ASSESSMENT OF PRINCIPALS’ COMPLIANCE WITH FEDERAL MINISTRY OF EDUCATION HEALTH SERVICES IN ADMINISTRATION OF UNITY SCHOOL IN SOUTH-EAST NIGERIA

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Abstract
The study assessed principals’ compliance with Federal Ministry of Education (FME) health services in administration of unity school in south-east Nigeria. Two research questions guided the study and two hypotheses were tested at 0.05 level of significance. Descriptive survey research design was adopted for the study. The population comprised 2,395 respondents (1,176 teachers and 1,219 SS II students) of unity schools in South east, Nigeria. Proportionate stratified and simple random sampling techniques were utilized to draw 1,200 respondents made up of 590 teachers and 610 SS II students as the sample for the study. The researcher-developed instrument titled “Assessment of Principals’ Compliance with Health Service Guidelines Questionnaire (APCHSGQ)” was used for data collection. The instrument was validated by three experts who are lecturers in Faculty of Education, Nnamdi Azikiwe University, Awka. The internal consistency of the instrument was ascertained using Cronbach alpha and it yielded reliability co-efficients of 0.70 and 0.76 for two sections BI and BII of the instrument respectively. The overall coefficient of the instrument was 0.73. Data analysis was done using mean and standard deviation for answering the research questions and t-test to test the hypotheses. The findings revealed among others that principals’ comply with FME guidelines on pre-entry medical screening in the administration of unity schools in south east Nigeria to a low extent. Based on the findings, it was recommended among others that the Federal Ministry of Education should pay regular visits to unity schools during admission exercises to ensure that Health Services Guidelines on pre-entry medical screening are adhered to by all school principals.

Keywords: Principals, Health Services, Unity School, School Administration, Pre-entry Medical Services, Routine Health Services

Introduction
Education is widely acknowledged as an instrument for acquiring relevant skills, knowledge and the inculcation of the right values and character for the development of one’s potentials. This helps one to be self-reliant and a responsible citizen for social, economic and political development of the country. There are three levels of formal education in Nigeria among which
is the secondary education also known as post-primary school level. The others are primary and tertiary education.

Secondary school occupies a strategic position as it bridges the gap between the primary and tertiary levels of education in Nigeria. This level of education not only prepares individuals for useful living but also refines their skills, behaviour and knowledge for useful living. Secondary level of education is owned either by federal government, state government or private individuals. The federal government owned secondary schools are known as unity schools.

Unity schools are established in each state of the federation by the federal government in order to bring children from different parts of the country to study together in a bid to promote tolerance and national cohesion. Ndukwe and Nwakamma (2015) asserted that the unity schools came into coexistence as a model to forge the much-needed understanding, patriotism and national unity among feuding tribes through education. Continuing, Ndukwe and Nwakamma stressed that the schools were rightly thought to be the fastest means of promoting understanding, tolerance and respect for each other’s culture among children in their formative years. The unity schools include; Federal Government Colleges (FGC) and Federal Government Girls’ Colleges (FGGC) these schools are headed by principals.

The principal is the administrative head of a secondary school. He is saddled with the responsibility of ensuring smooth running of daily affairs in the school. According to Imhangbe, Okecha and Obozuwa (2018), principal is the most senior member of staff that is appointed to pilot the affairs of the school by virtue of his or her qualifications, intelligence or knowledge, teaching and experience. This implies that when appointing a principal, one’s academic qualification, personality type and administrative competencies are taken into consideration. Wali (2018) defined principal as the chief executive of the school who coordinates the effort and activities of staff towards the achievement of the goals of the school. It is duty of a principal as the chief executive to plan, organize, direct and control the day-to-day activities of the school to accomplish education goals through utilizing the available resources. The control of the daily activities of school falls within the framework of school administration.

The term school administration has been defined in different ways by several authors. According to Ezeani (2012), school administration is getting things done in order to accomplish defined education objectives. The author added that it involves describing tasks to be performed so as to accomplish certain objectives, assigning these tasks to carefully selected trained personnel, making the personnel perform efficiently by using tools provided for them, co-coordinating some formal structures which permit a hierarchical allocation of responsibilities with communication flow. Boma (2018) defined school administration as the coordination of resources to ensure effective and functional teaching and learning in schools. For the purpose of this study, school administration is the managerial tasks that are concerned with the attainment of set objectives through the utilization of the available resources in secondary schools.

Secondary school principal as chief administrator performs many duties. These duties include; supervision, discipline, communication and provision of health services in the school. More specifically, Abdulkadir and Abdukadir (2017) stressed that the school principal serves among other duties as the arrow head for the implementation of the school health services and their duties include; bringing child’s health condition to the attention of parents, health screening, counseling of parents and being advocate for good health of the child.
The concept of health services has variously been interpreted by scholars and analysts. This has given rise to a variety of scholarly perspectives on the subject matter. Some of these perspectives are worthy to be considered. According to Adeniran and Ezeiru (2016), school health services comprises of all projects and activities in the school environment for the promotion of health and development of the school and the community. These projects and activities in the school environment include; mandated screening, immunization, monitoring, first-aid treatment and students’ access to health care. Health services ensure that students are fit and ready to learn. Abdulkadir and Abdukadir (2017) defined health services as a group of coordinated activities which contribute to the understanding, maintenance and improvement of the health of the school population. Health services promote students’ well-being and remove health-related barriers to learning. In the context of this study, health services are medical programmes or activities designed to ascertain the students’ well-being, provide medical care for illness or injuries in school in order to keep them fit throughout the period of their study.

There is tendency for students to sustain physical injury, communicable and non-communicable diseases, infections and emotional problems during school hours. It could be for this reason that the Federal Ministry of Education formulated the Implementation Guidelines on National School Health Programme. The components of the school health services as contained in the Implementation Guidelines on National School Health Programme (2006) are; pre-entry medical screening, school health record, routine health screening and first-aid preparedness. For the purpose of this study, the components of health services such as pre-entry medical screening and routine medical screening will be investigated due to the peculiar problems in the areas.

Pre-entry medical screening is one of the components of health services. Pre-entry medical screening is examination of students to ascertain their health status prior to gaining admission into the school. It helps in early detection of disease, proper education and counseling and appropriate caution or care in handling the students with special needs. Bisi-Onyemaechi, Akan, Ikefuna, Tagbo, Chinawa and Chikani (2017) pointed out that pre-admission medical examination provides an opportunity to detect medical conditions that may prevent the child from benefiting maximally from education. It also provides pathway to early detection and intervention which helps to reduce costs as early treatment of diseases is less-expensive than treatment of severe ones. The Federal Ministry of Education (2006) pointed out that pre-entry medical screening shall include; physical examination, mental health examination, dental examination, visual and hearing screening and laboratory investigation such as genotype and blood group, urinalysis, stool microscopy, hematocrit, mantoux and typhoid screening. It appears that principals in Federal Unity schools in south-east Nigeria instruct parents to fill out their children’s blood group, genotype among others without a doctor’s endorsement. Federal Ministry of Education cited in Olugbenge, Olorufemi and Opeyemi (2016) observed that there is a dearth of school health clinics in Nigerian secondary schools and where they exist the services are not comprehensive enough to meet the needs of the students. The dearth of school health clinics in secondary schools, Federal Unity schools in south-east Nigeria inclusive could adversely affect their ability to conduct pre-entry medical screening.

Routine medical screening is an aspect of health services which concerns itself with observation of physical development and medical diagnoses of students at a given interval. According to Abdulmalik Magaji and Ibrahim (2016), routine medical inspection involves medical examination, routine immunization and normal diagnosis in the case of affected students in the school. Routine medical screening is conducted to ensure that students admitted
in school are fit for study and that they remain in that state of fitness throughout their period of their study. Routine medical screening includes the examination of students’ physical appearance, mouth, teeth, eyes, hearing acuity, height and weight. Through routine medical screening, diseases as well as emotional problems that could impede learning activities of students are detected and medical services rendered. However, Kanjang (2009) observed that in most Nigeria school secondary students hardly undergo routine medical and dental examination through their school life. Kanjang asserted any examination that takes place has always been as a result of serious illness which calls for diagnostic medical examination in order to identify the cause of illness.

All Federal Unity Schools in south-east, Nigeria operate with the same Federal Ministry of Education, Implementation Guidelines on National School Health Programme in providing health services to students. Successful implementation of well-planned health services requires adequate funds and personnel. Ndukwe and Nwakamma (2015) observed that unity schools in south-east, Nigeria are characterized by numerous problems ranging from poor funding, inadequate health facilities and lack of commitment to implementation of education policies and programmes among others. The authors added that the decay in unity schools in south-east, Nigeria has affected negatively teaching and learning in these schools and by extension performance of students in external examinations. Offor and Nanighe (2015) observed that the likely reason for which secondary school students in Nigeria stay out of school to attend to injuries and illness could be lapses in health services of the school principals. The lapses in health services seem to contribute to absenteeism, lateness and ill-health among students in unity schools in south-east, Nigeria worrisome.

Some secondary school students seem to stay away from school as a result of deteriorating health condition that could be detected early from pre-entry and routine health screening. Federal Unity schools in south-east Nigeria in an effort for the provision of health services seem to make the principals instruct parents to fill out their children’s blood group, genotype among others without a doctor’s endorsement. In some cases, principals appears to seeks help from outside the school when students are exposed to minor injury and sudden illness probably due to lapses in their first-aid preparedness. This unsatisfactory state of affairs constitutes a problem that prompted the researchers to carry out a study which sought to assess principals’ compliance to Federal Ministry of Education health services guidelines in administration of unity schools in south-east, Nigeria.

**Purpose of the Study**
The main purpose of the study is to assess principals’ compliance to Federal Ministry of Education Health Services guidelines in unity schools administration in south-east Nigeria. Specifically, the study sought to assess principals’ with compliance to Federal Ministry of Education guidelines on:

1. Pre-entry medical screening in unity schools administration in south-east, Nigeria.
2. Routine health screening in unity schools administration in south-east, Nigeria.

**Research Questions**
The following research questions guided the study

1. To what extent do principals’ comply with FME guidelines on pre-entry medical screening in unity schools administration in south east Nigeria?
2. To what extent do principals’ comply with FME guidelines on routine health screening in unity schools administration in south east Nigeria?
Hypotheses

The following hypotheses were tested at 0.05 level of significance.

1. There is no significant difference in the mean ratings of teachers and students on the extent principals comply with FME guidelines on pre-entry medical screening in unity schools administration in south-east, Nigeria.

2. Teachers and students do not differ significantly in their mean ratings of the extent principals comply with FME guidelines on routine health screening in unity schools administration in south-east, Nigeria.

Method

The descriptive survey research design was adopted for the study. According to Nworgu (2015), descriptive survey is the design which aims at collecting data and describing in a systematic manner the characteristics features or facts about a given population. The study was conducted in south east Nigeria which is one of the six zones in Nigeria. South-east Nigeria has five states namely; Abia, Anambra, Ebonyi, Enugu and Imo States.

The population of the study comprised 2,395 respondents made up of 1,176 teachers and 1,219 SS II students in the twelve Federal unity schools in south-east, Nigeria. The data is reported as collected from Federal Ministry of Education: September, 2019. The sample for the study is 1,200 respondents comprising 590 teachers and 610 SS II students draw using proportionate stratified and simple random sampling techniques. The sample comprised 50 percent of the total population of teachers and SS II students in the unity schools in the area of the study.

A researcher developed instrument titled “Assessment of Principals’ Compliance to Health Services Guidelines Questionnaire (APCHSGQ)” was used for data collection. The instrument was developed based on extensive review of related literature and consultation of experts in educational management. The instrument had two sections namely; A and B. Section A is on the background information of the respondents. Section B had two clusters of BI and BII with 10 and 9 items respectively. Section B of the instrument therefore contains a total of 19 items, all structured on a four-point rating scale of Very High Extent (VHE), High Extent (HE), Low Extent (LE) and Very Low Extent (VLE) weighted 4, 3, 2 and 1 respectively. The instrument was subjected to face validation by three experts, two in the Department of Educational Management and Policy, and one in Measurement and Evaluation in the Department of Educational Foundations, all in the Faculty of Education, Nnamdi Azikiwe University.

Cronbach alpha method which involved single administration of 30 copies of the instrument to 30 respondents comprising 12 teachers and 18 students in unity schools in south-south, Nigeria. The data obtained were subjected to test for internal consistency using Cronbach alpha. It was considered appropriate in order to determine the level of homogeneity of the items in the clusters. The co-efficient for clusters BI and BII, of the section B were 0.70 and 0.76 respectively and overall coefficient of the instrument was 0.73. The researchers together with six research assistants who are secondary school teachers in unity schools in the area of study administered copies of the questionnaire directly to the respondents. A total of 1,200 copies of the questionnaire were administered to the respondents and 1,182 copies made up of 575 for teachers and 607 for students were properly completed and successfully retrieved, indicating 99% percent return. Mean and standard deviation were used for answering the research questions. For Decision on the research questions, mean scores that fall between: 4.00-3.50, 3.49-2.50, 2.49-1.50, and 1.49-below were taken to indicate VHE, HE, LE and VLE respectively. The four null hypotheses were tested using t-test. For decision on the null
hypotheses, if t-calculated is equal to or greater than t-critical at 0.05 level of significance and the given degree of freedom, the null hypothesis is rejected, but if otherwise, is not rejected.

**Results**

**Research Question 1:** To what extent do principals’ comply with FME guidelines on pre-entry medical screening in administration of unity schools in south east Nigeria?

**Table 1:** Mean Ratings and Standard Deviation Scores of Teachers and Students on the extent Principals’ Comply with FME guidelines on Pre-Entry Medical Screening in Unity School Administration

<table>
<thead>
<tr>
<th>S/ N</th>
<th>ITEMS</th>
<th>Teachers (N =575 )</th>
<th>Students (N =607)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Sd</td>
<td>Decision</td>
</tr>
<tr>
<td>1</td>
<td>2.61</td>
<td>1.12</td>
<td>High Extent</td>
</tr>
<tr>
<td>2</td>
<td>2.40</td>
<td>1.10</td>
<td>Low Extent</td>
</tr>
<tr>
<td>3</td>
<td>2.50</td>
<td>1.08</td>
<td>High Extent</td>
</tr>
<tr>
<td>4</td>
<td>2.41</td>
<td>1.10</td>
<td>Low Extent</td>
</tr>
<tr>
<td>5</td>
<td>2.50</td>
<td>1.10</td>
<td>High Extent</td>
</tr>
<tr>
<td>6</td>
<td>2.64</td>
<td>1.10</td>
<td>High Extent</td>
</tr>
<tr>
<td>7</td>
<td>2.57</td>
<td>1.11</td>
<td>High Extent</td>
</tr>
<tr>
<td>8</td>
<td>2.58</td>
<td>1.09</td>
<td>High Extent</td>
</tr>
<tr>
<td>9</td>
<td>2.33</td>
<td>1.07</td>
<td>Low Extent</td>
</tr>
<tr>
<td>10</td>
<td>2.34</td>
<td>1.09</td>
<td>Low Extent</td>
</tr>
<tr>
<td></td>
<td><strong>Cluster Mean</strong></td>
<td><strong>2.49</strong></td>
<td><strong>1.10</strong></td>
</tr>
</tbody>
</table>

The results of data analysis presented on Table 1 revealed the mean scores of teachers and students for item 1, 3, 6, 7 and 8 fell within the range of 2.50-3.49 and this indicated high extent of principals’ compliance with FME guidelines on pre-entry medical screening for the items. Teachers and students revealed low extent of principals’ compliance with FME guidelines on pre-entry medical screening for items 2, 4, 9 and 10 as shown by their mean scores for the items that fall within the range of 1.50-2.49.

The pooled standard deviation scores for teachers and students which stand at 1.10 and 1.11 respectively indicate convergence of their responses implying that their responses are homogenous. Generally, the cluster mean of 2.49 for teachers and 2.47 for students falls within
the range 1.50-2.49 indicating that principals’ comply with FME guidelines on pre-entry medical screening in unity schools administration in south east Nigeria to a low extent.

Research Question 2: To what extent do principals’ comply with FME guidelines on routine health screening in administration of unity schools in south east Nigeria?

Table 2: Mean Ratings and Standard Deviation Scores of Teachers and Students on the extent Principals’ Comply with FME guidelines on Routine Health Screening in Unity School Administration

<table>
<thead>
<tr>
<th>S/ N</th>
<th>ITEMS</th>
<th>Teachers (N =575 )</th>
<th>Students (N =607)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mean</td>
<td>Sd</td>
</tr>
<tr>
<td>11</td>
<td>Periodic inspection of the learners to assess their general cleanliness</td>
<td>2.54</td>
<td>1.13</td>
</tr>
<tr>
<td>12</td>
<td>Measuring of students’ heights at the beginning of every school term.</td>
<td>2.42</td>
<td>1.08</td>
</tr>
<tr>
<td>13</td>
<td>Measuring of students’ weights at the beginning of every school term.</td>
<td>2.48</td>
<td>1.08</td>
</tr>
<tr>
<td>14</td>
<td>Periodic visual screening of students at the school health services centre at the beginning of every session.</td>
<td>2.41</td>
<td>1.08</td>
</tr>
<tr>
<td>15</td>
<td>Periodic hearing screening of students at the school health services centre at the beginning of every session.</td>
<td>2.43</td>
<td>1.13</td>
</tr>
<tr>
<td>16</td>
<td>Periodic visual screening of students at the school health services centre at the beginning of every session.</td>
<td>2.41</td>
<td>1.08</td>
</tr>
<tr>
<td>17</td>
<td>Periodic dental screening of students every six months at the school health services centre by a dentist.</td>
<td>2.47</td>
<td>1.06</td>
</tr>
<tr>
<td>18</td>
<td>Regular de-worming exercise at least once every 3 months</td>
<td>2.51</td>
<td>1.06</td>
</tr>
<tr>
<td>19</td>
<td>Routine immunization of students</td>
<td>2.54</td>
<td>1.12</td>
</tr>
<tr>
<td></td>
<td>Cluster Mean</td>
<td>2.47</td>
<td>1.09</td>
</tr>
</tbody>
</table>

Table 2 shows that the mean ratings of teachers and students for items 18 and 26 were between 2.50 and 3.49 indicating that there was great extent of principals’ compliance with FME guidelines on routine health screening for the items. The mean ratings of teachers and students for items 19-24 were between 1.50 and 2.49 indicating that there was low extent of principals’ compliance with FME guidelines on routine health screening for the items.

The pooled standard deviation scores for teachers and students which stood at 1.09 and 1.11 respectively indicated convergence of their responses and thus their responses were homogenous. The cluster mean of 2.47 and 2.48 for teachers and students respectively fall within the decision rule of 1.50-2.49 and this shows that there was low extent of principals’ compliance with FME guidelines on routine health screening in unity schools administration in south east Nigeria.
Hypothesis 1: There is no significant difference in the mean ratings of teachers and students on the extent principals comply with FME guidelines on pre-entry medical screening in administration of unity schools in south east Nigeria.

Table 3: The t-test of Significant Difference between the Mean Ratings of Teachers and Students on the Extent Principals Comply with FME Guidelines on Pre-entry Medical Screening in Unity School Administration

<table>
<thead>
<tr>
<th>Respondents</th>
<th>N</th>
<th>X</th>
<th>SD</th>
<th>t.cal</th>
<th>t.crit.</th>
<th>Df</th>
<th>∞</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
<td>575</td>
<td>2.49</td>
<td>1.10</td>
<td>0.38</td>
<td>1.96</td>
<td>1180</td>
<td>0.05</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Students</td>
<td>607</td>
<td>2.47</td>
<td>1.11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data presented on Table 3 revealed that the t-calculated value of 0.38 is less than t-critical value of 1.96 at 0.05 level of significance and 1180 degree of freedom. Thus, the null hypothesis is not rejected. Therefore, there is no significant difference in the mean ratings of teachers and students on the extent principals comply with FME guidelines on pre-entry medical screening in administration of unity schools in south east Nigeria.

Hypothesis 2: The mean ratings of principals and teachers on the extent principals comply with FME guidelines on routine health screening in administration of unity schools in south-east, Nigeria do not significantly differ.

Table 4: The t-test of Significant Difference between the Mean Ratings of Teachers and Students on the Extent Principals Comply with FME Guidelines on Routine Health Screening in Unity School Administration

<table>
<thead>
<tr>
<th>Respondents</th>
<th>N</th>
<th>X</th>
<th>SD</th>
<th>t.cal</th>
<th>t.crit.</th>
<th>df</th>
<th>∞</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
<td>575</td>
<td>2.47</td>
<td>1.09</td>
<td>0.22</td>
<td>1.96</td>
<td>1180</td>
<td>0.05</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Students</td>
<td>607</td>
<td>2.48</td>
<td>1.11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data presented on Table 4 revealed that the t-calculated value of 0.22 is less than t-critical value of 1.96 at 0.05 level of significance and 1180 degree of freedom. Thus, the null hypothesis is not rejected. Therefore, the mean ratings of principals and teachers on the extent principals comply with FME guidelines on routine health screening in unity schools administration in south east, Nigeria do not differ significantly.

Discussion of Findings
The finding of the study showed that principals’ comply with FME guidelines on pre-entry medical screening administration of in unity schools in south east Nigeria to a low extent. This is in line with Olatunya, Oseni, Olaleye, Akani and Oyelami (2015) who found that there was low extent of provision of pre-entry medical services for learners in Osun State, Nigeria. This also supported by the findings of Abdulkadir and Abdukadir (2017) which revealed that pre-entry medical screening was conducted by school administrators to low extent in Ilorin, Kwara State, Nigeria. The two studies were in agreement with the present study probably because they were conducted in the same country and within a short space of just 2 years. This finding revealed that unity school principals to low extent establish fitness and detect abnormalities or conditions that may require immediate treatment during admission process. This may probably
undermine school access of information regarding health status of students prior to gaining admission into the school. This prevents early detection of disease, proper education and counseling and appropriate caution or care in handling the students with special needs in unity schools.

It was also reported that there is no significant difference in the mean ratings of teachers and students on the extent principals comply with FME guidelines on pre-entry medical screening in unity schools administration in south-east, Nigeria. The similarity in teachers and students mean ratings could be as a result of the fact that schools are inadequately funded and thus, funds are limited for conducting pre-entry screening for newly admitted students.

The finding of the study revealed that there was low extent of principals’ compliance with FME guidelines on routine health screening in unity schools administration in south east Nigeria. The finding is worrisome as there are some diseases among students that the development could be tracked through routine health screening. This is in line with the findings of Chabo and Ejemot-Wadiaro (2019) which indicated that there was low level of routine medical examination in secondary schools in Cross River State, Nigeria. The agreement between the findings of the studies may be due to the fact that the two studies were conducted in Nigeria, where similar health services guideline are adhered to in all states. This refuted the finding of Alfadeel, Hamid, Fadeel and Salih (2015) which revealed that the routine medical examination was done to a high extent in schools in Khartoum State, Sudan. The contradiction between the findings may probably be attributed to difference in geographical location and school health services guideline. The study of Alfadeel et al conducted in, Khartoum State, Sudan and the current study was conducted in south-east, Nigeria. The low extent of principals’ compliance with FME guidelines on routine health screening limits the early dictation of life-threatening health conditions among students in unity schools. This may improve the chance of complication of any underlying medical condition among students. This increase the risk of health ailments to turn out dangerous which may prevent students from benefiting maximally from the school programmes.

It was also found that the mean ratings of teachers and students on the extent principals comply with FME guidelines on routine health screening in unity schools administration in south-east, Nigeria do not significantly differ. This is in line with the finding of Chabo and Ejemot-Wadiaro (2019) who reported that there was no significant difference in the mean ratings of teachers and students on the provision of routine medical examination services in secondary schools. The possible explanation for the agreement may be due to the fact that the two studies were conducted in Nigeria.

Conclusion
Based on the findings of this study, it was concluded that principals have not adequately compliance with all the four components of federal ministry of education health services guidelines in unity schools administration. The principals’ compliance with components of pre-entry medical screening and routine medical screening of federal ministry of education health services guidelines was to a low extent, while their compliance with components of health record keeping and first-aid preparedness was to a high extent. Teachers and students share similar perception on the extent of principals’ compliance with all the four components of federal ministry of education health services guidelines in unity schools administration.
Recommendations

Based on the findings of this study, the following recommendations were made:

1. Federal Ministry of Education should pay regular visits to unity schools during admission exercises to ensure that Health Services Guidelines are adhered to by all school principals.
2. Federal Ministry of Education should enact a law to act as a watch dog over routine health screening. The law should mandate all unity school principals to submit termly report of routine health screening and principals that fail to comply should be sanctioned as stipulated by the law.

References


