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SCHOOL HEALTH: AN ANALYSIS OF BOARDING SCHOOL CLINIC FACILITIES IN KANO STATE, NIGERIA

Ahmed Suberu, Saleh Ngaski Garba, Umar Yunusa, Umar Lawal Bello, Ashiru Muhammed & Ahmad Rufa'I Abubakar

ABSTRACT

Health facilities within the school premises enhances healthful school environment by ensuring that safety measures are available within the school environment such as; presence of proper water supply, refuse disposal, sewage disposal, quality of school buildings, health inspection, nutrition, rest, recreation, absence of harmful objects and vectors of disease agents. Unsafe school environment such as lack of adequate and safe water supply, poor sanitation facilities, dilapidated school structures, overcrowded and un-conducive classrooms have a high negative impact on the health of school students. This study therefore analyses the school clinic facilities in boarding schools in Kano State in Nigeria. A cross sectional descriptive survey design was used for the study. The instrument used for this study was an adapted checklist from School Health Index (SHI) for middle high school. This instrument was used to assess the availability of health facilities in the selected boarding secondary schools. A threepoint scale of fully available, partially available and not available was used for each item on checklist. Scores of 2, 1 and 0 was allocated respectively to each scale to quantify performance of the schools. A sample size of 28 boarding secondary schools was used out of a total of 56 boarding secondary schools in Kano state. Multi stage sampling technique was used to select the 28 boarding secondary schools from the various senatorial districts in Kano state. Data collected were organized and entered into SPSS version 22 and results were presented using frequency distribution and percentages. Mann Whitney U test was used to differentiate the health facilities between public and private boarding secondary schools. The findings from the study revealed that 17 (80.9%) of public boarding secondary schools were rated poor in terms of

health facilities (scores < 20) while 4 (80.0%) of private boarding secondary schools had fairly functional health facilities (scores 20-29). The findings of this study showed that the public boarding have more health facilities than the private schools. The study also revealed that the physical infrastructures in the secondary health facilities are partially in place (54%) and the equipment in the health facilities in boarding secondary school are partially in place. This study also indicate that the grading of health facilities in public boarding secondary schools are rated poor and also revealed that the consumables are partially available in most health facilities. Finally, this study observed that medications in the boarding secondary school health facilities are partially in place. Two hypotheses were tested and the first result showed that there was a significant difference in the infrastructure between public and private boarding secondary schools of Kano State especially in the provision of safe water and regular power supply (P = 0.00). The second hypothesis observed that there is a significant difference in the supply of equipment between public and private boarding secondary schools of Kano State especially in the provision of first aid box (P=0.01) and sterilizer (P=0.03). The study concludes that health facilities in boarding secondary schools in Kano state are poorly equipped with material resources with little improvement in private than in public boarding secondary schools. In this respect, they need to improve on their method of sterilization, waste disposal system and electricity supply to the health facilities.

Keywords: Health, Boarding School; Clinic; Facilities.

Ahmed Suberu, Saleh Ngaski Garba, Umar Yunusa, Umar Lawal Bello, Ashiru Muhammed & Ahmad Rufa'I Abubakar

INTRODUCTION

Health facilities within the school premises enhances healthful school environment by ensuring that safety measures are available within the school environment such as; presence of proper water supply, refuse disposal, sewage disposal, quality of school buildings, health inspection, nutrition, rest, recreation, absence of harmful objects and vectors of disease agents . Unsafe school environment such as lack of adequate and safe water supply, poor sanitation facilities, dilapidated school structures, overcrowded and un-conducive classrooms have a high negative impact on the health of school students . These consequently lead to lower respiratory tract infections, malaria, typhoid, diarrhea, malnutrition and injuries as a result of accidents.

Students spend considerable hours of time in schools and are exposed to environmental, physical, emotional and social factors which may affect their health status positively or negatively depending on health facilities present within the school which will reduce absenteeism and promote learning . Hence, the school environment represents an important setting because many children's social habits and behaviors are learned at school. Schools are therefore, in a good position to improve the health status of young people because they are good medium through which nearly all young children can be reached.

The minimum requirement for setting up a school health facility includes; a space with a waiting area that can accommodate 30-50 students, a private examination room, a treatment/observation room with a minimum of 2 beds, bathroom and toilet facility, provision of safe water and functional refrigerator, regular supply of drugs and consumables according to the prevailing diseases, available means of sterilization of equipment and instruments, safe means of medical waste disposal, Constant and regular supply of stationeries for proper record keeping, adequate health record keeping system

like record card or computer system as well as available vehicle for transportation to referral centers (Federal Ministry of Education, 2006). In Nigeria, some schools provide health care for their students via first aid box because most of the schools in the study settings do not accommodate their students within the schools but rather, they come to school on a daily basis from their respective houses.

This has been exposed by previous studies and in Kano, adolescents (10-24 years) account for about 5.904,158 and a significant number attend school. They spend a considerable hour of time (6-8 hours) in school daily. As a result of time spent by students in schools, a study conducted by indicates that students are at risk of different health problems such as malaria (33.5%), anemia (12.4%), meningitis (12.4%) and respiratory diseases (13.5%) with anemia and respiratory diseases accounting for 10% and 5% of deaths respectively. A systematic review of health in schools by observe that 20 different studies reviewed indicate that students are affected by infectious diseases, 15 studies indicated gastrointestinal issues as the major health problems while 4 studies reviewed reveal that physical harm is the health problem of the students. These health problems impair the physical growth and cognitive development of students because they are frequently exposed to poor environmental conditions which affect their learning experiences and increases absenteeism from school due to ill health. As such, they will benefit maximally from health facilities when properly available within the school.

MATERIALS AND METHODS

Design: A cross sectional descriptive survey design was used for the study to assess the health facilities.

Study setting: Kano State is located in North-Western Nigeria on longitude 11° 30'N 8° 30'E / 11.5° N 8.5° E. The State was created on May

27, 1967 from part of the northern region and covers an area of about 20,131 km^2 (7,772.6Sq mi). Kano State borders Katsina State to the North-West, Jigawa State to the North-East, Bauchi State to the South-East and Kaduna State to the South-West. The capital of Kano State is Kano. The State has a total population of 472 private secondary schools which gives a total of 1306 secondary schools. Out of this number, Kano State has 42 public boarding secondary schools and 14 private boarding secondary schools (Kano State Ministry of Education, 2013). There are 26, 16 and 14 boarding secondary schools in Kano Central, Kano North and Kano South senatorial districts respectively in Kano State. 13,076,892 (projected 2016 size) and ranked second most populated in Nigeria with 44 Local Government Authorities. Kano State has a total number of 834 public secondary schools and

Sampling: A sample size of 28 boarding secondary schools was used for the study. Multistage sampling technique was used to select boarding secondary schools for the study.

- Stage 1: Stratified sampling technique was used to stratify L.G.A. that has boarding secondary school.
- Stage 2: Simple random sampling technique by balloting was used to select 15 L.G.A from 30 L.G.A. with boarding secondary schools. This represents 50% of the L.G.As that has boarding secondary schools.
- Stage 3: Proportionate allocation was used to select 6 public and 5 private boarding secondary schools from selected L.G.As in Kano Central, 7 public and 1 private boarding secondary school from selected L.G.As in Kano North while 8 public and 1 private boarding secondary schools from selected L.G.As in Kano South. This is because the boarding secondary schools were not distributed equally

in the L.G.As. Some L.G.As had more boarding secondary schools than others in the State.

Instrument and Data collection: A checklist was used to assess the health facilities within the schools. The checklist was adapted from School Health Index (SHI) of Department of Health and Human Services Center for Disease Control and Prevention (CDC), (2014) with the incorporation of key elements of Nigerian National School Health Policy guidelines for health services and facilities in schools (Federal Ministry of Education, 2006). A three point scale was allocated to each item between fully in place, partially in place and not in place. Scores of 2, 1 and 0 was allocated to each scale respectively in order to enhance objectivity and quantify performance of the schools appropriately.

Validity: In order to ensure validity, abridge copy of research work with objectives and instrument was subjected to vetting by five (5) senior academic researchers in the field of study.

Data on health facilities availability was obtained by assessing the following; physical infrastructure, equipment, consumables, and drugs

Data Analysis: Data obtained was organized and analyzed using statistical package for social sciences (SPSS) software version 22.0. Statistically analyzed results were presented using descriptive statistics such as frequencies and percentages. Mann Whitney U rank test was used to differentiate the health facility between public and private boarding secondary schools.

Ethical Consideration: Ethical clearance from Kano State Ministry of Health with Ref no: MOH/off/797/T.I/145 was obtained to conduct the study. The consent and co-operation of each school head, health personnel and health master were sought by explaining the purpose of the research work to them and seeking their approval to conduct the study.

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RESULTS

The findings of table 1 showed that (17.9%) of private boarding schools have a school clinic and 2 (7.1%) have no school clinic. Further findings revealed that (67.9%) of public

boarding schools had a school clinic and (7.1%) have no school clinic. It is therefore summary that the public boarding have more health facilities than the private schools.

Table 1 Availability	of Health Fac	cilities in Boarding	Secondary School	s of Kano	State in 2016
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Type of School	Health Fac	Total	
	Yes (%)	No (%)	
Private	5 (17.9)	2 (7.1)	7 (25.0)
Public	19 (67.9)	2 (7.1)	21 (75.0)
Total	24 (85.8)	4 (14.2)	28(100.0)

Table 2 shows the physical infrastructures in the secondary health facilities. The health space showed that 4.2% are fully in place, 91.7% are partially in place and 4.2% are not in place. The Bathroom & toilet showed that 20.8% are fully in place 33.3% are partially in place and 45.8% are not in place. This study observed that Provision of safe Water 12.5% are fully in place 79.2% are partially in place and 8.3% are not in place. The provision of regular

power supply is reported as 16.7% are fully in place, 16.7% are partially in place and 66.7% are not in place. Provision of waste bins for medical waste showed that 4.2% are fully in place 87.5 are partially in place and 8.3% are not in place. Means of transportation to referral center showed that 87.5% are fully in place 12.5% are partially in place and none are not in place. The summary of this study shows that the physical infrastructures in the secondary health facilities are partially in place (54%).

Kano State in 201	lo(n=24)					
Infrastructure	Fully in		Partially in		Not in	
	Place		Place		Place	
	F	%	F	%	F	%
Health center space	1	4.2	22	91.7	1	4.2
Bathroom & toilet	5	20.8	8	33.3	11	45.8
Provision of safe Water	3	12.5	19	79.2	2	8.3
Provision of regular	4	16.7	4	16.7	16	66.7
Power supply						
Provision of waste bins						
for medical waste	1	4.2	21	87.5	2	8.3
Means of transportation		87.5	3	12.5	0	0
To referral center	21					

Table 3 shows the equipment in the health facilities of the boarding secondary schools 4.2% of forceps are fully in place, 75% are partially in place and 20.8% are not in place. 4.2% of Bowls/kidney dishes are fully in place, 70.8% are partially in place and 25% are not in

place. 4.2% of First aid box are fully in place, 70.8% are partially in place and 25% are not in place. 12.5% of Sterilizer are fully in place, 29.2% are partially in place and 58.3% are not in place. This study observed that the equipment in the health facilities in boarding secondary school are partially in place.

Table 3 Equipment in Boarding Secondary Schools Health Facilities of Kano State in 2016 (n= 24)

Equipment	Fully in		Partially in		Not in	
	Place		Place		Place	
		%	F	%	F	%
	F					
Forceps	1	4.2	18	75.0	5	20.8
Bowls/kidney dishes	1	4.2	17	70.8	6	25.0
First aid box	1	4.2	17	70.8	6	25.0
Sterilizer	3	12.5	7	29.2	14	58.3

Table 4 observed that 8.3% of syringes are fully in place, 87.5% are partially in place and 4.2% are not in place. 4.2% of Cotton wool/bandages are fully in place, 95.3% are partially in place and none are not in place. 4.2% of Disinfectant solution are fully in place, 37.5% are partially in place and 58.3% are not in place. 12.5% of Hand glove are fully in place, 75% are partially in place and 12.5% are not in place. This study observed that the consumable are partially available in most health facilities.

Table 4 Consumables in Boarding Secondary Schools Health facilities of Kano State in 2016 (n= 24)

Consumables	Fully In Place		Partially in Place		Not in Place	
		%	F	%		%
	F				F	
Syringes	2	8.3	21	87.5	1	4.2
Cotton						
wool/bandages	1	4.2	23	95.3	0	0
Disinfectant solution	1	4.2	9	37.5	14	58.3
Hand glove	3	12.5	18	75.0	3	12.5

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Table 5 showed the medications available in boarding secondary schools health facilities 4.2% of antibiotics are fully in place, 95.8% are partially in place and none are not in place. 4.2% of Analgesic are fully in place, 95.8% are partially in place and none are not in place. 4.2% of Anticonvulsants are fully in place, 4.2% are partially in place and 91.7% are not in place. 12.5% of anti-malaria are fully in place, 87.5% are partially in place and none are not in place. 4.2% of anti-inflammatory are fully in place, 91.7% are partially in place and 4.2% are not in place. 8.3% of tetanus toxoid are fully in place, 50% are partially in place and 41.7% are not in place. This study indicates that the medications in the boarding secondary school health facilities are partially in place.

Table 5 Medications available in H	Boarding Secondary	Schools Health	Facilities of
Kano State in 2016 (n= 24)			

Medications	Fully i	n	Partially	in	Not	in
	Place		Place		Place	
		%	F	%		
	F				F	%
Antibiotics	1	4.2	23	95.8	0	0
Analgesic	1	4.2	23	95.8	0	0
Anticonvulsants	1	4.2	1	4.2	22	91.7
Anti-malaria	3	12.5	21	87.5	0	0
Anti-inflammatory	1	4.2	22	91.7	1	4.2
Tetanus toxoid	2	8.3	1	50.0	10	41.7

Table 6 showed the grading of health facilities in public boarding secondary schools 5.3% are good, 5.3% are fair while 89.5% are poor. 20% are good, 80% are fair while none are poor. This

study indicate that the grading of health facilities in public boarding secondary schools are rated poor.

	Health F	acilities	
School	Good	Fair	Poor
Public	1(5.3%)	1(5.3%)	17(89.5%)
Private	1(20.0%)	4(80.0%)	0

in 2016 (n= 24)

Table 7 shows the differences in the physical infrastructure between public and private boarding secondary schools. The following infrastructure were used as point of differences health centre space, bathroom and toilet, Provision of safe water, Provision of regular power supply, Provision of waste bins for medical waste, Means of transportation to referral center. The findings of this study shows that there is a significant difference in the infrastructure between Public and Private Boarding Secondary Schools of Kano State especially in the provision of safe water and regular power supply (P=0.00).

Infrastructure	Groups	Ν	Mean	Mann Whitney	P value
			Rank	U	
Health center space	Public	19	12.50	47.50	1.00
	Private	5	12.50		
Bathroom & Toilet	Public	19	11.53	29.00	0.16
	Private	5	16.20		
Provision of safe water	Public	19	11.30	21.50	0.04*
	Private	5	17.80		
Provision of regular power	Public	19	10.24	4.50	0.00*
supply	Private	5	21.10		
Provision of waste bins for	Public	19	12.37	45.00	0.76
medical waste	Private	5	13.00		
Means of transportation to	Public	19	12.11	40.00	0.35
referral center	Private	5	14.00		

 Table 7 Differences in Physical Infrastructure between Public and Private Boarding

 Secondary Schools of Kano State in 2016

*Significant

Table 8 observed the differences observed in the equipment include Forceps, Bowls / kidney dishes, First aid box, Sterilizer. The findings of this study conclude that there is a significant difference in the supply of equipment between Public and Private Boarding Secondary Schools of Kano State especially in the provision of first aid box (P=0.01) and sterilizer(P=0.03)

Table 8 Differences in Equipment between Public and Private Boarding	
Secondary Schools of Kano State in 2016	

Secondary S	Secondary Senoois of Rano State in 2010									
Equipment	Groups		Mean	Mann Whitney	P value					
		Ν	Rank	U						
Forceps	Public	19	11.97	37.50	0.35					
	Private	5	14.50							
Bowls / kidney dishes	Public	19	11.84	35.00	0.26					
	Private	5	15.00							
First aid box	Public	19	10.82	15.50	0.01*					
	Private	5	18.90							
Sterilizer	Public	19	11.08	20.50						
	Private	5	17.90		0.03*					

*Significant

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DISCUSSION

This study determines school health: an analysis of boarding school clinic facilities in Kano state, Nigeria. The data on health facilities availability was obtained bv assessing the physical infrastructure. equipment, consumables, and drugs. Out of twenty-eight (28) boarding secondary the schools, nineteen (19) public boarding secondary schools have health facilities and two (2) public boarding secondary schools do not have health facilities while five (5) private boarding secondary schools have health facilities and two (2) private boarding secondary schools do not have health facilities. This report is consistent with findings of which is conducted in western Nigeria and reveal that out of 360 schools comprising of 180 public and 180 private schools, only 26 public and 67 private schools have a sickbay/clinic in their school. However, the study by Kuponiyi et al. (2016) is not limited to only boarding school as compared to this study. Therefore, the four (4) schools that did not have health facilities in this study rely only on first aid care given by their school health prefect/ health master and refer cases to nearby hospital or home. This might affect the students learning as a result of absenteeism from school which is in line with the report of Alex-Hart & Akani (2011) which reveal that students are absent from school due to minor illness that could be treated in the health facility. It is expected that boarding secondary students with minor illness should have access to health personnel when sick in school.

This study shows that the physical infrastructures in the secondary health facilities are partially in place (54%). Findings reported that majority of physical infrastructure in the health facilities are not in accordance with the national school health policy of Nigeria. It is observed that half of the schools do not have enough space and/or beds for sick students and some of the students are seen lying outside the health facility while waiting to receive treatment as well as after treatment for observation. More than one-third of the health facilities did not have bathrooms and toilets within the health facilities. This implies that students admitted for observation will have difficulties whenever they want to use the toilet. The writers observed that majority of the schools depend on water obtained from boreholes or wells in small buckets for their use. This may affect proper washing of the equipment after use as well as proper hand washing by the health personnel after each procedure. This improper aseptic technique that may be employed by the health personnel will contribute to spread of infection to students that are under-going treatment in the facilities. The writers also observed that more than two-third of the schools did not have power supply at all in the health facilities. This is because the study observes that majority of the schools are not connected to any form of electricity supply at all. This may affect the health facilities operating for 24 hours daily most especially at night due to lack of power supply to the health facilities. The study also reports that more than two-third of the health facilities provide a basket as waste bin for all forms of waste which is inclusive of sharps and bloody products from injuries. This report calls for concern because health personnel and members of the school are exposed to hazards from used sharps. The findings of this study that reveal the condition of bathroom/toilet, power supply and medical waste disposal system is new as compared to similar studies conducted by Kolawole (2015) in Kogi state and Kuponiyi et al. (2016) in Ogun state whose studies did not assess these aspects of infrastructure within the health facilities in public and private schools.

Results of this study show that equipment is not fully available in most of the school health clinic. Equipment such as forceps and kidney dishes are available in about onethird of the schools but not in sufficient number to meet the need of the students. This is because the study observes that majority of the schools have 2-3 forceps and a maximum of four (4) kidney dishes only. Therefore, the writers believed that the health personnel may have higher tendencies to use same forceps, bowls and kidney dishes for several sick students without proper sterilization due to inadequacy of equipment. This improper practice may lead to the spread of infections and accompanied complications. The study also observes that more than half of the health facilities did not use any means of sterilization for their equipment. This may expose the students to infections while receiving treatment. First aid boxes are available in more than two-thirds of the schools. However, as observed by and the first aid boxes have inadequate drugs and equipment while some of the boxes are empty in some schools. It is observed during the course of study that nine out of every ten schools visited have available vehicles for transporting students to referral centers. This is impressive because serious cases of sickness among students will be transported promptly to referral centers which is consistent with the requirements of school health service model (Federal Ministry of Education, 2006) adapted for this study.

Our study reveals that the consumables are partially available in most health facilities in the schools. Consumables such as syringes and needles, cotton wool, bandages, hand gloves and disinfectants are either available in small quantities or are occasionally not supplied to the school clinics by the school authorities or government as required. This makes it difficult for effective school health services and may expose the students to poor services in the clinics.

This study indicates that the medications in the boarding secondary school health facilities are partially in place. We also found that antibiotics, analgesics and antimalaria medications are available in about twothird of the health facilities. The writers observed that this is commendable because separate reports by and reveal that malaria, respiratory infections and abdominal pain are the common health problems of secondary school students. The writers is of the view that the result of this study indicates that the schools provide medications in line with the prevailing health problems of the students. However, tetanus toxoid is not available in more than one-third of the schools assessed. A study conducted by reveal that students are prone to various forms of physical injuries in school that may require tetanus toxoid vaccination. The lack of tetanus toxoid in some of the health facilities in this study is attributed to lack of electricity supply to the facilities which makes the storage of tetanus toxoid vaccine difficult. This therefore calls for supply of electricity in the health facilities.

Hypothesis tested report that there are statistically significant differences in provision of safe water and power supply between private and public boarding secondary schools. Majority of the private boarding secondary schools have water and electricity supply in their health facilities than public boarding secondary schools. The findings also elicit no significant difference in availability of bins for medical waste between private and public boarding secondary schools. This is because in both schools, the common means of waste disposal for both general wastes and sharps is the use of an open bin. Only few schools have safety box for sharps and this predisposes both the health personnel and students to injuries that may be sustained from used sharps that are not properly discarded.

Second hypothesis tested observe that there is statistically significant difference in the supply of equipment between Public and Private Boarding Secondary Schools of Kano State especially in the provision of first aid box and sterilizer. Equipment such as first aid boxes and sterilizer are more available in private Ahmed Suberu, Saleh Ngaski Garba, Umar Yunusa, Umar Lawal Bello, Ashiru Muhammed & Ahmad Rufa'I Abubakar

boarding secondary schools when compared to public boarding secondary schools. These findings are affirmed by Oyinlade et al (2014) and Toma et al (2014) that there is more equipment in private than in public boarding secondary schools. Generally, the findings of the study revealed that majority of public boarding secondary schools are rated poor in respect to availability of health facilities when compared to private boarding secondary schools. These findings are consistent with the findings of Kolawole (2015) in Kogi state that show that private schools provide better health facilities than public schools. This is because private boarding secondary schools in the study setting provided better infrastructure, equipment, consumables and medications than public boarding secondary schools. This little achievements in private boarding secondary schools than in public boarding secondary schools may be attributed to the fact that private boarding secondary schools are better funded than public boarding secondary schools due to high tuition fees being paid in the schools. The standard of the facilities in private boarding secondary schools is meant to convince parents to enhance enrolment of their children in the schools when compared to public boarding secondary schools which are owned by government.

CONCLUSION

The study concludes that health facilities in boarding secondary schools in Kano state are poorly equipped with material resources with little improvement in private than in public boarding secondary schools. In this respect, they need to improve on their method of sterilization, waste disposal system and electricity supply to the health facilities.

RECOMMENDATIONS

It is therefore recommended that :

- health facilities should be connected to electricity like every other facility within the school by the school authority.
- safety box should be provided for sharps and recommended plastic bags for infectious wastes.
- Principals/Heads of schools should liaise with primary health care board of Kano state for supply of safety box for sharps and recommended plastic bags for infectious wastes.
- Simple methods of sterilization that are cost effective such as proper cleaning of instruments and subsequent soaking in disinfectant solutions i.e. ethanol, hydrogen peroxide, sodium hypochlorite for 20 minutes before use can be employed by the health personnel in the schools.

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