ASSESSEMENT OF PERSONAL HEALTH PRACTICES OF PRIMARY SCHOOL PUPILS IN DELTA NORTH SENATORIAL DISTRICTS OF DELTA STATE, NIGERIA.

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Abstact

The study assessed the personal health practices of primary school pupils in Delta North Senatorial District in Delta State, Nigeria. The population consisted 36,730 primary three and six pupils in public primary schools in the nine Local Government Areas in Delta North Senatorial District. The study was conducted using purposive sampling technique; one primary school was randomly selected from each of the nine (9) L.G.A in Delta North Senatorial District, and 24 respondents were also randomly selected from each of the nine schools selected for the study making it a total of 216 respondents. The instrument used for the study was a 20 questionnaire item titled: Assessment of Personal Health Practices of Primary School Pupils (APHPPSP), which was validated by the supervisor of this study and two other experts; in Health and Environmental Education and measurement and evaluation. The reliability of the instrument was established using a test-retest method which gave a high coefficient of 0.87. The data collected were analyzed using frequency count, percentages as well as chi-square measures. The results showed that: A greater percentage of three and six pupils in Delta North senatorial district have positive health practice, there is a significant difference in the personal health practices of primary three and six pupils. Based on these findings it was recommended that health education in schools should be directed primarily to the practical needs of pupils, and parents should be educated on the importance of pupil's personal health practices

Key Words: Primary Education, health, personal health and hygiene practices.

Introduction

Primary school education is the foundation upon which all other levels of education are built. In other words, it is seen as a crucial stage, since the rest of the educational system is built upon it. According to Federal Republic of Nigeria (2013) as stipulated in the National Policy on Education; Primary Education is referred to as the education given in institution for children aged six to eleven (11) years plus. It develops the child's hidden skills and equally provides basic skills for literacy and numeracy. Primary school is the bed-rock of a child's education as well as that of a Nation's educational system. This implies that success and failure of the entire educational system depend on the good foundations or otherwise at the primary school level. Primary education is indispensible as it has to do with laying foundation for a child's future education and is most crucial in the development of the full potentials for future living

Health is generally recognized as major objective of education. One of the functions of the schools today is to develop the educated person who understands the basic facts about health and diseases, protects and promotes his/ her own health and that of his/her family. Such an individual helps to improve the health of the community he/she lives in. Efforts to achieve this recognize the place of school health educator. Odeyemi and Chukwu (2015) and Adebayo and Onadeko (2015) indicated that the work load of having good health is heavy on modern education and that good health would help teachers and pupils to carry this load effortlessly. The need for planned and effective health education in this rapidly changing world, with new health challenges, new responsibilities of health promotion, cultural change, urban migration, industrialization and new ways of living, form the bedrock of primary school education. (Opara, 2014).

Health is a primary objective of modern education; hence it is one of the seven main objectives of education as contained in the American Educational Policy Commission (1972) in Sharma and Romas, (2012) states thus:

"The central purpose of education is to develop rational powers of the individual or his capacities to think and reason. Basic to this development is physical health since disease, defects, or disability man interferes with learning. Mental health is also of profound importance, with it the pupil may have the desire and respect for learning that promotes optimum mental performance, without it the likelihood of such development is drastically reduced if not rendered impossible… health, for example, depend upon a reasoned awareness of the value of physical and mental fitness and may be maintained …Making intelligent decisions relating to the individual and community health requires the exercise of one's rational reasoning powers and an understanding of the scientific end factors involved"

In the development of individual health habit, health education is concerned with attitude which will help the pupils recognize the value of the habit and desire to practice it. Such habits will become firmly fixed if repeatedly used. To deviate from such practice may become disrespectful to the parents, elders, school authority, or traditions which have endorsed them. Religious beliefs for example, may dictate some requirements in dietary or other health practices. It is always possible when the importance of the change is clear and the problem is approached understandably, sympathetically and cooperatively. (Opara, 2013).

The value of learning depends on the use into which the concepts or skills learned are put. The school therefore, needs to provide meaningful learning experiences that will motivate the children to practice healthful living at all places and at all times [World Health Organization [WHO, (2009) and United Nations International Children's Emergency Funds UNICEF, (2017)]. It cannot be over stressed that it is what the children do by themselves that they learn more effectively and efficiently not what the teacher does. According to Nwonye and Ayomah (2018) health as an abstraction, means very little to primary school pupils. They are not easily influenced to undertake a programme of healthful living because of the benefits that would accrues to them in middle life. They go into training for health because it contributes to objectives everyday life such as growth, having a healthy and pleasing appearance and able to work and play better, health is an area in which success can be achieved because all children can improve health practices to some degree. The recognition of these individual's success make the health programme enjoyable for the child.

Poor personal hygiene and unhygienic living conditions promote person-to-person transmission of infections and seem to be an important factor for high incidence of skin diseases, respiratory diseases, worm infections, diarrheal and dental diseases even death. According to Ibeziako, Bella, Omigbodun and Belfer (2009) these morbidities are found to be higher and more severe among children than adults. Infection and malnutrition form a vicious cycle compromising the child's attendance and performance at school, retarding the child's overall development, including physical, mental and social development. Villiers, Steyn, Draper, Fourie, Barkhuizen and Lombard (2012) and Shung-King, Orgill and Slemming (2019) lamented that a large proportion of sickness and death in Black Africa is own mostly to diseases that are preventable and remediable. These diseases had been associated with poor personal hygiene, unsanitary environmental conditions, ignorance, poverty and inadequate medical facilities. Many of these diseases are preventable through practical health education yet they are still highly prevalent in the communities, thereby resulting in high absenteeism in schools. If children engage in sanitary practices most of these diseases can be prevented but they can only practice what they know.

Hygiene refers to practices and conditions that help to maintain health and prevent the spread of diseases. They include practices that deal with the preservation of health. Basic personal hygiene refers to the principles of maintaining cleanliness and grooming of the external body parts. It includes practices such as bathing regularly,

washing hands whenever necessary, trimming of finger and toe nails, wearing washed clothes daily, washing the hair and keeping clean from lice and dandruff, brushing the teeth and caring for the gums. (Toma, Oyebode, Toma, Gyang and Agaba, 2015). Practically, personal health encompasses dressing and clothing, physical fitness, rest and exercise, use of cosmetics, oral hygiene and hair care. Proper maintenance of these skills can promote prevention of infections, skin diseases and strengthen body fitness generally. Nwonye, Arinze, Okonkwo and Ayomah (2016) submitted that maintenance of optimal personal health has always been a challenge to school age pupils in Nigerian schools. Well groomed pupil whose knowledge of personal hygiene taught in school and reinforced by their home orientations demonstrate a high level of personal health practices. Personal hygiene is individualistic and depends comprehensively on the active and passive activities people engage in to promote personal health. Such practices include personal actions for preventing or minimizing the effects of diseases, prevention of infection and illness and ensuring that life is safe from spread of diseases. Abodunrin, Adeoye, Adeomi, Osundina and Ilori (2014) affirmed that personal health encompass bathing, use of appropriate cosmetics, nail, hair, foot, genital and dental cares as well as washing of clothing among others.

In medical terms, personal hygiene involves personal attention by an individual to prevent diseases. (McKenzie, Neiger and Thackeray, 2009). It also involves different habits such as washing hands, the entire body, hair care, nails trimming, clean clothing to warm and protect the skin as well as teeth brushing in effort to keep bacteria, virus and fungi away from direct or indirect contact with the body. Good personal hygiene practices among children have been deeply entrenched as a matter of concern in the school curriculum. The school lays the foundation for making children to know the importance of good personal hygiene practices. Ejifugha and Ibhafidon, (2014) stated that children need to be taught the importance of good personal health and the dangers associated with poor health practices so that they can live well in future. Bundy (2011) asserts that how well this done depends on the quality of health instruction, the plan and the effectiveness of its execution. These components can be achieved only when they are adapted to the local needs of those they are designed for. One way the local needs of primary school children can be addressed is by assessing their present health practices in terms of what they do in their daily lives hence, the study.

Statement of Problem

The individual family into which a child is born presents the first set of health teaching and health practices to the child. This is sometimes or most often not well done by the families probably because such practices are not well planned. The responsibility is therefore pushed to over to the educational institutions with their well planned and coordinated programmes. It is no gain saying that the schools serve as in loco parentis to the child. Personal health practice is however, not organized as it ought to be in primary schools.

Health practices are paramount in the daily living of the school child. It is awfully surprising to find primary school pupils in unkempt manners defecating and urinating around the school compounds even in the gutters, littering and exhibiting poor personal hygiene that one begins to wonder if these pupils have ever had health education/teachings. It is against the background that the study seeks to empirically investigate the personal health practices of the primary school pupils in Delta North Senatorial Districts of Delta State.

Goals and objectives

The goal of this study is to critically assess the personal health practices of primary school pupils in Delta State. Specifically, the study sought to:

1. assess the personal health practices of primary three and six pupils in Delta North Senatorial District of Delta State
2. determine the differences in personal health practices of primary three and six pupils.

Research Question

In order to give direction and focus to the study, one research question was raised and one null hypothesis was formulated.

1. What are the personal health practices of primary three and six pupils in Delta North Senatorial Districts of Delta State?

Hypothesis

1. There is no significance difference in personal health practices of primary three and primary six pupils in Delta North Senatorial Districts of Delta State.

Literature Review

Many authors discussed what school health practice should be, what the existing situations in schools are and how the problems can be tackled. The highlights of their discussion includes what personal health practice is; such as applied nutrition, infection and immunity, the hygiene of the various systems of the body, mental hygiene, safety and first aid and this expected that pupils take care of their skin, head, hair, eyes, ears, hands, mouth and teeth, clothing and take proper diet, be involved on some exercise and take enough rest. But most schools do not provide adequate health education to enable pupils practice good personal health and hygiene. There is therefore need for pupils to improve their personal health practices; how to take care of the different parts of their bodies and maintain sanitary conditions of the environment.

Methodology

The study adopted the Cross-sectional survey research design, with a population of thirty-six thousand seven hundred and thirty (36,730) primaries three and six pupils in the 368 public primary schools in Delta North Senatorial Districts of Delta

State. [State Universal Basic Education Board, 2021/2022 (SUBEB)]. The study was conducted using purposive sampling technique; one primary school was randomly selected from each of the nine (9) L.G.A in Delta North Senatorial District. The sample size was 216; 24 pupils were randomly selected from each of the nine selected schools. The instrument used for data collection was interview questions consisted 20 items, the first two questions sought information about personal data of the respondents and question 3-20 obtained information on various aspects of personal health practices (PHPPSP) of the interviewees. Content and face validity were used for the instrument validation. The supervisor of this study and two other experts in the Department of Health, Environmental Education and Human kinesiology and measurement and evaluation both in University of Benin, Benin City. Edo State, Nigeria, validated, evaluated and confirmed the questionnaires as authentic instrument. The reliability of the interview questions was established using the test-retest method and subjected to the use of Person Product Moment Correction, which gave a reliability index of 0.87. The data collected were critically analyzed using frequency count, percentages for research question one and chi-square for hypothesis at 00.5 level of significance.

Results

The results were presented according to the research question and hypothesis.

Research Question One: What are the personal health practices of primary school pupils in Delta North Senatorial Districts of Delta State?

Table 1: Percentage responses on personal health practices of primary school pupils.

	PERSONAL HEALTH PRACTICES	**FREQUENCY**	**PERCENTAGE**
1.	**Method of hair care**		
a	Frequency of washing hair		
-	Once a day	23	10.6
-	Once a week	33	15.3
-	Twice a week	25	11.6
-	Every time I take my bath	135	62.5
b	Styling of hair		
-	Leaving it to grow	10	4.6
-	Plaiting it	78	36.1
-	Creaming/combing	30	13.9
-	Barbing it low	98	45.4
2	**Care of the body/skin**		
a	Frequency of bathing		
-	Once a day	103	47.7
-	Twice a day	63	31.5
-	Three times a day	45	20.8

-	Once a week	00	00.0
b	Type of cream used		
-	Do not rub anything	32	14.8
-	Vaseline or lotion	133	61.6
-	Palm kernel oil	47	21.7
-	Cooking oil	4	1.9
3.	**Care of the Uniform**		
a	Number of times washed		
-	Once a week	31	14.3
-	Twice a week	28	13.0
-	Four times a week	92	42.6
-	Everyday	65	30.1
b	Method of Ironing dress		
-	Coal iron	30	13.9
-	Sun stretching	21	9.7
-	Folded under pillow	25	11.6
-	Electric iron	140	64.8
4.	**Use of handkerchiefs**		
a	When coughing		
-	Cover mouth with hands	104	48.1
-	Cover mouth with handkerchief	16	7.4
-	No covering of mouth	91	42.1
-	Cover mouth with a piece of paper	5	2.4
b.	When spitting (outside the class)		
-	Pieces of cloth, handkerchief, tissue	12	5.5
-	paper	25	11.6
-	On the ground and cover with sand	130	60.2
-	On the ground without covering	49	22.7
	None of the above		
c.	When blowing nostril		
-	Using cloth	12	5.5
-	Use of hands	130	60.2
-	Handkerchief, toilet paper	44	20.4
-	Blowing without anything	30	13.9
5.	**Care of the teeth**		
a.	Method/material for washing		
-	Tooth brush and tooth paste	182	84.3
-	Chewing stick	19	8.8
-	Charcoal	11	5.0
-	Rinsing with water	4	1.9
b.	Number of times teeth is washed in a		

	day		
- - - -	Once a day Twice a day Four times a day I don't always remember	115 77 4 20	53.2 35.6 1.9 9.3
c.	Number of times visits doctor for check up		
- - - -	Once a year Twice a year Only when I have pain I have never	31 29 101 55	14.4 13.4 46.8 25.4
6	**Facilities for Conveniences– Toilet and lavatory**		
a.	Facilities –3 Toilet		
- - - -	Bush Along sideways Toilet Anywhere	13 29 163 11	6.1 13.4 75.5 5.0
b.	Care of hands after defecating		
- - - -	Do nothing to hands Wipe hands with sand Wash hands with water and soap Wipe hands on clothes	178 3 17 18	82.4 1.4 7.9 8.3
7.	**Receptacle for drinking water**		
- - - -	General cup Personal cup Use of hands My water container	6 140 20 50	2.8 64.8 9.3 23.1
8.	**Care of ears**		
	Instrument for cleaning		
- - - -	Use of feather Match stick Cotton bud Broom stick	15 25 33 143	6.9 11.6 15.3 66.2
9.	Care for nails (instrument for cutting)		

-	Razor blade	78	36.1
-	Nail cutter	20	9.3
-	Teeth	113	52.3
-	Knife	5	2.3
10.	**Care of feet**		
	What they wear to school		
-	Sandal	165	76.4
-	Canvas	8	3.7
-	Slippers	25	11.6
-	Bare foot	18	8.3

Table 1 shows items analysis of research question 1. This reveals that a greater percentage of the pupils have positive health practice in the use of cream, washing of hairs and uniform, use of toilet and using their persona drinking cups. But have negative health practices on the number times they take their bath, on use of handkerchiefs, of washing of hands after defecating, in cleaning their ears and cutting of their nails.

Hypothesis One: There is no significant difference in Personal Health Practices of primaries three and six in Delta North Senatorial districts in Delta State.

Table 2: Chi-square analysis of the Differences in Personal Health Practices of Pupils in primaries three and six in Delta North Senatorial districts in Delta State.

	PERSONAL HEALTH PRACTICES	**PRIMARY 3**	**PRIMARY 6**	**X^2 VALUE**	**TABLE X^2**	**DF**	**REMARKS**
1.	**Method of hair care**						
a	Frequency of washing hair						
-	Once a day	21 (23.98)	14 (11.02)				$X^2_{Cal} \leq X^2_{Crit}$ Accept H_o
-	Once a week	14 (17.81)	12 (8.19)	6.97	7.81	3	
-	Twice a week	14 (15.76)	9 (7.24)				
-	Every time I take my bath	99 (90.44)	33 (41.50)				
b	Styling of hair						
-	Leaving it to grow	5 (6.17)	4 (2.83)				$X^2_{Cal} \leq X^2_{Crit}$ Accept H_o
-	Plaiting it	52 (53.44)	26 (24.56)	1.07	7.81	3	
-	Creaming/combing	22 (21.24)	9 (9.72)				
-	Barbing it low	69 (67.15)	29 (30.85)				
2	**Care of the body/skin**						
a	Frequency of bathing						

- - - -	Once a day Twice a day Three times a day Once a week	51 (44.54) 28 (32.20) 45 (43.85) 24 (27.21)	14 (20.46) 19 (14.80) 19 (20.15) 16 (12.59)	6.16	7.81	3	$X^2_{Cal} \leq X^2_{Crit}$ Accept H_o
b	Type of cream used						
- - -	Do not rub anything Vaseline or lotion Palm kernel oil Cooking oil	15 (74.13) 21 (17.81) 22 (25.35) 90 (87.16)	10 (20.46) 5 (14.80) 12 (20.15) 41 (12)	3.1	7.81	3	$X^2_{Cal} \leq X^2_{Crit}$ Accept H_o
3.	**Care of the Uniform**						
a	Number of times washed						
- - - -	Once a week Twice a week Four times a week Everyday	18 (18.50) 58 (63.04) 26 (20.56) 46 (45.91)	9 (8.50) 34 (28.96) 4 (9.44) 21 (21.09)	5.89	7.81	3	$X^2_{Cal} \leq X^2_{Crit}$ Accept H_o
b	Method of Ironing dress						
- - - -	Coal iron Sun stretching Folded under pillow Electric iron	19 (18.50) 11 (15.07) 18 (18.50) 100 (95.93)	8 (8.50) 11 (6.93) 9 (8.50) 40 (44.07)	4.12	7.81	3	$X^2_{Cal} \leq X^2_{Crit}$ Accept H_o
4.	**Use of handkerchiefs**						
a	When coughing						
- - -	Cover mouth with hands Cover mouth with handkerchief No covering of mouth Cover mouth with a piece of paper.	3 (4.11) 12 (10.96) 67 (62.35) 66 (70.57)	3 (1.89) 4 (5.04) 24 (28.65) 37 (32.43)	3.28	7.81	3	$X^2_{Cal} \leq X^2_{Crit}$ Accept H_o
b.	When spitting (outside the class)						
- - -	Pieces of cloth, handkerchief, tissue paper On the ground and cover with sand On the ground without covering	10 (8.22) 19 (97.81) 86 (88.39) 33 (33.57)	2 (3.78) 7 (8.19) 43 (40.61) 16 (15.43)	1.71	7.81	3	$X^2_{Cal} \leq X^2_{Crit}$ Accept H_o

	None of the above						
c.	When blowing nostril						
- - - -	Using cloth Use of hands Handkerchief, toilet paper Blowing without anything	8 (7.54) 95 (88.39) 26 (30.83) 19 (21.24)	3 (3.46) 34 (40.61) 19 (14.17) 12 (9.76)	4.82	7.81	3	$X^2_{Cal} \leq X^2_{Crit}$ Accept H_o
5.	**Care of the teeth**						
a.	Method/material for washing						
- - - -	Tooth brush and tooth paste Chewing stick Charcoal Rinsing with water	2 (2.06) 7 (8.22) 13 (13.70) 126(124.02)	1 (0.94) 5 (3.78) 7 (6.30) 55 (56.98)	1.2	7.81	3	$X^2_{Cal} \leq X^2_{Crit}$ Accept H_o
b.	Number of times teeth is washed in a day						
- - - -	Once a day Twice a day Four times a day I don't always remember	18 (18.5) 58 (63.04) 26 (20.56) 46 (45.91)	9 (8.50) 34 (28.96) 4 (9.44) 21 (21.09)	5.89	7.81	3	$X^2_{Cal} \leq X^2_{Crit}$ Accept H_o
c.	Number of times visits doctor for check up						
- - - -	Once a year Twice a year Only when I have pain I have never	25 (21.24) 17 (19.87) 71 (69.20) 35 (37.69)	6 (9.76) 12 (9.18) 30 (31.80) 20 (17.31)	4.23	7.81	3	$X^2_{Cal} \leq X^2_{Crit}$ Accept H_o
6	**Facilities for Conveniences– Toilet and lavatory**						
a.	Facilities – Toilet						
- - - -	Bush Behind the classroom Toilet Anywhere	8 (8.22) 7 (7.55) 23 (52.76) 110 (79.44)	4 (3.78) 4 (3.46) 54 (24.24) 6 (36.52)	90.7	7.81	3	$X^2_{Cal} \geq X^2_{Crit}$ Reject H_o
b.	Care of hands after defecating						
- - - -	Do nothing to hands Wipe hands with sand Wash hands with water and soap Wipe hands on	7 (6.85) 13 (1.65) 7 (8.22) 121(120.59)	3 (3.15) 4 (5.35) 5 (3.78) 55 (55.41)	1.08	7.81	3	$X^2_{Cal} \leq X^2_{Crit}$ Accept H_o

	clothes						
7.	**Receptacle for drinking water**						
- - - -	General cup Personal cup Use of hands My water container	10 (10.28) 54 (42.48) 27 (23.30) 57 (71.94)	5 (4.72) 8 (19.52) 7 (10.70) 48 (33.06)	23.04	7.81	3	$X^2_{Cal} \geq X^2_{Crit}$ Reject H_o
8.	**Care of ears**						
a.	Instrument for scratching / cleaning						
- - - -	Use of feather Match stick Cotton bud Broom stick	14 (10.96) 23 (20.56) 14 (17.81) 97 (98.64)	2 (5.04) 7 (9.44) 12 (8.19) 47 (45.33)	6.27	7.81	3	$X^2_{Cal} \geq X^2_{Crit}$ Reject H_o
9.	**Care of the nails (instrument for cutting)**						
- - - -	Razor blade Nail cutter Teeth Knife	10 (22.61) 13 (17.81) 70 (84.81) 55 (52.76)	3 (10.39) 13 (8.19) 10 (25.19) 22 (24.24)	40.13	7.81	3	$X^2_{Cal} \geq X^2_{Crit}$ Reject H_o
10.	**Care of feet**						
	What they wear to school						
- - - -	Sandals Canvas Slippers Bare feet	8 (10.28) 16 (18.50) 6 (6.85) 118(112.37)	7 (4.72) 11 (8.50) 4 (3.15) 46 (5.63)	3.92	7.81	3	$X^2_{Cal} \leq X^2_{Crit}$ Accept H_o

Grand mean of X^2 =10.46 $\quad X^2_{Cal} \geq X^2_{Crit}$ $\quad X^2_{Cal} = 10.46 \geq X^2_{Crit} = 7.81$

The Chi-square value of 10.46 which is greater than the Chi-square critical value obtained from the table 7.81 indicated that the null hypothesis should be rejected. Hence, the analysis reveals that there is a significant difference between the personal health practices of primary three and primary six pupils in Delta North senatorial district in Delta State Nigeria.

Discussion of findings

Analysis of the result of this study showed that that a greater percentage of the pupils have positive health practice in the use of cream, washing of hairs and uniform, use of toilet, and using their personal cups. Bundy (2011) asserts that how well this is done depends on the quality of health instruction, the plan and the effectiveness of its execution. While few number of the pupils have negative health practices on the number times they take their bath, use of handkerchiefs, of washing of hands after

defecating, in cleaning their ears and cutting of their nails. It further shows that there is a problem pertaining to spiting outside class and do not cover it with sound, blow their nostrils by using their hands. This habits can be also be observed amongst the adult population; but since Ejifugha and Ibhafidon (2014) stated that today's young people are the healthier age group and are better be educated than ever before, it is expected that children around them would also develop good health practices that will engender good health.

The data of the study also indicated that there is a significant difference between the personal health practices of primary three and primary six pupils. That means that the children are not properly taken care of. This is in line with Ekpo, Odoemene, Mafiana and Sam-Wobo (2008) submission that the health needs of many Nigerian school children are not been met by their parents. Nwonye, Arinze, Okonkwo and Ayomah (2016) maintained that maintenance of optimal personal health has always been a challenge to school age pupils in Nigerian schools. Well groomed pupil whose knowledge of personal hygiene taught in school and reinforced by their home orientations demonstrate a high level of personal health practices.

Conclusion

Basic to the maintenance of health is an understanding of physical and mental fitness and the means by which they are secured. The sound decisions on matters of personal health come from logical reasoning based on knowledge of the scientific facts evolved through effective health instruction. Better health, of course, does not come from the mere acquisition to health knowledge; but from its application. In other words, health depends not only on what the pupils know but also on what they do. The possession of certain basic knowledge of health is essential; for each individual is to display positive health practices in the area of hygiene. For example, the care of the skin, in terms of number of times of one's bath, use of handkerchiefs, washing of hands, care of ears and nails, dumping of refuse and other areas where pupils have negative health practices should be emphasized.

Recommendations

Based on the result of this study, it was recommended that:

1. Health Education in schools should be directed primarily to the practical needs of pupils. Curriculum planners should design curriculum for health education in a way that emphasis on daily inspections is placed on areas like use of handkerchiefs, care of the uniforms, nails as well as other areas where the pupils are lagging behind.
2. Since most schools organize Parent Teacher Association meeting (PTA) a forum should be provided where pupils, parents are educated about the importance of using handkerchiefs and providing it for their children to make use of. They do need to be educated on the influence of what they do on the health practice of pupils like using matchstick or broom stick to clean their ears and the dangers involved.

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