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# **Research Article**

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# School health programme practices among private secondary school administrators in an urban local government area in Lagos state, Nigeria

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## **ABSTRACT**

**Background:** School Health Programmes can reduce the prevalence of health risk behaviors among young people and have a positive effect on academic performance. This study set out to assess the knowledge and the practice of school health programme among school administrators in private secondary schools in Ikeja Local Government Area (L.G.A) of Lagos State.

**Methods:** A descriptive cross-sectional study design using a semi-structured self-administered questionnaire to obtain information on demographic data of the schools, socio-demographic data of the respondents, knowledge and practice of school health programme by the respondents and their schools respectively. This study was conducted among the 56 respondents in all the 32 registered private secondary schools in Ikeja between July and August 2010.

**Results:** Overall, only 7.2% had good knowledge of SHP while 58.9% and 19 33.9% had fair and poor knowledge respectively. About 60% of the respondents' schools had a school health policy, and practiced compulsory preadmission medical examination. Although, majority of the schools (94.6%) had functional first aid box, only 28.6% had a staff in each of their building trained to use the first aid box. There's a statistically significant association between respondents' schools that had a School Health Policy and those that had a school clinic or health post (X2=7.2641, p=0.009).

**Conclusions:** There was fair knowledge of SHP among the respondents while the practice of SHP in respondents' school was also fair. There is therefore need for more awareness creation & training among school administrators for the National School Heath Policy to succeed.

Keywords: School health programme, Private secondary schools, Knowledge

## INTRODUCTION

School Health Programme (SHP) comprises of all projects and activities in the school environment for the promotion of health and development of the school and the community. Children spend much of their waking time at school and there is no other setting where a large number of children can be provided with opportunities to

regularly receive instruction in healthy living and engage in healthy behaviour.<sup>2</sup> Establishing healthy behaviors during childhood and maintaining them is easier and more effective than trying to change unhealthy behaviors during adulthood.<sup>3</sup> In addition, school-age children (6-17 years) are in their formative years and are more impressionable and receptive to new ideas and concepts.<sup>4</sup>

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Nigeria has a population of 160 million people and more than 50% of this population is made up of school age children.<sup>5</sup> Many of these children are not without health challenges and the common health problems among them include malaria, respiratory tract infections, malnutrition, worm infestations, injuries due to accidents/falls and problems of adolescents such as teenage pregnancy, sexually transmitted diseases, drug and alcohol abuse.<sup>6,7</sup>

It is universally recognized that the health of school children deserves special attention and in order to derive the maximum benefit from the educational programme, the child must be healthy physically, mentally and emotionally. Research has shown that School Health Programmes can reduce the prevalence of health risk behaviors among young people and have a positive effect on academic performance. The scope of the School Health Programme in Nigeria include healthful school environment, school feeding services, skills-based health education, school health services and school, home and community relationships. 1,6,8

The National School Heath Policy recommends a School Based Health Committee for each school. This committee is responsible for the effective implementation of the School Health Programme in the school. The aim of this study therefore was to assess the knowledge and the practice of school health programme among school administrators in private secondary schools in Ikeja Local Government Area (L.G.A) of Lagos State.

#### **METHODS**

This was a descriptive cross-sectional study which was carried out among private secondary school managers in Ikeja Local Government Area of Lagos State. Ikeja is one of the 20 Local Government Areas in Lagos State and is bounded in the north by Agege, south by Mushin, east by Shomolu and west by Alimosho LGAs. It has a total population of 313,196 and due to its strategic location of the, cosmopolitan environment, and the presence of vibrant commercial and industrial activities, the LGA is home to people from numerous ethnic extractions in Nigeria.<sup>5</sup> In addition, Ikeja serves as the Headquarters of Lagos State. Ikeja LGA has 32 approved private secondary schools which are spread all over the LGA. Most of the schools are purpose built with spacious compounds and playgrounds. This study was conducted between July and August 2010.

The minimum sample size 30 was determined using the formula for population less than 10,000. However since there are 32 registered private secondary schools in Ikeja LGA, all the private school managers and principals in the LGA formed the study population.

A semi-structured self-administered questionnaire was used to obtain information on demographic data of the schools, socio-demographic data of the respondents, knowledge and practice of school health programme by

the respondents. The questionnaire was pretested in twenty Private Secondary Schools in Mushin LGA, Lagos.

## Data analysis

The Epi-Info 2008 statistical software was used for data entry cleaning and analysis. Key variables included school size, professional training of manager, and level of knowledge, attitude and practice of school health. The scoring of the knowledge variable was done in order to objectively state their level of knowledge (whether poorif the respondent scored less than 50%, fair 50 to 79% and good if the respondent scored more than 80). Chi square test was used to test associations.

#### Ethical considerations

Formal approval for the study was obtained from the Head of Department, Education and the Medical Officer of Health of Ikeja LGA. The respondents were assured of confidentiality and anonymity of data collected.

## Limitation of the study

Most of the schools did not give permission for some of the school health facilities to be inspected even after a lot of reassurance. The result of the study was therefore based purely on the information provided.

# **RESULTS**

Table 1: Distribution of respondents by sociodemographic variables.

Variable	Frequency	Percent
Designation		(%)
Administrator/Manager	5	8.9
Principal	45	80.4
Both	6	10.7
Total	56	100
Sex		
Male	41	73.2
Female	15	26.8
Total	56	100
Professionally trained in Education, n=56		
Yes	52	92.9
No	4	7.1
Total	56	100
Professional Training, n=52		
Teachers' Training	1	1.9
N.C.E.	5	9.6
B.Ed.	19	36.5
M.Ed.	16	30.8
Others (PGDE)	11	21.2
Total	52	100

A total of 56 principals or/and administrators of 32 private secondary schools in Ikeja Local Government Area of Lagos State were interviewed. Most of the respondents (80.4%) were principals while 8.9% were administrators/proprietors. Six of the respondents (10.7%) were both principal and manager. Majority, (73.2%), were males and 92.9% of all the respondents were professionally trained in Education (Table 1).

Table 2: Distribution of respondents that have heard about SHP by knowledge of activities.

SH Policy & Training Formulation of SH policy 36 80  Teaching of health Education Teaching of Physical Education  Teaching of Physical Education  Teaching of Mathematics 9 20  Teaching of Biology 30 66.7  Moral instruction 24 53.3  SH Services & Environment  Pre-admission Examination  Infection control Measures at school Treatment of minor injuries/ailments  Provision of school meal services  Provision of safe water for drinking & washing  Proper ventilation & 16 18.9  Provention of Olassrooms  Prevention of overcrowding in classrooms  Immunization of school children School sanitation & 45 100  Vocational counseling & social support for students Health promotion for school staff	Variable	Frequency (N=45)	Percent
Teaching of health Education  Teaching of Physical Education  Teaching of Physical Education  Teaching of Mathematics  Teaching of Mathematics  Teaching of Biology  Teaching of	SH Policy & Training		%
Education Teaching of Physical Education Teaching of Physical Education Teaching of Mathematics Teaching of Mathematics Teaching of Biology Teaching of Shool of Shool of Shool Infection control Teatment of minor Teatment of	Formulation of SH policy	36	80
Teaching of Physical Education  Teaching of Mathematics 9 20 Teaching of Biology 30 66.7  Moral instruction 24 53.3  SH Services &	Teaching of health	42	02.2
Education Teaching of Mathematics 9 20 Teaching of Biology 30 66.7 Moral instruction 24 53.3 SH Services & % Environment Pre-admission Examination 36 80 Infection control 42 93.3 Treatment of minor injuries/ailments Provision of school meal services Provision of sanitary facilities for students and staff Proversion of Safe water for drinking & washing Proper ventilation & 144 97.8 Iighting of Classrooms Prevention of overcrowding in 44 97.8 Immunization of school children 45 100 School sanitation & 45 100 Vocational counseling & social support for students Health promotion for 40 88.9	Education	42	93.3
Teaching of Mathematics 9 20 Teaching of Biology 30 66.7 Moral instruction 24 53.3 SH Services &		38	84.4
Teaching of Biology 30 66.7  Moral instruction 24 53.3  SH Services & % Environment			·
Moral instruction 24 53.3  SH Services &	Teaching of Mathematics	9	20
SH Services &	Teaching of Biology	30	66.7
Environment  Pre-admission Examination  Infection control Measures at school  Treatment of minor injuries/ailments  Provision of school meal services  Provision of sanitary facilities for students and staff  Provision of safe water for drinking & washing  Proper ventilation & lighting of Classrooms  Prevention of overcrowding in classrooms  Immunization of school children  School sanitation & proper disposal of refuse  Vocational counseling & social support for students  Health promotion for 40  88.9  80  88.9  97.8  97.8  100  88.9  73.3	Moral instruction	24	53.3
Environment Pre-admission Examination  Infection control Measures at school  Treatment of minor injuries/ailments  Provision of school meal services  Provision of sanitary facilities for students and staff  Provision of safe water for drinking & washing  Proper ventilation & 44 97.8 lighting of Classrooms  Prevention of overcrowding in classrooms  Immunization of school children  School sanitation & 45 100  Vocational counseling & social support for students  Health promotion for 40 88.9	SH Services &		0/-
Examination  Infection control Measures at school  Treatment of minor injuries/ailments  Provision of school meal services  Provision of sanitary facilities for students and staff  Provision of safe water for drinking & washing  Proper ventilation & 44 97.8  Iighting of Classrooms  Prevention of overcrowding in classrooms  Immunization of school children  School sanitation & 45 100  Vocational counseling & social support for students  Health promotion for 40 88.9	Environment		70
Infection control Measures at school  Treatment of minor injuries/ailments  Provision of school meal services  Provision of sanitary facilities for students and staff  Provision of safe water for drinking & washing  Proper ventilation & lighting of Classrooms  Prevention of overcrowding in classrooms  Immunization of school children  School sanitation & proper disposal of refuse  Vocational counseling & social support for students  Health promotion for  40  88.9  95.6  88.9  97.8  97.8  100  97.8  100	Pre-admission	36	80
Measures at school Treatment of minor injuries/ailments Provision of school meal services Provision of sanitary facilities for students and staff Provision of safe water for drinking & washing Proper ventilation & lighting of Classrooms Prevention of overcrowding in classrooms Immunization of school children School sanitation & proper disposal of refuse Vocational counseling & social support for students Health promotion for	Examination		80
Measures at school  Treatment of minor injuries/ailments  Provision of school meal services  Provision of sanitary facilities for students and staff  Provision of safe water for drinking & washing  Proper ventilation & lighting of Classrooms  Prevention of overcrowding in classrooms  Immunization of school children  School sanitation & proper disposal of refuse  Vocational counseling & social support for students  Health promotion for  40  88.9  95.6  88.9  97.8  97.8  100  97.8  100	Infection control	42	93.3
injuries/ailments  Provision of school meal services  Provision of sanitary facilities for students and staff  Provision of safe water for drinking & washing  Proper ventilation & lighting of Classrooms  Prevention of overcrowding in classrooms  Immunization of school children  School sanitation & proper disposal of refuse  Vocational counseling & social support for students  Health promotion for  31 68.9  88.9  95.6  88.9  97.8  44 97.8  97.8  100  97.8  100		72	75.5
injuries/ailments  Provision of school meal services  Provision of sanitary facilities for students and staff  Provision of safe water for drinking & washing  Proper ventilation & 44 97.8 lighting of Classrooms  Prevention of overcrowding in 44 97.8 classrooms  Immunization of school children  School sanitation & 45 100  Vocational counseling & social support for students  Health promotion for 40 88.9		40	88 9
services Provision of sanitary facilities for students and 43 95.6 staff Provision of safe water for drinking & washing Proper ventilation & 44 97.8 lighting of Classrooms Prevention of overcrowding in 44 97.8 classrooms Immunization of school children 43 95.6 School sanitation & 45 100 Vocational counseling & 33 73.3 Health promotion for 40 88.9	J		00.9
Provision of sanitary facilities for students and 43 95.6 staff  Provision of safe water for drinking & washing  Proper ventilation & 44 97.8 lighting of Classrooms  Prevention of overcrowding in 44 97.8 classrooms  Immunization of school children 43 95.6  School sanitation & 45 100  Vocational counseling & 33 73.3  Health promotion for 40 88.9		31	68.9
facilities for students and staff  Provision of safe water for drinking & washing  Proper ventilation & 44 97.8 lighting of Classrooms  Prevention of overcrowding in classrooms  Immunization of school children  School sanitation & 45 100  Vocational counseling & social support for students  Health promotion for 40 88.9			
staff Provision of safe water for drinking & washing Proper ventilation & 44 97.8 lighting of Classrooms Prevention of overcrowding in classrooms Immunization of school children School sanitation & 45 100 Vocational counseling & 33 73.3 Health promotion for 40 88.9	· ·	40	0.5
Provision of safe water for drinking & washing  Proper ventilation & 44 97.8 lighting of Classrooms  Prevention of overcrowding in classrooms  Immunization of school children  School sanitation & 45 100  Vocational counseling & social support for students  Health promotion for 40 88.9		43	95.6
for drinking & washing  Proper ventilation & 44 97.8 lighting of Classrooms  Prevention of overcrowding in 44 97.8 classrooms  Immunization of school children  School sanitation & 45 100  Vocational counseling & social support for students  Health promotion for 40 88.9			
Proper ventilation & 44 97.8 lighting of Classrooms Prevention of overcrowding in 44 97.8 classrooms Immunization of school children 43 95.6 School sanitation & 45 100 Vocational counseling & 33 73.3 Health promotion for 40 88.9		40	88.9
lighting of Classrooms  Prevention of overcrowding in 44 97.8 classrooms  Immunization of school children  School sanitation & 45 100  Vocational counseling & 33 73.3  Health promotion for 40 88.9			
Prevention of overcrowding in 44 97.8 classrooms  Immunization of school children 43 95.6  School sanitation & 45 100  Vocational counseling & 33 73.3  Health promotion for 40 88.9		44	97.8
overcrowding in classrooms  Immunization of school children  School sanitation & proper disposal of refuse  Vocational counseling & social support for students  Health promotion for  44 97.8  95.6  100  73.3			
classrooms  Immunization of school children  School sanitation & 45 proper disposal of refuse  Vocational counseling & 33 Vocational counseling & 33 Health promotion for 40  Res 9		44	07.8
Immunization of school children 43 95.6  School sanitation & 45 100  Vocational counseling & 33 73.3  Health promotion for 40 88.0	<u> </u>	77	71.0
children  School sanitation & 45  proper disposal of refuse  Vocational counseling & 33  Health promotion for 40  Vocational counseling & 38 0			
School sanitation & 45 100  Vocational counseling & 33 73.3  Health promotion for 40 88.0		43	95.6
proper disposal of refuse  Vocational counseling & social support for students  Health promotion for 40 88.0			
Vocational counseling & social support for students  Health promotion for 40 88.0		45	100
social support for students  Health promotion for		22	72.2
Health promotion for		33	73.3
		40	99.0
Delitor Built	school staff	40	88.9
School gardening projects 19 42.2	School gardening projects	19	42.2

Table 2 shows that 80% of the respondents knew formulation of school health policy as an activity under School Health Programme (SHP), while 93.3%, 80% and 93.3% of the respondents knew that teaching health education, pre-admission medical examination

respectively are activities under SHP. However, 20% of the respondents did not know that teaching of Mathematics was not an activity under SHP and 66.7% and 53.3% of them did not know that teaching of Biology and Moral Instructions were not activities under SHP.

Overall, 7.2% had good knowledge of SHP while 58.9% and 19 33.9% had fair and poor knowledge respectively (Table 3).

Table 3: Distribution of respondents by knowledge of School Health Programme (SHP).

Knowledge Level	Frequency	Percent
Poor	19	33.9
Fair	33	58.9
Good	4	7.2
Total	56	100

Almost 60% of the respondents' schools had a school health policy and practiced compulsory pre-admission medical examination while 72.2% of the schools promoted immunization and educated students on infectious diseases as measures to control infection in their schools. Although, majority of the schools (94.6%) had functional first aid box, only 28.6% had a staff in each of their building trained to use the first aid box (Table 4).

Table 4: Distribution of respondents by their practice of School Health services (n=56).

Variables	Frequency (N=56)	Percent
Practice of Compulsory pre-admission exam	33	58.9
Have School Health Policy	33	58.9
Have no infection control measures	11	19.6
Exclusion of sick students from school	32	59.3
Promote immunization	39	72.2
Educate about infectious Disease	39	72.2
Other infection control measures	6	11.1
Have a Clinic/Health post in school	44	78.6
Have a functional first aid box	53	94.6
Have a staff in each building trained to use first aid	16	28.6

Table 5 shows that majority 27 (48.2%), 29 (51.8%) of the respondents' schools did not have both tobacco-free and drug-free policy respectively in place. Fourteen

(25%) and 27 (48.2%) of them had (both) policies for both students and staff. None of them (0%) had a tobacco-free and/or drug-free policy that includes the community in which they were located.

Table 5: Distribution of respondents' schools by presence of written policy on tobacco and other drugs (n=56).

Variable	Frequency	Percent
Have written tobacco free policy		%
No policy	27	48.2
Policy for students only	0	0
Policy for Staff only	15	26.8
Policy for both students & staff	14	25
Policy for all including community	0	0
Total	56	100
Have written Drug-free policy		%
No policy	29	51.8
Policy for students only	0	0
Policy for Staff only	0	0
Policy for both students & staff	27	48.2
Total	56	100

There's a statistically significant association between respondents' schools that had a School Health Policy and those that had a school clinic or health post ( $X^2=7.2641$ , p=0.009). The respondents' schools that had a School Health Policy 30 (90.9%) were more likely to have a school clinic or health post than those who did not 14 (60.9%).

Table 6: Association between having a school health policy and having school clinic or health post.

Have school	Have School post	clinic/health	Total
health policy	Yes	No	Total
Yes	30 (90.9%)	3 (9.1%)	33(100%)
No	14 (60.9%)	9 (39.1%)	23 (100%)
Total	44 (78.6%)	12 (21.4%)	56 (100%)

 $X^2 = 7.264$ , df=1, p=0.009 (fisher's exact)

## **DISCUSSION**

It is universally recognized that the health of school children deserves special attention and safeguarding the health of school children today will ensure the health of the adults of tomorrow.<sup>8</sup> The overall objective of the School Health Programme is to ensure that every child is as healthy as possible so as to obtain the full benefit from his or her education.<sup>1,8</sup> Delivering health programmes

through the educational system that already has an infrastructure in many countries is one of the most cost-effective public health strategies. <sup>10</sup> Various studies in the last 20 years or more in Nigeria have indicated poor status of the School Health Programmes. <sup>11,12</sup>

There was a high level of awareness about School Health Programme among the respondents in this study. This is probably because most of the respondents (92.9%) were trained professionally in education. However, knowledge of the activities under School Health Programme among majority of the principals/administrators of these private secondary schools was fair or poor (58.9% and 33.9% respectively) which might be an indication of some deficiencies in the training of teachers, especially with regards to School health Programme. This was also reflected in a similar study in Edo State where none of the head teachers had adequate knowledge of SHP.13 A review of the studies on school health in Nigeria shows that most of these studies were carried out by authors from the educational sector and the concept of School Health Programme is limited to or centered on medical or health services such as inspection and health education. This implies that teachers in training are equipped with information which is limited to medical inspection of students and health education. This deficient concept of SHP which appears to prevail in Nigeria may play a vital role in explaining the fair knowledge of SHP among majority of the principals/Managers of schools in this study.

Schools by themselves cannot solve a nation's most serious health and social problems. However, schools have a critical role to play in partnership with community agencies and organizations to improve the health and well-being of young people. Ideally, SHP should bring together school administrators, teachers, other staff, students, families, and community members to assess health needs; set priorities; and plan, implement, and evaluate school health activities.<sup>3</sup>

The school is an ideal setting for disseminating interventions to promote life-long healthful eating especially as malnutrition remains a public health problem affecting all countries in Africa. The school meal can also be specifically designed to address the child's home diet in such a way as to make up for any major nutritional deficiencies. In this study, 68.9% and 42.2% of respondents knew that provision of school meal services and school gardening projects respectively were activities under School Health Programme. School meals are provided in many private schools in Lagos as a matter of convenience since many of the children leave home early and in most instances skip their breakfast. The school meal therefore provides an opportunity to feed but at a cost to their parents.

A healthy school environment promotes the health of school children and positively affects learning. It is not surprising that most of the respondent knew that proper ventilation, lighting of classrooms and prevention of overcrowding were some of the activities under SHP. These are administrators and managers of private secondary schools and a healthy school environment is a high selling point for private schools.

The pre-admission examination is to establish fitness and detect abnormalities or conditions that may require immediate treatment. In addition it serves as a baseline for both the student and the teacher. It is a bit disturbing that only 58.9% of the respondents' schools conducted pre-admission examinations for the new students. This implies missed opportunities for detecting some health conditions among these students. Worthy of note is the fact that almost 80% of the schools had a school clinic/health post while 94.6% had a functional First Aid Box.

The goals of the National School Health Policy are to enhance the quality of health in the school community and create an enabling environment for inter-sectoral partnership in the promotion of child friendly school environment, for teaching and learning and health development. However, all efforts at addressing the issue of SHP in Nigeria have remained largely at policy level with minimal implementation despite reports of the key role the school can play as an agent of change in the community and the importance of SHP in the implementation of Primary Health Care. 15 Almost 60% of the school administrators interviewed in this study had a school health policy in place in their various schools. This is an improvement on findings in Edo State where only 38.3% of the respondents had a school health policy in place. 13 Having a school health policy enhances the implementation of the SHP as was highlighted in this study where there was a statistical significant association between having a school health policy in place and having a health post/clinic in schools.

Tobacco and other drug use are health risk behaviors which contribute to the leading causes of death, disability, and social problems in the world. Research has shown that School Health Programmes can reduce the prevalence of health risk behaviors among young people and have a positive effect on academic performance. About half of the schools in this study did not have a written policy for tobacco and drug use respectively. Against the background that many students in secondary school are in their adolescent years which are often characterized by adventures fueled by curiosity, it is important that these schools have policies guiding the use of tobacco and other drugs.

## **CONCLUSION**

There was fair knowledge of SHP among the respondents while the practice of SHP in respondents' school was also fair. The SHP is to promote the heath of learners to achieve education for all and health for all in Nigeria. This can only be achieved if all the stakeholders are well

acquainted with their roles. Schools should therefore encourage other stakeholders to make inputs regarding the design, delivery, content and assessment of the SHP. There is also a need for the Ministry of Education at the federal and state levels to revisit the teacher training curriculum to address the deficiencies with regards to SHP. Schools are encouraged to have a school heath policy in place as it positively influences the implementation of SHP. Further research is required to identify hindrances to the formulation of school health policies and assess the functionality of the existing ones.

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Institutional Ethics Committee

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