

# COMPARATIVE ANALYSIS OF HEALTH PROMOTION STRATEGIES ADOPTED BY SECONDARY STUDENTS' IN ANAMBRA STATE FOR THE IMPROVEMENT OF HEALTH HABITS

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**Abstract:** Health promotion enables people to increase control over their own health. The purpose of this study was to do a comparative analysis of health promotion strategies adopted by secondary students' in Anambra State for the improvement of health habits of the students. Six purposes, research questions and hypotheses guided the study. The design of the study was a descriptive survey design; the area of the study is Anambra state; the population of the study consist 584,284 junior and senior secondary school students in Anambra State; the sample of the study consisted of 201 secondary school students; The instrument for data collection was a researcher developed questionnaire titled Health Promotion strategies and health habits adoption questionnaire (HPSHHAQ); Validity of the instrument was established by the help of three experts, two from the Department of Health Promotion and Public Health education and one from the Department of Educational Foundations from the area of measurement and Evaluation, all in Nnamdi Azikiwe University, Awka. The reliability of the questionnaire was analyzed using cronbach Alpha's internal consistency measure; also the reliability coefficients were, 0.65, 0.69, 0.73; The data collection period took three weeks to enable total collection of the questionnaire. The descriptive statistics of frequency, percentage means and standard deviation was used to answer the research questions; while t-test statistics was used to test the hypotheses at 0.05 level of significance. The results of the study among others showed that in secondary school students in Anambra state adopted health promotion strategies to a low extent. Based on the findings conclusions and recommendations were made; Health promotion not just health education should be promoted and encouraged both in school and at home.

**Keywords:** Comparative analysis, Health promotion, Health habits.

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## 1. INTRODUCTION

Young people face several health challenges; as children and teenagers spend most of their time in the classroom, schools may have the opportunity to positively influence students' quality of life, playing a crucial role in fostering their health. On the other hand, adolescents' lives are threatened by addictive and risky behaviours e.g. tobacco smoking, alcohol, substance

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abuse, unprotected sex, inter-personal violence, and intentional self-harm, extreme “deadly selfies” (The United Nations Development Group (2019).

As a core function of public health, health promotion supports governments, communities and individuals to cope with and address health challenges. Health promotion enables people to increase control over their own health. It covers a wide range of social and environmental interventions that are designed to benefit and protect individual people’s health and quality of life by addressing and preventing the root causes of ill health, not just focusing on treatment and cure (World Health Organization, 2016). Health education has evolved into health promotion. Health education is any combination of learning experiences designed to facilitate voluntary actions conducive to health (Kok, 2001).

Effective school-based preventive approaches should raise students’ motivation towards a personal interiorization of health knowledge and develop in young people a critical thinking about harmful consequences of the most common risky behaviours. Educators should receive adequate training concerning health topics and become expert in the most innovative approaches to effectively engage students in adopting healthy lifestyles. WHO and UNESCO are launching a new initiative “Making Every School a Health Promoting School” through the development and promotion of Global Standards for Health Promoting Schools. The initiative will serve over 2.3 billion school-age children, and will contribute to the WHO’s 13th General Programme of Work’ target of achieving “1 billion lives made healthier” by 2023.

The global population of adolescents has never been larger than it is now. The 1.2 billion adolescents in the world today represent more than one sixth (18percent) of the global population. Most of them go to school. Globally, over 90 percent of children in the primary school age, and over 80% of children in the lower secondary school age are enrolled in school where they spend one- third of their time. This makes schools a unique setting for preventive interventions, and school years an important period to establish healthy behaviours that will contribute to a lifetime of health promotion. However, challenges remain. Global mortality and morbidity estimates in children and adolescents suggest that school age children have significant needs for health promotion, prevention and health care services. Health Promoting Schools have been recognized as a strategic vehicle to promote positive development and healthy behaviours such as physical activity, physical fitness, recreation and play, balanced nutrition, prevent tobacco use, and preventing being bullied.

Health promotion according to Vic Health (2021) is a set of actions to foster good health and wellbeing. It also involves informing people of what they could do to stay healthy, and also address the things in the community that influence health and wellbeing the most. Health promotion activities are geared towards promoting health and preventing ill-health rather than focusing on people at risk for specific diseases. Health promotion enables people to improve and increase control over their health, involves the population as a whole in the context of their everyday lives. Health promotion and disease prevention programs focus on keeping people healthy. Health promotion programs aim to engage and empower individuals and communities to choose healthy behaviors, and make changes that reduce the risk of developing chronic diseases and other morbidities (Rural Health information Hub, 2023). Health promotion also makes use of different strategies for success. There are five strategies set out in the Ottawa charter for health promotion, these includes; building healthy public policy; creating supportive environments; strengthen community actions; developing personal skills and reorienting health services ( World Health Organization, 2023).

According to university of Georgia college of Public Health (2021), Health Promotion improves the health status of individual’s families, communities, states and the nation. Health promotion enhances the quality of life for all people, Health promotion reduces premature deaths; and focusing on prevention; health promotion reduces the costs (both financial and human) that individuals, employers, families, insurance companies, medical facilities, communities, the state and the nation would spend on medical treatment. Health promotion could take place in variety of settings including Health promoting Hospital and school. A health promoting school is one that constantly strengthens its capacity as a healthy setting for living, learning and working. According to World Health Organization (2023), health promoting school sets to; fosters health and learning with all the measures at its disposal; engages health and education officials, teachers, teachers' unions, students, parents, health providers and community leaders in efforts to make the school a healthy place; strives to provide a healthy environment, school health education, and school health services along with school/community projects and outreach, health promotion programmes for staff, nutrition and food safety programmes, opportunities for physical education and recreation, and programmes for counselling, social support and mental health promotion; implements policies and practices that respect an individual’s wellbeing and dignity, provide multiple opportunities for success, and acknowledge good efforts

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and intentions as well as personal achievements; Strives to improve the health of school personnel, families and community members as well as pupils; and works with community leaders to help them understand how the community contributes to, or undermines, health and education.

According to Rana, Wahlin, Lundborg and Kabir (2009), Health promotion plays an important role in increasing healthy life span, reducing illness burden, slowing down functional decline, improving independence and enhancing quality of life. One of the fundamental purposes of health promotion is to promote a healthy life style e.g physical activities dieting habits and personal hygiene. A research done by wannamethic, et al., 1998 and Kaplan et al., 2001 indicated that physical activity may help to prolong good health and to preserve the quality of life in late adulthood. Health promotion could also boost community economy by reducing healthcare spending and lost productivity due to preventable illness (Danielle 2021). Health promotion influence on chronic disease awareness and prevention, maternal and infant health, Tobacco use and substance abuse, injury and violence prevention mental and behavioural health and nutritional, exercise and obesity prevention.

Health promotion can influence so many areas of health but for this study, Health promotion would be linked to the environmental health, reproductive health drug use and abuse, nutrition and physical health of secondary school students in Anambra State and also linked to the health promotion strategies as it concerns the principals of the schools. Some many channels have been used to provide health promoting behaviours such as teachers experience advice, health debates, government and non-governmental organization organizing seminars in the school etc. Occasionally organizing seminars and work shop to educate these students even in programs on Television and radio and with the social media platform widely used by these students which they access through their smart phones all these are supposed to provide relevant information that would help these students change their ways of behaving as regards to their health behaviour. The need for health promotion through it strategies is the reason why this study was designed to do a comparative analysis of health promotion strategies health promotion strategies adopted by secondary student's in Anambra State for improved health habits of students .

### **Purpose of the Study**

The purpose of this study was to do a comparative analysis of health promotion strategies adopted by secondary students in Anambra state for improved health habits students. Specifically, the study would determine the extent;

1. secondary school students' adopt developing personal skills health promotion strategies for improved health habits in secondary schools in Anambra State based on their gender.
2. secondary school students' adopt developing personal skills health promotion strategies for improved health habits in secondary schools in Anambra State based on their school type.
3. secondary school students' adopt creating a supportive environment health promotion strategies for improved health habits in secondary schools in Anambra State based on their gender.
4. secondary school students' adopt creating a supportive environment health promotion strategies for improved health habits in secondary schools in Anambra State based on their school type.
5. secondary school students' adopt strengthen community action health promotion strategies for improved health habits in secondary schools in Anambra State based on their gender.
6. secondary school students' adopt strengthen community action health promotion strategies for improved health habits of secondary schools in Anambra State based on their school type.

### **Research Questions**

The following research questions guided the study:

1. What extent does secondary school students' adopt developing personal skills health promotion strategies for improved health habits in secondary schools in Anambra State based on their gender?
2. What extent does secondary school students' adopt developing personal skills health promotion strategies adopted for improved health habits in secondary schools in Anambra State based on their school type?

3. What extent does secondary school students' adopt creating a supportive environment health promotion strategies for improved health habits in secondary schools in Anambra State based on their gender?
4. What extent does secondary school students' adopt creating a supportive environment health promotion strategies for improved health habits in secondary schools in Anambra State based on their school type?
5. What extent does secondary school students' adopt strengthen community action health promotion strategies for improved health habits in secondary schools in Anambra State based on their gender?
6. What extent does secondary school students' adopt strengthen community action health promotion strategies for improved health habits in secondary schools in Anambra State based on their school type?

### Research Hypotheses

The following null hypotheses was formulated and tested at 0.05 level of Significance;

1. There are no significant differences in the extent of adoption of developing personal skills health promotion strategies for improved health habits of secondary student's in Anambra State based on their gender.
2. There are no significant differences in the extent of adoption developing personal skills health promotion strategies for improved health habits of secondary student's in Anambra State based on their school type.
3. There are no significant differences in the extent of adoption of creating supportive environment health promotion strategies for improved health habits of secondary student's in Anambra State based on their gender.
4. There are no significant differences in the extent of adoption creating supportive environment health promotion strategies for improved health habits of secondary student's in Anambra State based on their school type.
5. There are no difference in the extent of adoption strengthen community action health promotion strategies by secondary students in Anambra State for improved health habits of students based on their gender
6. There are no difference in the extent of adoption strengthen community action health promotion strategies by secondary students in Anambra State for improved health habits of students based on their school type.

## 2. METHODS

The design of the study was a descriptive survey design. The area of the study is Anambra state. Anambra State is located in the south eastern region Nigeria. The population of the study consist 584,284 junior and senior secondary school students in Anambra State. (Ministry of Education Awka, 2023). The sample of the study consisted of 201 secondary school students. The sample size was determined using the 'Yaro Yamane' formula for a finite population. The sample was composed in multistage. Firstly, the schools were considered based on six educational zones. There are six educational zones in Anambra state. Simple random sampling was used to select two educational zones from the six that is Awka and Onitsha educational zones. Simple random sampling was also used to select two public schools and two private's school i.e. one public and one private school from each zone making it a total of four schools two public and two private schools. Stratified proportionate sampling technique was used to select the number of students who responded to the questionnaire because the population of the student in each school was not the same. The instrument for data collection was a researcher developed questionnaire titled Health Promotion strategies and health habits adoption questionnaire (HPSHHAQ). Validity of the instrument was established by the help of three experts, two from the Department of Health Promotion and Public Health education and one from the Department of Educational Foundations from the area of measurement and Evaluation, all in Nnamdi Azikiwe University, Awka. The reliability of the questionnaire was analyzed using cronbach Alpha's internal consistency measure; also the reliability coefficients were, 0.65, 0.69, 0.73, and which indicates high reliability and therefore acceptable for the study. Permission to conduct the study was requested from the various Heads of the schools used. Verbal consent was used to obtain permission from the class teachers and teacher in general of the various class and schools used. The data collected were analyzed using the statistical package for social sciences version 25 (SPSS). The descriptive statistics of frequency, percentage means and standard deviation was used to answer the research questions; while t- test statistics was used to test the hypotheses at 0.05 level of significance.

**Decision rule for research questions**

1.0 - 1.49 = Very Low Extent (VLE)

1.50 – 2.49 = Low Extent (VLE)

2.50 – 3.49 = Moderate Extent (ME)

3.50 – 4.00 = High Extent (HE)

**3. RESULTS AND DISCUSSION**

**Research Question 1:** What extent do secondary school students adopt “developing personal skills” health promotion strategies for improved health habits in secondary schools in Anambra State based on their gender?

**Table 1: Mean Responses and Standard Deviation Scores on Developing Personal Skills Health Promotion Strategies by Gender of Students**

S/N	Developing Personal Skills Items	Male (n=30)			Female (n=162)		
		Mean	SD	Remark	Mean	SD	Remark
1.	Going for routine check-ups	1.90	.84	LE	1.77	.70	LE
2.	Engaging in personal hygiene practices	3.00	.00	ME	2.78	.61	ME
3.	Reading information on health products before consuming them	2.20	.89	LE	2.52	.79	ME
4.	Forming the habit of paying attention to traffic signs	2.10	.96	LE	2.22	.92	LE
5.	Knowing the right food to eat to reduce gastroenteritis	2.30	.79	LE	1.98	.83	LE
6.	Learning to let go to reduce stress generally	2.60	.67	ME	2.26	.89	LE
7.	Engaging in physical activities to regulate my body weight	2.15	.85	LE	2.09	.87	LE
8.	Having the knowledge of sexuality education to avoid various methods of contracting STI	2.70	.65	ME	2.74	.66	ME
9.	Education on road safety in order to develop road safety consciousness	1.90	.84	LE	2.16	.90	LE
10.	Knowledge of mental health to learn how say no in some situations	2.20	.89	LE	2.31	.93	LE
	<b>Developing Personal Skills</b>	<b>2.31</b>	<b>.36</b>	<b>LE</b>	<b>2.28</b>	<b>.35</b>	<b>LE</b>

**Research Question 2:** What extent do secondary school student adopt “developing personal skills” health promotion strategies adopted for improved health habits in secondary schools in Anambra State based on their school type?

**Table 2: Mean Responses and Standard Deviation Scores on Developing Personal Skills Health Promotion Strategies by School-type**

S/N	Developing Personal Skills Items	Public (n=110)			Private (n=82)		
		Mean	SD	Remark	Mean	SD	Remark
1.	Going for routine check-ups	1.73	.80	LE	1.87	.60	LE
2.	Engaging in personal hygiene practices	2.78	.63	ME	2.87	.47	ME
3.	Reading information on health products before consuming them	2.61	.74	ME	2.28	.86	LE

4.	Forming the habit of paying attention to traffic signs	2.32	.90	LE	2.04	.95	LE
5.	Knowing the right food to eat to reduce gastroenteritis	2.13	.85	LE	1.89	.79	LE
6.	Learning to let go to reduce stress generally	2.34	.87	LE	2.27	.86	LE
7.	Engaging in physical activities to regulate my body weight	2.37	.81	LE	1.73	.82	LE
8.	Having the knowledge of sexuality education to avoid various methods of contracting STI	2.74	.65	ME	2.73	.69	ME
9.	Education on road safety in order to develop road safety consciousness	2.21	.89	LE	2.00	.90	LE
10.	Knowledge of mental health to learn how say no in some situations	2.34	.90	LE	2.23	.95	LE
	<b>Developing Personal Skills</b>	2.36	.31	<b>LE</b>	2.19	.38	<b>LE</b>

**Research Question 3:** What extent do secondary school students adopt “creating supportive environment” health promotion strategies for improved health habits in secondary schools in Anambra State based on their gender?

**Table 3: Mean Responses and Standard Deviation Scores on Creating Supportive Environment Health Promotion Strategies by Gender of Students**

S/N	Creating Supportive Environment Items	Male (n=30)			Female (n=162)		
		Mean	SD	Remark	Mean	SD	Remark
11.	Engaging in planting of trees	2.20	.76	LE	2.04	.60	LE
12.	Keeping the environment neat always	2.40	.93	LE	2.54	.84	ME
13.	Planting flowers around the house	1.90	.84	LE	1.91	.73	LE
14.	Keeping drainage systems clean and free from diseases	3.00	.00	ME	2.46	.84	LE
15.	Making sure water around the house is clean	2.60	.81	ME	2.66	.73	ME
16.	Keeping the sanitary areas clean	2.60	.81	ME	2.90	.43	ME
17.	Avoiding constant pollution of the environment like air	2.30	.92	LE	2.43	.88	LE
	<b>Creating Supportive Environment</b>	2.43	.44	<b>LE</b>	2.42	.42	<b>LE</b>

**Research Question 4:** What extent do secondary school students adopt “creating supportive environment” health promotion strategies for improved health habits in secondary schools in Anambra State based on their school type?

**Table 4: Mean Responses and Standard Deviation Scores on Creating Supportive Environment Health Promotion Strategies by School-type**

S/N	Creating Supportive Environment Items	Public (n=110)			Private (n=82)		
		Mean	SD	Remark	Mean	SD	Remark
11.	Engaging in planting of trees	2.01	.70	LE	2.13	.52	LE
12.	Keeping the environment neat always	2.53	.85	ME	2.50	.85	ME
13.	Planting flowers around the house	2.03	.75	LE	1.74	.72	LE
14.	Keeping drainage systems clean and free from diseases	2.75	.67	ME	2.28	.88	LE
15.	Making sure water around the house is clean	2.81	.55	ME	2.44	.90	LE
16.	Keeping the sanitary areas clean	2.95	.33	ME	2.73	.69	ME
17.	Avoiding constant pollution of the environment like air	2.49	.83	LE	2.29	.95	LE
	<b>Creating Supportive Environment</b>	2.51	.34	<b>ME</b>	2.30	.48	<b>LE</b>

**Research Question 5:** What extent does secondary school students adopt “strengthening community actions” health promotion strategies for improved health habits in secondary schools in Anambra State based on their gender?

**Table 5: Mean Responses and Standard Deviation Scores on Strengthening Health Promotion Strategies by Gender of Students**

S/N	Strengthening Community Actions Items	Male (n=30)			Female (n=162)		
		Mean	SD	Remark	Mean	SD	Remark
18.	Attending public health education seminars	1.50	.51	LE	2.16	.76	LE
19.	Participating in routine immunization	2.10	.84	LE	2.00	.78	LE
20.	Participating in free community medical outreach for disease prevention	2.00	.91	LE	1.99	.84	LE
21.	Participating in routine community sanitation	2.20	.89	LE	2.12	.92	LE
22.	Participating in free community medical treatment services	1.90	.84	LE	2.11	.90	LE
23.	Obeying all the health rules in the community	2.50	.82	ME	2.24	.94	LE
24.	Reporting offenders of any community health laws	1.30	.47	VLE	2.08	.79	LE
	<b>Strengthening Community Action</b>	<b>1.93</b>	<b>.37</b>	<b>LE</b>	<b>2.10</b>	<b>.55</b>	<b>LE</b>

**Research Question 6:** What extent does secondary school students adopt “strengthening community action” health promotion strategies for improved health habits in secondary schools in Anambra State based on their school type?

**Table 6: Mean Responses and Standard Deviation Scores on Strengthening Community Action Health Promotion Strategies by School-type**

S/N	Strengthening Community Action Items	Public (n=110)			Private (n=82)		
		Mean	SD	Remark	Mean	SD	Remark
18.	Attending public health education seminars	2.10	.80	LE	2.00	.72	LE
19.	Participating in routine immunization	2.08	.84	LE	1.93	.72	LE
20.	Participating in free community medical outreach for disease prevention	2.07	.90	LE	1.88	.78	LE
21.	Participating in routine community sanitation	2.24	.91	LE	1.99	.91	LE
22.	Participating in free community medical treatment services	2.03	.94	LE	2.13	.81	LE
23.	Obeying all the health rules in the community	2.35	.91	LE	2.18	.93	LE
24.	Reporting offenders of any community health laws	2.00	.86	LE	1.90	.73	LE
	<b>Strengthening Community Action</b>	<b>2.12</b>	<b>.53</b>	<b>LE</b>	<b>2.00</b>	<b>.52</b>	<b>LE</b>

**Hypothesis 1**

There is no difference in the mean ratings of adoption of developing personal skills health promotion strategies for improved health habits of secondary students in Anambra State based on their gender.

**Table 7: T-test on Developing Personal Skills Health Promotion Strategies by Gender of Secondary School Students in Anambra State.**

Variable	Male (n=30)		Female(n=162)		df	t	p	Decision
	Mean	SD	Mean	SD				
Developing Personal Skills	2.31	.36	2.28	.35	190	0.34	.735	NS*

**Hypothesis 2**

There is no difference in the mean ratings of adoption of “developing personal skills” health promotion strategies for improved health habits of secondary students in Anambra State based on their school type.

**Table 8: T-test on Developing Personal Skills Health Promotion Strategies by Students Based on School-type**

Variable	Public (n=110)		Private(n=82)		df	t	p	Decision
	Mean	SD	Mean	SD				
Developing Personal Skills	2.36	.31	2.19	.38	190	3.35	.001	S*

\*Significant

**Hypothesis 3**

There is no difference in the mean ratings of adoption of “creating supportive environment” health promotion strategies for improved health habits of secondary students in Anambra State based on their gender.

**Table 9: T-test on Creating Supportive Environment Health Promotion Strategies by Gender of Secondary School Students in Anambra State.**

Variable	Male (n=30)		Female(n=162)		df	t	p	Decision
	Mean	SD	Mean	SD				
Creating Supportive Environment	2.43	.44	2.42	.42	190	0.12	.908	NS

**Hypothesis Four**

There is no difference in the mean ratings of adoption “creating supportive environment” health promotion strategies for improved health habits of secondary students in Anambra State based on their school type.

**Table 10: T-test on Creating Supportive Environment Health Promotion Strategies by Secondary School Students Based on School-type**

Variable	Public (n=110)		Private(n=82)		df	t	p	Decision
	Mean	SD	Mean	SD				
Creating Supportive Environment	2.50	.34	2.30	.48	190	3.45	.001	S

**Hypothesis 5:** There is no difference in the mean ratings of adoption “strengthening community action” health promotion strategies by secondary students in Anambra State for improved health habits of students based on their gender.

**Table 11: T-test on Strengthening Community Action Health Promotion Strategies by Gender of Secondary School Students in Anambra State.**

Variable	Male (n=30)		Female(n=162)		df	t	p	Decision
	Mean	SD	Mean	SD				
Strengthening Community Action	1.93	.38	2.10	.55	190	-1.63	.105	NS

**Hypothesis 6**

There is no difference in mean ratings of adoption of “strengthening community action” health promotion strategies by secondary students in Anambra State for improved health habits of students based on their school type.

**Table 12: T-test on Strengthening Community Action Health Promotion Strategies by Secondary School Students Based on School-type**

Variable	Public (n=110)		Private(n=82)		df	t	p	Decision
	Mean	SD	Mean	SD				
Strengthening Community Action	2.13	.54	2.00	.52	190	1.60	.111	NS



#### 4. DISCUSSION OF THE FINDINGS

##### **Developing Personal Skills Health Promotion Strategies**

Findings from the study showed that male and female students in secondary school in Anambra State adopt developing personal skills health promotion strategies to a low extent. The male and female secondary school students adopt to a moderate level engaging in personal hygiene practices and having knowledge of sexuality education to avoid various methods of contracting STI (Sexually Transmitted Infections) for items on going for routine checks, reading information on health products before consuming them, paying attention to traffic signs, knowing the right food to eat, reducing stress, engaging in physical activities, developing road safety consciousness and knowledge of mental health in saying no in some situation, the male and female secondary school students had adopted them to a low extent. The findings of the study was expected because most of these personal skills are taken for granted by even adults talk more of secondary school students because items like going for routine check-ups is their parents do not take them or do not practice it, their children will not do same. The study was not in line with the study conducted by Naba-Nielsen et al, (2015) that students engage more in physical activities. For adopting developing personal skill based on school-type both public and private secondary school students had adopted the developing of personal skill also to a low extent except for items on personal hygiene and knowledge of sexuality to avoid various methods of contracting S.T.I. The null hypothesis stated showing there is no significant differences in adopting developing personal skills health promotion strategies was not rejected, also the null hypothesis of no significant difference in adopting personal skills based on school type was rejected.

##### **Creating Supportive Environment Health Promotion Strategies**

The findings of the study on adopting creating supportive environment health promotion strategy among male and female secondary school student was to a low extent. Public secondary school students adopt keeping drainage systems clean and free from diseases to a moderate extent. They also adopt making sure water around the house is clean and keeping the sanitary areas clean. Students in private school also adopt keeping the environment neat always and keeping sanitary areas clean, but for others like engaging in planting of trees; planting flowers around the house and avoiding constant pollution of the environment like air, the student adopt them to a low extent. The result of the study was expected because for item like planting of trees in most of the schools today people are paid to do them instead of using the students so that they will learn and do them at home; also this goes with planting of flowers female students adopts keeping the environment clean; making sure water around the house is clean and keeping the sanitary area clean. The study was in agreement with the study of Agea et al, (2009) out of school youth planting of trees were hindered due to lack of capital, land and tree tenure security, long payback period from planted trees, and bad belief. The null hypothesis of no significant difference in the adoption of creating supportive environment health promotion strategies among secondary school students based on gender was not rejected and also the null hypothesis of no significant difference in the adoption of creating supportive environment health promotion strategies based on school type was rejected.

##### **Strengthening Community Action Health Promotion Strategies**

The findings of the study for the adopting of strengthening community action health promotion strategies indicated that both groups that is male and female secondary school students adopted it to a low extent. The male students adopt obeying all the health rules in the community to a moderate extent, also they adopt reporting offenders of any community health laws to a very low extent, for attending public health education seminars, participating in routine immunization, participating in free community medical outreach for disease preventing, participating in routine community sanitation and participating in free community medical treatment services, the students adopted all these health promotion strategies to a low extent. For the adoption of strengthening community action health promotion strategies, the public as well the private secondary school students adopted all the health promotion strategies for strengthening community action to a low extent. The result was expected may be because of their age in which they are still under parental control that is their parents are still the ones guiding them and also tell them what to do and where to go. For hypothesis of no significant difference in the adoption of strengthening community health promotion strategies among secondary school students the null hypothesis was not rejected based on their age. For hypothesis of no significant difference in the adoption of strengthening community action health promotion strategies by secondary school students based on their school type, the null hypothesis was not rejected.

## 5. CONCLUSION

Based on the findings of this study, the following conclusions were made;

Generally, the three strategies discussed in the study was adopted to a low extent among the secondary school students except for items such as engaging in personal hygiene practices, having knowledge of sexuality-education to avoid various methods of contracting STIs, keeping drainage systems clean and free from diseases, keeping the sanitary areas clean, keeping the environment neat always, making sure water around the house is clean and obeying all the health rules in the community. For reporting offenders of any community health law, it was adopted to a very low extent.

### Recommendation of the Study

Based on the findings of the study and the conclusion drawn, the following recommendations were made;

1. Health promotion not just health education should be promoted and encouraged both in school and at home.
2. Parents should encourage their children to participate in community health activities like clean ups and should be encouraged to go for community health talks and immunization programme when made available.
3. Students should be encouraged to plant flowers and trees around the house to encourage beautification and provision of oxygen.
4. No matter the age of the child there should be laws protecting children so that they can report offenders of the health law and not be scolded by the adults.

## REFERENCES

- [1] G. Kok (2001) Health Education and Health Promotion international Encyclopedia of the social & Behavior Science; 6557 – 6563.
- [2] Kok G. (2001). Health education and health promotion international encyclopedia of social & behavioral sciences. 6557-6563 Last accessed 26<sup>th</sup> Sept, 2021.
- [3] M Masude Rana, Ake Wahlin, Cecilia salsby Lundborg, and Zarina Nahar Kabir (2009). Impact of health education on health-related quality of life among elderly persons results from a community-based intervention study in rural Bangladesh. *Health promotion international*; 24 (1): 36 – 45.
- [4] Nabe-Nielsen K. Krolner R., Morensen L. H., Jorgensen M. B. and Didericlsen F. (2015). Health promotion in primary and secondary schools in Denmark: time trends and associations with schools and students' characteristics. *BMC Public Health*; 15 (1):93.
- [5] Pham J. K. H and Van D. H (2021). The effect of health promotion on Disease prevention. *European journal of Molecular & clinical medicine*; 8 (2):767-780.
- [6] Pulimeno M, Piscitelli P, Colazzo S, Colao A, Miani A.(2020). *School as ideal setting to promote health and wellbeing among young people. Health Promot Perspect.*;10(4):316-324. doi: 10.34172/hpp.2020.50. PMID: 33312927; PMCID: PMC7723000.
- [7] Rural health information Hub (RHI hub) (2021). *Defining health promotion and disease preventing*. Retrieved from <https://www.ruralhealthinfo.org/toolkits/health-promotion//definition>.
- [8] The Ottawa Charter: Health promotion (1989), *Health promotion Geneva: WHO* retrieved from <https://www.who.in/hpr/NPH/docs/hp-glossary-en.pdf> last accessed?
- [9] The United Nations Development Group. (2019).“*Together Possible: Gearing up with 2030 Agenda.*” Available from: <https://undg.org/document/together-possible-gearing-up-for-the-2030-agenda>. Accessed 10 March, 2019.
- [10] Theodore H., Tuldinsky M. D., MPH and Elena A., Varavilova M. D. MPH (2014). *Expanding the concept of Public health. The new Public Health* (Third Edition). Retrieved from <https://www.sciencedirect.com/topics/psychology/health-promotion>.

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 Vol. 11, Issue 3, pp: (27-37), Month: May - June 2024, Available at: [www.noveltyjournals.com](http://www.noveltyjournals.com)

- [11] University of Georgia College of Public Health (2021) *what is Health*. Uga. Edu/depaartments/health-promotion-behaviour/what-is-health-promotion.
- [12] Wannamethess G., shaper A. G. and Walker M. (1998), changes in physical activity, mortality and incidence of coronary heart disease in older men, *The lancet*; 351: 1603 – 1608.
- [13] World Health organization (2021). *Health promoting schools*. Retrieved from <https://www.who.int/health-topics/health-promoting-schools#tab=tab-1>.
- [14] World Health organization (2008). *Workplace health promotion Benefits*; retrieved from <https://en.inkredia.org/wiki/Health-promotion> last accessed 27<sup>th</sup> November 2021).
- [15] World Health Organization (2015). *Tobacco free initiative*. retrieved from <https://www.who.int/tobacco/research/youth/health-effects/en/>.
- [16] World Health Organization (2023). *Health promoting schools*. [https://www.who.int/health-topics/health-promoting-schools#tab=tab\\_1](https://www.who.int/health-topics/health-promoting-schools#tab=tab_1)
- [17] World Health Organization (2023). *Health Promotion*. <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference/emblem#:~:text=It%20incorporates%20five%20key%20action,%2C%20mediate%2C%20and%20advocate>).