

**KNOWLEDGE AND PRACTICE OF HEALTHFUL SCHOOL
ENVIRONMENT AMONG PUBLIC AND PRIVATE SECONDARY
SCHOOL TEACHERS IN IBADAN NORTH LOCAL
GOVERNMENT AREA, OYO STATE**

BY

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**A PROJECT SUBMITTED TO DEPARTMENT OF HEALTH
PROMOTION AND EDUCATION, FACULTY OF PUBLIC HEALTH
COLLEGE OF MEDICINE IN PARTIAL FULFILMENT OF
THE REQUIREMENT FOR THE DEGREE OF
MASTER OF PUBLIC HEALTH
(HEALTH PROMOTION AND EDUCATION)
OF THE
UNIVERSITY OF IBADAN**

MARCH, 2016

CERTIFICATION

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DEDICATION

This research work is dedicated to the Almighty God for His abundant blessings and for seeing me through this programme, and to my parents, Chief and Chief (Mrs) O.R. Omakinwa for their support, morally, financially and spiritually during the programme.

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ACKNOWLEDGEMENT

My sincere appreciation goes to my supervisor; Dr. Arulogun Oyedunni for the success of this research work. I thank you for your brilliant ideas, motivation, words of encouragement, support, and advice in ensuring that this work is completed. Your contributions to this research work have made it a better piece and you have made me become a better researcher. I will forever be grateful ma!

I sincerely thank and appreciate Head of Department (HPE) Prof. Oladimeji Oladepo for your input and constructive criticism during the course of this research work. I sincerely thank and appreciate my lecturers: Prof A.J. Ajuwon, Deputy Provost College of Medicine, Dr Fred Oshiname, Dr Yetunde John Akinola, Dr M.A. Titiloye, Mr John Imaledo, Mrs. Adeyimika Desmenu, Mrs Mojisola Oluasannu, and Mr. Femi Dipeolu who have all taught me well and shared their personal and professional experiences in the process of moulding me to become a professional change agent. Also my appreciation goes to the administrative staff of the department who has contributed one way or the other to the success and completion of this work.

To the pillars behind my academic success; Chief and Chief (Mrs.) O.R. Omakinwa, words cannot express my profound gratitude for your sacrifices, prayers, endurance and care from the beginning of this programme up to this time, may you live long to reap the fruits of your labour. To my siblings, Temitayo, Titilayo, Moboluwaji and Adeyinka; I say may the strong chord that binds us never get broken. God will protect and keep you all for me (Amen).

My special thanks go to my course mates and friends in persons of Diri Nmeri Victoria, Akande Samson, Tomere Fiyejuna, Aliyu Jane, Afun James, Adetunji Adetayo, Chigbundu Ijeoma, Adesina Femi, Anuichi Ernest and Osita Nonso and those that I cannot mention here. Thank you all for your support and input to my work. May you all fulfill your destiny in life in Jesus name (Amen). To all the academicians whose work had been consulted in one way or the other during the conduct of this research work; I say a big thank you to all.

Omakinwa Stella Oluwakemi

ABSTRACT

A healthy school environment is concerned with the provision of a conducive environment for learning and healthy practices which is not adequate in most schools thereby exposing staffs and students to various health hazards. Adequate knowledge and practice of healthy school environment is necessary to promote health among staffs and students in schools. This study was therefore, designed to investigate the knowledge and practice of healthy school environment among teachers.

The study was a cross sectional survey that used a four-stage sampling technique to select 278 teachers in both public and private secondary schools in Ibadan North Local Government Area. A pretested semi-structured questionnaire which contained a 19-point knowledge scale of school health policy, 10 point knowledge scale on healthy school environment, 12 point practice scale and factors influencing implementation of healthy school environment was used for data collection. Knowledge scores on school health policy ≤ 6 , $>6 \leq 12$ and >12 was graded into poor, fair and good respectively, knowledge score on healthy school environment ≤ 3 , $>3 \leq 6$ and >6 were classified into poor, fair and good respectively. Practice scores ≤ 6 and $>6-12$ were categorized as poor and good practices respectively. Data was analyzed using descriptive statistics and Chi-square test at $p < 0.05$.

Respondents' mean age was 38.3 ± 7.8 years, 54.3% of the respondents were females, 25.5% have spent more than fifteen years in service, 31.3% have post graduate degrees and 55.8% are public school teachers. More than half (73.7%) of teachers had fair knowledge of the school health policy document with a mean knowledge score of 9.3 ± 2.6 , 82.7% of the respondents had a good knowledge of healthy school environment with a mean score of 6.9 ± 1.5 and the reported practice of teachers on healthy school environment was good 85.3% with a mean score of 8.3 ± 1.7 . Barriers factors influencing the implementation of healthy school environment includes inadequate fund (72.3%), maintenance culture (73.7%), lack of infrastructure (75.2%), inadequate enlightenment on the part of the government (76.6%) were factors identified as hindrances to the

implementation of healthy school environment. No significant association was found between the knowledge of healthy school environment and its practice among teachers in secondary schools.

The respondents' knowledge on school health policy document was fair while knowledge on healthy school environment and practice of healthy school environment were good. Barrier factors identified to influence the implementation of healthy school environment include funds, maintenance culture, enlightenment on the part of the government and outbreak of diseases. There is need for advocacy which will help to enforce the existing school health policy.

Keywords: School Health Policy, Healthy school environment knowledge, practice, teachers.

Word counts: 416

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ACRONYMS

CDC:	Center for Disease Control
C.D.E:	Connecticut State Department for Education
NSHP:	National School Health Policy
NUT:	Nigeria Union of Teachers
PTA:	Parent Teachers Association
SHP:	School Health Programme
UNICEF:	United Nations Children's Fund
UNRWA:	United Nations Relief and Works Agency
WHO:	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The school as a setting is where learners spend a considerable part of their life exposed to various variations of physical, emotional and social influences. The school reaches a large percentage of the nation's population for so many years with a age range of 3-17years for about 6-8 hours a day on a daily basis (Ademokun, Osungbade, and Obembe, 2014). The learning of health related knowledge, attitudes, behaviour and skills of children begins at an early age which is the school age (Balafana and Akani, 2011). The school environment represents an important setting because many children's social habits and behaviours are learned at school (Christian, Thanh-Tam Le and Jamie, 2012). After the family, the school serves as the next most important place of learning for children and they have a central place in the community (Ana, Oloruntoba ,Sridhar, and Adekolu, 2008) the school also serves as an opportunity to communicate with young people by providing learning experiences and safe environment to practice new skills and learn healthy behaviour, (Centre for Disease Control [CDC], 2012).

In order to benefit maximally from the education system, children needs to be physically, socially, emotionally and mentally fit (Kestelyn and Officer, 2010).Therefore, in ensuring the safety of learners and staff in school, World Health Organization (WHO, 2010) defines a healthful school environment as that which comprise the school building, and all its components including its physical structure, infrastructure, furniture and the use and presence of chemicals and biological agent; the site on which the school is located; and the surrounding environment including the air, water, and materials with which children may come into contact, as well as nearby land uses, roadways and other hazards. With respect to achieving a healthful school environment which is one of the components of school health programme, the Federal Ministry of Health and Education in collaboration with World Health Organization (WHO) conducted a rapid assessment of the School Health System in Nigeria which brought about the development and passage

into law in 2006 the National School health policy. The National School Health Policy (NSHP) serves as a guideline that helps in the implementation of the School Health Programmes (SHP) and it is a core in the implementation of National Policy on Education. The primary aim of the School Health Policy is to augment the quality of health in the school community and the creation of an enabling environment for intersectoral partnership in the promotion of child friendly school environment, for teaching, learning and health development. It is also aimed at promoting the health of learners to achieve the goals of Education for All (EFA)(Policy, 2006).

The Kenya National School Health Strategy (2009) and the National School Health Policy (2006) both emphasize the relevance of water, sanitation, hygiene and physical structure of the school as a benchmark to improve child health, attendance, performance, retention and transition. It also forms the basis of a sustainable solution to the threat of water, sanitation and hygiene related diseases among school students, such as stomach ache, fever, headache, diarrhea, intestinal worm and malaria which contribute to student absenteeism (Chan and Dishman, 2011).

Balafana and Akani (2011) also defines a healthful school environment as that which is concerned with the provision of an environment in the school which is conducive to healthy living and desirable health practices which includes the emotional and the physical environment. The emotional environment of the school is exemplified by the type and quality of relationship existing between the students and staff (C. S. D. of Education, 2007). The physical environment is concerned with ensuring a clean and safe environment embodied by the presence of water supply, refuse disposal, sewage disposal, quality of school buildings, and absence of harmful objects as well as vectors of disease agents (NSHP, 2006). Effective learning can only take place in a school that provides a good standard environment (Nakpodia, 2006). The day to day experiences in a good school environment should result in improved health knowledge, attitudes and practices (Oluremi, 2010).

1.2 Statement of the Problem

World Health Organization (WHO, 2011) has estimated that between 25 to 33% of the global burden of diseases can be attributed to environmental risk factors. The leading cause of death in children between the ages of 5 to 14 years in low income countries are lower respiratory tract infections, malaria, diarrhea diseases and injuries due to road traffic accidents and drowning (Godson et al, 2009).

Diarrheal diseases claim the lives of nearly 1.5 million children every year. Eighty to 90 percent of these diarrhea cases are related to environmental conditions, in particular, contaminated water and inadequate sanitation (Plan, 2010). Studies have indicated that most young children were at higher risk of safety at school than elsewhere (Kelly, 2010). These is further buttressed by the United Nations Millennium Development Goal 2 which aim is to “ensure that, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling in the year 2015”, but due to inadequate water and sanitation facilities in the school environment which have been reported as a major hindrance towards achievement of this goal (Christian, Thanh-Tam Le and Jamie Bartram, 2012).

The U.S. Environmental Protection Agency (2010) warned that moisture trapped in rooms could become a primary source of microbial growth which frequently results in adverse human health effect.

According to a study conducted by Ademokun et al (2014) in Oyo state Nigeria, most schools assessed did not have adequate environmental facilities that will make the environment healthful, thereby exposing the students and teachers to various health hazards such as helminthiasis which has been documented to be significantly increased in schools with poor sanitary conditions. Moreover, most of the schools had inadequate environmental health facilities with only 25% of the schools having ventilated pit latrine and just 46% had pipe-borne water or borehole (NSHP, 2006).

The use of temporary classroom buildings, though inevitable in growing schools, places students in higher risk than those in permanent buildings. Student safety and health conditions in temporary classrooms have been the problems of study by educators and environmental scholars (Chan et al 2010). Balafama and Akani (2011) reveal that the school environment in Nigeria is unsafe due to lack of adequate and safe water supply, poor sanitation facilities, and dilapidated school structures, overcrowded and un-conducive classrooms. Poor hygiene and unsafe water are major contributors to life-threatening illnesses among children annually and major contributors to school absenteeism globally (Unrwa, 2013).

1.3 Justification

There have been very few studies that have assessed the knowledge of teachers on implementation of the school health policy in secondary schools in Nigeria particularly healthful school environment (Ademokun et al 2014). However, conducting this study will contribute to the growing literature on healthful school environment since there is a dearth of studies examining the knowledge and practice of teachers in ensuring a conducive physical and emotional environment for students in the secondary schools in Nigeria and also add value to the field of health promotion and education on the knowledge and practice of healthy school environment which will also serve as a reference point for other future researchers who wish to conduct further research work in this field.

The dearth of knowledge as a result of little work done on this phenomenon will be bridged and information will be provided to various ministries in charge of the implementation and sustainability of the school environment. The study will provide base line information on reported practice of healthy school environment by teachers. Findings from this study will be used by the government and stakeholders in the school to ensure proper implementation of the school health policy particularly healthy school environment according to laid down guidelines by the Federal Government.

This study thus becomes highly imperative because it will provide information among teachers on their knowledge and practice in ensuring a healthy school environment in some selected public and private secondary schools in Ibadan North Local Government in Oyo State.

1.4 Research Question

The study provided answers to the following questions:

1. What is the knowledge of school health policy among teachers?
2. What is the knowledge of secondary school teachers on healthful school environment?
3. What are the practices of teachers in secondary schools in ensuring the safety of staff and students in the school environment?
4. What are the factors preventing the effective implementation of healthful school environment among teachers in Ibadan North LGA?

1.5 Broad Objective

The broad objective was to investigate the knowledge and practice of healthful school environment among public and private secondary school teachers in Ibadan North LGA

1.6 Specific Objectives

The specific objectives of this study were to:

1. Assess the knowledge of secondary school teachers on National School Health Policy document
2. Assess the knowledge of secondary school teachers on healthful school environment
3. Identify current practices of healthy school environment among secondary school teachers
4. Identify factors influencing the effective implementation of healthy school environment among teachers

1.7 Research Hypothesis

1. There is no association between the knowledge of healthy school environment and its practice among teachers in secondary schools in Ibadan north local government

CHAPTER TWO

LITERATURE REVIEW

2.1 Concept of School Health Policy

National School Health Policy (NSHP) has been formulated in several developing countries following the recommendations of the Global School Health Initiative in 1995 (Saito, Ngouay, Sachi, Takeshi, Sethavudh, and Jimba, 2014) such as Nigeria in 2006 (Federal Ministry of Education, Nigeria, 2006), Lao People Democratic Republic (NSHP 2005) and Kenya in 2009 (Republic of Kenya, 2011). The National School Health Policy (Policy, 2006) is crucial for school-based health promotion. It provides a common goal and strategy for all schools and other implementers across the country (UNESCO, 2012).

The National School Health Policy was introduced in 2006 to improve the state of school health services in the country. Improving implementation of school health services and programmes will impact positively school age morbidity and mortality statistics and help in the achievement of Health for All (HFA) declaration; education and health Millennium Development Goals precisely through MDG Goals 2 - achievement of universal primary education; 4 - Reduction of child mortality; and 6 – Combating HIV/AIDS, malaria and other diseases, significantly MDGs (2013) from the key informant interview conducted by Ademokun et al (2014) in Ibadan, the awareness of school health policy, many of the school head teachers had never heard of the 2006 National School Health Policy. Few who were aware got to hear about it through the mass media.

The school health programme indicates all aspect of the school programme which contributes to the understanding, maintenance and improvement of the health of the school population which consists of school children and personnel (Policy, 2006). The education sector not only trains or prepares human resources needed for the economy; it also produces leadership for various spheres of life. The leadership coming out of the educational institutions influences social and political dynamics in the country.

In a study conducted in South Africa, revealed issues for successful implementation of the NSHP, which include having a sufficient number of human resources, availability of transportation to schools and further training Shasha et al (2011). President Obama's Education Blueprint particularly pinpoints safety and health conditions of school environment as essential elements to improve student learning (U.S Department of Education 2010).

Besides augmenting the care for the populace, research indicates that effective school health policy helps to increase school attendance and academic performance, decrease school drop-out rates Bonell et al (2011). This was Further stressed by a study in Bangladesh, where there was an increase school attendance particularly among girls by 11 per cent per year from 1992 to 1999 (Life for gender water and sanitation, 2006).

The primary implementers of school health programs in 2011 are ministries of education in partnership with ministries of health. Implementation of any health activity needs to be informed and supervised by health experts, but the education sector must lead on activities that promote education and learning outcomes (Bundy, 2011). A general lack of trained teachers in the education sector continues to pose a challenge to successful school health programming. Many teachers are considered too overworked with other education duties to take on additional school health activities that are not well understood as being complementary to and amplifying the benefits of education. (Vince and Aldinger 2009)

2.1.1 Component of School Health Programme

A comprehensive school health program increases students' enrolment, attendance and retention, factors that are very important in a country's human resources development (Job, Betty, Gordon, and Ben, 2014). The school health programme is based on two pertinent issues. Firstly, the relationship of quality of learning with the health conditions of students, and secondly, responsibility of the state to facilitate smooth physical and mental growth of children for their future role as productive members of the society (Wing and Educational, 2010; Policy, 2006)

The school health programme consists of

- 1 School Health Environment
- 2 School Health Services
- 3 School Feeding Services
- 4 Skill Based Health Education
- 5 School Home and Community Relationship

For the purpose of these study Healthy school environment which is one of the component of school health programme will be looked into. A healthy school environment is an essential factor in achieving the overall goals of the School Health Programme (SHP) because it has an implication for all areas of school health (FME, 2010).

2.2 Healthy School Environment

Providing a safe and healthy school environment is fundamental to student learning. This is fully documented by Maslow (1943) who identified safety needs and physiological needs being the basic needs of his Hierarchy of Needs of Human Motivation. As far as the acquisition of academic knowledge is concerned, it is the school environment which imposes a significant influence on the child (Oluremi, 2010).

Healthful school environment is concerned with the provision of an environment in the school conducive to healthy living and desirable health practices (NSHP 2006). Unrwa (2013) defines a healthy and safe physical environment as that which requires schools to maintain safe, clean and hygienic conditions in their premises, including school buildings, classrooms, science laboratories, yards, canteens, water and sanitation facilities. Creating a healthy school environment requires the involvement of virtually everyone in the school such as students, teachers, administrators, custodial and maintenance staff, school nurses, nutrition services workers etc (Education, 2013). The school environment must create an enabling atmosphere for social, cultural and emotional well being that promotes a healthy child well being (Kann and Wooley, 2007). Schools have been charged with the responsibility of producing environmentally responsible learners

who will be able to handle the demands of ever increasing pressure of environmental challenges in their society (Nthalivi, 2013).

The school environment includes the emotional and the physical environment (Balafana and Akani, 2011).

2.2.1 The School Physical Environment

The school physical environment is concerned with ensuring a clean and safe environment exemplified by the presence of water supply, refuse disposal, sewage disposal, quality of school buildings, and absence of harmful objects as well as vectors of disease agents (Unrwa, 2013). It also includes the school building and the surrounding grounds, such as of presence noise, temperature, lighting as well as socioeconomic status of students' families (Diamond Education, 2013). The school physical environment plays an important role on students' choice of a particular subject of study and the academic performance of students (Solagbade et al 2013).

Studies have shown that a close relationship exists between the physical environment and the academic performance of students. Asiabaka (2008) maintained that the quality of education that children receive bears direct relevance to the availability or lack of physical facilities and overall atmosphere in which learning takes place. Also the physical characteristics of the school have a variety of effects on teachers, students, and the learning process (Tope, 2013). When the physical facilities is well maintained and the surrounding grounds are well kept, they convey respect for the school community and the educational mission (Robert, 2009). Bandele (2003) noted that the importance of physical school facilities such as modern laboratories, libraries, classroom furniture, classrooms cannot be relegated. Alimi (2007) also opined that there is need for old buildings and infrastructure to be renovated. These have shown a positive relationship between availability of facilities and student academic performance (Vandiver, 2011).

Bosah, (2013) stated that school buildings especially older once are plague by a number of environmental health threats such as mold, fumes, indoor air pollutant and even

asbestos. In a study conducted by Murray (2010) and Brown et al (2012) stated that the risk factor for adolescent mental health in school include bullying, discrimination, breakdown in or lack of friendship, peer pressure, poor teacher to students relationship. Also, emergency preparedness measures should be taken to ensure the safety and health of students and staff in case of epidemics, accidents, sudden critical illnesses, natural disasters and conflict situations. It is necessary therefore that the, school maintains safe, clean and hygienic conditions where the school environment is welcoming, stimulating, protective, and emergency preparedness plan is in place and known by all staff and students (Wing and Educational, 2010).

In addition pupils who learn about the link between the environment and health will be able to recognize and reduce health threats in their own homes (WHO – Physical school environment document II - 2003).

2.2.2 The School Emotional Environment

Students in secondary schools are those who are undergoing adolescence, it is a stage noted as a time of rapid physical change or development and it is also a time of adjusting to the strange and unfamiliar body changes, forging new relationship and emerging intellectual powers (Igbo, 2006). Good emotional health during adolescence is associated with educational success, the development of healthy lifestyle and reduced risk of adverse socio economic outcomes in later life (Judi, Ricardo, Jenny and David, 2011). The school emotional climate is judge favourably on aspect such as positive peer and teacher relationship, safety and fairness and feelings on school connectedness (Kiesner, Poulin, and Nicotra, 2003 and Murberg and Bru, 2004).

The emotional climate of the school can be enhanced when it is: i) warm, friendly and rewards learning, ii) promotes corporation rather than competition, facilitates supportive, open communication iii) prevent physical punishment, bullying, harassment and violence iv) Promotion of the rights of boys and girls through equal opportunities and democratic procedures (WHO, 2003).These simultaneously provides support to teachers, students and their families.

The emotional environment in the school is exemplified by the type and quality of relationship existing between the students and staff (C. S. D. of Education, 2007). A child-friendly social environment is welcoming and stimulating and provides protection from violence and abuse which promotes the mental health and psychosocial well-being of the students (Unrwa, 2012). Interpersonal relationship has the most impact on the social emotional environment of a school. Teachers through their verbal and non verbal behaviors must demonstrate that they recognize and value differences in student (Perez, 2012) through a provision of a positive emotional climate in the school which serve as a necessity for effective learning that is dependent on adequate provision of physical and psychological needs of the students and the school personnel (Balafana and Akani, 2011).

2.2.3 Component of Healthy School Environment

The School Health Environment plays a pivotal role in the retention and learning outcomes of students through the availability of proper facilities which is a pre-requisite for creating a healthy environment in school.. The guideline to the implementation of healthful school environment in Nigeria involves the provision of the following facilities in schools which includes:

- i) Safe clean drinking water (with regular water quality monitoring),
- ii) Gender and culturally appropriate sanitation/toilet facilities
- iii) Refuse disposal facilities
- iv) Environmental Sanitation
- v) Adequately spacious class rooms,
- vi) Comfortable seating arrangements, Play grounds etc.
- vii) Location of the school (FME, 2010)

2.2.3.1 Water Supply

- i) There shall be adequate supply of safe water for drinking, washing, cleaning and flushing of toilets. A water point should serve a maximum of 250 people.
- ii) The water source must be properly maintained by the school authority. In the case of new bore-holes/hand dug wells, sampling of water/analysis should be done quarterly for the first one year, thereafter yearly sampling should be done if no harmful substances are discovered.
- iii) The school authorities should liaise with the State Water Agency/Corporation for the water sampling.
- iv) The location of the water source should be at least 30m from any soak-away / toilet.
- v) Wash hand basins with soap and clean hand towels should be placed at strategic places within the school premises (FME, 2010).

2.2.3.2 Refuse Disposal Facilities

- i) Adequate and sufficient number of rust resistant, water and rodent proof covered containers must be provided.
- ii) Where possible, incinerators, composting and land fill should be provided (FME, 2010)

2.2.3.3 Toilet/Bath Facilities

- i) The toilet facilities shall be gender sensitive for both learners and staff.
- ii) Constructed compartmentalized Ventilated Improved Pit (VIP) Latrines shall be promoted. Where appropriate, Water Closet (WC) facilities will be encouraged.
- iii) There shall be at least a toilet compartment for every 30 learners. The school shall provide fitted urinal for boys.
- iv) Adequate and separate bathrooms for males and females especially in boarding schools must be provided.
- v) The toilet and bath must be kept clean, disinfected and controlled against pests (FME, 2010).

2.2.3.4 Environmental Sanitation

- i) Cleanliness of the school environment including the toilets, the kitchen, food stores and the classrooms is mandatory.
- ii) Drinking water must be covered and kept away from contamination.
- iii) Refuse must be collected using sanitary dustbin and kept at strategic locations around the classrooms and hostels. Refuse shall be disposed daily from the point of generation to the point of final disposal.
- iv) Sewage, storm and rainwater shall be properly managed and drained.
- v) Domestic animals at residential areas within the school premises must be adequately confined.
- vi) All refuse shall be properly disposed using appropriate sanitary methods (FME, 2010)

2.2.4 Relevance of Healthy School Environment

- i) Increase school attendance among students and teachers and improves teachers morale; providing separate sanitation facilities for girls is an important contributing factor in reducing dropout during and before menses (WHO, 2010). An increase in the number of girls who stay in school is likely to lead to a reduction in childhood mortality, improved children's health and nutrition, and a deceleration in population growth (UNICEF, 2002).
- ii) Emotionally and physically safe schools promote caring relationship between students and adult at school, and provide students with opportunities to participate in decisions about their education and to be involved in community (TCSII, 2007).
- iii) It enables learning and teaching thereby fostering responsibility, respect and academic excellence (Extension, 2011).
- iv) It encourages healthy behaviours that help student learn about fitness, nutrition, and healthy choices.
- v) In the United States, asthma is believed to be the most common reason that students miss school. Eliminating air pollutants that trigger asthma attacks and other respiratory illnesses can help improve attendance in high and low income nations

(CDC, 2009). Improved air quality can reduce illness and absenteeism and joint use agreements permitting the use of school grounds for recreational activities can support physical activity (CDC, 2012).

2.3 Teachers Knowledge of Healthy School Environment

School teachers with adequate health knowledge have responsibilities for developing students' knowledge, attitudes and behaviour when disseminated to them (Alnasir and Skerman, 2003).

In creating a safe and healthy school environment, it involves a broad approach where teachers incorporate respect for self and others, healthy behaviors, integrity, citizenship, a sense of commitment, and contribution to the school and society (Connecticut, 2010). Teachers' education is considered a major factor in the effective implementation of comprehensive school health programme (Ogwan, 2006). Robert (2009) opined that no factor is more important for positive school outcomes than the children's perception of the teacher's attitude toward them. When students believe that their teachers care about them, see them as competent, respect their views and desire their success, they tend to work toward fulfilling those high expectation (Anthonia and Ejifugha, 2014) .

Teachers and staff need to enjoy their work and be willing to contribute to the school's positive learning environment (Blum, 2009). Ofoegbu (2004) stated that if a teachers' perception of the classroom is safe, healthy with supportive facilities and resources for teaching he/she tends to participate more than expected in the process of management, administration and the overall improvement of the school. They therefore commands and emits the image of one who improves knowledge and the physical conditions of the classroom through orderliness, discipline and control (Oluchukwu, 2004). An atmosphere of collegiality influences teachers' efficacy, satisfies emotional needs, and leads to personal and professional learning (Afe, 2002). In order to raise students' health knowledge and improve their attitudes toward health, they should be placed in an appropriate environment (Alnasir and Skerman, 2003).

According to the Oxford Advance Learner dictionary, a teacher is a person who teaches in a school. To teach means to impart knowledge to or instruct (someone or group of individual) as to how to do something. Adebola and Jayeoba (2011), describes a teacher as a vital component of the school administration that stands at the most important point in the educational process who must be well versed in the art of teaching. In recognition of this, the National Policy on Education (2004) affirms that no education can rise above the quality of its teachers because they play various roles both formally and informally in school, outside the school and in the Community.

2.4 Teachers Practice of Healthy School Environment

The teacher has the responsibility of translating educational objective into knowing and skill and transfer them to students in the classroom (Adejumobi and Ojikutu, 2013) . The teacher emits and commands the image of one who improves the physical condition of the classroom through orderliness, discipline and control and of one who makes diagnoses of students' feelings and attitudes inferred from their behaviour and response in the classroom environment (Wilson, Magarey, and Mastersson, 2013). The school environment is the totality of conditions under which a person or a group of persons works or performs his or her duties (Johnson, Kraft, and Papay, 2012). The school environment can be in form of physical environment, human environment and relationship with colleagues and administrators, interaction within the system and the general aura of the work climate (Moore, 2012).

The school teachers' knowledge about healthful school environment is very important so that they can impart accurate knowledge about safe environment to the school children who ultimately serve as catalytic agent to propagate accurate information about its importance in the community at the long run (Bankole and Mabekoje, 2008). Most teachers do not consider the importance of the school environment to the students' growth and development (Higgins, Wall, and Mccaughey, 2005). Some teachers may not appreciate the negative impact of dilapidated, leaking and ill ventilated school house with

broken window panes, or defective walls, or muddy and sandy flour, on the students' behaviour (Akporehe, 2011).

It would be stating the obvious to say that no normal student would embrace such a social environment, as it leads to students' anger, tension and frustration, and inhibits effective classroom control (Nakpodia, 2006). Most of the Nigerian schools' environments are not conducive enough for the development of appropriate skills, knowledge, interests and attitude in individuals to become responsible citizens (Oluremi, 2010). Teachers in the classroom are very important in this aspect because they work directly with the children and as such make a lot of impact in their lives, (Ijeoma, 2007) noted that teachers are the most effective agents of change because they function as administrators, curriculum developers, instructors and career guidance counselors they are powerful mediators in all educational matters.

Moore (2012) opined that teachers who are dissatisfied could negatively affect the morale of their students and fellow teachers, which could result in decreased motivation of students and staff. Higgins et al (2005) also reported that unconducive physical environments such as dilapidated buildings, lack of furniture in the classroom are capable of disabling education which acts to lower teachers' morale and motivation, so eroding their commitment to teaching.

Teachers have a central responsibility within the school as role models for children, whilst at the same time being subject themselves to organizational influences that may have profound effects upon their physical and mental health, and performance capacity Lemerle (2005).

Teachers who teach in a favorable work environment are more satisfied and less likely to plan to transfer or leave the profession than their peers in schools with less favorable condition ((Boyde, Grossman, Lankford and Loeb, 2011 and Johnson et al., 2012)

2.4.1 Roles of Teachers in Promoting Healthy School Environment

Teacher aims to create an environment that foster the development of positive physical, social and emotional health. This is done by:

Teacher as a Role Model

Teachers act as positive role model for students, parents and the community which can be facilitated by providing a school environment that encourages being active, prohibit using physical punishment, provision of adequate playground facilities, access to equipment and walking paths (SA Health, 2012). Teachers are more effective and student outcomes are better when teachers have more experience, teach in the field in which they are trained, and when they have strong academic skills (Pilar and Brett, 2008)

They are also involved in nation-building, curriculum planning and implementation, policy formulation (especially those concerned with the school system), conflict resolution, electoral process, etc. (Akinyeye, Opeloye, and Oyeleke, 2013). Makinde, (2005) opined that teachers' leadership consist of living as a role model, giving the school direction, having an overview of school activities, setting standards and making "tough" decisions.

The Participation of Teachers in the School towards a Healthy School Environment

The participation of teachers in the development of a school safety plan, discipline code, and racial and sexual harassment policy, will prompt the implementation of the policy by consistently reporting incidents of misbehavior, crime, violence and harassment (Emanuel Hurwitz and Julius Menacker, 1996). These is done in collaboration with administrators in school, a school environmental health and safety team which could comprise of Parent Teachers Association (PTA) members, community leaders, custodians and law enforcements officials (Isa and Jailani 2014). A positive relationship with a teacher may motivate a student to learn, participate more in class, or engage in other behavior related to academic achievement.

In addition, teacher support may help students psychologically (Fredriksen and Rhodes, 2004).

In a Key Informant Interview conducted by (Olutola and Perumal, 2014) among teachers, they reported that the responsibility of teachers is not limited to classroom teaching but also ensuring that the school environment is clean through monitoring and supervision of students and those in charge of cleaning the school. Furthermore, they can also mount training programme for food vendors and also inspect the food to ensure that only the approved and supervised vendors sell food to the pupils/students (Nwankwo, Obanny, Amaadi. Nwoke, and Ikegwoha, 2009).

Teachers are health promoters creating awareness on the importance of overall wellbeing, proper hygiene, environmental sanitation and social competence among students and pupils (Balafana and Akani, 2011) whereby developing a positive and meaningful relationship with students by celebrating students' uniqueness and strengths through different and individualized instructions to ensure that the health and safety needs of all students are met (AHG, 2014).

Advocating for a healthy physical school environment through the provision of adequate sanitation facilities such as waste basket, refuse disposal facilities, adequate potable water, vector control and school building which could be simple and cheap (Nwankwo, 2004). Teachers should encourage students to bring filled water containers to class by ensuring that free, safe and unflavoured drinking water is available throughout the school at no cost to the students (AHG, 2014).

2.5 Factors Influencing Implementation of Healthy School Environment

The Nigerian government have tried to implement, effectively monitor and evaluate SHP which has been affected by lack of resources, corruption and poor implementation policies by the government (NSHP, 2006), which has been as a result of limited number of trainees, lack of monitoring support from the zonal or district level that has led to negative impact on sustainability of the school health program (Wasonga, Ojeny, Okech, and International, 2014). Studies have shown that the process of policy implementation is usually divorced from the development of the policy itself and lack of proper planning may pose a great risk and hinder its implementation (Job, Betty, Gordon, and Ben, 2014)

at the national level is one of the reasons for limited scaling up actions for nationwide implementation of school health policy.

Government policies and bureaucracies' makes virement of finances by principals difficult and this can also impact negatively on the level of implementation of healthy school environment (Janet, 2015).

High risk; the use of temporary classroom buildings, though inevitable in growing schools, places students in higher risk than those in permanent buildings. Student safety and health conditions in temporary classrooms have been the problems of study by educators and environmental scholars (Chan, 2011). Poorly designed school buildings create unsafe and unhealthy conditions for students such as sharp corners, rough walls, slippery floors, inadequate air flow and water with excessive lead contents which create hazardous health condition for students (Robert, 2009).

Poor Human Resource Management: A general lack of trained teachers in the education sector continues to pose a challenge to successful school health programme. Many teachers are considered too overworked with other education duties to take on additional school health activities that are not well understood as been complementary to and amplifying the benefits of education (Kirk and Dembele, 2007). A shortage of teachers trained in school health policies and program implementation is also a challenge for successful school health programs, and especially to successful emotional health of student (James, Traore, Finger, Ruland, and Savariaud, 2004).

The sustainability in funding and training of personnel in ministries of education are both essential for successful long-term programming which have seen high attrition rates with focal point being moved to other jobs (Vince and Aldinger, 2009). These can also be seen in other countries like USA which also faces challenges of implementing its national health education due to lack of commitment by the districts, designated coordinator, qualified personnel, poor plan for measuring implementation and poor plan for policy review and revision, resources and shortage of staff (School Health Policies and Practices USA, 2012).

Budget Issue; Tight school budget problems have laid constraints to many school projects including creating a safe and healthy environment for learning. Consequently, many private and public school cannot afford to maintain the safety and healthfulness services as needed.

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2.6 Conceptual Framework

A conceptual framework presents a systematic way of understanding events or situations. It is a set of concepts, definition, and propositions that explains or predicts events or situations by illustrating the relationship between variables (National Cancer Institute [NCI] 2005). In this study Ecological Model was adopted to provide a clear explanation of the important variables linked to the study which should be assessed.

Ecological models of health are comprehensive health promotion frameworks that are multifaceted, which focus on environmental change and its influence on behaviour, and structural interventions such as policies that help individuals make healthy choices in their daily lives (Lemerle, 2005). The defining feature of an ecological model is that it takes into account the different levels of environmental influences, such as physical, social, and organizational, and their relationships on people at individual, interpersonal, organizational and community levels, that is, it recognizes that behaviour does not occur within a vacuum (Perry, Williams, Mortenson, Toome, Komro, Anstine, McGovern, Finnegan, Forster, Wagenaar, and Wolfson, 1996).

The common thread linking the ecological models of health is their focus on those intangible assets within human systems (such as organizations and communities), which in many subtle ways determine health outcomes. Distinctions between the social systems within which we operate, such as families, workplaces, schools and neighborhoods, particularly in relation to population health research, appear to be weak.

2.7.1 The tenet of the ecological model includes:

1. Individual or intrapersonal factors: This involves the teachers sex, age, level of education, years in service, category of school they are teaching and the training they have undergone. The knowledge of teachers on healthy school environment which influences there

2. Interpersonal factors: This addresses the influence of significant others on the teachers to perform a particular behavior such as the headmaster, PTA, government representatives, health officials etc.

3. Community: The third level explores the settings, such as schools and its neighborhoods, norms of the community, which could influence the practice of the teachers towards ensuring a healthy and safe environment within defined boundaries.

4. Institutional factors: These are institutional or organizational characteristics such as rules and regulations which may constrain or recommend behaviours for operations. It can also be referred to as the network of social interactions and relationships that exist specifically within the work environment. It includes school climate (tolerance/intolerance), class schedules, financial policies, competitiveness, lighting, unclean environments, distance to classes and buildings, noise, availability of study and common lounge spaces, air quality and safety. This is the extent to which the organisation provides a work environment that is conducive to healthy human (and social) outcomes.

5. Societal or Public Policy Factors: The fifth level looks at the broad societal factors such as the local, state, national and global laws/policies that help create a climate which regulate or support healthy actions and practices in the school. These policies help to allocate resources to establish and maintain a coalition that serves a mediating structure connecting individuals and the larger society to create a healthy school environment.

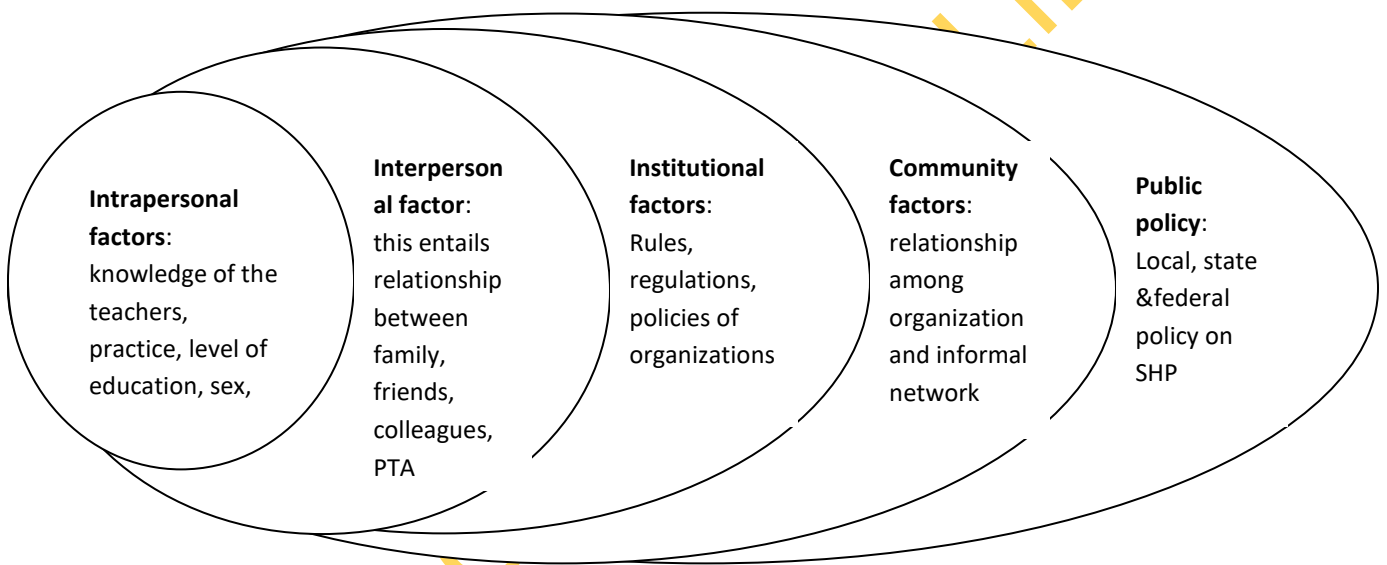


Fig 2.1 Ecological Model as applied to the study (McLeroy, Steckler, Bibeau and Glanz, 1988)

Table 2.1 Application of the designed framework to the study

Component	Application
Individual/Intrapersonal Level This refers to the personal characteristic of the teachers which influences their knowledge and practice e.g level of education, sex, cadre etc	The intrapersonal factors that influenced respondents' knowledge and practice of healthy school environment. See Appendix 1 Section A Questions 4, 8, 9, 10
Interpersonal Level This include the relationship between the teachers and other members of staff and student	The interaction that exists between the teacher and the environment that influence their behavior. See Appendix 1 Section D, Questions 38, 42, 43, 45, 47
Institutional/Organizational level This focuses on the policies, rules and guideline in the school that promote a healthy school environment	This focuses on institutional factors that influence respondent behavior. See Appendix 1 Sections C and F Questions 23, 24, 29, 30, 48, 51
Public Policy level This refers to the roles of government at various level (Federal, State and Local) in the formulation of policies, guideline and implementation of policies	This relates with developing of health related programme and facilities in schools. It also involves public enlightenment on the role and importance of healthy school environment. See Appendix1 Sections B and F, Questions 11, 12, 18, 19, 49, 53

CHAPTER THREE

METHODOLOGY

3.1 Study Design

A descriptive cross sectional study design was utilized involving a quantitative method to obtain information on the knowledge and practice of healthful school environment among teachers in selected secondary schools in Ibadan North local government.

3.2 Description of the Study Area

The Study was carried out in Ibadan North Local Government area of Oyo State which was created by the Federal Military Government of Nigeria on 27th September, 1991. This local government is bounded in the west by Ido and Ibadan North West local government, bounded in the East by Lagelu, Egbeda and Ibadan south east local government respectively and bounded in the north by Akinyele local government. Ibadan North Government secretariat is situated at Agodi-Gate, opposite the Oyo state government house, Ibadan.

Ibadan North Local Government Area is located approximately on longitude 8⁰5' east of the Greenwich Meridian and Latitude 7⁰23' north of the Equator.

According to the 2006 National Population Census, the population of Ibadan North Local Government was about 306,795 with an area 27km square (km²). There are 12 wards in the Local Government. Ibadan North has 36 public secondary schools which are managed by the state government with a population of 1097 teachers and 47 registered private secondary schools. This study will be focused on teachers in selected public and private secondary schools in Ibadan North Local Government area of Oyo state

3.3 Study Population

The target study population consists of teachers in public and private secondary schools in Ibadan north LGA who are employees of the state government and private organisation in which they work.

3.4 Inclusion Criteria

The study involved male and female teachers and some vice principals who were available and willing to participate in the study in the selected secondary schools.

3.5.1 Exclusion Criteria

The study excluded Students, Non-teaching staff, Corp Members, Students on teaching practice and teachers who were unwilling to participate in the study

3.6 Sample Size

The sample size (n) for this research was calculated using Leslie-Kish (1965) Formula of

$$N = \frac{z^2 pq}{d^2}$$

In a study conducted among teachers in Ogun state Nigeria, by Odeyemi and Chukwu (2015) the prevalence of teachers that was used in the study was 80%. For the purpose of this study a prevalence of 80% will be used.

Where N= minimum sample size required

Z=standard normal deviation set at 1.96 normal interval

P =prevalence proportion of people estimated to practice the behaviour under investigation. (the significant value for P will be assumed to be 80% = 0.8)

Q= proportion of people without the behaviour being investigated [Q=1-P, P+Q=1],
Q=1-0.8 = 0.2

D= degree of accuracy set at 0.05(precision set at 5% = precision limit (limit of error) for the purpose of the study , 'd' was considered at 95% confidence interval, therefore precision limit will be 100-95=5%

Therefore, the sample size $N = \frac{1.96^2 \times 0.8 \times 0.2}{0.05 \times 0.05}$
 $= 245.86$

Therefore, the minimum sample size (n) is 245 which implies that a minimum of two hundred and forty five respondents are recruited, after which a non-response rate of 10% was calculated and the result is shown below

A non-response rate of 10% of $245.86 = 24.58$ which was approximated to 25.

25 non-response rates was added to the calculated minimum sample in other to address possible case of incomplete response. $(245+25)=270$. Therefore, the sample size was 270.

3.5 Sampling Technique

A multi-stage random sampling technique was employed in selecting respondents from public and private secondary schools in the local government. From the information gathered at the records of Local Inspectorate of Education (LIE) office, the number of registered private secondary school is 47 while there are 37 public secondary schools in the local government.

Stage I: Schools was stratified into public and private secondary schools.

Stage II: Proportionate sampling technique was adopted to determine the percentage of schools, 30% from each stratum was used given a ratio of 1:1.2. A total of 24 secondary schools were selected where 11 public and 13 private secondary were selected to enable an equal representation of the total sample

Stage III: Balloting technique was adopted in selecting the names of schools from each stratum.

Stage IV: Proportionate random sampling was used in selecting teachers from schools in both private and public secondary school and these was based on the population of teachers in the school. The total number of teachers selected in the public sector was 155 and that of the private was 123 giving a total of 278. The ratio of male to female teachers in each stratum was 1:2.

Table 3.1a Proportionate Sampling for Public Schools

Category of School	Name of Schools	Number of Teachers in each school	Proportion of teachers to be selected for the study in each school
Public School			
1	IMG Grammer School Yemetu Ibadan	23	$\frac{23 \times 150}{313} = 11$
2	St Brigid Grammer School	23	$\frac{23 \times 150}{313} = 11$
3	Oba AKinyele Secondary School Bashorun	37	$\frac{37 \times 150}{313} = 17.7$
4	Nawar-Ud-deen Nalende	14	$\frac{14 \times 150}{313} = 6.7$
5	Poly High School Sango	32	$\frac{32 \times 150}{313} = 15.3$
6	Bishop Onabanjo High School Bodija	48	$\frac{48 \times 150}{313} = 23$
7	Methodist Grammer School	20	$\frac{20 \times 150}{313} = 9.6$
8	St Patricks Secondary School Bashorun	18	$\frac{18 \times 150}{313} = 8.6$
9	Ebenezer Grammer school Nalende	50	$\frac{50 \times 150}{313} = 23.9$
10	St Gabriel Secondary Community Grammer school Sabo	28	$\frac{28 \times 150}{313} = 13.4$
11	Community Secondary School Sango	20	$\frac{20 \times 150}{313} = 9.6$
Total		313	150

Table 3.1b Proportionate Sampling for Private School

Private	Name of School	Number of teachers in each school	Proportion of teachers selected from each school
1	Gods' Blessing Group of School	25	$\frac{25 \times 120}{268} = 11.2$
2	Fontana International High school New Bodija	10	$\frac{10 \times 120}{268} = 4.5$
3	Marrella College Ashi Bodija	20	$\frac{20 \times 120}{268} = 8.9$
4	Muslim Community Model college	13	$\frac{13 \times 120}{268} = 5.8$
5	Bodija International Secondary School	30	$\frac{30 \times 120}{268} = 13.4$
6	City of Faith College	18	$\frac{18 \times 120}{268} = 8.1$
7	Christ the King Secondary School, Bashorun	30	$\frac{30 \times 120}{268} = 13.4$
8	Kingsgate College Bashorun	15	$\frac{15 \times 120}{268} = 6.7$
9	Subuola Secondary School GRA Agodi	27	$\frac{27 \times 120}{268} = 12.1$
10	Al Saabaq College	20	$\frac{20 \times 120}{268} = 9$
11	Francis M College Agbowo	22	$\frac{22 \times 120}{268} = 9.8$
12	St Theresa Minor Seminary Oke Are	23	$\frac{23 \times 120}{268} = 10.3$
13	Zion College Agbowo	15	$\frac{15 \times 120}{268} = 6.7$
Total		268	119.9

3.8 Method and Instrument for Data Collection

A semi structured instrument was designed after reviewing related literature on school health policy document, healthy school environment, perceived knowledge, practice and factors influencing the implementation of healthy school environment. The design of the instrument for the study was facilitated by adopting the Ecological Model. A 53 item questionnaire was used for data collection. A semi-structured questionnaire which was self-administered was used since the respondents were able to read and write. The questionnaires have five sections which are;

Section A; addressed the socio-demographic characteristics of the respondents

Section B; looks at the knowledge of respondents on school health policy. The questions involves both open and close ended. In the open ended questions respondent were expected to give a 'Yes', 'No' or 'I don't know' response.

Section C; focused on knowledge of respondent on healthful school environment. The questions involves both open and close ended. In the open ended questions respondent were expected to give a 'Yes', 'No' or 'I don't know' response.

Section D; looks into the practice of the respondent in ensuring a healthy school environment respondent are expected to give their level of practice by giving 'Always', 'Sometimes' and 'Never' response.

Section F; seeks the factors influencing the implementation of healthy school environment (see appendix 1 for details).

3.9 Validity of the Instrument

To ensure the validity of the instrument, relevant literature was consulted in drafting the instrument. With the help of the project supervisor, corrections and adjustment was made to the instrument and also it was subjected to independent, peer and expert review particularly from public health.

3.10 Reliability of the Instrument

The instrument was pre-tested among teachers in public and private secondary school in Ibadan North East local government area of Oyo State considering the fact that they share the same characteristic as the main respondent. The questionnaire was administered among 27 teachers (10% of the sample size). Thereafter, the questionnaires were subjected to a measure of internal consistency using the Cronbach's Alpha model technique. The reliability value obtained for the study was 0.743. The reliability coefficient obtained from this analysis was used to ascertain the statistical reliability of the instrument.

3.11 Procedure for Data Collection

Instrument for data collection were administered by the researcher and two research assistants, one male and one female who are masters students of public health. They were trained for a day on the ethics of data collection. The researcher and research assistants visited schools during their break period, permission was seek and granted by the principals after which the teachers were approached. The team visited schools five days in a week for five consecutive weeks except on days where there was public holiday. The team waited for the respondent to complete filling the instrument and where there is need for clarification it was clarified. The also team checked the instrument for completeness.

3.12 Data Management and Analysis

The researcher checked all copies of the administered questionnaire for completeness and accuracy. Serial number was assigned to each questionnaire and question for easy identification and for correct data entry and analysis. A coding guide was developed to code and enter each question into the computer for analysis. Analysis was done with the use of Statistical Package for Social Science (SPSS) version 20. The quantitative data was analyzed using descriptive statistics and chi-square. The results were displayed in tables and charts. Cross tabulation of variables were also carried out. Chi-square test was used to test for significant associations between variables. A p-value of less than 0.05 was considered as statistically significant.

Responses from knowledge questions on school health policy was categorized using a 19-point scale. The knowledge scores of the respondents were computed based on only three categories of responses: poor, fair and good. Each selected questions on the scale was assigned a score of 1 mark and the total number of question on the scale was 19, therefore, the total score per respondent was 19.

As a way of categorizing the responses, any respondent that score between 0-6 points was categorized as having “poor knowledge”, scores ranging from 7-12 was categorized as “fair knowledge” while scores ranging from 13-19 was categorized as “ good knowledge”.

Responses from knowledge questions on healthy school environment was categorized using a 10-point scale. The knowledge scores of the respondents were computed based on only three categories of responses: poor, fair and good. Each selected questions on the scale was assigned a score of 1 mark and the total number of question on the scale was 10, therefore, the total score per respondent was 10.

As a way of categorizing the responses, any respondent that score between 0-3 points was categorized as having “poor knowledge”, scores ranging from 4-6 was categorized as “fair knowledge” while scores ranging from 7-10 was categorized as “ good knowledge”.

While the practice of healthy school environment was categorized using a 12-point scale. The practice scores of the respondents were computed based on only two categories of responses: poor and good practices. Each selected questions on the scale was assigned a score of 1 mark and the total number of question on the scale was 12, therefore, the total score per respondent was 12.

As a way of categorizing the responses, any respondent that score between 0-5 points was categorized as having “poor practices” and scores ranging from 6-12 was categorized as “good practice”.

3.13 Ethical Consideration

Ethical approval for this study was obtained from the Oyo State Ethical Review Committee prior to the commencement of the study. Approval letter from the ministry health was taken to the selected schools and consent to conduct the study was obtained from the principals of the schools. Informed consent was obtained from each participant after explaining to them the purpose and objectives of the study.

The confidentiality of the responses was ensured by not having any form of identifiers such as name or name of school. The researcher and the research assistants were of good conduct and did not act coercively as participation in the study is voluntary. The nature and purpose of the study were well explained to the participants with emphasis on confidentiality, privacy and anonymity of information provided. In other to ensure anonymity, any form of identification was not included in the questionnaire. Information gathered from the respondents was stored in the computer package for analysis by the investigator and with no access to unauthorized persons while the copies of the questionnaire that were filled by the respondents were kept and stored in a safe place.

3.14 Limitation of the Study

- Some schools did not give permission for the study to be conducted in their school claiming that they do not allow research in the school and some principal (5) claims that the teachers work load is much thereby they do not want them to be stressed.

CHAPTER FOUR

RESULT

4.1 Socio-Demographic Characteristics of Respondents

The socio demographic characteristics are presented in Table 4.1. The respondents' age ranges from 23-52 with a mean age of 38.3 ± 7.7 years. Highest proportion of the respondents is between the ages of 41 and 50 years while the least proportion ranges from 50 years and above. More than half of the respondents (54.7%) teach SS1-SS3, 36% teach JSS1-JSS3 and 9.4% teach all the classes. More than half of the respondents (56.5%) have first degree (BSc), 31.3% have a post graduate degree and 4.0% has NCE. The distribution of respondent with respect to their ethnicity are Yorubas (86.7%), Igbos 6.1%, Hausas 1.1%, Edo 2.2%, Urhobos 1.8%, and Itshekiri and Ishan are 1.1% and 0.4% respectively.

The result shows 77.7% are Christian, 21.9% are Muslim while just 0.4% of the respondents are traditional worshippers. Almost two third of the respondents, (65.1%) are in the senior cadre and 34.9% of the respondent are of the junior cadre in their various schools.

Table 4.1 Distribution of Respondent by Socio Demographic Characteristic N= 278

Variables	Frequency	Percentage (%)
Category of school		
Public School	155	55.8
Private School	123	44.2
Sex		
Male	125	45.7
Female	151	54.3
Marital Status		
Single	72	25.9
Married	205	73.7
Separated	1	0.4
Years in Service (Years)		
1-5	97	34.9
6-10	66	23.7
11-15	43	15.7
above 15	71	25.5
Level of Education		
National Certificate of Education (NCE)	34	12.2
1 st Degree	157	56.5
Post Graduate Degree (PG)	87	31.3

4.2 Knowledge of Secondary School Teachers on National School Health Policy Document

A high proportion of the respondents (88.8%) know what the policy document is while 11.2% do not have idea. Majority of the respondents (91%) are aware that the SHP is a guideline for effective for monitoring while 9% are not aware. Also 92.1% of the respondents agree that the school health programme helps in the promotion of health and development of the school community while 7.9% disagree. More than half of the respondents 82% disagree that school health policy is formulated by the ministry of education while 18% agrees with the fact that school health policy is formulated by the ministry of education. More than half of the respondents 69.8% know that the school health policy was formulated by the joint conjunction of ministry of health and education while 30.2% do not know who formulated the school health programme. More than half of the respondents 60.4% agree that school health policy is a framework that effectively monitors the roles of different stakeholders in the school while 39.6% do not agree that the SHP monitors different stakeholders in school. Also, 81.7% of the respondents knew that school health programme enhances the comprehension and learning abilities of students and 18.3% do not know the role of the School Health Programme.

The year in which the school health policy document was formulated (2006) was considered and 0.7% of the total respondent got the actual date while 99.3% did not get the date.

Table 4.2: Knowledge on National School Health Policy Document.**N=278**

Knowledge Statement	Frequency (%)	
	YES	NO
Policy are written documents formulated by law makers	247 (88.8)*	31 (11.2)
SHP is a written guideline which helps in effective monitoring	253 (91)*	25 (9)
SHP helps in promotion of health and development of the school community	256 (92.1)*	22 (7.9)
SHP is the document formulated by the ministry of education	50 (18)	228 (82)*
SHP is a framework that effectively monitor the roles of different stakeholder	168 (60.4)*	110 (39.6)
SHP was formulated by both the ministry of health and education	194 (69.8)*	84 (30.2)
SHP enhances the comprehension and learning abilities of student	227 (81.7)*	51 (18.3)
The provision of safe, physical, biological and socio emotional climate is one of the component of SHP	233 (83.8)*	45 (16.2)
School that enhances a close relationship between the school home and the community can be considered to be healthy	216 (77.7)*	62 (22.3)
Does your school have a copy of the NSHP in your school	51 (18.3)*	227 (81.7)
Have any written health related guideline or policy	94 (33.8)	184 (66.2)
Is there a procedure to monitor and enforce proper implementation of this policy in this school	104 (37.4)*	174 (62.6)
SHP does not encourage skill based health education	135 (48.6)	143(51.4)*

*Correct Response

4.2.1 Facilities in School to Promote Health

Facilities in school were considered, 51.4% of the respondents reported that their school have first aid box, 29.2% have toilet facilities, 24.4% have water and 21.1% have hand sanitizer, wash hand basin and soap in their schools. Five facilities were considered, pooling these together a high proportion (65.7%), of the respondents have three or less of the facilities that promotes health of teachers and students in the school while 34.3% have more than three of this facilities that promote health of both teachers and students in their school

Table 4.2.1 Facilities in School to Promote Health of Staff and Student (Multiple Response Question)*

N=278

Facilities	Frequency	Percentage
First Aid box	143	51.4
Toilet	81	29.2
Water	68	24.4
Hand sanitizers/wash hand basin/soap	59	21.1
Refuse Bin	42	15.1
Neat environment	34	12.2
Incinerator/sewage disposal/broom and cutlass	33	11.7
Well ventilated classroom	28	10.0
Health talk	24	8.7
Hazard free play ground/recreational facilities	22	8.1

*Multiple response questions not equal to 100%

4.2.2 Overall Knowledge of Secondary School Teachers on National School Health Policy

The overall knowledge scaling shows that (24.5%) of the respondents has poor knowledge of the national school health policy in Nigeria while majority 73.7% has fair knowledge and 1.8% has good knowledge of the national school policy documents. The mean knowledge score was 9.3 ± 2.6

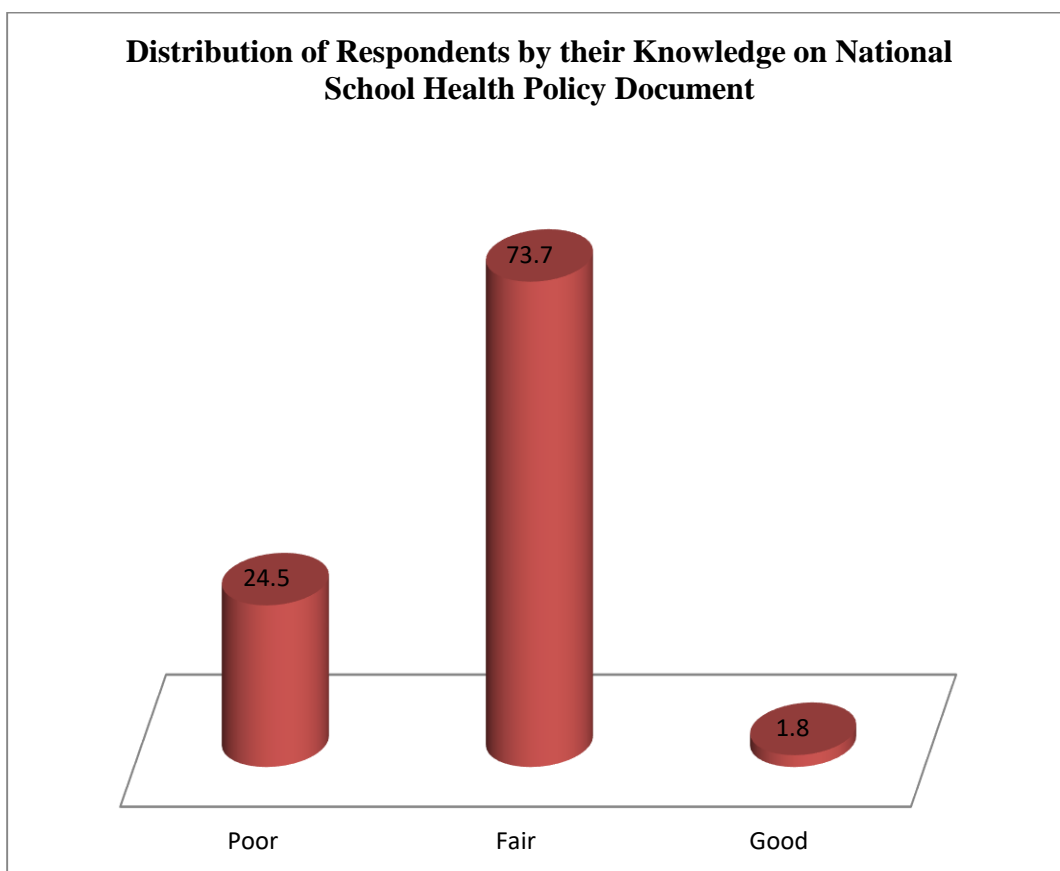


Figure 4.1: Knowledge on School Health Policy Document

4.3 Knowledge of Secondary School Teachers on Healthful School Environment

The result shows that 95% of the respondents know that a healthy environment involves provision of safe physical, biological and emotional climate to ensure safe and healthy living while 5% do not know. Also, 80.6% of the respondent do not know that healthful school environment is a space where teaching and learning takes place while just 19.4% of them know that a space where teaching and learning takes place is a healthful school environment. Although, 93.4% of the respondents know that a healthful environment ensures provision of gender sensitive toilet while just 7.6% of them do not have knowledge about this.

Almost all the respondents, (95.7%), know that a healthful school environment involves locating the school away from environmental hazard. Also, 79.1% of the respondents reported that they have sanitation committee in their school while 20.9% do not have. It was also shown that 86.3% of the respondents know that a healthful school environment is ensuring that the school community is protected against heat, noise and cold while 13.7% of them do not have know about this healthful school environment behaviour.

Table 4.3: Knowledge of Secondary School Teachers on Healthful School Environment

N=278

Knowledge Statement	Frequency(%)	
	YES (%)	NO (%)
A healthy school environment involves provision of safe, physical, biological and emotional climate to ensure safety and healthy living	264 (95.0)*	14 (5.0)
Healthful school environment is a space of land where teaching and learning takes place	54 (19.4)	224(80.6)*
A healthful school environment ensures provision of gender sensitive toilet	257(92.4)*	10 (7.6)
Does your school has sanitation committee	220 (79.1)*	58 (20.9)
Does your school has a source of water	210 (75.5)*	68 (24.5)
Healthful school environment has no concern with ensuring that the school community is protected from excessive heat, noise and cold	240 (86.3)	38 (13.7)*
Providing gender sensitive toilet facilities part of the component of healthful school environment	248 (89.2)*	30(10.8)
Healthful school environment involves locating schools away from potential environmental hazards	266 (95.7)*	12 (4.3)
Provision of proper drainage and waste disposal facilities is one of the components of healthful school environment	259 (93.2)*	19 (6.8)

*Correct response

4.3.1 Source of Water

The availability and source of water was asked for (23.7%) do not know the source of water in their school. Of the 278 respondents who knew, 32.0% had deep well as the school source of water, 31.3% borehole, 7.2% tap water, 4.0% commercial water suppliers and 1.8% have both well and tap water.

Table 4.3 1 Source of Portable Water in School**N=278**

Source	Frequency	Percentage
Deep well	89	32.0
Borehole	87	31.3
Tap water	20	7.2
Sachet water/water dispenser	11	4.0
Borehole and well	5	1.8

4.3.2 Overall Knowledge of Secondary School Teachers on Healthful School Environment

The overall knowledge scale shows that majority of the respondents (82.7%) have good knowledge of healthy school environment, 15.4% has fair knowledge and 1.8% of them has poor knowledge of healthy school environment. The mean knowledge score is 6.9 ± 1.5 .

Table 4.3.2 Overall Knowledge of Secondary School Teachers on Healthful School Environment

N=278

Knowledge	Frequency (%)
Poor	5 (1.8%)
Fair	43(15.4%)
High	230 (82.7%)

4.4 Reported Practices on Healthy School Environment among Secondary School Teachers

Survey on the reported practices among the teachers show that 71.9% of the respondents practice personal hygiene, 92.8% participate in environmental sanitation in their school and 27.0% ensures that the school compound is properly swept every day.

Over two third of the respondents, (70.9%) ensures the proper washing of the toilets and 15.1% of the respondents do not encourage open burning of refuse in the school.

Table 4.4: Reported Practice on Healthy School Environment among Secondary School Teachers

Practice Statement	N=278	
	Yes (%)	NO (%)
I practice personal hygiene	200(71.9)*	78(28.1)
I do participate in environmental sanitation in the school	258(92.8)*	20(7.2)
I ensure that my classroom is swept everyday	205(73.7)*	73(26.3)
I ensure proper washing of the toilet	197(70.9)*	81(29.1)
I ensure proper sweeping of the school compound	75(27.0)*	203(73.0)
I encourage open burning of refuse	236(84.9)	42(15.1)*
I always open the windows of my classroom before commencing with the days lesson	73 (26.3)*	205 (73.7)
I discourage students from drinking water available in the school facility	90 (32.4)*	188 (67.6)
I encourage students to always bring drinkable water from home whenever they are coming to school	246 (88.5)*	32 (11.5)
I encourage cordial relationship between me and my student	32 (11.5)*	246 (88.5)
I discourages bullying	239 (86.0)*	39 (14.0)
I often discuss with the parents or guardian of my student on their academic performance	221 (79.5)*	57 (20.5)

*Correct Practice

Overall Reported Practice of Healthy School Environment among Secondary School Teachers

The overall practice score for the respondents show that a high percentage of the respondents, 85.3%, of the respondents have good practice of healthy school environment among secondary school teachers while 14.7% have poor practice with a mean score of 8.3 ± 1.7 .

The participation of teachers in environmental sanitation in the school is well practiced among teachers in both category of school with 92.8% while teachers' encouragement of cordial relationship between them and the students is not well with 11.5%.

**Table 4.4.1: Overall Reported Practice of Healthy School Environment among
Secondary School Teachers**
N=278

Practice Scale	Frequency	Percentage (%)
Poor	41	14.7
Good	237	85.3

4.5 Factors Influencing the Implementation of Healthy School Environment among Teachers

Factors influencing the effective implementation of healthy school environment highlighted are: Funding, outbreak of diseases, lack of infrastructure, lack of maintenance of facilities available, encouragement by the principal and lack of enlightenment by the government

The result shows that a high percentage 72.3%, of the respondents agreed that funds is critical to the implementation of healthy school environment, 25.9% do not agree and 1.8% said they do not know if funding can be a factor affecting the implementation of healthful school environment. More than half of the respondent 92.4% reported that outbreak of ebola encouraged personal hygiene while 5.2% do not agree to outbreak of ebola as encouraging healthful school environment.

Lack of infrastructures do not encourage healthful school environment is also agreed upon by 75.2% of the respondents while 21.2% of the respondents do not agree to this and 1.1% of the respondents do not know. Lack of maintenance culture and mismanagement of the facility on ground is also one of the major factors towards achieving the healthful school environment. 73.7% of the respondents agree to this, 21.9% do not agree and 4.3% of the respondents said they do not know.

Encouragement from the principal as a factor influencing healthy school environment was asked for, 94.2% agreed upon this statement, 4.7% do not agree and 0.7% do not know. Out of the 278 respondents that was asked on enlightenment from the government as a factor in achieving a healthy school environment, 76.6% agrees, 18.7% do not know if enlightenment from the government is one of the factors influencing the implementation of healthful school policy by schools in Ibadan North Local Government.

Although all the factors have a high percentage of agreement but internal encouragement from the authority, especially the principal happens to be a major factor influencing effective implementation of healthy school environment among teachers. Funding as a

factor towards effective implementation of healthy school environment among teachers has the lowest proportion of agreement.

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Table 4.5: Factors Influencing the Effective Implementation of Healthy School Environment among Teachers

N=278

Factors Influencing the Implementation of Healthy School Environment	TRUE	FALSE	DON'T KNOW
Inadequate fund	201(72.3)*	72 (25.9)	5 (1.8)
Outbreak of Ebola virus encourages personal hygiene among students and teachers	257(92.4)*	18 (6.5)	3 (1.1)
Lack of maintenance culture, facilities in schools are not well managed	205(73.7)*	61(21.9)	12 (4.3)
The principal of my school encourages that the school environment are well maintained	262(94.2)*	13 (4.7)	2 (0.7)
Lack of infrastructure in school	209(75.2)*	59 (21.2)	3 (1.1)
Lack of enlightenment on the part of the government	213(76.6)*	52 (18.7)	13 (4.7)

*Correct response

Test of Hypotheses

One hypothesis was formulated and tested in this study:

Hypothesis: There is no association between the knowledge of healthy school environment and its practice among teachers and in Ibadan North local government. To ascertain the association between the knowledge of teachers on healthy school environment and its practice, a cross tabulation was done between the knowledge of respondent and their practice in school with $P < 0.05$.

The result of the findings as shown in Table 4.6 shows that there is no significant association between the knowledge of healthy school environment and their practice of healthy school environment with $P=0.657$.

Table 4.6: Relationship between knowledge of healthy school environment and the practice of teachers.

<i>n</i> =278		Knowledge Statement			F-Test P-value		Null Hypothesis
		Poor N(%)	Fair N(%)	Good N(%)			
Practice	Poor	1(0.4)	13(4.7)	32(11.5)	0.730	0.657	Rejected
	Good	9(3.2)	53(19.1)	170(61.2)			

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 DISCUSSION

5.1.1 Socio Demographic Characteristic of Respondent

In the category of schools that was used, 278 respondents participated in the study. The age range of the respondents was between 23– 62 years of age with a mean age of 38.3 ± 7.7 . Majority of the respondents were females and more than half of the respondent 51.4% has first degree and 31.1% has post graduate degree.

The two most popular religious groups were represented, majority of the respondents were Christians with 77.7% and 21.9% being Muslims, which can be traced to the fact that the study location is comprised of these two major religions. Majority of the respondents in this study were predominantly of the Yoruba group. This is because Ibadan north which is the study setting is mainly inhabited by the Yoruba of south western Nigeria. In this study, there were more teachers in public school than the private sector this could be as a result of some factors such as high remuneration and job security.

5.1.2 Knowledge of School Health Policy

Finding from this study shows that close to three quarter (73.7%) of the respondents have a fair knowledge on the content of school health policy document and a contributing factor could be attributed to the level of awareness on the document where one-tenth of the respondents know when the policy was formulated. This is in contrast to a study conducted by Ademokun et al (2014) in Oyo state and Odeyemi and Chukwu (2015) in Ogun State that observed that about two third of their respondents had a poor knowledge on school health policy.

The findings also noted that two third of the respondent 69.8% agreed that the NSHP was formulated by the ministry of health and education and 92.1% agreed that it helps in the promotion of health and development of the school community. This shows that, although, the respondents had a good knowledge on the content of the NSHP, the year it was formulated was low.

On the year the NSHP was formulated and its availability in schools, more than half of the respondent do not know when the policy was formulated nor do they know if it was available in their schools this could be attributed to improper dissemination of information on the part of the government to stakeholders in schools and it can be compared to a study conducted by Ademokun et al (2014) in Ibadan which confirms the poor awareness to the existence of NSHP among teachers. Majority of the schools visited 81.7% do not have a copy or the teachers are not aware of the availability of the document or any written guideline to help promote the health of students and staff this is to corroborate the low abysmal knowledge of school health document.

The respondents have knowledge of facilities in school to promote health of staff and students. This can be deduced from their responses, most 51.4% of the respondents claimed that first aid box is the major component to promote health of staff and student. This is supported by Odeyemi and Chukwu (2015) in Ogun State which confirms the presence of first aid box as an important component of a healthy school. Other facilities in schools, 29.2% mentioned toilet facilities, 24.4% mentioned water, 21.1% mentioned hand sanitizers and wash hand basin while others mentioned, refuse bin, neat and conducive environment. The availability of these facilities in schools will help reduce infectious diseases and the provision of water and sanitation service will help in achieving MDG 2.

To further explain the knowledge of respondents on NSHP, more than half 83.8% of the respondents agreed that the provision of safe physical, biological and socio emotional climate in school is an essential component of the school health programme this could be because it increases students' attendance and attentiveness in the classroom. This is

supported by Tope (2013) and WHO (2003) which reported that a healthy physical and emotional climate of the school help boost the academic performance of students, increases attendance and attentiveness. Contrary to the listed facilities in schools, the availability of these facilities tends to be unavailable or in a poor state in schools Abodunrin et al (2014).

5.1.3 Knowledge of Healthy School Environment

The findings from this study shows that three quarter (82.7%) of the respondents have a good knowledge of healthy school environment and a contributing factor could be previous knowledge on environmental hygiene and cultural practices which support environmental cleanliness. This contrast a study conducted by Ofovwe and Ofili (2007) in Edo state where two third of the respondent do have a poor knowledge on healthy school environment.

The provision of gender sensitive toilets and the presence of sanitation committee in schools as a criteria for healthy school environment, 92.4% and 79.1% agreed it is an important necessity because it will curb indiscriminate dumping of faeces around the school compound and the prevention of infectious diseases such as dysentery, guinea worm etc. This is in contrast to a study by Ofovwe and Ofili (2007) in Edo state, Odeyemi and Chukwu (2015) in Ogun state and Olukani (2013) were majority of the schools do not have adequate toilet and sanitation facilities.

On the source and availability of water in schools, 75.5% of the respondents claimed they have source of water and 64% claims to know the source of the water. Only 32% have deep well, 31.3% have borehole, 7.2% have tap water and 4% patronizes commercial water suppliers. This can be compared to a study in Ogun state by Odeyemi and Chukwu (2015), where borehole water 30.4% is the main source of water in schools.

Furthermore, with a high percentage 79.1% of schools having sanitation committee, this could be one of the responsibilities of teachers in schools where they help in monitoring of student activities in school to ensure their health and safety. This is in tandem to a

study conducted by Bose et al (2014) in Enugu where teachers' inspection is the most common health appraisal that teachers are aware of. This was also opined by Olutola and Juliet (2014) in an In-depth Interview among teacher where it was reported that the responsibility of teachers is not limited to classroom teaching but also ensuring that the school environment is clean through monitoring and supervision of students and those in charge of cleaning the school.

5.1.4 Teachers Practice of Healthy School Environment

The roles of teachers in the practice of healthy school environment is very crucial as they are the resource person in the promotion and implementation of SHP, they are also considered as role models by their students.

Findings from this study shows a reported good practice, 85.3% of respondent has good practice on healthy school environment with a mean score of 8.2 ± 1.7 this could be attributed to a good knowledge of the respondent on healthy school environment with a mean score of 6.9 ± 1.5 , it can also be attributed to the training of teachers on the relevance of cleanliness to health. Other factor could also be attributed to clean and safe learning environment which is a criteria to ensure the optimization of a child academic potential.

Most of the teachers 71.8% practice good personal hygiene, Olutola and Perumal (2014) opined that teachers are expected to be a role model both in speech and conduct. Shivastava, Prateek and Jedadeesh (2015) also avowed that the ebola epidemic which occurred in Nigeria strengthened the importance of good hygiene practice. Majority of the respondent agreed that they do participate in environmental sanitation and proper cleaning of the school environment, this contrast a study in Bostwana were pupils in schools blame their poor state of sanitation to lack of care and concern by their teachers, Nthalini (2013).

Over two third 70.9% of the respondents ensures proper washing of the school toilet facilities while 29.1% do not participate in ensuring proper washing of the toilet this they

claimed that it is not their responsibility rather it is that of the cleaners. This is supported by an In Depth Interview (IDI) also conducted among teachers in Botswana by Nthali (2013) where it was reported that school children do not involve in school cleaning because those who are employed for the job will feel relaxed knowing that the children will do the job for them.

Findings from this study shows that 84.9% of teachers encourage open burning of refuse this could be due to inadequate refuse bin disposal, incinerator in the school, this is in tandem to a previous studies in Ikenne in Ogun State by Odeyemi and Chukwu (2015), and also by Balafama and Akani (2011) in Bonny LGA of Rivers State where all the schools that was assessed practice open dumping and burning as their only method of refuse disposal.

Furthermore, more than half 88.5% of the respondents encourage students to bring drinkable water from home, this could be attributed to the unsafe and untreated nature of the water present in the school this is supported by a findings in Lagos and Ogun State by David (2013) where borehole and public tap in schools have not been functional

The emotional climate in school is a necessity for effective learning through positive interpersonal relationship between teachers and student which in turn goes a long way to enhance and improve the whole school reputation and image Isa and Jailani (2014). Findings from this the study, shows a low percentage of teachers 11.5% who encourage cordial relationship between them and the student this finding is similar to that identified by Balafama and Akani (2011) in River state which identified low teacher-student ratio as a factor responsible for the low cordial relationship between teachers and student. Majority of the respondent 86% discourage bullying among students, bullying as been identified as one of the factors responsible for high rate of absenteeism in school which can have a negative consequence on the general school climate and on the right of student to learn in a safe environment without fear Onu, Janet, Ngozi, Eskay, and Leonard (2012).

5.1.5 Factors Influencing Implementation of Healthy School Environment

Among the factors that was looked into in these survey such as funds, outbreak of epidemic (Ebola), lack of maintenance culture, lack of infrastructure, encouragement from the principal and enlightenment from the government. The result shows that a high percentage 94.2% of the respondent strongly agreed to principal encouragement as the most important factors to promoting a healthy school environment in terms of its physical and emotional climate this can be attributed to the leadership style of the principal which could be autocratic, democratic or lassie faire and the supervisory role of the head teacher will discourage the teachers from relying on haphazard personal experiences in the management of educational institution Isa and Jailani (2014)

The outbreak of Ebola virus in Nigeria in July 20, 2014 has contributed immensely to the need for basic environmental and personal hygiene among teachers and student as a measure to curb its spread. 92.4% of the teachers agreed that the outbreak of the virus is an important factor to the implementation of healthy school environment. Frequent hand washing was introduced into schools nationwide in Nigeria as a means of preventing the epidemic through the provision of facilities in schools such as wash hand basin attached with a tap and alcohol base sanitizers in strategic places in school. Thou it was observed that most school does not still make use or do not have these facilities and where it is available it is not in use.

Lack of enlightenment on the part of government has been identified as one of the factors responsible for the implementation of healthy school environment where 76.5% of teachers agreed to the statement this is corroborated by David (2013) and Ademokun et al (2014).

This study also identified other factors behind the effective implementation of healthy school environment. A substantive amount of teachers reported that lack of infrastructure, maintenance culture and fund is a contributing factor. For effective teaching and learning to take place, it is necessary for the school environment to be conducive which can be

achieved through the allocation of funds for school infrastructure for both the staff and students.

5.2 Implication for Health Promotion and Education

Findings from this study show a fair knowledge on National School Health Policy with a good knowledge on healthy school environment and practice among teachers. This highlights the need for strategies such as advocacy and training. Advocacy could be used to enforce the existing school health policy. Enforcing the policy will help increase the level of knowledge which will encourage better practice among staffs and students. This could be done by conducting an advocacy meeting with relevant policy makers or influencers such as Ministry for Education, Local Inspector for Education, Commissioner for Education, during this meeting, what should be done and how it should be done will be explained. What should be done and how it should be done involves effective monitoring and supervision of schools through the creation of taskforce involving stakeholders such as personnel's from Ministry of Health, Ministry of Education and Ministry of Environment to make sure the objectives of SHP are implemented in schools. The initiation of this strategy can be influenced by Nigerian Union of Teachers (NUT) and Parent Teachers Association (PTA). Also a development of a health code to facilitate the provision of healthy environment in schools. This will be achieved by making sure schools are up to standard before and after they are given license to operate by the authorities.

Another method of advocacy that could be used is media advocacy where messages that will encourage policy makers to act will be passed through radio and television. These messages will explain the need to enforce the necessary policies in other to encourage healthy environment. This will go a long way in addressing the identified gap of low knowledge on School Health Policy.

Training as a health promotion strategy can also be used to increase the knowledge of teachers on SHP. Training could be initiated by staffs' association such as the NUT and parents' association such as the PTA. These could be facilitated by personnels from the state ministry of health, education and environment. Training programs in form of workshops, in-service training and on the job training will be used. A training curriculum will be developed to facilitate the program. The curriculum should include objectives (focused on knowledge and practice of school health programme), contents (e.g. definition of healthy school environment, types of healthy school environment, and types of facilities in schools to promote health), methods (this include lecture, reading materials, posters, handbills, discussion, question and answers), materials (curriculum, brochure) and modes of assessment should involve pre and post evaluation, feedback, comments, reactions and clarifications.

5.3 Conclusion

In 2001, WHO conduct a rapid assessment of school health system in Nigeria to ascertain the status of school health, the assessment noted that various health problems among learners which can be associated to lack of health and sanitation facilities in schools. The School Health Policy is aimed at promoting the health of learners to achieve the goals of Education For All (EFA), (NSHP, 2006).

It can be deduced that the knowledge and practice of teachers on healthy school environment is good compared to their knowledge on school health policy which is fair, this could be attributed to lack of awareness of the policy document by the school management. Among factors that were identified as influencing the implementation of healthy school environment are lack of funds, infrastructure in the school and enlightenment on the part of the government.

The involvement of teachers in school health activities would further enhance their knowledge on school health practice which would gradually inculcate positive attitude among them.

5.4 Recommendations

In view of the findings of this study, the following recommendations are made.

1. In-service training programme for teachers should be provided to better equip them on their roles in implementing a healthy school environment through the utilization of available resources and encouragement of cordial relationship between them and the students.
2. There is need for partnership between the school management, parents, government and members of the community to create an environment which is conducive to the health of both staff and students.
3. Community partnership through the inclusion of community role models in the implementation of school programs and committees would help communities in embracing school health and its policies better.
4. The state ministry of education and stakeholders should set up monitoring and evaluation teams to help in checking the state of the school physical environment such as buildings, availability of water, toilet facilities and sanitation facilities.

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Appendix 1

KNOWLEDGE AND PRACTICE OF HEALTHY SCHOOL ENVIRONMENT AMONG PUBLIC AND PRIVATE SECONDARY SCHOOL TEACHERS IN IBADAN NORTH LOCAL GOVERNMENT AREA, OYO STATE .

Dear Respondent,

My name is Omakinwa Stella Oluwakemi, a postgraduate student of the department of Health Promotion and Education, Faculty of Public Health, College of Medicine University of Ibadan. the purpose of this study is to investigate the knowledge and practice of healthy school environment among teachers. The findings from this study will help in creating awareness on the importance of healthful school environment on the health and academic performance of staff and students. The survey should only take 10minutes to complete, participation is voluntary. Your identity, responses and opinion will be kept strictly confidential and will be used for the purpose of the study only.

Please note that you do not have to write your name on this questionnaire, also try and please give honest answers to the questions asked as much as your maximum co-operation will assist in making this research a success.

Consent

Now that the study has been well explained to me and I fully understand the content of the study process. I hereby decide to take part in the study.

Important information: please do not write or supply your name

Would you want to participate in the study?

Yes { }

No{ }

Signature of Participant.....

Date.....

Serial Number.....

SECTION A: SOCIO DEMOGRAPHIC CHARACTERISTIC

Instruction please tick in the appropriate boxes() that correspond to your answers.

1. Category of School 1 Public { } 2 Private { }
2. Class Taught.....
3. Age as at last birthday.....
4. Sex 1. Male { } 2 Female{ }
5. Marital Status 1 Single { } 2 Married{ } 3 Separated { } 4 Divorced { }
5. Widowed{ }
6. Religion 1 Christianity { } 2 Islam { } 3 Traditional { }
7. Ethnic group 1 Yoruba { } 2 Igbo { } 3 Hausa { } 4 Others
(specify).....
8. Level of Education 1 NCE{ } 2 Bsc{ } 3 Bsc Ed { } 4 B.A { } 5 HND{ } 6
Postgraduate{ }
9. Years in Service 1) 1-5 { } 2) 6-10{ } 3) 11-15{ } 4) >15 { }
10. Cadre 1 Senior{ } 2 Junior{ }

SECTION B: KNOWLEDGE ON SCHOOL HEALTH POLICY DOCUMENT.

Please tick

Yes {1}, No {2}, I don't know {3}

SN	Knowledge questions	Yes	No	I don't know
11	Policies are written document formulated by law makers or recognized health institution to help coordinate a particular programme or activities for the benefit of the populace			
12	School health policy is a written guideline which helps in the effective monitoring and evaluation of the school health programme			
13	The school health programme helps in the promotion of health and development of the school community			
14	The school health policy document was formulated by the ministry of education			
15	The school health policy is a framework that effectively monitor the roles of stakeholders in the school			
16	The school health policy was formulated by the joint conjunction of the ministry of health and education			
17	School health programmes enhances the comprehension and learning abilities of the students			
18	In what year was the school health policy formulated and adopted for use			
19	What are the facilities in your school to promote the health of staff and students (please specify)			

	1..... 2..... 3..... 4..... 5.....			
20	The provision of a safe physical, biological and socio emotional climate in the school is one of the component of the school health programme			
21	School that enhances a close relationship between the school, home and the community can be considered healthy			
22	Do you have a copy of the National School Health Policy in your school			
23	Does this school has any written health related guideline or policy for use			
24	Is there any procedure in place to monitor and enforce proper implementation of this policy in this school			
25	School health policy does not encourage skill based health education			

SECTION C: KNOWLEDGE ON HEALTHY SCHOOL ENVIRONMENT.PLEASE TICK

Yes {1}, No {2}, I don't know {3}

SN	Knowledge questions	Yes	No	I don't know
26	A healthful school environment involves the provision of safe physical, biological and emotional climate to ensure safety and healthy living			
27	Healthy school environment is a space of land where teaching and learning takes place			
28	A healthy school environment ensures the provision of gender sensitive toilet			
29	Does your school have a sanitation committee			
30	Does your school has a source of portable water			
31	If yes what is the source (please specify).....			
32	If No 'Why'			
33	Healthful school environment has no concern with ensuring that the school community is protected from excessive heat, cold and noise			
34	Providing of gender sensitive toilet part of the component of healthy school environment			
35	Healthy school environments involves locating school away from potential environmental hazards			
36	Provision of proper drainage and waste disposal facilities is one of the components of healthy school environment			

SECTION D: PRACTICE OF TEACHERS IN ENSURING A HEALTHY SCHOOL ENVIRONMENT.

Always {1}, Sometimes {2}, Never {3}

SN	Practice Questions	Always	Sometimes	Never
37	I practice personal hygiene			
38	I do participate in environmental sanitation in the school			
38	I ensure that my classroom is swept everyday			
39	I ensure proper washing of the toilet			
40	I ensure proper sweeping of the school compound everyday			
41	I encourage open burning of refuse			
42	I always the windows of my classroom before commencing with the days lesson			
43	I discourage students from drinking water available in the school facility			
44	I encourage students to always bring drinkable water form home whenever they are coming to school			
45	I encourage cordial relationship between me and my students			
46	I discourage bullying			
47	I often discuss with the parents/guardian of my student on their academic performance			

SECTION F: FACTORS INFLUENCING THE IMPLEMENTATION OF HEALTHY SCHOOL ENVIRONMENT. True{1}, False{2}, I don't know{3}

SN	Factors questions	True	False	I don't know
48	School that does not have enough funds cannot provide a healthy environment for learning			
49	the outbreak of Ebola virus encourages personal hygiene among students and teachers			
50	Due to lack of maintenance culture, facilities in school are not well managed			
51	the principal of my school ensures that the school environment are well maintained			
52	lack of infrastructure does not encourage learning			
53	Lack of enlightenment on the part of the government hinders the implementation of healthy school environment			

Appendix 2

KNOWLEDGE AND PRACTICE OF HEALTHFUL SCHOOL ENVIRONMENT AMONG TEACHERS IN IBADAN NORTH LOCAL GOVERNMENT AREA, OYO STATE.

CONSENT FORM FOR TEACHERS

My name is Omakinwa Stella Oluwakemi from the Department of Health Promotion and Education, Faculty of Public Health, University of Ibadan. I am carrying out a study on the “Knowledge and practice of healthful school environment among teachers in Ibadan North Local Government Area, Oyo state”. The questionnaires will be self administered. You will also be asked some basic questions as regards school health policy, healthful environment and the factors influencing the implementation of healthful school environment. The answers will be kept very confidential or secret. The information given me will be helpful to the Ministry of Health and Education in future to assess the level of knowledge and practice of healthful school environment among teachers and inform health policy makers on proper enlightenment and dissemination of information with regards to promoting the health of staff and students in the school.

You are free to decline or take part in this study. You have the right to withdraw at any given time if you choose. I will appreciate your help in giving your consent to take part in this study.

Consent:

Now that the study has been well explained to me and I fully understand the content of the study process, I hereby choose to take part in the study.

Signature of Participant.....

Date.....

Signature of Researcher Names.....

Date.....