

THE HEALTH NEEDS, INTERESTS AND PROBLEMS OF THE
UNIVERSITY OF LAGOS' STUDENTS

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Summary

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Nigeria expects much from its university graduates, and to live up to the expectation university students must be healthy. The report identifies students' greatest needs to be education for emotional and social adjustment to university life, education in family life and sex; their problems, pregnancy out of wedlock; abortion and the unwedded mothers; the use of drugs, alcohol and tobacco; the dangers of communicable diseases and self medication; and western medication versus native medication. The report emphasises the need for counselling and guidance, and education for healthy living, as well as for better relationship between university authority and student body; for most of the students' ill health sprang from psychological rather than physical causes.

Report

This study is about the health conditions of the university students in Nigeria. Its concern might well have been the concern of Anderson in the following passage where he writes about United States College students:

A college student of today lives in the most fantastic era in all of recorded history. More events and advances have been crowded into the past fifty years than have occurred in any previous five centuries. As knowledge advances at a geometric rate, the social structure becomes more and more complex and makes greater demands in terms of human adaptation. To adjust effectively to the socio-economic milieu that he will find himself after graduation the student must prepare himself in a diversity of fields of knowledge. All are important to his life. His understanding of health is especially important because health is the vehicle on which travels the hopes, the accomplishments and the joys of life.¹

¹ C.L. Anderson, Health Principles and Practice (Saint Louis: The C.V. Mosby Coy., 1967), page 1.

The need to examine the health needs, interests and problems of the university students in Nigeria is brought about by two major inter-related reasons:

1. Nigeria very much values education; and university education is regarded as crucially important for national development and socio-economic reconstruction. Consequently, the people expect very much from the university graduates.
2. Nigerian University students of this generation are in a unique position in the society and how they achieve their University educational objectives is a critical concern of all.

The Study

This study, sponsored by the University of Lagos in 1969/70 academic year, is entitled "Project Quest in Health Education Studies".

The aims of this study are:

1. to identify the exact health needs, interests and problems of the students in order to help them better meet their health needs and solve their health problems
2. to make the students participate in identifying their health needs and problems which can be ultimately utilized to set realistic priorities when developing a health education programme for them
3. to produce baseline data for developing relevant health education curriculum for University students in Nigeria
4. to use the University of Lagos as a pilot University in this approach to health education in Nigeria.

Underlying assumptions are:

1. that most of the health problems of the University students are preventable through meaningful health education programmes
2. that there is need for health education for all the University students where the initiative for healthful living is virtually the decision of the students as individuals but where pressure of academic work can easily take priority over health protection and promotion. This need is further confirmed by the fact that, at the moment, organized health education is virtually nil in pre-university education in Nigeria
3. that a pragmatic health education programme requires the utilization of relevant health needs, interests and problems of the students to be health-educated
4. that relevant health education will help the students to learn with less stress and strain than it is currently the case with many of them.

Methodology

Study Coverage:

The study was conducted among the students of the University of Lagos including school of nursing, and College of Medicine in 1969/70.

Sample Used:

A random sample of three hundred of the 1,500 students, i.e. about 20 per cent of the total students body was covered in the investigation.

Unit of Analysis:

The expressed and recognized health needs, interests and problems of the students (N.C.E., undergraduate, medical, nursing and postgraduate students) by students and University health service staff, particularly physicians and nurses, as well as health records were used as the unit of analysis in the study.

Instruments used in the study

1. Questionnaires:

As part of this investigation, questionnaires were administered to 300 students, as well as to 10 members of staff of the two on-the-campus University Health Centres (one at Akoka and the other at Idi-Araba).

The questionnaire for the students was in three parts. The first part was intended to make possible the identification of students' priorities from given general or broad health problem areas. The students were asked to indicate their sex as well as year in the University. The second part was aimed at getting down to specifics in identifying the health needs, interests and problems by further breaking down the broad health problem areas into general behavioural patterns or categories. The students were, as in the first part, asked to indicate their sex and year in the University. The third part was aimed at getting down to more specifics still in identifying the health needs, interests and problems by focussing on students' health practices in selected health problem areas. In order to encourage better frankness than was possible in the first and second parts of the questionnaire, the students were instructed not to indicate their sex or year in the University.

The questionnaire for the members of staff at the University Health Centres was intended to identify the health needs and problems of the students as the members of staff recognized them. Some opinion questions were also asked.

To encourage frankness, the purpose of the study was clearly stated in an introduction, and confidentiality of individual questionnaire was stressed. All completed questionnaires were returned by November 1970.

2. Interviews:

There were informal and formal interviews with the students and the Health Centre staff covered in this study to discuss students' health needs and problems generally in the context of the questionnaire and objectives of the study.

From the methodology it has been possible to compare and contrast what the students and the staff of the University Health Centres considered as the students' health needs and problems. It has also made available enough data for objective analysis and significantly valid and reliable conclusions.

Data Processing

The I.B.M. Computer Work No. 887 of the Department of Community Health, College of Medicine, University of Lagos, was used in the analysis of the data collected in the investigation.

Findings

Health Problem Areas Identified by the Students:

Table I

	Problem Areas	Identified by Respondents %
1.	Emotional and Social Health	70.9
2.	Family Life and Sex Education	69.2
3.	Prevention and Control of Communicable Diseases	68.9
4.	Community-Environmental Health	68.2
5.	Healthful University Living	65.3

Specific Problems in the Problem Areas

(a) Emotional and Social Health

Problems of how to get along with oneself - e.g. how to realistically meet personal emotional needs and problems;

educational, financial, employment or career, and family problems.

Problem of human or interpersonal relationship: how to get along with others; clash of personal and group interests; concerning student-staff relationship; concerning student-administrator relationship; general male-female interpersonal problems.

Problem of adjustment to university living environmental conditions, e.g. what to adjust to; problem of anonymity; problem of intellectual adjustment; influence of sharp contrast between pre-university life and university life on students at the University, problem of the missing link; problem of peer influence and social pressure on the individual.

(b) Family Life and Sex Education

(i) Problems of boy-girl relationship at the University are highlighted as follows:

- distrust of each other by boys and girls;
- dating problem;
- making a wise decision about life partner;
- facing the challenges of abortion, pregnancy out of wedlock, unwed mothers, and venereal diseases;
- preparation for parent-hood;
- family planning.

(ii) Family life problems including:

- responsibility of members of the family today;
- problems of "deputizing" wives and husbands as factors in broken homes;
- polygyny or polyandry?
- polygamy or monogamy?
- cross-cultural crisis: native culture versus western culture family pattern-wise

(c) Community-Environmental Health

The problems highlighted concern ecological relationship between personal health and community-environmental health:

- air pollution, water shortage or pollution, food pollution, noise pollution, improper collection and disposal of refuse and human wastes.

(d) Healthful University Living

The problems are concerned with:
overcrowding dormitories and classrooms;

poor sanitary university environment - poor toilet facilities, irregularly removed refuse bins;

lighting and acoustics;

water supply;

eating facilities;

games facilities;

overcrowded timetable or course loads with no room for enjoyment of leisure;

human relationships: student-student, student-staff, student-administrator, student and other university staff relationships

- e.g. kitchen, hostel, health centre and gate staffs.

(e) Prevention and Control of Communicable Disease

Few of the problems under the heading are strictly due to personal carelessness of the students while most problems are due to poor community health facilities and practices. Facing the challenge of careless personal and community health practices as major factors which negate effective prevention and control of communicable diseases is a cardinal problem. Factors involved include: inadequate toilet facilities; insanitary toilet habits; venereal diseases due to careless sex practice; drinking of poor water supply and eating of polluted foods; living in insanitary college environment; delayed reports of health problems; inadequate health services; and self-diagnosis and self-medication by students.

Specific Personal Health Practices

Table II

	Questionnaire	Health Practice	No. of Respondents	%
1.	Do you usually engage in self-diagnosis and self-medication	Yes	188	69.6
		No	64	23.7
		No answer	18	6.7
		Total	270	100.0
2.	Do you usually take alcoholic drinks?	Yes	146	54.1
		No	122	45.1
		No answer	2	0.7
		Total	270	100.0
3.	Do you smoke cigarette?	Yes	142	52.66
		No	126	46.7
		No answer	2	0.7
		Total	270	100.0

4.	Have you ever used any contraceptive, or has any been used for you?	Yes	136	50.4
		No	120	44.4
		No answer	14	5.2
		Total	270	100.0
5.	Do you usually take any drugs or pills to keep you from sleeping?	Yes	100	57.0
		No	152	56.3
		No answer	18	6.7
		Total	270	100.0
6.	Do you usually take any drugs or pills to send you to sleep?	Yes	92	34.1
		No	152	56.3
		No answer	26	9.6
		Total	270	100.0
7.	Do you usually visit the native doctors (native medicine men) for cure or consultation?	Yes	40	14.8
		No	188	69.6
		No answer	42	15.6
		Total	270	100.0
8.	Do you usually visit the Prophets or Mallams for cure or consultation?	Yes	40	14.8
		No	208	77.0
		No answer	22	8.2
		Total	270	100.0
9.	Do you usually use "Brain Tonics" to help you in your studies?	Yes	12	4.4
		No	240	88.9
		No answer	18	6.7
		Total	270	100.0
10.	Do you usually smoke Indian Hemp?	Yes	10	3.7
		No	248	61.5
		No answer	12	4.4
		Total	270	100.0

The Commonest Health Problems Among the Students as Identified by the University Health Personnel at the Akoka and Idi-Araba Health Centres

Table III

	Health Problems	Identified by Respondents %
1.	Malaria	85.7
2.	Physical & Brain fatigue	85.7
3.	Venereal disease, particularly gonorrhoea	71.4
4.	Gastro-enteritis	57.1
5.	Emotional stress & strain - over-anxiety	42.9
6.	Common cold, catarrh, headache and cough	42.9
7.	Sleeplessness	42.9
8.	Accidents and injuries - cuts, sprains, abrasions	28.6
9.	Upper respiratory tract infection	28.6
10.	Virginitis	28.6
11.	Drug addiction	14.3
12.	Eye trouble	14.3
13.	Appendicitis	14.3
14.	Pile	14.3

On the basis of the health problems identified among the students the University health personnel who responded were asked to recommend measures for improving students' health or solving students' health problems. The following were recommended:

(a) Healthful University Living Environment:

- (i) The students need improved, health living conditions e.g. improved hall of residence facilities - ventilation system, water supply, toilet facilities, and other facilities necessary for healthful living.

- (ii) Equally important is the need to expand the staff clinic at LUTH and the Health Centre at Akoka, and to better equip the University Health Centres with adequate and quality health facilities, services and personnel.
 - (iii) There should be more effective measures of exterminating mosquitoes.
 - (iv) The University public health service section could still improve its efficiency by supervising the removal of the garbage cans more regularly and by overseeing general cleanliness of the surroundings of the University campuses.
- (b) Food and Nutrition: The students need good food with adequate vitamins, foods prepared and served under hygienic conditions.
 - (c) Family life and sex education: The students need advice and total guidance in family life and sex education. The high incidence of V.D. even makes this more urgent than can be ever thought of.
 - (d) Emotional and social health: The students, male and female, need regular lectures on emotional and social health throughout their university career; evidence of increase in this problem is becoming obvious.
 - (e) Physical health: The students need regular lectures on physical hygiene because there has been no significance evidence to show that most of the students have got any profitable background in physical health education. Lectures apart, every student should be encouraged to take part in formal physical activities, particularly in sports, games and a host of recreational activities which the university must provide as early as possible.
 - (f) Health education: All students should be health-educated in order to improve their health knowledge, attitude and practices in the University and for after-University living.

Discussion on Findings

There is a close correlation between the major health needs and problems which the students and the health personnel identified.

5(a) Emotional and Social Health Problem

From the complex nature of emotional stress and strain, it can be said that emotional problem and malaria top the list of the students' health problems according to the health personnel. The emotional aspect of the problem is reinforced by what the students identified.

As shown in Table I, emotional and social health topped the list of problem areas for male and female students. A further analysis of the expressed concern of the students showed that the females expressed more concern and interest about emotional and social problems than the male students. This

finding, however, does not necessarily suggest that the females have more emotional and social problems than the males. In the choice of friends, the males registered more concern and problems than the females, a concern that may mean that the males generally found it more difficult to make friends with the opposite sex than the females. Personal interviews revealed that both male and female groups suffered maladjustment in their early years at the University.

(b) Family Life and Sex Education Problem

Venereal disease is the second problem on the list according to the health personnel.

The male and female expressed grave concern about "Family Life and Sex Education". However, further analysis of the findings revealed that the females generally expressed greater and graver concerns than the males about such specifics as sex education for healthy living, crucial issues in dating, preparation for parenthood, and child and maternal health.

It is interesting to note that more males expressed concern about "Life Partner" than females in their first years, and the females expressed more concern about it than males in their last years in the University. What was discovered was that the boys' enthusiasm for married life tapered out with their age while that of the girls increased. Personal interview revealed that generally the boys never took marriage seriously while they were at the University. It was a great ordeal for many ladies to leave the University without assured "boy-friends" for "life-partners".

The effect of the concern for "life-partner" increases the emotional and social health problems among the students; in the first years among the boys and in the last years among the girls.

Although there was competition for "boy-friends" and "girl-friends" as the case may be, there was a general attitude of distrust toward each other by the boys and girls but more so by the girls; and distrust is often marked by the way girls withdraw from the many social activities involving the boys. This attitude is clearly marked in the way the two groups attacked each other in a number of ways, particularly through the pen as usually shown in such publications as The Scorpion, The Hook, The Mirror, The Viper, The Bullet, The Crab. In most instances, the volley of attack was directed to the female who usually showed an air of extreme helplessness and vulnerability.

Notwithstanding the open competition, boys often declared: "I can't marry any of these acada girls; they are flirts; they run after money; I have seen and known enough of these girls; they can't stay with one man for long; acada girls are no good but for fun." Many girls would say: "I prefer to remain single for ever than to marry any of these

flirts; most of the boys do not see any difference between fun and sex; I can't even marry my classmates; most boys are too sexually aggressive for us; many of the boys are mainly out to sex-sample us without commitment and then leave us in the lurch; I prefer to have my boyfriend not in the same University; I prefer to have fun with people outside the University"

A lady, after saying "I will marry when I meet the right man", declared with emotional tone: "But how will people take it if after graduation I can't say - 'this is my boy-friend?' What is the value of my academic career without marriage in our society and culture? My second junior sister has had three children. What of me? Only certificates!"

Here is a manifestation of socio-cultural pressure on the ladies over family life, marriage in general, and children rearing in particular. The emotional problem which attends such an unfulfilled socio-cultural need is heavy on the victims both boys and girls, but more so girls.

(c) Communicable Diseases and Environmental Hazards

Problems of malaria, gastro-enteritis, cold, catarrh and headache, and accidents and injuries as pointed out by the health personnel are closely related to the problems of prevention and control of communicable diseases, community-environmental health hazards, and general living conditions at the University.

(d) Stimulants and Depressants

(i) Indian Hemp: Although only 3.7 per cent of the respondents indicated that they smoked Indian Hemp, the percentage is nonetheless significant because it could easily influence many more students in a matter of months. Therefore the little percentage of the smokers should not be allowed to trick the University authority to feel that the problem is insignificant because the after-effect could be very serious for the student body politic and discipline at the University as a whole.

(ii) Like Indian Hemp, the taking of LSD by a few students could have a very serious effect on both students health and University discipline, even though only 6.7 per cent of the respondents indicated that they had heard of students of the University who engaged in taking of LSD.

(iii) Alcoholic Drinks: 54.1 per cent of the respondents indicated that they usually drank alcoholic drinks. This percentage is very significant for health reasons.

(iv) Cigarette Smoking: 52.6 per cent of the respondents indicated that they smoked cigarette. With the indication that most of the victims of cancer of the lung are known to be smokers, it should be taken as serious, the indication by 52.6 per cent of the respondents that they were smokers.

(v) Sleeping Drugs: 34.1 per cent of the respondents indicated that they took drugs or pills to send them to sleep, while 37.0 per cent of them said that they took drugs or pills to keep them awake. These percentages are significant enough to adversely affect the health of the students. The consumption of sleeping drugs must not be allowed to continue unchecked.

Students took sleeping drugs for two reasons: to keep them awake to do their assignments and other unfinished academic work due to over-crowded timetable, and to make them sleep, that is, to counteract the effects of sleeplessness when they want a good rest. It was discovered that apart from pressure of work, many students took drugs to keep them awake in order to finish the work that has accumulated as a result of procrastination and not necessarily because of over-crowded timetable or lack of leisure hours.

(vi) Brain Tonics: 4.4 per cent of the respondents indicated that they used brain tonics. Though this percentage may look insignificant, the influence which the addict may wield over other students may be so great as to win a number of adherents in no time. The efficacy of the known and so-called brain tonics is in doubt, and the possible damage to the brain of the affected may be serious. Consequently, the practice must not be allowed unchecked for the sake of the health of the addict.

(c) Miscellaneous

(i) Self-Medication: 69.6 per cent of the student respondents showed that they engaged in self-medication.

It was indicated that self-medication was more practised among girls than among boys. Personal interview with the girls revealed that:

- (1) many girls were shy over their privacies particularly if they had to go to male doctors;
- (2) many girls feared being admitted into the hospital; and
- (3) certain girls had had or have been told of others experiences about male doctors who went about chasing girl clients.

Number 2 reason seems to be a consequence of number 1. The fact of shortage of medical personnel and public health facilities, and the numerous and uncontrolled drug stores and pharmacists might have further encouraged the high per cent of students (male and female) who engaged in self-medication (which often carries with it self-diagnosis) on health, it is a matter of grave concern to note that 69.6 per cent of the student respondents confessed that they engaged in self-medication.

(ii) Delayed Reports of Sickness

It was discovered that more girls delayed sickness reports than boys. Further investigation revealed that the girls seemed to show more endurance than boys generally. However, a critical review of the attitude of the girls to delayed reports suggests that the reasons given under self-medication are also behind delayed reports.

(iii) Pregnancy out of Wedlock

It is significant that the students, both male and female groups, observed that pregnancy out of wedlock was a common practice. On the whole, 50.0 per cent of the males and 48.8 per cent of the females, or 49.6 per cent of the respondents held this view. If this observation was valid, than something is wrong with the women in terms of man-women relationship or with the sense of direction of the women. And some positive steps must be taken by the University authority to rescue the situation.

(iv) Incidence of Abortion

From the observation of the student respondents, incidence of abortion is serious. 78.9 per cent of both male and female groups observed that abortion was common among the students; of this percentage, 77.1 per cent of the males and 82.9 per cent of the females made the observation. Since 82.9 per cent of the females made this observation, it could be assumed that abortion should be a matter of serious concern to the University authority particularly with regard to what it could and should do to reduce the incidence among the students.

(v) Unwedded Mothers Problem

Incidence of unwedded mothers was observed by 31.6 per cent of the students (33.7 per cent of the males and 26.9 per cent of the females) as a common occurrence among the females. Such an observation is serious enough to warrant the attention of the University authorities about what they could do to arrest this problem.

(vi) Interpersonal Relational Problem
at the University

For healthful University living, the observation of the 52.6 per cent of the student respondents that the human relations between lecturers and students was not cordial is significant. It requires further investigation to verify this claim and the University authority and particularly the lecturers as individuals and as a body should do something positive to rescue the situation. This kind of observation may have adverse effects on the productivity efficiency and happiness of the students. The staff-student human relations must be reviewed accordingly and improved.

Also the observation by 75.2 per cent of the student respondents that the student-authority relationship was not cordial is equally significant. It calls for a wholesale reappraisal of the existing relationship so that positive change could be effected. After all is said and done, cordial relationship between the communicatee and the communicator, between student and authority, is a prerequisite for meaningful communication.

Also equally significant is the observation by 42.1 per cent of the students about lack of cordial relations between them and other University staffs - kitchen, dining hall and hostels. It calls for a review for positive change.

(vii) Western Medicaments Versus
Native Medicaments and Students'
Predicaments

14.8 per cent of the respondents indicated that they usually visited the native doctors, prophets or Mallams for consultation and care. Personal interview with some students revealed that 14.8 per cent was a conservative figure of those who always went to other health personnel besides the western oriented health personnel (viz, medical doctors, nurses, pharmacists, etc.). It was confirmed that many students commuted freely between the hospitals, health centres, clinics etc. on the one hand, and the shrines, private healers and prophets on the other. The impression was got that to a majority of the students, modern hospitals and medicaments were mere additions to traditional ones and not substitutes. As a result, that a student leaving a medical doctor for a native medicine man, and vice-versa, was not regarded as contradictory behaviour.

The use of other health services and products besides those of accredited Western health and medical personnel is very revealing even though the percentage of students involved, as indicated, seems to be insignificant. If 14.8 per cent of the respondents in a University setting could confess that they usually visited native doctors, prophets and mallams, it becomes necessary to further examine why students engaged in this practice.

According to the students they knew which health problems they took before the medical doctors and which before the native medicine men and other consultants. The impression was given us that greater motivation to go to non-medical personnel is due to the utmost urgency, concern, sympathy, and privacy which were accorded their complaints.

(viii) Student Unrest as a Health Problem

Student unrest largely mirrors a breakdown in the line of communication between students and authorities. From the students' point of view, a breakdown in the line of communication between them and the University authorities is responsible for what people often call "student unrest".

They said that the way most of their complaints were treated, particularly on general welfare e.g. accommodation, health services, foods, recreational facilities and other unsatisfactory living, and environmental health conditions at the University was one of "irresponsible people asking for too much and none shall be given them". This attitude affects adversely the mental health of the students.

As a group of students put it: "We have needs which we earnestly put before the authority from time to time. We are frustrated and disappointed when we are told that our needs are not needs; and we are ordered to accept what the authority regards as our needs. Many of us are not all that young and are not as irresponsible as the authority thinks. We know our needs. For instance, we know when a room is over-crowded, and the effect on our health and our studies; we know when the light in our room is not good for reading; we know when there are no toilet rolls; we know when we take sandy rice; watery soup, and stale, rancid bread; we know when there is no water supply for bathing, washing and flushing the toilet; we know when there are not enough chairs in the classroom; we know when the surrounding of our hostel is dirty and stinking To say that we don't know what we need, to say the least, is tantamount to a flagrant disregard for our needs, feelings and problems by the authority".

It has been suggested, particularly in psychology, that when people are unable to satisfy their physical, emotional and social needs, then there occur frustration, aggression, hostility, apathy, rebellion, unrest, etc. and other manifestations of emotional disturbances. If the interpersonal relation between student and authority is strained, then there is the likelihood of a breakdown in the line of communication between them; and fear, suspicion, distrust, misunderstanding, hostility, prejudice and a host of other crisis phenomena in interpersonal relations may fill the gap created by the breakdown in the line of communication between students and authority.

(f) Physical and Mental Health Complex

From the list of students' health needs and problems as identified by the health personnel, psycho-somatic concepts make difficult the separation of physical and brain fatigue from emotional stress and strain; either could lead to or manifest the other.

Physical and brain fatigue may in addition to the suggested reasons by health personnel also be a result of over-work of students by lecturers or by the students themselves. It may also be due to just students' anxiety about how to cope with over-crowded timetables or of how to "make the grade"; it could even be due to poor living conditions in the hostels; and, finally, it may be due to students' neglect of regular physical exercises and games.

Restlessness of students over financial problems, heavy course-load, poor performance in their studies, wrong choice of discipline, insecurity over boy-girl relational needs, over-anxiety over what the future holds in store for the students, and general problem of adjustment at the University may lead to sleeplessness. Restlessness and sleeplessness are symptomatic of nervous tension or emotional disturbance. The restless and the sleepless students are bound to develop physical and brain fatigue.

The emotionally disturbed students may find refuge and consolation in drugs. Such students also are more likely to get involved in accidents because of a distorted sense of judgment which characterizes their behaviour.

From a critical analysis of the students' health problems as identified by the health personnel, as well as by the students themselves, emotional and social problems seem to be a fruitful mother of many of the problems.

There is, therefore, little wonder that emotional and social health problems top the list of the students' health needs and problems according to the students.

That the problem of family life and sex education is even a major contributory factor to the emotional and social health problem is supported by the type of complaints which the author received from time to time from the students both male and female. The general trend was restlessness, sleeplessness, stomach troubles, frustration, general weakness, aggressiveness, confusion, unhappiness or minimal productivity, due to failure to secure a date, boy/girl friend, hostility of opposite sex, boy-friends who were overly aggressive and made girl friends miserable, over-jealous boy/girl friends, "deputizing" wives or husbands, and the like.

On the whole, from the findings and personal interviews physical health seems not to be a major problem to most of the students. Carelessness of few students about personal cleanliness and safety precaution only keep them at the health centres for a few hours or couple of days. Physical vigour characterizes most students' appearance, and their strictly physical health problems are temporary rather than chronic or disabling. Generally, the students look fresh, robust and strong. This experience with or account of students' health status lends weight to the fact that most of their problems are mental health rather than physical health. However, as already shown, the two cannot be strictly dichotomized because many illnesses or health problems are psychosomatic.

When and where mental health becomes a threat to healthy living, it is the mind rather than the body which requires preventive and curative medicine more.

(g) The Challenges of University Life

The complex challenges of life at the University are over-whelming to the average students. The challenges have both negative and positive effects, as shown in this study, on the students. The way the students react to the challenges depends largely on their own total upbringing-home community, and school backgrounds, as well as the individual's ability in handling particular challenges. By the time students come to the University some are aggressively dependent - they need to be led; a few are already independent - they require little or no direction from leaders; most are in between and betwixt - they can easily fit into either category.

For positive experiences in the challenges the University life offers, most of the students require planned activities. They need counselling and guidance to keep them physically, emotionally and socially healthy. They require guidance in how to get along with one-self, how to get along with others, and how to adjust to challenges of life. In short, they need to be educated for healthy living.

Because mental health poses a big problem to many students, male and female, it constitutes a big challenge to students, lecturers, administrators and health personnel if the University is to accomplish its educational objectives for the students and the nation.

Recommendations

1 Consumer Health Education

In the light of the many health problems indicated in this study, particularly the uses of varieties of stimulants and depressants (e.g. LSD, Indian Hemp, Alcoholic drinks, Sleeping drugs, Cigarette, Brain tonics, etc.), it is recommended that "Education for Consumer Use of Health Services and Products" be aggressively mounted among all students at the University and through public health education. The need to extend such education to the public is because the University is a social institution and the students come laden with social environmental influences to the University. In most cases what they practise at the University is a simple reflection or rehearsal of what is happening around them nationally and internationally.

Because of the limitations that external forces may impose on the educational activities of the University in consumer health education, it is also recommended that the governments of the country should save lives by stemming at their roots the variety of advertisements which negatively motivate students and the public at large to go in for all sorts and conditions of stimulants and depressants and other harmful substances. Decrees, edicts or laws could be promulgated against advertisement of listed dangerous drugs on any of the national mass media (Radio, TV.S., Press, etc.) as well as by hawkers and other quacks.

2. Family Life and Sex Education

Because of the increasing incidence of venereal diseases, unwed mothers, abortion, and concern for security in marriage, it is recommended that "Family Life and Sex Education" be emphasized as part of students' total learning experience at the University.

3. Personal and Community Health

Because of the nature of the health problems revealed by the study, it is recommended that a course on "Personal and Community Health" be made compulsory as part of University requirement for all University students in their first year at the University.

4. Guidance and Counselling

Because of increasing emotional and social health problems with the possible concomitant adverse effects on the academic performances of the students, it is recommended that the University should establish a course on guidance and counselling to take care of this aspect of the students' problems, and guide and counsel on those factors such as employment opportunity, planning for marriage, choice of profession, social adjustment, attitudes toward studies, toward personal problems and toward constituted authority, and the like.

5. Counselling as Part of Health Service

It is recommended that Counselling and Guidance be made part and parcel of the health and welfare services of the students in order to take care of the psychological needs and problems which constitute most of the health problems of the students. Two counsellors or psychiatrists should be added to the list of the health staff: one at the University Health Centre at Akoka and the other at Idi-Araba Health Centre.

6. Improved student-Staff-Authority Relationships

Because of the students' complaints about much needed better and closer interpersonal relations, for a better line of communication between staff and students and students and authorities, and because of the immense problems of misunderstanding which usually follow lack of effective communication under strained relationships between the communicator and the communicatee, it is recommended that formal and informal forums be provided, such as, "Staff-Student Get-Together", "Tea Socials", etc., College by College, faculty by faculty, department by department, and the like, for more regular contacts between these groups outside classroom situations. It is hoped that such forums may help staff members, particularly University Authorities, get to know and understand better the needs and problems of the students, and thereby gain some insight as to how to meet them. Among other advantages that such forums can bring are :

- (i) the exact students' needs and problems can be identified
- (ii) there will be improved student-staff human relations and consequently by a better communication process
- (iii) students will develop a better attitude in terms of trust and confidence in academic and administrative staff and authority
- (iv) students will develop a better sense of responsibility for their own good, the good of others, and the good of the total University community
- (v) there will be a better chance of solving students' problems through their co-operation and effective participation
- (vi) the human relational gap between staff and student is usually filled by prejudices, biases, gossips, mis-communication, suspicion, fear, hostility and other barriers to harmonious relationship between staff and student. Only closer interpersonal relationship can bridge the gap and remove the barriers.

7. Review of Timetable and Teaching Methods

Because of the human elements in physical and brain fatigue as well as in drug addiction, e.g. suggestion that over-crowded timetable and over-enthusiasm of lecturers to pump information into the students at the expense of the best use of leisure, there is need to re-examine the study structure for healthy University living. It is, therefore, recommended that the timetable and teaching methods be looked into with a view to remove the over-crowded periods and course loads with their concomitant stress and strain, and allow for better relaxation for students and better use of leisure in terms of students' self organisation and self-direction for study.

8. Periodical Formal Students' Feedback

The kind of students' feedback which the academic and administrative staff members get at present tends to be delayed, sporadic and relatively unrepresentative. Formal students' feedback is of prime significance in all educational institutions, particularly at the University level.

To speak of the necessity for feedback from the students is not to imply complete validity of student appraisals. I do not propose that the student appraisal should simply be taken at its face value. But at the same time it seems absurd to deny that such expression of student reaction is a highly relevant factor to be taken into account by the academic and administrative staff members in governing their conduct of the activities involving the students' effective participation, welfare and efficiency.

The main purpose of students' feedback is to make available students' reactions both negative and positive to their life and work at the University. The instructors and the administrators have to decide what this information signifies concerning the success or failure of their work with regard to their interaction with the students on academic and administrative matters.

Because the evaluator appraises in the context of his beliefs, values, needs, problems, and expectations, it is normal that if two people are to collaborate successfully on the same issue, they must state categorically their needs, expectations, likes and dislikes. Such openness and frankness is a prerequisite for the interacting people to reconstruct their attitude and actions in order to meet the needs, interests and expectations of each other.

In short, formal students' feedback is a strategy for change among the members of staff in their responsibility for the students' total physical, emotional, and social welfare - health.

9. Health and Physical Education Department

In order to face more realistically the physical, emotional and social health needs and problems of the students and thereby ensure conditions for maximizing students' efficiency for personal and national development; and because of the increasing national concern for health and physical education in the educational institutions and communities, it is recommended that a Department of Health and Physical Education be established either at the College of Education or at the College of Medicine. This Department will provide opportunities in health and physical education for all students, and also give interested students the chance to opt for health education, physical education, or health and physical education as a field of study and specialization which will equip them with the health educational skills which they can profitably use in promoting health as professionals and as members of their families and communities.

10. Students Health Council (SHC)

Because of the complex nature of the health problems at the University, and because most of these problems can be solved through improved health consciousness among and effective participation by students, it is recommended that a "Students Health Council" (SHS) - consisting largely of student representatives and some University staff members and public representatives - be established. The SHC will help to plan for an executive total student welfare or health programme in co-operation with the University authorities and Health Centres without prejudice to the role of the two bodies in providing for the welfare of the students.

The Students' Health Council will be the forum and clearing house for all matters and committees which affect

the welfare of the students. The need to create SIIIC and bring most of the committees under SHC is brought about by the fact that they deal with aspects of students' total health in terms of physical, mental, emotional and/or social needs and problems. The health of the students in its totality best describes the roles of all the committees.