organization (2011), *Guidelines for intensified tuberculosis case-finding and isoniazid preventive therapy for people living with HIV in resource-constrained settings*.

Wyman, L.L. (2005), "Comparing the number of ill or injured students who are released early from school by school nursing and non -nursing personnel", *The Journal of School Nursing*, vol. 21, no. 6, pp. 350–355.



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

- (a) Gender
- (b) Age
- (c) Religion
- (d) Educational Qualification
- (e) Length of Service
- (f) 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 for 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?

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