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North Asian International Research Journal

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NAIRJC JOURNAL PUBLICATION

North Asian
International
Research Journal Consortium



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ISSN NO: 2454 - 2326

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COMMUNITY HEALTH: AN ASSESSMENT OF THE HEALTH NEEDS OF ALOME COMMUNITY OF OFU LGA-KOGI STATE, NIGERIA

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ABSTRACT

Many rural communities in Nigeria, like elsewhere in Africa, are facing rising demands for health care. This study was therefore carried out to identify priority health needs of Alome community in Ofu local government area of Kogi State-Nigeria. The study has revealed that Alome, like many other communities in Nigeria, lacks basic elements that can enhance healthy living. The condition of the community is exacerbated by poor harvest resulting to poverty. The study has also shown that the strong belief in the power of witches has significantly affected their health seeking behaviours. The study has thus recommended that health care practitioners and policy makers should identify those in greatest need and ensure that health care resources are used to maximize health development. Rural dwellers should abandon their cultural beliefs and embark on self-help projects

KEY WORDS: Community, Health, Needs assessment, Alome.

INTRODUCTION

Since independence there have been a number of challenges in the Nigerian's health sector (Osahon Enabulele, 2013). The single most important of them all has been the need to build a dynamic health care system that would be appropriate to the health needs of the people: a health care system that would reduce the incidence of death and illness to all Nigerians.

The majority of the population of Nigeria lives in rural communities and in abject poverty with little or no hope for improvement. This majority of Nigerians suffer and die of preventable diseases and illnesses. Attempts by successive administrations to address the problem have not yielded any significant result as the rural sector has remained the most neglected and the most deprived with respect to the provision of health care services. Though the goal of Primary health Care has been to provide accessible health to all but this is yet to be achieved (Abdulraheem et al, 2012). In fact, in most of the rural communities in Nigeria, the people have no access to

medical or Para-medical services. In addition, the rural people are plagued by the lack of basic social infrastructures such as potable water, electricity, good motor-able roads and productivity enhancing inputs like fertilizers. The absence of these has continued to worsen their standard of living especially their health status. In few areas where the health care facilities exist, such facilities are often under-staffed, poorly maintained, exorbitantly priced and are inadequately supplied with drugs and other equipments (Abdulraheem, et al, 2012). This situation subjects the people to preventable disease which generally increases their level of poverty and poor health status. It is against this background that this study seeks to assess the health care needs of Alome community in Ofu lga of Kogi state, Nigeria

METHODOLOGY

The study was carried out between 23rd August and 27th September, 2014. Four tools namely; focus group discussion; semi-structured interviews, trans-sect-walk observation and pair-wise ranking were used to collect data.

Focus group discussion sessions were held with 136 discussants comprising 80 men group, 32 women group and 24 children group. The disparity between the men and the women is because the community is predominantly Muslims as such many women could not participate due to Islamic prohibitions. The men group comprised of 40 elderly people who were above 45 years and 40 young adults. The women group also comprised of 21 elderly married women and 11 young married women. The children group on the other hand comprised of 12 males and 12 females.

The semi-structured interviews were held with 11 respondents comprising 2 traditional rulers, 5 house heads, 2 officials of Alome Self Development Association and 2 traditional healers. The report of the focus discussion and the semi-structured interviews are presented in analytical and quantitative form. The responses of the female children are subsumed into those of the adult women group because of their similarity.

Trans-sect-walk observation enabled the researchers to have a structured observation as he surveyed the community. Pair-wise ranking exercise was also used to rank the responses of the community concerning general community needs and health care needs in order of priority and presented in analytical, descriptive and quantitative form where necessary.

RESULTS AND DISCUSSIONS

Profile of Alome community

Alome is a rural community in Ofu local government area of Kogi State-Nigeria. It is situated about 18 kilometre from Anyigba and 9 kilometres to Ugwolawo the local government headquarters. The nearest settlement to Alome-Umomi is about 4 kilometres. The nearest health care centre to Alome is Ochadamu and can be accessed through two routes namely; Alome-Umomi-Ochadamu (a distance of 8 kilometres) and Alome-Ejule-Okele-Ochadamu (a distance of about 7 kilometres).

The community has a population of over 2,500. The population is mainly of Igala speaking people. The people are predominantly Moslems though some are Christians and are majorly farmers. Though most of the people are Moslems and Christians, they still have strong belief in witch-craft. The community has several traditional healing homes.

The inhabitants of Alome live in houses that have small rooms and small windows. The houses are therefore poorly ventilated. The sleeping arrangement is generally crowded. For many families, more than four persons sleep in an ill-ventilated room.

The people have only one source of water- the Iyalobo stream-especially during the dry season. The water from this stream is used for cooking and other domestic uses. The stream is also for some curative and other rituals.

Survey of the community revealed that there are no standard facilities. The members of the community therefore defecate in the surrounding bushes. Maintenance of law and order in the community is basically informal. There is no police post in the community. The community head, elders and family heads maintain order and ensure peace amongst members.

GENERAL NEEDS OF ALOME COMMUNITY

During focus group discussion sessions, men, women and children expressed similar general needs. Potable water, farm inputs, hospital, market, secondary school and electricity were identified as the major priority needs (see table 1).

Table 1:Pair-wise ranking of the general needs of Alome community

	Electricity	Sec.School	Market	Hospital	Farm Inputs	Water	Rank Order
Water	1	1	1	1	1	1	1
Farm Inputs	2	2	2	2	2	X	2
Hospital	3	3	3	3	X		3
Market	4	4	4	X			4
Sec. School	5	5	X				5
Electricity	6	X					6

Source: Field Survey-2014

The people ranked water as the most important general need as, according to them, the major source of their water-Iyalobo stream- is inadequate and water obtained from it is often heavily contaminated with excreta from the nearby bushes. More so, the stream always dries up when the dry season gets to its peak. The people lamented that because of the unhygienic nature of the stream, they are generally exposed to water borne diseases and this has been reducing their labour force. Water is a source of vital nutrients and the basis for hygiene. Access to this essential resource and to good sanitation is essential for health (Global Agenda, 2012).

Farm inputs such as fertilizers, herbicides and chemicals were second on the people's priority list. Most of the inhabitants of Alome community are farmers and derive their livelihood from farming. The major crops grown in the area are cassava, maize, beans, yams, etc. The people, especially women, desired these farm inputs to boost their agricultural productivity.

Since farming is the major source of the people's income, the low or poor harvest explains their level of poverty, their living standards and health seeking behaviours. Increased farm output would enable them to build better houses and pay for their orthodox medical bills. The women particularly said the lack of money is responsible for the high level patronage given to traditional healers. They said the people were not ignorant of the superior efficacy of orthodox medicine but just that the charges from traditional healers are cheaper than those from orthodox health care providers.

Hospital was ranked as the third major need. The people acknowledged the presence of the primary health care centre built by UNICEF but regretted that it was non functional because it lacked the required staff such as

doctors and nurses. The clinic also lacks drugs and has no laboratory to carry out tests. The only private clinic in the community, according to the people, is also poorly equipped and lacks manpower. More so, its consultation and treatment costs were too exorbitant and therefore unaffordable. Besides, the proprietor has joined partisan politics living the management of the clinic to his subordinates to whom the community has no much confidence.

Market was another general need expressed by members of the community. Members of the community complained that the nearest markets to them were Anyigba and Ejule and lamented the high cost of transportation to these markets. The people said whenever they transport their produce to the markets what they always realize is always never commensurate with their efforts as much of what is realize is usually given out as the cost of transporting the produce. But market in any community facilitates economic wellbeing which in turn translates into a higher quality of life. Alome has no market; not even the typical village type where salt, pepper, and other immediate needs can be obtained.

A desire for a secondary school was also expressed by members of Alome community. There is only one secondary school in Alome and is established by the community. But the school hardly accommodates all the students that always seek admission into it because it lack adequate classrooms and teachers. Those who do not gain admission into the community secondary school often stop schooling because of the inability of their parents to send them to other schools outside the community due to high cost of school fees and boarding. Education in any society is an important component of health as it can be used as a vehicle for the dissemination of information on health.

Electricity was also identified as one of the general needs of the community. with electricity and considering the availability of agricultural produce in the community, people would be attracted to invest i businesses such as bakery, flour milling, modern oil palm factories, etc. In terms of health, a fully fledged hospital cannot operate or function effectively without constant and adequate power supply. Power is always needed for the storage of drugs, surgical operations laboratory tests, radiography, etc.

HEALTH CARE NEEDS

In all societies, health needs are never uniform as they differ among communities and even among the individuals. So in Alome community, the health needs differed among men, women and children. For instance,

the male members of the community identified health care needs as functional orthodox hospital, potable water, farming inputs, meeting hall, market, secondary school and electricity.

The male members were unanimous in their opinion that if a function hospital were built in the community, it would solve the twin problem of non availability and inaccessibility. It would especially enable sick people to be quickly diagnosed and treated and people would be educated on preventive measures. The men attributed the chronic state of ill health in the community to poverty and ignorance. They lamented the situation whereby money that is meant for treatment is always spent on transporting the sick to distant health care facilities.

Potable water was also identified by the men as another health care need. Most of the diseases prevalent in the community were attributed to poor water supply. The only source of water-Iyalobo stream- is often polluted by animal dung and human faeces from the nearby bushes. Many of the inhabitants were noticed have skin infections. This was associated with the scarcity of water and the lack of basic personal hygiene. Most of the members of Alome community are farmers but many of them take their bath only once a day because of insufficient water supply particularly during the dry season. But water is a source of vital nutrients and the basis for hygiene. Hygiene and sanitation are an absolute must if people are to live in health and dignity (Global Agenda, 2012)

The men also identified farm inputs especially fertilizers as another health care need. As already stated, the members of Alome community are mostly farmers who depend on the output from their farms for subsistence. However, the men complained of general low returns from their farms because of declining soil fertility. But good health can be promoted and maintained through adequate provision of food (Hubley, 1993). This means that the maintenance of good health means more than just the provision of health services. For example, if the people of Alome can have good harvest, they could raise enough to eat to avoid nutrition-related ailments such as kwashiorkor which has been among children in the community.

The women on their part listed their health care needs as water, farm inputs, hospital/antenatal clinic, good housing, and transportation. Like the men, the women ranked water as the most important health care need. They maintained that water is essential to life but that water could cause serious damage to one's life. They gave an inexhaustible list of water-borne diseases in the community as amoebic dysentery, diarrhoea, guinea-worm infection, etc.

The women particularly complained that during the dry season, they and their daughters trek long distances in search of water and this has been affecting their health. The women attributed the stunted growth of some their female children to the carrying of water on their head over long walking distances.

The women desired a maternal and child care centre where problems relating to pregnancy, labour and delivery could be promptly handled, they opined that the absence of a maternal clinic in the community had resulted to several still-births, miscarriages and death of women due to blood loss and other complications. The women especially complained of the high cost of transporting the sick to Ugwolawo or Anyigba and the attendant exorbitant medical bills they face. They expressed their feelings thus;

We often reach the distant hospitals with half-dead persons and often we lose the babies and sometimes the mothers too. The women that do survive is because of God's mercy.

This lamentation, so to speak, underscores the importance of a properly staffed and equipped hospital or maternal clinic in any given community. A functional hospital/maternal clinic provides supervisory or check up services to women within the maternal cycle (Pregnancy, labour, delivery) and promptly identifies abnormalities. It also institutes preventive and curative measures.

In rural Nigeria, majority of the people do not have access to medical or para-medical services. Therefore most of the problem relating to pregnancy, labour and delivery are handled by traditional birth attendants (TBAs). The Alome community has several traditional birth attendants but only two are UNICEF trained birth attendants, it is these two that handle complicated cases in the community. But the women complained that the two trained birth attendants have become so old that the demands of their job is too much for them. And that whenever the two women (TBAs) travel or are indisposed due to ill health, the women that need their attention become stranded and the community has been suffering loss of babies as a result of unskilled management of pregnancy, labour and delivery.

The women also regarded fertilizers as one of their most important health care need. They lamented the depletion in soil fertility and accused some wicked of cursing the land. The women said only cassava produces well in the community, but as cassava products-akpu and garri- is not their staple foods, they usually suffer hunger and malnutrition particularly the children. The availability of fertilizers would improve the fertility of the soil and consequently bring about good harvest. Good harvest to the people means good health since they would

have enough to eat and to sell to raise money to attend to other issues of life such as clothing, housing, hospital bills, school fees, etc.

The women also identified good housing as another health care need. They acknowledged their poor housing conditions-small, ill-ventilated and overcrowded rooms- but associated this with the level of poverty members of the community are generally caught in. They maintained that the poor housing and overcrowding have been responsible for much of the airborne and other debilitating illnesses people suffer in the community. They however believed that if fertilizers were made available, affordable and timely, the problem of poor housing could be tackled since they would have bountiful harvest and make more money and thus build better houses.

The women also identified high cost of transportation as another of their problems. Their views are summarized thus;

We are generally very poor in this community. As farmers, we depend on the soil. But because of lack of and /or affordability of fertilizers, we usually have poor harvest. As human beings, and due to the amount of work we do, we often break down. To receive medical attention, we need money to travel out of our community and to pay for drugs. Travelling to these distant health centres takes much of the money we realize from the sale of our farm produce.

The women therefore maintained that if transport fares are reduced, it would enhance their hospital attendance and by implication reduce the level of patronage they give to traditional healers.

The children on their part mentioned football field, refuse disposal system and toilets as their health care needs. The children expressed their views thus;

We derive much happiness when playing football and we are always hplay with the hope of becoming football stars someday.

Happiness to the children means good health. Moreover, playing football is a form of exercise and this promotes good health.

Poor environmental and personal hygiene adversely affect the health status of any given community. The children lamented the poor refuse disposal system (rubbish littered at the back of houses) in the community. They attributed the high incidence of malaria fever in the area to mosquito bites which find these refuse dumps favourable breeding places.

The children also complained of the absence of standard latrines in the community. They posited that most of the compounds in the community do not have latrines as such people generally defecate in the nearby bushes. They especially complained that defecating in the bush has been contaminating their only source of water- the Iyalobo stream- and that this is responsible for the prevalent feaco-oral illnesses in the community.

PERCEPTION OF ILLNESS

Throughout the period of the survey, it was observed that illness appeared to be part and parcel of the community. The people wore the looks of those who are hungry and sick. Various segments of the community perceived illness differently. Discussions with the various groups in the community revealed that although the illnesses were common to the community, the causal factors and remedies were differently perceived.

The male members of Alome community believed strongly in witch-craft as the major cause of illness, and that some illnesses are caused by going against the traditional taboos. This belief accounts for the number of traditional healing homes in the community and their patronage. There is a general belief amongst the men that most of the ailments in the community cannot be easily treated unless the victim visits a 'powerful shrine' where the case is pleaded with the gods through a powerful diviner. But it was observed that this shrine consultation has often delayed appropriate treatment thus resulting to serious complications.

Nevertheless, the literate members of the community perceived illness as largely caused poor environment, personal hygiene and poor nutrition. This group of people identified intestinal worms, dysentery, guinea-worm, etc as being caused by poor water supply in the community. They added that many people in the community do not go to the hospital for proper treatment of ailments. Instead, they patronize drug vendors in the local markets who often sell expired and adulterated drugs. This explains why the people suffer from devastating chronic illnesses and diseases.

Pathetically too, the health care center in the community lacks equipment, staff and drugs, and other necessary facilities like laboratories. This contributes to the chronic state of ill-health in the area. Furthermore, the people's belief in the causal factor-witch-craft- hampers early and appropriate intervention. The people usually waste time consulting oracles and diviners to find out who has caused what instead of visiting an orthodox health care facility for appropriate test and treatment. For instance, cases of snake bite need early intervention for survival. Consulting diviners and shrines allows the whole body system to become poisoned.

The women on the other hand identified witch-craft, evil spirits as the causative factors of illness in the community. Incidentally, unlike the men the women preferred orthodox health care treatment to consultation of diviners. However, because they cannot afford the cost of orthodox treatment, they still patronize traditional healers.

Responding to why they still patronize traditional healers in spite of their strong belief in the efficacy of orthodox health care services, the women answered in a chorus 'Obata' - meaning poverty. 'Obata' never allow us to transport ourselves to the towns where the health care facilities are located not to talk of paying for the hospital cards and drugs. We cannot cut our fingers to pay. The women saw obata (poverty) as being caused by poor farm yields and desired that fertilizers were made available, timely and at affordable costs. They strongly felt that the provision of fertilizers would solve the problem of poor harvest and ultimately poverty.

The women also attributed poor water supply, poor housing, poor nutrition, poor clothing and the inability to send their children to school to 'obata'. The women therefore believed that if farm yields improve, more money would be realized and the money realized would be used to build better houses. Their views are summarized below;

Due to poverty (obata) we find it difficult to take the sick to the hospital, to buy drugs and to eat good food. We stay with illness and wait to either die or survive by the will of God because of obata

The children, most of whom had finished primary school, reasoned along the same lines with men and women concerning the causes of illness. All the children were born and brought up in Alome community and thus share the belief system with the adult males and females. The children could even mention by names the witches in the community, the children explained that whenever they were sick, their parents accuse other kinsmen of being responsible and they were always taken to shrines and traditional healers for diagnosis and treatment. Diagnosis

here means finding out through a fortune teller or diviner who has inflicted the illness, the type of illness and who can treat it.

The children, recalling what was taught them in school as the causes of illness, mentioned poor water, poor personal hygiene, overcrowding, poor feeding and lack of rest and sleep. They however posited that there is always a conflict between what they were taught in school and what their parents do tell them at home. For instance, the children said at school they were taught that a filthy environment provides a favourable place for the breeding of mosquitoes, and that mosquitoes can cause fever. But at home, instead of keeping the environment clean, their parents usually accuse an uncle or other relation of being responsible for fever. The children therefore, believed that if the health centre in the community if properly staffed and equipped, members of Alome community would be informed during health education sessions in the clinic and as informed people, they would strive to live healthy lives.

All the men, women and children in Alome community perceived illness in a traditional context. They both explained illness as an active, purposeful infliction of harm on a person by another person. Upbringing has great effect on their perceptions of illness. Poverty (obata) has overshadowed their belief. Though some understood illness in its bio-medical context, the inability to pursue treatment in an orthodox health care facility hampers such understanding.

HEALTH SEEKING BEHAVIOURS

The concern of this section was to know the places of call in times of sickness and the factors that influence the choice of health care services. Health seeking behaviour in Alome community was discovered to be a family affair. It was revealed that women and children could not freely seek for health care unless the husband/fathers or house heads permitted. For all the categories of people (i.e men, women and children), the first place of call for medical care is the traditional healing homes. The people' closeness and network of activities and beliefs influence their health seeking behaviours. For instance, illnesses are perceived men, women and children to be caused by witches and wizards. Based on this belief, victims are first taken to fortune tellers for consultation and healing process. The general belief in the power of witches and evil spirits to cause illnesses emphasizes that treatment be traditionally carried. This means that only herbalists with 'special' divining powers could identify the causal person and institute treatment. Even the educated members of the community combine the traditional with the orthodox medicare.

The high patronage given to traditional healing homes in the community can be appreciated if certain factors are considered. First, the community lacks a functional health care facility. It is therefore likely the absence of this facility significantly influences the people's choice of call among the existing alternatives. Secondly, the community is generally plagued by poverty; poverty that is occasioned by poor harvest. Poverty hardly allows members of the community to travel themselves and the sick ones to the towns where orthodox health care facilities are available. Financial constraint has therefore been influencing the health seeking behaviour of Alome people. In fact, the high rate of patronage given to traditional healing homes which abound in the community is a consequence of poverty (obata).

CONCLUSION

Alome community is one of such typical Nigerian communities whose inhabitants are primarily farmers. The study has shown that like many other rural communities in Nigeria, the community lacks the basic elements that could ensure a decent standard of living. The community especially lacks infrastructures like potable water, roads, electricity, schools, hospital/maternal clinic and agricultural support services and inputs. The absence of these, the study has shown, has manifested in the form of poverty, ill-health, poor environment and personal hygiene. These are heightened by the people's subculture of witch-craft

RECOMMENDATIONS

No society can develop if its members are not healthy because health and development influence each other. The promotion and maintenance of health means more than providing health services. It entails peace, housing, education, food, sustainable environment, social justice and equity (Hubley, 1993). This means health is not exclusive. It is determined by socio-economic, cultural and other forms. The recommendations made in this study are thus based on the understanding that the state of health is generally determined by human behaviour and actions.

- 1 The socio-economic status of any community has a tremendous effect on health development. In rural Nigeria, poverty is the major determinant of the health status of individuals. Therefore, farm inputs especially fertilizers should be made available, timely and at affordable prices to enhance farmers' productivity and income.

- 2 More health care centres should be built in the rural communities. In Alome, the existing health centre should be properly staffed and equipped. Once the health centre is properly staffed and equipped, the people' confidence in its ability to manage sickness will be raised and this in effect motivate the people to visit it for treatment. It will also solve their problem of taking the sick to distant health care centres.
- 3 Alome women and children trek long distances in search for water. Coupled with other domestic chores, this interferes adversely with their health. The government, well-to-do individuals and friends of the community should construct boreholes in the community to solve the people's water problem. The boreholes should be located in strategic positions to ensure easy access by all members. The members of the community should abandon whatever cultural beliefs they hold concerning deep wells and construct hand-dug wells as this is a cheaper source of water than boreholes.
- 4 Alome community, and indeed all rural communities in Nigeria, should not wait for the government for the provision of everything but come together as a group and build schools so that their children can have access to education. They should understand that education is an important component of health. Education motivates people to adopt health promoting behaviours and to make wise decisions concerning their health. It also enables individuals to acquire necessary confidence and skills to put the decisions into practice
- 5 More traditional birth attendants should be trained to take care of pregnancy, labour and delivery and to replace the ageing ones. Also, intensive health education should be given to the community (and other ones as well) through awareness creation programmes on how to prevent common diseases especially those caused by improper disposal of faeces and refuse. The health education will motivate the community to mobilize its members to embark on measures that could tame the environment so that it cannot constitute health hazard. The health education could even sensitize the community to improve upon their housing and sleeping arrangements.
- 6 To ensure the promotion and maintenance of good health, basic amenities should be provided to rural communities. But in providing these amenities, there should constant liaison between the members of the benefiting communities and the development partners to ensure that communities get the needs that are most pressing to them. The benefiting communities on their part should ensure that development projects located in their communities are maintained to ensure sustainability.

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