Perception and Utilization of Healthcare Services among SS 2 Students in Jos North Local Government Area of Plateau State, Nigeria

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Abstract. This research work was carried out to investigate the perception and utilization of healthcare services among SS 2 students in Jos North LGA of Plateau State. The research was conducted using cross-sectional survey research method through structured questionnaire which were administered to two hundred SS 2 students who served as the respondents. The data collected from the respondents was analyzed using simple frequency and percentage method. The result revealed that 177 (88.5%) respondents perceived healthcare services to be relevant to the health and wellbeing of an individual, 170 (85%) said that healthcare provides both preventive and curative services, 134 (67%) perceived healthcare services to be expensive and 124 (62%) agreed that most doctors and nurses have negative attitude towards their patients. Based on the findings, it was revealed that the level of utilization of health services among SS 2 students is low- 110 (55%) and health services are lacking in most schools- 91(45.5%). The result also revealed that schools management had a negative attitude towards health services- 133 (66.5%). Based on findings, it was recommended that the government and stakeholders should subsidize the cost of health services and improve primary health centers in order to increase utilization. School management should create adequate time for students to access and utilize health services in the school clinic. Also, the school management should provide adequate health services and partner with health agencies and workers to periodically evaluate students’ health.

1. Introduction

Good health is a fundamental requirement for living a socially and economically productive life. Obiechina & Ekenedo (2013) noted that health constitute a priority in the life of every individual because it determines to a great extent, the level at which an individual functions in the society. Health guarantees hope and progress for individuals in any society (Letty, 2016). This implies that good health is a determinant of success in the life of every individual and therefore, it must be developed and maintained by every individual. In order to do this, it is imperative that health services should be provided and effectively utilized.

Health Services are relevant, regardless of age and gender and that is why every good government often emphasizes on the health of its citizens and that is the reason why the three tiers of government are concerned about good health delivery. Umunna (2012) pointed out that the Nigerian Governments have made tremendous contribution towards the provision of qualitative healthcare services to its population. However,
Utilization of these services remains dependent on the perception of individuals.

Perception is the organization, identification and interpretation of sensory information in order to represent and understand the presented information or the environment (Ricketts, 2009). It is the process of recognizing and interpreting sensory stimuli. It also include how one responds to information from the environment (Mallum & Haggai, 2004). According to Kuponiyi (2016), perception has an immense impact on the enrolment and utilization of health services. Similarly, Adams & Awunor (2014) made it clear that perception of poor quality and inadequacy of health services determine largely, the level of utilization of healthcare services.

Highlighting on health services, Umunna (2012) stated that health services are made up of important components such as health appraisal, health examination, referral services, health counseling, emergency care for sicknesses and injuries, correction of remedial defects, ambulatory services, health screening, prevention and control of communicable diseases etc. These services include both preventive and curative services and also provide information, to the public, necessary to develop and maintain good health (Kuponiyi, 2016). These services are centered on making healthcare accessible, high quality and patient-centered. These variables are tested in this work.

Good utilization of health services serves to improve the health of the population (Adams & Awunor, 2014). Healthcare service utilization is a major determinant of health. Its role in providing and maintaining optimum health status cannot be overemphasized. WHO (2011) recommended the utilization of healthcare services as a basic primary healthcare concept. However, studies have shown that the presence of health services alone is not enough to guarantee their use as other socio-economic factors could influence access and utilization. Low health facility utilization is often a reflection of poor quality of services and poor attitude of staff (Kuponiyi, 2016).

For example, a study done in a rural community in Plateau State, Nigeria, among 360 mothers revealed that high cost of drugs (29.0%), service charges (19.0%), easy access to traditional healers (39.0%), and difficulty in getting transport to a health facility (30.0%) were the major factors that caused non-attendance at health facilities (Kuponiyi, 2016). Another cross sectional survey accessing the utilization of primary healthcare (PHC) facilities in a rural community in Southwest Nigeria, showed that 40.0% of the respondents who were ill in the preceding six months visited a PHC facility for treatment, while others relied on self-medication (Adebayo & Asuzu, 2015).

Many professionals in the field of health and education have confirmed that there is a strong interconnected factor between health status of a student and his academic achievement. That is, for any meaningful learning to occur, the student needs to be in a state of good health (Baltag, Pachyna, & Hall, 2015). Educational achievement is strongly associated with students' health (Ogbiji, 2011). The healthier the students, the more accurate they can think, perform and the more productive or successful they become. This is the reason why quality attention should be focused on the health of the Nigerian Secondary School students who constitutes an important segment of the society.

Secondary School is where students receive secondary education which is the education received after the primary education and before the tertiary stage. Students who are in the secondary school are adolescents within the ages of 11 - 18. The secondary school is a unique and powerful institution which serves to mould the behavior of students who attend such school, positively. The teachers and schools generally are academically prepared to organize developmental and appropriate learning experiences that can empower students to embrace safer and healthier lifestyles (Kuponiyi, 2016).

It is noticeably clear that a sizeable proportion of Nigeria's population are students. They constitute a significant portion of the country's population. The role and contribution of these students to national growth and development
cannot be overstated. They serve as the bedrock for economic, political, technological, agricultural and educational development in the nation (Ola, 2001). It is therefore necessary to protect, preserve, maintain and promote the health of these students by providing them with comprehensive health care services.

According to Kuponiyi (2016), the school health programme is one of the strategies for promoting health services in secondary schools. This programme provides advisory and counseling services for the school. It also provides pre-entry medical screening, routine health examination, school health records, sick bays, first aid and referral services.

The need for effective utilization of health services by students cannot be overemphasized due to the complex nature of the various physiological and sociological health problems common among adolescents of secondary school age, hence the present study on perception and utilization of health services among SS 2 students in Jos North LGA of Plateau State. Health services are relevant to every individual due its great role in the health and development of the individual. It is therefore necessary that the provision and utilization of these services should not be restricted to any individual based on ethnicity, religion, gender, or other socioeconomic factors. Over the years, health services have been provided and made accessible to students through the school health programme (Ogbiji, 2011). This has contributed immensely to the high quality of education in Nigeria by promoting the health of the students who utilizes these services effectively.

However, the level of utilization of these services remains very low. This is due to the students' perception of their health and the health services. According to Obiechina & Ekenedo (2013), the low utilization of health services among adolescents is because they believe that they are completely healthy and not in need of any health services. Contrary to their belief, studies have shown that there exist high burden of morbidity among adolescents. The health challenges faced by adolescents include infectious diseases, accidents and injuries, malnutrition, mental disorders, obesity, substance abuse, HIV and violence (WHO, 2011).

Considering these health challenges, there is need to increase utilization of health services among secondary school students. This is absolutely necessary because if the present trend of low utilization remains persistent, it could lead to uncontrollable increase in morbidity rate, low productivity and death. That is the reason why the present study on Perception and utilization of health services among SS 2 students in Jos North Local Government Area of Plateau State is very important.

To give direction to this work, the following research questions were stated:

- What are the perceptions of SS 2 students towards health services?
- What is the level of utilization of health services among SS 2 students?
- How available are health services in Jos North LGA?
- What are the attitudes of secondary school management towards health services?
- What are the practices of SS 2 students towards the use of available health services?

2. Methods

This study used a cross-sectional survey. This is because in cross sectional survey, data are collected from a representative sample using questionnaire, interview, observation and test. According to Kerlinger (1993), a survey gathers data at a particular point in time.

The population of the study is made up of all SS 2 students in the secondary schools in Jos North Local Government Area of Plateau State.

For this research work, the sample of students was drawn from twenty (20) secondary schools in Jos North Local Government Area of Plateau State. Two hundred (200) respondents (Students) were sampled for the study. That is ten (10) respondents were selected from each of the twenty (20) selected schools.
For this study, a simple random technique was used to select twenty (20) schools and ten (10) respondents in each of the selected schools. A simple random sampling technique is used because it allows equal opportunity for the sample variables to be selected and participate in the study.

For the purpose of this research work, the instrument used for data collection is a structured questionnaire. The questionnaire was developed by the researcher based on an intensive literature review on perception and utilization of health services.

The questionnaire was designed by the researcher to collect information from the respondents. The questionnaire was made of five sections.

Section one comprised of perception of health services; section two dealt with the utilization of health services; section three dealt with the availability of health services; section four comprised of attitudes of school managements toward health services while section five dealt with practices that endangers students’ health.

The questionnaire was designed by the researcher after an intensive literature review on the topic. The items on the questionnaire were structured to provide answers to the research questions formulated.

A research instrument is said to be valid when it measures truly and accurately what it intends to measure. In validating the research instrument, the issues of validity and reliability of the instrument are imperative. Validity is the most vital characteristic of any research instrument. For any research instrument to be valid, it must be relevant and reliable. The reliability of the research instrument therefore needs to be established to further strengthen its validity.

To further ensure the content validity of the instrument, the researcher subjected it to judgment from an expert so as to obtain the adequacy and comprehensiveness of the items as well as the clarity of expressions used. Based on the expert's advice, some items were modified, some were retained and others deleted.

Reliability estimate are to evaluate the stability of measures administered at different times to the same individual using the same standard (test retest reliability).

The researcher used questionnaire as the major instrument for data collection. The researcher visited all the selected secondary schools in Jos North Local Government Area of Plateau State and met the principals and teachers with the letter of introduction obtained from the department through the project supervisor soliciting the cooperation of the selected respondents. He was then granted the permission to conduct the research in the schools. Then this letter will be attached to the questionnaire that would be administered. The sampled respondents are then required to respond to those statements in the questionnaire based on their individual experience as the researcher administered the questionnaires personally. And for the purpose of ensuring hundred percent return of the questionnaire, the completed questionnaires were collected on the spot.

Simple percentage method of data analysis was employed to analyze the data. The choice of simple percentage method of data analysis is appropriate because of clarity in the presentation of information thus facilitating the reader's understanding

3. Results and Discussions
Table 1: Perception of SS 2 Students toward Health Services

<table>
<thead>
<tr>
<th>N = 200</th>
<th>S/N</th>
<th>ITEMS</th>
<th>YES</th>
<th>%</th>
<th>NO</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Health services are relevant to the health and wellbeing of an individual</td>
<td></td>
<td>177</td>
<td>88.5</td>
<td>23</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Health services provides both preventive and curative service</td>
<td></td>
<td>170</td>
<td>85</td>
<td>30</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Health services are expensive</td>
<td></td>
<td>134</td>
<td>67</td>
<td>66</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Only those close to health facilities are able to use health services</td>
<td></td>
<td>64</td>
<td>32</td>
<td>136</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Health services are restricted to some tribe/culture</td>
<td></td>
<td>53</td>
<td>26.5</td>
<td>147</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Only adults are able to access health services</td>
<td></td>
<td>60</td>
<td>30</td>
<td>140</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>Most doctors, nurses and health personnel have poor/negative attitude towards their patients</td>
<td></td>
<td>124</td>
<td>62</td>
<td>76</td>
</tr>
</tbody>
</table>

The results in Table 1 shows that health services are relevant to the health and wellbeing of an individual -177 (88.5%), health services provides both preventive and curative services -170 (85%), health services are expensive -134(67%) and most doctors, nurses and health personnel have poor/negative attitude towards their patients -124 (62%) were the perception of the SS 2 students in Jos North LGA of Plateau State.

However, only close to health facilities are able to use health facilities -64(32%), only adults are able to access health services -60 (30%) and health services are restricted to some tribe/culture -53 (26.5%) were not the perception of the SS 2 students towards health services in Jos North LGA of Plateau State.

Table 2: Level of utilization of health services among SS 2 student in Jos North LGA.

<table>
<thead>
<tr>
<th>N = 200</th>
<th>S/N</th>
<th>ITEMS</th>
<th>YES</th>
<th>%</th>
<th>NO</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>I don’t use the school health services</td>
<td></td>
<td>158</td>
<td>79</td>
<td>42</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>I only use health services when critically ill</td>
<td></td>
<td>150</td>
<td>75</td>
<td>50</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>I frequently go for medical check-up and examination</td>
<td></td>
<td>32</td>
<td>16</td>
<td>168</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>I have never gone for health counseling</td>
<td></td>
<td>134</td>
<td>67</td>
<td>66</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>I use health services despite the distance of health clinics from my house</td>
<td></td>
<td>64</td>
<td>32</td>
<td>136</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>I don’t use health services because it is time consuming</td>
<td></td>
<td>120</td>
<td>60</td>
<td>80</td>
</tr>
</tbody>
</table>

The results in Table 2 shows that I don’t use the school health services -158 (79%), I only use health services when critically ill -150 (75%), I have never gone for health counseling- 134 (67%), I don’t use health services because it is time consuming- 120 (60%) while I use health services despite the distance of health clinics from my house- 64 (32%) and I frequently go for medical check-up and examination- 32 (16%). This indicated a low level of utilization of health services among SS 2 students in Jos North LGA.

Table 3: Availability of health services in secondary schools

<table>
<thead>
<tr>
<th>N= 200</th>
<th>S/N</th>
<th>ITEMS</th>
<th>YES</th>
<th>%</th>
<th>NO</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>There is a health clinic/dispensary in my school</td>
<td></td>
<td>130</td>
<td>65</td>
<td>70</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>There is an emergency care service in my school</td>
<td></td>
<td>60</td>
<td>30</td>
<td>140</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>My school clinic has enough sick bay for patients</td>
<td></td>
<td>65</td>
<td>32.5</td>
<td>135</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>My school provides ambulatory service</td>
<td></td>
<td>66</td>
<td>33</td>
<td>134</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>There is/are health personnel in my school</td>
<td></td>
<td>137</td>
<td>68.5</td>
<td>63</td>
</tr>
</tbody>
</table>

The result in Table 3 above reveals that 137 (68.5%) respondents indicated that there is/are health personnel(s) in their school, 130 (65%) indicated that there is a health clinic/dispensary in their school. Whereas, only 66 (33%) respondents indicated that their school provides ambulatory services, 65 (32.5%) respondents indicated that their school has enough sick bays for patients and 60 (30%) respondents
indicated that there is an emergency care service in their schools. Therefore, there is lack of health services in secondary schools in Jos North LGA.

Table 4: Attitude of secondary schools managements toward health services

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>YES</th>
<th>%</th>
<th>NO</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are sent home from school whenever we are ill.</td>
<td>84</td>
<td>42</td>
<td>116</td>
<td>58</td>
</tr>
<tr>
<td>The school management does not conduct regular health screening activities for the students.</td>
<td>158</td>
<td>79</td>
<td>42</td>
<td>21</td>
</tr>
<tr>
<td>Health equipment and machines are insufficient in the school clinic/dispensary.</td>
<td>145</td>
<td>72.5</td>
<td>55</td>
<td>27.5</td>
</tr>
<tr>
<td>The school management does not provide doctors or nurses to evaluate students’ health.</td>
<td>157</td>
<td>78.5</td>
<td>43</td>
<td>21.5</td>
</tr>
<tr>
<td>Health records of every student are provided and kept in the school clinic/dispensary.</td>
<td>124</td>
<td>62</td>
<td>76</td>
<td>38</td>
</tr>
</tbody>
</table>

The results in Table 4 shows that the school management does not conduct regular health screening activities for students- 158 (79%), the school management does not provide doctors and nurses to evaluate students’ health- 157 (78.5%), health equipment and machines are insufficient in the school clinic/dispensary- 124 (62%). The result therefore reveals that secondary schools managements have poor negative attitude towards health services.

Table 5: Practices that endanger students’ health

<table>
<thead>
<tr>
<th>S/N</th>
<th>ITEMS</th>
<th>YES</th>
<th>%</th>
<th>NO</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inadequate physical activity</td>
<td>119</td>
<td>59.5</td>
<td>81</td>
<td>40.5</td>
</tr>
<tr>
<td>2</td>
<td>Smoking</td>
<td>176</td>
<td>88</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td>3</td>
<td>Youth violence</td>
<td>76</td>
<td>38</td>
<td>124</td>
<td>62</td>
</tr>
<tr>
<td>4</td>
<td>Unhealthy diet</td>
<td>173</td>
<td>86.5</td>
<td>27</td>
<td>13.5</td>
</tr>
<tr>
<td>5</td>
<td>Substance abuse</td>
<td>103</td>
<td>51.5</td>
<td>97</td>
<td>48.5</td>
</tr>
</tbody>
</table>

The results in Table 5 reveals that smoking -176 (88%), unhealthy diet- 173 (86.5%), inadequate physical activity- 119 (59.5%) and substance abuse- 103 (51.5%) were the practices that endanger students’ health in Jos North LGA.

4. Discussions

The results in Table 1 shows that the SS 2 students have the perception that health services are relevant to the health and wellbeing of an individual (88.5%). This result was expected because of the students’ level of knowledge of health services. Also, the students have used or accessed a health service at one point of their lives either for preventive or creative purpose and so they perceive it to be relevant to their health and wellbeing and also render preventive and curative services.

The students also perceive health services to be expensive (67%). This is not surprising as the cost medication and treatment is high in most hospitals coupled with the low income level of most parents in Jos North LGA. This is in relation to Kuponiyi (2016) that high cost of drugs, service charges, easy access to traditional healers and difficulty in getting transport to a health facility were the major factors that caused non-attendance at health facilities.

The Table also reveals that the students perceive that most doctors, nurses and health personnel have poor/ negative attitude towards their patients (62%). This perception of negative attitude of health workers towards patients is derived from the students’ previous experience(s) with health workers either in the school or outside the school. This is in line with Rickett (2009) that perception are determine by the people's level of satisfaction with the health services, as well as their assessment of the
attitude of health workers, which often determines whether they would return in future. This then shows that the students are dissatisfied with the attitude of health workers.

Generally, the result shows that the students have a good perception of health services due to their level of knowledge and experience with the services.

The results in Table 2 revealed that the students don't use the school health service (79%), only uses health services when critically ill (75%) and have never gone for health counseling (67%). This shows that the level of utilization of health services among the students is low.

The result also showed that the students don't use health services because it is time consuming (60%). This reason for the low level of utilization of health services among the students was expected because the students spend most of their time in the classroom with various activities. They have no time for accessing health centers and when they do, a lot of time would be spent before they would be attended to. This is in line with what Kuponiyi (2016) stated that the key barriers to utilization of health services by students are time constraints/unsuitable service schedule and long waiting time. Thus, it is not surprising that over half (79%) of the students don't use the school health services and only uses health services when critically ill (75%). Even when having symptoms of a sickness such as headache, dizziness, fever, cough etc, the students still don't go for a health examination/check-up till the condition becomes severe.

From the results in Table 3, 68.5% and 65% of the respondents revealed that there is/are health personnel(s) in their schools and a health dispensary (clinic) respectively. However, only 33% indicated that their schools provides ambulatory service, 32.5% indicated that their schools has enough sick bays for patients and just 30% indicated that there is an emergency care service their schools. This result therefore indicates that there is lack of health services in secondary schools in the area. As a result of this, the students won't be given adequate health care they need. This result was expected because provision of health services in most of the schools has become a neglected component. This is in line with Kuponiyi (2016) that there is a dearth of school health clinics in Nigeria and where these clinics exists, the services are unavailable or not comprehensive enough to meet the needs of the students. Also, Olawole (2010), explained that this problem of deficient health services in schools is as a result of lack of funding, poor linkages with other relevant health service providers, inadequate time, skills and confidence with working with young people. Hence, health services are inadequate in secondary schools in Jos North Local Government Area.

It was revealed in Table 4 that the school management provides and keeps health records of the students in the school clinic (62%) but the school management do not conduct regular health screening activities for the students (79%), they don't provide doctors or nurses evaluate students health (78.5%) and they do not provide sufficient health equipment and machines for the school clinic/dispensary (72.5%). This indicates a poor attitude of secondary schools management towards health services. This result was expected because as earlier pointed out, provision of health services is neglected component in most schools by the school management. It is a common practice by school managements to run the schools without setting plans to provide and maintain health services. Also, the students are not being evaluated or screened to determine their health status, from the beginning to the end of a term and even an academic session. This agrees with Ojugo (2015), that school managements are failing to recognize the importance and vital role that health services play in protecting and promoting the health of students. This is because of their little efforts toward providing health services in secondary schools. In line with this, Odeyemi & Chukwu (2015) stated that school children in Nigeria were not provided with basic health examination services and pre-entrance medical examination hence, necessary and basic health information about the children were absent. There is also failure by the school managements to conduct routine medical examination which would have detected
deviations from normal. This makes early referral impossible and leaving the students vulnerable to preventable diseases. Therefore, secondary schools management have poor attitude towards health services.

The result in Table 5 shows that smoking (88%), inadequate physical activity (59%), unhealthy diet (59%) and substance abuse (51.5%) were the practices that endanger students’ health. This result was expected because over the years, the rate of students (adolescents) involvement in smoking has been increasing significantly. This is most likely to be as a result of peer pressure. Inadequate physical activity was also indicated as dangerous to students’ health because most of the students especially the female students don’t participate in physical activities. Even when the school management set up a day for games or sport, they prefer to remain their classrooms or hostels. Eating unhealthy diet is also a practice that endangers the health of students. This may be as a result of financial problems, limiting the students to poor and unhealthy foods, ignorance of the nature certain foods and unhealthy dietary habits such as eating unwashed foods (fruits) or eating without washing the hands etc. This is in relation with Omori & Lingersoll (2015) that adolescents (students) engage in problematic and health endangering practices including delinquent actions, use of cigarette & alcohol, unsafe sexual activities and poor dietary habits. This might be due to curiosity, peer pressure, ignorance etc.

It was concluded that the perception of health services among SS 2 students in Jos North LGA includes that health services are relevant to the health and wellbeing of an individual, health services provide both preventive and curative services, health services are expensive and most doctors, nurses and health personnel have poor/negative attitude towards their patients.

The level of utilization of health services among the students is low as the students do not use the school health services, only use health services when critically ill and have never gone for health counseling.

School managements have a negative attitude toward health services as they do not conduct regular health screening activities for the students, they do not provide doctors or nurses to evaluate the students’ health, they do not provide sufficient health equipment and machines in the school clinic/dispensary but only provide and keep health records of the students in the school clinic.

The practices that endanger students health in Jos North Local Government Area include smoking, inadequate physical activity, unhealthy diet and substance abuse.

5. Recommendations

The government and stakeholders should subsidize the cost of health services and improve primary health centers in the area. This will enable the people to access the health services without facing financial barriers. Also, health practitioners should try and develop good attitude towards their patients as this will create a positive impression of them in the minds of the patients and would increase the level of utilization of health services.

The students should be made to understand the importance of utilizing available health services and go for regular health examination so as to detect any health problems earlier before it becomes worse. The school management should endeavor to create time for the students (apart from their class periods) to access the school clinic or dispensary to obtain necessary health services. This will eliminate time barrier to utilization of health services.

The government should assist school management in funding the provision of health services.

Also enough sick bays, drugs, machines and equipment should be provided by the school management to meet the health needs of students.

School management should prioritize the health of the students. This will enable them formulate and execute plans that will increase the availability and utilization of health services. They should also partner with health workers.
who would periodically evaluate the health of the students.

Student should be warned by teachers and parents on the dangers of these practices and they should endeavor to participate more in physical activities, consume good foods maintain good dietary habits, avoid drug and substance abuse and live a good lifestyle.

References


