

**PROBLEMS OF HEALTHFUL SCHOOL LIVING IN  
PRIMARY SCHOOLS IN CROSS RIVER STATE**

**BY**

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## **CRETIFICATION**

This thesis titled Problems of Healthful School Living in Primary Schools in Cross River State BY OGWAN GRACE AKPANA has been read and approved as meeting the requirements for the award of the degree of Masters of Education (M. Ed), Health Education, of the Ahmadu Bello University, Zaria, for its contribution to knowledge and literary presentation.

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## DEDICATION

This piece of work is dedicated to the all Powerful God who has taught me that depending upon Him there is no failure. He saw me through this work.

To my beloved brother in the Lord, Brother Kalu, Iroha Kalu whose concern and moral support has encouraged me to go through this work successfully.

To my family members:

Joseph Angrey Ogwan	-	Late Father
Mrs Regina Joseph Angrey Ogwan	-	Mother
Dr. Unimna Francis Angrey Ogwan	-	Brother
Mr. Adhidetiang Angrey Ogwan	-	Brother
Alice Angrey Ogwan	-	Sister
Fanny Angrey Ogwan	-	Sister
Nancy Angrey Ogwan	-	Sister

And to all my teachers along the line

Also to all my friends and well wishers

## **DECLARATION**

I hereby certify that this thesis has been written by me. It is a record of my own research. All quotations are indicated by quotation marks or indentations and the sources of information are specifically acknowledged by means of references.

**OGWAN GRACE AKPANA**

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## **ABSTRACT**

This study was designed to investigate the problems of healthful school living in primary schools in Cross River State. A total of 37 primary schools from six local government areas out of the 18 local government areas in the state were sampled.

A set of validated questionnaires with six sub-sections was administered on the respondents. The questionnaires were personally administered and collected. Three hundred (300) questionnaires were administered. Out of this number two hundred and twenty (220) were returned. This represents 73 percent response.

The various responses were tallied, and put into frequency distribution tables and converted to percentages for easy descriptive analysis. t-test related samples and Spearman rank order of correlation co-efficient and K-sample chi-square were used to test the hypotheses postulated.

The findings of the study are as follows:

- Most of the sanitary facilities are not in place and some of the schools even operate without toilets.
- Some of the schools operate without adequate accommodation, facilities for drinking water, toilet, and refuse disposal.
- Emotional health of the pupils is not regarded as high as their physical health by the teachers.

- The school day programme was successfully carried out because teachers were adequately exposed to the background necessary for proper class management which incorporate control of pupils in the class and proper teaching method, as indicated in the demographic data of the respondents.

Based on the above findings, recommendations that would solve the problems or constraints identified were made.



## **ABBREVIATIONS AND DEFINITION OF TERMS**

A number of terms that are common and seemingly ambiguous are used in this study. The abbreviated words and specially used terms are defined below:

### **ABBREVIATIONS**

A.B.U	-	Ahmadu Bello University
N.C.E	-	Nigeria Certificate in Education
N.E.R.C	-	Nigerian Educational Research Council
A.C.E	-	Associate Certificate in Education
T.C.II	-	Teachers certificate grade II
W.H.O	-	World Health Organization

### **DEFINITIONS**

**HEALTH** - Health is defined by WHO as a state of complete physical mental and social well being and not merely the absence of disease or infirmity.

### **HEALTHFUL**

**SCHOOL LIVING**- This is an aspect of school health programme. It is made up of four distinct parts and each part contributes to the total well being of the pupils and the teachers. They include wholesome environment, that is infrastructures, sanitary facilities, emotional health and school day programme.

**AGREE** - Subject responses of strongly Agree and Agree are classified as Agree.

**DISAGREE** - Subject response of disagree strongly disagree and undecided are classified as disagree.

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## CHAPTER ONE

### INTRODUCTION

Mulner (1966), noted that for the student, the school is part of his day to day living and to merely erect an attractive sanitary building is not enough. The important thing is the interaction of the environment and the student. Environment here is considered in dynamic terms (Hoyman, 1965). The particular atmosphere created in a school will condition the behaviour patterns of a child either favourably or unfavourably.

This standard should be further fortified by a high level of healthful living in the school. For children whose home life is on a lesser side from the standpoint of healthful living the school can serve both as an incentive and an experience in attaining a higher standard of healthful living.

Purdon (1972) stated that sanitation is dependent upon adequate facilities which are properly utilized through sound school keeping. All people living in the school should be active participants.

Health education is an applied science concerned with relating research findings in health to the lives of the people. It narrows the gap between what is known and what is practiced. If we say that health education is the sum of experiences, that favourably influence practices, attitudes and knowledge relating to health, it is readily seen that we are dealing with something that occurs at all times and in all places in the

school. Hence the entire school personnel and every area of the curriculum have, to some degree being a part in health education.

Norman (1972), opined that school health education programme is essentially a four – pronged process. It consists of health services, healthful school living, health instruction and school, home and community relations. Healthful school living is a term that designates the provision of wholesome environment, the organization of healthful school day, the establishment of such teacher – pupils relationship so as make a safe and hygienic school favourable to the best development of living of pupils and teachers.

The school is a social organization that has a great potential for various roles among which is the unique one of the transmission of a people's culture to the younger generation through organized learning experiences. Presently in many developed countries, the school health programme is an integral part of the school programme. This is a direct result of the concern that has developed in the health and welfare of children as a means of raising national health status. As far back as 1833, the first law for the protection of children was passed in France (Cresswell, 1985). This law made public schools responsible for the health of school children. A lot of importance was therefore attached to the school health programme within the total school programme. This in turn has led to paying considerable attention to how teachers can be

adequately prepared for effective health responsibilities particularly on healthful school living especially emotional health of pupils within the total school programme. The total school health programme is complemented by the World Health Organization's objectives of health for all by the year 2000. The achievement of this objective is not viewed by international health promoters as being the sole responsibility of the health care delivery system alone but a function of all the organs of a nation of which the educational sector is a very important part. (Adegbite, 1990).

The primary school years, especially the first few years, are a period of adjustment for the child in terms of relating to a larger society. Also, during this period, the child is exposed to new health hazards in form of communicable diseases from having to mix with a greater number of children. Of importance also is the fact that during this period of a child's life, a number of diseases and potential handicapping conditions can be easily treated and prevented from growing worse if detected early and by provision of a healthful school environment.

#### STATEMENT OF THE PROBLEM

Healthful school living is made up of four distinct parts and each part contributes to the total wellbeing of the pupils and the teachers. This consists of provision of wholesome environment and this constitutes all the infrastructure. Here the architectural, sanitary, aesthetics and



social aspect of the school environment, and the school days programme must be considered.

The state of the physical environment of our schools among others has been one of the problems confronting the educational sector. Oluwande (1971) and Adekunle (1975) in Oluwande (19971) have observed that the sanitary conditions in the majority of schools in Nigeria are very bad indeed. Sanitary facilities are either grossly inadequate or totally absent in both rural and urban area. One wonders if the result of the Oluwande and Adekunle studies is different from what is obtainable in Cross River State.

The problem therefore is whether facilities in Cross River State primary school are healthful.

#### RESEARCH QUESTIONS

1. How do primary school teachers rate the sanitary condition of drinking water, toilet, and refuse disposal facilities?
2. How do primary school teachers rate the healthy state of school building as regards to design and plan?
3. How do primary school teachers rate the school design and plan of school building and pupils performances?
4. How do teachers perception of their emotional state affect pupil's learning?
5. How do the organization of school days programme affect pupil's learning?

## ASSUMPTIONS

1. Good sanitary conditions of a school promote good health
2. A superbly designed school plan has a greater potential for healthful living than the less well designed one.
3. Pupils and teacher's emotional state affect the academic achievement of the pupils.
4. The schools day's programme affect the academic achievement of the Pupils.

## HYPOTHESIS

1. There is no significant difference between the proportion of teachers who agreed or disagree on the healthfulness of drinking water, toilet facilities and refuse disposal facilities.
2. There is no significant difference between the proportion of teachers who agree or disagree on the healthfulness of design and plan of school building.
3. There is no significant difference between the proportion of teachers who agree or disagree on design and plan of school building and its effect on pupil's performances.
4. There is no significant difference between the proportion of teachers who agree or disagree on the effect of emotional state of teachers on learning.

5. There is no significant difference between the proportion of teachers who agree or disagree on the organization of school programme and pupils learning.

#### SIGNIFICANCE OF THE STUDY

This study will serve as a booster to the state government to reactivate the poor state of sanitary facilities in primary schools in the state. It will attract researchers to investigate more in this area. Individual schools will be conscious to improvise where necessary to improve the sanitary facilities in their school since this has direct effect on the health of the pupils and teachers.

Today health is an integrated phase of the total school programme. This has come about from the rising interest in the welfare of children and increase association dedicated to raising the nations health.

#### DELIMITATIONS

This study was delimited to the following aspects:

- It was confined to selected primary schools in Cross River State
- It was concerned with the healthful school living as an aspect of school health programme.
- This study was conducted to find out the problems of healthful school living in selected primary schools in Cross River State.
- This study is limited to the perception of the respondents.

#### LIMITATION

The major constraint of this study was accessibility to some of the rural schools. Mostly those at Riverian areas like Bakasi Local Government Area and Duckpin local government area where there was a school not accessible to motorist. Others are problems relating to funds.

## CHAPTER TWO

### REVIEW OF RELATED LITERATURE

#### INTRODUCTION

The literature review is discussed under the following sub-titles:

1. Concept of health and health education
2. Meaning of school health programme
3. Architectural design and plan of a school as aspect of healthful school living.
4. Sanitary condition of a school as an aspect of healthful school living.
5. Emotional environment of a school as aspect of healthful school living.

6. The school days programme as an aspect of healthful school living.

#### CONCEPT OF HEALTH

According to Etharedge (1978) in Fodor (1981), health is considered more than the absence of a minor or major illness. It is partly biological status and a matter of how well all the body's component parts are working. It is partly a consequence of behaviour, a reflection of our ability to co-exist with other people and it is partly a product of personal and philosophical value intimately tied to our concept of self, what we think we ought to be, and what we think we really are.

In 1947, in Adebite (1990) WHO defined health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Using the WHO definition of health as the basis of modern writers. (Hoyman, 1962). Willgoose (1960) in Adebite (1990) view health as being a continuum with near death at one end and optimal achievable wellness at the other end. In-fact (Will goose, 1960) classified an individual's health status into five levels.

1. Health from sub optimal health that is the level at which an individual's living approaches full desirable potential.
2. Wellness – a sub health level ranging from low level to high level of wellness.
3. Minor illness – incipient or sub-clinical milder illnesses and disabilities.

4. Major illness – incident or sub-clinical diseases and disabilities of a more serious nature.
5. Critical illness: Grave illness to approaching death.

While the fourth and fifth levels of health might prevent a pupil from attending school, the pupils to be found at a particular school at any point in time would include those operating at the first to the third levels of health status. It is part of the total objectives of education of the pupils to assist in protecting those operating on the first and second level. Unfortunately Oduntan (1971) discover high frequency of diseases and disabilities among apparently well school children in Nigeria.

Watton (1990) in Vannier (1974) defined health education as the sum total of one's experiences, which contribute to the development of desirable habits attitude and knowledge related to individual family and community health. Health education is an applied science concerned with relating research findings in health to the lives of people. It narrows the gap between what is known and what is practiced. It is preventive medicine in the classroom. (Spencer, 1972).

In the 19<sup>th</sup> and early 20<sup>th</sup> centuries the initial concern for school health programme was focused on protective programmes mainly to control communicable diseases. However, the modern school health programme is based on the concept that the school can prepare people to do what is necessary for the protection, preservation, and promotion, of their own health. The school, of course, still has the responsibility of

supervising the pupil's health and promoting school sanitation. The school health programme is now universally accepted as having the following components.

1. Healthful school living
2. Health services
3. Health instruction
4. School home and community relationship

The above listed components are closely related and interdependent. They support and supplement, each other and in actual operation, no division exist between them. Also in a developing nation where bulk of the society still looks for the school for direction, a school, home, and community relationship has to be evolved as part of the total school health programme.

Based on the above universally accepted components of the school health programme, Sangonuga and Osiyemi (1978) categorized the scope of the school health programme into three broad areas:

1. Health promotion
2. Health protection

3. Assistance in the prevention and alleviation of physical defects and sickness discovered.

This can be achieved through

- i. Provision of healthful school environment
- ii. A health guidance programme
- iii. The care of an emergency health condition
- iv. The teaching of scientific health condition
- v. The development of sound health habits and attitudes
- vi. The adaptation of the school programme to the exceptional child.

#### MEANING OF HEALTHFUL SCHOOL LIVING

Healthful school living is a term that designates the provision of a wholesome environment, the organization of a healthful school day and the establishment of such teacher pupils relationships as make a safe and sanitary school favourable to the best development of living of pupils and teachers. (Vannier, 1974) is of the opinion that there is no justification for forcing children by laws to attend schools conducted in dirty drab unsanitary or even dangerous unsafe building. She further stressed that there is no logic in teaching children the necessity of washing their hands after going to toilet if they are not provided with soap and water. Based on this opinion of Vannier one would be tempted to recommend that school should be delegalized in Nigeria.

Oluwande (1971) and Adekunle 1975 observed that the sanitary conditions in the majority of schools are very bad indeed. Sanitary



facilities are either grossly inadequate or totally absent in both rural and urban schools. Oluwande (1971) has pointed out that the poor condition in the school environment is not unconnected with the attitude of teacher towards school health activities. He therefore concluded that it will be very difficult for children who throw pieces of paper everywhere in the school or who defecate in the bush around the school to grow up to appreciate the importance of sanitary environment. However, with proper preservice preparation, teachers could be made to appreciate the importance of a healthful environment. They would also be awakened to their role of promoting healthful living in their pupils. Thus, teachers can contribute directly to healthful school living, and indirectly to healthful community environment through their pupils.

The WHO Expert on school health services (1950) made various observations pertaining to the healthful school living as aspect of the school health programme in schools today. For most children school is the first experience of group living outside the home. Bringing the children together in groups greatly increases the danger of communicable diseases. The attention the school and the teachers pay to the physical school environment in terms of ensuring the provision of health promotion facilities can go a long way in the prevention of communicable diseases among the pupils.

Also of importance is the safety control and emergency preparedness within the school. Children and youths are known to

exhibit exuberance of youthful play, lack of appreciation, and a desire to win in competitions. Teachers are required to institute safety measures at schools and remove potential hazards within the school environment. They are also required to make adequate supervision of children at work in the laboratory and also at play.

Addressing the first national seminar/workshop on healthful school environment. Ademuwagun (1977) pointed out that the way pupils live at school and the constitutions under which they work can be beneficial or detrimental to their health and performances. He recommended that the promotion of healthful school living must be an integral part of the nation's total education policy and planning. In the light of the importance of the environment. Ademuwagun (1977) also advocated that headmasters, classroom teachers, and government functionaries should be constantly reminded that qualitative school environment is an integral part of their educational responsibilities, if the overall objectives of education are to be realized.

In the area of emotional environment, Jegede (1978) pointed out that the teacher plays a key role in the adjustment of children to school and therefore there is the need for teachers in Nigeria to become more sensitive to children's emotional needs. Jegede argued that if teachers are provided with appropriate background, they are in a unique position to make the school experience one that fosters emotional growth. However, for teachers to create the healthy emotional environment that

promotes good mental health, they must be equipped with necessary experiences during their training.

Functional physical facilities, a healthy social and emotional climate, and wholesome school practices equal a healthful school living. Toyo (1957) asserted that a healthful school environment provides the child protection against disease and promotes his general well being. It is also more importantly assures the pupils that the school sincerely believes in the health facets which it presents. Of course, this assurance goes along way in moulding the children's practice and behaviour so that they are useful in the future. This has a serious implication in Nigeria where most of our health problems are those emanating from poor environmental practices. Therefore, the need to adequately prepare the teacher in all aspects of healthful living can never be over emphasized.

### 2.3 SCHOOL LAYOUT AND PLAN OF SCHOOL BUILDING AS AN ASPECT OF HEALTHFUL SCHOOL LIVING

Very wholesome living can not be experienced in a school of rather poor architectural design. Yet a well designed school plan has a greater potential for healthy living than the less well – designed one. For effective school living, the plan must be adapted to the recognized needs of the children. In addition to drawing plan, the architect has general supervision of construction.

Purdon (1972) identifies certain factors in the location and plan of a school building to be of direct health significance.

#### SITE:

School sites should be considered from the stand point of accessibility safety, quietness, cleanliness of air, and adequate drainage, and recreational space. For clean air and a quiet neighbourhood residential and rural area are preferable to industrial or other congested areas, either natural or instilled drainage which will assure dry grounds is important. Adequate play and recreational space can be provided by setting a minimum of five acres for an elementary school.

#### PLANNING OF BUILDING

A school building should be located on an elevated part of the ground wherever possible. The open type building plan should be employed. According to Purdon (1972). It has many good features.

1. Provides rapid horizontal traffic
2. Reduces fire and other hazards
3. Provides easy access to all parts of the building
4. Reduce disturbing noises and odours.
5. Provides for improved natural lighting and ventilation.

Basement areas should be eliminated because of the unwholesome psychological effect and the poor natural lighting and ventilation. Stairs must be located so as to reduce corridor traffic. An auditorium should

be reached by two non – conveying traffic – channels. All classrooms should have walls and ceilings which are treated to absorb noise.

#### HEATING AND VENTILATION

Purdon (1972) further stressed that for effective and enjoyable school living heating and ventilation are important and the instructors have an obligation to make effort to provide a physical atmosphere which is comfortable in the heating and ventilating of school rooms. For boiler and fuel rooms it should be of fire resistant construction. There is merit in building a brick boiler room separate from the school building.

For ventilation, ordinary window gravity, ventilation can be highly satisfactory if a glass deflector in the window starts their current upward and an outlet high on the opposite wall permits circulation of the air, glass deflectors are recommended only because they do not reduce the light from out doors. (Oluwonde, 1978).

#### AIR CONDITIONING

According to (Willgoose, 1994), the objective of air condition is to control the temperature, humidity, movement and purity of air. The air is filtered and

Washed to remove dirt, smoke, obnoxious gases, and pollen. Air conditioning neither increases nor decreases the incidence of respiratory

disease. Their primary purpose of air conditioning tends to be temperature control in school room.

## ILLUMINATION

Proper lighting contributes to student's effectiveness and helps prevent fatigue. This adds to the enjoyment of the school efficiency and comfort. Distinction should be made between the terms light illumination and brightness. Light is the source, illumination is the effect and brightness is the amount of light returned from a surface.

## GENERAL TOILET ROOM

Mulner (1966) states that when general toilet rooms are located, outside exposure with direct sunlight should be given preference. Accessibility is important. It is equally important that the girls' and boys' rooms be far enough from each other. Toilet rooms should not be located in the basement. Ceilings walls and floor of toilet rooms should be of washable impervious materials. Uncoated cement floors are not suitable.

## URINALS

Urinals of porcelain or Vitreous China the individual part type that are automatically or individually flushed are recommended. Pedestal or well-bung units are most sanitary. Trough or stall urinals are not acceptable. Toilet facilities should be clean well ventilated bright well kept and properly lighted. These will enable the pupils to maintain right

level of hygiene outside the school environment. Lack of towel and soap, poorly kept toilet facilities encourages a lack of respect for standards of sanitation. There should be a minimum of one urinal for 30 boys and split sit seat toilet for 25 – 30 girls.

## WATER

Purdon (1972) stated that school authorities have the responsibility for providing a safe and adequate water supply for school use. When a municipal water supply is used primary responsibility for its source and purity rest with the municipality and public health department. Yet the school district is responsible for proper installation and maintenance of water facilities in the school. In addition to being free from contamination, water should be palatable and sufficiently abundant for normal school needs. The water supply must meet the minimum standards for chemical and bacteria purity established by the state and local health departments. The individual child should be encouraged to have a drinking cup. The common drinking cup should be prohibited.

## OTHER FACILITIES AND EQUIPMENT GYMNASIUM AND ACTIVITY ROOM

Gymnasium and activity room should be clean, well lighted, adequately ventilated, and free of all possible hazards. Forced ventilation is necessary when large crowds occupy the gymnasium. Regular

inspections of the states of facilities are essential for the promotion of safety in the gymnasium.

#### SWIMMING POOL

Mulner (1966) stated that a properly constructed pool provides for filtration, chlorination re-circulation and straining of water. Sanitation of the swimming pool is a special responsibility of the physical education teacher. Standard regulations are pasted governing users of the pools on Personal cleanliness, freedom from communicable diseases, proper conduct, and personal habit on their part are requisites.

#### SANITARY CONDITION OF A SCHOOL AS AN ASPECT OF HEALTHFUL SCHOOL LIVING

The WHO expert committee on school health services (1950) made various observations pertaining to healthful school living aspect of the school health programme. For most children, the school is the first experience of group living outside the home. Bringing children together in groups greatly increases the danger of communicable diseases. The attention the school and the teachers pay to the physical school environment in terms of ensuring the provision of health promoting facilities can go a long way in the prevention of communicable disease among the pupils.

Hand – washing basin should be provided for each class. More than 30 children should not use one wash hand basin. The school



cafeteria sanitation must meet the standard of any public or community eating establishment. The

Cafeteria should also be an attractive place to eat. The school area should be relatively free of disturbing noises and other distractions. To ensure that the environment is clean, food and refuse from the school cafeteria should be disposed of by local collection, burning, or Burying, or other method approved by sanitation authorities.

The school personnel must be constantly alert to observe building grounds and equipment for possible hazardous conditions, broken furniture play grounds equipment, defective stair rails, broken side walls, protruding object anywhere such as nails, slippery floors, obstructed exits and boxes not properly maintained. This will ensure safety in school premises.

Irwin (1970) in Hagg (1972) stated that school programmes should have well defined school safety practices that are engaged by all pupils and teachers. Children and youth are known to exhibit exuberance of youthful play. Lack of appreciation of the degree of risk undertaken failure to take precautions and a desire to win in competitions exposes them to danger. Needless to say school building has its share of hazards to guide against.

There are stairways corridors lavatories, classrooms showrooms, swimming pool, careteria gymnasium, auditorium strategies, and

industrial arts shop, to worry about. And there are programmes associated with these facilities that require constant attention on the part of teacher lest accidents occur that might have been prevented. Safety on the play ground and playing

fields, on the school, buses, at the crossings adjacent to the school and on field trips into the community all related to healthful school living.

## EMOTIONAL HEALTH AS AN ASPECT OF HEALTHFUL SCHOOL LING

Human factors are more difficult to control than physical factors. The elementary school teacher is faced at the beginning of each school year with the task of building a mentally healthy environment. She must understand child behaviour and recognize that the mentally healthy classroom is one where the children have a high level of self esteem are relaxed that at ease, are challenged by the situation to want to learn, and are confident they can succeed and receive personal satisfaction from such success.

Russel (1975) noted that in adjusting to school the child makes three of the fundamental adjustment of life. First of all he is making a social adjustment that is to his classmates. In the second place he is making an adjustment to authority. That is to teachers and head

teachers. In the third place the child learns in school to adjust to his own limitations. This in itself places the teacher in a unique position. For every child wants to be the best, the brightest, and the more productive. The teacher must help him discover his own strong points and the more productive. The teacher must help him discover his own strong points and live with his limitations. The teacher must work hard to create a school environment that promotes mental health. Some of the more specific tasks she can engage in to foster feelings of acceptance, affection, and achievement include:

1. Making the classroom a friendly place: Look for a child without a friend and see that he has a chance to sit with an especially friendly person.
2. Treating all pupils kindly. Avoid constant nagging, scolding, or correcting
3. Let children know without saying in so many words that you like them. And if they have trouble with something you will try to see their side of the problem.
4. Providing for success experiences. Each pupils needs to feel success in at least one area of effort. Whether it is sport skills, music reading or in picking up paper from the floor.
5. Praising individuals and groups for their fine effort. Praise properly administered acts as an effective tonic which spurs pupils on to greater accomplishment.

6. Making provision for specific students' weakness and efficiencies through avenues of adapted instruction and programme modification.

Liking or disliking school has much to do with classroom atmosphere. The schedules of work and time allotment to various subjects can facilitate an affinity to school or cause dislike for school. While over-whelming assignments would cause frustration on the students so would lack of home work encourage indiscipline and mischief?

Healthful school living, more importantly, assures the pupils that the school sincerely believes in the health facts which it present. Of course this assurance goes a long way in moulding the children practice and behaviour for now and the future. This has a serious implication in Nigeria where most of our health problem are those emanating from stress.

Kennex (1972) noted that the role of the teacher is the attempt to maintain an environment for health which in turn creates the optimum atmosphere for learning. She must be realistic and deal objectively with pupil's relationships. She must think in terms of individual while operating in the medium of masses of children she must exercise leadership and be firm with pupils and at the same time demonstrate co-

operation and sympathy for children with personal problems of adjustment.

Jegade (1978) pointed out that the teacher plays a key role in the adjustment of children in school and therefore there is the need for teachers in Nigeria to become more sensitive to children's emotional needs. Jegede pointed out that if teachers are provided with appropriate background they are in a unique position to make the school experience one that fosters emotional growth. However, for teachers to create a healthy emotional environment that promotes good mental health, they must be equipped with necessary experience during their training.

#### THE SCHOOL DAYS PROGRAMMES AN ASPECT OF HEALTHFUL SCHOOL LIVING

The scheduling of activities and the allotment of time for example may be done in such a way that the interest of the class members is kept at a high level through out the day. This may be ascertained by experimenting with the difficult activities at various aspect of school day. Keeping a rigid time schedule, particularly in the lower grades does not allow for individual and group variations. Other classroom environment element that are of concern here include such things as the length of the

schools day, the spacing and duration of rest and recess periods, class load and programme, and surroundings adapted to individual needs.

Critics pointed out that the artificial separation of subjects and the extreme fragmentation of the curriculum are inconsistent with the integration of knowledge and full intellectual development. A multi-disciplinary approach to education is needed.

Kennex (1972) noted that assigning suitable time for health teaching is still problem in primary's school today. Daily classroom programme should also be planned so that different types of activity are scheduled for alternate period. For example active work following quiet works such as project construction following reading; or physical education following reading or physical education following arithmetic, children like variety and innovation and respond very well to them. A health topic may be taught in the middle of the morning one day and just before lunch another day.

The responsibility for checking the operation of window shades and light is that of the classrooms teacher. To obtain the best working light from natural sources within the pupils' field of vision and with a minimum of shadows; individual pupils' consideration should be given to seating arrangements. Uncontrolled sunlight is a fatiguing element that detracts from the total learning process. (Willgoose, 1994).

The location and size of desk and chairs should be suited to the pupils using them. The writing surface of the desk should be at a height

which permits the students to write while squarely seated so that there will be no need to elevate one shoulder out of line with the other when writing. The ability of any pupil to see or hear should be the major point in determining where he sits in the classroom. Clean teaching materials such as maps and books are desirable.

Rusell (1975) believes that the task of the school and of health education is to encourage each learner to interact with some new information, ideas, and concepts and some new ways of learning so that the future life interaction will be form a wide base. Therefore an individual's decision would be the result of a boarder range of consideration. In the primary and secondary schools the main purpose of health education is to provide constructive teaching that would help change the individual not only intellectually, but also socially, morally, physically and emotionally. The WHO expert committee (1950) strongly suggested that health teaching needs to be linked with the everyday living need

and experiences of children; It should also be related to their changing interests, the social, cultural and economic environment in which they are living and growing.

#### SUMMARY

The health of the children and staff can be improved through the creation of well planned progrommes of health education. Willgoose (1960) states that there are numerous justifications for a total health

maintenance and education effort in the schools. There is a body of evidence available to support the premise that failure to develop optimum health puts a limit on genius. The quality of the mind is made known through the competent actions of the body. A lowered health status reduces one's ability to perform as a genius or as moron. Man approaches his potential mental capacity only when he is capable of putting his thoughts into action. He must be organically and mentally alert and emotionally able to receive the most the schools curriculum provides.

Kennex (1972), noted that the school programme must provide experiences that will impart knowledge, develop proper attitudes concerning health and safe practices. (Mulner, 1966), believes social accomplishment is more than being related to well-being in the school community at large because charity consists of being able to give off oneself without thought of return and in the school social accomplishment as well as academic accomplishment is ever dependent on good eye-sight and hearing, freedom from disease and handicapping defects, emotional stability and satisfactory rate of growth. The best place for health instruction is the school – chiefly because the schools is the only agency that can keep pace with the rapid advance of medical science and can give the child the basis of health so that he can engage in intelligent health practices.



The pupils of course would take any health teaching in the school serious only when it is backed by a healthful school environment.

### CHAPTER THREE

#### RESEARCH DESIGN AND PROCEDURE

The procedures for data collection and data analysis are described in this chapter. The characteristics of the subjects are described and the research instrument also discussed in detail.

## RESEARCH DESIGN

The research design of this study is ex post factor. The instrument has been designed by the researcher so that specific items in which the teachers are required to express their opinion are identified and noted. The itemized area of opinion have been carefully considered in relation to healthful school living. The various architectural designs and plan of school, emotional environment of a school, and the school days programme form the independent variables, while health practices and academic performances constitute the dependent variables.

## POPULATION

The population of this study is all primary schools in Cross River State. The total number of local government areas in Cross River State is 18. Out of the 18 Local Government Areas, six local government areas were randomly sampled. Schools chosen from two of the selected local government areas are urban schools, while rural schools were chosen from the remaining four local government areas. Because the actual state of the facilities in primary schools

will be known from sampling higher number of school in rural areas, and also the schools in the rural areas are smaller in size. The total

number of schools from the urban areas was 15 while 22 schools were from the rural areas.

## RESEARCH SAMPLE

The sample for this study was drawn using one third of each local government area. The sampling technique was random sampling. For example, if there are six schools in a local government area two will be used as sample. The number of schools and the size differs because the schools are not the same. In large local government areas, a minimum of ten 10 schools were used. While in smaller local government areas a minimum of four schools were used.

## RESEARCH INSTRUMENT

The instrument used for this data collection is open-ended questionnaire designed by the researcher on problems of healthful school living in Cross River State. In developing the instrument, the researcher made use of information from numerous researchers and experts in school health programme.

The questionnaire was divided into five sections, the first section was designed to elicit demographic data it has 28 items the second section was designed to get information on the sanitary condition of the schools and how it affect learning; it has 19 items.

Section three dealt with the design and plan of school building as aspects of healthful school living, it consists of 10 items. In section four, data was generated on how the emotional state of pupils and teachers affect learning; and in the final section the researcher wanted to derive information on how school day programme, class management and time table affect learning.

## PILOT STUDY

To further ascertain the authenticity of the instrument, a pilot study was conducted by sampling the opinion of ten teachers drawn from different primary schools, within the scope of the study, through random sampling. For purposes of assessing the validity, the instrument was arbitrated by the supervisor and experts in the area of engineering, environmental studies and statistics.

## VALIDITY

The respondents were grouped into two major categories, comprising of those who rated their opinion on healthful school living and its various aspects as AGREE AND DISAGREE. This was done for the purposes of coding. Simple proportion was used to identify the category of teachers who rated their opinion as Agree or Disagree. Strongly Agree and agree are treated as “Agree” while strongly disagree, disagree and undecided were treated as disagree. Undecided was treated

as disagree because the response was negligible. To ensure that the instrument was reliable for this research work simple proportion and Spearman who co-efficient was used to establish the relationship between the two categories as shown in the table 3.1 below.

When the result was analyzed 72 percent of the respondents were on the Agree category while 15 percent were in the disagree category. The relationship between the two categories was 0.6707. From the result obtained it shows that the instrument constructed for this research work is valid and reliable.

#### SIMPLE PROPORTION

Total number of options	=	423
Agreed	=	305
Disagreed	=	63
Proportion for Agreed	=	72%
Proportion for Disagreed	=	15%

#### CORRELATION CO-EFFICIENT

X	=	Agreed
Y	=	Disagreed.

## ADMINISTRATION OF THE QUESTIONNAIRE

The administration of the questionnaire was carried out by the researcher by visiting the schools. In order to gain access to the subject in the various selected primary schools in Cross River State, the researcher made contact with the heads of schools and obtained permission for the administration of the research instrument. The questionnaires were personally administered and collected. Three Hundred (300) questionnaires were given out. Out of this number, 220 were returned. This represents 73 percent response.

## DATA ANALYSIS

The respondents were grouped into two major categories comprising of those who rated their responses on healthful school living and its various aspects as Agree and disagree. Although there were five options for the respondents to choose from whatever the respondents' choice was fell within the agree and disagree group. This was for easy computation.

The five options was used to allow the respondents give some description of healthful school living. This is preferable to yes or no options because it gives a clearer picture of the state of healthful school living in our public schools today.

## STATISTICAL ANALYSIS

### Simple Percentages and Proportion

This was used to identify the category of teachers who Agreed or disagree with the statements on healthful school living in the various aspects. It was used to identify the percentages and proportion of the various aspects of healthful school living.

### T-TEST RELATED SAMPLE

This was used to verify whether differences exist on agree or disagree upon the various aspects of healthful school living.

### K-SAMPLE CHI-SQUARE

The need to use the above statistical analyses derived from the fact that two major categories emerge from the rating of the various items within a particular healthful school living programme. This statistics was employed to ascertain whether the differences in the various categories were agreed or disagreed upon, thus, rejecting or accepting the null hypothesis.

## CHAPTER FOUR

### 4.1 ANALYSIS OF DATA, INTERPRETATION AND DISCUSSION OF RESULTS

#### INTRODUCTION

The primary purpose of this study was to investigate how healthful school living affect learning. In particular, the following hypotheses were examined.

1. There is no significant difference between the proportion of teachers who agree or disagree on the healthfulness of drinking water, toilet and refuse disposal facilities.
2. There is no significant difference between the proportion of teachers who agree or disagree on healthfulness of school layout and plan of school building.
3. There is no significant difference between the proportion of teachers who agree or disagree on the healthfulness of school layout and plan of school building and healthfulness and its effect on learning.



4. There is no significant difference between the proportion of teachers who agree or disagree on the effect of emotional state of teachers on pupils performances.
5. There is no significant difference between the proportion of teachers who agree or disagree on the effect of school days programme on pupils learning.

The analysis of data generated on each section is presented one after the other in line with the questions and hypothesis above.

## 4.2 RESULTS

This section consists of six items that yielded demographic data about the subjects. The total number of subjects used for this study was 220. The demographic data are shown below.

TABLE 4.1:

## DEMOGRAPHIC CHARACTERISTIC OF THE SUBJECTS

Variables	Category	Frequency Distribution	Relative Count
Age	1120	6	3
	21-30	64	29
	31-40	66	30
	41-50	35	16
	51-60	7	3
	No response	42	19
Total		220	
Qualification	Grade II	58	26
	NCE/ACE	102	46
	Degree	18	8
	No response	42	20
Total		220	
Working experience			27
	1-5 years	60	14
	6-10 years	31	22
	11-15 years	49	12
	16-20 years	26	11
	21-25 years	25	5
	25 above	10	9
	No response	20	
Total		220	
Position held	Head teacher	20	9
	Asst. H. teacher	14	6

	Class Teacher	186	85
Total		220	
Gender	Male	41	19
	Female	140	64
	No response	39	17
Total		220	

From table 4.1 above, one can infer that the age range of teachers in the primary schools used for this study was between 20 to 60 years. There are very few teachers within the 11 – 20 years range and they constitute only 3 percent of the total respondents while the 51 – 60 years are range also accounted for only 3 percent.

An examination at the table shows that a majority of the subjects used are within the age range of 30 to 40 years representing 29 and 30 percent respectively. This is so because this is the age people are still strong to work. the age 41 – 50 years had 35 subjects or 16 percent of the total number of subjects used. Of the total number of subjects used, 42 teachers did not respond to the question on age. On gender as shown in the table majority of the subjects were female representing 77 percent, while their male counterparts were 41 or 22 percent. A look at the working experience shows that majority of the subjects had less than 10 years working experience this category made up 14 percent of the total number of subject sampled. On the qualification of the subjects, from the table it reveals that 58 teachers are grade II certificate holders representing 26 percent while 102 teachers are NCE/ACE holders representing 46 percent of the total subject, used. Those with degrees

were 18 or 8 percent. From the table, out of the total number of subjects used, 20 (9%) were head teachers, while the Assistant Head teachers, and classroom teachers, were 14 and 186, representing 6 and 85 percent, respectively. From the distribution it shows that majority of the subjects were classroom teachers accounting for 85 percent of the total subjects used.

Table 4.2

THE STATE OF DRINKING WATER FACILITIES AND HEALTH PRACTICES

S/No	Topic	Proportion for Agree	proportion for Disagree	Direction
1.	The source of drinking water is safe	77 (.353)	1.42 (0.646)	Disagree
2.	The state and source of drinking water is certified fir	103 (0.468)	116 (0.531)	Disagree
3.	Water is stored in pots only in your school	101 (0.454)	118 (0.54)	Disagree
4.	Storing water in jugs is preferred to storing in buckets.	144 (0.654)	75 (0.341)	Agree
5.	It is unhygienic to store water in basin.	141 (0.64)	98 (0.36)	Agree
6.	Fetching water with a common cup should be discouraged	147 (0.668)	72 (0.328)	Agree

DRINKING WATER FACILITIES

The frequency distribution of teachers' opinions regarding the state of drinking water facilities and its various aspects are presented in Table

4.2. Out of the six items in this sub-unit, three were in the “agreed” and three in the “disagree options”.

A look at the items rated “agree” by the teachers showed that fetching water with a common cup should be discovered came first with 66 percent of the respondents individually agree followed by “storing water in a jug is preferred to bucket” which was rated agree by 65 percent of the teachers. One can deduce that storing water in a jug is more hygienic than a bucket, since it is not open to flies and other contaminants.

In the disagree category water stored in pots only came first with 54 percent of the respondents regarding this as disagree. This was followed by “The state of drinking water is certified fit which was rated disagreed by 53 percent of the respondents.

Table 4.2.1

COMPARISON OF PROPORTION OF POSITIVE OR NEGATIVE RESPONSES ON THE STATE OF DRINKING WATER FACILITIES AS CONTAINED IN ITEMS IN TABLE 4.2

		X	X	SD	T-VALUE
1	Agree	389	77.8	62	0.4630
	Disagree	193	38.6	33.8	
2	Agree	516	103	28	2.0881
	Disagree	347	69	55	
3	Agree	506	101	27	1.7664

	Disagree	280	56	54	
4	Agree	724	145	39	0.9444
	Disagree	132	26	19	
5	Agree	707	141	38	1.2306
	Disagree	169	39	15	
6	Agree	609	122	16	0.79903
	Disagree	119	40		

t – test value 0.4630 – 1.7664

t – critical  $p < 0.05 = 2.776$ .

A t-test related sample of significance difference was applied to test whether the difference of the proportion of teachers rating their opinion in an item as agree or disagree was significant at 0.05 level of probability as shown in Table 4.2.1.

Out of the six items, the null hypothesis of significant difference was rejected in five of the items at 1.7664 to 0.4630 and only one retained the null hypothesis at 2.881 calculated value as against 2.776 critical value. This shows that there is a significant difference in the items tested.

Table 4.2.2

## STATE OF REFUSE DISKPOSAL AND HEALTH PRACTRICES

S/No	Topic	Proportion for Agree	proportion for Disagree	Direction
1.	Classes in your school have waste paper basket	90 (0.40)	130.4 (0.592)	Disagree
2.	Only few classes have waste paper basket	107 (0.48)	113 (0.514)	Disagree
3.	Dustbin with lids are in strategic places in your school	107 (0.49)	113 (0.513)	Disagree
4.	Compost pit are used for dumping of refuse in your school	120 (0.46)	100 (0.458)	Agree
5.	There is a functional incinerator	70 (0.31)	150 (0.68)	Disagree
6.	The method of refuse disposal is by burning	138 (0.63)	82 (0.382)	Agree
7.	The school urinary is adequate for staff and pupils	113 (0.51)	107 (0.486)	Agree

## REFUSE DISPOSAL FACILITIES

This is a sub-unit of Table 4.2. This unit is the frequency distribution of teachers' opinion regarding the state of refuse disposal facilities. Out of the seven items, on refuse disposal facilities presented in table 4.2.2, three were rated agree while four were rated disagree. The

method of refuse disposal is by burning came first with 63 percent of the respondent indicating agree as shown in table 4.2.2. This was followed by “Compost pit are used for dumping refuse with 54 percent of the respondents.

In the disagree direction “There is a functional incinerator in your school” came first with 68 percent of the responses of the respondents indicating disagree. Next to this was “Classes in your school have waste paper basket” with 59 percent of the respondents who agree.



Table 4.2.3

COMPARISONS OF PROPORTIONS OF POSITIVE AND NEGATIVE RESPONSES ON THE STATE OF REFUSE DISPOSAL FACILITIES AS CONTAINED IN TIMES IN TABLE 4.2.2

		X	X	SD	T-VALUE
1	Agree	448	89.6	71	0.6840
	Disagree	295	59	47	
2	Agree	534	106	85	1.12986
	Disagree	233	46	37	
3	Agree	535	107	85	0.3966
	Disagree	243	148	39	
4	Agree	596	119	95	0.5073
	Disagree	207	41	33	
5	Agree	444	88	71	0.6216
	Disagree	330	66	53	
6	Agree	553	110	88	1.176
	Disagree	139	27	22	
7	Agree	565	113	90	04164
	Disagree	227	45	36	

t – test value 0.3966 – 1.12986

t – critical  $p < 0.05 = 2.776$ .

Table 4.2.4

**THE STATE OF TOILET FACILITIES AND HEALTH PRACTICES**

S/No	Topic	Proportion for Agree	proportion for Disagree	Direction
1.	No toilet facilities	123 (0.56)	97 (0.44)	Agree
2.	Using nearby bushes for toileting	142 (0.649)	98 (0.354)	Agree
3.	Pit toilet is used by more than 25 to 30 pupils	101 (0.462)	119 (0.54)	Disagree
4.	Free range system and bucket system are still in operation	69 (0.314)	151 (0.696)	Disagree
5.	Toilet facilities are well ventilated	99 (0.43)	121 (0.55)	Disagree
6.	There is always sufficient water to flush the toilet	112 (0.51)	108 (0.49)	Agree

**TOILET FACILITIES**

The frequency distribution of teachers' opinion regarding the state of toilet facilities and its various aspects is a sub-unit of Table 4.2.4. Out of the six items in this unit three were in the 'agree' option while three items were in the 'disagree' option. A look at the table, "using near by bushes for toileting" came first with 64 percent and this was followed by "No toilet facilities with 56 percent of the teachers indicating agree.

In the disagree direction "free range and bucket system is still in operation scored 68 percent of the teachers indicating disagree and this is followed by "toilet facilities are well ventilated with 55 percent. This implies that many schools operate today with poor toilet facilities or none at all.

Table 4.2.5

COMPARISON OF PROPORTION OF POSITIVE OR NEGATIVE RESPONSES ON THE STATE OF TOILET FACILITIES AS CONTAINED IN ITEMS IN TABLE 4.2.4

		X	X	SD	T-VALUE
1	Agree	617	123	98	0.6757
	Disagree	226	44	44	
2	Agree	714	143	114	0.9165
	Disagree	192	38	31	
3	Agree	509	102	81	0.5814
	Disagree	276	55	44	
4	Agree	346	69	55	0.9164
	Disagree	356	71	57	
5	Agree	495	99	79	0.3574
	Disagree	237	47	38	
6	Agree	558	112	89	0.4440
	Disagree	259	51	42	

t – test value 0.3574 – 0.9165

t – critical  $p < 0.05 = 2.776$ .

The differences in the proportions of the teachers rating in all items as agree or disagree was statistically tested using the t-test related sample at 0.05 level of significance of all the 19 items in this section, as indicated in all the sub-units the observed difference were not significance except one.

From the above analysis, two main categories of information have emerged on the item. The item in which the proportion of teacher who rated their opinion as being agree are significantly higher than those who rated it disagree as indicated above. Thus indicating that there is significant difference in the item tested. The K-sample chi-square was used to analyze the facilities for drinking water, toilet facilities and refuse disposal facilities as presented below.

Table 4.2.6

#### DIFFERENCES IN ITEMS RATING FOR SANITARY FACILITIES

#### K-SAMPLE CHI-SQUARE

Data for Agree Category Option	Data for Disagree Category Option	Roll Total
3451	1292	4744
3239	1543	4782
3675	1674	5349

10365	4510	14875
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K/SAMPLE CHI-SQUARE CONTINUES

O	E	O-E	(O-E) <sup>2</sup>	$\frac{(O-E)^2}{E}$
3451	3305	146	21316	6
1293	1438	-145	21025	146
3239	3332	-93	8649	3
1543	149	1394	1943236	13
3675	8727	-52	2704	0.7255
1674	1621	53	2809	2
				40

Calculated chi-square result = 40

Critical value from chi-square table = 5.991

Degree of freedom = 2

Alpha level = 0.05

From the analysis on Table 4.2.6 the calculated chi-square which is 40 is more than the critical chi-square which is 5.991. This shows that

there is a significant difference between number of items in which the greater number of teachers rated their opinion as agree or disagree.

From the table it can be inferred that a greater proportion of teachers rated their opinion on the healthfulness of various aspects of drinking water, refuse disposal, and toilet facilities and how they affect health as part of healthful school living as been agreed. Therefore the hypothesis that there is no significant difference between the proportion of teachers who agree or disagree on sanitary condition of drinking water, toilet facilities and refuse disposal as healthful is rejected.

In the items rated disagree “the sanitary condition of swimming pool is adequate came first having been rated disagree by 56 percent of the teachers. This was closely followed by “sporting facilities are adequate which was rated disagree by 51 percent of the teacher.

Table 4.3.1

COMPARISON OF PROPORTION OF POSITIVE OR NEGATIVE RESPONSES WITH RESPECT TO SCHOOL LAYOUT AND PLAN OF SCHOOL BUILDING AND HEALTHFULNESS AS CONTAINED IN ITEMS

IN TABLE 4.3

		X	X	SD	T-VALUE
1	Agree	662	132	106	1.5150
	Disagree	158	31	25	
2	Agree	613	123	98	0.8750
	Disagree	206	41	33	
3	Agree	597	119	96	0.5015
	Disagree	292	38	31	
4	Agree	603	121	96	1.8321
	Disagree	222	44	36	
5	Agree	493	98	79	0.4303
	Disagree	293	58	47	
6	Agree	533	106	85	0.4303
	Disagree	267	53	40	
7	Agree	642	128	102	0.6558
	Disagree	176	35	28	

8	Agree	633	126	101	0.4270
	Disagree	166	33	26	
9	Agree	476	95	76	0.4957
	Disagree	220	44	36	
10	Agree	535	107	85	0.6981
	Disagree	248	49	40	

t – test value 0.4270 – 1.8321

t – critical  $p < 0.05 = 2.776$ .

A t-test related sample of significance difference between proportion was applied to test whether the difference of the proportion of teachers rating their opinion in an item as agree or disagree was not significant at 0.05 level probability as shown in table 4.3.1. In six out of the ten items, the null hypothesis of no significant difference in the proportion of teachers who rated their responses as agree or disagree were retained at 0.4270 to 1.8321 cal while ;the critical value was 2.776 as shown in table 4.3.1. However, six out of the items were in the agree direction while four of them were in the disagree direction.

To establish whether a significant difference in the number of items in which responses were rated agree or disagree a chi-square evaluation was carried out. The analysis is presented below.



Table 4.3.2

DIFFERENCES IN ITEMS RATINGS FOR SCHOOL LAYOUT  
AND  
PLAN OF SCHOOL BUILDILNG AND HEALTHFULNESS

K-SAMPLE CHI-SQUARE

Data for Agree Category	Data for Disagree Category	Roll Total of both Category
8172	556	2428
1629	782	2411
2286	810	3096
5787	2148	7935

### K-SAMPLE CHI-SQUARE CONTINUES

O	E	O-E	(O-E) <sup>2</sup>	$\frac{(O-E)^2}{E}$
1872	1770	102	10404	6
556	657	-101	10201	15
1629	1758	-129	16641	9
782	652	130	16900	26
2286	2257	29	841	0.3726
810	838	-28	784	0.9355
7935	7932	3	55771	57

Calculated chi-square result = 57

Critical value from chi-square table = 5.991

Degree of freedom = 2

Alpha level = 0.05

From the analysis above the calculated chi-square which is 57 is more than the critical chi-square which is 5.991. Therefore, there is a significant difference between the number of items within the agree and

disagree category. This shows that a greater number of items are under the agree category. One can infer, therefore, that a greater proportion of teachers rated their responses in the site of school and building plan as being agree amongst others. This shows that most schools are sited where pupils, motorist, and teachers move in and out freely.

The hypotheses that there is no significant difference between the proportion of teachers who agree or disagree on healthfulness of school layout and plan of school building and its effects on learning is rejected.

Table 4.4

#### HOW EMOTIONAL STATE OF PUPILS AND TEACHERS AFFECT LEARNING

N-220

S/No	Topics	Proportion For Agree	Proportion for Disagree	Direction
1.	Healthy relationship with pupils is the responsibility of teachers.	157 (0.717)	63 (0.286)	Agree
2.	Teachers relationship with pupils affect leaning	145 (0.659)	75 (0.34)	Agree
3.	Pupils confidence are built by the teachers	151 (0.689)	69 (0.313)	Agree
4.	Teachers quarrelling affect pupils learning	163 (0.743)	57 (0.259)	Agree
5.	The quarrelsome nature of pupils to pupils affect learning	163 (0.75)	55 (0.25)	Agree
6.	Competent teachers recognize individual differences	144 (0.656)	76 (0.345)	Agree
7.	Bullying and use of cane affect learning	173 (0.774)	47 (0.213)	Agree

## HOW EMOTIONAL STATE OF TEACHERS AFFECT LEARNING

Table 4.4 represent data relating to how emotional state of pupils and teachers affect learning, “Bullying and use of cane and how they affect learning had the greatest percentage with 77 percent of teachers rating their responses as agree followed by “the quarrelsome nature of pupils to pupils affect learning” with 75 percent of the teachers, rating their opinion as agree.

In the items rated disagree “competent teachers recognize individual differences come first having been rated disagree by 34 percent of the teachers. This was closely followed by “teachers’ relationship with pupils affect learning which was rated disagree by 34 percent of the teachers.

Table 4.4.1

COMPARISON OF PROPORTION OF POSITIVE OR NEGATIVE RESPONSES FOR EMOTIONAL STATE OF PUPILS AND TEACHERS AND ACADEMIC ACHIEVEMENT AS CONTAINED ILN ITEMS IN

TABLE 4.4

		X	X	SD	T-TEST VALUE
1	Agree	789	158	126	0.7695
	Disagree	103	20	17	
2	Agree	727	145	116	
	Disagree	110	22	18	1.1822
3	Agree	758	151	121	

	Disagree	110	22	18	1.4696
4	Agree	818	164	130	0.7668
	Disagree	85	17	14	
5	Agree	827	165	132	1.2247
	Disagree	151	30	24	
6	Agree	872	174	140	1.2056
	Disagree	86	17	14	
7	Agree	897	173	138	1.7352
	Disagree	68	13	11	

t – test value = 0.7668 = 1.7695

t – test critical  $p < 0.05 = 2.776$ .

A test of significant difference of the proportion was applied to test whether the difference in the proportion of the teachers rating their responses in an item agree or disagree was not significant at 0.05 level probability. Out of the seven items on emotional state of teachers and pupils learning the null hypothesis of no significant difference in the proportion of the teachers who rated their responses as being agree or disagree was retained at 0.7352 to 1.4696 calculated while the critical value is 2.776. However, the seven items were in the agree direction. One can infer that there is an improvement in pupils teachers relationship.

To further establish whether there was a significant difference in the number of items in which responses were rated agree or disagree, a K-sample chi-square evaluation was carried out.

Table 4.4.2

The analysis is presented below:

DIFFERENCES IN ITEMS RATINGS FOR HOW EMOTIONAL  
STATE

OF PUPILS AND TEACHERS AFFECT LEARNING

K-SAMPLE CHI-SQUARE

Data for Agree Category	Data for Disagree Category	Roll Total of both Category
789	103	892
727	110	837
758	110	868

818	85	903
827	151	978
872	86	958
867	68	935
5658	713	6371

### K-SAMPLE CHI-SQUARE CONTINUES

O	E	O-E	(O-E) <sup>2</sup>	$\frac{(O-E)^2}{E}$
867	830	37	1359	1.6
789	792	-3	9	0.01136
103	99	4	16	0.1616
727	743	-16	156	0.3441
110	93	17	289	3.107
758	770	-12	144	0.1870
110	97	13	169	1.742
818	801	17	289	0.3607
85	101	-16	256	3
827	876	-49	2401	3
151	110	41	1681	15
886	107	-21	441	4

68	104	-36	1296	12
872	850	-22	484	0.5694
7171	6373	-46	9090	44
7935	7932	3	55771	57

Calculated chi-square result = 44

Critical value from chi-square table = 12.5902

Degree of freedom = 6

Alpha level = 0.05

From the analysis the calculated chi-square which is 44 is greater than the critical chi-square. Therefore, there is the evidence that there is a significant difference between the numbers of items under the two categories. A greater number of items are under the agree category. However emotional state of teachers and pupils affect learning as agree was rated high an inference can therefore be made that a greater proportion of teachers rated their opinion as agree.

The hypothesis that there is no significant difference between the proportion of teachers who agree or disagrees on the effect of emotional state of teachers and pupils learning is rejected.



Table 4.5

**EFFECT OF THE ORGANIZATION OF HEALTHFUL SCHOOL DAY ON LEARNING**

S/No	Topic	Proportion for Agree	proportion for Disagree	Direction
1.	Classes in your schools are spacious	116 (0.53)	104 (472)	Agree
2.	The maximum no of pupils in your classes are 40	119 (0.54)	101 (0.459)	Agree
3.	The location and size of school desk are suitable	145 (0.66)	75 (0.34)	Agree
4.	The surface and height of desk are suitable for pupils	68 (0.31)	152 (0.69)	
5.	Disability are considered in sitting arrangement	105 (0.68)	55 (0.25)	Agree
6.	The position of chalk board affect learning	157 (0.717)	71 (0.32)	Agree
7.	There is a proper lighting	117 (0.53)	63 (0.286)	Agree

	in your class			
8.	The sitting arrangement for pupils and teachers affect learning	109 (0.495)	103 (0.468)	Agree
9.	The school meal is given to pupils during break	105 (0.477)	111 (0.504)	Disagree
10.	The arrangement of school subject on time table affect learning	79 (0.359)	115 (0.522)	Disagree
11.	Teachers attendance to seminar and workshop	79 (0.359)	79 (0.359)	Agree
12.	Lack of incentives for teachers affect learning	91 (0.13)	91 (0.413)	Agree

## CLASS MANAGEMENT, TIME TABLE AND SCHOOL DAY

### PROGRAMME HOW THEY AFFECT LEARNING

The frequency distribution of class management, school timetable and school day programme is presented in Table 4.5. Disabilities are considered in sitting arrangement and there is no proper lighting in your class was rated as being agreed by 75 percent and 71 percent respectively. The surfaced and height of desk are suitable for pupils and the arrangement of subjects in time table and how they affect learning were rated disagree by 69 percent and 52 percent respectively by the teachers.

Out of the twelve items listed nine were in the agree category and three of the items were in the disagree category. This shows that there is a significant different between the proportion of teachers in the agree and disagree direction.

Table 4.5.1

COMPARISON OF PROPORTION OF POSITIVE OR NEGATIVE  
 RESPONSES FOR ORGANISATION OF SCHOOL DAY  
 PROGRAMME  
 AS CONTAINED IN ITEMS IN TABLE 4.5

		X	X	SD	T-TEST VALUE
1	Agree	548	116	94	0.074
	Disagree	413	43	74	
2	Agree	606	121	97	3.3562
	Disagree	155	31	34	
3	Agree	727	145	116	1.0178
	Disagree	155	31	24	
4	Agree	753	150	120	5.4729
	Disagree	108	21	17	
5	Agree	828	165	132	0.1682

	Disagree	82	16	13	
6	Agree	742	148	118	7.9282
	Disagree	102	20	16	
7	Agree	789	157	126	0.9287
	Disagree	96	199	15	
8.	Agree	763	147	117	0.8096
	Disagree	147	29	24	
9.	Agree	545	109	87	0.4916
	Disagree	260	52	42	
10.	Agree	525	105	84	1.2247
	Disagree	285	57	46	
11.	Agree	707	141	113	1.4947
	Disagree	171	34	27	
12.	Agree	648	129	104	0.2039
	Disagree	170	34	27	

t – test value = 0.074 = 7.9282

t – test critical  $p < 0.05 = 2.776$ .

Out of the 12 items tested as shown in Table 4.5, nine were retained and three were rejected at  $t = 0.12247$  to  $7.9282$  at  $0.05$  A/level calculated and the critical value is  $2.776$ . To further ascertain whether, there is a significant difference in the number of items in which responses were rated agree or disagree; a K-sample chi-square evaluation was carried out. Below is the analysis.

Table 4.5.2

DIFFERENCE IN ITEMS RATINGS FOR CLASS  
MANAGEMENT,  
TIME TABLE AND SCHOOL DAYS PROGRAMME  
K-SAMPLE CHI-SQUARE

Data for Agree	Data for Disagree	Roll Total of both Category
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Category		Category
2670	720	3390
3095	427	3522
2425	886	3311
8190	2033	10223

### K-SAMPLE CHI-SQUARE CONTINUE

O	E	O-E	(O-E) <sup>2</sup>	$\frac{(O-E)^2}{E}$
2670	2715	-45	2025	0.7458
720	674	46	2116	3
3095	2821	274	75076	26
427	700	-273	74529	106
2425	2852	-227	51529	19
886	658	228	51984	79
10223	10420	3	257259	233

Calculated chi-square result = 233

Critical value from chi-square table = 5.991

Degree of freedom = 2

Alpha level = 0.05

From the table above, since the calculated chi-square which 233 is larger than the critical chi-square (5.991), there is a significant difference in the number of items under the two different categories. It is also evident that the largest number of items were under the agree category. Therefore, a greater proportion of teachers rated their responses as agree in the number of items under health activities as regards class management time table and school day programme”.

The null hypothesis that there is no significant difference between the proportion of teachers who rated their responses as agree or disagree on the organization of school days programme and pupils learning is rejected at 0.05 level.

## DISCUSSION

In general, a greater proportion of teachers do not agree that the sources of drinking water for their schools are safe and certified fit for drinking. This further confirms the report of other researchers such as Toyo (1957) and Ademuwangun (1977). One can infer that the outbreak of water – borne diseases in public schools are not unconnected with the sources and states of their drinking water. This is in line with the observation of WHO (1950) pertaining to the healthful school living aspect of the school health programme. For most children school is the

first experience of group living outside the home. Bringing children together in groups greatly increases the danger of communicable diseases. The attention the school and the teachers pay to the physical school environment in terms of ensuring the provision of safe drinking water can go a long way in the prevention of communicable diseases among the pupils. The school and teachers are required to institute surety measures at school and remove potential hazards from drinking water sources within the school environment. This will improve the state and sources of drinking water in public schools today thus preventing the outbreak of water borne disease in our schools.

In the area of refuse disposal, a majority of the respondents disagree that they have waste paper baskets in their classes. They also disagree that dustbins with lids are in strategic places in the schools. A larger proportion of the respondents disagree that there is a functional incinerator in the schools

even though majority of the them indicated that the method of refuse disposal is by burning. It can therefore be infer that open burning of refuse is practiced.

One can infer here that schools without adequate space mostly in the municipalities will have problem of dumping of refuse mostly the non-combers in our public schools today's and this is dangerous to health of pupils and teachers. "The state of disposing refuse within the

classrooms and immediate surroundings were rated highly disagree by the respondents. This portrays the level of awareness of the importance of refuse disposal by the school authorities.

Facilities for refuse disposal in the classes can locally be provided by the teachers at little cost. From their responses one can infer here that the school environment and the society at large remain dirty because children are not taught the importance of proper refuse disposal from the beginning so they grow up littering dirt's at will anywhere they find themselves and this is hazardous to health.

On healthful school environment Ademuwagun (1977) pointed out that the way pupils live at school and the conditions under which they work can either be beneficial or detrimental to their health and performances. He therefore recommended that the promotion of healthful school living must be an integral part of the nation's total education policy and planning. In the light of the importance of the environment, Ademuwagun also advocated that headmasters, classroom teachers and government functionaries should be constantly reminded that qualitative school environment is an internal part of their educational responsibilities if the overall objectives of education are to be realized.

Others rated agree was the school urinal is adequate for staff and pupils'. However, 48% of the respondents indicated that they were unsatisfactory. This is not surprising because in some schools, as was



observed by the researcher, the whole environment stinks with obnoxious odours because of the inadequacy of urinals. This can also be due to lack of proper knowledge about the importance and proper care of urinals for staff and pupils as noticed by Ademuwagun 1977 above.

In the area of toilet facilities “free range system and bucket system and pit toilet is used by more than 25 – 30 pupils were rated in the disagree category by the respondents attracting 68 percent and 54 percent, respectively. It shows that most schools still operate with this system which is unhygienic and injurious to health. If a pit toilet is used by more than 25 – 30 pupils per day, it will be over used and will serve as the easiest means of contacting genital infectious, from the heat that comes out from the toilet.

It is alarming to note that no toilet facilities and using nearby bushes for toileting were rated agreed by respondents attracting 56 percent and 64 percent, respectively. One can infer that the nuisance of maintaining a toilet had made them to take the above stand. This is so because without toilet facilities mostly in public schools the whole environment will be polluted with the odor of feces and hazards associated with it.

Toilet facilities are well ventilated was rated disagree by the respondents by 55 percent. This may be due to the fact that the importance of ventilation to pupils’ health is not appreciated by the

leaders. This is why in such a school you see pupils sweating profusely after toileting and will need some time off to cool off before entering the class. Air borne disease are easily transmitted in such schools due to lack of proper ventilation. There is always sufficient water attracted 51 percent been rated agree. One can infer here that some public schools have modernized their toilet facilities and also made provision for constant water supply. Forty-nine percent (49%) of the teachers however indicated their rating in the disagree direction. This shows that in some public schools though the modern facilities may be present, the supply of water to flush the water system regularly is still very deficient. This is worse than the pit toilet system. This will turn the system to breeding grounds for flies and cockroaches and also the easiest means of contacting gastro – intestinal and venereal diseases. This is why WHO (1959) in Adegbite (1990) observed that the attention the school and the teacher pay to the physical school environment in terms of ensuring the provision of health promoting facilities like proper toilet facilities can go a long way in the prevention of communicable diseases among the pupils and teachers. Teachers are required to institute safety measures at school on daily basis like keeping the toilet clean and make sure they are properly disinfected. Toyo (1957) in Adegbite (1990) asserted that a healthful school environment provides a child protection against diseases and promotes his general well being.

The general picture of data analysis in the area of school design and plan of school building and how they affect learning, a significantly greater proportion of teachers rated their responses as being agreed. They were, however, many items in which a relatively high percentage of teachers rated their opinion in disagreed direction for example there is no adequate sporting facilities attract 55 percent and 51 percent by the respondents. This is alarming because playing is part of the primary schools child total development where a school has no playground pupils will resort to violence and dubious acts during their free time and this in turn will have a negative effect on the general populace and increase the rate of crime which plagues our society today. The play ground should be considered before any school is approved for normal school activities. Site of school is accessible to pupils and motorist and classes in your school are not study under trees was rated agreed by the teachers attracting 60 percent and 57 percent, respectively. This shows that most of the public schools are located in good site and that in most of the public schools, classes are provided for each arm sufficiently. However, 42 percent and 40 percent of the teachers rated these items in the disagree category. One can infer that some public schools even private in some cases as was observed by the researcher still study under trees or open air or dilapidated building which is hazardous to health. Vanier (1974) in Adegbite (1990) is of the opinion that there is no justification for forcing children by law to attend schools conducted in dirty, drab,

unsanitary or even dangerous unsafe buildings. Oluwande (1971) and Adekunle (1975) observed that the sanitary conditions in the majority of schools are very bad indeed. Sanitary facilities are either grossly inadequate or totally absent in both rural and urban schools.

A look at the data relating to how emotional state of pupils and teachers affect learning reveal that majority of the respondent rated their responses in the agree direction. The quarrelsome nature of pupils to pupils' affect learning and bullying and use of cane affect learning were rated highest by the teachers attracting 77 percent and 75 percent, respectively. One can infer here that the teachers are properly handled through seminars, workshop, and in-service training in this area and thus they apply these skills properly to improve the emotional health of pupils for improve learning.

However, a closer look at the specific items reveals instances of large numbers of teachers indicated disagree in relation to several important emotional health of pupils and academic performances. For example, 34.5 percent of teachers rated competent teachers recognized individual differences under the disagree category, 34 percent rated "teacher relationship with pupils as disagree, while 31 percent of the teachers rated pupils confidence are built by the teachers were in the disagree category.

Twenty-eight percent (28%) of the teachers rated healthy relationship between "pupils and teachers is the responsibility of the

teachers were in the disagree direction, and 26 percent of the teachers rated quarrelling pupils by the teachers affect learning.

The implication of this can be very serious, since the emotional health of pupils contribute to the general performances in their academic work maladjustment may also arise in pupils if their emotional health is not properly handled by teachers mostly those from very poor homes. Teachers' orientation on monthly or termly basis on the improvement of teachers pupils relationship should be encouraged by the government.

Jegede (1978) pointed out that the teacher plays a key role in the adjustment of children to school and therefore there is the need for teacher in Nigeria to become more sensitive to children's emotional needs. Jegede argued that if teachers are provided with appropriate background, they are in a unique position to make the school experience one that fosters emotional growth. However, for teachers to create the healthy emotional environment that promotes good mental health, they must be equipped with the necessary experience.

This section assesses how school day programme, class management and time table affect learning. In this area 31 percent of the teachers rated the surface and height of desks as agree for pupils, while 34 percent of teachers rated the location, size, and number of desk as disagree. This is true in that in most of the schools visited during

data collection most of the pupils share a single desk. Some of them sit on planks while others either stand to write or sit on bare floor and write on the floor. This was very common in the rural school. This situation has direct effect on their academic performances and their health. This portrays the state of primary education in Nigeria for the less privileged. This is why government should increase funds for primary up keep so that the heads of schools can use it to improve the condition. Toyor (1957) asserted that a healthful school environment provides the child protection against disease and promotes his general well being.

Another area of disagree is “the school meal is given to pupils during break with 50 percent of the teachers. School meal is rare mostly in public schools. In fact there was none of the schools visited whereby school meals are readily provided. This shows that the government does not make provision in the public schools as regards school meal. This has direct consequences on their health because most of the pupils leave their homes without food and some of them eat very little before coming to school.

Oduntan (1971) observed that a most striking feature is that the majority of the ill health conditions these children suffers from are potentially preventable and remediable. There are essentially diseases due to ignorance, poverty, low standard of public and personal hygiene and inadequate medical actions. She therefore recommended that teachers should be involved in health supervision of pupils. The

government and the school should ensure there is the provision of school meals in their schools on daily basis.

The general picture of data analyzed in this area was that a significantly greater proportion of teachers rated their responses as being agree in fact nine out of twelve items were in the agree direction which represent 70 percent. Here one can infer generally that there is an improvement in class management time table and school day programme in our public school today. This is not unconnected with the improvement in the status of teachers. From the demographic data analysis it shows that from the total subject used 220, 58 have Grade II, 102 and NCE/ACE holders while 18 were degree holders respectively.

Of importance in provision of healthful school living is the various practices that obtain within the school that affect both the teachers and the pupils. The schedule of work and the time table allotment to various subjects can facilitate an affinity to school or cause a dislike from school. While overwhelming assignments would cause frustration in the students so also would lack of homework encourage indiscipline and mischief.

Functional physical facilities a healthy social and emotional climate and wholesome school practices equal healthful school living (Adegbite 1990). Constant seminar and workshops has also helped in keeping the teachers in shape with the current happening in the society for best result to be obtained.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATION

#### SUMMARY

The findings of the investigation reveal that healthful school living as an aspect of school health programme is important in determining healthfulness and learning of the pupils. This is why effort should be made to ensure that all the various aspects of healthful school living is observed on daily basis for improved learning. However, despite the guide lines prepared by the federal Ministry of Education and other instructions of education on the approved building plan of schools (NERC, 1972) some of the schools pupils are studying in dilapidated buildings.

Also the school layout and plan of school building which forms the dynamics of healthful school living were not rated highly. The guideline provided by NERC (1972) is not been followed in establishing schools.



Some of the schools as was observed by the researcher operate as school without adequate accommodation, facilities for drinking water and facilities for refuse disposal and toileting mostly schools in rural areas. All these have direct implication for health of pupils and teachers and their academic performances. The promotion of health practices early in life is lacking due to this problem. This is of course a negation of the objectives of the national policy on

education that the quality of schools and instruction at all levels would be oriented towards the promotion of the emotional, physical, and psychological health of all the children.

From the responses of the respondent's majority of them do not regard the emotional health of the pupils as high as their physical health. This is alarming because the emotional health of pupils is more important than the physical health of pupils. The achievement of the child in school work will depend largely on the emotional state.

The school day programme was successfully carried out as shown by the responses of the respondents because teachers are adequately exposed to the background necessary for proper class management which incorporates control of pupils in the class, proper teaching method appropriate to age level of pupils, as indicated from their demographic

data in table 4.1. Now pupils are gainfully engage in the day and observing break period.

Based on the findings of this study and its limitation, the investigator made some recommendations which would help in tackling the problems and in the long run so as to arrive at solutions to the identified problems in healthful school living and its various aspects.

## CONCLUSION

The overall picture of result on sanitary condition of the school and perception of teachers shows that most of the facilities on sanitation in schools have to be improved so as to improve the sanitary and health practices of the pupils and teachers. Because, there are areas of inadequacy in sanitation of the school, funds should be made available to schools to put this in place and pupils be given proper orientation as to proper refuse disposal.

The result also suggested that most of the schools do not have good drinking water and some have none at all. If children must drink water they must bring it from their homes. It is also noted that in this century, schools are still using free range system for toileting and that

some of the schools have not toilet. This has increased health hazards in most of our schools today mostly the public ones.

The overall result indicated that most of the schools are properly accommodated. The areas of inadequacy in schools' layout and building plan are that some of the schools are studying dilapidated buildings and some of the schools are sited in waterlog areas and some of the schools have no playground or recreational facilities. All these have direct implication for the health of pupils.

The overall result indicated that most of the schools have qualified teachers which have brought an improvement on the emotional health of pupils, thus removing unpleasant behaviour amongst pupils and teachers.

The result of the study also indicated that the improved status of teachers as shown in the table 4.1 have improved class management, thus improving learning. The result also indicated area of inadequacy in school day programme when the school day programme is not properly arranged; it will definitely have direct consequences on academic performances.

## RECOMMENDATIONS

The finding of the study has been examined in the light of the research questions set up and the following recommendations have emerged.

1. The sanitary condition of a school has great impact on the health practices of pupils and learning. It is recommended, therefore, that the facilities for proper refuse disposal should be provided by the government to all the public schools to dispose their refuse within their classes and the school environment at large. By implication it means that all classes in a school should have waste paper baskets with lids.
2. Dustbin should be provided at strategic places in the school environment. Teachers should attend seminars on regular basis to properly inform the pupils on the importance of proper refuse disposal, so as to properly enlighten the pupils not to litter refuse indiscriminately.
3. Constant inspection should be done by expert in all the schools to ascertain the source and state of drinking water before pupils are allowed to drink. This will help prevent the occurrence of any epidemic related to water.
4. In order to improve the health of the schools pupils all classes should have containers for drinking water and pupils should be advice to have individual cups to drink from.
5. Schools without toilet facilities should not be allow operating and those with toilet facilities should be inspected regularly to ensure that it is always clean, disinfected and properly ventilated. Those

- schools with water closet should ensure that there is regular supply of water to flush the toilet.
6. The approved type of toilet should be pit toilet with lid and water closet.
  7. The government should ensure that before any school is approved for operation, it must be located in a noise free area and it must be accessible to pupils and motorist and the areas must be water log – free.
  8. Schools without play ground should not be allow to operate and more funds should be provided for health and physical education unit, for the purchase of more sporting facilities as these is lacking in almost all the schools.
  9. The government should ensure that only schools with proper accommodation should be allowed to operate. The schools still studying under trees and dilapidated building as was observed by the researcher should not be allow to operate or something should be done urgently by the government to improve the accommodation of such a school.
  10. Community effort should be employed through the parents-teachers' association of schools to erect more building in public schools located in their vicinity to help solve this problems. This will help to ensure that only forty pupils will be in a class for

- proper ventilation as against eighty to one hundred pupils per class as was observe by the researcher.
11. The government should ensure that only qualified teachers with at least T.C. II should be employed to teach in public schools. Teachers should be made to attend seminar and workshop on the importance of emotional health of pupils and academic achievement.
  12. The government should ensure that all public schools are supplied with adequate number of desk per class. This will remove the problem of pupils writing on planks, laps and on the floor as was observed by the researcher.
  13. Parents should be properly enlightened through parent teachers' association meetings on the importance of providing their wards with desks.
  14. The school should be constantly inspected to ensure that classes are properly ventilated spacious and should accommodate not more than forty pupils.

#### AREA OF FURTHER RESEARCH

- Further research study of this nature should be frequently undertaken to assess the state of healthful school living in both public and private schools.
- The attitude of school administration on school health programme in public schools in Nigeria should be studied.

- Research should be done on primary school teachers perception of their competence in providing healthful school environment.

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## LIST OF SCHOOLS

### Calabar South

1. Holy Child Efut Abua
2. St Mary's
3. Bishop kin memorial Pls
4. Covent Pls Cal Road
5. Presbytation Pls Idang
6. Government Pls Atsu
7. Government Pls Main Avenue

### Calabar North

8. Pls Barnachs Road
9. Pls Ekorenem
10. Government Pls Esuk – Out
11. Salvation Army Plks Goldie Street
12. Ame-zion Pls Diamond Hill
13. Akim Pls IBB Way
14. Immaculate conception Pls
15. Secret Heart Pls Egarten Street

### Bakassi Local Government

16. Government Pls Mb en-Bony

17. Government Pls abana
18. Presbyterian Pls Onossi
19. Jehova Pls S

Akpabuyo

20. government Pls Ikperi - Ikony
21. Jehovah Shalom Pls
22. Government Pls Central Ikang
23. St Peter Pls Ikot Offiong Ambla
24. St. Vincent Inter Nur/Pri Ekpenyong – Ezye
25. Presbyterian Pls Ikot-Nankunda

Akamkpa

26. Army children School akamkpa
27. St. John Adui-Ogbon Nur/Prim
28. Government Pls Akamkpa Centra
- 29 St John Army Children

Odukpani L.G.G.

30. Government Pls Odeyama
31. St Theresa Pls New – Newton
32. St. Andrew Inter Nur/Pri. Opio Opio
33. Government Pls Newton.

# INSTITUTE OF EDUCATION AHMADU BELLO UNIVERSITY, ZARIA

Vice-Chancellor: Professor Abdullahi Mahadi N.C.E. B.A. (Hons); Ph.D.

(A.B.U.)

FLAMN,

Director:

Telephone: 069-550695  
550120,551038,551039,  
551216,551217

Your Ref:

Telegrams: INSTEDUCATE  
UNIBELLO

Our Ref:

Date: -----

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Dear Sir/Madam

REQUEST TO VET QUESTIONNAIRE ON PROBLEMS OF  
HEALTHFUL SCHOOL LIVING IN PRIMARY SCHOOLS IN  
CROSS RIVER STATE

Miss. OGWAN Grace Akpana is a Master Student of the  
Department of Physical and Health Education; she is developing an  
instrument to be used for her research work.

I shall be grateful, if you will assist in the critical evaluation of the questionnaire and offer your suggestions.

Thanks for your usual cooperation.

Yours faithfully,

(Sgd)  
Dr. (Mrs) C. O. Adegbite  
Supervisor.

## APPENDIX

Education

Department of Physical and Health

Faculty of education,  
Ahmadu Bello University,  
Zaria – Kaduna State  
Nigeria.

Sir/Madam,

I am a Post Graduate student of Ahmadu Bello University Zaria in Kaduna State. My research work is on Healthful school Living which is an aspect of School Health Programme.

I should be grateful, if you would kindly complete the attached questionnaire. It is important that all questions are answered please. All responses will be in the strictest confidence. No person will be identified in any way. All data will be collected on the spot.

Thanks for your anticipated cooperation.

Yours Truly,

(Sgd)  
Sister Ogwan Grace Akpana

## SECTION I

Personal data about yourself is required in this section.

Please give your answer by checking the appropriate boxes or by inserting response to the questioned.

1. Age
2. Sex
3. Qualification 
  - Grade I
  - Grade II
  - Grade III
  - NCE/ACE
  - Degree
  - Others (specify) \_\_\_\_\_
4. For how long have you been working as a teacher?
  - 1 - 5 years
  - 6 - 10 years

- 11 – 15 years ( )
- 16 – 20 years ( )
- 21 – 25 years ( )
- 25 years and above ( )

5. Please specify our positions in the school

- (a) Head Teacher ( )
- (b) Assistant Head Teacher ( )
- (c) Class Teacher ( )
- (d) Others (specify) \_\_\_\_\_

## SECTION II

In this section indicate whether you strongly agree (SA), agree (A), Strongly Disagree (SD), Disagree (DA), Undecided (U), with the sanitary condition, water supply and refuse disposal system and how they affect health practices of pupils and students.

S/NO	DRINKING WATER	SA	A	SD	D	U
1.	The sources of drinking water for pupils and staff is adequate					
2.	The sources are pure and are certify fit for drinking					
3.	Storing water a pot is only form of storing water in your school be encouraged					
4.	Storing water in the buckets or a cannot be compared with storing in pot					
5.	Using an open basin to store water is not hygienic and should be discouraged. It is not hygienic to use a common cup for the whole class to drink					
6.	Fetching water with a common cup into the pupil's cup before drinking is more hygienic and should be encouraged.					
	<b>TOILET FACILITIES</b>					
7.	There are no toilet facilities in your					



	school and this affects the pupils and staff					
8.	Using nearby bushes around the school plagues the school with obnoxious odours and should be discouraged					
9.	Free-range system and bucket system are still in operation in your school, used by teachers and pupils.					
10.	Toilet facilities in the school are clean and properly lighted					
11.	There is always sufficient water to flush the water system in your school					
12.	Toilet facilities are properly ventilated					

S/NO	DRINKING WATER	SA	A	SD	D	U
	<b>REFUSE DISPOSAL SYSTEM</b>					
13.	All classes in your school have waste paper basked with lid					
14.	Only few classes in your school have waste paper basket and this affect the cleanliness of the class					
15.	Your school has dustbins with lids to place at strategic place to prevent littering papers and other refuse in the environment					
16.	There is a functional incinerator an inadequate supply in your school for refuse disposal					
17.	Compost pit are used in your school for dumping refuse					
18.	The method of refuse disposal in your school is by burning					
19.	The school urinary is adequate for staff and pupils					
	<b>SECTION III</b>	SA	A	SD	D	U
1.	In this section as above indicate whether the school design and plan of the school building affect healthful school living and academic					

	achievement					
2.	The site of your school is accessible to pupils teachers and motorists					
3.	Your school is located in a noise free give and is safe					
4.	There are no obnoxious odours and other distractions in your school					
5.	The play ground in your school is spacious level and free from pot holes broken bottles and other play ground equipment					
6.	There are no play ground in your school and this affects learning					
7.	The walls of your school are built with concrete walls blacks with iron roofing sheet with good ventilation					
8.	Classes in your school are not studying under trees and mud walls					

S/NO	DRINKING WATER	SA	A	SD	D	U
9.	The sanitary condition of shower room and swimming pool is adequate					
10.	Facilities for gymnastics and other sporting activities in your school encourage good health.					
	<b>SECTION IV</b>					
	Here simply indicate how emotional state of pupils and teachers affect learning	SA	A	SD	D	U
1.	To build a health relationship between the pupils and the teacher is the responsibility of the teachers					
2.	In your class how you related with your student affect their academic performances					
3.	Teachers are supposed to help the pupils build confidence in themselves by constantly using positive words					
4.	Constant quarrelling between pupils reduces attention and affects academic performances					

5.	The quarrelsome nature of a teacher affects the emotions of pupils thus affecting learning					
6.	Constant bullying and use of the cane affects learning					
	<b>SECTION V</b>					
	This section assesses how school day programme, class management and time table affect learning indicate as appropriate	SA	A	SD	D	U
1.	In your school the classes are spacious enough for pupils					
2.	The maximum number of pupils in your class is 40 and this has an effect on learning					
3.	The location and size of desks and chairs should be suitable to the pupils for best results					

S/NO	DRINKING WATER	SA	A	SD	D	U
4.	In your class the surfaces and height of the desks permit the pupils to write well					
5.	Disabilities of sight and hearing is taken into consideration in the sitting arrangement of pupils in your class					
6.	The position of the chalkboard in your class does not affect teaching and the pupils' receptivity					
7.	Windows in your classroom are constantly open for natural light to be used to the fullest					
8.	For maximum achievement the sitting arrangement of pupils and teachers should avoid the windows					
9.	In your school, school meal is given to pupils during break period					
10.	The subject arrangement on the time table has affected academic results positively in your school					

11.	In your school, teacher are constantly exposed to seminar and workshops to improve teaching methods for vest results					
12.	Lack of incentives to teachers by the government has affected the impute of teachers in your school.					