

# IMPLEMENTATION OF SCHOOL HEALTH PROGRAMME FOR PROMOTION OF HEALTHFUL LIVING IN SECONDARY SCHOOLS IN AKWA IBOM STATE, NIGERIA

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## Abstract

*This study investigated the implementation of school health programme in secondary schools in Akwa Ibom State. Three hypotheses were formulated to guide the study. The study design was a survey non-experimental design that assessed the school health programme, its availability and practices in public secondary schools in Akwa Ibom State. The study population constituted of 10,009 secondary schools teachers in Akwa Ibom State. A sample size of 729 secondary school teachers was selected using multi-stage sampling technique. The sample size was determined using Krejcie and Morgan Sample Determination Table. A self-administered, semi-structured questionnaire titled "Implementation of School Health Programme and Healthful Living Questionnaire (ISHPHLQ)" containing 28 items was designed for the study. A reliability coefficient of 0.88 was realised when the questionnaire was pilot-tested on 50 secondary school teachers who did not take part in the main study. Data collected were analysed using Pearson's Product Moment Correlation (PPMC). To interpret each hypothesis, the calculated probability value (p-value) was compared to 0.05 level of significance. Findings of the study revealed that healthy school environment, school feeding service and school, home and community relationship significantly related with implementation of school health programme. Based on the findings, the researchers recommended that parents should join hands with the school authority to create effective school, home and community relationship. This will help improve and maintain the health and wellbeing of the school children.*

**Keywords:** *Implementation, School Health Programme, Healthful Living*

## Introduction

Health and being healthy is not the sole responsibility of health authorities alone. Unilever and United Nations World Food Programme (2010) believed that, good health increases enrolment and reduces absenteeism, brings more of the poorest and disadvantaged children, many of whom are girls, to school. The home and school have joint responsibility of ensuring optimal health of the school children (Baba, Shehu and Oniyangi, 2010). Baba, *et al* (2010) further noted that promotion of mental and physical health of pupils is a joint enterprise of both home and school. The parents want to know what the school can do for the child, and the school must rely on the parents for cooperation and support to see that specific medical and health needs of the child are met.

The schools are seen as important context for health promotion, principally because the school reaches a large proportion of the population of people who are in their formative years and who are willing and going to learn for many more years. Schools also provide many other benefits to children and adolescents and these include; healthy and safe environment, good nutrition with clean water and sanitation, health education and life skills training. Health and education are important for proper development of a child. A child that is sick cannot fully profit from the teaching and he is likely to miss school. On the opposite, a healthy, well developed child will make the most of his classes (Baba, *et al* 2010; Famuyiwa, 2012; Federal Ministry of Health, (FMOH), 2011). Education influences health just as health influences education. Good health is needed to accomplish quality education while good education also enhances the quality of health. Therefore, it is important that an effective school health programme should be in schools to take care of the children's health.

The health of learners at all levels of education is very important, if they are to benefit from the school offerings and be good citizens in future. Their health can be taken care of at home, or at community settings, but the school being the second home of the learner must also take learners' health seriously. The health programme in the school setting that takes care of the health needs of both staff and more importantly those of students is known as School Health Programme (SHP) (Moronkola, 2012). The author stated that, school health programme is both an educational and a health programme directed to meet the health needs of the students and staff for the present and laying good foundation for their future health status with the support of the home, the community and government. SHP is defined as the totality of project and activities in a school environment, which are designed to protect and promote the health and development of the school and the community (Federal Ministry of Education (FMOE), 2006).

According to Akani, Nkangineme and Oruamabo (2001), SHP refers to all aspects of the school programme which contribute to the understanding, maintenance and improvement of the health of the school population. It consists of three main areas namely; school health services, school health instruction, and healthful school environment. They maintained that, school health programme (SHP), if well run, is a vital tool in the educational process which ensures that pupils imbibe a culture of healthy development towards a challenging and productive adult life. Famuyiwa (2012) reiterated that SHP comprises all health activities which are planned, organised and carried out under the auspices of the school to maintain and improve not only the health of school children but also school staff through the following components; health instructions, health services, healthful school living and home-school-community relationship. Baba *et al* (2010) submitted that the scope and components of SHP has been expanded from its previous four to eight so as to accommodate some activities that promote effective accomplishment of the programme objectives. Those components are health education; school health

services; safe and healthful services environment; physical education; nutritional services; counselling, physiological and social services; parent and community involvement.

According to Federal Ministry of Education, the objectives of the SHP are: to obtain a rapid and sustained improvement in the health of school children; ensuring that children from pre-school age to adolescence are in optimum health at all times so that they can attain their physical and intellectual potential; receive maximal moral and emotional benefits from health providers, teachers and the school environment. In essence, SHP has been designed and adopted within the school system to cater for numerous health and health related problems affecting school children. The goal of SHP, according to Obembe, Osungbade and Ademokun (2016), is to enhance the quality of health in school community and create an enabling environment for inter-sectorial partnership in the promotion of child friendly school environment for teaching, learning and health development. This will involve the development of appropriate preventive and curative services for school children and school personnel, the improvement of environmental sanitation, and the promotion of health education in all schools.

The school health programme in the context of National School Health Policy (NSHP) (FMOE, 2006) indicated a series of harmonised activities in the school environment for the promotion of health and development of the entire school community. The provision of a healthful school environment is seen as one of the inter-related aspects of the school health programme which has to be guaranteed to ensure efficient performance of the staff and the students. Healthful school environment denotes all the consciously organised, planned and executed efforts to ensure safety, healthy living conditions and promote mental development. Obembe *et al* (2016) submitted that, a healthy school environment can improve health and increase students and teachers' productivity while unhealthy school environment poses danger, insecurity, and cause or intensify illness among teachers and students which result in high rate of absenteeism, less time in the classroom, and ultimately reduced academic achievement. Healthful living to most people means both physical and mental health being in balance or functioning well together in a person. In many instances physical and mental health are closely linked so that a change (good or bad) in one directly affects the other. Healthful living involves more than physical health, it also includes mental and emotional health. The ways to being healthy include healthy eating, physical activities, weight management and stress management. Good health allows people to do many things. A healthy lifestyle is one which helps to keep and improve people's health and well-being (Kickbusch, 2009).

A healthful school environment includes the physical and psycho-social factors. The physical healthful school environment includes all the external conditions or factors required in a healthy school environment for effective learning. Its adequacy and availability determines positive learning and self-motivation among

students (Anyanwu, Okpeze and Okpeze, 2012). According to WHO (2004), the physical environment is one of these aspects of healthful school environment which encompasses the site on which a school is located, the school building and all its contents including physical structures, infrastructure, furniture, presence of chemicals and biological agents (such as insects, pests, and vectors, temperature, humidity, noise and lighting etc.) and the surrounding environment including air, water, road way and other hazards. The psycho-social environment includes the inter-related physical, emotional and social conditions that affect the well-being and productivity of learners and staff of the school community (FMOE, 2006).

Moronkola (2012) agreed that healthful school environment (HSE) deals with conditions within the school that are most conducive to optimal physical, mental, emotional health and safety of pupils, satisfactory relations among pupils, teachers and others in the school communities. HSE cannot be isolated from the education of the child with regard to performance in the school. Therefore the school is responsible for the provision of a safe and healthful environment for its learners and other personnel within the school environment (Moronkola, 2012). A healthy school environment can directly improve children's health and effective learning and thereby contribute to the development of healthy adult as skilled and productive members of the society (WHO, 2004). World Health Organisation (2004) also noted that HSE aims at the provision of safe and conducive learning, working and living conditions that optimise the organisation of day-to-day experiences which influence the emotional, physical and social health of learners as well as other members of the school community so that maximum benefits from education can be achieved. The FMOE (2006) listed the objectives of HSE to include the following; provide a safe and conducive living and learning conditions; promote healthy practices among learners and staff in order to prevent water and sanitation related illnesses and diseases; bring about positive changes in hygienic behaviour of learners and the community at large; provide safe recreational facilities in the school; organise school health days; establish interpersonal relationships within the school community; encourage compliance with approved environmental health and sanitation standards for schools.

School site differs between that of urban and rural community. In urban areas, schools are sited within a walk-able distance for the children. The school should be sited away from potential environmental hazards; such as sources of noise, heat, cold, dampness and other forms of pollution. The school should be located in a well-drained terrain and should also have perimeter fencing with a good gate for security purposes. Schools should be well ventilated and have enough space to accommodate all its learners (FMOH, 2011). Statistics from the national study of the school health system in Nigeria by FMOH and FMOE in collaboration with WHO in 2003 revealed the following: most of the schools (71%) were located at a distance of less than 5km to main markets, and 68% were located less than 1km to busy main roads. The proper siting and size of school is of paramount importance in order to

accommodate the alarmingly increasing children's population especially in the urban communities. Schools should not be located near an industrial area to avoid intense noise, congested traffic or major highways, airport, railway station, public motor parks, markets, river or main stream and/or where other public gatherings occur constantly (Umaru and Suleiman, 2001).

Recreational facilities and equipment should be provided for recreational purposes and the learners and other members of the school community to be engaged during their leisure time. In other words, every school should have a good and safe playground and large rooms for both out and indoor activities such as football, badminton, table and court tennis, scrabble, chess etc. These facilities should be easily accessible to all the pupils and other members in the school community and should not be less than 2.5km away from school fence, walkways, trees and other obstructions and with special considerations to the physically challenged students. Proper maintenance of the recreational centre should be ensured. There should be visible road signs and markings on the road leading to the schools; for examples zebra crossing and other warning signs. The Federal and State Ministries of Works and Environment should provide at least five speed breakers at 1km interval on the major and minor roads leading to the schools to help regulate the speed of the motorists and other road users. Schools located in areas where there is high density or heavy traffic, overhead bridge/flyovers should be constructed to help the young children in crossing the busy roads to avoid accidents (UNICEF, 2007).

Moronkola (2012) also emphasized that, the school buildings must be well laid out, painted, ventilated, and have adequate natural and/or artificial lighting, making it easy for both staff and pupils to see each other and the school compound well. The author maintained that, the school buildings should be well maintained to make them attractive to both learners and the members of the school community. The buildings should maintain a distance of 2.5 metres from each other. Approved desk and chairs should be provided. Seating space and arrangement between the rows and the teachers especially the first row should be 2 metres; this will aid teaching materials (chalk or white magnetic board) to be well seen without eye strain. Class size means that the number of learners in the class should be in line with National Policy on Education (1:25) that is, one teacher to twenty five students or learners maximum (NDHS, 2008). The school environment must also be protected from biological and chemical threats such as moulds, unsafe food, vector-borne diseases, unsafe or insufficient water, venomous animals, rodents and hazardous insects and other animals such as dogs, also air pollution, water pollution, pesticides, hazardous waste, materials and finishes, asbestos, paint and clearing agents (WHO, 2003).

Water is essential to human survival as well as hygienic practices. As a major importance to health, schools should provide adequate supply of safe and portable drinking water either by means of well, pipe-borne or borehole. WHO (2004) cited in Moronkola (2012), advised that if the school water supply is from the well, it should

be free from contamination, ensuring that the well is located at least 30metres away from any source of contamination such as sanitation facilities and pesticides should not be used within 100 metres to or from the well. There should be regular inspection of the well and a raised wall or fence around the well to prevent surface water and spilled water from contaminating the well. Nowadays, in most schools in Nigeria and Akwa Ibom in particular, the source of water supply is from a mechanised system-borehole which is being drilled using machines. It has set standards and specifications which include drilling the borehole 30-100 metres away from sources of contamination like soak away pit or septic tanks. It has to be well covered to avoid surface water gaining entry into the borehole. Drainage system should be done away from the source of drinking water. The borehole water should be tested for quality and from time to time treated. The school water supply must be constructed and located in a manner that danger of pollution is abated, and possible sources of pollution can be ruled out by proper coverage; as this will rule out waterborne diseases.

The school should provide adequate and separate toilets and bathrooms for both males and female in both day and boarding schools. These bathrooms and toilets must always be kept clean, disinfected and there should be control measures against pest put in place for both pit and water closet toilets. A functional and adequate drainage to manage water from bathrooms, kitchen and surface run-offs should be made available. The school environment should always be kept clean. It is mandatory that schools should not be located near thick bushes, refuse dumps, and environmental sanitation of the school is of great importance. School kitchen and lunchroom, food stores, classrooms, hostels and even toilet must be kept clean. Drinking water and food must be covered and kept away from contamination. Bushes around the schools' compound should be cleared to avoid the danger of pest and reptiles. Also the grass in the school fields should be cut and kept low.

Matthew (2014) carried out a study on influence of school environment on healthful living of high school students in Singapore. A cross-sectional survey was employed in the course of the study using questionnaire and checklist for data collection. Data generated from the questionnaire were analysed using the dependent t-test. The findings revealed that a healthy school environment with good toilet facilities, bathrooms and well-equipped classroom among others significantly influence healthful living among students.

School feeding service (SFS) is another essential component of the SHP. The better nourished children are, the better their learning ability and overall state of health. The objectives of the school feeding service are to reduce hunger and malnutrition among learners, enhance participatory learning, contribute to increased school enrolment, attendance, retention and completion and serve as avenue for teaching basic hygiene and nutritional facts to learners. Moronkola (2012) submitted that, the school feeding services is a very important component of school health programme because a sizeable proportion of the learners who do not eat well at

home can at least have an adequate diet at school to promote their health and learning. FMOH (2011) stated that the more nourished children are, the better their learning ability and overall state of health. Healthy eating patterns are essential for children to achieve their full academic potential, full of physical, mental growth and life-long health and well-being. The aim of school feeding services (SFS) is to: provide learners with a daily supplementary adequate meal that will improve their health and nutritional status for effective and sound learning achievement. The following are the objectives: to reduce hunger and malnutrition among learners; enhance participatory learning; contribute to increased school enrolment, attendance, retention and completion; serve as avenue for teaching basic hygienic and nutritional facts to learners.

The FMOE (2006) posited that healthy eating is demonstrably linked to reduced risk for mortality and development of many chronic diseases of adults. Therefore schools have a responsibility to help students and personnel establish and maintain life-long healthy eating patterns. According to World Bank and World Food Programme (2012) school feeding programme is a targeted social safety nets that provide both educational and health benefits to the most vulnerable children, thereby increasing enrolment rates, reducing absenteeism, and improving food security at the household level. This is in line with Moronkola (2012) view, who noted that health and general well-being to a large extent is hinged on the quality and amount of food we eat. Learners must have basic knowledge of nutritional facts that may make them have healthy nutritional attitude and behaviour. School feeding services is recognised as a strong means of improving enrolment, attendance, retention, completion and learning achievement among pupils because it reduces hunger among them and addresses the gaps in their nutritional and health status (FMOH, 2011).

World Bank and World Food Programme (2012) documented that although there are school feeding programmes in a number of countries, each varies widely from country to country in design, implementation, and evaluation. School feeding is not a uniform unit of intervention and cannot be compared and assessed on an international scale. In Nigeria, poor nutritional habit is usually attributable to poverty, lack of information on good diet and negligence on the part of food handlers and parents. Poor nutrition has also been shown to be an underlying cause for poor attendance, retention and achievement in education among children of school age.

A nutritionist/dietician from the Ministry of Health in collaboration with the School Based Management Committees (SBMCs) should produce a daily menu that is culturally acceptable and locally sourced for school feeding service. Menu as indicated in the Committees work plan must meet with the minimum criteria of supplying at least one third (1/3) of the daily requirements of all major and micro nutrients for children. Basic food items available in the communities therefore, should be combined with leafy vegetables, fish or meat and vegetable oil. Apart from carbohydrate, the preferred diet should include sources of protein other than fish and

meat such as beans, soya beans, eggs, fresh milk, yoghurt, cocoa drink etc. Each school should have a standard well equipped kitchen.

Falade and Otemuyiwa (2012) conducted a study on School Feeding Programme in Nigeria by examining the nutritional status of pupils in a public primary school in Ile-Ife, Osun State, Nigeria. The nutritional status of 160 pupils (80 boys and 80 girls) of a selected public primary school in Ile-Ife, Osun State, Nigeria was assessed using anthropometric parameters. Meals were collected and analyzed for nutrients composition and compared to the requirements for their age group. The mid-arm circumference (MAC) ranged between 15 and 21 mm and the body mass index (BMI) were within the WHO reference standard for healthy children. The crude protein (CP) content of the served foods varied between 12 per cent and 28 per cent. The average intake of amino acids per meal ranged between 122 and 684 mg, vitamins from 0.1 to 0.8 mg while mineral intake varied from 2.7 to 85 mg. The protein digestibility corrected amino acid score varied between 50 percent and 114 per cent. These results indicated that the feeding programme has greatly improved the nutrition status of the children. The continuation of the programme would go a long way to preventing malnutrition among the public school children.

Schools operate within communities, which comprise individuals, groups and institutions. Learners and staff in schools come from homes located within the communities. Learners are from different backgrounds as they may be from urban, rural, rich, poor, Christian, Muslim, traditional religion worshippers, literate, illiterate, different ethnic groups, small and large family sizes, living in temporary or permanent houses, low, middle and high social-economic backgrounds, monogamous, polygamous, and extended families, single parent, mother leading the family settings etc. The above-mentioned factors affect how children learn in schools which many times we are not conscious of. The school-community relationship should be well appreciated and integrated into any aspect of the school programme. This therefore, implies that teachers, community leaders, religious and social institutions, voluntary agencies, health workers, social workers, parents and school children should all be involved in promoting school, home and community relationship, through collaboration efforts (FMOH, 2011; Morokola, 2012).

Bakwai (2013) conducted an assessment of school community relationship among secondary schools in Zamfara State. The population of the study consisted of all the principals, vice principals, teachers and PTA officials of the 89 Senior Secondary Schools in Zamfara State. The research design adopted was descriptive survey and questionnaire was used in collecting data. The questionnaire was administered to principals, vice-principals, teachers and Parents'-Teachers' Association (PTA) officials. Among the very important in senior secondary schools in Zamfara State and that the strategies of visitations, field trips, speech and prize giving days and news-letters used for managing school community relationship in Zamfara State senior secondary schools were ineffective.

## Methodology

This study was designed to determine the practice of school health programme (services) in public secondary schools in Akwa Ibom State, Nigeria. The study design was a descriptive survey that assessed the school health programme, its practices in public secondary schools in Akwa Ibom State. The study population constituted 10,009 secondary schools teachers in Akwa Ibom State. A sample size of 729 secondary school teachers was selected using multi-stage sampling technique. The sample size was determined using Krejcie and Morgan Sample Determination Table. A structured questionnaire titled “Implementation of School Health Programme and Healthful Living Questionnaire (ISHPHLQ)” containing 28 items was designed for the study. A total of 18 items measured implementation of healthy school environment, school feeding services and school, home and community relationship, while ten items measured healthful living. Items for the independent variables were rated using “Yes” and “No” options and items for dependent variable were rated using 4 point rating scale of strongly agree, agree, disagree and strongly disagree. A reliability coefficient of .88 was realised when the questionnaire was pilot-tested on 50 secondary school teachers who did not take part in the main study. The instrument was administered to the respondents in their various schools on approval by their principals. Out of 729 copies of questionnaire administered to the respondents, 701 copies were retrieved and used by the researchers. Data collected from the questionnaire were analysed using simple percentage for answering the research questions and Pearson’s Product Moment Correlation (PPMC) for testing the hypotheses. To interpret each hypothesis, the calculated probability value (p-value) was compared at .05 level of significance.

## Results

Research Question 1: Does implementation of healthy school environment promote healthful living indicators among students?

**Table 1: Percentage Analysis of Implementation of Healthy School Environment**

S/No.	Healthy School Environment	Practice	
		Yes	No
1.	Is your school located far from noisy area?	397 (57%)	304(43%)
2.	Does your school have adequate buildings?	487 (69%)	214 (31%)
3.	Does your school conduct regular sanitation?	522 (74%)	179 (26%)
4.	Is water supplied for the teachers and students?	388 (55%)	313 (45%)
5.	Is teacher-students ratio manageable in your school?	106 (15%)	595 (85%)
6.	Does your school have adequate security?	224 (32%)	477(68%)

Data entries as presented in Table 1 indicate 57 per cent of the respondents who maintain that they have good school site, while 43percent of them said no. A total of

69 per cent of the respondents said that they have good physical environment and buildings in their schools, while 31 per cent said no. On regular sanitation in their schools 74 per cent said yes, whereas 26 per cent said no. A total of 55 per cent of respondents maintained that they have good water supply in their schools. On the issue of teacher-students ratio, only 15 per cent of the respondents answered yes but 85 per cent answered no. On provision of security, 32 per cent of the respondents said yes, while 68 per cent said no. From the analysis, it was observed that apart from teacher-students ratio and provision of security other items were available in the schools, implying that the schools operate in healthy school environments indicators, which could promote healthful living among students.

**Research Question 2:** Does implementation of school feeding services promote healthful living indicators among students in Akwa Ibom State?

**Table 2: Percentage Analysis of Implementation of School Feeding Service for Healthful Living**

S/No.	School Feeding Service	Practice	
		Yes	No
1.	Provision of food	102 (15%)	599 (85%)
2.	Food Menu	90 (13%)	611(87%)
3.	Regular deworming	89 (13%)	612 (87%)
4.	Use of local resources for food	98 (14%)	603(86%)
5.	Food committee	06 (1%)	695(99%)
6.	Nutritional education	579 (83%)	122 (17%)

The analysis on implementation of school feeding service indicates 15 per cent and 85 per cent respondents who answered yes and no respectively on provision of food in the school. On food menu, 13 per cent and 87 per cent answered yes and no respectively. Regular deworming has 13 per cent respondents who answered yes but 87 per cent answered no. On the use of local resources, 14 per cent said yes, while 86 per cent said no. Food committee has one per cent respondent with yes option and 99 per cent with no option. Nutritional education had 84 per cent for yes and 16 per cent for no. The result shows that school feeding service was fairly implemented in the study area.

**Research Question 3:** Will implementation of school, home and community relationship promote healthful living indicators among students in Akwa Ibom State?

**Table 3: Percentage Analysis of Implementation of School, Home and Community Relationship for Healthy Living**

School, Home and Community Relationship	Practice	
	Yes	No
1. Parents' visitation to school	57(8%)	644 (92%)
2. Home visit by teachers and health workers	15 (2%)	686 (98%)
3. Informing home about health condition of learner	62 (9%)	639(91%)
4. School outreaches to community	98 (14%)	603(86%)
5. School involvement in community health programme	51 (7%)	650(93%)
6. Promotion of cordial relationship between school and community	315 (45%)	386(55%)

Data entries on school, home and community relationship show only eight per cent of respondents who answered yes to parents' visitation to school, while 95 per cent of them said no. Home visit by teachers and health workers shows two per cent and 98 per cent for yes and no options. Informing home about health condition of learners has nine per cent and 91 per cent with yes and no respectively. On school outreaches to community, 14 per cent and 86 per cent of the respondents answered yes and no respectively. On the issue of school involvement in community health programme, seven per cent of the respondents answered yes, while 93 per cent answered no. Promotion of cordial relationship between school and community show 45 per cent yes and 55percent no. The result shows that school, home and community relationship is not well implemented in the study area.

**Hypothesis One:** There is no significant relationship between implementation of healthy school environment and healthful living in Akwa Ibom State.

**Table 4: Pearson's Product Moment Correlation Analysis of Healthy School Environment and Healthful Living**

Variables	$\Sigma x$		$\Sigma y$		r-cal	P-value	Decision
	$\Sigma x$	$\Sigma x^2$	$\Sigma y$	$\Sigma y^2$			
Healthy School Environment	1092	23891	211300		.760*	.002	*Significant
Healthful Living	1425	25224					

The result of the analysis as presented in table 4 on the relationship between practice of healthy school environment and healthful living shows a calculated R-value of .760 with a p-value of .002. Since the p-value is less than .05, the null hypothesis, which stated that healthy school environment have no significant

relationship with healthful living stands rejected. This implies that implementation of healthy school environment has a significant relationship with healthful living among students.

**Hypothesis 2:** There is no significant relationship between implementation of school feeding service and healthful living among students in Akwa Ibom State.

**Table 5: Pearson's Product Moment Correlation Analysis of Implementation of School Feeding Service and Healthful Living**  
n=701

Variables	$\Sigma x$	$\Sigma x^2$	$\Sigma xy$	r-cal	P-value	Decision
	$\Sigma y$	$\Sigma y^2$				
School Feeding Service	1141	24018				
			236211	.811*	.001	*Significant
Healthful Living	1425	25224				

Data entries on the analysis of practice of school feeding service and healthful living as presented in table 5 indicate a calculated R-value of .811 and a p-value of .001. From the result, it is observed that the p-value of .001 is less than .05. hence, the null hypothesis of no-significant relationship between implementation of school feeding service and healthful living is rejected in favour of the alternative. The result infers that implementation of school feeding service is significantly related to healthful living among students.

**Hypothesis 3:** There is no significant relationship between implementation of school, home and community relationship and healthful living in Akwa Ibom State.

**Table 6: Pearson's Product Moment Correlation Analysis of Implementation of School, Home and Community Relationship and Healthful Living**  
n=701

Variables	$\Sigma x$	$\Sigma x^2$	$\Sigma xy$	r-cal	P-value	decision
	$\Sigma y$	$\Sigma y^2$				
School, Home and Community Relationship	1023	21172				
			214257	.743*	.011	*Significant
Healthful living	1425	25224				

The result as presented in table 6 on the relationship between school, home and community shows a calculated R-value of .743 with a probability value of .011. Since the p-value is less than .05, the null hypothesis, which stated that there is no significant relationship between implementation of school, home and community

relationship and healthful living was rejected. The result implies that school, home and community relationship is significantly related to healthful living.

### **Discussion of Findings**

The findings on healthy school environment revealed a significant relationship between implementation of healthy school environment and healthful living. Majority of the respondents opined that they have good school site, with adequate buildings, sanitation in their schools and water supply in their schools for teachers and students. Only teacher-students ratio and security were poor. The finding inferred that healthy school environment is available and practised in the study area. This finding agrees with the finding of Anyanwu et al. (2012) who submitted that, a healthy school environment can improve health and increase students and teachers' productivity while unhealthy school environment poses danger, insecurity, and cause or intensify illness among teachers and students which result in high rate of absenteeism, less time in the classroom and ultimately reduced academic achievement. Matthew (2014) also revealed that a healthy school environment with good toilet facilities, bathrooms and well-equipped classroom among others significantly influence healthful living among students.

On school feeding, the findings revealed that school feeding service has a significant relationship with healthful living. The respondents opined that school feeding services is not effectively practised in the study area apart from few schools with dormitory where the boarding students are fed through the money paid by their parents to the school. In this case, day students are left out in most aspects of the school feeding services. This finding corroborates the submission of Moronkola (2012) that, the school feeding services is a very important component of school health programme because a sizeable proportion of the learners who do not eat well at home can at least have an adequate diet at school to promote their health and learning. FMOH (2011) also concluded that the better nourished children are, the better their learning ability and overall state of health. Healthy eating patterns are essential for students to achieve their full academic potential, full of physical, mental growth and life-long health and well-being.

In school, home and community relationships, the findings revealed a significant relationship between the school, home and community relationship and healthful living among students. The finding revealed that school, home and community relationship is essential to the enhancement of students' healthful living. From the responses of the respondents, it was observed that school, home and community relationship is fairly available and practised in the study area. This is in agreement with Ademokun et al (2015) who found out that, community members were not in any way involved in the promotion of school health programme in Nigeria because of the belief that the schools were owned by the government. Bakwai (2013) also concluded very important in Senior Secondary Schools in Zamfara State and that the strategies of visitations, field trips, speech and prize

giving days and news- letters used for managing school community relationship in Zamfara State Senior Secondary Schools were ineffective.

### Conclusion

On the basis of the findings of this study, the researchers established that schools in the study area operated in healthy school environments, which could promote healthful living among students. School feeding service is an important aspect of school health programme that needs to be curiously implemented for healthy living of the learners. The study equally concluded that school, home and community relationship needed to be paid more attention to for the healthy living of the teachers and learners. Based on the findings the following recommendations were made:

- (i) The state government and corporate bodies should help in renovating and providing all essential amenities needed for healthful living in public schools; this will enhance effective learning and promote healthful living.
- (ii) School feeding services should be implemented in all secondary schools in Akwa Ibom State to promote healthful living.
- (iii) Parents should join hands with the school authority to create effective school, home and community relationship. This will help improve and maintain the health and wellbeing of the school children.

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