

Assessment of Knowledge, Attitude and Involvement of Public Primary School Teachers on School Health Service in Isi-Ala-Ngwa Local Government Area of Abia State, Nigeria

*Prince Ezenwa Ndubueze Onyemachi

Department of Community Medicine, Abia State University, Uturu, Nigeria.

Abstract

Background: Children who spend large part of their lives in primary schools are exposed to varieties of hazards like physical injuries, infections, nutritional and emotional problems. School age is a period of rapid physical and mental developments. Children require healthy environments for appropriate adjustments to benefit maximally from educational systems. School Health Services were established to ensure healthy members of school community. Teachers play major roles in promotion and successful implementation of programmes. This study examined the knowledge, attitude and involvement of public primary school teachers on school health services.

Methodology: This was cross-sectional descriptive study conducted in 24 public primary schools in Isi-ala-Ngwa LGA, Abia State. All the public primary school teachers (264) in the LGA were studied. Data were collected using pre-tested self-administered semi-structured questionnaire. Data were analysed using SPSS version 26 and presented in frequency tables. Chi-square was used to test association between categorical variables. $P < 0.05$ was taken as statistically significant.

Results: Ages of participants were normally distributed with mean, median, mode and standard deviation being 35.7, 35.5, 35.5 and 8.87 respectively. From the findings, 169 (64%) respondents had good knowledge, 120 (38.6%) had positive attitude to school health services while 72 (27.3%) had good involvement. There was statistically significant difference between socio-demographic characteristics and knowledge of school health services and attitude towards school health services except for qualification of teachers and knowledge of and attitude. There was statistically significant difference between socio-demographic characteristics and involvement of health services except for teachers' residential area.

Conclusion: The respondents had good knowledge but poor attitude and involvement to school health services.

Keywords: Knowledge; Attitude; Involvement; Teachers; School health service; Nigeria.

Introduction

Children all over the world spend a large part of their lives in primary schools and are exposed to variety of hazards such as physical injuries,¹ infections,^{2,3} nutritional problems^{4,5} and emotional problems.^{2,6} Many of the living children still bear the sequelae of the diseases which could be responsible for the death of the dead children.⁷ School age is a period during which the child is

undergoing rapid physical and mental development; therefore a healthy environment is required to provide the child with the best opportunity of making the appropriate adjustments that are required during this critical period.

Corresponding Author: *Prince Ezenwa Ndubueze Onyemachi,

Department of Community Medicine, Abia State University
Teaching Hospital, Aba, South East Nigeria.
ijeclinic@gmail.com

Access this article online

Quick Response Code:



Website:

www.nigerianmedjournal.org

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

How to cite this article: Onyemachi PEN. Assessment of Knowledge, Attitude and Involvement of Public Primary School Teachers on School Health Service in Isi-Ala-Ngwa Local Government Area of Abia State, Nigeria. Niger Med J 2022; 63(4): 275-281

To benefit maximally from the educational system, children should be physically, mentally and emotionally healthy⁷ while exposure during school hours to various hazards, such as physical injury, infections and emotional problems, should be minimal if not totally prevented. It is for this reason that the School Health Service was established. A School Health Service should include the following eight components: parents and community involvement, healthful school environment, health services, health education, physical education, nutrition services, counseling, psychological and social services, and health promotion of school staff.⁸

A school teacher is a person who provides education for pupils. The role of a teacher is often formal and ongoing, carried out at a school or other place of formal education. In many countries, a person who wishes to become a teacher must first obtain specified professional qualifications or credential from a recognized institution, such as University or College of Education. These professional qualifications may include the study of Pedagogy - the science of teaching. Teachers like other professions may have to continue their education after they had qualify, a process known as Continuing Professional Development.¹¹ The role of teachers in the school health services is very central. They are the resource people responsible for the promotion and successful implementation of the school health services. Teachers are well respected and viewed as role models by their pupils and they therefore have an important impact on their learning and actions.^{12,13} One of the objectives of school health policy of Nigeria is the training of teachers on First aid and provision of basic services for diseases prevention and management of injuries.¹⁴ To ensure that schools are safe for learning and other extra-curricular activities, it is important there is high level of compliance to this policy.

Materials and Methods:

This was a cross-sectional descriptive study from March to June 2019 among public primary school teachers in Isi-ala-Ngwa North Local Government Area (LGA), Abia state, South-east Nigeria. Isi-ala-Ngwa LGA is a local government area in Abia state, Nigeria. It lies within approximately latitude 5.38897 4° and 6° 14° North and longitude

7.446957° 10° and 7° East. It has area of 28,300 hectares, 283.00km² (109.27 sq. mile) and attitude 111metres (364ft) with a population of 154,083 according to the National Population Census (2006) projected to 234,800 up to March 2019 with annual population change of 2.7% (2006 - 2019).¹⁷ It is a rural community in the state. Her residents are made up of civil servants, teachers, traders, some engage in vocations such as commercial bus driving, tailing, shoe making, farming, patent medicine operators, employees of private organizations like schools, POS machines operations, hospitals.

Study design

It was a cross-sectional descriptive study conducted in Isi-ala-Ngwa LGA from March to June 2019.

Sample size:

264 teachers

Sample size determination

Sample size was calculated using the following formulae.¹⁵

$N = z^2pq/d^2$ when the studying proportion greater than 10,000, In case of Isi-ala-Ngwa North LGA where the population of teachers is less than 10,000; $nf = n/(1 + n/N)$;

Where:

n – the desired sample size (when the population is greater than 10,000)

z – The standard normal deviate, usually set at 1.96 (more simply at 2.0), which corresponds to the 95 percent confidence level

p – the proportion in the target population estimated to have a particular characteristic. If there is no reasonable estimate, then use 50% (i.e.; 0.50)

$q = 1.0 - p$

d – degree of accuracy desired, usually set at 0.05 or occasionally at 0.02 but 0.05 was used in this study, $n = z^2pq/d^2 = (1.96)(0.50)(0.50)/(0.05)^2 = 384.1$.

Using 10% as non-response rate, sample size for population greater than 10,000 will be: $384.1 + 10/100(384.1) = 422.51$.

For population less than 10,000 with estimated sample size of 1000 as it applied to number of teachers in Isi-ala-Ngwa North LGA.

The sample size will be: $422.51 / 1 + (422.51/1000) = 422.51/1.423 = 297$

However, there are only 264 public primary school teachers in Isi-ala-Ngwa LGA 16 and so, sample size

264 was used in this study.

Subjects and selection method

There are total of 24 public primary schools and the number of teachers in these schools vary from 8 to 15 teachers as the size of the schools are not the same and so all the teachers were selected.

Statistical analysis

Data collected was analysed using Statistical Package for the Social Sciences (SPSS) software version 26.0. Data is presented in frequency tables. Chi-square was used to test association between categorical variables, P – value of <0.05 was taken to be a statistically significant.

Ethical consideration

Informed consent of the study was obtained from Abia State University Teaching Hospital, Aba, Informed consent was also obtained from the head teachers and all the teachers of the 24 public primary schools who participated in the study. Meetings with the participants from various school were held, they were briefed on the objectives of the study. They were counseled and thereafter their consents obtained prior to beginning of the study.

Results

Two hundred and sixty-four teachers participated in in the study. Majority of the participants 132 (50.0%), ≤ 39 year, 90 (34.1%) were in 40 – 49 years of age, 42 (15.9%) were in 50 years and above in age. Majority of them 200 (75.6%) were females and 64 (24.4%) were males. Majority of them 204 (77.3%) were married and 60 (22.7%) were single. Majority of them had qualification equal and less than National Certificate of Education 200 (75.8%) and 64 (24.2%) of them had qualification greater than National Certificate of Education. Majority of them 144 (54.5%) had years of teaching experience greater ten while 120 (45.5%) had years of teaching experience equal and less than ten. Majority of them 140 (53.0%) live within the community where they were located while 124 (47.0%) live outside the community. Majority of them 169 (64.0%) had good knowledge of school health service while 95 (36.0%) had poor knowledge. Majority of them 162 (61.4%) had negative attitude towards school health services while 102 (38.6%) had positive attitude. Majority of them 192 (72.7%) had poor

involvement of school health services while 72 (27.3%) had good involvement. Association of socio-demographic characteristics and knowledge of school health service were found to be statistically significant with p-value of 0.000 except for qualification of teachers and knowledge that was not statistically significant with a p-value of 0.556. The same association were found for attitude to health service. Association of socio-demographic characteristics and involvement of health services were statistically significant with p-value of 0.000 except for association of teachers' residential area and school health services which was not statistically significant with a p-value of .615.

Table 1: Measurement of central tendency from age of last birthday

Variables	Mean	Std Error of mean	Median	Mode	Std Dev	Variance	Range	Min	max
Age as at last birthday	35.7	0.4544	35.6	35.5	8.87	78.677	25	29	54

Table 1 shows measure of central tendency from their ages as at their last birthday as follows; mean 35.7, median 35.6, Mode 35.5, standard deviation of 8.87, Minimal age is 29 years, maximum age is 54 years with a range of 25. The table shows that their ages of last birthday was normally distributed.

Table 2: Socio-demographic characteristics

Variables	Frequency	Percentage (%)
Age group	Equal and less than 39	132
		90
	Greater than 50	42
Total	264	100.0
Total	Male	64
	Female	200
	Total	264
Equal and less than national certificate of education		200
	Greater than national certificate of education	64
	Total	264
Marital status	Single	60
	Married	204
	Total	264
Years of experience	Equal and less than 10 years	120
	Greater than 10 years	144
	Total	264
Teacher's residential area	Within the community	140
	Outside the community	124
	Total	264
Total	264	100.0

Table 2 shows socio-demographic characteristics and their distribution: Majority of the participants 132 (50.0%) were equal and below 39 year, 90

(34.1%) were in 40 – 49 years of age, forty-two (15.9%) were in 50 years and above in age. Majority of them 200 (75.6%) were females and 64 (24.4%) were males. Majority of them 204 (77.3%) were married and 60 (22.7%) were single. Majority of them had qualification equal greater than National Certificate of Education 200 (75.8%) and 64 (24.2%) of them had qualification greater than National Certificate of Education. Majority of them 144 (54.5%) had years of teaching experience greater ten while 120 (45.5%) had years of teaching experience equal and less than ten. Majority of them 140 (53.0%) live within the community where were located while 124 (47.0%) live outside the community.

Table 3: Knowledge level of school health services

Variables	Frequency	Percentage (%)
Level of knowledge		
Poor knowledge	95	36.0
Good knowledge	169	64.0
Total		100.0

Table 3 shows the level of knowledge of school health service of the participants: Majority of them 169 (64.0%) had good knowledge of school health service while 95 (36.0%) had poor knowledge. Majority

Table 4: Level of attitude towards health services

Variables	Frequency	Percentage (%)
Level of attitude towards school health services		
Negative attitude to school health services	162	61.4
Positive attitude to school health services	102	38.6
Total	264	100.0

Table 4 shows the level of attitude of the participants towards school health services: Majority of them 162 (61.4%) had negative attitude to school health services while 102 (38.6%) had positive attitude.

Table 5: Level of involvement of school health services

Variables	Frequency	Percentage (%)
Level of involvement of school health school		
Poor involvement of school health services	192	72.7
Good involvement of school health services	72	27.3
Total	264	100.0

Table 5 shows the level of involvement of the participants on the school health services: Majority of them 192 (72.7%) had poor involvement of school health services while 72 (27.3%) had good involvement.

Table 6: Association between socio-demographic characteristics and knowledge of school health services

Variables		Knowledge of school health services		Total N (%)	χ ²	P – value
		Poor knowledge N (%)	Good knowledge N (%)			
Age group	Equal and less than 39	40 (15.2)	92 (34.8)	132 (50.0)	.000	31.328a
	40 – 49	51 (19.3)	39 (14.8)	90 (34.1)		
	Equal and greater than 50	4 (1.5)	38 (14.4)	42 (15.9)		
Total		95 (36.0)	169 (64.0)	264 (100.0)		
Sex	Male	9 (3.4)	64 (24.2)	73 (27.6)	.000	47.489a
	Female	85 (32.6)	105 (39.8)	191 (72.4)		
Total		95 (36.0)	169 (64.0)	264 (100.0)		
Married status	Single	10 (3.4)	60 (23.1)	70 (26.5)	.000	43.648a
	Married	85 (32.6)	109 (40.9)	194 (73.5)		
Total		95 (36.0)	169 (64.0)	264 (100.0)		
Qualification	Equal and less than NCE	70 (26.5)	130 (49.3)	200 (75.8)	.556	.347a
	Greater than NCE	25 (9.5)	39 (14.7)	64 (24.2)		
Total		95 (36.0)	169 (64.0)	264 (100.0)		
Years of experience	Equal and less than 10 years	100 (37.9)	20 (7.6)	120 (45.5)	.000	12.477a
	Greater than 10 years	92 (34.9)	52 (19.6)	144 (54.5)		
Total		192 (72.8)	72 (27.2)	264 (100)		
Teachers' residential area	Within the community	72 (27.2)	68 (25.8)	140 (53.0)	.000	30.861a
	Outside the community	23 (8.8)	101 (38.2)	124 (47.0)		
Total		95 (36.0)	169 (64.0)	264 (100.0)		

Table 6: shows the association of socio-demographic characteristics and knowledge of school health service: Association of socio-demographic characteristics and knowledge of school health service were found to be statistically significant with p-value of 0.000 except for qualification of teachers and knowledge that was not statistically significant with a p-value of 0.556.: Association of years of experience and teacher's residential area and knowledge of school health service were found to be statistically significant with p-value of 0.000.

Table 7: Association between Socio-demographic characteristics and attitude towards school health services

Variables		Attitude school health services		Total	χ ²	P – value
		Negative attitude N (%)	Positive attitude N (%)			
Age group	Equal and less than 39	82 (31.4)	30 (11.0)	112 (42.4)	.000	91.273a
	40 – 49	30 (11.0)	60 (23.1)	90 (34.1)		
	Equal and greater than 50	20 (7.6)	42 (15.9)	62 (23.5)		
Total		132 (50.0)	132 (50.0)	264 (100.0)		
Sex	Male	60 (23.1)	4 (1.1)	64 (24.2)	.000	64.680a
	Female	72 (26.9)	128 (48.9)	200 (75.8)		
Total		132 (50.0%)	132 (50.0%)	264 (100.0)		
Marital status	Single	40 (15.2)	20 (7.6)	60 (23.1)	.000	77.647a
	Married	92 (34.9)	112 (42.4)	204 (76.9)		
Total		95 (36.0)	169 (64.0)	264 (100.0)		

Qualification	Equal and less than NCE	102 (39.0)	98 (36.8)	200 (75.8)	.566	.330a
	Greater than NCE	30 (11.0)	34 (13.2)	64 (24.2)		
Total (NCE – National Certificate of Education)		132 (50.0)	132 (50.0)	264 (100.0)		
Years of experience	Equal and less than 10 years	90 (34.1)	30 (11.0)	120 (45.1)	.000	55.000a
	Greater than 10 years	42 (15.9)	102 (39.0)	144 (54.9)		
Total		132 (50.0)	132 (50.0)	264 (100.0)		
Teachers' residential area	Within the community	70 (26.5)	70 (26.5)	140 (53.0)	.000	16.234a
	Outside the community	92 (34.5)	32 (12.5)	124 (47.0)		
Total		92 (34.5)	32 (12.5)	264 (100.0)		

Table 7: shows the association of socio-demographic characteristics and attitude towards school health service: Association of socio-demographic characteristics and attitude towards school health service were found to be statistically significant with p-value of 0.000

Association of socio-demographic characteristics and attitude towards school health service were found to be statistically significant with p-value of 0.000 except for qualification of teachers and knowledge that was not statistically significant with a p-value of 0.556.

Table 8: Association between socio-demographic characteristics and involvement of school health services.

Variables	Involvement of school health service		Total N (%)	χ ²	P - value	
	Poor Involvement N (%)	Good involvement N (%)				
Age group	Equal and less than 39 years	100 (37.9)	32 (12.1)	132 (50.0)	.000	132.175a
	40 – 49	70 (26.5)	20 (17.6)	90 (34.1)		
	Equal and greater than 50 years	2 (.7)	40 (15.2)	42 (15.9)		
Total		172 (65.1)	92 (34.9)	264 (100.0)		
Sex	Male	34 (12.8)	30 (11.4)	64 (24.2)	.000	16.366a
	Female	158 (60.0)	42 (15.8)	200 (75.8)		
Total		192 (72.8)	72 (27.2)	264 (100.0)		
Marital status	Single	30 (11.5)	30 (11.6)	60 (23.1)	.000	20.221a
	Married	162 (61.3)	42 (15.6)	204 (76.9)		
Total		192 (72.8)	72 (27.2)	264 (100.0)		
Qualification	Equal and less than NCE	128 (48.6)	72 (27.2)	200 (75.8)	.000	31.680a
	Greater than NCE	44 (16.6)	20 (7.6)	64 (24.2)		
	Total		172 (65.2)	72 (27.2)	264 (100.0)	
Years of experience	Equal and less than 10 years	100 (37.9)	20 (7.6)	120 (45.5)	.000	
	Greater than 10 years	92 (34.9)	52 (19.6)	144 (54.5)		
	Total	192 (72.8)	72 (27.2)	264 (100.0)		
Teachers' residential area	Within the community	100 (37.9)	40 (15.2)	140 (53.0)	.615	
	Outside the community	92 (34.9)	32 (12.0)	124 (47.0)		
	Total	192 (72.8)	72 (27.2)	264 (100.0)		

Table 8 shows the association of socio-demographic characteristics and involvement of school health service: Association of socio-demographic characteristics and involvement of school health service were found to be statistically significant with p-value of 0.000. the table also shows the association of socio-demographic characteristics and involvement of school health service: Association of years of experience and involvement of school health service was found to be statistically significant with p-value of 0.000. However, association of teachers' residential area and school health services was not statistically significant with p-value of .615.

Discussion

School health services are important means of improving educational performance of children as well adults. These children will eventually become as a healthy person who will play active role in educational activities. The measure of central tendency from their ages as at their last birthday of the participants showed a mean of 35.7, median of 35.6, Mode of 35.5, standard deviation of 8.87, Minimal age is 29 years, maximum age is 54 years with a range of 25 and it was observed that their ages of last birthday was normally distributed among the participants. Majority of the participants 169 (64.0%) had good knowledge (Participant who got each stem of the questionnaire was scored 1 and those who failed the stem question were scored zero “0” total score was computed and participants who got ≥ 50% were considered to have good knowledge and those who scored <50% were considered to have poor knowledge, same was done for attitude and involvement of health services) in this study, however, in a study by Odeyimi and colleagues in Ogun state, they recorded a high level of knowledge (94.7%) of school health services.¹⁸ In a study conducted in Edo state, Nigeria by Ofovwe and Ofili, fewer teachers (76.7%) were aware of school health services,¹⁹ the levels of knowledge were higher than the one in this study, the differences may be due to differences in academic background and the environment. However, in a study in Myanmar, south East Asia the knowledge level was found to be lower (62.9%)²⁰ than that of this study even though it was conducted in urban setting and in another study in Myanmar among teachers to the findings in Yangon city, knowledge level was lower (61.5%).²¹

In a study in Lagos by Adeyinka and Sonachi, they recorded high level of awareness (92.9%) due to the fact the respondents were trained professionally in education.²² One hundred and two (38.6%) had positive attitude to school health services and this is comparable in Yangon city where fewer (42.3%) had positive attitude,²¹ however, attitude towards school health service was higher (69.6%) in a study carried out by San-san Htway in Myanmar²⁰ where teachers had higher attitude towards school health services as a result of training and retraining of the teachers on school health services. In this study 72 (27.3%) participants had good involvement in school services which is poor when compared to San-san Htway who recorded high (52.6%) involvement²⁰ of school health services by teachers. This study had good knowledge but poor involvement of school service and low in positive attitude towards health services and this is comparable in a study in Edo state by Ofovwe and Ofili which reported good knowledge poor involvement (38.3%)¹⁹ in school health services and this may be due to inadequate training in school health services. Association of socio-demographic characteristics and knowledge, attitude and involvement of school health services were found to be statistically significant at p-value of <.001 except for the qualification of teachers that was not statistically significant with p-value of .556 while in study in Myanmar²⁰ there was a statistically significant difference in involvement of health services between the age group but there was no statistically significant between years of experience in school health services and age group.

Conclusion

This study recorded good knowledge (64.0%), high negative attitude (61.4%) and poor involvement (72.7%) of school health service among teachers in Abia State. The school health service is to promote the health of the learners to achieve quality education for all and health for all. Teachers' training curriculum has to be revisited by Ministry of education at the federal and state levels to address the inadequacies, challenges and differences with regards to school health services.

Recommendations

There may be further study to assess teachers' training in school health services and this may

inform training intervention to upgrade teachers' knowledge, attitude and involvement in school health service. Government should regularly organize workshops, seminars on school health services for the public primary school teachers. There should be a legislation in the state and country requiring prospective teachers to obtain a diploma or Certificate course in school health services before engaging in teaching profession. More studies on knowledge, attitude and involvement of school health services among teachers in many more local government areas and states should be encouraged to enhance policy makers to make for more involvement of teachers in school health activities.

References:

1. Spinks AB, McChure RY, Bain C, Macphersin Ak. Quantify the association between physical activities and injury in primary school aged children. *Pubmed Paediatrics* 2006; **118**: 43-50.
2. Ilechukwu GCA, Ilechukwu GC, Ibe BC, Ozumba AN, Ejiofor OS, Emechebe G, Onwasigwe CN. et al. Prevalence of intestinal helminthiasis in nursery and primary School Children in Enugu metropolis. *Ebonyi Medical Journal* 2008; **7**: 242-46.
3. Ilechukwu GC, Ilechukwu CG, Ozumba AN, Ojinaka NC, Onwasigwe CN, Some behavioural risk factors for intestinal helminthiasis in nursing and primary school children in Enugu, South-Eastern Nigeria. *Niger J. Clin Practices* 2010; **13**: 288-93.
4. Oninla S O, Owa J A, Onayade A A, Taiwo O. Comparative study of nutritional status of urban and rural Nigeria school children. *J Trop. Pediat.* 2007; **53**: 39-43.
5. Ahmend F, Khan M R, Banu C P, Qazi M R, Akhtanizzamen: The coexistence of other micronutrient deficiencies in anaemic adolescent school girls in rural Bangladesh, *EJ Clin nutri.* 2008; **62**: 365-372.
6. Obionu CN. Primary Health Care for developing countries, 2nd ed. Enugu: Delta Publications. 2007: 229
7. Lucas AO and Gilles HM: In A New Short Textbook of Preventive Medicine for the Tropics 4th Edition: Hodder and Stoughton Great Britain 2003, 332-337.
8. Ofovwe GE, Ofili AN, Knowledge, attitude

- and practice of school health programme among head teachers of primary schools in Ego LGA of Edo State, Nigeria, *Ann Afr Medical* 2007; **6**:99-103
9. National School Health Policy, Federal Ministry of Education, Abuja, Nigeria. Available from www.unicef.org/Nigeria/school_health_policy.pdf. Accessed on Saturday 11/5/13.
 10. Ola JA, School Health in Nigeria: National Strategies. In improving health through schools. National and international Strategies. World Health Organization Geneva, 1999: 81-84.
 11. Definition of Teacher Research –GSE-Graduate School of Education, Available in gse.gmu.edu/research/tr/tr/_definition. Accessed on Saturday 11/5/13.
 12. Eric A, Hanushell and Welch F. School teachers, educational outcomes in developing countries,” In Handbook of the Economics of Education. Amsterdam: IOS press.2006.
 13. Ibeziako P, Bella T, Omigbodun and Belfer M. Teacher's perceptive of mental health needs in Nigerian schools. *J. Child Adolesc Mental Health*.2009. **21**:147- 156.
 14. Federal Ministry of Education, Nigeria. National School Health Policy. Abuja 2016.
 15. Onwasigwe CN, Principles and Methods of Epidemiology; 2nd Edition. Dept of Community Medicine, University of Nigeria, Enugu Campus, Enugu, Nigeria. 2010; 149 – 152.EL Demak, 76 Robinson Street Uwani, Enugu.
 16. Abia State Ministry of Education, record of public primary school teacher's list of Isi-ala-Ngwa North LGA 2019.
 17. Federal Republic of Nigeria, Population Census Gazette, No.2 Abuja, 2009, vol 96, pg B20-21
 18. Odeyemi KA& Chukwu EE (2015) Knowledge, Attitude and Practice of School Health among Primary School Teachers in Ogun State, Nigeria Article in Nigerian Journal of Paediatrics, 2015 DOI: 10.4314/njp.v42i4.11
 19. Ofowfe GE, Ofili AN. Knowledge, Attitude and Practice of School Health Programme among head teachers of primary school in Egor LGA of Edo State. *Annals Afr Med*. 2007; **6**: 99 – 103
 20. Ye Minn Htun , Kay Thi Lwin , Nwe Nwe Oo , Kyaw Soe, (2013) Than Tun Sein, Knowledge, attitude and reported practice of primary school teachers on specified school health activities in Danuphyu Township, Ayeyarwaddy Region, *Myanmar South East Asia Journal Of Public Health* ISSN: 2220-9476 2013; **3**:24-29. 2013 Htun et al., publisher and licensee Pu
 21. San-San-Htway. Perspective of School Teachers on School Health in Yangon Division. [thesis]. MMedSc (Public Health). Yangon: University of medicine, 1998.
 22. Adeyinka Adeniran and Sonachi Ezeiru: (2016), School health programme practices among private secondary school administrators in an urban local government area in Lagos State, Nigeria. *International Journal of Community Medicine and Public Health* , 2 0 1 6 , **3** : 9 3 2 . DOI : <http://dx.doi.org/10.18203/2394-6040.ijcmph20151570>