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Determinants of Health Practices among the Students of Tertiary Institutions in Kano State, Nigeria

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ABSTRACT: A survey study was conducted to determine health practices among students attending tertiary institutions in Kano state, Nigeria. A valid and reliable questionnaire coined HPIHLQ was self-administered to the study population of 600 students (aged 18- 41years) across the selected tertiary institutions in the State, comprising of: 150 students from University, 200 each from Colleges of Education and 50 students from College of Health Sciences. Our objective was to investigate on the health instruction, health services, healthful school living, school home and community relationship towards influencing student's health practices to improve their living standards. Of 600 students, 400(66.7%) completed the questionnaire. The gender percentages of the respondents were 81.8 for male and 18.3 for female respectively. And most (54.3%) of the respondents were unmarried, 179(44.8%) were married and 4(1.0%) were divorced. Five of the factors associated with determinates of health practices were correlated and the result for relationship between determinates and health practices showed significant correlation($r = .462$, $p< .05$), likewise between instructions and health practices ($r = .477$, $p< .05$), between health services and health practices ($r = .602$, $p< .05$), between health living and health practices ($r = .880$, $p< .05$) and between School, Home, Community with health practices ($r = .804$, $p<.05$). Based on this finding, we can conclude that health components are significant factors in ensuring effective health practices among the students of tertiary institutions in the state. Therefore, the need for the concerned authorities to encourage health related provisions in all schools.

Keywords: Determinants, Health, Practices, Tertiary, Institutions, Students

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INTRODUCTION

Health practices represent the application of good health habits to one's routine living. The health practices that a person adopts will determine in great measure the health of that person. Practices or habits which are harmful to optimum health, such as failure to obtain proper rest or exercise, overeating, over drinking and smoking, or failure to observe certain precautions against contracting diseases, will usually result in poor health. Health practice is part of Health Education which is a subject of primary importance that engages a multidisciplinary approach to our daily activities in the society, especially in our schools. As a result of its multi-disciplinary approach, everyone believed that he or she can teach the subject. This problem has been further compounded by the general misconceptions that health education could be equated to Biology or other science subjects. According to Udoh (1999), Health Education is a relatively new discipline or area of knowledge whose contents have grown for the pulling together of ideals, facts and knowledge from research findings and other disciplines, notably medical and biological sciences as well as the science that deal with human behavior and people's culture. Therefore, in order to have a good school health programmed, it is important to recognize the close relationship that exists among health knowledge, health attitudes and health practices (Bucher, 1971), while to accomplish the health knowledge objective, health education must present and interpret scientific health data which will then be used for personal guidance. Such information will help individuals to recognize health problems and solve them by utilizing information which is valid and helpful. In view of the above problems, we finds it utmost important to study the

determinants of health practices among the students of tertiary institutions in Kano State, Nigeria. Therefore the objective of our study was to investigate on the health instruction, health services, healthful school living, school home and community relationship towards influencing students health practices to improve their living standards.

MATERIAL AND METHODS

Sample and Sampling Techniques

Six hundred (600) students out of the total population from the four (4) tertiary institutions were selected using stratified random sampling procedure. The schools were categorized into three (3) strata i.e. University, College of Education and College of Health Science. From each stratum i.e. University had a sample of 150, while Colleges of Education had 200 and 50 for College of Health Science. The reason for variation in the numbers is due to proportion of students in schools. The participated Schools were; Bayero University, Federal College of Education, Kano State College of Education, College of Health Science (School of Hygiene) all located in Kano State, Nigeria.

Instrument for Data Collection: A self-developed close – ended questionnaire coined (HPIHLQ) Health Practices among institutions of higher learning was used and administered to the selected tertiary institutions in the State. The questionnaire consisted of two parts: A and B. Part A consisted personal information of the respondents, while part B consisted of questions and statements on the health practices of students of higher learning in Kano State, which contained five (5) sections including Health Instructions, Health Services, Healthful School Living and School, Home and Community Relationship.

Validation: The questionnaire was validated by some researchers and other jury of experts for proper scrutiny to find the construct validity in the department of Physical and Health Education, Ahmadu Bello University, Zaria, Nigeria.

Pilot Study: A pilot study was conducted using Kano State College of education, Kumbotso to estimate the reliability of the instrument. A reliability of 0.78 was obtained using split half method through Spearman Brown formula of reliability as given by (Philips and Hornak, 1979).

Procedure for Data Collection: Collection of data involved getting an introductory letter from the department, soliciting for cooperation and assistance of the selected tertiary institutions in Kano state. The data was collected with the help of research assistants including professional colleagues and few students from Physical and Health Education Department.

Data Analysis: A simple descriptive statistics such as frequency and percentages were used to summarize the data obtained on demographic information of the respondents. Data were expressed as means (SD) for data describing the scores on the individual items. The Pearson correlation was used to test the hypothesis using SPSS statistical software (version 12). A level of $p< 0.05$ were considered statistically significance.

RESULTS

Demographic Characteristics of the Subjects

Demographic characteristics of the respondents were analyzed to give a clear picture of the type of respondents involved in the study. Among the analyzed variables was sex, age, marital status.

Table 1 shows the frequency distribution of the respondents by their demographic characteristics. The distribution in Table 1 above shows that 81.8% of the respondents were males while 18.3% were female. The unequal 87 proportion of the sexes was really the true representation of the school population. The 18 – 29 years age range was the dominant group of all the respondents. It accounts for 69.8% of the total respondents while those in the 30 – 41 years categories were 25.3%. Only 5.0% of the respondents were above 41 years. This age distribution is the reflection of the actual students' population in the selected institutions in the state and it would be expected that the subjects were mature enough to give valid response to the questions.

Table 2 above, showed significant correlation between determinants and health practices ($r = .462$, $p<.05$). The correlation is positive, indicating that an increase in determinants scores will result in an increase in health practices scores. The results also show that 18% (r squared) of the variance of determinants is explained by health practices scores. About 84% of the variance in determinants is unaccounted for.

table 3. indicates that there is significant relationship between health instructions and health practices ($r = .478$, $p<.05$), which tells that the correlation is positive, indicating that an increase in health instructions will lead to a significant increase in health practices scores. This result also show that 35% of the variance of health instructions score is explained by health practices scores. About 65% of the variance in health instructions is unaccounted for. The null hypothesis is thus rejected. Therefore, health instruction to students could go a significant way in improving their health practices in the school.

Table 4 show significant relationship between health services and health practices ($r = .602$, $p<.05$). Means that increases in health services will result to a significant increase in health practices scores. 22% of the variance is explained by health practices scores and 88% of the variance is unexplained. This means that, the null hypothesis could therefore be rejected and accepts the alternate hypothesis.

A significant correlation is observed between healthful living and health practices ($r= .880$, $p<.05$). The

correction is positive, direct and strong relationship exists. And 37% of the variance of health living scores is explained by health practices scores. The null hypothesis could therefore be rejected, since school healthful living is significantly related to health practices of the students in the selected tertiary institutions and accepts the alternate hypothesis.

The result shows that the school, home and community significantly influence on the health practices of the students (r = .804, p<.05). The correlation is positive, strong and direct, indicating that an increase in those relations scores will result in an increase health practices. The null hypothesis is therefore rejected.

Table 1. Demographic Characteristics of the Respondents

SEX	F	PERCENTAGE
Male	327	81.8
Female	73	18.3
Total	400	100.0
Age:		
18 – 29 years	279	69.8
30 – 41 years	101	25.3
Above 41 years	20	5.0
Total	400	100.0
Marital Status:		
Married	179	44.8
Single	217	54.3
Divorced	4	1.0
Total	400	100.0
Institution:		
University	150	36.8
College of Education	200	50.0
School of Health	50	13.3
Total	400	100.0

Table 2. Correlation between health practice and their determinants among students of tertiary Institutions in Kano State

Variable	M (SD)	SE	df	r
Determinants	3.8057(0.66887)	0.04318	398	0.478
Practices	4.0495(0.5172)	0.04302		

r (398) = 0.478, p<0.05

Table 3. The relationship of Health instruction and Health practices

Variable	Mean (SD)	df	r
Instructions	4.2590(0.5105)	398	0.478
Practices	4.0495(0.5172)		

r (398) = 0.478, p<0.05

Table 4. The Relationship of Health Services and Health Practices

Variable	M (SD)	df	r
Services	3.9575(06374)	398	0602
Practices	4.0495(0.5172)		

r (398) = 0.602, p<0.05

Table 5. Relationship of Healthful Living and the Health Practices

Variable	M (SD)	df	r
Healthful Living	3.9155(0.6796)	398	0.880
Practices	4.0495(0.5172)		

r (398) = 0.880, p<0.05

Table 6. Relationship of School, Home and Community Relations on Health Practices of the Students

Variable	M (SD)	df	r
Relations	4.1835(0.5427)	398	0.804
Practices	4.0495(0.5172)		

r (398) = 0.804, p<0.05

Summary of Findings: Considering the above analysis, interpretations and findings, there were significance relationship of health instruction, health services, healthful school living and school home and community relationship with health practices among the students of selected tertiary institutions in Kano State. Therefore, the null-

hypotheses were all rejected while the alternate hypothesis were accepted.

DISCUSSION

The findings of the study revealed that health instruction has significant relationship on the health practices among the students of tertiary institutions in Kano – State. This finding is a reflection of the report by Athur in a paper presented at the AAU Conference of Rectors, Vice chancellors and President of the African Universities (COREVIP) Mauritius, where Education and instruction was described as a life sustaining and that it furnishes the tools with which children and young people carve out their lives, as is a lifelong source of comfort, renewal and strength (Young, 1987). The study also lend credence to the findings of Adeniyi (1993) and Ajala (1986) who stated that there is a need for certain amount of health knowledge at all ages including kindergarten children, so as to lay a solid foundation for good health habits, attitudes, skills and practices. Similarly, Ogunsakin (1984) proclaimed that knowledge is basic and must be imparted to pupils and students before the hope of developing proper and desirable health habits, attitudes and practices.

For the effect of health services on health practices of the students, the result of the findings revealed that, health services were significantly related to the health practices of the students. Surprisingly, the findings corroborate with WHO (2003) and UNESCO (2003) findings who reported that the school health service is an important component of the school health programmed which includes all the activities and procedures designed to influence the present or existing health status of the school children. In the same vein Udoh et al. (1987) reported that school health services help to protect and improve the health of children, thus aiding their growth and development and enabling them to benefit fully from school experiences.

The findings of the study with regard to healthful school living showed that there is a significant relationship between the health practices and healthful school living among the students of higher learning in the state which correlated with Swain (2006) research, who reported that the education of children and youths in healthful living is a mutual responsibility of schools, parents and the community. Patrick (2000) reported his observation that healthful school living is a part of school health programmed with a fundamental obligation of promoting and protecting the health of the school child through various health practices. Also according to Udoh et al. (1999) healthful school living helps to promote health and safety and it support the total educational programmed.

Influence of home-school-community relationship on the health practices among students of higher learning in Kano showed that there is a significance relationship which became in line with Ajibola (1998) findings, who pointed out that the home-school and community play a vital role in determining the health status of the child and students. He further explained that the child cannot perform effectively where the three fail to cooperate. They have to work in harmony in the overall interest of the healthy existence of the school child. Similarly, Achalu (1993) found that the home, which is the entry point of a child into the world gives all necessary protections, nutrition and health care that the child needs for survival, while the school offers the formal and functional experiences and orientation which thus affect the child's health habits, attitudes, knowledge and practices in his daily struggles. Some authorities in the area of health education like Udoh et al. (1999) have considered home, school and community relationship as a division of school health programmed. This is due to the fact that health instruction, health services and healthful school environment are all influenced by what goes on both in the home and community.

Determinants of health practices among students of tertiary institutions in Kano State, Nigeria were investigated in this study. The main purpose of this study was to find whether there is a significant relationship between health instruction, health services, healthful school living, home-school-community relations on the students' health practices.

Results of the findings of the showed significant relationships and the health components are significant factors in ensuring effective health practices among the students of tertiary institutions in the state.

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