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LITERACY FOR HEALTHY LIVING

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ABSTRACT

This thesis hinges on the premise that the significant survival of any person or any nation depends on the health of the people. This means that one needs to maintain an equilibrium that is not threatened at any moment by forces and caprices beyond his or her foresight and control to be able to live a healthy life. The health of every individual depends to a greater extent on the literacy level of either the individual or the nation. The fact that "health is not just the absence of disease" presumes that there are other forces and factors that can influence one's health socially, psychologically and economically. The paper further posits that literacy is fundamental for healthy living, personal empowerment, and active and positive participation in the local and global social community. Knowing how to read can be the difference between healthy self-esteem and none at all. The write up concludes that there is no doubt that health must be maintained to avoid deficiencies or disabilities. There is the need for the utilization of literacy techniques for healthy living.

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INTRODUCTION

The significant survival of any person or any nation depends on the health of the people. This means that one needs to maintain an equilibrium that is not threatened at any moment by forces and caprices beyond his or her foresight and control. The health of every individual depends to a greater extent on the maintenance, control/management and the premium one places on it. The fact that "health is not just the absence of disease" presumes that there are other forces and factors that can influence one's health socially, psychologically and economically. There is no doubt that health must be maintained to avoid deficiencies or disabilities. Disabilities do not just occur in one's life. It is even possible to say today that they are manufactured.' Before one argues too loudly about disabilities and health management techniques, it may be necessary to give some distinctive definition to the related terms that are often interchangeable used. They are impairment, disability and handicap. According to Thomas (1982), these terms are better understood when viewed as relationships between individuals, groups and society as a whole. However, impairment is an intrinsic situation which can be observed in terms of functional limitations,

while disability can be viewed in terms of activity restriction and handicap can be viewed in terms of being disadvantaged. Whichever way the three basic terms are viewed, there is the need for the utilization of health management techniques for the prevention of such occurrences. By health management, we mean the process of coordinating, supervising or monitoring various forms of intervention programmes designed for the prevention and treatment of diseases and disabilities. The programmes are developed and closely supervised considering the plans, environment, resources, evaluation process and all the other related agents. The knowledge gained from the process helps a great deal in maintenance of health. Knowledge has made significant inroads into the incidence of disability. It is the failure to make adequate use of such knowledge that has given rise to indifference and neglect. That is why it is advisable that this attitude should be corrected since disabilities can set in any time in one's life. Disabilities are of numerous types. Each disability is suggestive of the type of health management technique that can help the individual to prevent or manage such predicament. The concern about disabilities should be a priority in the national scheme of things and this should not be based on rhetoric. It has been observed that the cost-effectiveness of prompt health intervention programmes have been calculated against the numerous benefits such as lowered desire for social services, better earning capabilities, self reliance and lowered desire for social services. It has also been

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observed that when one is unable to perform the desired and required functions in the society, one experiences a lowered sense of self esteem and self actualization. In this vein, "prevention is better than cure" indeed. One may ask at this point, can the disabled be healthy? Can disability be prevented? What are the different types of disabilities? The simple answers to these questions are that:

- (a) A disabled person can live a healthy life if the society understands the situations of the individual and provide the coping mechanisms.
- (b) Disabilities can be prevented if people are educated to be able to help themselves prevent such disabilities; if people are honest enough to report such cases for early intervention.
- (c) The types of disabilities are numerous and varied as enumerated below

- Deafness
- Scoliosis
- Poliomyelitis
- Juvenile delinquency
- Nutritional deficiencies
- Thalidomide Children
- Psychosis of childhood
- Paraplegics
- Down's Syndrome
- Mongolism
- Blindness
- Slant eyes
- Spinal bifida
- Learning disabilities e.g. spelling
- Infections e.g. measles, tuberculosis
- Sickle Cell Anaemia

There are many more disabilities than can be listed in a paper of this nature. Therefore, most of the disabilities listed above are those that are closely associated with children in general. It should be noted that the disabilities have not been classified under physical, social, emotional or psychological because the concentration thrust of this paper is not on the causes but on literacy for healthy living techniques, that is, on how to prevent such disabilities. The rest of this paper therefore would be dealing with some of these techniques. However, it suffices to say that the complexity of the nature of man makes it possible that certain traits or diseases can be passed to the offspring even before they are born. This process can be regarded as the genetic influences on one's health that can consequently result in disabilities. Also, there are other environmental causes that one is born into. Again, most of these problems can be prevented when a definite programme is developed and maintained for a specific disability. It is a challenging venture to be involved in the world of children. It is even more rewarding and worthwhile to realize that one is spared the headache of sensing a child's distress and frustration just through prevention of disease occurrences. As a result of the multifarious facets of disablement, the health management techniques would be explained in terms of the major areas of preventive services as they relate to medical, economical, legal, bureaucratic, psychological, socio-psychological and sociological faces. Some of the health

management techniques are hereby discussed with the view that some of them would be tried out. Where they are already in existence, effort would be made to maintain and improve on them:

(a) Pre-Marriage Counselling

Counselling of children about marriage should start from the secondary school level. This is period that boys and girls are interested in themselves with most relationship leading to marriage. Specifically both sexes should be made to understand why blood investigations are important for early detection of diseases. Compatibility or incompatibility of blood can also be discovered. Illicit sexual relationships should be discourage as these can lead to one form of disabilities or the other in future life. Students need to know about blood related diseases such as Sickle cell anaemia. It is a recessive genetic disease that prospective life partners should investigate before marriage. Cavalli-Sforza (1977) noted that people with sickle cell anaemia can marry and have children but must not marry other heterozygote's from the same gene. Blood investigations are very useful tools in the determination of this disease. Since the disease is hereditary, children born into such families should know that there is the probability of having the disease which can be further confirmed by blood test. Sickle cell Clinics should be established and used to organize seminars, workshop and conferences for public enlightenment especially in schools. Films indicating the social, physical and economic aspects of sickle cell anaemia can be illustrated further during the campaign.

(b) Genetic Counselling

Genetic counseling is necessary especially for those who fear that their future progeny may be affected by some sort of malformation. Also, those who have had children that are malformed should seek advice. However, they should be told about the probability so that they can prepare themselves emotionally for individual welfare, and especially for Genetic Prophylaxis. Genetic Counselling Centre is ideal for this purpose where professionals in this discipline can assist.

(c) Pre-natal Health Management Programme

Every child has the right to live. Therefore before the child is born, the would-be mother must take adequate precautions that can enhance a normal delivery and also prevent disabilities of any kind on the baby. Children are gifts from God and so they should be seen as being precious. Therefore, the mother should ensure that she maintains good health before and during pregnancy being involved in the following:

(i) Nutrition Programme

According to Whitney and Hamilton (1977), the "conditions in the uterus at the time of conception determine whether the fertilized egg will successfully implant itself in the uterine wall and begin development as it should." Therefore balanced diet is a must for the pregnant woman. It is often said the pregnant woman "eats for two or more as the case may be" therefore extra iron, proteins and vitamins are required in her diet. At the Ante-natal Clinic, potential mothers should be

taught what balanced diet involves. The use of local and cheap sources of vitamins and other classes of food should be emphasized and actually demonstrated. A practical demonstration should be encouraged where the women are requested to bring the food items themselves to be actively involved in the cooking and eating together. Alternatives should be written out and given to the illiterate women to take home so that someone can read and interpret these to them in their various homes. With a balanced diet, the pregnant women can prevent a lot of health hazards to the unborn children and to themselves. Nutrition programme should not be restricted to only the women that attend the antenatal clinics. This is why there is a need for reach-out nutrition programmes to all women especially in the rural areas. The health educators, nurses, nutritionists and other allied health professionals need to organize seminars, workshop or conferences to reach a larger number of women. For the women in the rural areas, in this regards, the process of reaching them can be enhanced with the assistance of the traditional rulers, chiefs, and the town criers. The objectives have to be clearly stated and the mode of operation should be understood. The language should be simple enough or interpreted in their local dialects for better understanding. Those in the rural areas need to be informed on the need for prevention of diseases to their unborn children. It is also important to let the women know that diet related diseases do exist. PKU or galatosemia which can be diagnosed through amniocentesis can be avoided through proper diet.

(ii) The use of Amniocentesis

Amniocentesis is a technique that is carried out by the insertion of a sterile needle into the amniotic cavity. A small amount of the amniotic fluid is withdrawn and tested. This technique has been noted by Wynn and Wynn (1979) to have reduced incidence of Down's syndrome. When abnormalities are indicated however, a therapeutic abortion is usually suggested to avoid the delivery of malformed child. Disabilities evoke a lot of questions or problematic issues that one finds very difficult to answer at times. For example, how does one answer a question like; is it better to kill or allow an infant who is born with a congenital malformation to die just because it has been established that the child's condition and the quality of life of such a child will be impoverished? Or do you allow the child to live and suffer stress and frustration throughout his life? These are very controversial questions and the answers are subjective and relative.

Nevertheless, the need for specialized centers of medical genetics and the maintenance of existing centers (if any) should be pursued with vigour. While it is obvious that this technique would be too advanced and expensive for the women in the rural areas, other techniques should be used to reach them. Sometimes, (November 1, 1999) Nigeria Television Authority (NTA) reported a pathetic case of gross congenital malformation during the Network News. According to the report, the woman had nine normal children with the tenth born without hands, deformed lips and legs. Of course because of the expensive nature of the health management of the child, the parents had to solicit for financial support. This is not unexpected especially in places where resources are inadequate.

(iii) Mobilization Scheme

This technique involves getting the people themselves to participate in the planning and execution of programmes. Medical jargons and slogans or symbols are avoided in this approach. The mother tongue is used mostly in generating persistent awareness of possible disabilities in pregnancy and even when the baby is born. Also, they are encouraged to suggest ways by which such disabilities can be prevented. The success of this technique depends on the combination of efforts made by the community and health workers whose role is to assist and give useful suggestions which may be regarded as supportive supervision. The following system can be adopted to provide such a support system for mobilization against disabilities in pregnancy:

Health Workers Approach

These are professionals comprising of health educators, nurses, nutritionists and counsellors who work directly with members of the community. They provide the necessary information package on immunization or anti-diarrhea campaign. They can use various methods in transmitting information to the people. The relationship established should be such that there is mutual trust. Occasionally, physicians could be invited to play a reverse role since the health workers could also refer cases that are beyond their control to nearby clinics or hospitals. The health workers could use film strip presentation, role play or socio-drama to emphasize their point and also to generate the awareness of how some health problems can be prevented. This approach can be very useful in the immunization programme, drug abuse in pregnancy, prevention of gastrointestinal diseases and the prevention and control of diarrhea and dysentery.

Community Health Workers and Health Committee

These are people selected from the community to represent the interest of the people since they are more familiar with the health problems and experience of the community. The greatest problem encountered by the health professionals is in deciding who is to be included in the committee. The guiding rules are that the committee should not be formed by corrupt local leaders or puppet groups with little sense of purpose. Therefore, the committee should comprise of members who will actively represent and serve the poor rather than for their own personal profit. The members are to report cases of any outbreak of diseases to the workers. They are also expected to interpret in their dialects whenever health talk is being given. In addition, they are given guidelines for direction in carrying out their duties. The community health workers are more or less aids. Generally, the Health Workers Support System is very effective especially in rural areas because they relate with those they know very well in the community. This technique is very much like the mobilization approach where the people plan and execute themselves. The purpose too is to bring about a change in attitude for better living. In which case, there is creation of awareness and arousal of interest. With the persistent awareness, people know how to prevent disabilities such as malnutrition, juvenile delinquencies, measles, tuberculosis and many others.

(iv) Community Child Base Approach

This is a system that is concerned with the health and psychosocial services of the child in the community. It is similar to the Health Worker's Supportive System but with a different approach. However, the focus here is on the child. This approach involves having coordinators and health consultants at the apex. These must be people who, apart from their professional qualifications, are familiar with the local situations and culture. They can also work with the people in the community. This is necessary to enable them have access to families and collect information which are vital to the services to be rendered to the children and parents. In this approach, it is expected that the coordinator should be able to coordinate or be able to assess the strength and needs of the children and find out what has been done so far (if any) to avoid duplication of efforts. This is necessary because the approach is not only for those in the rural areas. It includes both the urban and rural areas. The assessment also provides opportunity to include those areas that are normally assumed or ignored in the prevention of disabilities such as epilepsy or abortion. To guide against this, a standard questionnaire is used in the assessment of the child. Those children found wanting in one way or the other, are kept under surveillance on continuous basis until the child can function normally with other children in the society.

In addition, an assessment chart record is kept for monitoring the progress of the child. The health screening chart covers the child's general "physical health, including problems and current treatment; his medical history and current medication; and further treatment that may be desirable or necessary". Meanwhile, the local agencies also keep their records of the child's progress. Periodically, the entire programme is assessed for its success. All the local coordinators meet with the overall coordinator and consultant monthly at what is called the monthly assessment clinic. In this meeting, the problems and progress of the programme are discussed. It must be noted that the assessment of the child is not based on the scientific test of the child's activity. Rather, the decision is based on sensitive observation. When the coordinators have worked with a particular child or children over time, he or she is clearly aware of the child's progress and health needs with all the preventive measures enforced.

Early Intervention Programmes

The early intervention programmes need the interaction and understanding of the professionals and the parents or guardians. Some of the programmes that can enhance such relationship include Home Start Demonstration Programme, Head Start, Day Care and many others.

Home Start

This is a home-based programme that encourages the involvement of the family in bringing up the child socially, physically, morally and psychologically. Home visitors usually include health professionals, volunteers, and others who are friends to the family. They provide information on available resources to parents and also offer encouragement and suggestions concerning the normal growth of children.

They also provide advice on the regime for immunization and the need for booster dose, inform them about the use of educational toys and possibly provide reading materials that can help the child grow intellectually. The home start demonstration programme is beneficial in the sense that more children are reached and monitored in each family. The siblings who would have been neglected are taken care of. Also, it is more economical especially for the poor families because they would not need to transport themselves. Moreover, some of the items would be provided for them while they are encouraged to get others for themselves. More interesting is the fact that most parents open up to discuss the problems about their children more freely in their homes than in the clinics or hospitals situations. The information may be on areas of the child's life that are not overt to the health educators, counsellors and even teachers. For example, the history of difficult birth which may not be known to anyone except one has access to the case note may be revealed during the session. Every observation and information about any child are important because they help to form the plan of prevention of possible disabilities. Based on the information given too, the health care providers must ensure that every child gets regular health evaluation and supervision services, obtain dental and medical treatment and encourage the use of medication where necessary.

Head Start Programme

This entails the care of children in a center where there are health professionals to prevent disabilities or to prevent further damage to such children. A child who undergoes unusual stresses in the family needs the attention of the caregiver. He or she observes the child and gives the necessary information about the child to the class teacher or the pediatrician after getting the consent of the child's parents. The staff ensures that parents understand the importance of immunization and the need for the child's stability. The parents are encouraged to make use of the services of the programme until remarkable changes are observed in the child. He or she is sent home while the evaluation of the child's progress continues.

A Family Programme

This programme is also between the family care giver and the parents with the child being the central focus. The approach is different from that of the home start. The caregiver uses a checklist for certain routines in the home. For example, the checklist includes eating habits, washing, napping and play learning situations. It has been noted that all those observations can form the basis for integrating and coordinating services that can be helpful to the prevention of problems and promote the care of the child. In some cases, referral to specialists may be needed to enhance better care.

Health and Psychosocial Services

This is a programme that involves the cooperative effort of the health coordinators and the members of the community. The coordinator who may be a health educator or a social worker must be familiar with the local situations and problems of the community. He or she should have access to families and be able to collect information relevant to her services. She should

be able to assess the strength and needs of the children and also coordinate her effort with that of the hospital, social worker and other local agencies. For example, if teenage pregnancy is the major health problem that is identified, the health educators should work in conjunction with the school counsellors, social workers and teachers to organize seminars, workshops in schools especially secondary schools and tertiary institutions where there is a vulnerable group on teenage pregnancy. The health hazards, social ills, the psychological consequences and even death from infections or criminal abortion should be emphasized. This type of intervention should not be done once and abandoned. Children need constant monitoring and such services should be rendered often. Assessment and surveillance of the child should be on a continuous basis. Another assessment or service is the visit to schools at all levels. The purpose is to record and maintain an assessment chart record for monitoring the progress of the child. The health screening chart should cover the child's general "physical health including problems and current treatment; his medical history and current medication, and further treatment that may be desirable or necessary."

Day Care Programme

In most places, health services are not adequate therefore the day care programme is a better alternative for early detection of health problems or disabilities in children where it can be supported. However, the assistance or health services where they exist would enhance the achievement of success. The existence of such services also gives the child the confidence that he has somewhere to go to when he leaves the day care. A child who has had normal life, good health, nutrition and development, routine examinations and screening may not reveal any health problems or disabilities. This goes further to indicate that physical or routine examinations and screening could be very productive in determining the health problems or disabilities in children.

Routine Test

These are hemoglobin or hematocrit test, urinalysis and tuberculosis test. However, the child's situation on observation may be suggestive of other tests. Such tests which include lead screening for children who eat things from the ground or live in old houses may be very revealing in determining the line of treatment of the child to prevent disabilities. After the test or tests, parents must know the outcome of results, get the necessary immunization for the children. It is the duty of the health care providers to make provisions for any special or preventive care that would be required by the children. All cases must have a follow up programme. However, any medical difficulties should be referred.

(v) Environmental Manipulation Technique

Learning disability is a common occurrence among children. Learning disabilities occur when there is one or more significant deficits in essential learning process. The need for special educational techniques for its remediation becomes necessary. When the children are stigmatized they are called "emotionally disturbed" or mentally retarded". This is why the new term is proper because it is more encompassing since it

includes other problems of the child. For example, a child who is hungry, sleepy and ill cannot function well in any learning situation. That same child cannot be said to be "mentally retarded". If the child is given the right environment and all the needs to function normally, life would be more fulfilling and learning would be more interesting and meaningful to him. Some pediatricians have attributed learning disabilities to great variety of functional and organic conditions. Other pediatricians say that the "causes are primarily motor and sensory deficit, malnutrition, diseases and metabolic disturbances; ego and emotional factors." Yet others attribute the causes to brain dysfunction. These children show some sort of impairment that have at least average intelligence with mild genetically and neurologically based school problems. Ignorantly too, these children are tagged as being lazy. This ignorance must have stemmed out of lack of communication on relevant information about the child from psychologist, physicians, parents and other care givers to teachers and counsellors. The care and management of the child at this point is not so much on the etiology but on early intervention through motivation and observation. Motivation of the child can be achieved through experiences and environmental manipulation. Resource room should be used in place of regular classroom for remedial work. This service would require the team work of teachers, counsellors, nurses, social workers, psychologist and the parents. All efforts should be made to relieve the child of possible stress and other emotional strain that can further disturb his learning abilities. A wholistic approach should be given to the care of the child. If the situation is mismanaged, the child condition could degenerate to become emotionally and socially disturbed.

(vi) The Mother- Child Bond Approach

The most important aspect of care giving is from the relationship of parent to child. Although it might be argued that the mother-child bonding is instinctive and biological or a learned response, one finds that care giving as a matter of conjecture. The child's environment needs constant attention of at least a parent. According to Thomas (1982), there is also the need to guard, nurture and encourage the unfolding of the child's potential to be both unique and at the same time a useful member of his society. The bond between the mother and child has to be strengthened at every growing stage of the child to prevent any possible negative implication on the child. Most of the time, people look at the physical aspects of disability leaving out the other areas such as the psychological, emotional and social. All these areas have to be looked into. This is why parents are encouraged to shoulder the responsibilities. This is one of the focuses of family planning today. Therefore, family planning education should be emphasized in both urban areas and with all the options made known to them.

(vii) Education

Education is the process through which the notion of prevention can be imbibed in the medical and social welfare of the individual child. It is through the application of knowledge acquired that the prevention of diseases such as measles, mumps, whooping cough, pneumonia, tuberculosis, poliomyelitis can be attained through health campaigns. Also,

the birth of the thalidomide children and other deformities can be prevented through drug and substance abuse education. When the pregnant woman knows the implication of drugs such as cigarettes or tobacco on her unborn babies, she is more likely to drop the habit of smoking. In short, pregnant women are usually advised not to take any drug during the first trimester (first three months) of their pregnancy. Wynn and Wynn (1979) reported that in Britain, the application of knowledge acquired reduced about 50 percent incidence of developmental disabilities. Also in Britain, the Spastic Society Campaign advocated a method using the caption "Save a baby". At the end of the campaign, it was believed that about 40 percent of cerebral palsy cases could be prevented without necessarily using new technology. In the same vein, health education campaigns could be carried out especially in the rural areas using the media available to us to prevent most disabilities. There could also be planned programmes developed for the urban poor where people can be educated about their sanitary conditions. Many children still die of gastro-intestinal diseases. Although women are taught how to take care of the baby's utensils especially the feeding bottles, there should be follow-up programmes where they would be carefully monitored. Interestingly, the "baby friendly" programme has perhaps reduced this problem. The issues of personal hygiene, purification of water, disposal of refuse still need to be tackled. With good education programme or campaign, dysentery and diarrhea may be prevented or at least reduced.

Sometimes people make themselves vulnerable to diseases because of lack of education. It is possible for one to anticipate health crisis and therefore prepare to prevent the crisis through educational and therapeutic interventions. This could take the form of discussion, counselling or other educational/instructional techniques. There are various ways education can be used to prevent disabilities. Trainers can be trained to improve insights and skills in dealing with children. Health projects in terms of prevention can be sponsored by various foundations or organizations to carry out research projects, formal and informal studies with the views to finding lasting health management plans that can prevent disabilities. Home projects have been developed in improving the intellectual skills of the child in other countries and same can be adopted in the health management of the child in the prevention of disabilities. The Ypsilanti Home Teaching Project is a good example. The curriculum was tested in a pilot project. Teachers were sent to children's homes to teach them and at the same time conduct a training programme for the parents. The method of teaching was informal. Teachers went to the children's home once a week for one and a half hours. The purpose was to develop the skills in language teaching functioning in children and to develop the parents to take part in the community resources that could enrich the experience of their children. Although the project was informal, it has a highly structured curriculum. There were predetermined cognitive goals and each child was given the opportunity to proceed step to step at his or her own rate. This meant that the teacher had to identify the concept and skills necessary for each child's growth and at the same time provided a base for future learning. This project yielded positive result. This method can be adopted in educating women that produce children in old age. According to Imogie (1998), the persistent

level of ignorance by women concerning their health need to be broken. Apart from the experience of poor health when women become pregnant in old age, there is the risk of still birth, congenital malformation. The need to reduce the production of delinquent children in Nigeria is becoming very apparent more so that the resources are not sufficient to care for the normal children. After all, the objective of every parent is to have healthy, bouncing, able and not disabled baby or babies. The role of the media cannot be overemphasized in the success of all the programmes or techniques discussed so far. Parents can be exposed to a wide range of health problems and possible solutions, suggestions or demonstrated. Popular national programmes like Papa Ajasco, Family Circle, Everyday People and many others can be used like other educational television programmes such as Sesame Street, Neighbourhood or Captain Kangaroo in developed countries.

Conclusion

Literacy for healthy living require a multidisciplinary effort which demand the cooperative effort of every individual with widely varying skills and training. Persuasive techniques through education enhances by the influence of the media would be of great assistance in averting the ripples of a disabled child. Genetic and environmental barriers to the delivery of normal babies should be checked and controlled where possible. The suggested programmes or techniques when adopted and maintained would go a long way in the prevention of disabilities.

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