ASSESSMENT OF DETERMINANTS INFLUENCING UTILIZATION OF SCHOOL HEALTH SERVICES AMONG SENIOR SECONDARY SCHOOL STUDENTS IN KANO STATE, NIGERIA

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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF EDUCATION (M.ED) IN HEALTH EDUCATION IN THE DEPARTMENT OF HUMAN KINETICS AND HEALTH EDUCATION, FACULTY OF EDUCATION.
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MARCH, 2023

DECLALARATION.

I Musa Habibu hereby declared that, the dissertation entitled "ASSESSMENT OF DETERMINANTS INFLUENCING UTILIZATION OF SCHOOL HEALTH SERVICES AMONG SENIOR SECONDARY SCHOOL STUDENTS IN KANO STATE NIGERIA. " has been written by me in the Department of Human Kinetics and Health Education under the supervision of Prof (Mrs).M.A. Sulaiman and Prof.(Mrs). V. Dashe . The information derived from the literature has been duly acknowledged in the text and a list of reference provided. No part of this dissertation was previously presented for another degree or diploma at any university.

_____ Date_____

Musa Habibu.

CERTIFICATION

This dissertation entitled "ASSESSMENT OF DETERMINANTS INFLUENCING UTILIZATION OF SCHOOL HEALTH SERVICES AMONG SENIOR SECONDARY SCHOOL STUDENTS IN KANO STATE NIGERIA." by MUSA HABIBU, meets the regulations governing the award of master degree of Ahmadu Bello University, and is approved for its contributions to knowledge and literary presentation.

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DEDICATION

This dissertation is dedicated to my beloved parents Mallam Musa Muhammad and my mother AminaAbdullahi Musa, and every person who contributed in one way or the other toward the success of the study.

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TABLE OF CONTENT

Title Page	i
Declaration	ii
Certification	iii
Dedication	iv
Acknowledgements	v
Table of Contents	vi
List of Abbreviations	vii
List of Figures	x
List of Tables	xi
Operational Definition of Terms	xii
Abstract	xiii
CHAPTER ONE INTRODUCTION.	
1.1 Background of the Study	1
1.2 Statement of the Problem	5
1.3 Purpose of the Study	6
1.4 Research Questions	7
1.5 Hypotheses	8
1.6 Basic Assumptions	8
1.7 .Significance of the Study.	8
1.8 Delimitations of the Study	9

CHAPTER TWO. REVIEW OF RELATED LITERATURE

2.1. Introduction 10

2.2Conceptt of School Health Services 10

2.3 History and Evolution of School Health Services 13

2.4 School Health Services 15

2.4.1 Objective of School Health Services

2.4.2 Components of School Health Services

2.5. Health Services Provided in School. 25

2.6. Personnel Involved in School Health Services 31

2.6.1 Responsibility of Personnel involved in School Health Services. 30

2.7. Importance of School Service 34

2.8. Theoretical Framework. 36

2.9. Empirical Studies 41

2.10. Summary 53

CHAPTER THREE. METHODOLOGY

3.1 Introduction 55

3.2 Research Design 55

3.3 Population of the Study 55

3.4 Sample and Sampling Techniques 56

3.5 Research Instrument 60

3.6 Validation of the Instrument 61

3.7 Procedure for Data Collection 61

3.8 Procedure for Data Analysis 62

CHAPTER FOUR: RESULTS AND DISCUSSION.

4.1. Introduction 63

4.2 Answering the Research Questions 65

4.3 Testing of Hypotheses 72

4.4 Summary of Findings 75

4.5 Discussions 75

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary 78

5.1.1. Contribution to knowledge 79

5.2. Conclusion 80

5.3. Recommendations 81

5.4 Suggestions for Further Studies 81

References 82

Appendices 87

List of Abbreviations

ASHA - American School Health Association

CAHS CH Child and Adolescent Health Service- Community Health

CDC - Centre for Disease Control and Prevention

FRESH - Focus Resources on Effective School Health

IOM - Institute of Medicine

SHPPS. - School Health Policies and Programme Study

UNESCO United Nations Educational, Scientific and Cultural Organization

UNICEF United Nations Children Education Fund

WASH Water Sanitation and Health

WHO - World Health Organization

List of Figures

Figure 1 shows how school health services use various means to support students 17

Figure 2: first aid if a student collapses from sudden cardiac areas. 19

Figure 3: shows Equipment for school health services 28

List of Table

Table 3.1	Population of Student of Senior Secondary School in Kano State	56
Table 3.2:	List of Local government in each senatorial district of Kano state	57
Table 3.3:	Summary of the sampling and the schools selected	59
Table 4.1:	Classifications of the respondents' demographic characteristics	64
Table 4.2:	Mean scores on aavailability of medical services as a determinant influencing their utilization by senior secondary school students in Kano state	65
Table 4.3:	Mean scores of students on counselling as a determinant influencing utilization of School Health services among Senior secondary school students in Kano state.	67
Table 4.4:	Mean scores of responses on available equipment as determinant influencing utilization of school health services in the senior secondary school	69
Table 4.5:	One sample T-test analysis on availability of medical services as a determinant influencing utilization of school health services among senior secondary school students in Kano state	70
Table 4.6:	One sample t-test analysis on availability of health counselling services as a determinant influencing utilization of school health services among senior secondary school students in Kano state.	71
Table 4.7:	One sample t-test analysis on availability of equipment as a determinant influencing utilization of school health services among senior secondary school students in Kano state	72

Operational Definition of Terms

Health Personnel: This refers to the health nurses, physicians, and medical doctors.

Health Counselling: This refers to health information given to the students, parents and members of the staff.

Health Status: Is the condition of human body or health condition function at a particular time.

Private School: is independent school which is non- governmental privately funded by charging their student tuition Fee'.

Public school: Is a school that run and funded by government for public use.

Guidance: the act or function of guiding / advice leadership and direction.

Counselling: is an activity of counsellor or professional in counsel people especially in health services

Senior Secondary School:

.**School health**: school health is a synthesis of nursing practices public health services to maintain health status of the school community.

ABSTRACT

The purpose of the study was to assess the determinants influencing utilization of school health care services among senior secondary schools in Kano State, Nigeria. To achieve the purpose of this study', ex post facto research design was used for this study.Multistage sampling procedurewas used which included stratified random sampling technique was used for the study. The sample of the study was drawn through stratification of forty four(44) L.G.A. of Kano State in to 3 senatorial districts. Simple random sampling was used to select the sample L.G.A. from 3 senatorial districts, the proportionate sample technique was used to select requirednumber of respondents at each of the senior secondary school selected for the study.500copies of questionnaire wasdistributed to respondents and 498(99.6%) copies filled and retured. However two (2.04) percent copies of questionnaire was not used. Descriptive statistic of frequency was used to describe the demographic information of the respondents while means and standard deviation were used to answer the research questions.t. test was used to test hypothesis 1, 2, and 3 at $P<0.05$ level of significant. The findings of this study revealed that availability of medical services was a significant determinant influencing utilization of school health services among senior secondary school students in Kano State ($P = 0.000$). Availability of health counselling services was a significant determinant influencing utilization of school health services among senior secondary school students in Kano State ($P = 0.000$). Availability of equipment was a significant determinant influencing utilization of school health services among senior secondary school students in Kano State ($P = 0.000$). From the findings of this study, it was concluded that availability of medical health services, health counselling services and health-equipment were determinants influencing utilization of school health care services among senior secondary school students in Kano State. Based on the conclusion recommended that effort should be made towards provision of medical health services in all the senior secondary schools across the state towards effective utilization by students. Stakeholders should ensure that professional health counsellors are recruited into secondary schools to provide a health counselling to students .The state and other stakeholders of senior secondary schools in the state should improve on the provision of health-related equipment to encourage effective utilization of health services by students in the state senior secondary schools.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

School health services are services provided through the school system to improve the health and well-being of students and in some cases whole families and the broader community. These services have been developed in different ways around the globe but the fundamentals are constant: the early detection, correction, prevention or amelioration of disease, disability and abuse from which school aged children can suffer. School health services is an important aspect of health delivery system necessary to monitor the health of school children in other to keep them healthy and optimize their learning, (Osuorah& Osinobi,2016). The purpose of school health services is to help children at school to achieve maximum health possible for them to obtain full benefit from their education. School health services are provided by the physicians, dentists, school nurse, health education teachers and significant others to protect and promote the health of members of the school community. Similarly, according to study conducted by Phil and Shella (2017) School health service contribute to the goals of the education system and the healthcare system by providing screening and referrals, medication and treatment, providing first aid, providing health counselling and education and supporting students to acquire self – management skills.

The American School Health Association (ASHA) (2017,) school health services are preventive and curative provided for the learners and staff within the school setting. Centre for Diseases control, (CDC) (2008) describe that school health services as services provided for students and staff to appraise, protect and promote health. These services are to foster appropriate use primary healthcare services to prevent and control communicable diseases and others health problems, provide emergency care for illness or injury through

the combined efforts of qualified professionals such as physicians, dentists, nurses health educators, councillors and others health allied personnel .

Furthermore, in a study conducted by Kuponiye and Amoran, (2016) to determine the school health service in Ogun State school health services was described as preventive and curative services and help in providing information to parents and school personnel on the health status of the school children. It also provides health counselling services for school community and parents which include: presenting medical screening routine, health screening and examination, pre entry medical screening, routine health screening and examination, school health record (keeping records of health history of student), First aid and referral services,screening test and medical diagnoses control and prevention of communication disease.

These services aim at promoting and maintaining the health of school children so as to give them a good start in life, stated that school health services contribute to the goals of the education system and the health care system by providing screenings and referrals, administering medications and treatments, providing first aid, providing health counselling and education, and supporting students to acquire self-management skills. In addition, these services seek to enable children benefit optimally from their school learning experience. According to Toma (2014) school health services refer to the procedures that are carried out by physician, nurse, dentist, teachers and other personnel to appraise, protect and promote the health of school children and school personnel. It includes health appraisal of emergency care and supervision of health of children (normal and handicapped). School health service is therefore an essential component of the school health programme.

Health counselling is define as the process whereby an individual or physical health is being counsel by a professional counsellor and provide support to sustain them.

According to American Counselling Association (2017) health counselling as collaboration effort between the counsellor and student, professional counsellors help students identify potential problems and their solutions which emotional turmoil, seek to improve behaviour, promote behaviour. Health Counselling is one of the approaches most frequently used in health education with individuals. Counselling means providing a choice for the individual who has a problem. During counselling the client will not be given advice or forced into a decision. Establishing a good relationship with the individual is vital to successful counselling. School health counselling takes place in public and private schools, Counselling is designed to facilitate student achievement, improve student behaviour and attendance, and help students develop socially.

School counsellors provide counselling and serve an educational role in and around schools. Many schools have full-time counsellorsstaff in order to support students who are experiencing personal challenges, intervene when students face behavioural, physical, or mental health challenges. Counsellors often help students: maintain academic standards and set goals for academic success. develop skills to improve organization, study habits, and time management. Work through personal problems that may affect academics or relationships. Improve social skills cope with school or community-related violence, accidents, and trauma .Identify interests, strengths, and aptitudes through assessment. Anna Centre for Children and Family (2018) define health counselling as one of the most common psychological interventions delivered in schools where children can explore, understand and aim to overcome issues in their lives causing them difficulty, distress and/or confusion.

School health personnel are qualified staff that can help all students with preventive care and emergency care, personnel's such as school nurse, health educator, physician, physician assistants and allied health personnel's provide these services,

improving school health, assessing school health managing health conditions, promoting health behaviour School health personnel's deal with health appraisals, control of communicable diseases, record keeping and supervision of the health of school children and personnel and it helps in providing information to parents and school personnel on the health status of school children. Other services rendered include health observation (which involves physical inspection of the body and behaviours of children), health examinations (screening tests and medical diagnosis) and health record (keeping of children health history). (Toma, 2014).

Child and Adolescent Health Service Community Health (CAHS CH) (2019), described availability of school health services as to provide information and support to students (and their families), to help them make informed decisions about their health wellbeing and development, carry out health assessments for vision, hearing and general development, issues if required refer students to another health professional within the school health service or to other agencies for further assessment, tests, diagnosis, treatment or therapy, plan and deliver school immunisation programme, work with teachers to support health education sessions, run student health and wellbeing programme, help school staff and parents to develop health care plans for students with special needs (for example chronic disease, physical disability or other complex health conditions)

Afolabi and Fasoranti (2016) stated that availability of professional health personnel would have significant influence on school health services added that availability of qualified health personnel in secondary school is paramount important towards utilization of school health services.

Availability of equipment is also key part in the provision of school health services .Ademuwagun (2006) reported that provision of health equipment will help

toward health services when the equipment such as first aid box, dustbins , water, thermometer and once they are not on ground, it will be difficult for health personnel to teachers and school committee may experience medical emergency situation because of chronic health complication or unexpected major illness in schools

1.2 Statement of the Problem

Senior secondary school is the period which students are at their adolescent stage which is marked with many problems that need close attention. Provision of school health services to secondary school is very crucial to the achievement of total health among school community. Making school health service available to Senior Secondary School as well as ensuring it's effective utilization as one of the responsibilities of the Government. Health service as a medical service rendered in the schools environment that are directly or indirectly related to the health of student, which involved medical inspection, routine immunization and normal diagnosis in the case of affected students in school. Students usually spends more time in school with their friend that are from different in danger of being communicate with others and, a result of exposure to different environmental condition in the school. Furthermore students are at risk of being affected by infection, emotional problems, physical injury and other communicable diseases while in school limited and confined environment they find themselves (Oyinlade, Ogunkunle& Olanrewaju,2014).

According to UNESCO (2011), school health service must not only be made available in school but effectively utilized to ensure a healthy environment for effective learning to take place related services in school must be directed towards ensuring healthy condition for students, teachers and the learning environment to minimize the spread of communicable diseases and other health related problems.

Furthermore,there arecases of outbreak and spread of communicable disease among students in schools on 25th August 2014 The Federal Government directed all public / private primary and secondary school in the country to remain closed until 13th October, 2014 (seven weeks) as a result of Ebola Virus disease which was brought into Nigeria and covid 19 disease popularly known as CORONA VIRUS in Nigeria in the March 2020. As part of the measure to prevent the spread of disease transmission in school premises, the federal government directed states government, and private schools to provide preventive safety measure and training on how to handle the suspected cases, and to provide the following equipment's in each school. Thermometer (noncontact), Latex glove, and hand washing station with soap water and chlorine.

These problems motivated the researcher to assess the determinants influencing utilization of school health services among senior secondary school students in Kano State Nigeria.

1.3 Purpose of the Study

The purpose of conducting the research is to assess the determinants influencing utilization of school health services among senior secondary schools' in Kano State, Nigeria. Specifically, this study intends to assess:

1. The availability of medical health services as a determinant influencing utilization of school health services among senior secondary school students in Kano state.
2. The availability of health counselling services as a determinant influencing utilization of school health services among senior secondary schools' students in Kano state
3. The availability of equipment as a determinant influencing utilization of school health services among senior secondary schools' students in Kano state.

1.4 Research Question

The study proposes to answer the following research questions;

1. Will availability of medical health services be a determinant of utilization of school health services among senior secondary school students in Kano State?
2. Will availability ofmedical health counselling services be a determinant of utilization of school health services among senior secondary school students in Kano state?
3. Will medical equipment be as a determinant of utilization of school health services among senior secondary school students in Kano state?

1.5 Hypothesis

Based on the research question, the following hypothesis were formulated to guide the study.

1. Hypothesis 1: Availability of medical services will not be a significant determinant influencing utilization of school health services among senior secondary school students in Kano State.
2. Hypothesis 2: Availability of health counselling services will not be a significant determinant influencing utilization of school health services among senior secondary school students in Kano State.
3. Hypothesis 3: Availability of equipment as a determinant influencing utilization of school health services among senior secondary school students in Kano state is not significant.

1.6 Basic Assumption

On the basis of research evidence the following basic assumptions are made;

1. It is assume that medical health services for utilization of school health services among senior secondary school6s students in Kano State are not available
2. It is assumed that health counselling services for utilization of school health services is not available in senior secondary schools in Kano State.
3. It is assume that equipment are not adequately provided for utilization of school health services among senior secondary school students in Kano state.

1.7 Significance of the Study

This study was conducted to assess the determinants influencing utilization of school health services among senior secondary school students in Kano State. This study would be great significant in several ways which include:

1. It would help to identify the availability of medical health services in senior secondary schools in Kano state the finding would show the quality and level the school health services that is made available to students in Kano state.
2. It is hope the study would help to motivate the authority concerns to improve / upgrade health counselling services provision in senior secondary schools in Kano state by ensuring that students have access to health counselling services when they need it during school hours.
3. It would help to identify the availability of equipment's for school health services in senior secondary schools in Kano state. The result of this research would help authority concerns to take appropriate actions where there is need to support students health, in order to achieve educational successeskeurite

1.8 Delimitation of the Study

This was delimited to determinants influencing utilization of school health services among senior secondary school students in Kano State. The was delimited to the following.

1. Three (3) senatorial districts of Kano State
    (1) Kano central senatorial district
    (2). Kano south senatorial district
    (3). Kano north senatorial district.
2. Only public senior secondary schools in Kano State was used for the study.
3. Respondents that constitute the sample for this study were students in all selected senior secondary schools in Kano state.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

The purpose of the study was assess the determinants influencing utilization of school health services in Kano State," in the light of this, this chapter set to deal with the review of current literature that is related to the study under the following sub-titles.

2.1 Concept of School Health Services.

2.2 History and Evolution of School Health Services

2.3 School Health Services

2.3.1 Objectives of School Health Services

2.3.2 Components of School Health Services

2.4 Health Services Provided in School.

2.5 Personnel Involved in School Health Services

2.5.1 Responsibility of Personnel involved in School Health Services.

2.6 Importance of School Service

2.7 Theoretical Framework.

2.8 Empirical Study

2.9 Summary

2.1 Concept of School Health Services

Senior secondary school is a period of adolescent stage in which children are filled with energy and vigour to explore new things. numerous health challenges that need close attention they participate in every social activity such as sports in which prone to sports injuries and exposed to various infectious diseases in School. School health services are both preventive and curative services and it helps in providing information to parents and school personnel on the health status of school children. It also provides advisory and

counselling services for the school community and parents. According to WHO (2017) one is only considered healthy if they have complete physical wellbeing. The addition of social and mental health goes some way to address this, but I think someone automatically being "unhealthy" when they have a chronic disease is a shortcoming of the definition.

School health refers to a state of complete physical, mental, social and spiritual wellbeing and not merely the absence of disease or infirmity among pupils, teachers and other school personnel.

According to the study conducted by Afolabi and Onwauama, (2017), School health service is a preventive and curative services provided for the promotion of health status of learners, staff and community members. School health services procedures that are carried out by school physicians, nurses, dentist, health educator, physical and health education teachers and other personnel to appraise, protect, and promote the health of school children and school personnel. Furthermore it is based on comprehensive services rendered to pupils, teachers and other personnel in the school to promote, protect their health, prevent and control diseases and maintain their health.

According to Kuponiye(2016) school health services can also refer to the health care delivery system that is operational within a school or college. These services aim at promoting and maintaining the health of school children so as to give them a good start in life. In addition, these services seek to enable students benefit from their school learning experience. Further added that globally the number of children reaching school age is estimated to be 1.2 billion children (18%) of the world population and rising in many home across the world. School health services deal with health appraisal, control of communicable diseases, keeping and supervision of the health of school children and person. The aspect that concern it with the evaluating the health of on individual objectively. Health appraisal afford the school authorities the opportunity to detect the sign

and symptom of common diseases as well as sign of emotional disturbance that could impede the learning activities of children.

Furthermore kuponiye (2016) stated that school health service are both preventive information and curative services and it help in providing information to parents and school children. It also provide advisory and counseling service for the school community and parents. It includes:

- Pre- entry medical screening
- Routine health screening/ examination
- School health record
- First aid and referral services
- Health observation
- Screening test and medical diagnosis
- Health record (keeping record of the health histories of diagnosis

Nwanachukwu (2000) in Segun (2011), opined 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." The above assertion could be realized with the activities of school teachers, physicians, dentist, nurses in order to appraise, promote, protect and maintain the health of all school students and the school personnel through:

a. An appraise of the health status of the school children and school personnel.

b. Counseling school children, parents and others about appraisal findings.

c. Encouraging the correction of remediable defects

d. Assisting in the identification and education of handicapped children.

e. Helping to prevent and control diseases.

f. Providing emergency services for injury and sudden

2.2 History and Evolution of School Health Services

Medical inspection in schools was first instituted in France in 1886, then, in succession, this example was followed by Belgium, Hungary, Chile, Germany and Great Britain, the latter in 1908. In the United States, medical inspection in schools was first instituted in New York City in 1892, then in Boston in 1894, in Chicago in 1895, and in Philadelphia in 1898.

School Health through the early Twentieth Century during the colonial period, only limited attention was paid to any aspect of school health. Benjamin Franklin advocated a "healthful situation" and promoted physical exercise as one of the primary subjects in the schools that were developing during his time. Samuel Moody, headmaster of the Dummer Grammar School, which opened in 1763 as the first private boarding school, taught the value of exercise and participated in it himself. Prior to the mid-1800s, however, public education was still in a formative stage and efforts to introduce health into the schools.

It was not until 1840 that Rhode Island passed legislation to make education compulsory, and other states soon followed. School health professionals often state that the "modern school health era" began in 1850 (Pigg,1992). In that year, the Sanitary Commission of Massachusetts, headed by Lemuel Shattuck, produced a report that had a significant impact on school health and has become a classic in the field of public health. Shattuck served as a teacher in Detroit and as a member of the school committee in Concord, Massachusetts, where he helped reorganize the public school system. His background led to school programmes receiving major attention as a means to promote public health and prevent disease The report states the following:

> *Every child should be taught early in life, that, to preserve his own life and his own health and the lives*

> *and health of others, is one of the most important and constantly abiding duties. By obeying certain laws or performing certain acts, his life and health may be preserved; by disobedience, or performing certain other acts, they will both be destroyed. By knowing and avoiding the causes of disease, disease itself will be avoided, and he may enjoy health and live; by ignorance of these causes and exposure to them, he may contract disease, ruin his health, and die. Everything connected with wealth, happiness and long life depends upon health;*

School health programming has evolved into today's concept of a comprehensive school health programme. As the Institute of Medicine (IOM) committee began its study, it became clear that there were many descriptions about what a comprehensive school health programme is and what outcomes it is expected to produce. In its interim statement, the committee considered these issues, and the following sections extends that discussion.

The committee believes that the overarching goals of a comprehensive school health programme are to enable all students to achieve and maintain an optimal state of health and well-being, reach their full academic potential, and develop into healthy productive adults who take personal responsibility for their own health.

In its interim statement the committee described the following set of optimal outcomes for CSHPs a vision of what these programmes might be able to achieve. These optimal outcomes are categorized into three general areas: (1) student outcomes, (2) programmatic and organizational outcomes, and (3) community outcomes.

Students will assume personal responsibility for avoiding behaviors that compromise physical, social, and emotional well-being and for engaging in health-promoting behaviours. Students' health needs preventive, emergency, acute, and be addressed to allow students to reach the highest possible level of educational

achievement and personal health. Particular attention will be given to the health component of Individualized Education Plans of students with special health care needs who require special education and related services.

In Nigeria the then State Governor, Asiwaju Bola Ahmed Tinubu inaugurated a technical committee in 1999 to work out modalities for the programme and it was launched in 2001. The programme was later revitalized in 2006. The Oral Health Component was integrated into the programme with an accompanying Mobile Dental Van in May 2008. The activities carried out during the school health screening are:

1. Medical and nutritional screening of the school pupils.
2. Provision of essential drugs and treatment of minor ailment and referral if need.
3. Inspection of school environment and facilities using a checklist.
4. Inspection of the food vendors and stalls.
5. Inspection of the First Aid Box contents.
6. Health Education and promotion.
7. Dental Screening

2.3 School Health Services

Making health services available to public schools as well as ensuring its effective utilization is one of the responsibilities of government to ensure the health of its citizens. Functional health services for school aged children is very important school health services is a programme to appraise the health status of both students and other school's personnel's counseled students, teachers and parents for the purpose of helping students obtain care, help prevent and control communicable diseases among students, provide emergency health care for injury or accident, promote and provide optimum sanitation condition, protect and promote health of the handicapped children as well as encourage the correction of remediable defects (Oyinlade, 2014) school health services are all the activities, planned, produced, carried and discharged in the school in order to protect, promote and maintain the health of the school children as well as the school personnel's, (Ademuwagun&Oduntan, 2014). Similarly, school health services are the services

provided in the school for the wellbeing of the children and staff. It includes all the health services provided by medical and non-medical personnel's both for the children and other members of the school in order to promote protect and improve their health. School health services is prevention services, education, emergency care, referral, and management of acute and chronic health conditions. designed to promote the health of students, identify and prevent health problems and injuries, and ensure care for students according to kuponiye,(2016) school health services is refers to the health care delivery system that is operational within a school or college these services aim at promoting are maintaining the health of school children so as to give them a good start in life. American School Health Association (ASHA)(2017) stated that school health is a healthful environment, and other health service that students need to stay in school, nutritious and appealing school meal, opportunities for physical activities that include physical education and health education that cover a range of developmentally appropriate topic taught by knowledgeable teachers. School age children spend one third of their time in schools. Schools therefore constitute a unique setting to help children and adolescents to develop a positive outlook on life and help them establish healthy lifestyles. Yet global mortality and morbidity estimates in children and adolescents suggest that school aged children have significant needs for health promotion, prevention and health care services.

For many school age children, school health services are the first and the most accessible point of contact with health services, with a potential to regularly reach most school-age children with preventive, curative and supportive health interventions. School health services are a very common model of service provision in both high- and middle and low-income countries – at least 102 countries have either school-based or school-linked service provision. School health services are part of the whole school approach that is promoted by WHO through the Global School Health Initiative

launched in 2016 The initiative supports countries to implement the four pillars for Health Promoting Schools:

1) Health promoting school policies

2) Safe and healthy learning environment,

3) Skills-based health education, and

4) School-based health and nutrition services.

Figure 1 shows how school health services use various means to support students



(Source Center for disease control C.D.C. 2019)

World health organization (WHO).is working to support Member States in strengthening school health services. This work will support the implementation of the WHO's 13th General Programme of Work, and more specifically its targets of “1 billion more people benefitting from universal health coverage” and “1 billion lives made healthier” by 2023. Global and national initiatives to expand access to basic education have led to increased school enrolment including children who previously do not have access to education or health services. Hence the school system can be leveraged as a key setting for health promotion, to provide health services to children who were previously beyond the reach of existing health care systems. School health services include health

appraisals, treatment of common illnesses and injuries, control of communicable illnesses, record keeping, and school nutrition. They may differ to meet the specific needs of the community/region but share common goals in early detection, correction and prevention of common diseases among school age children. Promoting good health in school age children can maximize educational achievement. In this regard, achieving good health and good education are linked goals resulting in healthier and more productive adults and communities.

A global partnership between WHO, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations International Children's Fund (UNICEF) and the World Bank was formed in April 2000 to Focus Resources on Effective School Health (FRESH) and raise awareness of the value of implementing effective school-based health programs to improve the health and learning condition of school children. According to study conducted by Bhatia, Puri, Mangat, Kaur, (2010) supplies of school health services do not only benefits staff and students, it also benefits the parents of the students. This is because students are expected to communicate the healthy living tips acquired in school to the parents at home..

School health services according to Demehln (2004) and Ejlfushe (2008), opine that an ideal secondary school setting should compose of the following.

A. Health Appraisal: An appraisal of health is an evaluation of the current health status of an Individual. It therefore seeks to determine the total health status of student by health observation, examination, health history, and others.

B. Health Counseling: is carried out by the doctors, school nurse, school counselors, teachers or other qualified personnel in order to Interpret to student and parents the nature and significant of a health problem

C. Health counseling encourages and promote even students acceptance of responsibilities for his own health In keeping with maturity level.

D. Communicable Disease Prevention and Control: Communicable and non-communicable diseases requires the cooperation and coordination of the activity of health departments such as doctors, parents, schools and hospitals. The school should have some policy or guide line to ensure that student is protected against communicable disease.

E. Emergency Health Services: The school personnel's have major responsibilities to give health services in any emergency situations, such as giving immediate attention to the injured/Sudden Illness.



Figure 2: first aid if a student collapses from sudden cardiac areas.

source：C.D.C 2019.

American School Health Association, ASHA (2017) stated that School Health is:

- healthful environment
- nursing and other health services that students need to stay in school,
- nutritious and appealing school meals,
- opportunities for physical activity that include physical education,

- health education that covers a range of developmentally appropriate topics taught by knowledgeable teachers,
- programs that promote the health of school faculty and staff, and counseling, psychological and social services that promote healthy social and emotional development and remove barriers to students' learning.

Michael (2012) stated that Schools environment must be designed with adequate equipment and facilities for good ventilation. Effective filters and cleaning must be functional so as to keep particulate matter, such as dust, out of the air. Odors can also be distract students, but can be removed with good ventilation. Student and teacher comfort is indicated as the most important aspect of any school environment. If students are comfortable, then learning becomes much easier.

2.3.1 Objective of School Health Services

Osuorah and Osinobi (2016) stated that objective of utilization of school health services is the preventions of illness as well as promotion of health and well being of the students through

a. Early detection and care of student with health problem

b. Development of healthy attitude by student

c. Ensure a healthy environment for children at school

d. Prevention of communicable diseases among students

They concluded by stipulated that school health services can be utilized to provide school health care, such as immunization against infectious diseases, prevention and control of locally endemic disease, providing appropriate treatment and provision of essential drug and supplies.

Other objectives of school health services are to:

1. Promote health and develop concern of their own heath.

2. Detect disease and deviation from normal heath at an early stage and arrange for promote, treatment and follow up.
3. Prevent communicable disease and non - communicable disease.
4. Provide a healthy and safe environment in all-round for development of child physical, mental, social, emotional and moral well-being.
5. Help children to make the best use of educational facilities
6. Help children, their parents and teachers to be health conscious and develop right attitude towards health.

The purpose of the school health services is to help children at school to achieve the maximum health possible for them to obtain full benefit from their education. School health services are provided by the physician dentists, school health nurse, teachers and other appropriate personnel to appraise, protect, and promote the health of members of the school community. A universally accepted definition of the term "school health services" has not been adopted, the School Health Policies and Programme has described school health services as a "coordinated system that ensures a continuum of care from school to home to community health care provider . The goals and programme elements of school health services vary at the state, community, school district, and individual school levels. Some of the factors that contribute to these variations include student needs, community resources for health care, available funding, local preference, leadership for providers of school health services, and the view of health services held by school administrators and other key decision makers in the school systems.

There is similarity, however, in the types of services offered from one school system to the next, which is likely the result of several factors. Majority of the schools have school nurse and consultants, many of whom have distributed sample policy and procedure manuals from their state department of health or education or both, to guide the development and

delivery of health services in local settings.

According to SegunF. (2011) stated the following as objective of school health services,

1. The School Health Services if carefully implemented and monitored will help to promote the maximum physical, social, emotional and education growth of school children by providing a school site, direct health services, health education consultation room.

2. The School Health Services will help to improve student's academic achievement by intensifying School Health Services through the school nurse. Expansion of the entire School Health Services components can also help in applying individualized interventions at identified health conditions or issues.

3. The availability of the School Health Services, will further assist the school health officer to assess the following areas: vision, hearing, date of last check up, eating habits, bed time/sleep habits as well as overall school attendance. While the School Health Services are operational in a learning environment, some specific areas may need to be addressed and adequate health information will be provided to the student therefore, all of these areas have a significant impact on a child's over all academic achievement.

4. The provision of the school service will further assist the school health officer to identify pregnant and/or parenting teens and provide professional counselling services as well as track down their attendance in order to help decrease the number of days of school missed and also help to address issues that might keep them from completing high school.

5. The establishment of any school health program is primarily to implement a comprehensive school health services as defined by the Centres for Disease Control. (CDC, 2000).

6. The School Health Services in a learning environment will help families to recognize health routine, preventive health an dental care of their children which is important to achieving the best degree of health and wellness of the children.

7. The School Health Services will enable the school health officer to identify students without a medical or dental provider; the school health officer will help the families of these students and remind them of the importance of a healthy child and care for children as well as helping to link these families with available resources as needed. School Health and physical education with school curriculum has both health and educational objectives.

2.3.2 Components of School Health Service

The following are the essential components of school health service: –

1. To keep Records: Proper health, records of the students should be maintained by the school. These records should be discussed with the parents. A uniform Performa for health records should be made available from the National Health council for this purpose.

2. Role of a teacher: The teacher and other staff members must impress upon the children the primary hygienic requirements like cleaning of teeth, eyes, ears, combing, cleaning and cutting of hair, nails, wearing clean clothes etc., which should be according to the prevailing season. If any abnormal symptoms are detected then priority should be given to inform the parents promptly.

3. Role of the parents: Today's parents should have the basic knowledge of nutrition, health problems and changing physical needs of the growing child. Children these days are over-burdened with studies and mental work. Proper nutrition and exercise will help the child to be healthy.

4. Psychological services: Sometimes children suffer from inferiority complex due to

certain psychological problems. If Psychological counseling is offered by the institutions about the mental retard ness, prevention of mental defects, development of complexes, etc., will encourage the child to be alert and healthy which will lead to his proper physical and mental development.

5. Provision of First-aid and emergency care: Every educational institution should be equipped with the first-aid amenities from the students funds. Staffs' members of every school should be trained for giving emergency and first-aid help to the students when needed. First-aid boxes should be provided in all the institution. It is desirable to set apart a separate medical room for the purpose. Medicines, ointment, glucose, bandages, cotton, etc, are some of the important items for the first-aid box. In addition, a bed can be provided for the patients to lie down for some time until the parents or the doctor comes to take charge.

6. Immunization arrangements in the school: Records of immunization given to the child should be noted on the medical Performa. Immunization campaign can be arranged in schools from time to time. Proper coordination among the doctor, the teacher and the parents should always be ensured, with the sense of moral duty towards the components of School Health Service?

Benjamin. F. (2007), inSegun (2011), asserted that developed countries of the world, there are some basic components of school health services they are:

- Curative: Providing care for the sick children.
- Preventive: for the protection of the health of the school children.
- Special services: Dealing with specific problems e.g. malnutrition or specific groups e.g. pregnant women.
- Social welfare: Providing support services for the disadvantage groups e.g. chronic sick, mentally and physically handicapped orphans etc.

- Health education: Giving the people essential information to modify their behaviour in matters affecting their health.

2.4 Health Services Provided in Schools

The school health service promotes healthy development and wellbeing, helping students reach their full potential. School health nurses provide the service in partnership with schools. The school health service is free and confidential. Students learn better when they are healthy , safe and happy. According to Davits (1995). There is similarity, however, in the types of services offered from one school system to the next, which is likely the result of several factors. A majority of states have state school nurse consultants, many of whom have distributed sample policy and procedure manuals from their state department of health or education or both, to guide the development and delivery of health services in local settings.

School health services to be provided in schools include the following:

1 Medical and Dental Examinations: Are of two types. The periodic medical examination used as part of health appraisal of all students and the second is the "Referral examination" which provides an opportunity for the; doctor or specialist to check any reposed case of defect from normal health such as ill health, toothache, tooth decay, dental caries and other diseases. The authors further suggested that periodic medical examinations should be administered at the time of admission and on quarterly basis from primary to secondary schools.

2 Health Records and History: Contain details of past episodes related to health usually provided by parents or children on prepared forms that provide answers to the doctor's questions at the time of health examination, which include hereditary diseases used for referral purposes.

3 Health Observation: Normally done by teachers through daily or routine

inspection of general body appearance through contact with the children by observing their physical, emotional, and mental health as well as their academic achievements.

4 Screening Tests: Is described as preliminary assessment of the state of development and physiological effectiveness of pupil's organs. Especially the vision and 5 hearing ability of the child. The exercise is done by health teachers, nurses, technicians or trained volunteers to screen out those children who needed diagnostic examination by professional health services.

5 Physical Fitness Tests: Are periodic conducts of physical activities to evaluate the development of physical strength, power, endurance, agility, speed, balance, accuracy, co-ordination other related attributes, it also includes measurement of weight and height of students. When records of such activities are compared will assist teachers to be aware of the fitness development and growth of individual students and assist them where necessary.

6 Health Nutritional Services: Is to provide a balance and adequate meal during the school day. It aim is to enhance normal growth and development of school children and to provide opportunities for those from poor strife hunger homes that will encourage them to attain school and also cater for others that will encourage concentration during school learning programmes.

7 Dispensary Services: Are emergency services of first aid rendered to students and staff by a trained nurse or dispenser and refer serious cases to primary health care centre for further investigation or care which could be handled by medical doctors nurses or any qualified health personnel.

8 Health Referral Services: Is the means by which students and staff are referred to specialist after diagnosis of serious health cases which none of the school

health services could handle for special attention and care by those that are trained and specialized in such cases and have sophisticated equipment or knowledge to handle such emergencies that could not be found in the school setting. For example cases of vision or hearing impairment, radiological or mental cases could be referred for secondary or tertiary health care.

9 Health Counselling Service: Comprises of activities of testing students' abilities, interpersonal relationship and attitudes; intelligence, personality health counseling and other traits that could affect the child negatively in the learning processes. The findings of such test could be used to assist the child to adjust and benefit from the classroom and improve on his relationship with others through counselling or referral service.

According to British Heart Foundation (2019) health Counselling is a talking therapy that involves a trained therapist listening to you and helping you find ways to deal with your emotions. Counselling can help you cope with a mental health condition, such as depression or anxiety, being diagnosed with or living with a health condition, dealing with a difficult life event, such as losing someone you love, a relationship breakdown, or study-related stress, identifying triggers that cause you to follow negative patterns, difficult emotions – for example, low self-esteem caused by your health condition or feeling angry about your situation. The aim of health counselling services is to empower students to self manage their own health with the application of counselling skills this include health all its aspects, biological psychological and social well being.

2.4.1: school health services equipments

Figure 3: shows Equipment for school health services

Source : center for diseases control 2019



emergency and trauma kits



evacuation equipment



Hand glove



Sanitizer



Hydro flask water bottle .



Tape



monitor



blood pressure

Infrared thermometer



Mask



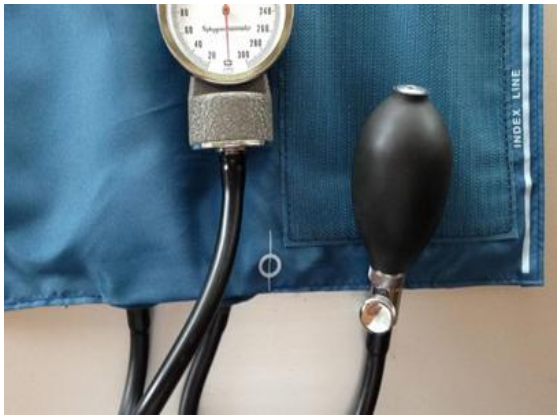
Vein finder



Hemostat



cream



Sphygmomanomete.



Scissors



Stethoscope.



Pocket hand sanitizer

According to United State Of America (U.S.A) national Library of medicine (2019) School health services are preventive health service provided for students. Furthermore STANDS 4 LLC, (2019). School Health service are services from medical, teaching and other professionals applied in or out of school to improve the Health and well-being of children and in some cases whole families. These services have been developed in different ways around the globe but the fundamentals are constant: The early detection. Correction, Prevention of diseases, disability and abuse from which school aged children can suffer.

The Centre for diseases control and prevention (CDC) (2014) stated that school health services can help all students with preventive care such as flu shots and vision and hearing screening as well as acute and emergency care. Qualified professional such as school nurses, dentist, health educators, physicians, and allied personnel provide these

services. For students will chronic health conditions, school nurses and other health care providers play a large role in the daily management of their conditions. In School Health Service, staff also are responsible for coordinating care by communicating will students family and that they can stay healthy and reading to learn.

2.5 Personnel involved in School Health Services

Health personnel according to Olagunju (2011) asserted that health personnel such as, school first aider, if available will help in the implementation of school health services others personnel involved in school health services are:

1. School nurse
2. Physician
3. Social work
4. Dentist
5. Health officer
6. School guidance and counseling department
7. School teachers
8. Nutritionists
9. Dentist
10. Health educator
11. Physical educator
12. Therapist
13. Environmental health officer

2.5.1 Responsibilities of Personnel involved in School Health Services

1. School Nurses

- School Nurses promote the physical, mental, emotional and social wellbeing of students by providing the following comprehensive school health services:

- Maintaining compliance as required by the Illinois School Code and Illinois Department of Public Health for physical examination and immunization records.
- Determining the impact of students' contagious illnesses and acting to prevent the spread of communicable disease in the school setting.
- Providing and/or delegating services including first aid, care for ill students and emergency care to students and staff.
- Screening for health problems that impact education.

2. The School Physician

- Provide medical treatment of students, and staffs of the school.
- Conduct an in-service health educational program for teachers in the inquiries of daily health observation in detecting negative behavior symptoms, screening tests and measurements of growth and development and for keeping needed health inventory records.
- Work with parents in keeping them maintain protest and build health in their children.
- Assists the school administrators and teachers in evaluating the total school health programme.

3. The Health Educator

- Assists the nurse by giving screening tests, keeping records and helping to provide a safe healthful environment.
- Guidance and counsels students in personnel health matters.
- Isolation of students those that coming with communicable diseases.

4. The Physical Educator

- Assist in giving physical examination
- Assist in weighting and measuring students periodically

- Assisting emergency care, gives in first aid and accident preventive programs.

5. The Nutritionist

- Conducts and supervises the launch and cafeteria services
- Participates in an in services training program for teachers in nutrition.

6. The Dentist

- Providing dental treatment
- Keeps dental health record for every student

7. School Guidance and Counseling

- To encourage and promote every student in accepting responsibility for his own health in peeking maturity.
- Contribute to the health education of students and parents through individual conferences concerning health problems of students .

2.6 Importance of School Services

To provide emergency care for illness or injury while at school, to ensure that all students get appropriate referrals to health care providers, to monitor for and control the spread of communicable disease, to provide education and counseling in a variety of health and wellness topics, to serve as a medical resource in the development of policies and procedures in the school.

School age children spend one third of their time in schools. Schools therefore constitute a unique setting to help children and adolescents to develop a positive outlook on life and help them establish healthy lifestyles. Yet global mortality and morbidity estimates in children and adolescents suggest that school aged children have significant needs for health promotion, prevention and health care services.

For many school age children school health services are the first and the most accessible

point of contact with health services, with a potential to regularly reach most school-age children with preventive, curative and supportive health interventions. School health services are a very common model of service provision in both high- and middle and low-income countries – at least 102 countries have either school-based or school-linked service provision.

School health services are part of the whole school approach that is promoted by WHO through the Global School Health Initiative launched in 1995. The initiative supports countries to implement the four pillars for Health Promoting Schools:

1) Health promoting school policies 2) Safe and healthy learning environment, 3) Skills-based health education, and 4) School-based health and nutrition services.

According to World Health Organization W.H.O(2010) Evidence from high income countries suggest that school health services have the potential to perform well across a range of health systems' objectives.

First, school health services operate where most adolescents are, and are accessible to families. They overcome barriers such as transportation, inconvenient locations or appointment systems. They can act on multiple determinants of health, including public health interventions and environmental change strategies.

Second, there is some evidence, mostly from high income countries, that school health services are effective especially for sexual and reproductive health, improvements in obesity and physical activity, self-care among youth with chronic health conditions such as asthma or diabetes, smoking cessation, and in the prevention and management of infectious disease among adolescents through immunizations.

Third, they are free at the point of use. Services also appear to have cost benefits in terms of adolescent health and society as a whole by reducing health disparities and attendance at secondary care facilities.

Fourth, they are highly valued by pupils, parents and communities and can provide links between schools and communities. Mason (2012) Fifth, reports suggest that school health services have the potential to reach the underserved, low-income, and high-risk populations with basic health care.

Denny (2012) Sixth, evidence from high income countries suggests that school health services demonstrate the capacity to address the critical needs of adolescents in a holistic way. Broad-based, holistic services in schools offer the strongest basis for protecting young people's privacy and confidentiality—performing better in this respect than regular primary care services. Denny, (2012) school services can counter perceived stigmatization when, for example, a narrow range of sexual and reproductive health or mental health services is provided.

2.7 Theoretical frame work on School Health Services

School health services are preventive and curative services provided for the promotion of health status of learners and others school community members. School health services is refer to the procedure that are carried out by physician, nurse, dentist, physical & health education teachers, and others personnel to appraise, protect and promote the health of school children and personnel Hilton (2012) .further more according to kolebaje and adeboluwakum (2004) stated that school health services include health appraisal, treatment of common ailments, including the provision of emergency care, supervision of the health of students and personnel, control of communicable diseases, record keeping and nutritional programme. School health services must also ensure that environmental health equipment are provided in each school.

School health services contribute to the goals of the education system and the health care system by providing screening and referrals, administering medication and treatment,

providing first aid, providing health counselling and education in addition with supporting students to acquire self management skills Ademokun, Osunghade, &Obembe(2012). School health services is to ensure that all students are healthy and ready to learn and to help student at school to achieve maximum health possible for them to obtain full benefit from their education.

Application of theories related to the study

There are several theories and models that support the study, the determinant influencing utilization of school health services could be related on the following

1. Health belief model
2. Social cognitive theory
3. WASH model

The understanding of the determinant situation on utilization of school health services could be rested on multi theories which are used to interpret the reality from the findings in logical order. Assessment of determinant on utilization of school health services is anchored on Health belief model, Social cognitive, (SCT), behavior change theories.

The WASH model is an empirically derived model that can assist both school-based personnel and external agents seeking to interest schools in developing school health promotion programs. The model identifies critical areas for consideration to optimize the skills and efforts of those involved in planning and implementing school health promotion activity. It identifies generic supports and strategies from which schools can tailor their health promotion activity to best suit their local needs while reinforcing the need for comprehensive program development. The model outlines processes that can contribute to wide acceptance and ownership of the health promotion program by members of the whole school community. The WASH Project, which both generated and used this model in its interaction with schools, was also able to demonstrate change in key workers knowledge,

attitudes and health promoting behavior, and in the level of health promotion activity and structural support in participating schools (McBride C., 1996). Accordingly, the model provides a tested framework on which to base approaches and activity for school health promotion initiation, development and continuity.

Models of school health promotion simplify and support the complex process of encouraging schools to adopt health promotion as part of their organizational practice by outlining phases and areas that bear on adoption and scope of activity. Importantly, models of school health promotion provide a valuable conceptual tool for others interested in the development of school health promotion programs by supplying a framework on which to base action and a standard against which to measure success.

In 1924, Carlos established in Rio de Janeiro the “health platoons”, which were groups of students who followed a “Decalogue” of health and moral rules with military discipline. Based on the German “Medical Police” mode School Hygiene originated school health. To reorganize and reform society, the proposal built on a school health model based on hygienist and eugenic principles.

This health intervention model in public schools tended to (re) adjust students and teachers to follow healthy behaviors in order to avoid illness and conduct that deviate from the moral standards set by the State. Therefore, it blamed the population for the city’s poverty and unhealthy situation. Concern for a healthy body introduced physical education classes in public schools.

Rosen stock’s health belief model (1994) discussed the individual’s actions to treat and prevent disease via consideration of four central variables:

1) The individual’s perceived susceptibility to disease. An individual will seek preventive health care services if he or she believes he is susceptible to disease.

2) The individual's perception of illness severity. If a person does not perceive an illness as serious, he or she will not seek treatment or prevention.
3) The individual's reaction perception of benefit versus costs. An individual will not take action unless the treatment or prevention is perceived as having greater benefits than costs.
4) The individual cues to action. Media, friends, family, or well-known citizens can provide an impetus for prevention. The absence of cues to action will reduce the likelihood of prevention. Thus, the individual's choice to seek or use health care service is contextually dependent (Rebban, 2014).

Culture is a complex term referring to values, practices, and benefits which are transmitted from one person to another through the process of enculturation (Andersen & Newman, 2005). Culture, often considered a barrier to school health care services, can influence knowledge and beliefs of illness as well as the course of treatment for illness. Interacting with culture, social networks can also cue an individual to seek/utilize or abstain from school health care services and can function in identification of illness and illness response (Andersen & Newman, 2015).

Culture shapes not only illness treatment, but also illness recognition, perception of illness severity, and confidence in the efficacy of specific illnesses. For example, in some cultures, dementia in elderly is viewed as a normal process of aging; thus, it does not necessitate medical treatment. However, in some other cultures, dementia is considered an illness requiring professional medical care (Ikels, 2006). As such, variance in immunization services can result due to cultural knowledge and understanding of illness. Likewise, categories and perceptions illness are often cultural. Conceptual incompatibility is a hypothesis frequently used to explain why members for another culture refuse to seek and or utilize health care services. A person with conceptual incompatibility would be

unlikely to accept and utilize available school health services because the treatment conflicts with this culturally rooted knowledge of illness , for example, if a person lack of confidence in the ability to receive immunization services, he or she may be unlikely visit that health facilities. As such, belief in the efficiency of prevention/treatment influenced by cultural categories of disease can shape adherence to a particular health care services and ultimately acceptance and utilization of school health service in public and private schools in Kano State.

Beyond faith in efficiency, culture can have differing notion on the self which may determine acceptability and utilization of school health services. For instance, in the United States as well as many other western nations, there are two main concept of self: autonomous and heteronymous (Rebban, 2013). If an individual is a member of a culture that considers the self as heteronymous, he or she is likely to have his or her prevention treatment determined by people within the social network. Conversely, if a culture consider the individual as autonomous, decisions for prevention are more likely to be made by the individuals. In those cultures that considers the self as heteronymous, an individual's prevention may be delayed as persons within his or her social network discuss prevention options (Ikels, 2006). Yet, even in culture that stresses autonomy, the individuals may consult social network for advice. Social network can provide an impetus for health care-seeking but may also press an individual to obtain from accessing preventing services.

One of the most influential psychological approaches designed to account for the ways in which people seek to avoid disease is the Health Belief Model. It is derived from the psychological view point that people exist in a life space composed of regions with both positive and negative valences (values). An illness would be a negative valence and would have the effect of pushing a person away from that region, unless doing so would cause

the person to enter a region of even greater negative valence (example, risking disease might be less negative that failing at an important task). While people are pushed away from regions with negative valences, they are attracted towards regions of positive valences. Thus, behavior might be viewed as the result of prevention regions which offer the most attractive values. Within this framework, students with health preventive behavior are seen as being dependent upon two primary variables: the value placed by the student on a particular outcome; and the student's belief that a given action will result in that outcome. Accordingly, the Health Belief Model suggests that preventive action taken by a student to avoid disease "x" is due to that particular's perception that he/she is personally susceptible and that the occurrence of the disease would have at least some severe implications of a personal nature.

Another theoretical basis for this study is Social Ecological Model. The social ecological model helps to understand factors affecting behavior and also provides guidance for developing successful programs through social environments. Social ecological models emphasize multiple levels of influence (such as individual, interpersonal, organizational, community and public policy) and the idea that behaviors both shape and are shaped by the social environment. The principles of social ecological models are consistent with social cognitive theory concepts which suggest that creating an environment conducive to change is important to making it easier to adopt healthy behaviors.

Social Cognitive Theory (SCT), the cognitive formulation of social learning theory that has been best articulated by Bandura, explains human behavior in terms of a three-way, dynamic, reciprocal model in which personal factors, environmental influences, and behavior continually interact. SCT synthesizes concepts and processes from cognitive, behavioristic, and emotional models of behavior change, so it can be readily applied to counseling interventions for disease prevention and management. A basic premise of SCT

is that people learn not only through their own experiences, but also by observing the actions of others and the results of those actions.

2.8 Empirical Study of School Health Services

A survey among school children in India by United Nations Children's Fund (UNICEF) (2017).revealed that about half of the illness found in schools are related to the unsanitary conditions and lack of equipment's for school health services in schools. Such results show need to focus on provision of equipment's for utilization of school health services in schools students, teachers, and school community may experience medical emergency situation because of injuries complication of chronic health condition or unexpected major illness in school. school cannot accomplish their academic mission without the health and safety of students including emergency response. WHO/UNICEF (2019), progress report on health equipment's and facilities show 69% of schools had a basic drinking in their schools word wide at a time of survey nearly 584 million children Worldwide lacked drinking water in their schools. Also report indicate 63% had a sanitation equipment's ay their schools.

Cang (2013) conducted a study on the health service needs of children in twenty three Day Care centres in California. Found that the children needed dental health services and screen tests to identify those who needed immunization from and medical treatment. They reported that 71%of the day care enrolled a total of 200 children and above including handicapped children and 19.2% of the centres has provision for mildly ill children, they noted that there was need for proper management of emergency cases and good nutritional services.

In a similar study conducted by Olugbenga, Olorunfemi and Opeyemi (2015) on School Health Services and is practice among public and private schools in West Africa shows that there no health personnel or a trained first aider in 86(47.8%) public and 110(61.1%)

private schools but a nurse/midwife was present in 57(31.7%) and 27(15.0%) public and private schools. In 95% of the schools, the teachers carried out routine inspection of the students while periodic medical examinations for staff and students was carried out in only 13(7.2%) public and 31(17.2%) private schools. A sick bay/clinic was present in 26(14.4%) and 64(37.2%) public and private schools respectively. The practice of health programme was dependent on age and ethnicity of the respondents.

Furthermore In 2003, the Federal Ministry of Health and Federal Ministry of Education in collaboration with WHO conducted an assessment of the school health services in Nigeria and identified deficiencies requiring urgent action. The assessment showed only 14% of head teachers indicated that pre-medical examination was mandatory in their school, 17% of schools screened their food handlers, 80% of schools have a First Aid Box, 17% of schools have school nurses and 6% of schools have connections to government-designated clinics.

Health problems and poor nutrition are prevalent among school age children in many countries around the world. For example, findings from the National Study of the School Health System in Nigeria (conducted in collaboration with the World Health Organization (WHO) in 2003) showed that common health conditions of students include fever (56%), malaria (40%), cough (38%), low Body Mass Index (30%), visual impairment (20%), hearing impairment (19%), skin rash (3%), and head lice (0.2%). Good health in school age children can boost school attendance and educational achievement.

A National study of the school health system in Nigeria by the Federal Ministries of Health and Education revealed that only 14 % of head teachers indicated that pre-enrolment medical examination was mandatory in their schools and 30 % of the students had low body mass index (BMI). It further indicated that 30 % of students have low BMI and the common health conditions that contribute to absenteeism include fever (56 %),

headache (43 %), stomach ache (29 %), cough/catarrh (38 %) and malaria (40 %) There is a dearth of school health clinics in Nigeria and where they exist, the services are not comprehensive enough or not organized to meet the needs of the pupils. Studies have shown that primary school children in Nigeria were not provided with basic health examination services and pre-entrance medical examinations thus baseline health information about them was absent. There is also a lack of routine medical examination which would have picked up deviations from normal which make early referrals impossible and children vulnerable to preventable diseases.

These findings led to the development and launch of the National School Health Policy and the Implementation Guidelines on the National School Health Programme in 2006 to provide a legal framework and set national standards to enhance the quality of health in the school community. The stated objectives of school health services are to provide basic services in disease prevention and management of injuries in the school, and to build capacity of the school community to identify, treat, and manage simple illnesses, injuries, infections, and infestations. The Policy described the key components of the school health services to include conducting health appraisals through pre-entry medical screening and routine health screening/examination, treat injured or ill children, provide referrals and follow-up health services between the school and health clinics, and maintain school health records. Essential health resources such as a school clinic or sick bay, first aid box/supplies, and health personnel, including school nurses, medical doctors and health educators required for implementation, were identified.

With the launch of this comprehensive National School Health Policy and Implementation Guidelines in 2006, it is important to re-assess the state of School Health Services in Nigeria. However, the 2003 National Study of the School Health System in Nigeria

(conducted in collaboration with WHO) was not repeated and there were few published studies evaluating the implementation of the policy.

According Oyinlade, Ogunkunle, Olanrewaju (2014) studies were conducted to evaluating School Health Program in South Western Nigeria and North Central Nigeria. There were Cross-sectional study of private and public nursery, primary and secondary schools in Sagamu town, Ogun State, in the Yoruba cultural region of south-western Nigeria The study comprised 106 private nursery/primary, 44 public nursery/primary, 10 public secondary and 22 private secondary schools. A systematic sampling (every other school) was then applied to the list in each category. Thus, half of the schools in each group were selected, making up a total of 91 schools. The key findings from these studies are summarized below.

The present study showed that School Health Services in most schools in Sagamu leave much to be desired. Very few schools enjoyed the services of nurses; only one could boast of the services of a doctor. The number, cadre, and quality of health personnel are bound to affect the quality of healthcare.

Screening tests for disabilities and periodic medical examination of staff and pupils were not commonly practiced. Such facilities would normally enhance the quality of School Health Services, as exemplified by Umar who, while conducting school-based screening tests among primary school children in Sokoto, found a high incidence of visual impairment and associated abnormalities of the eye.

This study observed that on the whole, public schools fared better than private schools in terms of operating School Health Committees and being visited by health inspectors. The differences, however, did not reach significance except at secondary school level. This might be a reflection of a perceived better control of government over public schools, probably because health inspectors are employed by the government. It is, however,

necessary for government to be involved in the regular inspection of all schools in order to ensure the maintenance of minimum health standards.

In another study conducted in Ogun state, Western Nigeria in 2016 by Olugbenga T. on School health services and its practice among public and private primary schools in Western Nigeria the finding revealed that A total of 360 head teachers served as respondents for the study with the overall mean age of 45.7 ± 9.9 years. More than three quarters of the respondents in both groups could not correctly define the school health programme. There were no health personnel or a trained first aider in 86 (47.8 %) public and 110 (61.1 %) private schools but a nurse/midwife was present in 57 (31.7 %) and 27 (15.0 %) public and private schools. In about 95 % of the schools, the teacher carried out routine inspection of the pupils while periodic medical examination for staff and pupils was carried out in only 13 (7.2 %) public and 31 (17.2 %) private schools. A sick bay/clinic was present in 26 (14.4 %) and 67 (37.2 %) public and private schools respectively. The practice of school health programme was dependent on the age and the ethnicity of the respondents.

The study concludes that the practice of the various components of school health services was poor but better in private primary schools in Nigeria. Routine inspection by teachers was the commonest form of health appraisal. This may suggest that more health personnel need to be employed to cater for the health of the school children in Nigeria and other similar developing countries.

Similarly, in another study conducted by UsmanAbdullahi in 2015 on Factors influencing implementation of school health services. The public school head teachers reported lack of infrastructures (51.7 %), lack of funds (42.8 %) and inadequate health personnel (31.1 %) as the three most important challenges that they face in running the SHP. On the other hand, the private school head teachers had listed lack of funds (24.4 %), inadequate health

personnel (20.6 %) and friction between parents and the school management (16.1 %) as the three major challenges faced while trying to implement the school health programme. The study revealed as indicated in Table 4 that the practice of SHP was dependent on the age and the ethnicity of the respondents. It was however not dependent on sex, marital status, religion, highest educational qualification and years of experience. The practice score of the respondents in public and private schools when compared was dependent on the type of school.

That all the secondary schools in this study had well-equipped first aid boxes reflects a much better situation Less than a third of all the schools visited had a health room or sick bay, Health rooms are meant for observation of children who take ill during school hours. Their availability is an essential component of School Health Services and should not be undermined, as school children are prone to accidental injuries and may also suffer attacks of sudden illness while in school. The non-availability of a health room or sick bay or at least of functional first aid boxes, negates the principle of taking adequate care of the health of students while they are in school.

Transport facilities were also inadequate. A school bus (where it exists) is not the ideal mode of transporting a critically ill child to the nearest health facility. Delays in instituting prompt medical intervention and attendant worsening or complication of illness would most certainly accompany conveyance by public transport or on foot, leading to dire consequences. In all the schools, control of communicable diseases was effected by sending the affected child home until recovery. Whereas such a measure might prevent the spread of communicable diseases among the children while in school, it stands the risk of spreading such infections to the community. Referral of the affected individuals to hospitals for proper medical attention, and subsequent barring from school until medically certified as fully recovered would have been a better approach.

Record keeping was generally poor in the schools studied, possibly due to ignorance of the importance by those saddled with the responsibility. Adequate record keeping is essential for effective epidemiological survey and healthcare service evaluation. Health service records can also be used to monitor the trend of medical conditions like sickle cell anaemia, epilepsy, and asthma among others. They are also useful in determining when to refer an individual for further medical evaluation or specialist care. They may also assist in future planning for the healthcare of the school populace. In the present study, not many schools had school farm projects. The main reason for lack of farm projects was shortage of land, as most of the schools were situated in residential areas. School farms expose pupils to basic agricultural principles employed in cultivating many food crops found in their local environment. They also stimulate children's curiosity in learning the nutritional values of food crops, encouraging them to develop interest in their diet. Children in schools without farm projects would, therefore, be denied such privilege.

Nutrition demonstration classes were conducted in only 9.9% of the schools in Sagamu, all of which were secondary schools. It was noted that such classes only held in schools where home economics was taught as a subject. Since food and nutrition is an aspect of home economics, teaching home economics in schools as a subject should enhance pupils' knowledge of nutrition. Eventually, these pupils would grow up later in life into adults who are able to utilize this knowledge in taking decisions to provide balanced diets for their families.

Poor nutritional status affects children's ability to learn. Research reveals several hypotheses about how breakfast affects children's cognition, behaviour, and school performance. Children may not attend school at all due to the inability to purchase food to eat at school, or insufficient food resources at home to provide sufficient energy to walk long distances to school. Although midday meals were provided in most schools visited,

they were not free, thus denying access to pupils who could not afford them. A midday meal is an important instrument for combating classroom hunger and for promoting better learning. The government of India operates a successful midday meal scheme. Ajani has also documented the beneficial effect of the school feeding program on school attendance in Lagos State, advocating that the program be extended to all the states and all primary school classes in Nigeria so as to increase attendance of school age children and improve enrolment of children in schools. It is, therefore, desirable that at least one compulsory meal be made available to school children during school hours. This could be provided free of charge or highly subsidised by the local government in public schools. In private schools, the fee could be incorporated into the tuition fees. While 53% of schools with good School Health Services scores also had high teachers' health knowledge scores, the majority (79%) of schools with poor SHS scores had low teachers' health knowledge scores. This implies that good teachers' health knowledge is likely to enhance School Health Services, while poor health knowledge of teachers would negatively affect School Health Services.

According to another study conducted by Bose, Toma1, Tinuade, Gabriel, Toma, (2014) to access school health services in Jos North Local Government the study was cross sectional descriptive study conducted over a period of two month in which school stratified in to two (2) strata public school and private school and select 20 public and 46 private schools. A table of random sampling was used to select the school studies from the sample frame while questionnaire were used for data collection on school health component finding on the study revealed that overall school health services with only 8 (12%) school attaining the minimum acceptable score further more the result show that routine inspection by the teachers in 99%, a figure close to the 100% reported by some authors. None of the schools in this study served school meals, but children were allowed to bring their

food from home or buy from food vendors, especially in public schools. Unfortunately, these vendors and their wares were screened in only 6% of the schools. Shows the range of available School Health Services in the schools. Twenty four schools (36.4%) had a form of health personnel ranging from trained first aiders in 17 (25.8%) schools, qualified nurse in 5 (7.6%), nutritionist in 1(1.5%), and a medical doctor in 1(1.5%). The most commonly performed health appraisal was routine morning inspection reported by 65 (98.5%) schools and pre-admission/ employment medical examination in 12 (18.2%

Thirty- two (48.5%) schools had a health room/clinic. A significantly greater number of private schools had health rooms/clinic compared with public schools ($p < 0.001$). Fifty -nine (89.4%) schools had a first aid box [17 (85.0%) public schools and 42 (91.3%) private ($p = 0.43$)]. Out of the 59 schools with first aid boxes, the boxes were empty in 24 schools (14 public and 10 privates; $p = 0.0001$). On inspection of those first aid boxes with contents, there was no significant difference in the number of public schools and private schools with analgesics, disinfectants, and cotton wool/plaster (3 versus 32 schools; $p =1.0$). Only four, 6.8% schools (all private) provided anti- helminthic to their pupils ($p= 0.31$).

Abodurin, G. (2014) investigated on practices, scope and determinant of school health services in Osun state, Nigeria survey is cross- sectional descriptive study of 229 head of school, 102 primary and 127 secondary school in Osun state. Pre- tested semi-structured self-administered questionnaire were used to obtain information. The finding of study revealed that there are significant differences between public and private secondary school in Osun state in respect of school health services similar to the finding in Edo state were private schools had a better school health services specifically however, the study shows that more private schools have their own students undergo pre school medical screening

then their public counterparts ($p<0.05$). these finding are not un usual because the private schools tend to be more competitive and funded. Therefore strive to pull users through various amenities which they would not mind to pay for. Most public schools are utilized by less privilege members of the communities which depend mainly on free education and since school health services such as pre-school medical examination is not covered it suffers this result of this study also shows that private schools are better in school health services in Osun state. Since health services is that right of all students in schools irrespective of the school they attend. It is recommended that government policies on Education and school health services program should be enforced in both private and public schools. Schools type was related with private of pre medical examination and more of the private school significant practiced more than the public schools.

Ogwu and Ayabiogbe (2010) undertook a survey study to assessed the school health services between public and private secondary schools in Kogi state. The descriptive statistics, percentages, means and inferential statistics of T test was used to compare the variable from public and private secondary schools on provision of health services in Kogi state. Pearson product moment correlation co-efficient (PPMC) was conducted to test the relationship that exist between the provision of health services was funding in both schools. The population of the study was made up of student and school personnel of registered public and private secondary schools within the three (3) senatorial district the subject consisted of 307 males and females school personnel and students chosen from 12 selected secondary schools from private and public secondary schools.

The result of the study revealed that significant differences between public and private secondary schools in the provision of health services. The null hypothesis stated that there is no significance differences in provision of health services between private and public secondary schools in Kogi was rejected the correlation co-efficiency is lower in private

furthermore finding of this study showed that both schools conducted health inspection of their student on regular basis also result showed that first aid services were administered to the student in private and public schools. Also result revealed that the height and weight as not measured in both public and private secondary schools contrary to the observation of Ademuwangun and Odunatn (1986) which affirmed that teachers should measure the height and weight of student at the beginning of each term to assess the rate of their growth using a standardized scales. Differences between private and public senior secondary schools in Kogi state, in the provision of school health services. It is expected that the provision of school health care services should be better in private than in public schools because private schools is money making venture where high school fees are paid by students. Finally the result shows that health services were provided in both private and public schools. However, the provision of health services varied between public and private schools.

In another study conducted by Kuponiyi, O. O. (2016) designed to determine the school health services and it is practices In Ogun state western Nigeria. The study was a comparative cross sectional survey of private and public schools in Ogun state, by using multi-stage sampling techniques. Participant were interviewed by using a structured administered questionnaire and checklist. Data collected was analyzed using the SPSS version 15.0 the total of 360 subject served as respondents the result of the study revealed that almost all the schools studied did not have the services of a Doctor and only one out of every six of the schools in these study had someone trained first aider. This dearth of health personnel had been reported services in various studies conducted in Nigeria. Than shows that there has not been any improvement to supply the health personnel to school health in the last 10 years in various part of Nigeria. Furthermore this study shows that there was no health personnel or trained first aider in 86 (47.8) public schools and 110

(64.1) private school, Furthermore, the school health services in the private schools were generally better than in the public schools. In this study, only 24 (36%) schools had any form of health personnel and only one school (1.5%) benefitted from the services of a physician. This is similar to the situation in Sagamu in Western Nigeria where only one (1.1%) school benefitted from the services of a physician. Similarly, only 7.6% of schools in the current study had a school nurse.

2.9 Summary

The study is to assess the determinants influencing utilization of school health services among senior secondary school students in Kano State. according to literature review school health services involved many activities as it concern different professions .it comprises all health activities which are planning , organized and carried out to maintain and improve not only the health of students but to the staff or school community . this chapter discussed on School health service as a health care delivery system that is operational within a school or college aim to promoting and maintaining the health of student and staffs, so as to enable student benefit optimally from the school learning the review of literature indicated conceptual frame work of school health services, theoretical frame work, important of school health services and empirical study on school health services this chapter observed other researches carried out in school health services in public and in private secondary school in European countries, African countries and Nigeria .The result of empirical studies of school health services shows that is No adequate availability and provision of school health services in term of provision of medical personnel, provision of facilities and equipment for utilization of school health services. The finding of study revealed that there are significant differences between public and private secondary school in Osun state in respect of school health services similar to the finding in Edo state were private schools had a better school health services

specifically however, the study shows that more private schools have their own students undergo preschool medical screening then their public counterparts ($p<0.05$). These finding are not unusual because the private schools tend to be more competitive and funded. Therefore strive to pull users through various amenities which they would not mind to pay for. Most public schools are utilized by less privilege members of the communities which depend mainly on free education and since school health services such as pre-school medical examination is not covered it suffers this result of this study also shows that private schools are better in school health services in Osun state.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The purpose of the study was to assess the determinants influencing utilization of school health services among senior secondary schools students in Kano State. This chapter is concerns with the research design, population of the study, sample and sampling techniques, procedure for data collection instrument, validity of the instrument, reliability of the instrument, data collection procedure for data analysis.

3.2 Research Design

The research design adopted for this study is ex-post facto research design. The use of research design was made because the information required by the researcher already existed with the respondents. Furthermore, ex-post facto research design is non-experimental design which means that the researcher does not need to manipulate any dependent variables. The ex-post facto research design is a method of testing and possible antecedent of event that have happened but cannot be controlled or manipulated. (Kerlinger&Rint 1983). Therefore, ex-post facto design which is known as non-experimental design is found suitable for this study since the study is aimed at assessing the determinants influencing utilization of school health services among senior secondary schools' students in Kano State, Nigeria

3.3 Population of the Study

The population of this study comprised of all students in SS 1, SS 2, and SS 3 of the senior secondary school students across the three (3) senatorial district of Kano State which includes Kano central senatorial district, Kano south senatorial district and Kano north senatorial district. The population of the study is two hundred and seventy two thousand

eight hundred and six(272,806) senior secondary school students in Kano State. (Kano State Ministry of Education, 2017).

Table 3.1: Population of Student of Senior Secondary School in Kano State

School	Male	Female	Total
Public School	146055	93024	239079
Private School	15249	18478	33727
TOTAL			272806

Source: Kano State Ministry of Education (2017), key indicator report www.nemis.gov.ng

3.4 Sample and Sampling Techniques

The sample size for this study 500 respondents drawn from the population of the study.to get the sample size for this study, the researcher employed the sample size procedure suggested by Dessel, (2013). Dessel, (2013) emphasized that a ex- post factor can only be truly valuable when it's reliable and representative of a given population. However, determining the ideal survey sample size from a given population can be gotten when the confidence level is set. Dessel, (2013) suggested that for a 95% confidence level in any population more than 100,000 a sample size of 383 can be used. In other to cover for possible attrition the sample size was to the nearest hundred making 400 and 25% (100) of the sample was added to it. Therefore, the sample size for this study is 500.

For the purpose of this study a multi stage sampling procedure was used for the study . According to Alvi(2014) a multi stage sampling procedure is a sampling procedure where two or more probability procedures are combined which presented and described as follows.

Stage I:

Stratified random sampling technique was used for the study. The sample of the study was drawn through stratification of forty four (44) local government areas of Kano State in to three (3).

1. Kano Central senatorial district
2. Kano South senatorial district
3. Kano North senatorial district.

Table 3.2: List of Local government in each senatorial district of Kano State

S/N	Kano central senatorial district	S/N	Kano south senatorial district	S/N	Kano north senatorial district
1	Dala LGA	1	Ajingi LGA	1	Bagwai LGA
2	Dawakin Kudu LGA	2	Albasu LGA	2	Bichi LGA
		3	Bebeji LGA	3	Danbatta LGA
3	Fagge LGA	4	Bunkure LGA	4	Dawakintofa LGA
4	GarinMalam LGA	5	Doguwa LGA	5	Gabasawa LGA
		6	Garko LGA	6	Gwarzo LGA
5	Gezawa LGA	7	Gaya LGA	7	Kabo LGA
6	Gwale LGA	8	Kibiya LGA	8	Karaye LGA
7	Kano Municipal LGA	9	Kiru LGA	9	Kunchi LGA
		10	Rano LGA	10	Makoda LGA
8	Kumbotso LGA	11	Rogo LGA	11	RiminGado LGA
9	Kura LGA	12	Sumaila LGA	12	Shanono LGA
10	Madobi LGA	13	Takai LGA	13	Tofa LGA
11	Munjibir LGA	14	Tudun Wada LGA	14	Tsanyawa LGA
12	Nasarawa LGA	15	Wudil LGA		
13	Tarauni LGA				
14	Ungogo LGA				
15	Warawa LGA				

According to Castilo (2009) stratified sample is a probability sampling technique in which the researcher divided the entire target population into different sub group or strata, then randomly selected the final subject proportionally from different strata.

Stage II

Simple random sampling was used to select the sample local government areas from of the three (3) senatorial district of Kano state. Two (2) local government areas LGA were selected from Kano central senatorial district, two (2) local government area LGA was selected from Kano South senatorial district, and another two local government areas LGA were selected from Kano north senatorial district.

In Kano central senatorial district Nassarawa LGA and Dala LGA were selected for the study, in Kano senatorial district Rano LGA and bunkure LGA were selected while Kano north senatorial district Bichi LGA and Danbatta LGA was selected for the study, then the researcher purposively select two (2) schools from each sample LGA. In Nassarawa LGA two (2) sample schools were used GGSSS Gwagwarwa (boys) and GGSSS Dakata (Girls) were selected. In Dala LGA two (2) sample senior secondary schools GGSSS KofarMazugal (Girls) and GSSS GoronDutse (boys) were selected. In Bunkure LGA two (2) senior secondary schools GSSS Bunkure (boys) and GSSS Bunkure (girls) were selected while In Rano LGA two (2) senior secondary schools GGSSS Rano (boys) and GGSSS Rurum (girls) were selected. In Bichi two (2) senior secondary schools GGSSS Bichi (boys) and GGSSS Badume (girls) were selected, and lastly in Danbatta LGA two (2) senior secondary schools were selected namely GGSSS Danbatta (girls) and GSSS Ajumawa (boys) was used for the study. (See table 3.3).

Stage III

The proportionate sampling technique was used to draw the required respondents at each of the senior secondary school selected for the study. The procedure used to select the students in every school is by using the dip and pick method with representative of students in SS 1, SS 2 and SS 3, A container would be provided and " Yes" and "No"

be written on piece of paper and dropped in to the container. The researcher shuffle the container and ask one of the research assistant to issue it to the students to pick those who pick "Yes" would serve as respondents for the study.

The researcher divided the population of the senior secondary school students at each school by the total population of senior secondary school students from all the schools selected and multiplied it by the sample size (500).

Proportionate sampling technique $=\frac{n}{N}\ X\ 500$

Where;

n = is the population of senior secondary school students per school

N = is the total population of senior secondary school students from all the selected schools.

Those selected were then used the respondents for the study

Table 3.3: Summary of the sampling and the schools selected

S/N	Kano Senatorial district	Number of LGA in each senatorial district	LGA selected	Sample schools	Population of the students in sample schools	Sample size
1	Kano central senatorial district	15	Nassarawa LGA	GGSSS Dakata	2420	54
				GSSS Gwagwarwa	1754	39
			Dala LGA	GGSSS KofarMazugal	2164	48
				GSSS GoronDutse	3846	85
2	Kano south	15	Rano LGA	GSSS Rano	2702	60
				GSSS Rurum	580	13
			Bunkure LGA	GGSSS Bunkure	982	22
				GSSS Bunkure	1125	25
3	Kano north	14	Bichi LGA	GSSS Bichi	3403	75
				GGSSS Badume	1052	23
			Danbatta LGA	GSSS Ajumawa	338	7
				GGASS Danbatta	2202	49
	Total	44	6	12	22576	500

Source: field work (2019)

3.5 Instrument for Data Collection

In this study self-structured questionnaire was used to obtain data on assessment of determinants influencing utilization of schools health services among senior secondary students in Kano State. In the following determinants availability of medical health services in senior secondary schools, health counselling services, availability of equipment influencing utilization of school health services among senior secondary school students, in senior secondary schools in Kano state. The questionnaire comprised two (2) sections. Section A consist demographic information of the respondents while section B will contains information on determinants influencing utilization of school health services among senior secondary students in Kano State, While section B consist three parts A, B and C. Part A contain information on availability of medical services among senior secondary schools students in Kano state. part B contain information on counselling health services among senior secondary schools students and part C contain information on availability of equipment's influencing utilization of school health services among senior secondary school students in Kano state. To respond to each of the statement well as to determine the scores for each statement the four (4) Likert scale was used by the researcher to determine the level of agreement and disagreement on the statement based on the following scoring system;

SA – Strongly Agree = 4 points

A – Agree = 3 points

D – Disagree = 2 points

SD – Strongly Disagree = 1 point

Hence, mean score of any response was considered positive if it is 2.5 and above and any response less than 2.5 will be regarded as negative score, therefore, for this study 2.5 being mean for 4 point modified Likert scale was used.

3.6 Validity of the Instrument

The questionnaire was vetted by thesis supervisors to ascertain the face and the content validity of the research instrument, then drafted questionnaire on assessment of determinants influencing utilization of school health services among senior secondary school students in Kano State. The corrected copy of the instrument was produced and five (5) jurors in the Department of Human Kinetic and Health Education Ahmad Bello University Zaria. Their observations, suggestions, critism guided the researcher in modifying the instrument.

3.7 Procedure for Data Collection

An introductory letter from the chairman of supervisory committee, Department of Human Kinetic and Health Education, Ahmadu Bello University Zaria, was collected to the Ministry of Education at the state headquarter for easy access to the schools selected. For the purpose of data collection, three (3) trained research assistants were employed to assist in obtaining the data for the study from the respondents in each senatorial district selected for this study. These research assistants was instructed on how to administer and retrieved the copies of the questionnaire from the respondents.

The researcher and his three (3) research assistants in each school administered the questionnaire to the respondents during working days; with the assistance of some of the school physical health education teachers who were initially briefed on the methodology of administering questionnaire to the respondents to the researcher supervised the administration exercise of the questionnaire. The researcher and research assistants later went backand retrieved the questionnaire a total of four hundred and ninety eight (498) respondents completed and returned the questionnaire administered to them

3.8 Procedure for Data Analysis

The following statistics was used to answer the research questions and also test the formulated hypotheses of the study. Descriptive statistics of frequency, simple percentages and standard deviation was used to analyse the demographic information of the respondents. While One sample t- test used to test hypothesis 1,2, and 3 All formulated hypotheses tested at $p<0.05$ level of significance using Statistical Package for Social Sciences (SPSS) Version 23.0.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents the statistical analyses, and interpretations of the results of the expressed opinions on the items and variables used in the assessment of the determinants influencing utilization of school health services among senior secondary school students in Kano state. A total of four hundred and ninety-eight respondents completed and returned the questionnaire administered to them from the selected twelve senior secondary schools across the three senatorial zones of the state. The result obtained from that data are presented along the research questions of the study. Apart from the presentation of the demographic variables showed in frequencies and percentages, means and standard deviations were used in determining the direction of opinion and conclusion of solution to the objectives and research questions. The research hypotheses were tested along with discussions of the findings at the end of the chapter.

4.2 Results

The personal data selected along the opinions of the students on the determinants influencing utilization of their school health services are presented in frequencies and percentages in Table 4.1

Table 4.1: Respondents' Demographic Characteristics.

Variables	Variable options	Frequency	Percent
School Type	Day	270	54.2
	Boarding	228	45.8
	Total	498	100.0
Class	SS I	192	38.6
	SS II	131	26.3
	SS III	175	35.1
	Total	498	100.0
Gender	Male	310	62.2
	Female	188	37.8
	Total	498	100.0
Age	<15yrs	200	40.2
	15-17yrs	168	33.7
	>17yrs	130	26.1
	Total	498	100.0

Among the senior secondary school students, 54.2% were from Day secondary schools. The rest 45.8% were from Boarding Secondary schools. Their distribution by class showed that 38.6% were in SS I, 26.3% were in SS II and 35.1% were in SS III. This distribution showed that all the senior secondary school students in the state could be said to be fairly represented in the study. From the classifications, of the respondents in the table, 62.2% were male while 37.8% were female. The classification revealed that male and female students in the senior secondary schools of the state were fairly represented in the study which helps to take off the gender bias aspect of the study. The table revealed that 40.2% of the students were below 15years of age. Students who were between 15 and 17years were 33.7% of the total respondents. Only 26.1% of the students were above 17years.

4.2.1. Answering the research questions

Question one. Are there medical health services as a determinant of utilization of School health services among senior secondary school students in Kano State.

Table 4.2.

Table 4.2: Mean scores of responses on availability of medical services as a determinant influencing their utilization by senior secondary school students in Kano state

SN	Available medical services	Mean	Std. Dev.
1	Health personnel/ trained first Aider are available in my school	2.50	0.913
2	My school conduct routine environmental sanitation of the school premises and classes	3.48	0.585
3	My school has a building as a dispensary health room for treatment of minor illness or injuries during school hour's by health personnel.	1.99	1.006
4	Adequate toilets facilities for both male and female are available in my school.	3.19	0.646
5	In my school sporting facilities/equipment are available for recreational activities.	3.09	0.523
6	My school conduct routine food hygiene inspection among food vendors and school kitchen before giving or selling it to students.	3.12	0.561
7	Purified water for drinking and domestic use are available	3.02	0.737
8	My school keeps health record information of students for sudden illness, injuries during school hours	2.43	1.027
9	My school conduct health education on drugs abuse, to prevent students from being involved in drugs abuse and anti-drugs related crime	3.04	0.685
10	My school conduct routine personal hygiene inspection to students such as teeth, hair, nail, school uniform, skin, on Assembly.	3.02	0.659
	Aggregate mean	**2.89**	**0.333**

(Decision mean)

The table revealed that the extent of available medical health services is perceived to have a major influence on their utilization among senior secondary school students in the state. This is clearly indicated in the table in response to available Health personnel, their adequacy, and their medical services within the schools. Among other the extent of influence is perceived to be determined by available health services provisions like facilities like toilets and routine food hygiene inspection brought or provided in the schools. Other such services perceived to influence utilization among the students included health education on drugs abuse and routine personal hygiene inspection. The aggregate mean score for the table was 2.89 with a standard deviation of 0.333. The aggregate mean score (2.89) is higher than the decision mean of 2.50 used as the

benchmark. The observation implied that the students were of the view that available medical health services was a major determinant influencing their utilization by the senior secondary school students in the state.

Research Question Two :

Are there medical health counselling services as a determinant of utilization of school health services among senior secondary school students in Kano State?

Table 4.3: Mean scores of responses on counselling as a determinant influencing utilization of School Health services among Senior secondary school students in Kano state.

Sn	Available counselling as determinant of utilization	Mean	Std. Dev.
1	Health personnel/ teachers counsel students on the finding result of health appraisal/observation in my school.	2.49	1.066
2	I received health counselling on environmental sanitation to acquire health habit in my school students.	3.20	0.778
3	I received health counselling when I am ill or injured at school dispensary/health room.	2.04	0.959
4	I received health counselling on hand washing habit after toilet used in my school.	2.88	0.727
5	In my school I receive health counselling during school sport recreational activities to prevent sport injuries.	3.19	0.701
6	I received health counselling on food hygiene and effects of eating un-hygienically prepared food from vendors/school kitchen in my school.	3.20	0.573
7	I received health counselling on water hygiene to avoid water borne disease in my school.	3.18	0.504
8	In my school health personnel/teachers counsel parents/students before admission to inform the school authority any health problems of student for proper health record of every student.	2.43	1.052
9	I received health counselling on drug abuse in my school.	2.97	0.575
10	I receive health counselling on personal hygiene in my school	3.15	0.512
	Aggregate mean	2.87	0.361

(Decision mean 0 2.5)

The aggregate mean score of 2.87 with a standard deviation of 0.361 obtained for the table show that the students were of the view that available medical health counselling

servicescould be a major determinant influencing utilization of school health services in the selected senior secondary schools of the state. This is demonstrated in the table by the students' agreement with the suggestion that they received health counselling on environmental sanitation, how to acquire good health habit, counselling on ill health or injuries in the schools, hand washing habit after toilet food hygiene and effects of eating un-hygienically prepared food, water hygiene to avoid water borne disease and drug abuse among others. With an aggregate mean score of 2.87, it could be concluded that the students were of the view that available medical health counselling services is a major determinant of school health services utilization in the selected senior secondary schools of the state.

Question three;

Are there available equipments as a determinant of utilization of School health service among senior secondary school Students in Kano State?

Table 4.4: Mean scores of responses on available equipment as determinant influencing utilization of school health services in the senior secondary school

Sn	Available equipment influencing utilization of school health services	Mean	Std. Dev.
1	Equipment for medical services such as weight scale, thermometer, and first aid box equipped with bandage, inhalers are always available in my school.	2.61	1.009
2	Environmental sanitation equipment such as dustbins, brooms, packers, insecticide, cutlass, hoes, are provided in my school.	3.36	0.646
3	At school health room I always receive medical drugs free of charge when I fall ill or injured.	2.48	1.154
4	Wash hand basing, water, chemical kettles are kept in the school toilet for use by the student	3.17	0.548
5	There are enough sporting facilities and equipment such as athletic field, ball for courts goal nets, relay batons, jerseys, and hockey stick etc. are available in my school.	3.27	0.575
6	Instruments for routine food hygiene inspection among food vendors and school kitchen such as spoon, knife, l for food test, and the use of detergent for washing and cleaning cooking utensils are available in my school	2.89	0.724
7	Borehole, hand pump, protected well, pure water, over head water tanks, sachets purified water, are available in my school.	3.02	0.423
8	Books, files for health record are available in my school	2.07	0.868
9	Equipment for testing drugs abuse through urine, hair, blood, breath, sweat and oral fluid/saliva are not available in my school	1.68	0.875
10	Equipment for personal hygiene inspection such as Nail cutter, soap, hair clippers are provided during personal hygiene inspection for use by the student's in my school.	2.97	0.366
	Aggregate mean	2.75	0.354

(Decision mean 0 2.5)

The scores in the table showed that the students were of the view that medical equipment constituted a major determinant that influences the utilization of school health services among the senior secondary school students. This is indicated by their agreement that Equipment for medical services such as weight scale, thermometer, and first aid box equipped with bandage, inhalers were always available in the schools and that the school sanitation equipment such as dustbins, brooms, packers, insecticide, cutlass, hoes, were provided in the schools. They were of the view that drugs were provided free of charge to

students who suffered ill health or injury and that equipment like Wash hand basing, chemical kettles and such associated items were available in the schools.

Among others, the students agreed that Instruments for routine food hygiene inspection and water sources were made adequately available in the schools. The aggregate mean score for the table was 2.75 with a standard deviation of 0.354. The mean score (2.75) is higher than the decision mean of 2.50. This observation implied that the students were of the view that available health equipment is a major determinant influencing utilization of school health services among senior secondary school students in the state.

4.2.2 Testing of Hypothesis

Hypotheses I: Availability of medical services as a determinant influencing utilization of school health services among senior secondary school students in Kano state is not significant.

Table 4.5: One sample t-test on availability of medical services as a determinant influencing utilization of school health services among senior secondary school students in Kano state

Variables	N	Mean	Std. Dev.	Std. Error	t-value	Df	p-value
Medical services	498	2.89	0.333	0.015	26.089	497	0.000
Test mean	498	2.50	0.000	0.000			

(t-critical = 1.96, $p < 0.05$)

The test revealed that students were of the view that availability of medical services is a significant determinant influencing their utilization of school health services in the selected senior secondary schools of the state. The observed mean score (2.89) for the variable, is higher than the test mean score of 2.50 for agreement in the test. This is indicated by an observed t-value of 26.089 obtained at 497 degree of freedom (DF) and the observed level of significance (p-value) was 0.000 ($p < 0.05$). From these observations, the null hypothesis that availability of medical services as a determinant

influencing utilization of school health services among senior secondary school students in Kano state is not significant is here by rejected.

Hypotheses II: Availability of health counselling services as a determinant influencing utilization of school health services among senior secondary school students in Kano state is not significant.

Table 4.6: One sample t-test on availability of health counselling services as a determinant influencing utilization of school health services among senior secondary school students in Kano state.

Variables	N	Mean	Std. Dev.	Std. Error	t-value	DF	p-value
Health counselling	498	2.87	0.361	0.016	23.094	497	0.000
Test mean	498	2.50	0.000	0.000			

(t-critical = 1.96, $p < 0.05$)

The result in the table revealed that the students were of the view that availability of health counselling services was a significant determinant influencing their utilization of school health services in the state's senior secondary schools The observed mean score of 2.87 is higher than the fixed mean score for the minimum level of agreement in the table and the observed t-value 23.094 obtained at 497 degree of freedom (df) for the test is higher than the critical value of 1.96. The observed level of significance (p-value) for the test was 0.000 ($P < 0.05$). This implied that available health counselling services in senior secondary schools could constitute significant determinant influencing utilization of school health services by students in the state. The null hypothesis is therefore rejected.

Hypotheses III: Availability of equipment as a determinant influencing utilization of school health services among senior secondary school students in Kano state is not significant.

Table 4.7: One sample t-test on availability of equipment as a determinant influencing utilization of school health services among senior secondary school students in Kano state

Variables	N	Mean	Std. Dev.	Std. Error	t-value	DF	p-value
Equipment availability	498	2.75	0.354	0.016	15.876	497	0.000
Test mean	498	2.50	0.000	0.000			

(t-critical = 1.96, $p < 0.05$)

From the result in the table, the students were of the opinion that availability of health-related equipment is a significant determinant influencing their utilization of school health services in the state senior secondary schools. This is indicated in the table with an observed mean score of 2.75 which is significantly higher than the test mean score of 2.50. The observed t-value for the test was 15.876 obtained at 497 degree of freedom (DF) and the p-value obtained in the test was 0.000 ($P < 0.05$). The null hypothesis that availability of equipment as a determinant influencing utilization of school health services among senior secondary school students in Kano state is not significant is therefore rejected.

4.2.3 Summary of findings

The major observations from the assessment of determinants influencing utilization of school health services among senior secondary school students in Kano state, Nigeria are summarized below.

1. Availability of medical services is a significant determinant influencing utilization of school health services among senior secondary school students in Kano state ($p = 0.000$).
2. Availability of health counselling services is a significant determinant influencing utilization of school health services among senior secondary school students in Kano state ($p = 0.000$).

3. Availability of equipment is a significant determinant influencing utilization of school health services among senior secondary school students in Kano state (p = 0.000).

4.3 Discussion of Findings

This study carriedassessment of determinants influencing utilization of school health services among senior secondary school students in Kano state. From the analysis of the data collected, it was observed that available medical health services constituted a major determinant for utilization school health services by the senior secondary school students in the state. Among others, it was found that available and health services provisions like facilities like toilets and routine food hygiene inspection brought or provided in the schools. Other such services perceived to influence utilization among the students included health education on drugs abuse and routine personal hygiene inspection.

In the test of the first null hypothesis of the study, the expressed opinion on the available medical services were found to be a significant determinant influencing utilization of school health services by the senior secondary school students. The null hypothesis was therefore rejected. The findings here are consisted with Toma (2014) who reported that availability of qualified staff that can help students with preventive care and emergency care, such as school nurse, health educator, physician and their assistants, record keeping and supervision of the health of school children influences utilization of school health services.

The finding agrees with Kuponiyi (2016), who stated that School health services contribute to the goals of the education system and the health care system by providing screenings and referrals, administering medications and treatments, providing first aid, providing health counselling and education, and supporting students to acquire self-management skills. The report stated that in addition, these services seek to enable children benefit optimally from their school learning experience. The finding are in line with Afolabi and Fasoranti (2016)

who stated that availability of professional health personnel and their adequacy in terms of professional quality would have significant influence on utilization of school health services.

Finding relating to availability of health counselling services as determinant influencing utilization of school health services among senior secondary school students in Kano state revealed that the variable was perceived to be significant. Among others, it was found that students were in agreement with the suggestion that they received health counselling on environmental sanitation, how to acquire good health habit, counselling on ill health, injuries in the schools, hand washing habit after toilet food hygiene and effects of eating un-hygienically prepared food, water hygiene to avoid water borne disease and drug abuse among others. In the test of the related null hypothesis, it was found that the expressed opinion on availability of health counselling services was a significantdeterminant influencing utilization of school health services among the senior secondary school students in the state. The null hypothesis was therefore rejected. The finding here is in line with American Counselling Association (2017) who described health counselling as collaboration effort between the counsellor and student and stated that professional counsellors help students identify potential problems and their solutions and therefore seek to improve or promote health behaviour.

Finding relating to availability of equipment as a determinant influencing utilization of school health services among senior secondary school students in the state revealed that the variable was a significant. It was found that students were of the agreement that Equipment for medical services such as weight scale, thermometer, and first aid box equipped with bandage, inhalers were always available in the schools and that the school sanitation equipment such as dustbins, brooms, packers, insecticide, cutlass, hoes, were provided. Students were found to be of the view that drugs were provided free of charge to students who suffered ill health or injury and that equipment like Wash hand

basing, chemical kettles and such associated items were available in the schools. Among others, the students agreed that Instruments for routine food hygiene inspection and water sources were made adequately available in the schools. In the test of the related hypothesis of the study where the significant of the variables was tested, it was found to be significant. The null hypothesis was therefore rejected. The finding here are in line with the report of Ademuwagun (2006) who reported that provision of health equipment like first aid box, dustbins, water, thermometer and others equipment's will help toward health services utilization by secondary school students and suggested that their unavailability will make it difficult for health personnel to operate.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Summary

The assessment of determinants influencing utilization of school health services among senior secondary school students in Kano state carried out in this study is summarized along with conclusion and recommendations in this chapter. Among others, the chapter provided the, implications, and recommendation for further studies on the subject.

School health services is an important aspect of health delivery system necessary to monitor the health of school children in other to keep them healthy and optimize their learning. The purpose of school health services is to help children achieve optimum health possible for obtaining full benefit their education. Such services provide room for early detection, correction, prevention or amelioration of diseases, disability and drug abuse from which school aged children can suffer. School health services therefore contribute to the goals of the education system, the utilization of school health services by students cannot be overemphasized. Making school health service available to public school and private senior secondary schools as well as ensuring its effective utilization is one of the responsibilities of government especially at state level. The question among others is to what extent does availability of medical services, health counselling services and health-related equipment as determinants influences the utilization of school health services in Kano state senior secondary schools?

To provide solution to these questions, the researcher designed a structured questionnaire which was vetted in the department of Human Kinetic, Faculty of Education, Ahmadu Bello University, Zaria. The vetted instrument was face validated and found to be effective for the study by professional in the department. The questionnaire was administered to senior secondary school students across the three Senatorial zones of the state. A total of

498 copies were found to be completed with the required information out of the 500 issued out. The administration of the questionnaires was undertaken through the multi stage and stratified random sampling procedure. Data collected were analysed with the Statistical Package for the Social Sciences (SPSS), IBM version 26. Statistical procedures used in the analysis included, frequencies and percentages, Mean and standard deviations along with the one sample t-test.

The study was structured into five chapters. Chapter one gave the background of the study, statement of the problem, the objectives, research questions, and the study's hypotheses. The scope and limitation of the study were also given within the chapter. Chapter two consisted of the review of the related literatures to the study. Chapter three gave the methodology used in data collection from the targeted population, designed instrument, and method of statistical analysis of the data among others. From the analysis of the data and test of the hypotheses, it was found that the investigated determinants were significant for the effective utilization of school health services by senior secondary school students in the state.

5.1.1 Contribution to Knowledge

1. The findings of this study revealed that availability of medical health services, was a significant determinants influencing utilization of school health services among senior secondary school students in Kano State p=0.000. These findings could prove useful in the identification of available medical health services in senior secondary schools of the state thereby acting as a source of motivation towards provision of such medical services in the schools by concerned authorities.
2. The finding could prove useful in promoting effective utilization of health counselling services by senior secondary school students in the state. In the face of the frequent outbreak of communicable diseases, Availability of health counselling

services is a significant determinant influencing utilization of school health service in Kano State, Nigeria, p=0.000.

3. Availability of equipment is a significant determinant influencing utilization of school health service among senior secondary school in Kano State, Nigeria p = 0.000

5.2 Conclusion

On the basis of the findings of this study, Assessment of determinants influencing utilization of school health services among senior secondary school students in Kano State, the following conclusions were drawn.

1. Available medical health services provision like facilities such as school health room, toilet, sporting facilities and provision of routine health inspection, food hygiene, health personnel/first Aider are brought or provided in the schools the available medical health services were found to be significant determinant influencing utilization of school health services among senior secondary students in Kano State, Nigeria, the null hypotheses was rejected.
2. It was found that availability of health counselling services among senior secondary students in Kano State are provided. Students were in that they received health counselling on environmental sanitation, health counselling on personal hygiene and counselling on drug abuses, this constituted a major determinant influencing utilization of school health service among senior secondary school students Kano State, Nigeria. The null hypothesis was rejected.
3. It was found that students agreement that health services equipment such as weight scalefirst aid box, thermometer, broom, dustbin, cutlass, hoe, among others were always available in their schools this constituted a major

determinant influencing utilization of school health services among senior secondary school students in Kano State. The null hypothesis was rejected.

5.3 Recommendations

Based on the findings in this study, the researcher follows:

1. That effort should be made towards provision of medical services in all the senior secondary schools across the state towards effective utilization by students through toilet facilities, routine personal hygiene inspection, keeping health record and provision of health room for treatment or minor illness and injuries.
2. Stakeholders should ensure that professional health counsellor are recruited into the secondary schools to counsel students on the finding result of health appraisal, observation, when ill or injury, drug abuse etc. for the effective provision of health counselling for students.
3. The state and other stakeholders of senior secondary schools in the state should improve on the provision of health-related equipment such as First Aid box, personal hygiene inspection tools, book for health record, dustbin brooms, thermometer to encourage effective utilization of health services by students in the state secondary schools.

5.4 Suggestions for Further Studies

This study was on assessment of determinant influencing utilization of school health service among senior secondary school students in Kano State. It would be of health importance to replicate the study in other states of the Nigerian Federation.

1. School health service and its practice among public/private secondary schools
2. Availability of school health service and perceived health status of students in public senior secondary schools.

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APPENDIX A

RESEARCH QUESTIONNAIRE

Instruction

This questionnaire is for assessment of determinants of school health services utilization among senior secondary school students in Kano state Nigeria. The questionnaire is made up of two major sections A and B . Section A contain statement on student's personal information while section B1 contains statement on availability of school health services, B2 is on accessibility of student with school health services, and B3 adequate equipment for school health services. You are expected to tick [√] in the appropriate column that best represent your opinion.

Section A: demographic characteristics of the respondent

1. Name of school_____
2. Type of school
    1. Day school [ ] b. Boarding school [ ]
3. Class
    a. SS I[ ] b. SS II [ ] c. SS III [ ]
4. Gender
    i. Male [ ] b. female [ ]
5. Age
    ☐ Below 15yrs[ ] b. 15 – 17yrs [ ] c. 18 and above [ ]

Section B:

This section contains sub-section 1-4, please tick [√] in the column that best describe your opinion.

Note:

Strongly Agree (SA)
Agree (A)
Disagree (D)
Strongly disagree (SD)

Part A	Availability of medical health services	Response			
S/No.	Statement	SA	A	D	SD
1	Health personnel/ trained first Aider are available in my school				
2.	My school conduct routine environmental sanitation of the school premises and classes				
3	My school has a building as a dispensary health room for treatment of minor illness or injuries during school hour's by health personnel.				
4.	Adequate toilets facilities for both male and female are available in my school.				
5	In my school sporting facilities/equipment are available for recreational activities.				
6	My school conduct routine food hygiene inspection among food vendors and school kitchen before giving or selling it to students.				
7	Purified water for drinking and domestic use are available				
8	My school keeps health record information of students for sudden illness, injuries during school hours				
9	My school conduct health education on drugs abuse, to prevent students from being involved in drugs abuse and anti-drugs related crime				
10	my school conduct routine personal hygiene inspection to students such as teeth, hair, nail, school uniform, skin, on Assembly.				

Part B	Health counselling services	Response			
S/No.	Statement	SA	A	D	SD
1	Health personnel/ teachers counsel students on the finding result of health appraisal/observation in my school.				
2	I received health counselling on environmental sanitation to acquire health habit in my school students.				
3	I received health counselling when I am ill or injured at school dispensary/health room.				
4	I received health counselling on hand washing habit after toilet used in my school.				

5	In my school I receive health counselling during school sport recreational activities to prevent sport injuries.				
6	I received health counselling on food hygiene and effects of eating unhygienic prepared food from vendors/school kitchen in my school.				
7	I received health counselling on water hygiene to avoid water borne disease in my school.				
8	In my school health personnel/teachers counsel parents/students before admission to inform the school authority any health problems of student for proper health record of every student.				
9	I received health counselling on drug abuse in my school.				
10	I receive health counselling on personal hygiene in my school				

Part C	**Availability of equipment influencing utilization of school health services**	**Responses**			
S/No.	**Statement**	**SA**	**A**	**D**	**SD**
1	Equipment for medical services such as weight scale, thermometer, and first aid box equipped with bandage, inhalers are always available in my school.				
2	Environmental sanitation equipment such as dustbins, brooms, packers, insecticide, cutlass, hoes, are provided in my school.				
3	At school health room I always receive medical drugs free of charge when I fall ill or injured.				
4	Wash hand basing, water, chemical kettles are kept in the school toilet for use by the student				
5	There are enough sporting facilities and equipment such as athletic field, ball for courts goal nets, relay batons, jerseys, and hockey sticks etc. are available in my school.				
6	Instruments for routine food hygiene inspection among food vendors and school kitchen such as spoon, knife, l for food test, and the use of detergent for washing and cleaning cooking utensils are available in my school				
7	Borehole, hand pump, protected well, pure water, Over head water tanks, sachets purified water, are available in my school.				
8	Books, files for health record are available in my school				
9	Equipment for testing drugs abuse through urine, hair, blood, breath, sweat and oral fluid/saliva are not available in my school				
10	Equipment for personal hygiene inspection such as Nail cutter, soap, hair clippers are provided during personal hygiene inspection for use by the student's in my school.				