

PERCEIVED BARRIERS TO THE PREVENTION OF COMMUNICABLE DISEASES AMONG SECONDARY SCHOOL STUDENTS IN ENUGU STATE

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Abstract

The study ascertained perceived barriers to the prevention of communicable diseases among secondary school students in Enugu State. To achieve this, two purposes of the study, two research questions and four null hypotheses guided the study. Two independent variables of location and gender were investigated. Descriptive survey research design was adopted for the study. The population for the study was 115,687 from 295 secondary schools in Enugu State while the sample size was 640. Rule of thumb was used to determine the sample size. Multistage sampling produces using purposive, stratified and proportionate sampling techniques were adopted for the study. Instrument for data collection was structured questionnaire titled perceived barriers to the prevention of communicable diseases questionnaire (BPCDQ) consist of 34 items. The data collected were analyzed using mean score and standard deviation to answer research questions while the hypotheses were tested using t-test statistic at .05 level of significance. The findings of the study revealed that there were environmental barriers ($x=2.7$, $SD=1.1$) and social barriers ($x=2.5$, $SD=1.1$), to the prevention of communicable diseases as perceived by secondary school students in Enugu State. There is a significant difference in the mean responses of male and female, urban and rural secondary school students in Enugu State. The study concluded that there were barriers to the prevention of communicable diseases. Recommendations were made which include school management should endeavor to see that all the barriers to the prevention of communicable diseases are broken, to enable secondary school students maintain optimal health status in their school environment.

Keywords: Perceived, Barriers, Prevention and Communicable diseases

Introduction

Diseases pose a significant and persistent threat to human existence, causing widespread illness, attacking the young person's with infections and account for large proportion of deaths worldwide (Okoye, 2021). Disease is generally associated with certain signs and symptoms depending on the sources of agents, differing in nature from physiological and psychological dysfunction (Tindall, 2017). Jamie (2017) observes that disease may be a condition associated with abnormalities that negatively affect the structure or function of human life and an interference of pathogen that interrupts or cause disorder to the body systems, organs, structure with abnormal conditions that may negatively affect the structure or function of part or whole of an organism. World Health Organization (2021) emphasizes that disease is caused by external factors such as pathogens or by internal dysfunctions which may include internal dysfunctions of the immune system that produce a variety of different diseases, including various forms of immunodeficiency, hypersensitivity, allergies and autoimmune disorders. Ajayi (2018) observed that disease may be an ailment or illness that constitutes a departure from the normal health of an individual which may

result to manifestation of an infective germ such as bacteria, fungi, virus or protozoan in a person resulting illness. Thus, disease may be dynamic in nature involving any state of disturbance; malfunctioning or any pathologic condition that may affects the body or mind that caused by tiny germs called microorganisms that invade the body to cause infectious diseases which are also known as communicable diseases.

Empirically, communicable diseases were the leading cause of death in the nineteenth century because it can be easily transferred from one person to the other (Murray, 2015). Ani (2021) supported that these communicable diseases occurred after exposure to the organisms that produced diseases such as small pox, chicken pox, measles, malaria, mumps, pneumonia, cold, cholera, tuberculosis (TB), influenza, whooping cough (pertuses), typhoid, hepatitis A and D, diphtheria and tetanus and these may be conveyed from one person to the other through direct or indirect contact. In this regard, (African Medical and Research Foundation (AMREF), (2021) point out that communicable disease is an illness that arises from transmission of an infectious agent or its toxic product from an infected person, animal or reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector and environment. Murray (2015) found that communicable diseases are illness caused by micro organisms which one may contact through contaminated surfaces, bodily fluids, blood products, insect bites, or through the air and can arise from transmission of infectious agents such as viruses, bacteria, Chlamydia, fungi, and protozoa (metazoan).

Nevertheless, communicable diseases are caused by infective agents (pathogens), such as bacteria and viruses, which invade the body and multiply or release toxins to cause damages to normal body cells and their functions. In severe cases, communicable diseases may develop resistance to antimicrobial agents, increasing the risk of diseases, complex treatment and poor outcomes, for these reasons Australian Commission on Safety and quality in Health Care (ACSQHC) (2017) claimed that a young person's may develop communicable disease after becoming infected through direct contact with person carrying the pathogen, contact with contaminated fluids, such as blood, mucus or saliva, inhaling contaminated droplets from persons cough or sneeze receiving a bite from an animal or insect carrying the pathogen, consuming contaminated water or foods and once a pathogen entered a person's body it begins replicating. Murray (2015) noted that communicable diseases are usually severe, and symptoms pass after few days while some may be serious and potentially life threatening. Consequently, it becomes imperative that it may be prevented and the most effective way for reducing and avoiding communicable diseases is through prevention.

Prevention is an essential component of public health. The goal of public health is to prevent disease among people especially that of young person's including secondary school students. Predicting and preventing the impact of any possible outbreak of diseases, however is paramount (Ani, 2021). In addition, prevention is the science and art of preventing diseases, promoting health and prolonging life through organized effort of society and also an act or practice of eradicating, stopping, avoiding occurrence of diseases (Robert, 2020). Ani (2021) supports that prevention is the process of preventing diseases; which involves the acquisition of facts, information, descriptions or skills necessary to hinder the occurrence of communicable diseases instead of curing or treating the symptoms (prevention is better than cure). Perceive refers to the understanding on how people think, feel ideas, observe things that may be an obstacle to the prevention of communicable diseases, perceived is beliefs about the positive outcomes associated with a fact in response to real barriers (WHO, 2018). Marcus (2015) observes that there are wide variations in a person's feelings of barriers, or impediments, which lead to a cost/benefit. The

person weighs the effectiveness of the actions against the perceptions that may be expensive, dangerous (side effects), unpleasant (painful), time-consuming, or inconvenient. Therefore, Nigeria Centre for Disease Control (NCDC) (2020) confirmed that in as much as communicable disease is perceived and preventive in nature there may still be some hindrances to prevention hence barriers may exist.

Barriers are anything, either natural or manmade, that keeps something from passing through. Barriers may be seen as rule, law or policy that makes things difficult or impossible to happen or to be achieved (Nigeria Centre for Disease Control, (NCDC) 2021). Barriers are stated to be the factors that cause hindrances, distractions, disturbances or obstacles during prevention of communicable diseases (World Health Organization (WHO) 2021). Barriers to the prevention of communicable disease have been indicated as obstacles to people especially to the young ones. However, several barriers may have been noted to prevent communicable diseases namely: environmental barriers and social barriers. Therefore, prevention of communicable diseases cannot be achieved when there are increases in the occurrence of these barriers (Eze, 2021). However, whether these barriers exist in the research area, the study is yet to be ascertained.

One of the barriers to the prevention of communicable disease is environmental barrier. Environment is important for the promotion of man's well being but in the process of man striving to control his environment, he has made his environment a greater threat to his health and life as a result of his technologies and industrial advancement (Nawal, 2018). Harold (2015) states that in the process of finding a better means of living, man has succeeded in destroying the environment in which he lives through polluting the air, water and overcrowding which provide poor ventilation. Nevertheless, environmental barriers can be described as man-made hazards to human health, notable among which are air and water pollution, this means that despite considerable advances in providing better living for human, the environment continues to suffer the outcome of the numerous technological advancement (NCDC, 2021). Therefore, environmental barriers may increase as a result of overcrowding, unhygienic conditions, inadequate safe drinking water, inadequate proper sewage disposal and eating contaminated food in the school environment (Harold, 2015). Consequently environmental barriers may encourage infectious disease agents which may constantly develop where it is possible to multiply into the susceptible persons, vectors, animals or in the environment (NCDC, 2020). David (2015) confirmed that school environment can become interesting, pleasant and conducive to teaching and learning situation if the serenity of the environment is captivating and sanitarily maintained for the purpose of healthy school environment which may further prevent communicable diseases. Therefore, undertaking routine inspection may be necessary in order to prevent social barriers in school environment.

Social barriers are factor that can impede the control of communicable diseases. Social barriers to the prevention of communicable diseases are seen as all the conditions in which people are born, grow, live, learn, work and age (Sharon, 2018). Social barriers may contribute to decreased prevention of communicable diseases among people including secondary school students. Within a specific population, the social barriers prevent individuals from improving their health or receiving care which contributes to a decrease in overall health of population as a whole (Eze, 2021). Ani (2021) confirmed that risk of transmission of communicable diseases among secondary school students is alarming because of increase in social barriers such as sexual violence, unsafe sexual practice, keeping multiple sexual partners, social disruption among secondary school students and the weakening of social norms which may lead to unsafe sexual practices and others. Some variables such as location and gender have been identified as factors

that may influence the secondary school students on the barriers to the prevention of communicable disease (Okorie and Eze, 2016).

Statement of the Problem

Disease has always been a part of life since man's existence and may be a condition associated with abnormalities that negatively affect the structure or function of human life, which may interfere with the body and cause abnormalities, discomfort, pains and may cause death, and this components of disease is may be knowledge as communicable disease. Communicable disease is transmittable from person to person, animals to person and materials to person, through air, food, water, vector either direct or indirect contacts. Empirically, studies have shown that knowledge and practice of communicable disease has made it to be counted as one of issue of public health importance hence, the researcher saw it as a gap. However, preventive measures to communicable disease abound but not without challenges. These challenges are known as barriers. Barriers in this study are factors that cause hindrances, distractions, disturbances or obstacles to the prevention of communicable diseases. Some studies also indicate things that hinder secondary school students from assessing preventive care for communicable disease, such as barriers to healthcare accessibility, cultural norms and ignorance regarding the secondary school student's particular needs. The health of secondary school students is considered very serious in relation to communicable diseases and they are very much prone to diseases because of their characteristics as young people, base on the above gap the present study was to ascertain environmental and social barriers to the prevention of communicable diseases because secondary school students are neglected groups that face a lot of barriers to the prevention of communicable diseases, which have been regarded as serious public health challenges that affect both male and female students. Hence, the overall aim of the study was to ascertain the perceived barriers to the prevention of communicable diseases among secondary school students in Enugu State.

Purpose of the Study

The purpose of the study was to ascertain the perceived barriers to the prevention of communicable diseases among secondary school students in Enugu State. Specifically the study sought to:

1. ascertain the environmental barriers to the prevention of communicable diseases as perceived among secondary school students in Enugu State
2. determine the social barriers to the prevention of communicable diseases as perceived among secondary school students in Enugu State.

Research Questions

The following research questions guided the study:

- 1 What are the environmental barriers to the prevention of communicable diseases as perceived among secondary school students in Enugu State
- 2 What are the social barriers to the prevention of communicable diseases as perceived among secondary school students in Enugu State

Hypotheses

The following null hypotheses guide the study and were tested at .05 level of significance

- Ho₁:** There is no significant difference between the mean responses of male and female secondary school students in Enugu State on the perceived environmental barriers to the prevention of communicable diseases.

- Ho₂:** There is no significant difference between the mean responses of male and female secondary school students in Enugu State on the perceived social barriers to the prevention of communicable diseases.
- Ho₃:** There is no significant difference in the mean responses of the urban and rural secondary school students in Enugu State on the perceived environmental barriers to the prevention of communicable diseases.
- Ho₄:** There is no significant difference between the mean responses of the urban and rural secondary school students in Enugu State on the perceived social barriers to the prevention of communicable diseases.

Methods

Descriptive survey research design was adopted. Nworgu (2015) defined descriptive survey research designed as one in which a group of people or items are studied by collecting and analyzing data from only a few people or items considered being representative of the entire group. The design was suitable because the study was meant to gather information from part of the population and the findings generalized to the entire population. The population for the study consisted of 115,687 secondary school students from 295 public secondary schools (41,745 male and 73,942 female) in Enugu State. The public secondary schools are preferred because of the uniform standard of programmes and students disposition which provided platform for uniform and accessible data. The sample size for this study was 640 respondents. This was determined using the rule of thumb which was in agreement with Nworgu (2015) who advocates that, if a population is in thousands, the researcher can make use of any level of percent desired. The researchers made use of the rule of the thumb to get 18% of the population for the study. To arrive at this, multi-stage sampling procedure was adopted. The first stage involved the use of purposive sampling technique to sample Agbani and Enugu Education Zones from the six education zones in Enugu State. In addition, stratified random sampling technique was utilized to stratify the schools in the two education zones into urban and rural locations. Hence, 23 secondary schools are urban while 53 secondary schools are rural. Furthermore, proportionate random sampling technique was used to sample 12 secondary schools from urban location and 26 secondary schools from rural location which gave a total of 38 secondary schools. Finally, proportionate sampling technique was also used to draw a total number of 640 respondents; students were selected by picking without replacement because the population was large, 240 students were drawn from urban areas while 400 students were drawn from rural areas, using the same technique a total number of 100 males and 140 females were sampled from urban secondary schools while a total number of 185 males and 215 females were sampled from rural secondary schools. The questionnaires were administered to the respondents and supervised by the researcher and four research assistants, completed copies were collected back from the respondents at the spot. This ensured high return rate of 100%.

Mean and standard deviation were used to answer the research questions while hypotheses were tested using t-test statistics. In rating the computed mean scores, items whose mean scores were 2.5 and above regard as agreed (A) while the items that fall below 2.5 were regarded as disagreed (D). The criterion mean of 2.5 obtained by summing up the weighted options ($4+3+2+1=10$) and dividing it by total number of response options (4) as follows; $10/4=2.50$. SPSS version 23 was used for t-test statistics which was used to test the null hypotheses at 0.05 level of significance at appropriate degree of freedom. The decision rule for the hypotheses were that, the null hypotheses was not rejected when the t- value is less than the significant table value, but rejected when the t-value is greater than or equal to the significant table value.

Research Question one: What are the environmental barriers to the prevention of communicable diseases as perceived among secondary school students in Enugu State?

Table 1: Mean Response Distributions of the Respondents on the environmental barriers to the prevention of communicable diseases as perceived among secondary school students in Enugu State.

n= 640

S/N	ITEMS	SA	A	D	SD	X	SD	DEC.
1	Inadequate provision of clean water in the school environment	275	201	89	75		3.1	1.1 A
2	Poor sanitation in the school environment	202	209	110	119		2.8	1.1 A
3	Inadequate control of vector in the school environment	274	199	97	70		3.1	1.1 A
4	Overcrowdings in the classrooms setting	211	197	84	148		2.7	1.2 A
5	Inadequate control of flood in the school environment	255	236	71	78		2.7	1.0 A
6	Inadequate control of environmental pollution	167	288	96	89		2.8	1.0 A
7	Poor sewage disposal system	390	114	98	38		3.3	1.1 A
8	Proper control of poor ventilation in the classroom	116	184	182	158		2.4	1.1 D
9	Inadequate cleaning of school environment	209	157	140	134		2.2	1.1 D
10	Inadequate Control of Contaminated school Environment	201	197	160	82		3.2	1.1 A
11	Inadequate disinfecting surfaces or objects in the school environment	139	182	117	202		2.4	1.1 D
12	Not checkmating contaminated food in the school environment	220	172	158	80		2.2	1.0 D
13	Not attending disease prevention programme	257	208	105	70		3.2	1.1 A
14	Not receiving vaccinations as at when due	72	114	204	250		2.1	1.1 D
15	Not having access to healthcare services	262	198	119	81		3.1	1.1 A
16	Lacking of conducive environment for learning	231	147	154	108		2.8	1.2 A
17	Control of hazard in the school environment	83	112	204	241		2.1	1.0 D
18	Irregular health inspections in the school	345	115	119	61		3.2	1.0 A
Grand Mean							2.7	1.1 A

Data presented in Table 1 shows that items 1, 2, 3, 4, 5, 6, 7, 10, 13, 15, 16 and 18 had mean responses of 3.1, 2.8, 3.1, 2.7, 2.7, 2.8, 3.3, 3.2, 3.2, 3.1, 2.8 and 3.2 respectively all of which were higher than cut-off point of 2.5, indicating agreed while item 8, 9, 11, 12, 14, and 17 had mean responses of 2.4, 2.2, 2.4, 2.2, 2.1 and 2.1 respectively all of which were less than cut-off point of 2.5, indicating disagreed. The standard deviation ranges from 1.0 – 1.2, this implies that the responses are close to each other. The grand mean of 2.7 was higher than the cut-off point, hence indicating Agreed. Therefore, this implies that the respondents agreed that there are environmental barriers to the prevention of communicable diseases as perceived among secondary school students in Enugu State.

Research Question two: What are the social barriers to the prevention of communicable diseases as perceived among secondary school students in Enugu State?

Table 2: Mean Response Distributions of the Respondents on the social barriers to the prevention of communicable diseases as perceived among secondary school students in Enugu State.

n=640

S/N	ITEMS the following are social barriers	SA	A	D	SD	X	SD	DEC.
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19	Involved in sexual violence in school	228	138	162	114	2.8	1.1	A		
20	Raped in the school environment	103	119	214	104	2.2	1.1	D		
21	Involve in unsafe sexual practice	71	90	178	301	1.9	1.0	D		
22	Discrimination against female students	90	112	228	190	2.1	1.0	D		
23	Constant disagreement by students	208	103	249	80	2.7	1.0	A		
24	Showing negative behaviour by student	192	162	195	91	2.7	1.1	A		
25	Intake of alcohol by students leading to social misbehavior	77	191	178	194	2.2	1.0	D		
26	Smoking by students leading to social misbehavior	188	148	103	201	2.3	1.2	D		
27	Don't involve in drug abuse by students	117	156	227	140	2.4	1.0	D		
28	Irregular physical activities by students	277	126	144	193	2.9	1.1	A		
29	Lack of desk spacing in the classroom	202	135	131	72	2.5	1.2	A		
30	Inadequate provision of social amenities like water	283	77	172	108	2.8	1.1	A		
31	Inadequate provision of healthcare services in the School		218	178	140	104	2.8	1.1	A	
32	Lack of conducive classroom seating	253	129	101	157	2.7	1.2	A		
33	Inadequate balance diet in school	242	147	150	101	2.8	1.2	A		
34	Inability to avoid multiple sexual partners	162	119	103	256	2.3	1.2	D		
Grand Mean									2.5	1.1 A

Data presented in Table 2 shows that item 19, 23, 24, 28, 29, 30, 31, 32 and 33 had mean responses of 2.8, 2.7, 2.7, 2.9, 2.5, 2.8, 2.8, 2.7 and 2.8 respectively which is higher than the cut-off point of 2.5 indicating agreed while Item 20, 21, 22, 25, 26, 27 and 34 had mean responses 2.2, 1.9, 2.1, 2.2, 2.3, 2.4 and 2.3 respectively which were less than cut-off point of 2.5, indicating disagreed. The standard deviation ranges from 1.0 – 1.2, this implies that the responses are close to each other. The grand mean of 2.5 was equal to the cut-off point, hence indicating agreed. Therefore, this implies that the respondents agreed that there are social barriers to the prevention of communicable diseases as perceived among secondary school students in Enugu State.

Hypothesis 1: There is no significant difference in the mean responses of male and female secondary school students in Enugu State on the perceived environmental barriers to the prevention of communicable diseases.

Table 3: Summary of t- test analysis of mean scores of responses on the environmental barriers to the prevention of communicable diseases as perceived among male and female secondary school students in Enugu State.

GENDER	N	Mean	Std. Deviation	t	Df	Sig.	Decision
MALE	296	3.16	.553	27.251	639	.000	S
FEMALE	344	1.33	.382				

Data on table 3 shows mean values of 3.16, for male and 1.33 for female and corresponding standard deviations of .553 and .382 respectively. Also the table shows t-value of 27.251 and a significant value of .000 at 639 degree of freedom. Since significant value of .000 is less than significant levels of 0.05 the null hypothesis of no difference is rejected. Therefore there is significant difference between the mean responses on the environmental barriers to the prevention of communicable diseases as perceived among secondary school students in Enugu State.

Hypothesis 2: There is no significant difference in the mean responses of urban and rural secondary school students in Enugu State on the perceived environmental barriers to the prevention of communicable diseases.

Table 4: Summary of t- test analysis of mean scores of responses of urban and rural secondary school students in Enugu State on the environmental barriers to the prevention of communicable diseases.

LOCATION	N	Mean	Std. Deviation	t	Df	Sig.	Decision
URBAN	240	3.32	.48	32.634	639	.000	S
RURAL	400	1.49	.53				

Table 4 shows mean values of 3.32, for urban and 1.49 for rural and corresponding standard deviation of .48 and .53 respectively. Also the table shows a t-value of 32.634 and a significant value of .000 at 639 degree of freedom. Since significant value of .000 is less than significant levels of 0.05 the null hypothesis of no difference is rejected. Therefore there is significant difference between the mean responses on the environmental barriers to the prevention of communicable diseases as perceived among secondary school students in Enugu State.

Hypothesis 3: There is no significant difference in the mean responses of male and female secondary school students in Enugu State on the social barriers to the prevention of communicable diseases.

Table 5: Summary of t- test analysis of mean scores of responses of male and female secondary school students in Enugu State on the social barriers to the prevention of communicable diseases.

GENDER	N	Mean	Std. Deviation	t	Df	Sig.	Decision
MALE	296	3.17	.56	-23.449	639	.000	NS
FEMALE	344	1.34	.38				

Table 5 shows mean value of 3.17, for male and 1.34 for female and corresponding standard deviations of .56 and .38 respectively. Also the table shows a t-value of -23.449 and a significant value of .000 at 639 degree of freedom. Since significant value of .000 is less than significant levels of 0.05 the null hypothesis of no difference is rejected. Therefore there is significant difference in the mean responses of male and female secondary school students in Enugu State on the social barriers to the prevention of communicable diseases.

Hypothesis 4: There is no significant difference in the mean response of urban and rural secondary school students in Enugu State on the social barriers to the prevention of communicable diseases.

Table 6: Summary of t- test analysis of mean scores of responses of urban and rural secondary school students in Enugu State on the social barriers to the prevention of communicable diseases.

LOCATION	N	Mean	Std. Deviation	t	Df	Sig.	Decision
URBAN	240	3.34	.47	-19.581	639	.000	NS
RURAL	400	1.49	.52				

Data on table 6 shows mean values of 3.34, for urban and 1.49 for rural and corresponding standard deviations of .47 and .52 respectively. Also the table shows a t-value of -19.581 and a significant value of .000 at 639 degrees of freedom. Since significant value of .000 is less than significant levels of 0.05 the null hypothesis of no difference is rejected. Therefore there is no significant difference in the mean responses of urban and rural secondary school students in Enugu State on the social barriers to the prevention of communicable diseases.

Discussion

The results of data analyses in table 1 revealed that the respondents agreed that there were environmental barriers to the prevention of communicable diseases as perceived by secondary school students in Enugu State. This finding was not surprising because the submission of Harold (2015) notes that communicable diseases may thrive as a result of some environmental barriers which may include overcrowding, unhygienic conditions, lack of safe drinking water, lack of proper sewage disposal and eating contaminated food in the school environment. Consequently, environmental barriers may negate infectious disease agents which are constantly develop and multiply either in susceptible persons, vectors, animals or in the environment. WHO (2020) reported that prevention of communicable diseases depends on a healthy environment like provision of portable water, adequate sanitation, vector control, for proper prevention of communicable diseases. Further investigation with t-test revealed that there was is significant difference in the mean scores of male and female responses, as well as urban and rural areas on environmental barriers to the prevention of communicable diseases as perceived by secondary school students in Enugu State. Therefore, this presents a clarion call for the school management to implement serious sanitation in the school environment.

The results of data analyses in table 2 revealed that the respondents agreed that there are social barriers to the prevention of communicable diseases as perceived by secondary school students in Enugu State. The finding of the study is also in agreement with Ani (2021) states that the risk of transmission of communicable diseases among secondary school students is alarming because of increase in social barriers such as sexual violence, unsafe sexual practice, keeping multiple sexual partners, social disruption among secondary school students and the weakening of social norms which leads to unsafe sexual practices. In the same vein, Marcus (2015) affirmed that negative changes among secondary school students behavior reduce the rates of preventing communicable disease such as improper handling of food, inadequate social activity, excess intake of alcohol, smoking, and abuse of drugs pointed out as the most barriers to the prevention of communicable diseases. Further investigations revealed that there was is significant difference in the mean responds of male and female and with respect to urban and rural area, on the social barriers to the prevention of communicable diseases. The society at large and the school management should therefore not relent to continue and adequately control secondary students on the issue of social barriers to the prevention of communicable diseases.

Conclusions

Based on the findings of the study, environmental barriers may increase as a result of overcrowding, unhygienic condition, inadequate safe drinking water, inadequate proper sewage disposal and eating contaminated food may encourage infectious disease agents in the school environment and social barriers may contribute to decreased prevention of communicable diseases among people including secondary school students. Therefore, adequate environmental and social preventive measures are necessary for the prevention of communicable diseases.

Recommendations

Based on the findings of the study, the researcher recommends that:

1. The school management should endeavor to see that all the barriers to the prevention of communicable diseases are broken, to enable secondary school students maintain optimal health status in their school environment.
2. Health educators should give due attention to equip and protect the secondary school students through public health awareness creation campaigns and also continue to improve secondary school awareness about the prevention of communicable disease.

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