
(Book of Reading in Honour of Prof. J.A. Ajala)

(Book of Reading in Honour of Prof. J.A. Ajala)

Edited By

B.O. Ogundele, O.A. Moronkola & J.F. Babalola
Dept. of Human Kinetics & Health Education,
University of Ibadan, Ibadan,
Nigeria.
Published by:
Department of Human Kinetics and Health Education,
University of Ibadan,
Ibadan, Nigeria.

ISBN: 978-074-941-1

Copyright (c)
Department of Human Kinetics and Health Education,
University of Ibadan,
Ibadan, Nigeria.

First Published 2011

All Right Reseved. No part of this book may be used or reproduced in any manner whatsoever without written permission from publisher, except in the case of brief quotations embodied in articles, speeches, essays and reviews.

Edited by

O.O. Onirowo & O.A. Morenikeji
Department of Human Kinetics and Health Education,
University of Ibadan, Ibadan.
Nigeria.
Foreword

I have known Professor James Abodunrin Ajala for an upward of ten (10) years. He joined the services of the University of Ibadan as Lecturer II in the then Department of Physical and Health Education (now Department of Human Kinetics and Health Education) on 01 December, 1977. He was promoted Professor in the Department with effect from 01 October, 1990.

Professor Ajala has served the University in various capacities. He was Sub-Dean (Postgraduate) between 1986 and 1988; Chairman, Senate Curriculum Committee between 1995 and 1997; Head, Department of Human Kinetics and Health Education, 1995 to 1998; elected Dean of Faculty of Education from 1997 to 1999; Head, Department of Human Kinetics and Health Education, 2004 to 2007.

I worked closely with Professor Ajala when he was Chairman of Ad-hoc Committee to look into modalities for appointment of Emeritus Professors in the University of Ibadan. His disposition and conduct showed that he is a man of high leadership qualities and one that is honest and down to earth. He demonstrated rare humility in all his approach and I was not surprised when I interacted with a friend of his who mentioned that "Professor Ajala was a Fulbright Fellow who distinguished himself among other fellows and was chosen as a Fellow of the year". He contributed immensely to the growth of Health Education academically and assisted with developing human capacity for the profession. He is a sportsman with laurels to his credit.

Professor Ajala is a consultant to many national and international organizations and has served as External Examiner in various universities in Nigeria.
Based on the above, this well written book by several contributors who are experts in their various fields of academics and well edited by three distinguished scholars is a befitting gift to the academic world and general reading public in honour of Prof. J.A. Ajala.

I commend this book to all.

Professor Elijah Afolabi Bamgboye  
Deputy Vice-Chancellor (Administration)  
University of Ibadan,  
Ibadan.  
12 September, 2011
Preface

The title of this book is an exact summary of research, publications and community service of Prof. J.A. Ajala while in active service at the University of Ibadan, Ibadan. The other aspects of him, as an administrator and family man can be attested to by the presence of people at the public presentation of this book.

For fifty two chapters to be written in honour of a person is by no means a joke and the contributing authors are well appreciated because they are those who make this book to be a reality. Also interesting is that, most of chapters’ contributors of the book are Prof. J.A. Ajala’s former students and as at the time of writing, five of them are notable professors in their areas of specializations.

The book has been written for general reading and as a reference material in all the three thematic areas covered. On behalf of the Head, staff, and students of Department of Human Kinetics and Health Education, University of Ibadan, Ibadan as well as all the committee members put in place to organize the production of this book in honour of Prof. J.A. Ajala, I wish to thank all the chapters’ contributors as well as Prof. Oluremi Ayodele-Bamisaiye, Prof. Francis A. Adesoji, and Dr. Kunle Odewumi, who wrote beautifully about Prof. J.A. Ajala. I sincerely thank Prof. Elijah Afolabi Bamgboye, Deputy Vice-Chancellor (Administration), University of Ibadan, Ibadan who wrote the foreword to this book.

Finally, I commend this book to all, for general knowledge, development of humanity and furtherance of academic inquiry.

Prof. Olawale Akanbi Moronkola, JP
Chairman, Publications Committee,
Dept. of Human Kinetics & Health Education,
University of Ibadan, Ibadan,
Nigeria.
PROFESSOR JAMES ABOBUNRIN AJALA'S BIOGRAPHY


He is a seasoned teacher. Prior to his University teaching experience, he taught at Primary School, Modern School, Teacher Training College, and also served as education officer at different towns in former Western Region of Nigeria. He started teaching at the University level at Institute of Education, Ahmadu Bello University Zaria in 1972 before joining the Department of the then Physical and Health Education, University of Ibadan, Ibadan in 1977 teaching through the Certificate/Diploma level to PhD level. He supervised more than 40 B.Ed projects, 30 M.Ed projects and 12 PhD theses.

He is a well travelled and sought-for academicians. He has served or serving as Editor-in-Chief, Member Editorial Board of more than 10 reputable academic journals since 1967. He
has held several and still holding public appointments including Chairman, Board of Directors, Bodija Community Bank (1991
1994), Secretary General, World Environmental Movement
for Africa (1996 ...), Consultant and Member of Environmental
Health Officers Registration Council of Nigeria Advocacy visits
to several Universities in Nigeria. Currently, he is serving as
Consultant Board, Member of Planning/Implementation
Committee/Board of Trustees of the following Universities in
Nigeria, Achievers University, Owo, Westland University of
Science and Technology, Osun State. Prof. J.A. Ajala served
the University of Ibadan, Ibadan meritoriously in more than
35 positions including Faculty of Education Student Adviser
1977—1979, First Chairman Faculty of Education Environmental
Committee, 1983—1985, Chairman 4 year B.Ed. Faculty
Curriculum Committee, Sub-Dean (Post-Graduate) Faculty of
Education, Member University Sport Council, Member of Senate,
Chairman, Senate Curriculum Committee, Head, Department
of Human Kinetics & Health Education, Dean, Faculty, of
Education, 1997 — 1999, Chairman Board of Management
of Centre for External Studies 1997 — 1999 and Chairman Sub-
Committee of Senate Special Committee for the Appointment
of Emeritus Professors.

Professor Ajala in his University teaching career served
as external examiners to 16 tertiary institutions including
University of Ilorin, University of Lagos, University of Maiduguri,
University of Benin, Ahmadu Bello University and Tai Solarin
University of Education. He belongs to many professional
academic organisations including American School Health
Association, American Association for the Advancement of
Health Education, American Alliance for Health, Physical
Education Recreation and Dance and Nigerian School Health
Association where he once served as National Secretary and
still serving as Editor In-Chief till date. He has over 116
publications related to health education, physical education,
public health and curriculum studies in journals, books,
chapters in books technical, reports and monographs, he has presented several academic papers in several countries of the world including Boston, Louisiana, San Francisco, Ireland, Athens, New Mexico, Houston Texas, Florida and also a Fulbright Scholar of note.

Of note, he has served as: Visiting Professor/Exchange Scholar, Springfield College, MA, USA (1989-90) Professional Consultant for Health Education in School Curricula and for Family Planning, World Health Organization (WHO) of United Nations (UN) (1991-92); Fellow of the Nigerian School Health Association (F.N.S.H.A.) an award in recognition of outstanding contributions to the field of health education in Nigeria. Also, he served as Fulbright Scholar Faculty, Springfield College, Springfield, MA, USA (2001-2002). He is an Eminent Fellow of the American Biographical Institute (F.A.B.I.) an award in recognition of superb achievements within the Community of Mankind (2002). Member of UNESCO Task Force on Early Childhood Education in Nigeria (2003—). Professional Consultant for Literacy Enhancement Assistance Programme (EAP) is a Triangle Institute Informational and World Education (2003—). Professor Ajala has taught health education and physical education programmes as well as public health at all levels of education from primary to University in Nigeria and the United States of America. His cherished personal and professional mission is: Live well, Love wholeheartedly, Learn passionately, Teach to think rather than to believe, Dreamer – Builder, Leave a legacy.
# Contents

<table>
<thead>
<tr>
<th>Section A: Issues in General Education</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>iii</td>
</tr>
<tr>
<td>Preface</td>
<td>v</td>
</tr>
<tr>
<td>Biography</td>
<td>vi</td>
</tr>
</tbody>
</table>
| 1 Literacy and Women Development in Nigeria  
  *Adedokun M.O. & Adeyemo C.W.* | 1    |
| 2 Beyond the Lesson Plan: An Eye on Teachers' Emotion  
  *Oparah O.B. & Faloye J.O.* | 13   |
| 3 Home and Students' Factors as Correlates of  
  Achievement in the Junior Secondary Schools  
  Human Movement Education in Osun State  
  *Adewale J. G. & Talwo M. B.* | 31   |
| 4 Challenges of Staff Training for Effective Special Education Service Delivery in Nigeria  
  *Adeniyi E. O. & Theo Ajobiewe* | 46   |
| 5 Learning Strategy, Gender and Performance: Levels of Secondary School Students in Comprehension  
  *Ofodu, G. O. & Lawal, R. A.* | 60   |
| 6 Towards an Evidence Based Teaching Profession in Nigeria  
  *Moronkola O.A.* | 72   |
| 7 Quality Assurance in Nigerian Colleges of Education  
  *Olaleye, F.O & Oluwagbohunmi, M.F* | 77   |
8 Effective Teaching of Secondary School Mathematics through Mastery Learning Strategy
  Adeleke, J. O. 89

9 Accreditation and Quality Assurance in University Education in Nigeria. Ekundayo, H. T. 99

10 Literacy for Cultural Reformations: Its Perspective in the Control of HIV/AIDS


12 Repositioning Social Studies for Sustainable Life Long Education in Nigerian Universities
  Dan. I. Mezieobi 136

13 Quality Control and Leadership in Nigerian Educational System: Nigeria, Early Childhood Care and Education Compared with Reggio Emilia.
  Salami I. A. 157

14 ICT and Nigeria Literacy Educators: Implications for Sustainable Development
  Ofodu G.O. 170

15 Subjects Teachers' Opinion about the Current Senior Secondary School Curriculum in Terms of Relevance, Adequacy and Suitability
  Olabode E.O. 182

16 Library Services and Adult Education Literacy Programme in Nigeria
  Pereware Aghwotu Tiemo 194
17 Note-Taking Strategies: A Panacea for Students' Achievement in Health Education
Ayanwusi, F.C. 207

18 Relevance of the Theory of Margin to Adult Learning and Welfare
Benedict H. T. 217

19 Enhancing Academic Excellence through an Enabling School Environment
Ekpu F.S. & Egwuasi P.I. 228

20 Conduct Disorders among Nigerian Adolescents: Implications for Character Building and Counselling
Adenuga, R. A. & Owoyele, J.W. 237

21 Towards an Effective Professionalization of Secondary School Administration: A Case for the 21st Century Nigerian Principal
Asuka T.T. & Leigha M.B. 248

Section B: Issues in Health

22 Effective Casework Skills in Social Work Practice
Ayangunna, J. A. 271

23 Assessment of Aged Health Problems in Ido Osi Local Government Area of Ekiti State, Nigeria
Famuyiwa S.A. 284

24 Health and Its Determinants
Ademiju, P. U. 295

25 Discharged but Detained – The Dilemma of Patient Rights
Jadesola O Lokulo-Sodipe 307
26 Effect of Stress on Intellectual, Physical, Social and Spiritual Health Status
   Okanlawon F.A. 320

27 Perceived Pains and Gains of Students’ Patronage of Fast Food Restaurants: Issues of Health and Wellness
   Ajala O.V. & Ogundele B. O. 332

28 Achieving Health Education Goals through the Use of Problem Solving Method
   Ayoade T.O. & Adesanya T.A. 349

   Adeyemo F O, Olaogun A A, Kayode O,B, & Amegor O F, 359

30 Health Promotion and Education: Yesterday, Today and Tomorrow: Challenges and Prospects
   Kalesanwo O.O. 367

31 Knowledge, Attitude and Behaviour of Female Secondary School Adolescents towards Menstrual Hygiene in Ikere-Ekiti Local Government Area of Ekiti State
   Fadoju A. O. & Peter-Ajayi O. M. 381

32 Health Consumer Rights and Responsibilities
   Adejumo. P.O. 491

33 Exercise and Disease Prevention
   Babalola, J.F 409
34 Quack and Quackery: Need for Better Education
Opareke, M. I. 423

35 Gender Differences in Knowledge and Attitude
towards Child Street Hawking among Rural
Resident Parents
Onuzuluike N. M. 433

36 Need for School Worksite Health Promotion in Nigeria
Konwea E.P 447

37 The Need for Safety Education in Schools
Fakenye J.K. 456

38 Developing Youths through Health Education for
Nation Building Odelola, J.O. 471

39 Barriers to Behavioural Change and HIV and AIDS
in Africa Elegbe O. 481

40 Enhancing Academic Epitome in Federal and State
University in Ogun State through Environmental
Health Protection Ogundele B.O. & Adeogun A.O. 499

41 Dimensions of Innovative Teaching Strategies
for Health Education Programme in Nigeria
Okueso, S. A. & Akinwusi, A. T. 506

42 Solving Current Environmental Challenges Through
Health Education Moronkola, O.A. 517
Section C: Issues in Sport

43 Nigeria's Physical Education and Sports from Indigenous Perspective
   Ademola Onifade

44 Administrative Strategies for Promoting Sports among Female Secondary School Teaching Staff in Ibadan Metropolis
   Babatunde, S.O.

45 Physical Fitness and Its Implication to Sports Performance
   Alade, T.T. & Aja, A.G

46 ICT and Globalization: Bridging the Gap in the Development of Sports Science
   Emeahara, C.O., Emeahara, E.N., Oguger, E.O., & O'vber, B.S

47 Effects of Sport Participation on Character Building of University Athletes in South Western Nigeria
   Banjo, D. & Ogunsanwo, B. A.

48 Nation Development through National Sports Festival in Nigeria
   Asegba, B.O.

49 Modifying Nigerian Youth's Character through the Methods of Sports Psychology
   Adegbuyi, A.O.S., Osakin, E.O., Babatunde, J.D., & Onijogin, E.O.

50 Grassroot Sports Promotion among School Children through the Sport Education Curriculum Model
   Adegbamigbe B.
51 Sport Administrators’ Knowledge of Facility Construction and Maintenance for Effective Development of Sports in Nigeria
Ajibola, C. A., Ogunjimi, L. O., Edim, M. E. & Emeribe, V. C. 622

52 Achieving Effective Communication in Sport Management Fasan Clement 631

Comments of Some People on Prof. J.A. Ajala 645
Health and Its Determinants

Abstract

This paper discussed the concept of health and its determinants which are essentials for people to note so that they can take necessary actions about their health and those they may serve as caregivers to.

Introduction

One does not value what he/she has until it is lost. Disease is a contrast to health. The health of the people according to Wood, deGlanville and Vanghan (1997) is usually discussed in terms of diseases, and Lambo (1984) stated that the existence of diseases in a country can affect her level of development. Disease hinders socio-economic development, which in turn has some negative consequences on the quality of life of the unfortunate majority who are of good health status as it affects the flow of labour services, thereby retarding the pace of exploitation of natural resources and development of other productive resources. Also in the view of Insel and Roth (2006), poor health drains the nation’s resource and raises natural health and care cost. On the other hand, healthy population is the nation’s greatest resources, the source of its vitality, creativity, and wealth. Hence, health is the foundation on which life is built, since it is the tool that assists everyone to achieve the set goals which lead to a fulfilled and satisfactory life. The resultant effect of this is a healthy, happy and productive individual.
Concept of Health

The first globally accepted conceptualization of health was promulgated by World Health Organisation (WHO) in 1947 as; “a state of complete mental, physical and social well-being not merely the absence of diseases”. However, this concept was challenged by the new movement called holistic health. The holistic health movement came into being in the 1960s to expand the view of health that was promulgated by WHO. The body defines health as “the blending of one’s physical, emotional, social, intellectual and spiritual resources as they assist one in mastering the developmental tasks necessary for one to enjoy a satisfying and productive life”. The movement propounded five dimensions, these are physical, social, emotional intellectual, and spiritual. However, the definition of health was expanded in the 1970s and 1980s by the wellness as movement. Wellness is an approach to health that focuses on balancing the many aspects or dimensions of person’s life by increasing the adoption of health (Hahn and Payne, 1994, Blonna and Watter, 2005; Insel and Roth, 2000).

Determinants of Good Health

Behavioural patterns established in childhood often carried over into adulthood, and some of these are later associated with adult morbidity and mortality. Overweight adolescents have an 80% chance of becoming overweight adults, and many of them carry obesity-related morbidities with them into adulthood with grave consequences (Fahlman, Dake, McCaughtry, and Martin, 2008). In the same vein, Lee and Rotheram-Borus, 2009) stated that health, which is the foundation of life must be cherished and maintained so that one does not spend money and time to restore it when it failed. In maintaining health, the following factors play prominent roles:
Nutrition

There is a link between food and health and the effect that diets can have on disease prevention and health promotion. What we eat can benefit or hurt our health, and either help us to reach and maintain our weight goals or ruin our efforts (Strecker, 2009). Food is what we eat, but not everything we eat is food. Therefore, nutrition (Andersen, Ady and Chen, 1986) is a major contributor to health status as it is an essential part of everyday life. Food has its functions to keep us alive and healthy; if we cannot. A balanced diet will prevent malnutrition, under-nutrition, starvation, and nutritional deficiency diseases. Eating healthy, balanced and nutritious meals, Strecker (2009) often requires a conscious effort, self-control, and sometimes extra resources and time.

Healthy eating according to O’Toole, Anderson, Miller and Guthrie (2007), is an essential component of a healthy life style, and is associated with an increased life expectancy, increased quality of life, and reduced risk for many chronic diseases such as cardio-vascular diseases, cancer and diabetes. Good nutrition, Strecker, (2009) promotes not only better health, but has also been proven to contribute to cognitive development and academic success. What and how much one eat, can also affect ability to remember. Recent study showed that reduction of calorie intake by older adults improve memory; reduction of calories intake by healthy women between the ages of 50 and 80 by 30 percent for three months not only lost weight but also performed 20 percent better on verbal memory test while women who cut calories became more sensitive to insulin and had a drop in an inflammation-associated protein, and both of these factors have improvement to brain function.

Dietary goals is to prevent chronic diseases by emphasizing eating more fresh vegetables, fruits and pulses (legumes) and more minimally processed starchy foods, less animal fat, refined sugars and salt therefore, a good diet and
adequate food supply are central for promoting health and wellbeing. The intake of food high in saturated fats such as butter, cheese, ice-cream and food high in calorie will cause obesity. A shortage of food and lack of variety cause malnutrition and deficiency diseases. Excess intake (also a form of malnutrition) contributes to cardiovascular diseases, diabetes, cancer, degenerative eye diseases, obesity and dental (WHO, 2003). Strecker, (2009) stated that Dietary Guidelines for Americans and Healthy People in 2010 recommended reducing the intake of total fat, saturated fats, and cholesterol; eating more fruits, vegetables, whole-grain products, and food rich in calcium; as well as consuming only moderate amounts of sugar, sodium, and alcohol.

Physical Exercise

Physical exercise is part of human race. Our body is exposed to physical activities everyday in the process of pursuing our daily living. Physical exercise is a structured form of physical activities, usually for reasons of gaining and or maintaining fitness. It produces a wide range of physical, physiological, biomedical and psychological changes. The nature and magnitude of these changes depend on the type, intensity, direction and frequency of physical exercise performed. The different types of physical exercise are dynamic aerobic exercise, low intensity exercise, isometric exercise, isotonic exercise, relaxation and therapeutic exercise (Agha, 2001).

The importance of physical exercise cannot be underestimated. Engagement in moderate and/or vigorous physical exercise is one of the important tools one can use to improve the level of physical, social, mental, emotional/ psychological and financial health. It helps to keep the body fit, healthy and prolong life span by protecting it against some chronic diseases such as diabetes type 11, hypertension, stroke, artherosclerosis, obesity and coronary heart disease. It also promotes a sense of well-being and protects older people from depression (The American National Red Cross, 1996, Insel
and Roth 2006, Awake, 2005). Pleasant recreational exercise, Oloyode (2004) not only increase energy, productivity and ability to cope with stress, it also add some years to one's life span. Physical exercise, Strecke (2009), boosts insulin sensitivity, thereby fighting inflammation. Engagement in moderate physical exercises such as walking, jogging, swimming, cycling, weight lifting, climbing stairs, working in the compound, cleaning the house, dancing can make the individual to be physically fit (The American National Red Cross, 1996, Insel and Roth 2006, Awake, 2005).

Unfortunately, in spite of these benefits of physical exercise, most people have adopted sedentary life style as a result of advancement in technology in the areas of machine, automobiles, computer, television and other technical devices. (WHO, 2003, Awake, 2004, Awake, 2005 and Cavallini, Wendt and Rice, 2007).

Sedentary life style can be explained in the following ways: (1) when one does not exercise or engage in some vigorous activity for at least 30 minutes three times a week, (2) do not move from place to place while engaging in leisure activities, (3) rarely walk more than about 100 meters during the course of a day, (4) remain seated most of waking hours, (5) have a job that requires little physical activity (Awake, 2005). Sedentary lifestyle is an aftermath of the modern changes in culture that could be seen in the increased time spent in front of the television, accessing internet, operating computer and other technical devices. Sometimes, the fear of unsafe nature of the environment have discouraged physical activity among children and adult alike. Equally, mechanization has reduced the exercise involved in jobs and house work and added to the growing epidemic of obesity. For instance, in the United States, report has it that, while 25 percent of all trips are less than 1.5 kilometres long, about 75 percent of these short trips are made in automobiles. Report equally showed that, children and adults spend longer times watching television. On the average they watch over 26 hours of television and

Sleep

The human body is a machine that needs maintenance for its vitality and sustainability. One of the ways the body is maintained is through sleep. Sleep is one of the physiological needs of human beings which comes naturally. Just as the body hungers for food and water, so the body looks forward for sleep especially after the body has been subjected to vigorous physical and mental activities.

Sleep is a higher form of rest and is the best especially after prolonged and vigorous physical and mental activities. It is a complex process regulated by the brain and it obeys a 24 hour biological clock. Biological clock is regulated by chemical substances, as melatonin, a hormone that triggers sleepiness, this clock shifts forward during puberty and make youngsters want to sleep later and wake up later, thus causing them to struggle to get out of bed in the morning. (Awake, 2003).

Sleep, according to Babalola (1999) is a: -state of temporary loss of consciousness from which a person can be aroused by an ordinary harmless and sufficiently strong stimulus. It is a total stoppage of activities naturally undertaken with a view to replacing the lost energy during consciousness.

Sleep is important for healthy body and mind. It makes it easier for our body to metabolise free radicals, molecules that affect the aging cells and even cause cancer (Awake, 2003). It is also nature’s most effective restorer, not physically, but mentally. It sweeps away fatigue and helps us retain our mental balance and nervous stability (Marshall, Action-Hubbaral and Bull, 1989) Healthful sleep involves having sufficient and adequate amount of sleep. Adequate sleep improves mood, fosters feelings of competence and self-worth which is one of
the physiological need of human being and supports optimal mental and emotional functioning.

Sleep deprivation can be compared with food and water deprivation. Deprivation of food and water cause nutritional health problems so also sleep deprivation causes health problems to the body. Sleep deprivation is associated with psychological and physical health problems such as drowsiness, sudden mood swings, loss of short-term memory, loss of capacity to create, plan, and carry out activities and loss of concentration; these are short-term effects of lack of sleep. The long-term effects of sleep deprivation are obesity, premature aging, fatigue, increased risk of infections, diabetes, cardio-vascular diseases, gastrointestinal diseases and chronic memory loss. Equally, shortage of sleep affects the production of white blood cells and the hormone cortisol, thereby making a person more prone to infections and circulatory diseases. Lack of sleep can cause excess stress. Without sufficient sleep, our mental and physical processes steadily deteriorate; there are onset of headaches, feel irritable, are unable to concentrate, forget things, and may be more susceptible to weight gain and illness. Extreme sleep deprivation can lead to hallucinations and other psychotic symptoms and increase in heart attack risk (Insel and Roth, 2006).

**Lifestyle**

Many long-term health problems in adulthood are caused by the initiation of risky behaviours during adolescence, such as cigarette smoking, alcohol use, drug use, and unprotected sex that can lead to unintended pregnancy, STDs and human immunodeficiency virus (HIV) infection. These interrelated behaviours contribute to the leading causes of morbidity and mortality in the USA (Lee and Rotheram-Borus, 2009). Many people contribute to their own morbidity and premature mortality by behaving in unhealthy ways, people show remarkable resistance to changing health by compromising
behaviours. Lifestyle is a major challenge with great potential for improving health status. It is a challenge because people's behaviour leads to much injury and degenerative diseases. Smoking is a primary contributor to lung cancer and is associated with other serious diseases including heart disease and emphysema. Smoking during pregnancy causes low birth weight, an increased risk for spontaneous abortion and prenatal death. Drug use is an important social and public health problem (Andersen, Adoy and Cheng, 1986).

Housing

Housing is as important as food, hence it is one of the basic human needs. Housing in the modern time, according to Park (1997), are the physical structure and immediate surroundings and the related community services and facilities. Adequate housing, Anchor (1998) believed is very crucial because, it is one of the primary determinants of health status and well being of its inhabitants. A good housing with all amenities is very essential as it improves one's mental, social and physical health. This is corroborated by Fielder (1996) who stated that housing is intimately related to health. Therefore, anyone deprived of adequate housing has been denied of essential factor to enjoy good health, peace and liberty. Housing satisfies physiological and psychological needs and equally provides protection against diseases and accident (Misra, 1994).

WHO (1989) set six principles showing the relationship between housing conditions and health. These principles are:
- Protection against communicable diseases
- Protection against injuries, poisoning and chronic diseases
- Reduction in psychological and social stresses to a minimum
- Improvement in the housing environment
- Making informed use of housing
- Protection of population at special risk
Committee of the WHO (1974) recommended the following criteria for healthy housing:
1. Healthful housing provides protection and shelter
2. Provides adequately for cooking, eating, washing and excretery functions
3. Is designed, constructed, maintained and used in a manner such as to prevent the spread of communicable diseases
4. Provides for protection from hazards of exposure to noise and pollution
5. Is free from unsafe physical arrangements due to construction or maintenance, and from toxic or harmful materials
6. Encourages personal and community development
7. Promotes social relationship, and
8. Reflects a regard for ecological principles and by these means promotes mental health.

On the other hand, poor housing conditions are linked with a wide variety of physical and psychological health problems such as musculoskeletal and chronic breathing problems, headaches seizures, arthritis, high blood pressure, diabetes and infectious diseases (WHO, 2003).

**Income**

Income is an important determinant of health status of individual, family and community at large. Low income expose people to high rate of health problems such as infant mortality, traumatic injuries and violent death, and health problems such as heart disease, diabetes, tuberculosis and HIV infection, malnutrition. The psychosocial health experiences are drug abuse (smoking, drinking) and stress (Insel and Roth, 2006).

Poverty, Price and Rickard, (2009) affirmed has deleterious effects on almost all aspects of child well being and has long-term implications for adult health. Poverty have negative effects on academic achievement, low intelligence is found among children who are poor from birth. They also are less likely to
establish school readiness and this later have critical negative effects on academic achievement. Early school failure increases adolescents' delinquent and unhealthy behaviours such as cigarette smoking, alcohol consumption and sexual activity and dropping out of school.

Academic failure in childhood also contributes to lower earning and fewer job skills in adulthood. Poverty increases family stress, resulting in parents who develop their own emotional problems. There are negative effects associated with poverty. Children who are poor grow up eating less healthy food, live in physical and socially disadvantaged environment characterized with overcrowding, pollution, violence and are generally unsafe. This unhealthy and unfriendly life is likely to make the children to develop mental health problems.

**Education**

Education according to Murray, Low, Hollis, Cross and Davis (2007), is a strong predictor of lifelong in school health and quality of life. There is an interdependent relationship between education, health and social outcomes. Therefore, success in school and years of schooling are major factors in determining social, and occupational and in adulthood throughout life. Academic success, health status and risk behaviours are related and are interdependent. Poor school performance produces, health-compromising behaviours and physical, mental and emotional problems. On the other hand, increase in education, Florence, Asbridge and Veugelers (2008) is associated with increase in income and social status which affect health by influencing access to health care, quality of housing, work environment, lifestyle factors such as nutrition and recreation, and socio psychological factors, such as; self-esteem and health awareness.

**Personal Hygiene**

World Health Organization and Centres for Disease
Health Care System

Adequate health care helps to improve both quality and quantity of life through preventive care and treatment of diseases. For example, vaccination prevents many dangerous infectious diseases, and screening test helps in the detection and identify key factors and diseases in their early treatable stages. However, some factors such as, poverty, poor education, attitude of health workers culture and ignorance sometimes influence non-usage of health care system.

Environmental Factor

The place of environment in the life of living things (Human beings, animals and plants cannot be overlooked). The environment in which living things live is very important as they depend on it for their existence and survival. Environment, is the surrounding; external condition influencing development or growth of people, animals or plants. Environment are biological (people, vegetation, animals, insects, infective organisms), socio-cultural (family, kinship, religion, leadership, customs and beliefs and power) and economic and political (local community, self-reliance, rural and urban, economies, development policies). In the same vein, Lucas and Gilles (2003) stated that environment is of three dimensions, which are physical, biological and social.

Healthy environment is the environment that is free from pollution, conflicts, insecurity, fear, injustice, violence. The absence of these factors promote health in the sense that, people will not develop diseases such as cancer, hypertension, respiratory diseases, partial deafness, genes mutilation, digestive diseases such as dysentery, cholera, intestinal worms. Healthy environment also reduces stress, fear, anxiety, which may cause mental illness and hypertension. On the other hand,
unhealthy environment which is characterized with pollution is harmful to human health as it causes physical and psychological health problems.

The burning of vast amounts of carbon fuels is leading to the 'green house' effects, a warming of the earth that may change the globe's climate, melt its polar ice caps, and flood the earth's coastal shores. Use of fluorocarbon gases in such items as aerosol cans, refrigerators, and air conditioners affect the ozone shield. High intensity ultraviolet radiation is harmful to most forms of life. In human, it causes skin cancer. The pollution of land, air and water especially through nuclear waste, pesticide, herbicides and other chemicals pose additional risks to life on our planet, (Henshin, 1995).

References
Awake, 2003. Luxury or necessity? March 22