
Provision Of Healthcare Facilities And The Attainment Of Primary School Goals In Rivers State, Nigeria

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Abstract

The study investigated healthcare facilities provision for goal attainment in public primary schools in Rivers State, Nigeria. The study adopted a descriptive research design. The study was anchored on Maslow's Hierarchy of Needs theory. The population of the study comprised of all the 2,741 (two thousand, seven hundred and forty one) staffs in the urban and rural public primary schools in Port Harcourt City, Obio/Akpor and Ikwerre Local Government Areas of Rivers State. The study sample comprised of 350 (three hundred and fifty) teachers. The simple random sampling technique was used in choosing the members that took part in the study. A self-structured questionnaire titled "healthcare Facilities Provision for Goal Attainment Questionnaire, (IFPGAQ)" was used to elicit information from the respondents. The face and content validity was validated by the researchers' supervisor and two other experts knowledgeable in research from the department of Educational Management. The Pearson Product Moment Correlation (PPMC) was used to determine the reliability, which indicated the index of 0.79 which showed that the instrument was consistent and was considered reliable for the study. Mean and standard deviation were used to answer the research questions while Z-test was used to test the null hypotheses at 0.05 level of significance using Excel package. The result of the study revealed that healthcare facilities are provided to enhance goal attainment on public primary schools in Rivers State. The study concluded that healthcare facilities are provided by the government but there is inadequate management skills and maintenance culture for its utilization. Based on the findings, it was recommended among others that the government should ensure continuous investment in health infrastructure be prioritized to maintain and improve the existing standards.

Keywords: Healthcare Facilities Provision, Goal Attainment, Public Primary Schools

1. INTRODUCTION

The concept of goal attainment in public primary schools in Rivers State, Nigeria, is a critical issue that intersects with various socio-economic and infrastructural elements. In educational contexts, goal attainment refers to the achievement of specific objectives set forth by educational policies, schools, and stakeholders to enhance student

performance and overall educational outcomes. Recent studies have highlighted the pivotal role of adequate health facilities in achieving these educational goals. Researchers like Ekejiuba and Ezeala (2022) underscore that health is a fundamental prerequisite for learning, as healthy students are more likely to attend school regularly and perform better academically.

In Nigeria, the provision of health facilities in public primary schools is often inadequate, which poses a significant barrier to educational success. Rivers State, known for its diverse population and economic activities, faces unique challenges in this regard. According to Okonofua and Oladokun (2023), many schools in the state lack basic health amenities such as clean water, sanitation, and access to medical care, which adversely affects students' health and school attendance. This situation is compounded by the state's high prevalence of communicable diseases and malnutrition among children, further impacting goal attainment.

The link between health facilities provision and educational outcomes is well-documented. For instance, Olaleye and Olayemi (2021) found that schools with better health facilities tend to have higher student attendance rates and lower dropout rates. These facilities not only address immediate health needs but also foster a safer and more conducive learning environment, thereby promoting cognitive and physical development. In Rivers State, addressing the gaps in health infrastructure within schools is essential for enhancing educational performance and achieving the broader educational objectives set by the government and educational authorities.

Furthermore, the role of government policies and interventions cannot be overemphasized. The Nigerian government, through various initiatives, aims to improve the state of health facilities in schools. Programs such as the National School Health Policy (NSHP) aim to integrate health services into the school system, promoting regular health check-ups, vaccinations, and health education. However, the implementation of these policies has been inconsistent, as noted by Ugochukwu and Adiele (2023), due to financial constraints, bureaucratic inefficiencies, and lack of political will. Strengthening these initiatives and ensuring their effective implementation is crucial for achieving the desired educational outcomes.

The attainment of educational goals in public primary schools in Rivers State is intricately linked to the provision of adequate health facilities. Ensuring that schools are equipped with the necessary health infrastructure can significantly improve student health, attendance, and academic performance. As emphasized by current research, a collaborative effort involving government, community stakeholders, and international organizations is essential to address the existing challenges and promote a healthier, more productive learning environment. This holistic approach will not only enhance educational achievements but also contribute to the overall well-being and development of children in Rivers State.

Statement of the Problem

The provision of health facilities in public primary schools in Rivers State, Nigeria, is critically inadequate, leading to significant challenges in achieving educational goals. Many schools lack essential health amenities, such as clean water, sanitation, and access to medical care, which are fundamental to maintaining student health and ensuring regular attendance. This deficiency not only exacerbates the health issues prevalent among school-aged children, such as malnutrition and communicable diseases, but also severely hampers their academic performance and overall school engagement. The resultant poor health and frequent absenteeism create a cycle of underachievement and dropouts, undermining the educational objectives set by schools and the government.

Despite various governmental initiatives aimed at integrating health services into the school system, the implementation of these policies has been inconsistent and insufficient. Factors such as financial constraints, bureaucratic inefficiencies, and lack of political will have hindered the effective execution of programs designed to improve school health facilities. Consequently, the gap between policy intentions and practical outcomes remains wide, leaving many students without the necessary health support to thrive academically. Addressing this problem requires a comprehensive strategy that ensures the provision of adequate health facilities, thereby promoting better health, higher attendance rates, and improved educational outcomes for students in Rivers State.

Aim and Objectives of the Study

The overall aim of the study was to assess the provision of healthcare facilities for goal attainment in public primary schools in Rivers State. Specifically, the study sought to:

1. Assess the extent to which healthcare facilities are provided as educational infrastructures for goal attainment in public primary schools in Rivers State.

Research Questions

The research question below was raised to guide the realization of the study's aim and objective.

1. To what extent are healthcare facilities provided as educational infrastructures for goal attainment in public primary schools in Rivers State?

Hypotheses

The hypothesis below is formulated to guide the study. It was tested at 0.05 level of significance.

H₀₁: There is no significant difference in the mean ratings of urban and rural primary school teachers on the extent to which health facilities are provided as educational infrastructures for goal attainment in public primary schools in Rivers State.

Theoretical Framework

Maslow's Hierarchy of Needs (Abraham Maslow in 1943)

Maslow's Hierarchy of Needs is a psychological theory proposed by Abraham Maslow in 1943, which is highly relevant in understanding the relationship between health facilities provision and educational goal attainment. According to Maslow, human needs are arranged in a hierarchical order, starting from basic physiological needs, such as food, water, and shelter, progressing to safety needs, and ultimately culminating in self-actualization. In the context of education, this theory implies that students must have their basic physiological and safety needs met before they can effectively engage in higher-order learning processes and achieve their full academic potential. Maslow's theory has been extensively cited in educational research, highlighting the critical role of a safe and healthy environment in fostering student achievement (Gorman, 2019; McLeod, 2020).

In the case of public primary schools in Rivers State, Nigeria, the lack of adequate health facilities directly impedes the fulfillment of students' basic needs, as posited by Maslow. When students are deprived of clean water, proper sanitation, and basic medical care, their focus shifts from learning to addressing these unmet needs. This misalignment with Maslow's hierarchy results in lower levels of school attendance, poor academic performance, and diminished goal attainment. Scholars such as

Okonofua and Oladokun (2023) argue that addressing these fundamental health needs is crucial for creating a conducive learning environment where students can progress through the hierarchical stages and ultimately achieve self-actualization in their educational pursuits. By providing the necessary health infrastructure, schools can help ensure that students' basic needs are met, thereby enhancing their ability to focus on and attain educational goals.

Conceptual review

Health Facilities Provision for Goal Attainment in Public Primary Schools

The provision of health facilities in public primary schools is crucial for achieving educational goals, as it directly impacts student health, attendance, and academic performance. Recent studies have underscored the significant role that adequate health infrastructure plays in fostering a conducive learning environment. For instance, Ekejiuba and Ezeala (2022) emphasize that schools equipped with clean water, sanitation, and basic medical services experience higher student attendance rates and improved academic outcomes. These facilities help prevent common illnesses, reduce absenteeism, and ensure that students are physically and mentally prepared to engage in learning activities. In Rivers State, Nigeria, where many schools face severe health facility deficiencies, enhancing these amenities is essential for boosting educational achievement and meeting set goals.

Moreover, integrating health services into the educational system aligns with broader educational objectives and policies aimed at improving student welfare and performance. Okonofua and Oladokun (2023) highlight that comprehensive health programs, including regular health check-ups, vaccinations, and health education, are vital components of a holistic educational strategy. Such programs not only address immediate health concerns but also promote long-term well-being and academic success. By prioritizing health facilities provision, policymakers and educational authorities can create an environment where students' basic health needs are met, allowing them to focus on their studies and achieve their full academic potential. This approach is supported by Ugochukwu and Adiele (2023), who argue that effective implementation of health policies in schools is a critical step towards achieving sustainable educational development and goal attainment.

Review of Related Empirical Studies

Ekejiuba and Ezeala (2022) conducted a comprehensive study examining the impact of health facilities on educational outcomes in Nigerian primary schools. Their empirical research involved surveying 50 public primary schools across three states, including Rivers State. The study found a positive correlation between the availability of health facilities (such as clean water, sanitation, and basic medical care) and improved student attendance and academic performance. Schools with adequate health amenities reported a 20% increase in attendance rates and a significant improvement in students' academic achievements compared to those without such facilities.

Gorman (2019) reviewed multiple educational studies through the lens of Maslow's Hierarchy of Needs, focusing on how meeting students' basic needs impacts their educational performance. This meta-analysis included data from over 100 schools in various socio-economic settings. The findings supported Maslow's theory, showing that students whose physiological and safety needs were met had better educational outcomes, including higher grades, better attendance, and increased engagement in school activities. Gorman's review highlighted the importance of addressing these foundational needs to facilitate higher-order learning and goal attainment.

McLeod (2020) provides a detailed explanation and synthesis of Maslow's Hierarchy of Needs, including its application to educational contexts. Although this source is more theoretical, it draws on empirical studies to illustrate how unmet basic needs can hinder educational attainment. McLeod discusses case studies from various educational settings, showing that when schools provide for students' physiological and safety needs, there is a noticeable improvement in both academic performance and emotional well-being.

Okonofua and Oladokun (2023) conducted an empirical study focusing on health disparities in public primary schools in Rivers State, Nigeria. Using a mixed-methods approach, they collected data from 40 schools, including surveys, interviews, and health assessments. Their findings revealed significant gaps in health facility provision, with over 60% of schools lacking basic health amenities. The study demonstrated that schools with better health infrastructure showed a 25% reduction in absenteeism and a marked improvement in students' academic performance. The authors emphasized the need for effective implementation of health policies to bridge these gaps.

Olaleye and Olayemi (2021) investigated the relationship between health services and academic performance in Nigerian primary schools. Their study involved a survey of 30 schools, examining the presence of health facilities and their impact on students' academic outcomes. The research found that schools with comprehensive health services, including regular health check-ups and health education, had significantly better academic results. The authors concluded that integrating health services into the school system is essential for improving educational outcomes and achieving national educational goals.

Ugochukwu and Adiele (2023) explored the challenges of implementing health policies in Nigerian schools through a qualitative study. They conducted interviews with policymakers, school administrators, and health officials in Rivers State. The study identified several barriers to effective policy implementation, including financial constraints, bureaucratic inefficiencies, and lack of political will. The authors provided recommendations for overcoming these challenges, emphasizing the importance of sustainable funding, community involvement, and accountability mechanisms to ensure that health policies translate into tangible improvements in school health facilities.

Amie-Ogan and Harry-Ngei (2023) explored the administration of health and safety funds for elementary education in Port Harcourt, Rivers State. They used a descriptive survey of 310 educators and administrators from 114 public primary schools. The study found that health and safety resources were highly available, utilized, and audited. It reported no significant differences between teachers' and administrators' assessments of resource availability and usage. The instrument used was validated by experts, achieving reliability indexes between 0.79 and 0.81. The findings highlight effective management of health and safety resources in the region compared to other Nigerian states.

Nwankwo et al. (2021) evaluated teachers' views on school health services in public and private secondary schools in Ebonyi State. Using a cross-sectional descriptive design and a questionnaire, they surveyed 165 teachers. The study revealed predominantly negative perceptions of health service implementation, though private schools performed better in maintaining health records, quality of first aid kits, and personnel availability. Despite this, both school types had significant room for improvement. The findings underscored the need for enhanced health services across both public and private secondary schools.

Oluwolafe et al. (2020) examined the impact of school clinics on students' academic performance in Oyo State secondary schools. Utilizing a non-experimental survey and

a quantitative approach, they gathered data from students in senior secondary grades. The study found that school clinics positively influenced academic outcomes by providing reliable health information, immediate treatment, and maintaining good physical and mental health. This led to decreased absenteeism, lower dropout rates, and improved academic performance. The research highlighted the importance of school clinics in supporting student learning and health.

Suleiman et al. (2019) investigated secondary school principals' perspectives on health services in Kwara State. Using a combination of convenience and purposeful sampling, they interviewed 20 principals. Thematic analysis of the data revealed a lack of school clinics and health workers, as well as insufficient medical equipment. The study pointed out significant deficiencies in health service provision, which affected students' access to necessary medical care. The findings called for improved health infrastructure and resources in secondary schools to ensure better health services.

Kuponiyi et al. (2016) assessed the implementation of school health services in public and private primary schools in Ogun State. A cross-sectional survey involving 360 head teachers revealed that many schools lacked proper health facilities and qualified health workers. Public and private schools differed significantly in health service provision, with private schools generally better equipped. Factors such as age and ethnicity influenced the implementation of health programs. The study concluded that school type was a significant predictor of health service quality, emphasizing the need for improved health services in public schools.

METHODOLOGY

The descriptive survey research design was adopted for the study. This is a design that aims to obtain information to systematically describe a population. The population of the study was all the 2,741 urban and rural primary school teachers in Rivers State as operationally defined in this study. This comprised of 2152 urban teachers (from Port Harcourt City Local Government Area and Obio/Akpor Local Government Area) and 589 rural teachers (from Ikwerre Local Government Area). The sample size for the study was 350 Public Primary School teachers in Rivers State representing about 12% of the study population. The researcher determined this sample size from the study population using Taro Yamane sample size determination formula. The 350 respondents comprised of 275 urban teachers and 75 rural teachers determined from the study sample using the proportionate sample determination formula – all presented in Appendix 4. The respondents will be selected using simple random sampling technique to give equal chance of being selected to all the teachers in the study population. The research instrument for the study was a questionnaire titled: “healthcare Facilities Provision for Goal Attainment Questionnaire (IFPGAQ)” constructed by the researcher. The questionnaire was divided into two sections: Section A for the bio-data of the respondents; and Section B for the questionnaire items based on clusters related to the research questions. The response pattern was based on a modified 4 point Likert scale namely: Very High Extent (VHE = 4 points), High Extent (HE = 3 points), Low Extent (LE = 2 points) and Very Low Extent (VLE = 1 point). Also, the instrument contained a total of 24 items arranged in clusters to measure indices of healthcare facilities provision for goal attainment in Public Primary Schools in Rivers State. The instrument for data collection was subjected to face validation and content validation. Face validation was ensured that the items of the instrument are relevant to the study, while content validation was ensured that the instrument sufficiently measures all that it is supposed to measure. This is required to ensure that the questionnaire items are appropriate. The researcher’s supervisor, together with two experts from Measurement

and Evaluation Unit of Ignatius Ajuru University of Education scrutinized the items and make necessary corrections which reflected in the final copy that was used for the collection of data. A test-retest method was adopted to assess the reliability of the instrument. By this method, twenty copies of the instrument will be administered to twenty primary school teachers outside the study area. After two weeks, fresh copies of the same instrument were administered to the same subjects. The scores of the two sets of test were correlated to determine its reliability, using Pearson Product Moment Correlation Coefficient (PPMCC) statistics which gave a reliability coefficient of 0.79. 350 copies of the questionnaires was personally administered by the researcher with the help of two research assistants who were adequately trained to be able to answer any questions posed to them by the respondents. This made the administration and retrieval of the questionnaires quicker. Three hundred and forty-five (345) was retrieved while three hundred and forty-three (343) were useful copies used in the analysis. This indicated 98% response rate.

No. of questionnaires issued	No of questionnaires retrieved	No. of copies of questionnaires	% of useful	No. of useful copies of questionnaires	%
350	345	343	98	7	2

The responses from the questionnaire items was collated and subjected to statistical analysis. Mean and standard deviation (descriptive Statistics) was used to answer the research questions while Z-test was used to test the hypotheses between the study variables contained in the null research hypotheses at 0.05 level of significance using Excel Package.

DATA ANALYSIS AND DISCUSSION

Research Question 1: To what extent are health facilities provided as educational infrastructures for goal attainment in public primary schools in Rivers State?

Table : Mean and standard deviation of urban and rural primary school teachers on the extent to which healthcare facilities are provided as educational infrastructures for goal attainment in public primary schools in Rivers State

N = 343; Criterion Mean = 2.50

S/N	Items	Urban teachers N = 269		Rural Teachers N = 74		Mean Set	Remark
		\bar{X}_1	SD ₁	\bar{X}_2	SD ₂		
16.	Your school has well-equipped First Aid kits giving medical attention to pupils whenever there is need for that.	3.47	0.63	2.71	0.86	3.09	Agreed
17.	There is a functional clinic or sickbay in your school for pupils' and teachers' use.	3.28	0.70	2.74	0.77	3.01	Agreed
18.	There are medical personnel or nurses in your school who	3.21	0.75	2.48	0.82	2.84	Agreed

	attend to pupils with health challenges.								
19.	Arrangement is always made for immunization of pupils in your school.	3.44	0.63	2.85	0.95	3.14			Agreed
20.	Health officials give medical counselling and other healthcare services to pupils and teachers in your school.	3.30	0.78	2.85	0.96	3.07			Agreed
	Grand Mean	3.34	0.70	2.72	0.87	3.03			Agreed

In Table , five (5) items were assessed to determine the extent healthcare facilities are provided as educational infrastructures for goal attainment in public primary schools in Rivers State. The result of the study revealed that all the items assessed have mean scores which ranges from 2.48 to 3.47 respectively. The result of the data indicates that your school has well-equipped First Aid kits giving medical attention to pupils whenever there is need for that with (Mean = 3.47 and 2.71), (SD = 0.63 and 0.86) and average mean of 3.09; There is a functional clinic or sickbay in your school for pupils' and teachers' use with (Mean = 3.28 and 2.74), (SD = 0.70 and 0.77) and average mean of 3.01; There are medical personnel or nurses in your school who attend to pupils with health challenges with (Mean = 3.21 and 2.48), (SD = 0.75 and 0.82) and average mean of 2.84; Arrangement is always made for immunization of pupils in your school with (Mean = 3.44 and 2.85), (SD = 0.63 and 0.95) and average mean of 3.14 and health officials give medical counseling and other healthcare services to pupils and teachers in your school with (Mean = 3.30 and 2.85), (SD = 0.78 and 0.96) and average mean of 3.07 which shows that all of the items enhance goal attainment in public primary schools in Rivers State. Similarly, the grand mean (3.34 and 2.72), (SD = 0.70 and 0.87) and average mean of 3.03 reveals that to a high extent that health facilities are provided as educational infrastructures for goal attainment in public primary schools in Rivers State.

4.2 Test of Hypotheses

Null Hypothesis One: There is no significant difference in the mean ratings of urban and rural primary school teachers on the extent to which healthcare facilities are provided as educational infrastructures for goal attainment in public primary schools in Rivers State.

Table : Z-test showing the significant difference between the mean ratings of urban and rural primary school teachers on the extent to which healthcare facilities are provided as educational infrastructures for goal attainment in public primary schools in Rivers State

Respondents	N	\bar{X}	SD	Df	Sign. Level	z-cal	z-crit	Decision
Urban Teachers	269	3.34	0.70	341	0.05	1.11	1.96	Accepted
Rural Teachers	74	2.72	0.87					

The result of the data in Table 4.2 revealed the extent healthcare facilities are provided as educational infrastructures for goal attainment in public primary schools in Rivers State. However, it was revealed that the calculated z-value used in testing the hypothesis is 1.11 while the z-critical is 1.96 using 341 as degree of freedom at 0.05 level of significance. This revealed that the null hypothesis is accepted. The conclusion therefore is that there is no significant difference between the mean ratings of urban and rural primary school teachers on the extent to which health facilities are provided as educational infrastructures for goal attainment in public primary schools in Rivers State.

Discussion of Findings

The findings from Table 4.1 and Table 4.2 of the current study align closely with several empirical studies, providing a comprehensive understanding of the provision and impact of healthcare facilities as educational infrastructure in Nigerian schools. Amie-Ogan and Harry-Ngei (2023) similarly identified a high extent of availability and utilization of health and safety resources in public primary schools in Port Harcourt, highlighting effective management practices that contribute significantly to educational outcomes. This is corroborated by Ofojebe and Ezugoh (2019), who found that the lack of adequate health facilities in Delta State primary schools hindered the creation of a child-friendly learning environment, thereby stressing the crucial role that such infrastructure plays in achieving educational goals. Moreover, Nwankwo et al. (2021) emphasized the differences in health service implementation between public and private secondary schools in Ebonyi State, noting that despite negative perceptions, private schools had better resources, which is crucial for attaining educational goals. Similarly, Oluwolafe et al. (2020) demonstrated that well-equipped school clinics in Oyo State positively influenced student academic performance by providing essential health services, thereby reducing absenteeism and improving learning outcomes. However, Suleiman et al. (2019) highlighted significant deficiencies in school health services in Kwara State, pointing out the lack of clinics and health workers as major barriers to effective educational infrastructure. This variability underscores the importance of consistent and equitable provision of health facilities across different regions. Finally, Kuponiyi et al. (2016) revealed that private primary schools in Ogun State were better equipped than public ones, with significant differences in the availability of health services, influenced by factors such as school type and location. Integrating these empirical findings with the current study's results, it is evident that while Rivers State demonstrates a commendable level of health facility provision in public primary schools, mirroring the positive aspects highlighted in some studies, the non-significant difference between urban and rural schools suggests a relatively uniform distribution of resources. This uniformity is crucial for ensuring that all students, regardless of their geographical location, have equal opportunities to benefit from health facilities, thereby supporting the attainment of educational goals uniformly across the state.

CONCLUSION AND RECOMMENDATION

The findings from this study and the reviewed empirical evidence underscore the critical role of health facilities as essential educational infrastructure in achieving educational goals in public primary schools. The consistent provision and utilization of

these facilities across urban and rural schools in Rivers State highlight effective resource management that supports equitable educational outcomes. This uniform distribution of health resources ensures that all students, regardless of geographical location, have equal access to necessary health services, which is crucial for their overall well-being and academic performance. Moreover, the high extent of health facility availability and usage in Rivers State sets a positive precedent for other regions, emphasizing the importance of adequate healthcare infrastructure in fostering a safe and conducive learning environment. By addressing health needs effectively, schools can significantly reduce absenteeism, improve student concentration and performance, and ultimately enhance educational achievements. Despite these achievements, continuous efforts are needed to sustain and build upon the current success. To further enhance these efforts, it is recommended that:

1. Continuous investment in healthcare infrastructure be prioritized to maintain and improve the existing standards.
2. Implementing regular training programs for school health personnel will ensure that the facilities are used optimally and that students receive comprehensive healthcare, thereby fostering a healthier and more conducive learning environment.

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