



The Sick in silence: Exploring the prevalence of undiagnosed health conditions in Nigerian Boarding Schools

Ochechi Joseph Ugbede¹, Dr. ogbuyeme Jennifer Ngozika², Dr. Ugwuanyi Rosemary Chinenye³, Dr. Martina Eze⁴, Dr. Okolo Petronilla Nnenna⁵

¹ Department of Public Health, Faculty of Allied Health State University of Medical and Applied Sciences, Enugu, Nigeria

² Department of Public Health, Charisma University, Turks and Caicos Islands, British West Indies, Nigeria

³ Department of Science Laboratory Technology (SLT) (Microbiology Option), Institute of Management and Technology (IMT) Enugu, Nigeria

⁴ Department of Public Health Education, Enugu State University of Science and Technology, Enugu, Nigeria

⁵ Department of Public/ Community Health Nursing, Faculty of Nursing Sciences, David Umahi Federal University of Health Sciences, Uburu- Ebonyi, Nigeria

Abstract

This study investigates the prevalence and implications of undiagnosed health conditions among students in Nigerian boarding schools. Drawing on quantitative data collected from surveys administered to students and staff in selected schools, the research identifies common but frequently overlooked health conditions, including anemia, malnutrition, vision and hearing impairments, and psychological distress. The findings reveal systemic gaps in school health services, limited awareness among students and staff, and inadequate early detection mechanisms. Contributing factors include a lack of trained health personnel, stigma associated with illness, and poor health-seeking behaviors. The study highlights the urgent need for policy interventions, health screening programs, and health education initiatives to ensure early diagnosis and treatment. It concludes by recommending an integrated school health policy framework that prioritizes the physical and mental well-being of students in boarding environments.

Keywords: Undiagnosed Health Conditions, Nigerian Boarding Schools, Student Health, School Health Services, Anemia, Malnutrition, Psychological Distress, Health Screening, Health Education, School Policy

Introduction

Health is a fundamental human right and a critical determinant of academic performance, yet in many Nigerian boarding schools, the health status of students often remains under-examined until emergencies arise. Boarding school systems, by design, isolate students from their families and expose them to unique environmental, psychological, and dietary challenges that can contribute to various health issues (Olayinka & Aluko, 2021) [14]. Despite the growing concern for student well-being, many health conditions within this setting remain undiagnosed due to inadequate healthcare infrastructure, low health literacy, and the stigma associated with illness (Abdulraheem & Ibrahim, 2023) [1].

Several studies have indicated that common undiagnosed health issues among adolescents include respiratory infections, malnutrition, skin infections, anemia, and mental health disorders (Chukwuma *et al.*, 2022) [4]. These conditions often persist due to limited access to diagnostic services, understaffed sick bays, and a culture of silence around health complaints (Nwachukwu & Eze, 2020) [8]. The situation is worsened by the lack of routine medical check-ups and the normalization of symptoms such as fatigue, headaches, and emotional withdrawal among students.

Moreover, recent research highlights how socio-cultural factors and administrative negligence contribute to the persistence of undiagnosed conditions in school environments (Okafor *et al.*, 2023). Many students fear being labeled or punished for reporting illness, while others may lack the language or confidence to articulate their symptoms, leading to underreporting and delayed

interventions (Umeh & Adebayo, 2024) [18]. This silence has significant implications, not just for the physical health of students, but also for their emotional well-being and academic success.

This study, therefore, seeks to explore the prevalence of undiagnosed health conditions in Nigerian boarding schools, identifying the common ailments, contributing factors, and implications for student development. By shedding light on this often-overlooked issue, the research aims to inform policy and promote health strategies that prioritize early detection, care, and prevention.

Material and Methods

Problem Statement

The health and well-being of adolescents in boarding schools remain a critical but underexplored dimension of public health in Nigeria. Boarding schools, by their design, restrict students' access to regular health monitoring and personalized care, increasing the risk of undiagnosed health conditions. Recent studies have revealed a worrying trend of health neglect in institutionalized educational settings, where symptoms are often overlooked or misattributed to stress or disciplinary issues (Okafor *et al.*, 2023) [10, 11, 12]. Many students, particularly in under-resourced public boarding schools, suffer in silence from ailments such as anemia, chronic infections, mental health disorders, and undiagnosed non-communicable diseases like asthma and hypertension (Umeh & Olatunji, 2022) [17].

Moreover, the lack of qualified medical personnel, inadequate health screening protocols, and poor health-seeking behavior among students have created a conducive

environment for such conditions to go unnoticed (Adebowale *et al.*, 2024) ^[2]. This situation is further exacerbated by cultural stigmas and disciplinary norms that discourage the open expression of illness, especially in adolescent populations (Chukwu & Adebayo, 2023) ^[3]. While some schools have basic clinics, these are often ill-equipped and understaffed, lacking the capacity to detect or manage underlying or emerging health issues (Nwachukwu *et al.*, 2023) ^[9].

The implications of this silent health crisis are far-reaching. Undiagnosed conditions not only impair students' academic performance and psychosocial development but can also lead to severe long-term health complications or even preventable deaths. Given the rising concerns about adolescent health globally and the importance of early diagnosis in disease management, there is a pressing need to investigate the prevalence and types of undiagnosed health conditions among students in Nigerian boarding schools. Understanding these patterns is essential for informing policy, improving school health services, and safeguarding the well-being of the nation's youth.

Introduction

Adolescence represents a critical stage in human development, marked by rapid physical, emotional, and social changes. During this period, timely identification and management of health issues are vital to ensuring long-term well-being. However, in institutional settings such as boarding schools, many health conditions go undetected due to systemic, environmental, and social barriers (Okafor *et al.*, 2023) ^[10, 11, 12]. Boarding school environments, which often operate with limited medical infrastructure and oversight, present unique challenges for early health diagnosis and intervention (Nwachukwu *et al.*, 2023) ^[9].

In Nigeria, where a significant proportion of secondary school students reside in boarding facilities, concerns are rising about the prevalence of undiagnosed health conditions that may adversely impact students' academic performance, psychosocial development, and overall quality of life (Umeh & Olatunji, 2022) ^[17]. Despite national school health policies aimed at promoting student wellness, implementation remains weak, leading to significant health disparities among school-aged adolescents (Adebowale *et al.*, 2024) ^[2].

This literature review seeks to explore the prevalence, types, and underlying causes of undiagnosed health conditions in Nigerian boarding schools. By critically examining existing research, it aims to highlight key gaps in school health systems and inform strategies for early detection and improved student health management.

Overview of Adolescent Health in Nigeria

Adolescent health in Nigeria remains a critical area of concern, as this age group (10–19 years) constitutes over 22% of the national population (National Population Commission [NPC] & ICF, 2023) ^[7]. Despite their demographic significance, adolescents often fall through the cracks of health service delivery, with many facing a spectrum of health challenges that are either underdiagnosed or inadequately addressed. According to the 2023 Nigeria Demographic and Health Survey (NDHS), the leading health issues affecting Nigerian adolescents include malnutrition, anemia, infectious diseases (particularly

malaria and typhoid), sexual and reproductive health challenges, and a rising burden of mental health conditions. Malnutrition, both undernutrition and micronutrient deficiencies, continues to pose a serious threat to adolescents, especially in low-income rural and urban communities. About 36% of adolescents aged 15–19 are anemic, with adolescent girls being disproportionately affected due to menstruation-related iron loss and inadequate dietary intake (NDHS, 2023). Infections such as malaria remain endemic and are often underreported among school-aged children, especially in boarding school environments where health surveillance is minimal (Adebowale *et al.*, 2024) ^[2].

In recent years, mental health among Nigerian adolescents has garnered increased attention, although it remains under-researched. Conditions such as depression, anxiety, and stress-related disorders are increasingly reported, yet they are often dismissed as behavioral problems or attributed to academic pressure (Chukwu & Adebayo, 2023) ^[3]. The World Health Organization (WHO, 2022) ^[19] has emphasized that mental health services for adolescents in sub-Saharan Africa are significantly lacking, with Nigeria being no exception.

Additionally, poor access to health information, stigma, and limited youth-friendly health services contribute to delays in seeking medical attention or identifying symptoms early. The existing national health framework does not adequately address the complex and evolving needs of adolescents, particularly those in institutional settings such as boarding schools (Nwachukwu *et al.*, 2023) ^[9].

Boarding School Environment and Student Health

In Nigeria, boarding schools are a common part of the secondary education system, especially in both urban and rural areas. These schools provide accommodation for students during academic terms, often separating them from family environments for extended periods. While they are meant to foster discipline and academic focus, many Nigerian boarding schools face challenges such as overcrowding, inadequate sanitation, and poor ventilation, which can have detrimental effects on students' health (Okafor *et al.*, 2023) ^[10, 11, 12].

The living conditions in many of these schools are often characterized by congested dormitories, limited access to clean water, poor nutrition, and substandard healthcare services. Students follow rigid schedules that may not prioritize rest, recreation, or timely access to medical care, which contributes to physical and mental stress (Umeh & Olatunji, 2022) ^[17]. Furthermore, the hierarchical structure and strict disciplinary regimes in boarding schools may discourage students from speaking up about health issues for fear of punishment or being labeled as weak (Chukwu & Adebayo, 2023) ^[3].

Existing literature suggests that institutional environments like boarding schools can delay the recognition and treatment of health conditions. Minor symptoms are frequently ignored or misinterpreted, and many students learn to suppress discomfort, leading to late diagnosis or unmanaged chronic conditions (Nwachukwu *et al.*, 2023) ^[9]. Additionally, limited health education among students and staff often results in a lack of awareness about early warning signs of illnesses, further compounding the problem (Adebowale *et al.*, 2024) ^[2].

Prevalence and Types of Undiagnosed Health Conditions

Recent studies have increasingly drawn attention to the alarming prevalence of undiagnosed health conditions among adolescents, particularly in boarding school settings where routine medical evaluation is often inadequate or absent. Physical health issues such as asthma, anemia, untreated infections, and even early-stage hypertension are frequently missed due to limited diagnostic resources and poor health-seeking behaviors among students (Adebowale *et al.*, 2024)^[2]. For instance, a study conducted in South-West Nigeria found that over 40% of boarding school students with respiratory complaints had never been assessed for asthma or allergies, despite recurrent symptoms (Olatunde & Fagbemi, 2023)^[13].

Equally concerning is the underdiagnosis of mental health conditions. Adolescents in high-pressure academic environments are at increased risk for depression, anxiety, and stress-related disorders, yet these are often mistaken for behavioral problems or dismissed as teenage mood swings (Chukwu & Adebayo, 2023)^[3]. According to Umeh and Olatunji (2022)^[17], nearly 60% of students who reported persistent feelings of sadness or anxiety had never spoken to a counselor or health professional about their experiences.

Several factors contribute to the underdiagnosis of these conditions in Nigerian boarding schools, including lack of trained health personnel, stigma associated with mental illness, inadequate parental involvement, and the normalization of discomfort in rigid school cultures (Nwachukwu *et al.*, 2023)^[9]. These gaps highlight the urgent need for structured health screening programs, better-equipped school clinics, and mental health awareness interventions.

School Health Services: Policies, Practices, and Gaps

School health services in Nigeria are guided by the National School Health Policy (2006), which outlines the provision of comprehensive health services to students, including health education, environmental sanitation, and basic medical care. However, despite its existence, implementation has been inconsistent and poorly monitored (Federal Ministry of Education, 2022)^[5]. Many boarding schools lack functional health clinics, with some relying on unqualified staff to provide basic care (Nwachukwu *et al.*, 2023)^[9].

Recent studies show that only a small fraction of Nigerian schools have qualified nurses or medical personnel on-site, and even fewer have access to physicians for routine health screenings (Adebowale *et al.*, 2024)^[2]. In a nationwide survey, it was found that over 60% of school clinics operated without basic diagnostic equipment or essential medications (Okorie & Lawal, 2023). Routine check-ups, which are essential for the early detection of illnesses, are rarely conducted due to budgetary constraints and lack of structured health programs (Umeh & Olatunji, 2022)^[17].

Systemic issues such as inadequate funding, insufficient training of school health personnel, and weak enforcement of health policy have significantly hindered the effectiveness of these services (Chukwu & Adebayo, 2023)^[3]. Moreover, health education is often neglected in school curricula, leaving students with low awareness of their health rights and limited understanding of how to seek care. These gaps contribute to a silent health crisis in boarding institutions, where preventable or manageable conditions often go undetected.

Barriers to Diagnosis and Treatment

Early diagnosis and treatment of health conditions in Nigerian boarding schools are significantly hindered by a complex interplay of sociocultural, infrastructural, and administrative barriers. One of the most pressing sociocultural issues is the stigmatization of illness, particularly mental health challenges, which discourages students from seeking help. Cultural norms often associate illness with weakness or spiritual affliction, leading many adolescents to conceal symptoms (Chukwu & Adebayo, 2023). In environments where peer pressure is intense and privacy is minimal, admitting to being unwell may also lead to bullying or social isolation (Okafor *et al.*, 2023)^[10, 11, 12]. Infrastructurally, most boarding schools lack adequately equipped clinics and trained medical personnel. Routine health screenings are either infrequent or nonexistent, and medical complaints are often handled by unqualified staff or completely ignored due to administrative constraints (Nwachukwu *et al.*, 2023)^[9]. Poor record-keeping and absence of diagnostic equipment further reduce the likelihood of detecting health issues early (Adebowale *et al.*, 2024)^[2].

Administratively, there is often a disconnect between school leadership and health policy implementation. Health education is not prioritized in school curricula, and many administrators are ill-informed about students' health needs. Fear of punishment or disciplinary action also prevents students from reporting symptoms, especially when illness is mistaken for laziness, malingering, or an excuse to escape academic or disciplinary obligations (Umeh & Olatunji, 2022)^[17].

Additionally, low health literacy among students contributes to delays in diagnosis. Many are unable to recognize the early signs of potentially serious conditions and may consider persistent symptoms as normal due to a lack of awareness (Okafor *et al.*, 2023)^[10, 11, 12]. These intertwined barriers create a culture where students are effectively "sick in silence," with undiagnosed conditions persisting until they escalate into severe health crises.

Global and Regional Comparisons

The issue of undiagnosed health conditions among adolescents is not unique to Nigeria. Across many developing countries, school-aged children in institutional settings face similar health challenges due to inadequate healthcare access, underfunded school clinics, and cultural barriers to reporting illness. However, some nations have implemented successful models to address these concerns. In Kenya, for example, the *School Health Policy* introduced a multisectoral framework that includes routine health screenings, health education, and partnerships with local health centers to improve diagnosis and treatment among students (Mwangi *et al.*, 2023)^[6]. This integrated approach has led to early detection of common ailments such as anemia and respiratory infections, significantly improving health outcomes.

In India, the *Rashtriya Kishor Swasthya Karyakram (RKSK)* program focuses on adolescent health in school settings by deploying trained counselors and mobile health teams to conduct periodic health assessments and provide referral services (Patel & Varma, 2022)^[16]. Similarly, Ghana's *School Health Education Programme (SHEP)* includes mental health education and regular medical check-ups,

which has been effective in reducing absenteeism linked to untreated health conditions (Owusu & Darko, 2023)^[15]. These models underscore the importance of government commitment, health policy integration, and stakeholder collaboration in managing adolescent health. Implementing adapted versions of such programs in Nigerian boarding schools could significantly improve early detection and overall student well-being.

Methodology

Research Design

This study employed a descriptive cross-sectional survey design to assess the prevalence and nature of undiagnosed health conditions among students in selected Nigerian boarding schools. The design was appropriate for obtaining a snapshot of health status and associated factors within a specific period, enabling both quantitative analysis and qualitative exploration of contextual issues.

Study Area and Population

The research was conducted in Enugu State, Nigeria, focusing on three government-approved boarding secondary schools located within urban and semi-urban areas. The selected schools were:

1. Federal Government College, Enugu
2. Queen’s School, Enugu
3. Union Secondary School, Awkunanaw

The study population consisted of boarding students aged 12–19 years, school health personnel, and school administrators. A total student population of approximately 2,700 across the three schools was estimated at the time of data collection.

Sampling Technique and Sample Size

A multi-stage sampling technique was used. First, three boarding schools were selected purposively based on their population size, boarding capacity, and accessibility. Within each school, stratified random sampling was applied to ensure representation across different age groups and class levels (JSS1 to SS3). The Yamane (1967) formula was used to determine the sample size with a 95% confidence level and a 5% margin of error, yielding a total sample of 345 students.

In addition, 12 staff members (including nurses, matrons, and school administrators) were purposively selected for key informant interviews to provide qualitative insights into health service delivery within the schools.

Instruments for Data Collection

Data were collected using three major instruments:

1. **Structured Questionnaire:** Administered to the selected students to gather information on self-reported health status, previous health complaints, frequency of medical consultations, and awareness of school health services.
2. **Medical Screening Checklist:** Used by licensed volunteer medical personnel to perform basic health assessments on students, including checks for anemia (via hemoglobin test), vision and hearing screening, blood pressure monitoring, and general physical examination.

3. **Key Informant Interview (KII) Guide:** Used to interview school health personnel and administrators on the challenges of student health management and capacity for diagnosis.

Validity and Reliability

To ensure content validity, the questionnaire and screening checklist were reviewed by experts in adolescent health, school health policy, and public health research. A pilot test was conducted at Community Secondary School, Abakpa, and adjustments were made based on feedback regarding clarity, sensitivity, and relevance. Cronbach’s Alpha coefficient for the questionnaire was 0.81, indicating high internal consistency.

Data Collection Procedure

Data collection occurred over a four-week period in March 2025. Research assistants were trained on ethical considerations, confidentiality, and appropriate communication with adolescents. Medical screenings were conducted in designated health rooms within the school premises during school hours. Written informed consent was obtained from school authorities and verbal assent from the students after parental notification.

Data Analysis

Quantitative data from the questionnaires and screenings were analyzed using SPSS version 26. Descriptive statistics (frequencies, percentages, means) were used to summarize the prevalence of specific conditions, while chi-square tests and logistic regression were used to explore associations between health conditions and demographic variables. Qualitative data from key informant interviews were transcribed, thematically coded, and analyzed using NVivo 12 to extract recurring themes related to school health service challenges.

Ethical Considerations

Ethical approval for the study was obtained from the Enugu State Ministry of Health Research Ethics Committee (Ref: ENS/MOH/RES/2024/112). Participation was voluntary, with assurances of confidentiality and anonymity. Students were referred to local health centers for further diagnosis and treatment when any health concerns were detected.

Results and Data Analysis

Table 1: Socio-Demographic Characteristics of Respondents (N = 345)

Variable	Category	Frequency (n)	Percentage (%)
Age	12–14 years	123	35.7
	15–17 years	168	48.7
	18–19 years	54	15.6
Gender	Male	165	47.8
	Female	180	52.2
School Attended	FGC Enugu	120	34.8
	Queen’s School	115	33.3
	Union Sec. School	110	31.9

Table 2: Prevalence of Undiagnosed Health Conditions Among Students

Health Condition	Number of Cases (n)	Prevalence (%)
Anemia (Hb < 12 g/dL)	86	24.9
Elevated Blood Pressure	41	11.9
Poor Vision (requiring glasses)	52	15.1
Skin Infections	37	10.7
Mental Health Indicators*	76	22.0
Respiratory Issues (asthma signs)	29	8.4
Any Undiagnosed Condition	196	56.8

*Based on self-reported symptoms of anxiety, prolonged sadness, and sleep disturbances.

Table 3: Distribution of Health Conditions by School

School	Total Students Screened	Students with Undiagnosed Conditions	Prevalence (%)
FGC Enugu	120	65	54.2
Queen's School Enugu	115	70	60.9
Union Secondary School	110	61	55.5

Table 4: Association Between Gender and Health Condition Prevalence

Condition	Male (n=165)	Female (n=180)	Chi-square (χ^2)	p-value
Anemia	28 (17.0%)	58 (32.2%)	10.23	0.001**
Poor Vision	20 (12.1%)	32 (17.8%)	1.88	0.170
Mental Health Indicators	28 (17.0%)	48 (26.7%)	4.59	0.032*

Significant at $p < 0.05$, $p < 0.01$ *

Table 5: Thematic Summary of Key Informant Interviews (n = 12)

Theme	Illustrative Quote
Inadequate Facilities	“We have only one nurse and no medical equipment except a thermometer.”
Lack of Periodic Health Screening	“Most students are only attended to when they complain—no routine checks.”
Stigma Around Reporting Illness	“Some students fear they'll be punished or mocked if they report feeling unwell.”
Need for Partnerships with Health Centres	“We need support from local clinics to conduct regular check-ups.”

Discussion

This study explored the prevalence and nature of undiagnosed health conditions among students in selected Nigerian boarding schools. The findings revealed that a significant proportion—56.8%—of students had at least one undiagnosed health condition, underscoring a critical gap in the health management systems of boarding schools in Enugu State.

Prevalence and Types of Conditions

Anemia emerged as the most prevalent undiagnosed condition, affecting 24.9% of students. This finding aligns with national reports by the World Health Organization (WHO, 2023), which highlight anemia as a common yet often neglected condition among Nigerian adolescents, especially girls. The higher prevalence among females in this study is consistent with literature linking anemia in adolescent girls to menstruation, poor dietary intake, and parasitic infections (Adewole & Nwosu, 2023).

Mental health indicators, such as prolonged sadness, anxiety, and insomnia, were reported by 22% of students. This is particularly concerning given the stigma surrounding mental illness in Nigeria and the absence of trained mental health personnel in most school settings (Chukwuma *et al.*, 2022) [4]. Many students suffer silently due to fear of stigmatization, disciplinary consequences, or being misunderstood by peers and staff.

Undiagnosed visual impairments (15.1%) and elevated blood pressure (11.9%) were also notable. While hypertension in adolescents is often overlooked, recent studies have shown an increasing trend among school-age populations, possibly linked to diet, stress, and lack of physical activity (Iheanacho *et al.*, 2024). The fact that

nearly one in ten students exhibited signs of skin infections further highlights poor personal hygiene monitoring and environmental sanitation within some school hostels.

School-Based Variation

Across the three schools studied—Federal Government College Enugu, Queen's School Enugu, and Union Secondary School Awkunanaw—there was a relatively even distribution of health issues, with Queen's School showing a slightly higher prevalence (60.9%). This suggests that the problem is systemic rather than institution-specific and likely reflects broader gaps in policy implementation, staffing, and infrastructure.

Barriers to Diagnosis and Care

Thematic analysis from key informant interviews revealed that the main barriers to early detection of health conditions include inadequate medical facilities, lack of trained personnel, and absence of routine health screenings. School clinics, where they exist, are often poorly equipped, and only attend to students on a reactive basis when complaints are made. The lack of proactive health assessments enables many conditions to go unnoticed until they become serious or chronic.

Additionally, sociocultural factors such as fear of stigmatization, embarrassment, and traditional beliefs discourage students from reporting symptoms or seeking help. This reinforces the notion of students being “sick in silence.”

Comparison to Regional and Global Practices

Comparative models from countries like Kenya, India, and Ghana show that school-based health interventions—when

integrated with national health strategies—can significantly improve adolescent health outcomes (Mwangi *et al.*, 2023; Patel & Varma, 2022; Owusu & Darko, 2023) ^[6, 15, 16]. These countries have invested in regular screenings, mental health education, and mobile health teams, leading to earlier detection and intervention. Nigeria stands to benefit from adapting these best practices to its educational health policy framework.

Implications for Policy and Practice

The findings of this study have several implications:

- There is an urgent need for the revitalization of school health programs in Nigeria, with a focus on boarding institutions.
- Routine medical screenings should be institutionalized to identify and manage conditions before they worsen.
- Capacity building for school health workers and collaboration with local health agencies are crucial.
- Health education programs must be strengthened to reduce stigma and promote a culture of early health reporting among students.

Conclusion

This study examined the prevalence and nature of undiagnosed health conditions among students in three Nigerian boarding schools—Federal Government College Enugu, Queen’s School Enugu, and Union Secondary School Awkunanaw. The findings revealed that more than half (56.8%) of the surveyed students had at least one undiagnosed health condition, ranging from anemia and hypertension to visual impairments, skin infections, and mental health challenges.

These results highlight a significant gap in the school health management system, particularly the absence of routine medical screenings, inadequate health infrastructure, and sociocultural barriers that discourage students from reporting symptoms. The findings confirm that many students are indeed “sick in silence,” and their health conditions, if left unchecked, could negatively impact their academic performance, psychosocial development, and overall well-being.

The study underscores the urgency for multi-level interventions, especially within policy, health system integration, and community engagement, to bridge the gap between health needs and service provision in school settings.

Recommendations

Based on the findings, the following recommendations are proposed:

1. Institutionalize Routine Health Screenings

Schools should partner with local health authorities and NGOs to conduct bi-annual health screenings that cover both physical and mental health.

Health records for each student should be maintained and monitored for follow-up care.

2. Strengthen School Health Infrastructure

Every boarding school should have a fully functional health clinic equipped with basic diagnostic tools and managed by at least one trained nurse or health officer.

Establish referral linkages with nearby primary health care centers and hospitals for cases requiring advanced care.

3. Mental Health Awareness and Support

Introduce mental health education into school curricula and provide access to trained counselors or mobile psychological support teams.

Conduct workshops to reduce the stigma surrounding mental health and encourage help-seeking behaviors.

4. Policy Advocacy

The Ministry of Education, in collaboration with the Ministry of Health, should review and enforce the National School Health Policy, ensuring that minimum health service standards are met in all boarding schools.

Budgetary allocations to school health programs should be increased at both the federal and state levels.

5. Community and Parental Engagement

Educate parents and guardians on the importance of routine medical check-ups and encourage their support for in-school health initiatives.

Establish periodic health forums where students, parents, and school staff can discuss wellness and share feedback on health service delivery.

References

1. Abdurraheem RO, Ibrahim AY. Adolescent Health Services in Nigerian Schools: A Review of Accessibility and Utilization. *Nigerian Journal of School Health*, 2023;18(2):110–122.
2. Adebawale T, Akinyemi A, Bello S. Health infrastructure and service delivery in Nigerian secondary schools: An overlooked priority. *Journal of Adolescent Health in Africa*, 2024;18(2):112–124.
3. Chukwu LE, Adebayo TO. The silent burden: Adolescent health and stigma in Nigerian schools. *African Journal of Public Health*, 2023;35(4):203–217.
4. Chukwuma IA, Ogu NN, Eze PC. Hidden Morbidity: Common Undiagnosed Illnesses Among Adolescents in Sub-Saharan Africa. *African Journal of Pediatric Health*, 2022;30(1):45–59.
5. Federal Ministry of Education. National School Health Policy: Implementation Guidelines and Evaluation Report. Abuja, Nigeria, 2022.
6. Mwangi JW, Ochieng SK, Kamau NM. Evaluating the effectiveness of Kenya’s school health policy on student health outcomes. *East African Journal of Public Health*, 2023;40(1):55–66.
7. National Population Commission (NPC) [Nigeria] & ICF. Nigeria Demographic and Health Survey 2023. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF, 2023.
8. Nwachukwu DU, Eze BO. Health Infrastructure and Adolescent Health in Nigeria’s Boarding Schools. *Journal of Education and Health Promotion*, 2020;9(3):77–86.
9. Nwachukwu JN, Eze CI, Omotola A. School health services in Nigeria: Availability and functionality in boarding institutions. *Health Policy and Education Review*, 2023;29(3):145–158.
10. Okafor JE, Ugwu CD, Nnaji HO. Cultural Perceptions and Health Silence Among Adolescents in Residential Schools. *International Journal of Public Health Research*, 2023;15(1):98–109.
11. Okafor UC, Ezeanya IF, Obi MT. Adolescents in confinement: Hidden health crises in Nigerian boarding

- schools. *Nigerian Journal of Clinical Medicine*,2023;41(1):56–67.
12. Okorie MN, Lawal RT. Gaps in school clinic functionality: Evidence from selected Nigerian states. *Nigerian Journal of Health Services*,2023;20(1):75–88.
 13. Olatunde SA, Fagbemi RA. Prevalence and management of asthma symptoms among secondary school students in urban Nigeria. *Nigerian Journal of Respiratory Health*,2023;15(1):44–53.
 14. Olayinka AM, Aluko AO. Schooling in Isolation: Health Challenges in Nigerian Boarding Institutions. *Journal of Child and Adolescent Studies*,2021;12(4):221–233.
 15. Owusu MA, Darko EO. Improving school health through policy: Lessons from Ghana’s SHEP initiative. *African Journal of School Health*,2023;11(3):121–133.
 16. Patel R, Varma S. Adolescent health interventions in India: A review of the RKSK program. *South Asian Health Review*,2022;14(2):98–110.
 17. Umeh CA, Olatunji AB. Prevalence of undiagnosed illnesses among adolescents in secondary schools: A Nigerian perspective. *International Journal of School Health*,2022;10(4):89–102.
 18. Umeh KE, Adebayo FA. Barriers to Health Reporting in Secondary Schools: Voices from Nigerian Students. *Youth Health & Development Journal*,2024;10(1):3447.
 19. World Health Organization (WHO). Adolescent health: Situation analysis in sub-Saharan Africa. Geneva: WHO, 2022.