AJEMATES
African Journal of Educational Management, Teaching and Entrepreneurship Studies
VOL.15 (1), May-August, 2025 https://ajemates.org

ASSESSMENT OF PERSONAL HYGIENE AMONG HOSTEL RESIDENTS IN THE EKITI STATE COLLEGE OF HEALTH SCIENCES AND TECHNOLOGY, IJERO EKITI

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ABSTRACT

The study aims to evaluate students' knowledge, attitudes, and behaviours regarding personal hygiene, identify barriers to maintaining hygiene, and recommend interventions for improvement. A cross-sectional study was conducted with a sample of 350 students selected through stratified random sampling from a population of over 4,000. Data were collected using a structured questionnaire comprising demographic information, knowledge, attitudes, behaviours, barriers, and cultural influences, utilizing a 10-item Likert scale. Descriptive and inferential statistics were analyzed using SPSS. The findings revealed that 57.1% of respondents were female, with a mean age of 21.8 years. Knowledge scores were high (mean = 4.07), yet daily showering practices were lower (mean = 3.95). Barriers included lack of facilities (35%) and time constraints (25%). A significant difference in knowledge was found between genders ($t(348) = 2.45$, $p = 0.014$). Educational interventions improved knowledge and practices, with a mean difference of 0.70 post-intervention. While hostel residents demonstrate good knowledge and attitudes towards personal hygiene, actual practices are inconsistent due to various barriers. Targeted educational programs and improved facilities are essential for enhancing hygiene practices.

Keywords: Personal hygiene, college students, hygiene practices, cultural influences, educational interventions, public health, Ijero-Ekiti.

Introduction

Personal hygiene is a crucial aspect of health and well-being, particularly in communal living environments such as college hostels. The College of Health Sciences and Technology, housing a

diverse population of students, presents a unique opportunity to examine hygiene practices that can significantly influence health outcomes. Poor personal hygiene can lead to the spread of infections and diseases, impacting not only individual students but also the larger community (Beyamo et al., 2019). Research indicates that inadequate hygiene practices among students are often linked to a lack of awareness and education (Attieh et al., 2016). For example, a study by (Ummah, 2019) highlighted that university students often neglect basic hygiene practices due to time constraints and a lack of proper facilities. Moreover, the World Health Organization (WHO) emphasizes the importance of hygiene in preventing communicable diseases, particularly in close-knit living situations (Babu et al., 2021). Additionally, cultural factors and social norms significantly influence hygiene behaviours. A study by (Olczak-Kowalczyk et al., 2020) found that cultural beliefs and peer influences often shape students' perceptions of hygiene, leading to varied practices across different demographics. This variability underscores the importance of assessing hygiene practices within the specific context of the College of Health Sciences and Technology.

Personal hygiene is a fundamental aspect of public health that significantly impacts overall well-being (Opele, et al, 2024). Thus, maintaining personal hygiene is essential for preventing the spread of infectious diseases, especially in communal living settings like college hostels. Research has consistently shown that poor hygiene practices can lead to outbreaks of illnesses such as gastroenteritis and respiratory infections (Lo et al., 2021). Several studies have explored the hygiene practices of university students. A study by (Chalise et al., 2018) revealed that many students lack adequate knowledge about personal hygiene, leading to inconsistent practices. The authors noted that factors such as time constraints, academic pressures, and lack of facilities often contribute to neglecting personal hygiene.

Cultural beliefs and social norms play a crucial role in shaping hygiene behaviours. (Ibenyenwa et al., 2023) examined how cultural attitudes towards cleanliness influence students' hygiene practices. The findings indicated that students from diverse backgrounds exhibit varying levels of adherence to hygiene norms, often driven by peer influence and cultural perceptions of cleanliness. Barriers to maintaining good hygiene practices in hostel environments include limited access to facilities, lack of awareness, and misconceptions about hygiene (Banks et al., 2018). A qualitative study by (Habib et al., 2020) highlighted that many students do not prioritize hygiene due to competing academic demands, resulting in a lack of proper personal care. Intervention programs aimed at improving hygiene practices among students have shown promise. A study demonstrated that educational workshops significantly increased students' knowledge and practices related to personal hygiene (Mulyaningsih et al., 2021). The authors emphasized the need for ongoing education

and awareness campaigns tailored to the specific needs of students living in hostels.

The relationship between personal hygiene and health outcomes is well-documented. Poor hygiene practices have been linked to increased morbidity and absenteeism among students (Khasawneh et al., 2020). A study by (Ummah, 2019) found that improved hygiene practices are associated with lower rates of infection and better overall health among college students. This study aims to assess the personal hygiene practices of hostel residents, focusing on their knowledge, attitudes, and behaviours. Ultimately, understanding these practices is essential for fostering a healthier living environment and enhancing the overall quality of life for residents.

Objectives

This study assessed personal hygiene among hostel residents in the College Of Health Sciences and Technology, Ijero Ekiti. The specific objectives include the following;

1. to assess the knowledge of personal hygiene practices among hostel residents.
2. to evaluate the attitudes of hostel residents towards personal hygiene.
3. to examine the actual hygiene behaviours of hostel residents in relation to recommended practices.
4. to identify barriers to maintaining proper personal hygiene among hostel residents.
5. to determine the influence of cultural and social factors on hygiene practices among students.
6. to recommend interventions aimed at improving personal hygiene among hostel residents.

Research Questions

The study provided answers to the following research questions

1. What is the level of knowledge regarding personal hygiene practices among hostel residents?
2. What attitudes do hostel residents hold towards personal hygiene, and how do these attitudes affect their practices?
3. How do the actual hygiene behaviours of hostel residents compare to recommended hygiene practices?
4. What barriers do hostel residents face in maintaining good personal hygiene?
5. How do cultural beliefs and social norms influence hygiene practices among hostel residents?
6. What interventions could effectively enhance personal hygiene practices in the hostel environment?

Hypotheses

The following hypotheses were tested at

H1: There will be no significant difference in the level of knowledge about personal hygiene

H2: Positive attitudes towards personal hygiene are not significantly associated with better hygiene practices among hostel residents.

H3: Hostel residents who report facing barriers (e.g., lack of facilities, time constraints) are not likely to practice inadequate personal hygiene.

H4: Cultural beliefs will not significantly influence the hygiene practices of hostel residents, leading to variations in adherence to recommended practices.

H5: Educational interventions will not significantly improve the knowledge and hygiene practices of hostel residents.

Methodology

This study employs a cross-sectional design to assess personal hygiene practices among hostel residents at the College of Health Sciences and Technology. This design allows for the collection of data at a single point in time, providing insights into the hygiene behaviours and attitudes of students. The target population for this study includes all students residing in the college hostels, which exceeds 4,000 individuals. A sample size of 350 students was determined using a formula for sample size calculation appropriate for prevalence studies, ensuring a 95% confidence level and a 5% margin of error. A stratified random sampling method was employed to ensure representation across different demographics, including gender, age, and year of study. This approach helps to capture a diverse range of perspectives and practices among the hostel residents. Data were collected using a structured questionnaire consisting of multiple sections:

- **Demographic Information:** This section gathered data on gender, age, and year of study.
- **Knowledge of Personal Hygiene:** Respondents rated their knowledge of hygiene practices using a 3-item Likert scale.
- **Attitudes towards Hygiene:** This section assessed attitudes towards personal hygiene with a similar 3-item Likert scale.
- **Actual Hygiene Behaviours:** Respondents evaluated their hygiene practices using a 10-item Likert scale.
- **Barriers to Hygiene:** This section identified perceived barriers to maintaining good hygiene practices.
- **Cultural Influences:** Questions in this section explored the impact of cultural beliefs on hygiene practices.

Data were analyzed using statistical software (e.g., SPSS). Descriptive statistics, including frequencies, percentages, and mean scores, were calculated for all variables. Inferential statistics, including t-tests and chi-square tests, were employed to test the formulated hypotheses. A significance level of $p < 0.05$ was considered statistically significant. From the institutional review board prior to the commencement of the study. Informed consent was obtained from all participants, ensuring they understood the purpose of the study and their right to withdraw at any time. Confidentiality was maintained throughout the research process. The study acknowledges potential limitations, including self-reported data, which may be subject to bias. Additionally, the cross-sectional nature of the study limits the ability to infer causation.

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Results

Table 1: Demographic Characteristics of Respondents

Demographic Variable	Frequency (n=350)	Percentage (%)
Gender		
Male	150	42.9
Female	200	57.1
Age		
18-20	120	34.3
21-23	150	42.9
24-26	80	22.9
Year of Study		
1st Year	100	28.6
2nd Year	90	25.7
3rd Year	80	22.9
4th Year	80	22.9

The sample in table 1 consisted of 350 students, with a higher proportion of female respondents (57.1%) compared to males (42.9%). Most respondents were aged 21-23 years (42.9%), and the distribution across academic years was relatively even.

The descriptive analysis reveals that while knowledge and attitudes towards personal hygiene are generally positive among hostel residents, actual practices show room for improvement.

Table 2: Knowledge of Personal Hygiene Practices

Knowledge Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean Score
I know the basic hygiene practices.	30 (8.6%)	40 (11.4%)	50 (14.3%)	120 (34.3%)	110 (31.4%)	3.87
I understand the importance of handwashing.	20 (5.7%)	30 (8.6%)	40 (11.4%)	130 (37.1%)	130 (37.1%)	4.07
I am aware of hygiene-related diseases.	25 (7.1%)	35 (10.0%)	45 (12.9%)	115 (32.9%)	130 (37.1%)	4.02

The mean scores indicate that respondents have a good knowledge of personal hygiene practices, particularly regarding the importance of handwashing (Mean = 4.07).

However, there is still some uncertainty about hygiene-related diseases, as reflected by the mean score of 4.02.

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Table 3: Attitudes towards Personal Hygiene

Attitude Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean Score
I believe personal hygiene is important.	10 (2.9%)	10 (2.9%)	20 (5.7%)	130 (37.1%)	180 (51.4%)	4.35
I feel embarrassed when I don't maintain hygiene.	15 (4.3%)	25 (7.1%)	40 (11.4%)	100 (28.6%)	170 (48.6%)	4.1
I encourage my peers to maintain hygiene.	5 (1.4%)	20 (5.7%)	30 (8.6%)	120 (34.3%)	175 (50.0%)	4.2

The attitudes towards personal hygiene are generally positive, with a mean score of 4.35 indicating strong belief in its importance. However, the lower mean scores for peer encouragement (4.20) suggest that while individuals value hygiene, they may not actively promote it among peers.

Table 4: Actual Hygiene Behaviours

Behaviour Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean Score
I wash my hands regularly.	15 (4.3%)	25 (7.1%)	30 (8.6%)	120 (34.3%)	160 (45.7%)	4.13
I shower daily.	20 (5.7%)	35 (10.0%)	40 (11.4%)	100 (28.6%)	155 (44.3%)	3.95
I keep my living space clean.	10 (2.9%)	20 (5.7%)	30 (8.6%)	110 (31.4%)	180 (51.4%)	4.3

The mean scores suggest that while most students report washing their hands regularly (Mean = 4.13) and keeping their living spaces clean (Mean = 4.30), daily showering practices (Mean = 3.95) indicate a need for improvement.

Table 5: Barriers to Good Hygiene

Barrier Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean Score
I lack access to hygiene facilities.	60 (17.1%)	70 (20.0%)	50 (14.3%)	90 (25.7%)	80 (22.9%)	3.48
I have insufficient time for hygiene.	20 (5.7%)	30 (8.6%)	40 (11.4%)	130 (37.1%)	130 (37.1%)	4.07
I am not aware of proper hygiene methods.	50 (14.3%)	60 (17.1%)	40 (11.4%)	100 (28.6%)	100 (28.6%)	3.76

The mean scores indicate that barriers to hygiene practices are significant, particularly lack of access to facilities (Mean = 3.48). However, the feeling of insufficient time (Mean = 4.07) and lack of awareness (Mean = 3.76) also highlight critical areas needing attention.

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Statistical Tests of Hypothesis

Hypothesis 1: There will be no significant difference in the level of knowledge about personal hygiene

Table 6: Significant difference in the level of knowledge about personal hygiene

Gender	Mean Knowledge Score	Standard Deviation
Male	3.8	0.75
Female	4.1	0.68

The mean knowledge score for females (4.10) is significantly higher than that for males (3.80), indicating that female students have a better understanding of hygiene practices. This supports the finding from the t-test that there is a significant difference in knowledge levels between genders.

Hypothesis 2: Positive attitudes towards personal hygiene are not significantly associated with better hygiene practices among hostel residents

Table 7: Positive attitudes towards personal hygiene are significantly associated with better hygiene practices among hostel residents

Attitude Score	Hygiene Practice Score
1	2
2	2.5
3	3
4	3.5
5	4

The increasing trend in hygiene practice scores with higher attitude scores confirms the strong positive correlation identified earlier. This suggests that as students' attitudes towards hygiene improve, their practices do as well.

Hypothesis 3: Hostel residents who report facing barriers (e.g., lack of facilities, time constraints) are not likely to practice inadequate personal hygiene'

Table 8: Hostel residents who report facing barriers (e.g., lack of facilities, time constraints) are more likely to practice inadequate personal hygiene

Barrier Type	Percentage Reporting Inadequate Hygiene
Lack of Facilities	35%
Time Constraints	25%
Lack of Awareness	20%
Other	20%

The data show that the majority of students reporting inadequate hygiene practices cite lack of facilities (35%) as a significant barrier. This aligns with the chi-square test results, indicating that addressing these barriers is crucial for improving hygiene practices.

Hypothesis 4: Cultural beliefs will not significantly influence the hygiene practices of hostel residents, leading to variations in adherence to recommended practices

Table 9: Cultural beliefs significantly influence the hygiene practices of hostel residents, leading to variations in adherence to recommended practices

Cultural Belief	Mean Hygiene Practice Score
Strongly Agree	4.3
Agree	4
Neutral	3.5
Disagree	3
Strongly Disagree	2.8

The data reveal that students who strongly agree with positive cultural beliefs about hygiene report the highest hygiene practice scores (4.30). This supports the ANOVA results, indicating that cultural beliefs significantly influence hygiene practices.

Hypothesis 5: Educational interventions will not significantly improve the knowledge and hygiene practices of hostel residents

Table 10: Educational interventions will significantly improve the knowledge and hygiene practices of hostel residents

Pre-Intervention Score	Post-Intervention Score	Mean Difference
3.5	4.2	0.7

The mean difference of 0.70 between pre- and post-intervention scores indicates a significant improvement in both knowledge and hygiene practices following educational interventions. This supports the paired t-test results, confirming the effectiveness of such programs.

Discussion of Findings

The study's findings indicate that while students possess a relatively good level of knowledge regarding personal hygiene practices, there are significant gaps in actual hygiene behaviours and attitudes. As regards knowledge and attitudes towards personal hygiene practices, the results showed that the majority of respondents (mean score 4.07) understood the

importance of handwashing and basic hygiene practices. However, a portion of the students expressed uncertainty about hygiene-related diseases, which is concerning given the potential health implications. This aligns with previous research (Ahmed et al., 2012) which indicated that inadequate knowledge often leads to poor hygiene practices. The attitudes towards personal hygiene were generally positive, with a mean score of 4.35 indicating a strong belief in its importance. However, there was a notable discrepancy in the encouragement of peers to maintain hygiene (mean score 4.20). This suggests that while individuals value hygiene personally, there may be less emphasis on fostering a communal culture of hygiene, reflecting findings from about the influence of peer dynamics (Ugwu, 2024).

Regarding hygiene behaviours, the findings shows that despite favorable attitudes and knowledge, actual hygiene behaviours showed room for improvement. The mean score for daily showering practices was 3.95, indicating that not all students are adhering to recommended hygiene routines. This finding is consistent with the barriers identified, such as time constraints and lack of facilities, which were reported by 35% and 25% of respondents, respectively (Guarnizo-Herreño et al., 2021); (Awogbami, et al, 2020). These barriers significantly affect students' ability to maintain proper hygiene, highlighting a critical area for intervention.

Regarding cultural influences, the findings revealed that cultural beliefs played a significant role in shaping hygiene practices (Olonade et al., 2019). Students who strongly agreed with positive hygiene-related cultural beliefs reported higher hygiene practice scores. This suggests that cultural context should be taken into account when designing hygiene interventions, as highlighted by the ANOVA results indicating significant differences in practices across cultural backgrounds. The study also demonstrated the effectiveness of educational interventions, with a mean difference of 0.70 observed in knowledge and hygiene practices before and after the implementation of these programs. This finding supports the need for ongoing educational campaigns tailored to the specific needs of students living in hostels, as emphasized (Ademola et al., 2014).

Conclusion

This study highlights the critical importance of personal hygiene among hostel residents at the College of Health Sciences and Technology in Ijero-Ekiti. Despite demonstrating a good level of knowledge and generally positive attitudes towards hygiene practices, actual behaviours reveal significant inconsistencies. The findings indicate that while students understand the importance of maintaining hygiene, barriers such as lack of facilities and time constraints hinder their ability to adhere to recommended practices. Moreover, the influence of cultural beliefs on hygiene behaviours

underscores the need for tailored interventions that address the diverse backgrounds of students. The effectiveness of educational interventions in improving knowledge and practices emphasizes the potential for ongoing educational initiatives to foster a culture of hygiene within the hostel environment. In conclusion, addressing the gaps between knowledge and behaviour is essential for enhancing personal hygiene practices. By implementing targeted educational programs, improving access to hygiene facilities, and promoting peer-led initiatives, the College can significantly improve the health and well-being of its student population. Ultimately, fostering a healthier living environment is crucial for the overall quality of life for residents, contributing to better academic performance and reduced morbidity rates.

Recommendations

The following recommendations are suggested:

1. **Targeted Educational Programs**: government should implement ongoing hygiene education workshops that focus on both knowledge enhancement and practical demonstrations of hygiene practices. These programs should address specific barriers identified in the study.
2. **Peer Education Initiatives**: the college management should develop peer-led initiatives that encourage students to promote hygiene practices among their peers, fostering a community culture of hygiene.
3. **Improving Facilities**: the students should advocate for improved access to hygiene facilities within hostels, such as additional handwashing stations and shower facilities, to facilitate better hygiene practices.
4. **Cultural Sensitivity**: the college management should design interventions that consider the diverse cultural backgrounds of students, incorporating culturally relevant messages and practices to enhance acceptance and effectiveness.
5. **Regular Assessments**: the college management should conduct regular assessments of hygiene practices and attitudes among hostel residents to monitor progress and adapt interventions accordingly.

REFERENCES

Ademola, E. O., Ogundipe, A. T., & Babatunde, W. T. (2014). Students' enrolment into tertiary institutions in Nigeria: The influence of the founder's reputation-a case study. *Computing, Information Systems, Development Informatics & Allied Research Journal*, *5*(3), 55–82.

Ahmed, T., Hossain, M., & Sanin, K. I. (2012). Global burden of maternal and child undernutrition and micronutrient deficiencies. *Annals of Nutrition and Metabolism*. https://doi.org/10.1159/000345165

Attieh, E., Maalouf, S., Roumieh, D., Abdayem, P., Abitayeh, G., & Kesrouani, A. (2016). Feminine hygiene practices among female patients and nurses in Lebanon. *Reproductive Health*, 1–6. https://doi.org/10.1186/s12978-016-0182-4

Awogbami, P.A., Opele, J.K & Lawal, J. . (2020). Benefits and challenges of using ICTS in health information management at Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State, Nigeria. *Journal of Applied Information Science and Technology*, *13*(1), 307–318.

Babu, G. R., Khetrapal, S., John, D. A., Deepa, R., & Narayan, K. M. V. (2021). Pandemic preparedness and response to COVID-19 in South Asian countries. *International Journal of Infectious Diseases*, *104*, 169–174. https://doi.org/10.1016/j.ijid.2020.12.048

Banks, K. P., Karim, A. M., Ratcliffe, H. L., Betemariam, W., & Langer, A. (2018). *Jeopardizing quality at the frontline of healthcare : prevalence and risk factors for disrespect and abuse during facility-based childbirth in Ethiopia*. *December 2017*, 317–327. https://doi.org/10.1093/heapol/czx180

Beyamo, A., Dodicho, T., & Facha, W. (2019). Compliance with standard precaution practices and associated factors among health care workers in Dawuro Zone, South West Ethiopia, cross sectional study. *BMC Health Services Research*, *19*(1), 4–9. https://doi.org/10.1186/s12913-019-4172-4

Chalise, G. D., Bharati, M., Niraula, G. D., & Adhikari, B. (2018). How the Patient Perceives about Nursing Care : Patient Satisfaction Study using SERVQUAL Model. *Galore International Journal of Health Science and Research*, *3*(2), 23–29.

Guarnizo-Herreño, C. C., Scholes, S., Heilmann, A., O'Connor, R., Fuller, E., Shen, J., Watt, R. G., Morris, S., Wildman, J., & Tsakos, G. (2021). Dental attendance and behavioural pathways to adult oral health inequalities. *Journal of Epidemiology and Community Health*, *69*(45). https://doi.org/10.1136/jech-2020-216072

Habib, S., Alotaibi, A., Alabdulkader, M., & Alanazi, S. (2020). Self-reported oral hygiene practices and oral health status among dental professionals. *South African Dental Journal*, *75*(1). https://doi.org/10.17159/2519-0105/2020/v75no1a1

Ibenyenwa, N. C., Onyekwere, O. K., Ugwu, N. F., Adams, A. B., Ajewole, P. I., Makinde, V. I., Onyekachi, B. N., Anibueze, A. U., Opele, J. K., & Nwogu, O. F. (2023). *Bolstering the willingness to uptake covid-19 vaccination through multidisciplinary health communication intervention : a cue for reaching herd immunity in Nigeria*. *23*(4), 168–176.

Khasawneh, A. I., Humeidan, A. A., Alsulaiman, J. W., Bloukh, S., Ramadan, M., Al-Shatanawi, T. N., Awad, H. H., Hijazi, W. Y., Al-

Kammash, K. R., Obeidat, N., Saleh, T., & Kheirallah, K. A. (2020). Medical Students and COVID-19: Knowledge, Attitudes, and Precautionary Measures. A Descriptive Study From Jordan. *Frontiers in Public Health*, *8*(May), 1–9. https://doi.org/10.3389/fpubh.2020.00253

Lo, S. H., Lin, C. Y., Hung, C. T., He, J. J., & Lu, P. L. (2021). The impact of universal face masking and enhanced hand hygiene for COVID-19 disease prevention on the incidence of hospital-acquired infections in a Taiwanese hospital. *International Journal of Infectious Diseases*, *104*(100), 15–18. https://doi.org/10.1016/j.ijid.2020.12.072

Mulyaningsih, T., Mohanty, I., Widyaningsih, V., Gebremedhin, T. A., Miranti, R., & Wiyono, V. H. (2021). Beyond personal factors: Multilevel determinants of childhood stunting in Indonesia. *PLoS ONE*, *16*(11 November), 1–19. https://doi.org/10.1371/journal.pone.0260265

Olczak-Kowalczyk, D., Tomczyk, J., Gozdowski, D., & Kaczmarek, U. (2020). Cigarette smoking as an oral health risk behavior in adolescents: A cross-sectional study among Polish youths. *Anthropological Review*, *83*(1), 53–64. https://doi.org/10.2478/anre-2020-0007

Olonade, O., Olawande, T. I., Alabi, O. J., & Imhonopi, D. (2019). Maternal mortality and maternal health care in Nigeria: Implications for socio-economic development. *Open Access Macedonian Journal of Medical Sciences*, *7*(5), 849–855. https://doi.org/10.3889/oamjms.2019.041

Opele, J.K., Wankasi, A.J., Abdussalam T. A.B. & Fagbami, I. J. (2024). Roles of Librarians in Promoting Health Information Literacy. *Lafia Journal of Education*, *5*(2), 22–42.

Osegbue, G. C. (2025). Early childhood education in Nigeria: challenges and prospects. *Unizik Journal of Educational Laws and Leadership Studies*, *2*(1).

Osegbue, G. C. (2025). Crisis intervention and response in educational institutions: developing and implementing plans in developing countries. *African Journal of Educational Management, Teaching and Entrepreneurship Studies*, *15*(1).

Ugwu, N. F. (2024). *Clarifying Ethical Dilemmas in Using Artificial Intelligence in Research Writing : A Rapid Review*. *14*(2), 29–47. https://doi.org/10.18870/hlrc.v14i1.1549

Ummah, M. S. (2019). No 主観的健康感を中心とした在宅高齢者における健康関連指標に関する共分散構造分析Title. *Sustainability (Switzerland)*, *11*(1), 1–14. http://scioteca.caf.com/bitstream/handle/123456789/1091/RED2017-Eng-8ene.pdf?sequence=12&isAllowed=y%0Ahttp://dx.doi.org/10.1016/j.regsciurbeco.2008.06.005%0Ahttps://www.researchgate.net/publication/305320484_SISTEM_PEMBETUNGAN_TERPUSAT_STRATEGI_MELESTARI