



Assessment Of The Implementation Of School Health Services Among Teachers In Public Senior Secondary Schools in Rivers State, Nigeria

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ABSTRACT

School Health Services (SHS) enables the school children benefit maximally from the school by ensuring that their health is well taken care of while in school. The objective of the study was to assess the implementation status of (SHS) among teachers in public Senior Secondary Schools in Rivers State. The population for the study consisted of 7,159 teachers out of which 1,170 teachers were sampled for the study. A structured questionnaire with a reliability value of 0.742 was used. Descriptive statistics of frequency, percentage, and mean score were employed, while the hypotheses were tested using the Z-test and analysis of variance (ANOVA) at 0.05 alpha level. The results showed that School health services were available in 62.3% of the schools while 84.1% of them had first aid boxes but these were not adequately equipped. Thus results revealed that health care services in schools were grossly inadequate. It was therefore concluded that the level of implementation of SHS in Rivers State was very low due lack of government commitment. Hence it was recommendation that Rivers State Government should urgently revisit the health care delivery in Public Senior Secondary Schools in Rivers State and also provide adequate health services to enable school children spend quality time in school.

Keywords: Health Services, public Senior Secondary Schools, students

INTRODUCTION

Schools being a peculiar environment, encourage children and adolescents to develop a healthy lifestyle with a positive attitude to life. School health services is health care delivery that is made available in a school setting for the promotion and the maintenance of the health of school children in order to give them a good start in life (Kuponiyi, et al', 2016). It is estimated that about 1.2billion children reach school-age globally. Most children access health services through the school health services for the first time. Those from poor economic status benefit from preventive and curative health interventions. School health services deal with the objective assessment of individual health, such health appraisal enables the school authorities' early detection of the signs and symptoms of common health problems and also early signs of emotional disorders which could hamper learning activities in children (UNICEF, 2007). It affords parents and school personnel the information on the health status of school children as well as provides them and the community with advisory and counseling services. The aim of school health services is to ensure that students are healthy and eager to learn. It became necessary to introduce School Health Services, as component of school health programme in schools because of its importance in the

teaching of health education in schools to motivate the students to learn skills that will help them make healthy lifestyle choices.

Small, et al., 1995 defines school health services as a "organised system that guarantees continuity of treatment from school to home to community healthcare provider and back."According to the World Health Organization (2006), the goals of school health services are to provide basic services, prevent disease, and manage injuries in schools, as well as to improve the ability of the school community to identify, treat, and manage injuries, infections, simple diseases, and infestations. "The primary purpose of school health services is to promote, protect, prevent, and maintain the best possible health condition for schoolchildren, as well as to minimize morbidity and death among them" (WHO, 2006). The most prevalent school-related issues vary in different countries, but include colds, coughs, ear infections, diarrhea and vomiting, allergies, infections and parasites, and dental caries, among others. School is often a child's first opportunity to interact with youngsters who are not related to them or from their nearby neighbourhood. This exposes them to infection; hence early diagnosis of children suffering from infectious diseases is critical for managing infections. As a result, immunizing susceptible children against illnesses such as polio, diphtheria, and typhoid is critical, necessitating the implementation of a systematic vaccination programme by school health services (Sunder and Adarsh, 2007). Parents are advised not to send sick children to school, and instructors should be aware of any symptoms of illness when teaching and inspecting the children and handle them accordingly. To avoid the spread of infection to schoolchildren, teachers and other members of the school community should be closely monitored for any signs of sickness.

Food sellers should be tested for enteric illnesses, and instructors tested for TB on a regular basis. In the event of a disease epidemic, the school should be shut down and reopened with routine screening. Early diagnosis, control, and school closure during epidemics are all part of the school health programme, which ensures normal growth and development. Medical examinations are an excellent way to identify children who are physically or intellectually challenged. They are evaluated, overseen, and placed in the proper facility for special care, these include the blind or partly sighted individuals. Others comprise of those with speech/hearing impairments, physically disabled or epileptic, as well as those with educational disadvantaged, maladjusted or psychotic. According to studies, national education policies in most regions of the globe make particular provisions for the education of disabled children (Olayemi, 2010). For disabled children and their families, additional services such as frequent medical examinations, provision of wheel chairs, and family support systems such as counseling and specific medication should be given. Medical examinations of students prior to enrolment, pre-medical tests for teachers, periodic medical examinations for both teachers and students, health education, environmental sanitation, nutritional services, de-worming programme, provision of first aid materials, collection of data on medical treatment, and maintenance of sick absence records are all included in school health services (FME, 2006). Screenings, referrals, health counseling and education, medication and treatment administration, help students in developing self-management skills are all provided by school health services, which contribute to the educational and healthcare systems. Good diet, physical exercise, safety, clean water and air, access to treatment and education, as well as health education, mental health promotion, personal cleanliness, and vaccinations are all included. Medical Doctors, School Nurses, Health Educators, Environmental Health Officers, School Guidance Counselors, Community Health Workers, Dieticians, Nutritionists, School Teachers, and Social Workers are among the school health personnel. Achalu (2019). Stated that School Health Services involves team work among all the health workers in (SHS) that enable pupils and staff get the required medical services when sick or injured at school.

Provision of first aid and emergency services, enables parents to understand the health status and the needs of the school child, develops a good relationship between the child and the health personnel, assures the parents and the teacher of a satisfactory health status of the child or alerts them on the unhealthy condition of the child and the possible danger. It also reveals the health condition of each child as well as protects and promotes the health status of the school community. It aids in the evaluation of the school child's health state through medical examination and screening tests. It allows the school to create

provisions to accommodate the needs of particular groups, as well as counsel and advice kids, parents, and teachers on student health and behaviour. Others includes: advice parents on the correction of minor defects, provide emergency services for injury and sudden illness and also prevent and control the spread of diseases. It assists in early identification and education of handicapped children (Adhikari, 2020). School health services include basic medical examinations as well as pre-entrance medical examinations to gather baseline health information on pupils; unfortunately school health services is often referred to as Africa's "forgotten" element of primary health care (Adegbenro, 2007). Children are prone to illness due to low immunity but such illnesses are not of serious concern (CDC, 2020)). The commonest of these illnesses and infections are: Headache, Fever, Malaria, Common cold, influenza, Gastro-enteritis, Ear infection, Mumps, Conjunctivitis, Head lice, Anemia, Dental caries, Scabies, Bronchitis, Pneumonia, Asthma, Rubella, Autism and Tuberculosis

METHODOLOGY

This study was carried out in Rivers State which is in the South-South Nigeria and one of the 36 states in Nigeria with a population of 5,198,716. Rivers State is the center of oil industry in Nigeria and of great economic significant with its capital at Port Harcourt. Its geopolitical zone is South-South with 23 LGAs. It is bounded on the North by Abia, Anambra States, and Imo, South by the Atlantic Ocean, to the West, Bayelsa and Delta States and to the East by Akwa Ibom State. Their means of transportation is both land and water while the occupation of the Rivers people is both farming for the uplanders and fishing for the Riverine, producing both cash crop and food crop. Rivers State had a total of 273 secondary schools (Rivers State Senior Secondary Schools Board, 2019). The schools concentrated in the LGA headquarter towns and in Port Harcourt the State capital. The study participants were 7,159 instructors from both urban and rural public senior secondary schools in Rivers State. Descriptive research design was used and the participants (teachers) were administered with well-structured questionnaires. The sampling technique was multistage sampling. Stratified sampling technique was used to select 36 schools from 12 Local Government Areas and 12 schools from each of the three senatorial districts in Rivers State with emphasis on the most populous schools while systematic sampling method was used to select 1,170 teachers as sample size. The questionnaire was then administered to the 1,170 teachers. A self-developed questionnaire on the Assessment of the Implementation Status of School Health Services among teachers in Public Senior Secondary Schools in Rivers State was used to collect data for this study.

There were two sections to the questionnaire: A and B. Section A contained responses to socio-demographic factors, whereas section B had items pertaining to the study's variables, which are the components of school health services. Section A was also designed to use response options Yes or No with modified four points liker's scale of agreed (A), strongly agreed (SA) disagreed (D) and strongly disagreed (SD) on school health services consisting of Demographic variables, three research assistants were used in administering the questionnaire and same collected. The reliability of the instrument for the data collection was ascertained using Cronbach Alpha statistic for the analysis with a mean reliability coefficient of 0.742. Descriptive statistics such as frequency, percentages, charts, mean scores, and criterion mean were employed, while inferential statistics such as the Z-test and ANOVA were utilized to test the hypothesis at the 0.05 level of significance. Statistical Product and Service Solutions (SPSS) version 23 and Microsoft Excel 2010 were utilized as statistical software.

RESULTS

A total of one thousand, one hundred and seventy (1170) teachers were sampled from the selected schools based on the three senatorial districts and were the respondents used for the study. One thousand, one hundred and fifty-eight were retrieved (1,158), thirty-six (36) were not filled therefore the remaining one thousand one hundred and twenty-two (1,122) were sorted, coded and analyzed.

Table 1: Demographic Characteristics of Teachers in Public Senior Secondary School in Rivers State

Demographic	Frequency	Percentage
Educational Qualification		
NCE	18	1.6
HND	90	8.0
Bachelor Degree	825	73.5
Masters Degree	162	14.4
Doctorate Degree	12	1.1
No response	15	1.3
Total	1122	100.0
Years of Teaching Experience		
1-5	210	18.7
6-10	645	57.5
11-15	120	10.7
16 and above	138	12.3
No response	9	0.8
Total	1122	100.0
Location		
Rural	495	44.1
Urban	627	55.9
Total	1122	100.0
Population Size		
300-500	459	40.9
501-800	153	13.6
801-1200	30	2.7
1201-1500	39	3.5
1501-2000	426	38.0
No response	15	1.3
Total	1122	100.0

The result revealed that 618 (55.0%) of the teachers were males while 501(44.7) % were females, 153 (13.6%) were in the age bracket of 33yrs however above.840 (74.9%) were married while 270 (24.1%) were single. The respondents with the highest educational qualification were 12 (1.1%) (PhD), those with the Bachelor degree were 825 (73.5%). Those with the highest number of years of teaching experience fall between 6-10yrs with 645 (57.5%).

Research Question 1

What is the level of teacher’s awareness on National School Health Policy in Public Senior Secondary Schools in Rivers state?

Table 2 Assessment of Teacher’s awareness on National School Health Policy in Public Senior Secondary School in Rivers State

Variable	Categories	Frequency	Percentage
Are you aware of the National School Health Policy?	Yes	633	56.42
	No	489	43.58
	Total	1122	100.00
If yes, can you state the aim and mission?	Yes	555	87.68
	No	78	12.32
	Total	633	100.00

Table 2 shows the level of awareness of teachers on National School Health Policy, with those who indicated yes being 211 (56.42%) and those who indicated No being 163 (43.58%). Among those who indicated yes, some could state the aims and objectives being 185 (87.68%) and those who could not were 26 (12.32%). The level of awareness was therefore slightly above average.

Research Question 2

What is the assessment of School Health Services among teachers in Public Senior Secondary Schools in Rivers State?

Table 3: Assessment of the implementation of School Health Services among teachers in Public Senior Secondary Schools in Rivers State

Variable	Categories	Frequency	Percentage
Is School health service available in your school?	Yes	699	62.30
	No	423	37.70
	Total	1122	100.00
If yes, what are the available health facilities?	First aid box	588	84.12
	Sick bay	27	3.86
	All of the above	84	12.02
	None of the above	-	-
	Total	699	100.00
Do you do medical checks for student and staff?	Yes	219	19.52
	No	903	80.48
	Total	1122	100.00
If yes, how often?	Annually	159	72.60
	Periodically	57	26.03
	Not at all	3	1.37
	Total	219	100.00
If no, why?	No provision has been made for it	813	90.03
	Not aware of the need	90	9.97
	Total	903	100.0

Table 3 revealed that 699 (62.30%) of the respondents acknowledged the availability of School health services in their schools, while 423 (37. 70%) indicated for none. Among those that acknowledged the presence of SHS; 588 (84.12%) have the first aid box that were poorly equipped. Majority of 903

(80.48%) of the respondents said medical checks were not done in their schools. For those who have 159 (72.60%) indicated that it was carried out annually, while few 57 (26.03%) agreed that it was done periodically. For those whose response was no, 813 (90.03%) accepted they were not aware of the need however 90 (9.97%) ascribed it to lack of provision for such services.

Research Question 3

What is the Extent of Implementation Status of School Health Services among teachers in Public Senior Secondary Schools in Rivers State?

Table 4: Extent of implementation of School Health Services among teachers in Public Senior Secondary Schools in Rivers State

Variable	Scale (Frequency (%))				Mean±SD
	Strongly agree (SA)	Agree (A)	Disagree (D)	Strongly Disagree (D)	
Implementation	9(0.8)	264(23.5)	462(41.2)	387(34.5)	1.91±0.78
Non-implementation	369(31.9)	519 (44.8)	120(10.4)	114(9.8)	3.02±0.92

Table 4 revealed that majority of the respondents agreed that School Health Services in Rivers State is yet to be implemented since 462 respondents (41.2%) disagreed about its implementation and 387 (34.5%) of respondents strongly disagreed for same reason with a mean of 1.91±0.75 compared with 369 respondents (31.9%) that strongly agreed and 519 (44.8%) that disagreed about its implementation which is reflected in its mean of 3.02± 0.92.

Hypothesis Testing

Hypothesis 1

H₀: There is no significant difference in the implementation status of school health services among teachers in public senior secondary schools in Rivers State based on school location

Table 5: Mean Comparison of Implementation of School Health Services among Rural and Urban Public Senior Secondary Schools in Rivers State

Variable	School Location (Mean±SD)		Z-test	
	Rural	Urban	Value	P-Value
Implementation	1.62±0.62 ^b	2.13±0.81 ^a	-11.79	0.000
Non-Implementation	3.24±0.87 ^a	2.85±0.92 ^b	7.27	0.000

P < 0.05 significant; Means with different alphabet are statistically different

Table 5 showed that there is a high rate in the implementation of school health services in public senior secondary schools in Rivers State as seen in its mean (2.13±0.81) based on school location (urban) while high mean of (3.24±1.87) for non-implementation in the rural area revealed that it is yet to be established.

Hypothesis 2

H₀: There is no significant difference in implementation status of school health services among teachers in public senior secondary schools in Rivers State based on school population size

Table 6: Mean Comparison of Implementation of School Health Services and School Population Sizes

Variable	School Population size (Mean±SD)					P- Value
	300-500	501-800	801-1200	1201-1500	1501-2000	
Implementation	1.59±0.62 ^a	1.92±0.74 ^b	2.10±0.57 ^{bc}	2.08±0.64 ^{bc}	2.22±0.83 ^c	0.000
Non implementation	3.14±0.85 ^a	3.22±0.99 ^a	2.90±0.99 ^{ab}	2.85±1.07 ^b	2.84±0.91 ^b	0.000

P < 0.05 significant; Means with different alphabet are statistically different

Table 6 revealed a mean of (2.10±0.57) & (2.08±0.64) respectively in the implementation of School Health Services implementation in public senior secondary schools in Rivers State based on school population size. For non-implementation high mean of (3.14±0.85) and (3.22±0.99) respectively showed low implementation due to their population size.

Hypothesis 3

H₀: There is no significant difference in the implementation status of school health services among teachers in public senior secondary schools in Rivers State based on teacher's years of teaching experience.

Table 7: Mean Comparison of Implementation of School Health Services based on Teachers' years of teaching Experience

Variable	Years of Teaching Experience (Mean±SD)				P- Value
	1-5years	6-10years	11-15years	16years and above	
Implementation	1.76±0.69 ^a	1.95±0.80 ^{bc}	2.05±0.71 ^c	1.85±0.81 ^{ab}	0.002
Non implementation	3.06±1.01 ^a	3.06±0.83 ^a	2.68±1.11 ^b	3.07±0.90 ^a	0.000

Significant at P < 0.05; Means with different alphabet are statistically different

Table 7 showed that there is high rate of implementation of school health services in public senior secondary schools in Rivers State based on teacher's years of teaching experience 11-15yrs with a mean of (2.05±0.71) while for non-implementation the respondents 1-5yrs with mean (3.06±1.01), 6-10yrs of teaching experience & 16yrs and above with means of (3.06±0.83) & (3.07±0.90) respectively agreed that school health services is yet to be implemented in their schools.

DISCUSSION

This study was carried out to assess the implementation status of School Health Services among teachers in Public Senior Secondary Schools in Rivers State Nigeria. The result of the study reveals that the awareness level is slightly above average (56.2%), some of the teachers probably due to carelessness on their part had not seen the policy document hence are ignorant of its aims and objectives and could not implement the policy. Similar result was seen in Taiwo et al, (2016) where low level of awareness of NSHP among teachers in Public Senior Secondary Schools in South Western Nigeria where only one-

third of their teachers were aware of the NSHP. Their report revealed that only six schools out of twenty-one schools from the eleven LGAs they studied had some level of implementation of the NSHP because just a few had seen the document. These findings call for urgent intervention from teachers in Public Senior Secondary Schools who need to get hold of the Policy document and implement. The findings revealed that 699 (62.30%) of the respondents acknowledged the availability of School health services in their schools, while 141 (37.70%) indicated for none. Among those that acknowledged the presence of SHS; 588 (84.12%) have the first aid box only. Majority 903 (80.48%) of the respondents said medical checks were not done in their schools. For those who have 159 (72.60%) indicated that it was carried out annually, while few 57 (26.03%) agreed that it was done periodically. For those whose response was no, 813 (90.03%) accepted they were not aware of the need however 90 (9.97%) ascribed it to lack of provision for such services which is require immediate attention from the Federal government, Ministries of Education, Health and other stakeholders of school health programmes.

These results revealed that health care services in schools were grossly inadequate therefore suggests lack of government commitment to health care delivery in the schools. Similar results were seen in a study by Abdulelah, et al, 2018 on teachers perception on the implementation of school health services at Albaha; Saudi Arabia where they reported that forty percent of their respondents acknowledged that medical checks were carried out at the onset of each academic section as a pre-requisite for all students. However 18.4% agreed for poor implementation of school health services while 72.7% acknowledged maintenance of medical records of students. Consistent results were also seen in the study by Olugbeng et al.,(2016) in Ogun State among public and private primary schools. Teachers conducted routine medical examinations of the students, whereas only 7.2% conducted periodic medical examinations of staff and students in public schools, but the results were better in private schools 17.2% probably due to improved funding. They acknowledged that a regular medical examination was carried out by teachers, rather than qualified health experts. This was most likely due to the government's lack of commitment or resources to fully establish school health services for the early diagnosis and treatment of illnesses among schoolchildren. In their research of the implementation of a school health programme in South Western Nigeria, Oluwakeme, "et al" (2014) had a similar experience. They reported that in the majority of schools, inadequately prepared first aid kits, sick bays, and phone calls to parents were used to administer school health services. In their study on the implementation of school health programmes in South Western Nigeria and its implications for the healthy living of school-aged children in underdeveloped nations, Ademokun, et al., (2014). Their result on school health services showed that schools do what they can afford in terms of sick bay, first aid box and health personnel while majority did not have pre-medical screening because they were not permitted to do so by their State Ministry of education. This could also be attributed to lack of government concern for the health of the school child which could lead to rise in school drop outs as a result of poor health. Oluyinka and Ayodeji (2019) in their study on comprehensive review of School health programme (SHP) in Nigeria in order to investigate the implementation of SHP across the country for policy improvement reported that most of the components of School Health Services (SHS) were below the required standard leading to poor implementation of SHS. Similar report was also seen in the study of Saken-Kebbi and Bakwai (2016) on revitalizing SHP for effective school administration in Nigeria.

Their report on SHS revealed inadequate school health facilities, and inadequate health personnel resulting to poor implementation of SHS which means that the school children are not given adequate health care which will eventually lead to consistent poor health for the pupils/students thereby resulting in poor school attendants and poor learning outcome and school dropout. Olatunya et al., (2015) in their study on SHP in Nigeria concluded that SHS is a sleeping giant because the results in their study revealed that the implementation of SHS in their study area was inadequate especially in public schools. Only first aid kits were available in 48 of the 64 primary schools, while health staff, medical screening tests for students, and a sick bay were available in six of the schools. This might be due to a lack of dedication to the programme. Jiya, et al., (2020) provided a similar report in their assessment on the degree of SHS implementation in Sokoto town among 53 schools (39 public and 14 private elementary schools). Their findings revealed that majority of the schools had no health personnel, the commonest health appraisal

carried out was routine medical inspection in 44 schools out of 53 schools, and the main treatment facility was first aid boxes without any records in 47 schools and therefore suggested.

The study also showed the extent of implementation and non-implementation of School Health Services among teachers in Public Senior Secondary Schools in Rivers State. The findings revealed that majority of the respondents acknowledged that School Health Services in Rivers State is yet to be implemented since 462 respondents (41.2%) disagreed about its implementation and 387 respondents (34.5%) of respondents strongly disagreed for same reason with a mean of 1.91 ± 0.75 compared with 369 respondents (31.9%) that strongly agreed and 519 (44.8%) that disagreed about its implementation which is reflected in its mean of 3.02 ± 0.92 . These results revealed that SHS is yet to be implemented due to lack of commitment on the part of the government. The results revealed high implementation of School Health Service in public senior secondary schools in Rivers State based on location since the mean of implementation rate for urban schools is 2.13 ± 0.81 compared to rural of 1.62 ± 0.62 .

CONCLUSION

School Health Services (SHS) implementation in Rivers State is grossly inadequate because majority of the schools rely only on poorly equipped first aid boxes.

RECOMMENDATION

The Rivers State Ministry of Education should ensure the implementation of school health services in Public Senior Secondary Schools in Rivers State. The school principals, head teachers students, parents and the community at large should support and own School Health services in the Rivers State. Stake holders should review their commitment to the programme and plan for an effective SHS implementation by ensuring the provision of sick bay/ well equipped first aid boxes and other related health facilities to prevent diseases, detection and treat ailments/disease condition in PSSS in order to fully implement the aims of SHS as required in National School Health Policy. The Ministry of Education should be committed to the provision of sufficient funds for the implementation SHS.

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