

# Implementation of School Health Policy: Echoing Its Prospects in Combating Emerging Health Challenges in Nigeria

OMOTAYO Gabriel Ojo, ALIYU Isiaku Nda

**Abstract**— Health challenges appear to be advancing at almost equal pace with technology and science within the globe. Governments in both developed and developing countries seem to be overwhelmed with these challenges. In Nigeria, apart from the dreaded coronavirus that entered in February 2020, the emergence and re-emergence of Yellow Fever, Monkey Pox, Lassa Fever, Cholera among others have exacerbated government challenges. Health authorities at global and national level recommended that citizens must be well informed and embraced proper hygiene practices irrespective of their age and status. To achieve this, education and perhaps the school is one of the key sectors that must be engaged to attain the SDGs 3 by 2030. Thus, the implementation of the School Health Policy (SHP) becomes imperative in order to make the education system contribute significantly to the fight against emerging diseases. This paper therefore appraised the scope and status of the SHP. The constraints to SHP implementation were categorized into school and government factors. The emergence of viral diseases which thrive on poor attitude towards immunization, vaccination and hygiene practices were identified as the major health challenge confronting Nigeria. The prospects of health programmes prescribed in the SHP in combating emerging health problems especially in the areas of sensitization, early discovery of diseases and provision of essential health information were discussed. It was inferred that the health programmes recommended in the SHP were not comprehensively and uniformly provided in all schools in the country. The study recommended that the Federal Ministry of Education should come up with policy compliance measures that will involve proper monitoring, assessment and evaluation in order to make the school active in combating emerging and re-emerging health challenges in the country.

**Index Terms**— Emerging health challenges, Healthy School, school health policy, school health programmes.

## I. INTRODUCTION

The mental, physical and social well-being of the citizen is the greatest asset which guarantees steady economic growth and development in a country. Undoubtedly, this has been the cardinal pursuit of government across all level. The World Health Organization aptly noted that multi-sectorial approaches that work with other key sectors related to health must be embraced by members in order to achieve healthy

lives for all as targeted under the Sustainable Development Goals 3 by year 2030 (WHO, 2018). This justifies Nigeria recognition of education as an instrument for facilitating changes in other spheres of life and the formulation of the School Health policy for basic and post-basic institutions in the country. The policy provides the legal framework for the implementation and delivery of health services which could enhance the effectiveness of teaching-learning process as well as help in combating emerging and re-emerging health challenges in the country.

Nigeria is not isolated from the increasing pace of health challenges going by her experience with outbreak of Lassa fever, Ebola, Meningitis, Cholera, malaria, typhoid and the more dreaded Coronavirus. Combating these diseases and the challenges they posed could be a mirage if the SHP continue to receive the poor attention from relevant stakeholders in the delivery of basic and post-basic education. More so, the health of the learners in our schools could mirror what the health of the larger society is. Thus, the provision of health and sanitation service to the school community as recommended by the SHP could prospectively availed government the opportunity of promoting healthy living at minimum cost.

## II. AN OVERVIEW OF SCHOOL HEALTH POLICY

The National School Health policy was developed in year 2006 to provide a legal backing for the delivery of health programmes in basic and post-basic schools. The policy was formulated as a demonstration of commitment to the attainment of global goals on education and health declarations (FGN,2006). The fundamental goal of the policy was to enhance the quality of health in the school community and provide avenue for collaboration in promoting child-friendly school environment for teachers and learners. These goals were to be achieved by providing the supports needed for the implementation of school health programmes, setting up of machineries for the synchronization of efforts of governments and non-governmental organizations on school health, promotion of teaching of skill-based health education and putting in place modalities for the sustainability of school health programmes.

The policy objectives as itemized in section 2 include the development of health consciousness among the learners, creation of awareness on the availability and utilization of various health related resources in the community, promotion of collaboration in a world of interdependence, social interactions and technological exposure in addressing

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emergent health issues and to build the skills of learners and staff for health promotion in the school community among other (FGN, 2006). This indicates that the policy make provision for the preparation of the school community for present and future challenges.

A multi-sectorial approach was prescribed in the policy as section three harps on the stakeholders concerned with the implementation of the policy and their individual roles. These were itemized to include federal, states and local governments, ministries, agencies and paratats who are expected to collaborate with the Federal Ministry of Education in delivering crucial health services to the school community. Other participants include the school host community, civil society organizations, organized private sector and international development partners (IDPs).

Furthermore, the organizational structure for the implementation of the policy has decentralized roles at each level. In the structure are the school health committees, the Steering Committee on Health, Implementation Committee and monitoring and evaluation committee. These committees are expected to be constituted at the national, states, local and school level. Planning, capacity building, partnership and collaboration, monitoring and evaluation, advocacy and resource mobilization, and research and knowledge sharing were seen as key strategies for delivering on the programs itemized in the policy. A national strategic plan was to be developed from where states were mandated to evolve their individual plan of actions for the implementation of the policy.

### III. SCOPE AND STATUS OF SCHOOL HEALTH PROGRAMMES IN NIGERIA

School health programmes are series of activities harmonized and delivered in the school environment for the promotion of the health and development of the school community (FGN, 2006). Series of activities are required to strengthen a school capacity to promote a healthy background for living, learning and working. The combination of such activities would engender conducive learning atmosphere, strive to improve the health of all within the system, decrease life threatening circumstances like malaria, waterborne diseases, drug and alcohol abuse, malnutrition and more importantly, inculcate in the learners knowledge, skills and attitudinal dispositions that are essential to healthy living. The scope and status of the programmes covered in the policy are examined thus,

*a. Healthful school environment:* The policy provides that for schools to be healthy, all services, facilities and tools needed for physio-social and emotional well-being must be assured, provided and preserved in a sustainable manner. Accordingly, such schools are located in siren environment free from noise, cold, heat, have adequate and appropriate building, furniture, toilet facilities that are gender sensitive, waste disposal facilities and safe water supply, recreational and sport equipment, perimeter fencing, observance of annual school health Days among others. Keen observations of these indices indicate that this policy provision is not adequately implemented. For instance, in 2017, the report of

epidemic outbreak in a popular government secondary school in Lagos state went viral (Uwandu, 2017 & Folarin, 2017). According to the report, the epidemic outbreak left more than 200 students sick and two dead in the hospitals at different times within a short period. The students were alleged to have been treated for abdominal pains, fever, vomiting and diarrhea which were attributed to unhealthy and unhygienic environment of the school. In an earlier occurrence, Maradun (2016) reported that two students were killed of food poisoning in Zamfara State. These instances depict the poor enforcement of the salient provision on healthy school environment as prescribed in the School Health Policy. The report of Ademokun, Osungbade, and Obembe (2012) that, the implementation of SHP was poor especially in the sphere of healthful school environment, school managers lack good knowledge of the NSHP and that the health programmes in their schools did not comply with the requirements of the policy confirmed theses scenarios.

*b. School feeding services:* The cardinal target of this policy provision is to provide all children enrolled in schools nationwide with a meal per day in order to improve their nutritional status, reduce hunger and enhance their learning ability (FME, 2006). Although this provision has been in place over a decade, the indices of the services such as meal provision, food fortification and supplementation, regular de-worming and sanitation and hygiene practices especially among food vendors are not consistently and comprehensively available in the schools. The report of Tijani, Opara and Jime (2018) that the school feeding programme in Maduguri metropolis does not reduce or satisfy hunger due to inconsistency or irregular availability of the meal confirmed this submission. Where the programmes were found to have improved the nutrition status of the children as reported in Falade, Otemuyiwa, Oluwasola, Oladipo and Adeusi (2012), the programmes did not cover all the children in basic and post basic schools.

*c. Skill based health education:* Removing ignorance of healthy habits and creating awareness on harmful substance/practices is essential to having a healthy school environment. Thus, the skill-based health education was designed to facilitate the inculcation of sound health knowledge, attitudes, skills and practices among learners. This is to be achieved by providing teachers and learners with curriculum covering personal hygiene, diseases, mental and social health among others. Implementation of this curriculum appears poor despite its availability especially at the basic level of education. For instance, Alafin, Adesegun, Izang and Alausa (2019) reported that all the rural community primary schools investigated had poor skill-based health education. They found that none of the schools had

SHP implementation guideline and that majority did not have health-based information, education and communication (IEC) materials in form of posters and textbooks. In the same vein, Adebayo, Makinde and Omode (2018) reported that the training and involvement of public primary school teachers in the school health programmes was suboptimal in their study area. This implies that the delivery of skill-based health education could not have been effective since the facilities needed for its delivery are not available. It is thus, not surprising that Alex-Wart and Akani (2014) and Adebayo and Onadeko (2016) found that health instructions are given as integral part of other subjects without instructional materials and that teachers had inadequate knowledge of school health programmes in both rural and urban schools

**d. School health services:**The SHP recommends the provision of curative and preventive health services in order to promote the health of learners and others in the school community. These services include pre-entry screening, routine examination, health records, sickbay, first aid box and referral services, and advisory and counseling services for the school community and parents. These services are to be rendered by specialists such as Medical doctors, Nurses, Health Educators, School Guidance Counselors, Dieticians among others. The report of Alafin, Adesegun, Izang and Alausa (2019) revealed that these services and the specialists are not available in many schools. The report showed that none of the school investigated conduct pre-entry and routine medical screening for their teachers and students. The reports of the Ondo state ministry of economic planning and budget (2010) and that of Akpabio (2010) confirmed that this worrisome status of school health service has persists over the years.

**e. School, Home and Community Relationship:** The policy aptly noted that life at home should complement a healthy life-style provided in the school in order to achieve a balanced development of the child. This necessitated the need for interaction between the school and the homes in form of home visit by teachers, nurses, social workers and regular visit of the school by the parents. More important is the communication of health status of learners to their parents/guardians by the school health personnel as well as active participation of parents in health planning, implementation, monitoring and evaluation of health services. Adedokun, Osungbade and Obembe cited in Diana and Adebayo (2019) reported that the relationship between the school and the home was good while it was poor between the school and the community. These scholars however lamented that the implementation of the SHP across the country was sub-optimal and remains at the minimum level.

#### IV. CONSTRAINTS TO THE IMPLEMENTATION OF SCHOOL HEALTH POLICY (SHP) IN NIGERIA

The observed abnormalities, poor implementation status and limited scope of school health programmes have been attributed to several factors over the years by government and other concerned individual. On a general note, policy summersault at the state level often receive the bulk of blame for poor delivery of education services in the country considering the legal frame work of the education system which put education on the concurrent legislative list (Omotayo, 2019). The school health policy is one of those policies which receive less attention from the stakeholder within the education system in Nigeria.

However, the constraints to the implementation of the school health policy could be categorized into government factors and school factors. Those constraints which do not emanate from the direct implementers and beneficiaries of the policy are termed government factors while those that emanated from the beneficiaries and implementers of the policy are termed school factors. The two factors are examined thus:

**a. Government factors:**The policy stated the imperative of collaboration between ministries, agencies and parastatals in the implementation of the health programmes identified but the efforts of these institutions are poorly coordinated. Ekenedo and Ekechukwu (2015) agreed with this position when they lamented that lack of proper synchronization of roles between agencies, weak forecasting capacity, apparent neglect of policy, failure to cooperate with development partners and lack of continuity as the major challenges bedeviling the delivery of health services in the Nigerian schools. In another study, Sarkin-kebbi and Bakwai (2017) identified inadequate funding as the major governmental constraint to the delivery of school health programmes to school children. This implies that the commitment of government to make budgetary provision and release funds for the provision of health facilities in the school has been low thereby hindering the implementation of this policy. In an earlier study, Yunusa, Irinoye, Suberu, Garba, Timothy, Dalhatu and Ahmed (2014) identified the funding challenges to the execution of health programmes to include poor financing by government, high out of pocket payment, inadequate implementation of health financing policy and corruption.

**b. School factors:**The direct implementers and beneficiaries of the policy such as school managers, teachers, learners, and the community members have roles to play in implementation of school health policy. Their skills and knowledge of the policy provisions on health programmes have been noted to be inadequate for the achievement of the policy objectives. For instance, Sarkin-kebbi and Bakwai (2017) identified poor level of awareness on the provisions of the policy and other factors such as inadequate school health facilities, inadequate



health personnel, poor commitment from stakeholders of the school health programmes and poor implementation of school health education curriculum as the factors militating against the school health policy. Teachers play significant roles in the direct implementation of this policy as they are expected to interact with the learners so as to identify their health challenges. They as well deliver the content of the health education curriculum to the learners through teaching-learning process. However, Alex-Hart and Akani (2012) posited that the preparation of teachers that are to deliver the curriculum content of health education to the learners is faulty and poor. This implies that the implementers lack relevant skills and knowledge on school health programmes provided in the SHP. More so, the policy recognized the possibility of knowledge gap especially with the direct implementers and thus listed capacity building as one of the strategies for its implementation but the strategy has not receive adequate attention from the governments, school managers and other concerned stakeholders. Adebayo and Onadeko (2016) buttressed this position when they asserted that the inadequate knowledge of teachers could be attributed to lack of training on school health programmes in their training and lack of refresher courses to keep them updated.

### V. EMERGING HEALTH CHALLENGES IN NIGERIA

Nigeria like many other countries in the world is not isolated from the increasing damage that accompany epidemic outbreak. The Federal Ministry of Health (FMoH, 2018) noted that Nigeria has been confronted with numerous outbreaks since 2017 including yellow fever, monkey pox, Lassa fever, cholera and cerebrospinal meningitis. This is in addition to the fast spreading coronavirus which was imported into the country in February 2020 with pervasive implications on all spheres of life.

Muhammad, Abdulkareem and Chowdhury (2017) reported that the major public health challenges in Nigeria are infectious diseases, control of vector of some diseases, maternal mortality, infant mortality, poor sanitation and hygiene, disease surveillance, non-communicable diseases and road traffic injuries. The report concluded that communicable diseases and infectious diseases are the major health problems in Nigeria while the top causes of death are malaria, lower respiratory infections, HIV/AIDS, diarrheal diseases, road injuries, protein-energy malnutrition, cancer, meningitis, stroke and tuberculosis in that order. The scholars attributed the emergence and re-emergence of these challenges to inadequate payment of health workers salaries, poor quality of care, inequitable health care services, brain drain and irrational appointment and disengagement of health workers by the government. These are challenging health issues which can only be combated with concerted efforts from all institutions.

WHO (2018) identified health the factors exacerbating health challenges across the globe to include an aging population,

unhealthy life-styles, increasing mortality and morbidity from non-communicable diseases, the rapid transfer of infectious pathogens and potential for global pandemics, antimicrobial resistance among others. The situation painted by WHO seems to have persisted for a long time going by earlier report of Micmichael and Butler (2007) which identified emerging and re-emerging infectious diseases such as HIV/AIDS, tuberculosis, malaria, cholera, dengue fever which result from increased antimicrobial resistance among other factors like poverty, under nutrition, deteriorating infrastructure, gender inequality, sexual exploitation and so on. Today's health emerging and re-emerging challenges are overwhelming thereby necessitating the use of various health development strategies.

### VI. PROSPECTS OF SCHOOL HEALTH POLICY IN COMBATING HEALTH CHALLENGES IN NIGERIA

The school system is established to facilitate societal growth and development in all spheres of endeavours. As an assemblage of younger generation, the school provides a veritable avenue fighting deadly and other life threatening diseases. This could be accomplished by implementing the programmes stipulated in the SHP in a demonstrative manner such that difficulties associated with immunization, vaccination, surveillance and health information gathering are removed. The salient programmes emphasized in the school health policy have the following potential for combating emerging health challenges in Nigeria:

- a. The effective implementation of the conditions for having a healthy school environment could remove the spread of diseases in the community. When schools are located in siren environment and are provided with toilet facilities, waste disposal facilities, safe water among other conditions prescribed in the policy, the transmission of airborne, waterborne toilet and other communicable diseases could be drastically reduced. More so, the provision of facilities that promotes the well-being of all in the school environment would facilitate the inculcation of healthy habits such as regular hand-washing, proper management of refuse and sewage, personal hygiene in a demonstrative manner which is necessary for halting the spread of diseases.
- b. The enhancement of nutritional status and reduction of hunger through the provision of meal for students could help in combating health challenges. When children have food nutrients in the right proportion and have their food adequately fortified, supplemented and are de-wormed regularly, their immune system would be strong and be able to resist viral diseases. This way the rate at which virus and its infections spread would be reduced.
- c. Emerging and re-emerging health problems often thrive and spread at a very high rate as a result of ignorance and lack of adequate information, knowledge and skills on causes, symptoms, and how they can be managed. Effective execution of the dictates of the national School health policy bordering on skilled-based health education could

avail members of the school community with relevant knowledge on needed to manage and control the spread of viral diseases.

- d. The provision of preventive and curative health services recommended in the policy could help in managing health problems that are peculiar to children. The conduct of pre-entry screening and routine medical examination could help ensure compliance with immunization and vaccination regulations which are critical to curbing spread of deadly diseases. Advisory, counseling and referral services could change the attitude and disposition of parents/guardians toward immunization, vaccination and the medical care of their children. Parents and community members could be informed of the availability of medical facilities, services and the health financing options that they can embrace.
- e. Regular interface between the home, community members and the school health representatives provide opportunity for health sensitization and awareness campaign with minimal cost.

## VII. CONCLUSION

Based on this elucidation, it was concluded that ample provisions were made in the School Health Policy but they were not properly implemented owing to government low commitment and implementers ineptitudes. The prescribed health programmes were not comprehensively and uniformly provided across state and across all level of basic education despite the increasing spate of health challenges in the country. It was also inferred that the removal of government and school constraints thereby ensuring uniform and comprehensive implementation of the policy will strengthen immunization, vaccination and sensitization programmes which are critical to combating ravaging viruses and their infections.

## VIII. RECOMMENDATIONS

The following were recommended:

- a. The Federal Ministry of Education should urgently come up with school health policy compliance which will entail proper monitoring, assessment and evaluation that are time bound in order to ensure uniformity and comprehensiveness in the its implementation.
- b. Government at all levels should capture and release funds for the delivery of school health programmes in their annual budgets. This will revitalize health facilities in the schools and ease the provision of health services.
- c. The knowledge and skills of direct implementers – teachers, school administrators and others need to be broadened on the health programmes and the implementation strategies. This could be achieved by exposing them to on-the-job-trainings.
- d. The primary health development agency should as a matter of necessity post community health worker to function permanently in the schools. This will facilitate pre-entry screening and regular medical

examination of students/teachers and ultimately ensure compliance with immunization and vaccination against deadly diseases.

- e. Government should facilitate and cooperate with the activities of non-governmental organizations and international development partners towards the provision of health development programmes in the school community.
- f. The School Curriculum should be enlarged to include the teaching of Health Education at all levels of the Educational System.
- g. The FMOE and FMOH should network with other Ministries, agencies, Departments and boards of federal, states and Local governments to facilitate their inputs in the delivery of health and sanitization services in the school community. This could be achieved by organizing all-inclusive sensitization programmes that will give them proper perception of their roles in combating emerging health challenges through the implementation of school health programmes.

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