

STATUS OF SCHOOL HEALTH SERVICES IN SECONDARY SCHOOLS IN EDO STATE, NIGERIA

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Abstract

This study investigated the status of school health services in secondary schools in Edo State. Three research questions were raised to guide the study. A descriptive survey research design was used for the study. The population of the study consisted of all the 1,092 secondary schools in Edo State of Nigeria. Simple random sampling techniques was used to select nine local government area from the eighteen local government area in Edo State. Six secondary schools were selected from each LGA using simple random sampling technique. A check-list was used to determine the availability, adequacy and utilization of the component of school health services in Edo State. Descriptive statistics frequency count and percentages were used to analyze the research questions. The result obtained indicated that most of the components of school health services are available and that the available ones are adequate and functional. It was concluded that the status of school health services was poor in Edo State because majority of the components of school health service are not available. It was therefore recommended that government should make the components of school health services fully available, adequate and functional in Edo State.

Introduction

School Health Services is a major component of School Health Programme (SHP), the reason for this is to guarantee that students and staff are healthy while learning, working, and passing through a school activity. Health infrastructure sometimes referred to as physical facilities, school health facilities or health resources and its availability contribute, to academic achievement, indication that their availability or non-availability and adequacy will have profound impact on the quality of health of the students and staff. The success concerning health care provided in schools are greatly dependent on the degree of availability, adequacy, accessibility, functionality and utilization of the components and sub-components of the service. Most countries have some forms of school health services, but many such services might not be fully available and functional, underfunded and/or are delivered with limited reach to the students (Brown, Grubb, Wicker & O' Tuel, 2015).

Health facilities have been described by Uche, Okoli and Ahunanya (2011) as the physical infrastructures that is required to meet the design of school health services and contribute directly to meet the health services in school. Ekundayo (2010) describes health facilities as the material resources that facilitate effective teaching and learning in schools. He further says that, health facilities are those things which enable a health personnel to achieve a level of health services effectiveness.

The functionality of health facilities in Secondary Schools is very important in other to meet the health needs of the students and staff because a good life is centered on the health of the individual to perform optimally in school which is the core of health education objective. Anderson and Creswell (2015) view health facilities as functioning equipment used to combat health emergency and illnesses. Ogbalu (2017) defined working health facility as a functional, suitable devices/equipment that are ready to be used to treat disease and other health problems as well as with educational process used to bring about positive health behavior. The health services of a population depends to a great extent on the sufficiency of sub-component for the components of school health services to be able to provide health care to the adolescent. (Ahmed, 2011). Adolescents often need the sufficient health related

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information on physical fitness, stress, nutrition, Sexually Transmitted Infections, HIV/AIDS, alcohol, good eating behaviors, first aids and emergency services and counselling which can be made possible with sufficient health facility. The health services of a population depends to a great extent on the sufficiency of sub-component for the components of school health services to be able to provide health care to the adolescent. (Ahmed, 2011). Adolescents often need the sufficient health related information on physical fitness, stress, nutrition, Sexually Transmitted Infections, HIV/AIDS, alcohol, good eating behaviors, first aids and emergency services and counselling which can be made possible with sufficient health facility. Government of most countries in developed and developing world has accordingly required services to prevent the spread of infectious diseases, to detect developmental problems, and to assist students who become ill or injured.

Nwanchukwu (2013), is of the opinion that "school health services can be utilized to provide school health care, immunization against infectious diseases, prevention and control of endemic diseases, providing appropriate treatment of common diseases and injuries, and provision of essential drugs and supply. It is expected that every school should have a health service unit in order to provide health services to individual in need of it. Also for a school to be effective and efficient in the teaching and learning process, the health services should be up to date in relation to availability, adequacy and functionality. It is against this premises, the researchers want to investigate the status of school health services in secondary schools, Edo State.

Statement of the Problem

School is most frequently the initial contact of students in a setting other than home. Students and school personnel typically dedicate a considerable amount of years growing, studying, working and developing in such environment. Participating in educational programme depends largely on the health status of students. A healthy student and staff is more likely to learn well and attend to school activities. Based on this, government, Non-governmental organization and stakeholders at both local and international sphere have made several efforts at promoting a healthy school.

Despite these efforts, school health services still performed below expectation in Nigeria schools Oseni, (2014). This was observed when children were asked to go home to take treatment when they fall sick in schools thereby increasing absenteeism and loss of opportunity of educational experience, a circumstances that seems to be more worrisome. Nigeria school health service appear to be greatly underserved in the health care sphere. According to Small et al., 2015 every school in Nigeria ought to have a well-designed school health services with a functional facility for its successful operations to accommodate the well-being of school employees and students. Meeting the health needs of both the students and the staff of the school will be greatly determined by the availability, adequacy and the functionality of school health service.

The studies of Obasuyi, 2022 and Oseni, et al (2014) have established that there are deficiencies in the school health service's content in schools, however, to the best of the researcher's knowledge these studies lack the information that establish the extent to which specific components and contents of school health services are lacking. This has resulted to a gap of the status of school health service in relation to the availability, adequacy and functionality of the specific components of school health service in Nigeria. Based on this premise, the researcher investigated the status of school health service in Edo of Nigeria.

Research Questions

The following research questions were raised and answered in the study:

- What is the status of school health services in terms of its availability in secondary schools in Edo State?

- What is the status of school health services in terms of its adequacy in secondary schools in Edo State?
- What is the status of school health services in terms of its functionality in secondary schools in Edo State?

Purpose of the study

The purpose of the study is to assess the status of school health services in Edo State, specifically to find out status of school health services in terms of its:

1. availability in secondary schools in Edo State,
2. adequacy in secondary schools in Edo State, and
3. functionality in secondary schools in Edo State.

Methodology

The descriptive survey design was used for the study. The design was appropriate because it allow the researcher to investigate what already presents in relation to availability, adequacy and functionality. The study's population consisted of all the 1,092 secondary schools in Edo State of Nigeria, (Ministry of Education, 2023).

A sample size of 55 secondary schools were used for the study. A multi-stage sampling procedure was used in the study. In the first stage, simple random sampling technique using balloting without replacement was used to select 9 local government (3 from each senatorial zone) from the eighteen local government area of Edo State representing 50%. Meanwhile, simple random sampling was used to select 6 secondary schools from the 1,092 secondary from each LGA. Fifty four (54) secondary schools were selected using this procedure.

The instrument for this study was a checklist. The checklist on availability, functionality and adequacy of the components of school health services in Edo State Nigeria is an adaptation of some items from the School Health Services of Nigeria in FME, 2006 and implementation of health services in post primary education board. Three indices consisting of availability, adequacy and functionality of the components of health services in schools were used as basis for which the level of health services in schools were assessed.

A component of school health service was regarded available only if one of the item is available then the status of school health services in terms of availability is available. The available Sub-components was scored 1 while the non-available was scored 0. The functionality of school health service is that if a sub-component, in form of facility or service was able to perform a particular task which it was met for, then it was considered functional. The functional sub-components was scored 1 while the non-functional sub-component was scored 0.

Results

Research question one: What is the status of school health service in terms of availability of its components in Edo State of Nigeria?

Table 1: Frequency Count and Percentages Distribution Table of Status of School Health Service in terms of Availability

S/N	Available (%)	Non-Available (%)	Total	Remark
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Health Center

1	Waiting room	17 (31.5)	37(68.5)	54	Available
2	Diagnostic room	7(12.9)	47(87.1)	54	Available
3	Drug room	2(3.7)	52(96.3)	54	Available
4	observational/treatment room				
4	Thermometer	25(46.3)	29(53.7)	54	Available
5	Weight Scale	15(27.8)	39(72.2)	54	Available
6	Height scale	6(11.1)	48(88.9)	54	Available
7	Refrigerator	12(22.3)	42(77.7)	54	Available
8	Toilet/ bathroom	51(94.5)	3(5.5)	54	Available
9	Regular drug/consumables	5(9.3)	49(90.7)	54	Unavailable
10	Regular power supplied	8(14.8)	46(85.2)	54	Available
11	Sterilization facility	1(1.8)	53(98.2)	54	Available
12	Stationary for records	22(40.7)	32(59.3)	54	Available
13	Waste bin	50(92.6)	4(7.4)	54	Available
14	Vehicle for referral	00(0.0)	55(100)	54	Available
15	Computer	10(18.5)	44(81.5)	54	Available
16	Hand washing facility	42(77.7)	12(22.3)	54	Available
Health officers					
17	Doctor	2(3.7)	52(96.3)	54	Available
18	Nurse/midwife	6(11.2)	48(88.8)	54	Available
19	Health educator	36(66.7)	18(33.3)	54	Available
20	Trained first aider	41(75.9)	13(24.1)	54	Available
SN		Available	Non-Available	Total	Remark
Records of health appraisal					
21	Pre entry screening of dental and medical cases	3(5.5)	51(94.5)	54	Available
22	Routine screening of medical/oral health for students/staffers	1(1.8)	53(98.2)	54	Available
23	Test for screening of identifying growth/ disability/ handicap problem	1(1.8)	53(98.2)	54	Available
24	Referrals to hospital	36(66.6)	18(33.4)	54	Available
First aid/emergency services					
25	Plaster	47(87.1)	7(12.9)	54	Available
26	Thermometer	25(46.3)	29(53.7)	54	Available
27	Forceps	32(59.3)	22(40.7)	54	Available
28	Bandage	46(85.5)	8(14.5)	54	Available
29	Hydrogen peroxide	45(83.6)	9(16.4)	54	Available
30	Methylated spirit	54(100)	0.0(0.0)	54	Available
31	Cotton wool	55(100)	0.0(0.0)	54	Available
32	Scissors	51(92.7)	4(7.3)	54	Available
33	Gentian violet	33(60.0)	22(40.0)	54	Available

34	Glucose	54(100)	0.0(0.0)	54	Available
35	Paracetamol	38(70.9)	16(29.1)	54	Available
Health counselling					
36	Health counselling room	47(87.3)	7(12.7)	54	Available
37	Health counselors	47(87.3)	7(12.7)	54	Available

Table one revealed the frequency and percentages distribution of the status of school health services in terms of availability in Edo State of Nigeria. In the secondary schools visited, 31.5% of them had waiting room, 12.9% of the schools had diagnostic room, for drug room/treatment room 3.7% had it, and thermometer was available in 46.3% of the schools. The researcher observed that 27.8% of the schools had weight scale, 11.1% of the secondary schools visited had height scale, 22.3% had refrigerator, 94.5% of the secondary schools had toilet/bathroom facility, 9.3% of them had drug/consumables, 14.8% had regular power supplied, and 1.8% had sterilization facility.

Result further showed that the schools that have stationaries for record was 40.7%, waste bin was present in 92.6% of the school, 0.0% of the secondary school visited had vehicle for referral, computer was present in 18.5%, 77.7% had hand washing facility, only 3.2% had presence of school doctor, 11.2% had presence of school nurse/midwife, 66.7% had presence of health educator and 75.9% had presence of trained first aider, 5.5% had presence of records of pre entry screening of dental and medical cases, 1.8% had presence of routine screening of medical/ oral health for students and staffers, 1.8% had facility for screening of identifying growth/disability/ handicap problem, referrals to hospital was available in 66.6% of the schools and 87.1% had presence of plasters. The study further showed that 46.3% had thermometer in the first aid box, 59.3% had forceps, 85.5% had bandage and 83.6% had hydrogen peroxide in the first aid box, also from the first aid box checked, 100% had methylated spirit and cotton wool, 92.7% had scissors in the first aid box, 60.0% had gentian violet, 100% had glucose in the first aid box checked in all the schools, 70.9% had paracetamol in the first aid box in the schools visited.

From the schools visited health counselling room was 87.3% available, health counsellors in all the secondary schools visited was also 87.3% available. From the results in the table the status of school health services in terms of the availability of the health facility in Edo State of Nigeria was available.

Research Question Two: What is the status of school health service in terms of its adequacy in Edo State of Nigeria?

Table 2: Frequency counts and percentage distribution table of the status of school health services in terms of its adequacy

S/N		Adequate (%)	Inadequate (%)	Total	Remark
Health Center					
1	Waiting room	7 (41.2)	10(58.8)	17	Inadequate
2	Diagnostic room	2(28.5)	5(71.5)	7	Inadequate
3	Drug room/treatment room	0.0(0.0)	2(100)	2	Inadequate
4	Thermometer	21(84.0)	4(16.0)	25	Adequate
5	Weight Scale	11(64.7)	6(35.3)	17	Adequate
6	Height scale	6(100)	00(0.0)	6	Adequate
7	Refrigerator	9(75.0)	3(25.0)	12	Adequate

8	Toilet/ bathroom	39(76.5)	12(23.5)	51	Adequate
9	Regular drug/consumables	2(40.0)	3(60.0)	5	Inadequate
10	Regular power supply	2(25.0)	6(75.0)	8	Inadequate
11	Sterilization facility	0(0.0)	1(100)	1	Inadequate
12	Stationary for records	23(100)	0(0.0)	22	Adequate
13	Waste bin	50(100)	0(0.0)	50	Adequate
14	Vehicle for referral	00(0.0)	00(0.0)	00	Inadequate
15	Computer	2(20.0)	8(80.0)	10	Inadequate
16	Hand washing facility	31(73.8)	11(26.2)	42	Adequate
Health Officers					
17	Doctor	0(0.00)	2(100)	2	Inadequate
18	Nurse/midwife	4(66.6)	2(33.4)	6	Adequate
19	Health educator	45(100)	0(0.0)	45	Adequate
20	Trained first aider	47(94.0)	3(6.0)	50	Adequate
Records of health appraisal					
21	Pre entry screening of dental and medical cases	2(66.6)	1(33.4)	3	Adequate
22	Routine screening of medical/oral health for students/staffers	1(100)	0(0.0)	1	Adequate
Records of health appraisal					
23	Test for screening of identifying growth/ disability/ handicap problem	0(0.0)	1(100)	1	Inadequate
24	Referrals to hospital	29(80.5)	7(19.5)	36	Adequate
First aid/emergency services					
25	Plaster	41(87.3)	6(12.7)	47	Adequate
26	Thermometer	20(80.0)	5(20.0)	25	Adequate
27	Forceps	32(100)	0(0.0)	32	Adequate
28	Bandage	46(100)	0(0.0)	46	Adequate
29	Hydrogen peroxide	37(82.3)	8(17.7)	45	Adequate
30	Methylated spirit	54(100)	0.0(0.0)	54	Adequate
31	Cotton wool	54(100)	0.0(0.0)	54	Adequate
32	Scissors	45(90.0)	5(10.0)	50	Adequate
33	Gentian violet	19(59.4)	13(40.6)	32	Adequate
34	Glucose	54(100)	0(0.0)	54	Adequate
35	Paracetamol	38(100)	0(0.0)	38	Adequate
Health counselling					
36	Health counselling room	7(14.9)	40(85.1)	47	Inadequate
37	Health counselors	47(100)	0(0.0)	47	Adequate

Key: $\geq 50\%$ informed remarks

Table 2 revealed the frequency and percentages distribution of the status of school health services in terms of adequacy in Edo State of Nigeria. In all the secondary schools visited, 41.2% of the waiting rooms were adequate. It was also observed that 28.5% of diagnostic rooms were adequate in all the schools, also the drug rooms/treatment rooms in the secondary schools were 0.0% adequate. The thermometer in all the school visited were 84.0% adequate, weight scale in all the school visited were 64.7% adequate, also height scale

were 100% adequate. The result also showed that refrigerator were 75.0% adequate, also in the results, the schools visited that have toilet/bathroom were 76.5% adequate, the schools visited also showed that regular drug/consumables were 40.0% adequate. The schools visited also showed that regular power supply were 25.0% adequate, also in the result, sterilization facility were 0.0% adequate. Result further shows that the stationaries for record were 100% adequate, waste bin in the schools were 100% adequate. The result also showed that 0.0% of the vehicle for referral were adequate in the schools, also the secondary schools computer were 20.0% adequate. Also in all the secondary schools visited 73.8% of the hand washing facility checked were adequate. The result also shows that the number of school visited 0.00% of the school doctor were adequate. It further shows that the schools visited only 66.6% of the school nurse/midwife were adequate, also school with health educator 100% were adequate. The trained first aider for schools visited were 95.0% adequate.

The table further shows that adequacy of secondary schools visited for records of pre entry screening of dental and medical cases were 66.6% adequate. Also in the result, adequacy of routine screening of medical/oral health for students and staffers were 100%, also secondary schools visited in Edo State have test for screening of identifying growth/disability/handicap problem were 0.0% adequate. Schools also visited showed that referrals to hospital were 80.5% adequate.

The table shows that in all the schools visited the plaster were 87.3% adequate. It further shows that thermometer in the first aid box in all the schools visited were 80.0% adequate, from the result also, the adequacy of forceps in all the schools visited were 100%. Bandage in the first aid box were 100%, also from the first aid box in all the schools visited, hydrogen peroxide were 82.3% adequate, also methylated spirit in the first aid box were 100% adequate. The result also showed that cotton wool in the first aid box were 100% adequate, also in the results, scissors were 90.0% adequate in the first aid box, also from the schools visited, gentian violet were 59.4% adequate. Glucose from the first aid box checked in all the schools visited were 100% adequate. Result also showed that paracetamol in the schools visited were 100% adequate.

From the schools visited health counselling room were 14.9% adequate. Also result showed that health counsellors in all the secondary schools visited were 100%. From the results in the table the status of school health services in terms of the adequacy of its sub components is adequate in Edo State of Nigeria because more than half of the sub-components are 50% available then it is considered adequate.

Research Question Three: What is the status of school health service in terms of its functionality in Edo State of Nigeria?

Table 3: Frequency count and percentages distribution table in terms of functionality of the status of school health services

S/N	Components/ Sub Components	Functions of Health Services in School	Functional (%)	Non- Functional (%)	Total	Remark
1	Health Center Waiting room	Accommodate 30 to fifty persons	6 (35.3)	11(64.7)	17	Functional
2	Diagnostic room	Confidential	2(28.5)	5(71.5)	7	Functional
3	Drug room	Contains regular drug for endemic diseases, deworm tablet	0.0(0.0)	2(100)	2	Functional
4	Thermometer	Capacity to read temperature of students/staff	25(100)	0(0.0)	25	Functional

5	Weight scale	Capacity to read the weight in kilogram of students/staff before treatment	17(100)	0(0.0)	17	Functional
6	Height scale	Capacity to read the height in meters/centimeter's before diagnosis/treatment	6(100)	00(0.0)	6	Functional
7	Refrigerator	Constantly working to cold vaccine	6(100)	00(0.0)	6	Non-functional
8	Toilet/bathroom	Has constant water supply, always clean, has disinfectant	9(75.0)	3(25.0)	12	Functional
9	Regular drug/consumables	Unexpired drug, contains vaccine, not near exhaustion	39(76.4)	12(23.6)	51	Functional
10	Constant power supply	Able to power all electronics devices including borehole	2(40.0)	3(60.0)	5	Functional
11	Sterilization facility	Able to kill pathogens in tools/ apparatus, work with electricity	0(0.0)	2(100)	1	Non-functional
12	Stationary for records	Plane sheets, envelop, receipt, laboratory forms, referral forms, stapler	11(50.0)	11(50.0)	22	Functional
13	Waste bins	Has a lid, emptied daily	0(0.0)	50(100)	50	Functional
14	Vehicle for referral	Able to convey victims refer cases to nearby secondary facility	00(0.0)	00		Functional
15	Computer	Capable of saving health information, processing data	9(90.0)	1 (10.0) 10		Functional
16	Hand washing facility Health officers	Capable of making hands to be thoroughly washed	0(0.0)	42 (100)		Functional
17	Doctor	Provides professional treatment/ referrals cases.	2(100)	0(0.0)	2	Functional
18	Nurse/midwife	Provides dispensary/ administration of drugs. Nurse wound and injuries	6(100)	0(0.0)	6	Functional
19	Health educator	Provides health information necessary to prevent diseases	45(100)	0(0.0)	45	Functional
20	Trained first aider	Provides first hands attention to save life, reduces pain and convey victims to hospital.	50(100)	0(0.0)	50	Functional
S/N	Components/ Sub Components	Functions of Health Services in School	Yes (%)	No (%)	Total	Remark

Record of Health Appraisal						
21	Pre entry screening of dental and medical cases	Contains health information of students at initial entry to school, physical/medical emotionally examined cases.	2(66.6)	1(33.4)	3	Functional
22	Routine screening of medical/oral health for students/staffers	Result of visual acuity test with snellen chart, test for hearing with audiometer, test for oral health	1(100)	0(0.0)	1	Functional
23	Test of screening	Identifying growth/disability/handicap problem	0(0.0)	1(100)	1	Functional
First aid/Emergency Services						
24	Referrals to hospital	Capable of referring cases to the hospital	4(11.2)	32(88.8)	36	Functional
S/N	Components/ Sub Components	Functions of Health Services in School	Yes (%)	No (%)	Total	Remark
25	Plaster	Capable of meeting all initial and emergency of anyone in school before entry health Center	41(87.3)	6(12.7)	47	Functional
26	Thermometer	Same as plaster	20(80.0)	5(20.0)	25	Functional
27	Forceps	Same as plaster	32(100)	0(0.0)	32	Functional
28	Bandage	Same as plaster	46(100)	0(0.0)	46	Functional
29	Hydrogen peroxide	Same as plaster	37(82.3)	8(17.7)	45	Functional
30	Methylated spirit	Same as plaster	54(100)	0.0(0.0)	54	Functional
31	Cotton wool	Same as plaster	54(100)	0.0(0.0)	54	Functional
32	Scissors	Same as plaster	45(90.0)	5(10.0)	50	Functional
33	Gentian violet	Same as plaster	19(59.4)	13(40.6)	32	Functional
34	Glucose	Same as plaster	54(100)	0(0.0)	54	Functional
35	Paracetamol	Same as plaster	38(100)	0(0.0)	38	Functional
Health Counselling						
35	Health counselling room	Able to accommodate counsellors and counselee for confidential one on one or group counselling health status of anyone	47(100)	0(0.0)	47	Functional
36	Health counselors	Capable of keeping confidential records of	47(100)	0(0.0)	47	Functional

Key: $\geq 50\%$ informed remark

Table 3 revealed the frequency and percentages distribution of the status of school health services in terms of functionality in Edo State of Nigeria. In all the schools visited, 35.3% of the waiting room were able to accommodate 30 to fifty persons. The secondary schools visited also showed that diagnostic room that was able to carry out confidential services was 28.5% in all the schools, also the drug room/treatment room in the secondary schools that

contains regular drugs/consumables was 0.0%. From the schools visited, the thermometer that have the capacity to read temperature of students and staff correctly were 100%, also, 100% of the schools visited have weight scale that have the capacity to read the weight of students and staff in kilogram. From the secondary schools visited 100% of the schools had a functional height scale that was able to read the height meters in centimeter. The result also showed that the refrigerator that was constantly working to cold vaccine was 100%, also in the results, the schools visited that have toilet/bathroom that had constant water supply was 75.0%, the schools visited also showed that unexpired regular drug/consumables was 76.4%.

The schools visited also showed that power supply that was able to power electronics including boreholes was 40.0%, also in the result the schools sterilization facility that was able to kill pathogens in tools, work with electricity was 0.0%. Result further shows that the stationaries for record that contains plain sheets, envelopes, receipt, laboratory forms and referral forms including stapler was 50.0%, the number of secondary school that had a functional waste bin that was emptied daily was 0.0%, in the result 0.0% of the secondary school visited had vehicles that was able to convey victims, refer cases to nearby secondary facility, also the secondary schools that have a functional computer that can save health informations, process data was 90.0%. Also in all the secondary schools visited 0.0% of the hand washing facility checked are capable of making hands to be thoroughly washed. The result also shows that the number of school visited, 100% of the school doctor was able to provides professional treatment/ refer cases. It further shows that 100% of the school nurse/midwife was able to provide dispensary/administration of drugs and nurse wounds, also school with health educator was able to provide health information necessary to prevent diseases was 100%. The trained first aider for schools visited was able to provide first hands attention to save life was 100%.

The table further shows that the secondary schools visited that contains health information of records for pre entry screening of dental and medical cases at initial entry to schools was 66.6%. Also in the result, the routine screening of medical/oral health for students and staffers was 100%, also secondary schools visited in Edo State had a functional test screening of identifying growth/ disability/ handicap problem was 0.0% . Schools also visited showed that health centers that are capable of referring cases to the hospitals was 11.2%. The table shows that in all the schools visited the plaster that was able to meet all the initial and emergency of anyone in school before entry health center was 87.3%. It further shows that thermometer in the first aid box in all the schools visited that was able to meet emergency of anyone before entry health Centre was 80.0%, from the result also, the capacity of forceps to carry out emergency responds in all the schools visited was 100%. The secondary schools visited, the capability of bandage in the first aid box to handle initial emergency before entry health center was 100%, also from the first aid box in all the schools visited, hydrogen peroxide that was able to meet initial and emergency responds of anyone before entry health center was 82.3%, also the present methylated spirit in the first aid box was functional with 100%. The result also showed that cotton wool in the first aid box was 100% able to carry out same function as plaster, also in the results, scissors is 90.0% functional in the first aid box, also from the schools visited, and gentian violet is 59.4% functional. Glucose from the first aid box checked in all the schools visited was able to meet initial and emergency cases before entry to health Centre was 100%. Result shows that paracetamol in the first aid box from the secondary schools visited was able to meet the initial and emergency of anyone before entry to health centre was 100 %.

From the schools visited health counseling room that was able to accommodate counselors was 100%. Also result showed that health counselors in all the secondary schools visited is that was able to keep confidential records of students and staff was 100%.

From the results in the table the status of school health services in terms of the functionality of its items is functional in Edo State of Nigeria because more than half of the sub-components are 50% functional.

Discussion of Findings

From the results, the status of school health services in terms of the availability of health facility is available in Edo State. This is because majority of the health facility needed for the operation of school health services was available. This findings is in line with the study of small et al. (2015) that for school health services to be successful in its operations, all the component and sub-components of school health services must be made available. This is also in line with the study of Ajayi (2007) that high level of students' academic performance may not be guaranteed where medical facilities such as waiting room, height scale, thermometer, weight scale are not available. Also, the study of Aghenta (2018), supported that the success of any school health services in secondary school depends upon the facilities for its operation. The available health facility will enable the health officer to provides health services for the students which will reduce the rate of absenteeism and the loss of opportunity of educational experience by the students

From the results, the status of school health services in terms of the adequacy of the sub components of school health services is adequate because half of the sub-component are 50% available for the components of school health services for its goal of meeting the health needs of students to be realized in Edo State. This is in line with the work of Abdulmalik et al. (2016) that to have a standard school health services the components and sub components of school health service should be adequately made available in schools. This is also in line with the study of (Ahmed, 2017). that adolescents often need the sufficient health related information on physical fitness, stress, nutrition, Sexually Transmitted Infections, HIV/ AIDS, alcohol, good eating behaviors, first aids and emergency services and counselling which can be made possible with sufficient health facility. This is in line with Olorukooba and Samaila (2019), who concluded that school health services is fully provided to meet their health needs in secondary schools. He maintain that the provision of school health services is a cost effective and should be made adequate to meet the standard of school health services.

The findings of the study reveals that the status of school health services in terms of the functionality of the sub components is functional in Edo State. This is because majority of the health facility needed for the operation of school health services are able to meet the purpose for which it was designed. This findings is in line with the study of Anderson and Creswell (2015) which view functional health facilities as equipment ready to combat health emergency and illnesses. This is also in line with the study of Ogbalu (2017) that a working health facilities are ready to be used to treat disease and other health problems in school.

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