



ASSESSMENT OF INFLUENCE OF ATTITUDE ON PRACTICE TOWARDS HEALTHFUL SCHOOL LIVING AMONG SENIOR SECONDARY SCHOOLS IN NORTHERN STATES, NIGERIA.

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ABSTRACT: The study assessed the influence of Attitude on practice towards Healthful School Living among Senior Secondary School Students in Northern States, Nigeria. The study used ex-post facto design, which is a non-experimental design. 2,482 respondents were randomly sampled for the study, 2480 copies of questionnaire were returned, using multistage sampling techniques. A modified four (4) point Likert measuring scale format was used to collect data. Pilot study was carried out to test for validity and reliability of the instrument to be administered. Descriptive statistics of frequency count, percentages, mean and standard deviation were used to answer the research question, while inferential statistics of Pearson's Product Moment correlation coefficient was used to test for influence of attitude on practice toward healthful school living among senior secondary students in Northern state Nigeria. The analysis was conducted with decision criterion of 0.05 alpha level of significance. Results of study revealed that, attitude have significant influence on practice towards healthful school living among senior secondary school students in Northern states. In conclusion; Students were with the belief that, school playground safety was very important for health school living. The attitude of senior secondary school students towards healthful school in Northern State, Nigeria had positive and proportional influence on their health practices. The higher the attitudinal change the more the health practice among students, which means that there is a direct relationship between attitude and practices toward healthful school living among senior secondary school students in Northern States, Nigeria and vice versa. Based on the conclusion, the following recommendations were made; Health promotion and education programme should be emphasized on by the government at all level especially in the senior secondary school students in Northern states, Nigeria, teaching of health education in senior secondary schools in Northern states, Nigeria should be improved and school authorities must ensure that, adequate space and conducive environment is provided for students to enable teaching and learning.

Key words; Attitude, practice, healthful school living and Nigeria

INTRODUCTION

Healthful school environment cannot be isolated from the education of the child with regards to performance in the school, Healthful school environment is an important sub-division of the school health programme with emphasis on

provision of healthful living environment in the school community that favours effective teaching learning process. This division of school health programme concerns itself with the protection and improvement of conditions of the school environment. This influences students in one way or the other especially the conditions of the building (light, air, sanitation and seating arrangement); teacher-pupils; teacher-teacher; pupil-pupil relationship and school lunch or meal programmes (Moronkola, 2012).

Odok, (2014) noted that the school responsibility in the area of healthful environment is the provision of a safe and a healthful school environment, the organization of a health school day. The establishment of interpersonal relationship, favourable to emotional, social and physical health. In line with Odok, (2014), healthful school environment embraces all efforts to provide at school, physical, emotional and social conditions which are beneficial to the health and safety of students. Therefore, for the school to achieve its goals there must be a healthful school environment, since teaching and learning process rely largely on this factor. According to Moronkola (2012), the characteristics of healthful school environment required for healthful school goals achievement includes:

- i. Location of school away from potential environmental hazards.
- ii. Protection of the school community from excessive noise, heat, cold and dampness.
- iii. Provision of adequate buildings, constructed in line with approved standards, with particular emphasis on facilities for learners with disabilities.
- iv. Provision of an appropriate and adequate amount of furniture for learners and staff.
- v. Provision of an adequate number of gender-sensitive toilet facilities.
- vi. Provision of adequate safe water supply and sanitation facilities for the school environment.
- vii. Provision of proper drainage and waste facilities.
- viii. Permanent fencing of the school.
- ix. Observation of annual school health days.
- x. Promotion of healthy human relationships in the school community.
- xi. Promotion of the health related school policies.
- xii. Promotion of maintenance culture.
- xiii. Provision of safe recreation and sports facilities.



According to Cornaechia (2014), the factors that influences healthful school environment include the following:

School Site and Construction

In citing a school, the following factors should be considered as they can hinder teaching-learning process or achievement of school goals:

- i. Accessibility for local traffic.
- ii. Distance from busy or noisy streets, external odour and noise factors (airports, railway stations, dumps, industrial areas etc.).
- iii. Adequate space (playgrounds, athletic fields).
- iv. Freedom from unnecessary hazards (open holes, landscaping, internal organization).
- v. Adequate drainage for aesthetics, landscaping, and internal organization is very necessary.

It is important that the architects give consideration to the needs of the learners and the teachers. The classrooms should be spacious enough to provide for areas that can be used for quiet study. There should be provision for chalkboards/whiteboards and storage spaces for bags and other items like pipe borne water, toilets, sinks and light switches. The wellbeing of the faculty and staff must also be provided for with a teachers' lounge and separate restroom facilities that are both functional and appealing in appearance. Moronkola (2017) stated that during construction of schools the needs of the special people (disabled) should be given special attention. If the school water supply is from a well, it should be free from contamination, it is important to ensure that at least each primary or secondary school has one hectare of land in a well-drained area. The school buildings must be well laid out, painted, ventilated and have adequate artificial and natural lightening, making it easy for both staff and pupils to see each other in school; while teaching materials are very well seen without the eye strained. The buildings should be well maintained to make them attractive to learners. When both staff and pupils admire and are proud of their schools, they will under the right leadership of the school staff voluntarily contributed to its maintenance.

Internal Organization

A classroom that is too hot or too cold will have a negative effect on the teaching-learning process. The recommended temperature for classroom is between 65^U-70° Fahrenheit, depending on the age of the students and the type

of activity that is taking place. Cornacchia, 2014 identified the following conditions:

- i. The flow of air in a classroom must receive primary attention. If the school is not equipped with air conditioning equipment, the teacher should open windows or doors or secure a fan to ensure adequate air movement.
- ii. **Lighting:** This should be done properly whether natural or artificial. The teacher should be aware that glare is a very annoying problem in the classroom setting. Speaking to the class while standing in front of unshaded windows so that the sun shines brightly into the eyes of students is certainly not in their best interest. Window shaded can be used to reduce glare and students should not directly face windows or other sources of light.
- iii. **Acoustics:** This matter should receive attention during the construction of schools so that areas that have potential for a high level of noise such as shops, playgrounds and music rooms can be located far away from the classrooms, and air conditioners can also be provided in our classroom as this will enable the doors and windows of the classrooms to remain closed.
- iv. **Water Supply:** School authorities have a legal and moral responsibility to provide a safe and sanitary water supply for the schools. Periodic testing of the water supply should occur to assure that it is free of contamination.
- v. **Location of Restrooms or Conveniences:** Cornacchia (2014), opined that the preferred location of the toilet facilities is one with an outside exposure to direct natural lighting. This is because of the effect of sunlight on some pathogenic organisms. Toilets should also be located on the ground floor level for easy access by the supervisors and the special (**Handicapped**) students, there should be wash hand basins in these restrooms or classrooms equipped with hot or cold running water for washing hands and other needs.

Sanitation

Students should not be subjected to an unsanitary environment to avoid outbreak of communicable diseases like cholera and dysentery. Provisions must be made for safe and effective removal of waste from the schools.

Sewage Disposal

When installing septic tanks, expert consultation is important. Septic tanks should be located far away and below the source of water in schools that use wells to avoid the possibility of contaminating the water supply. The tank should be accessible for annual evacuation and cleaning to ensure that there are no pathogenic bacteria contained in the tank,



School Food Services

Survey have shown that the school food services are poor and deficient, and there is a pressing need for better arrangement and expansion of the school food services to ensure the proper nutrition of the school community, (Cornacchia, 2014).

School Transport Services

According to Ajala (2018), there should be careful selection and training of drivers to make the school bus services safer.

Hazardous Chemical and Biological Agents

Hazardous chemical or biological agents within the school environment should be removed as they are detrimental to the health of the school community.

Interpersonal Relationships

Positive social relations and attitudes about the school are as important to the environment as are safe and well-kept buildings and grounds. A safe, clean and well-maintained school with a positive psychosocial climate and culture foster school connectedness can boast students and staff health as well as well as student's educational achievement (Odok, 2016; Ajala, 2018). Healthful school living is that phase of school healthy frame which embraces all efforts to provide at school, physical, emotional and social conditions which are beneficial to health and safety of pupils and school personnel (Udok, Ekuri, & Adin 2016).

Healthful school living according to Umar, (2009) is defined as proper citing of classrooms, plants, adequate ventilation, personal hygiene, balance diet, good lighting condition, portable and wholesome water supply, adequate rest and relaxation, adequate sewage and refuse disposal in schools and neighboring environment. According to Tawai, (2011) to live happily and healthfully, a building must be constructed with sound and safe material provided with basic facilities both internally and externally. Since a building serves as a shelter for students, the school should be sited in a suitable location with satisfactory lighting condition and ventilation, adequate portable water supply, adequate sanitary facilities and adequate facilities for both sewage and refuse disposal. Building schools in swampy and dumpy places can cause serious health-related problem, as swampy and dumpy areas serves as

breeding areas for vectors transmitting diseases especially mosquitoes which transmits plasmodium parasite that causes malaria fever.

Ejifugha (2016) posited that just as parent have the fundamental role of protecting their children by providing healthy physical, psychological, social and spiritual environment in the home, so also the school administration have the role of ensuring the optimal health of students by providing sustainable environment for learning. These comprises wholesome physical environment with emphasis on lighting, ventilation, acoustics, housekeeping practices, adequate provision for waste and refuse disposal and food services where needed. According to Ye, Kay, Nwe, Kyaw and Than (2015) Children and youth are recognized as a priority population, the national development depends on the academic success and optimal health and wellbeing of its children and youth. Schools are important settings which provides comprehensive health promotion. The school exerts the most influences on the lives of children and youth. School can play a key role in supporting student's health and by extension, the health of their families and communities. School is a setting where education and health programme create a health promoting environment which in turn, promotes learning, according (Ye *et al.*, 2015).

The term 'attitude' refers to one's feelings, thoughts, and predispositions towards a person to behave in a particular manner as it affects his/her environment. Simple relationship exists between one's attitude and motives. Motives are striving tendencies; individual motivation gets directional properties from the norms, tradition and values acquired from the social perspectives. In stress-free condition, statements of attitudes of individuals would manifest in often three ways, cognitive/knowledge, affective, and operational/behavioral (Musa, 2009). Attitudes have considerable influence on what an individual do in certain situation. The ways to change one's attitudes is of great priority to health educators and others. Evidence from psychological experiments revealed that attitudinal change depends on the following viz:

1. Credibility of the communicator
2. Nature of appeals
3. Organization of the communication.
4. Relative commitment of the individual to his/her manifested attitude (Musa, 2009).

"Attitude" "refers to predisposition to classify objects and events, to react to them with evaluative consistency". "It is also seen as predisposition to respond



in a certain way to a person, object, situation, events or idea” the response may come within conscious reflection. A person who shows a certain attitude towards something is a reaction to his conception of that thing rather than to its actual state. Healthy attitude is basically positive approach toward life, it's oriented toward finding the best situation(s) to a problem and optimizing your abilities, instead of doing the opposite. And it takes into account others well-being which positively reveals projecting self in a better way even in an unfavorable condition, while healthy attitude describes “self” in a better way without causing any harm to others. Being positive does not represent being healthy because your positive attitude may be beneficial for you simultaneously causing damage to others (Orunebka, 2011).

Attitude are formed by people as a result of some kinds of learning experience. If the experience is favourable a positive attitude is formed and vice versa. The attitude people hold can frequently influence the way they act in person and larger situation. For this reason, administrators, psychologists and sociologists are concerned with attitude development, how they affect behavior and how they can be changed. Health habit, health behaviour or health practices are interchangeable concepts which defined as an act acquired by experience, performed regularly and automatically. Such actions which may include mannerisms, conversational gestures, and satisfying psychological cravings like smoking or overeating among others. Educationists, especially psychologists are interested in habits because of their function as a basic element of learning. Furthermore, Psychoanalysts considered health practices as expressions of erotic and aggressive impulses. Repressed, these impulses find an outlet through counter-productive, repetitive behaviour that usually comprises habits (Musa, 2009).

In contrast, David (2004) in Musa (2009) reported that American psychologist and learning theorist Clark Hull defined habit with great precision in terms of the laws of conditioning and reinforcement. A majority of contemporary psychologists view habits as learned or considered behaviour over which one has little voluntary control over. Although some theorists considered commonly practiced in human activities, such as playing football or speaking language, as composed of “habit hierarchies”. Health practice in the perspective of knowledge as it affects behaviour has three major alternatives: **The individual knows the facts:** Is acquainted with alternatives and consequences of the behaviour that is either to choose to act healthfully, or not.

Thinks he/she knows: A degree of doubt may also prevail. As such the knowledge may either be correct or not, which gives rise to two alternatives as follows: (a) Is it indeed correct, in which case the individual may use it either positively or negatively, (b) If it is incorrect information and knowledge, it will either give a constructive or destructive behaviour despite the error committed.

Does not know: The correct information is not known, as the individual may either admit this lack of knowledge or not. Admission or lack of knowledge it may or may not result in personal inquiry in pursuit of facts. The person who does not inquire may still make a correct choice by chance, or make an error in the choice of a particular behaviour. The person who does inquire may use the information gained to enhance his/her health status. The individual who refuses to accept or admit he/she does not know may inadvertently affect his/her healthful behaviour, but probability of decreasing health status by making an incorrect decision is greater, (Musa 2009).

Health practice represents the application of good health habits to one's routine living. The health practice that a person adopts will determine in great measure health of that individual especially among secondary school students. Practice or habits which are detrimental to optimum health will usually result in poor health such as failure to obtain proper rest, exercise, overeating, overdrinking of alcohol and smoking cigarettes, or observe certain precautions against contracting diseases. (Abdu, 2014). There are bad health practices among secondary school students that could result to bad health outcomes such as Helminthes infestation, tobacco use, HIV/AIDS/STDS, sedentary lifestyle, drugs and alcohol abuse, violence, injuries, and unhealthy nutrition (WHO, 2019).

Health practices represent the application of good health habits to one's routine living. The health practice that a person adopts will determine in great measure the health of that person. Practices or habits which are harmful to optimum health, such as failure to obtain proper rest or exercise, over eating and smoking or failure to observe certain precaution against contracting diseases will usually result in poor health. Health practices is part of health education which is a subject of primary importance that engages a multidisciplinary approach to our daily activities in the society, especially in our schools. As a result of its multidisciplinary approach, everyone believed that he/she can teach the subject. The Health practices represent the application of good health habits to one's routine living. The health practice



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Purpose of the study

The purpose of the study is to assess the influence of attitude on practice towards healthful school living among senior secondary schools in Northern States, Nigeria.

Research Question

Does attitude towards healthful school living have influence on practice of among senior secondary school students in Northern States, Nigeria?

Basic Assumptions

Attitude towards healthful school living have influence on practice among senior secondary school students in Northern States, Nigeria.

Hypothesis

Attitude towards healthful school living have no significant influence on practice among senior secondary school students in Northern States, Nigeria.

METHODOLOGY

Research Design

Ex-post facto research design was used to conduct this study. The researcher chose this design, because the information required already exist with the respondents, therefore, cannot be manipulated. Asika (2009), ex-post facto research design means after the fact design; which implies that, the studies the fact that had already existed. The design is ideal for conducting a social

research when it is not possible/acceptable to manipulate the independent variables under the study. The design explains consequences based on antecedent condition and test a claim using statistical hypotheses testing procedures. The justification of the choice of this design is based on the assessment of influence of attitude on practice towards healthful school living among senior secondary school in Northern states, Nigeria.

Population of the Study

The population of the study comprises of senior secondary students in the three geopolitical zones in the Northern States of Nigeria. There are about 2,083,507 senior secondary school students in Northern states, Nigeria (Federal Ministry of Education, 2017)

RESULTS

The purpose of this study was to assess the influence of attitude on practice towards healthful school living among senior secondary school students in Northern states, Nigeria. To achieve this purpose, out of (2482) copies of questionnaire administered, two thousand four hundred and eighty (2480) 99% were valid for analysis. The statistical package SPSS version 23 was used to analyse the data obtained from the respondents. The questionnaire was based on 4 point Likert scale rating. The main score of the responses for each item, was calculated using 4 as the highest and 1 as the lowest score with 2.5 as the midpoint score between the two extremes Agree and Disagree. The discussion criterion for acceptance or rejection of the items was mean score of 2.5. if the relative mean of an item is equal or greater than 2.5, it is considered that the respondents are in agreement (positive) with the suggested item, while any mean less than 2.5 imply disagreement (negative). The demographic characteristics of the respondents were computed using frequencies and simple percentages. The research question was answered using descriptive statistics of mean, standard deviation. To analyzed the formulated hypothesis for the study, inferential statistics of Pearson's Product Moment correlation coefficient was used. The formulated hypothesis was tested at 0.05 alpha level of significance.

Demographic Characteristics of the Respondents

Five demographic characteristics of the respondents were selected for the study which are Age of the respondents, gender, class, parents' education and occupation of the parents are presented in table 1 and described accordingly.



Table 1: Demographic Characteristics of the Respondents

S/N	Variables	Frequency	Percent
1	Age		
	14-15	415	16.7
	16-17	1219	49.2
	18-19	729	29.4
	20-21	93	3.8
	22-23	15	.6
	24 and above	9	.4
	Total	2480	100.0
2	Gender		
	Male	1018	41.0
	Female	1462	59.0
	Total	2480	100.0
3	Class		
	SS I	875	35.3
	SS II	824	33.2
	SS III	781	31.5
	Total	2480	100.0
4	Parent Education		
	Primary School Certificate	233	9.4
	Secondary school certificate	795	32.1
	Diploma	519	20.9
	First Degree	583	23.5
	Post graduate degree	269	10.8
	Others	81	3.3
	Total	2480	100.0
5	Occupation of any of the parents/guardian		
	Civil Servant	828	33.4
	Self employed	376	15.2
	Trader	331	13.3
	Farmer	781	31.5
	Others	164	6.6
	Total	2480	100.0

Source: Field survey, 2019

Table 1 showed the age groups of the respondents, where 415 (16.7%) were within 14 – 15 years of age range, 1219 (49.2%) were within 16 – 17 years of age range, 729 (29.4%) were within 18 – 19 years of age range, 93 (3.8%) were within 20 – 21 years of age range, 15 (0.6%) were within 22 – 23 years of age range, the rest 9 (0.4%) were within 24 years – and above. Therefore 1018 (41.0%) were male while 1462 (59.0%) were female. Those in class level SSSI were 875

(35.3%), SSSII had 824 (33.2%) while SSSIII had 781 (31.5%) respondents. Concerning the level of education of the respondents' parents 233 (9.4%) of the parents had primary school certificate, 795 (32.1%) had secondary school certificate, 519 (20.9%) had diploma, 583 (23.5%) had first degree, 269 (10.8%) had postgraduate degree while 81 (3.3%) had other forms of educational qualifications. With regards to occupation of the parents / guardians 828 (33.4% of the parents were civil servants, 376 (15.2%) were self-employed, 331 (13.3%) were traders, 781 (31.5%) were farmers while 164 (6.6%) had other forms of occupations.

Answering of Research Question:

Does attitude towards healthful school living have influence on practice among senior secondary school students in northern state, Nigeria?

Table 2: Pearson's Product Moment Correlation on Influence of Attitude on Practices toward Healthful School Living among Senior Secondary School Students in Northern States, Nigeria.

$N = 2480$.

Variables	N	Mean	Standard Deviation	df	Correlation index (r)	Remarks
Knowledge	2480	42.83	5.32	2478	0.820	Attitude have proportional influence on practice toward healthful school living at 0.820 correlation
Practice	2480	40.85	6.79			

Table 2 revealed that, attitude have proportional influence on practice toward healthful school living at 0.820 correlation among senior secondary school students in Northern States, Nigeria. The table further revealed that, the higher the attitude, the higher the practice towards healthful school living among senior secondary school students in Northern States, Nigeria and vice-versa. Furthermore, attitude have positive and proportional influence on practice toward healthful school living among senior secondary school students in Northern States, Nigeria.



Hypothesis: Attitude towards healthful school living have no significant influence on practice among senior secondary school students in Northern States, Nigeria.

This hypothesis was tested using the Pearson Product Moment Correlation because two variables are involved with both having the same precedence and to determine their influence on one another.

Table 3: Pearson Product Moment Correlation coefficient on Influence of Attitude on Practice towards Healthful School Living among Senior Secondary School Students in Northern States, Nigeria

N = 284

Variables	N	Mean	Standard Deviation	df	Correlation index r	critical r	p
Attitude	2480	42.8294	5.32080	2478	0.820**	0.052	0.001
Practice	2480	40.8452	6.78734				

*P < 0.05 **.* Correlation is significant at the 0.05 level (2-tailed).

Results of the table 3 revealed that, the calculated p value of 0.001 was lower than the 0.05 alpha level of significance at a correlation index r level of 0.820, which means that, attitude towards healthful school living had a positive and proportional influence on practices. This implied that, the higher their attitude towards healthful living, the higher their practices on healthful school living among the respondents and vice versa. Therefore, the null hypothesis which states that, attitude towards healthful school living have no significant influence on practice among senior secondary school students in Northern States, Nigeria, was hereby rejected, which means that, attitude of senior secondary school students towards healthful school living in Northern States, Nigeria influenced their practices.

DISCUSSION

Looking at the influence of attitude on healthful living school practices among senior secondary school in Northern states, Nigeria, the result of this revealed that, attitude towards healthful school living have significant influence on practice among senior secondary school student in northern states, Nigeria. This is in line with study carried out Li, 2002; Lai, 2006 deposited that, attitude directly affect the health practices or intention, except that the degree

of impacts that, knowledge affects practices through attitude is better than that of knowledge affects practice directly. The importance of attitude and practice as outcomes of health education programme cannot be overemphasized and it is recognized as important to both schools and people in the community.

CONCLUSION

The attitude of senior secondary school students towards healthful school in Northern State, Nigeria had positive and proportional influence on their health practices.

RECOMMENDATIONS

The teaching of health education in senior secondary school in Northern states, Nigeria should be improved. This would encourage the development of good attitude through knowledge gained and eventually healthy practices among students. Furthermore, teaching of health education in senior secondary school should be re-oriented toward application of knowledge gained. School teacher should periodically assess students' knowledge at various levels (of senior secondary schools) to get status on issues regarding healthful living and their understanding of in-depth knowledge regarding health education. It should be ensured that teachers receive continue education and training related to healthful school living especially, in the importance of interpersonal relationship between teachers and students, which regarded as component of healthful school living. This will go a long way to promote socio emotional health in schools.

School authorities must ensure that, adequate space and conducive environment is provided for students, to enable teaching and learning. Furthermore, since the size of the classroom determine accommodation and overcrowding of students in classroom. Therefore, the school authority must ensure that while planning (to build a classroom structure) the number of students must be put into consideration to avoid overcrowding of living classrooms. Provision of waste bin in schools by the school authorities and should be placed at strategic position. This will prevent indiscriminate disposal of waste among students. This could be achieved by appropriate support from government at all levels, non-government individual, organizations, parents, teachers among others.



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