Journal of Occupational Safety and Environmental Health
A Publication of the Society for Occupational Safety and Environmental Health

ASSESSMENT OF HEALTH PRACTICES AMONGST HEALTH CARE WORKERS IN CALABAR SOUTH LOCAL GOVERNMENT AREA OF CROSS RIVER STATE, NIGERIA

[1]Ekpenyong, Affiong Onoyom and **[2]Ita, Asuquo Ekeng**

[1]Department of Public Health Nursing; [2]Department of Environmental Health
College of Health Technology, Calabar Cross-Rover State Nigeria
ekaaffi@yahoo.co.nz.: GSM: +234(0)8076696468;
Ekeng_itah@yahoo.ca: GSM: +234(0)8026037994

ABSTRACT
Promotion of workers health which includes health education, maintenance and disease prevention is an accepted aim of occupational health practice. In order to promote and improve the health of workers, in the workplace, health assessment which requires routine/periodic medical examinations should be carried out by workers and families. The study focused mainly on health promotion activities undertaken by individuals. A survey design was adopted for the study. 220 health care workers consisting of nurses, doctors and community health workers who are the main officers in health promotion drawn from Federal, State and Local Government health facilities were used, specifically to assess the type of health check practices and levels of compliances. A structured questionnaire was used for the study. Data generated were analyzed with the aid of descriptive statistical techniques. Result showed that 60% of health care workers performed self conducted checks as against 40% for physician checks, more than half did not have routine medical health checks especially the doctor conducted checks. Compliances to expected frequency of selected common health checks such as Pap-smear tests and blood tests were low while testicular self examination, measurement of body weight and exercises were high. It was concluded that the level of practice regarding need for routine medical checks are low. Therefore there is a crying need for more intensive and aggressive education aimed at increasing the health seeking attitude and practices of health care workers.
Keywords: Health promotion, Health care worker, health checks.

INTRODUCTION
It is evident that in spite of astonishing progress on many fronts, health promotion programmes, a number of serious health challenges are continually being faced e.g. heart disease, cancer, accidents, mental illness etc. The health concerns just mentioned are by no means unmanageable, fortunately we as individuals can reduce the likelihood of encountering many of these conditions by making choices in the way we live our lives. On a personal level, decision can be made to pursue a plan of healthful living such as undergoing effective health checks to minimize and prevent the incidence of illness and diseases and to extend life. Family Doctor org (2007) indicated that the best way to stay healthy no matter the age of the individual is to practice healthy lifestyle which is getting proper screening tests and acting appropriately on the information provided and healthy diet Simple logic suggest that it makes more sense to prevent illness than to deal with it through episodic health (medical) care.

Health assessment is a preventive[health check up] programmes for all ages irrespective of the sex, it help to prevent illness and can detect health problems early

before they become serious and also help make appointments for any follow up care or treatment. A preventive service might be a test, or an advice from doctor. Preventive service includes the following: Tests (also called screenings) to check the general health or the health of certain parts of the body. Regular measurement of weight, cholesterol levels and blood pressure, advice about diet, exercise, tobacco, alcohol and accident prevention, immunization(shots) for both adults and children, special tests at certain times in life, such as during pregnancy and after fifty years of age, also included are: Head to toe physical examination, immunization(shots),laboratory tests, examination of the eyes, growth and development check, hearing check, examination of the mouth, nutrition check (Eating habits),Health information, other checks needed, special teenage health education and teen pregnancy services.

Health checks according to Akubue (2000), is checking your health to ensure that you are in good health. For this to be effective, the checks must be regular which may be monthly, yearly or every 3 to 5 years as expected by the type of health check. The forms of Health checks are many and varied. According to World Health Organization (1992) such actions may be taken by and/or on behalf of individuals and groups to create living condition which are conducive to health and the achievement of healthy lifestyles. An individual may carry out the check on himself or herself on a regular basis for example a man or woman may check his or her breast for a lump or test the blood sugar level, another form of health check is when a person goes to doctor for medical checkup not related to any illness. Bellah [1993] advocated that Health care maintenance is the investment in routine examinations and self-examination and regular checkups are important for early detection. The sixth global conference on health promotion held in Bangkok as cited in the Federal Ministry of Health National health policy (2006) refined Health promotion as the process of enabling people to increase control over their health and its determinants, and thereby improve their health .It is the core function of public health and contributes to the work of tackling communicable and non communicable diseases and other threats to health. It therefore shows that it involves a multidisciplinary application of skills and roles of a wide range of field staff within health and other services such as nurses, doctors, teachers etc. Participation of the people and their communities in improving and controlling the conditions for health is a core principle in health promotion.

Different types of health checks are advocated for individual, families and the entire community for adequate prevention, maintenance and promotion of health as such Moronkola (2003) emphasized on healthy living that respect for high standard is the requisite of model citizen. On the analysis of types of Health checks, according to Family doctor org (2007) report services for healthy living, adult women: should have their weight, blood pressure and cholesterol levels checked regularly. they should have pap smear test at least yearly to screen for cervical cancer starting at age 21 or approximately 3 years after they have sex for the first time. After the age of 40 women should have a mammogram every 1 to 2 years to screen for breast cancer .At the age of 50 ,they should also be tested for colorectal cancer. These are routine tests that everyone should have. Adult men: should also have their weight, cholesterol level and blood pressure checked regularly. Men over 50 should be tested for colorectal cancer. This is a routine test that everyone should have. Bellah (1993) in his clinical health issue handbook stated that Health care maintenance is the investment in routine examination and screening studies for the prevention of early detection, the concept of keeping healthy by regular checkups

instead of just treating diseases once they become symptomatic has changed the approach to health care. Varying guidelines has been established by medical organization and the general recommendations are listed below:

Blood check - every 2 years. Cholesterol screening- every 5 years beginning in the 20s.Pap- smear- every year once sexually active if three consecutive normal tests every 2 to 3 years. Breast self examination-monthly from the age of 18Clinical Breast Examination- every 3 years then yearly after 39 Mammography- baseline study at age 35 to 40 years every 2 years from 41 to 50 then yearly. Testicular self Examination- yearly from the age of 18 Stool test for blood –yearly starting at age 50 Endoscopes of distal colon –every three years starting at age 50. Akubue (2000) also analyzed types of health check to include activities to be carried out by individual on himself or herself or on another person, or in a medical laboratory by a medical laboratory scientist and those to be conducted by a doctor with laboratory tests carried out in a medical laboratory by scientist. Compliance is a complex behavioural process influenced by the environments in which patients live, health care providers practice and health care systems delivery of care (Ahmed,2003).The rational for enhancing compliance is based on the premise that an individual will stay well if the physicians, other health care providers and health care organization make appropriate recommendation providing the individual has requisite knowledge ,motivation, skills and resources to follow recommendation (Bassavanthappa, 2005). A report from American Heart Association (2001) stated that many studies show a decrease in compliance over time.

Health is the backbone of all human activities and the source of all achievements, without good health life becomes meaningless, unproductive, drab, painful and a source of anxiety. Health is regarded by WHO (1986) Ottawa charter as a fundamental human right and correspondingly all people should have access to basic resources for health. For individual and groups to have better health status, they must be health informed and empowered to use health information they have to exhibit positive health attitude and behaviour (Ademuwagun 2004). A comprehensive understanding of health implies that all system and structures which govern social and economic conditions and physical environment should take account of the implication of their activities in relation to their impact on individual and collective health and wellbeing.

Health promotion activities in clinical practice include behaviour modification, counseling to reduce risk factors and screening for preventable diseases (Iyaniwuri 2004). Health assessment is a mean to an end, an approach to maintaining or improving health as well as managing signs and symptoms for example the benefits of prevention and treatment for patients with cardiovascular disease, stroke, heart attacks and other associated risk factors are abundantly clear and according to world health report (2002)simple cost effective public health measures could lengthen the average human life span by 5-10 years hence the need for assessing the practice of health assessment among health care workers in Calabar South local government area of Cross River State Based on this, since the overall goal of occupational health practice is promotion of workers health which can be done collectively or individually, in order for health workers to promote the health of the community, they are expected to promote their own health acting as models by undergoing health checks and by so doing perceive the situation, using personal experience so as to be able to put into practice and advice other people in the community.

Everybody desires and deserves good health; however it is rather difficult to reach our target of good health without personal efforts. Occupational diseases and injuries are among the five leading causes of mortality and morbidity in United States and in most countries, ill health impact on a person's quality of life and their ability to participate productively in the labour force (Australian institute of health and welfare, 2006) also International Labour Organization (ILO) estimates that the world work force suffers more than one million accidents every year and these cause permanent disabilities and economic losses amounting for more than 6% of national income and over two million people are killed by their work every day. World Health report (2002) indicated the 10 top risk factors accounting for about 40% of the 56 million death in the world each year are high blood pressure, high cholesterol and obesity, also as people advance in age, their health is one of the factors that may influence decisions about their participation in labour force, there is often an increase in number of long term conditions as overweight and obesity, inadequate physical activity, cardiovascular disease which increase the risk of health, thus the incidence and severity of some of diseases and illness can be significantly lowered by reducing contributing risk factors, work processes and operations carried out in almost every human field of endeavor involve one or more potential threats to the health and safety of the workers (Ladou 2007) generally many health workers do little or nothing to monitor their health or take steps to prevent ill health, always living in illusion of good health. It is now known and accepted that this is not enough if good health and long life expectancy must be maintained (Akabue, 2000) moreover literature is dominated by reports of patients/clients practices of health checks and lack of empirical data on practices by health care workers hence the need to evaluate the practices of health assessment amongst health workers who spent most of their time with patients/clients enhancing their medical care and health supports

The broad aim of this study was to evaluate the practice of health assessment (health checks) towards health promotion amongst health care workers in Calabar South local government area of Cross River State. Specific objectives were to identify the types of health assessment undertaken by health care workers; and assess the health care workers compliance to frequency of selected health checks practiced. It is hoped that the research findings will assist in identifying areas of problems affecting the practice of routine health checks towards promoting health. Findings will also assist in the organization of health services to improve personal and community health through well laid out and informed programmes and also restructuring in health workers services for the benefit of themselves and also essential for educational, social and economic environment required to support and practice health promotion. The study was limited to only health care workers within the six health care facilities selected out of nine health care facilities in Calabar South Local Government area of Cross River State.

MATERIALS AND METHODS

The study is a descriptive study using cross sectional design.220 health care workers were selected from six health facilities consisting of primary, secondary and tertiary health facilities in the state using multi stage sampling techniques. The facilities included NYSC clinic, Henshaw town ,Ekpo Abasi, Anantigha Health centres which are all community based institution providing primary health care services, General hospital (secondary facility) and Neuropsychiatric hospital(tertiary institution). Data were collected through the use of structured questionnaires drawn from selected health checks lists consisting of thirty five items

which was sub divided into three sections. Section A consists of socio demographic data, section B on practices of health checks while section C on compliances to selected health checks. Test retest method was used to test the reliability of the instrument using 10 health care workers drawn from Lawrence Ene's hospital and a reliability coefficient of 0.78 was obtained which was considered satisfactory. Ethical approval was obtained from Cross River State research ethics committee Calabar. The completed questionnaires were coded and analysed using descriptive statistics (percentages).The data was analysed using SPSS version 18.

RESULT AND DISCUSSION

A total of 220 (73%) questionnaire out of 300 questionnaires were used for descriptive analysis pertaining to the study, out of which 80 (27%) accounted for attrition (i.e., 27 questionnaires were not returned while 53 were not properly completed). Analyses of the returned data are presented in Table 1.

Results showed that majority 160 (72.7%) of the respondents were females; ages ranging from 34 to 59 years with the greater proportion 88(40%) between 40-49 years (mean ages of 41.51 and standard deviation of 7.56). Majority were married (54.5%) and Christians(90.1%), with diploma and bachelor's equally acquired 28.6% each, nurses form the majority 63.25% within the rank of assistant directors of nursing and mostly 74.5% reside in hospitals.

Table 2 indicated that Health care workers undergo self conducted health checks more than physician conducted health checks. The Table showed the different, health checks and frequencies for self conducted health checks and physician conducted checks with the percentages in parenthesis. Health workers practiced more self checks (60%) than physicians' checks (24%).

Table 3 shows that Health care workers comply with the expected frequency of selected health checks. It could be observed Though 60 (100%) of the respondents were male, only 23 (38%) performed testicular self exam. That out of 160 (100%) female health care workers, only 21 (13%) did Pap smear test every 2 to 3 years.

Table 1: Socio-demographics of respondents (n=220)

Socio-demographics		*f*	%
Gender	Male	60	27.3
	Female	160	72.7
Marital Status	Single	71	32.5
	Separated	22	10.0
	Married	120	54.5
	Widow	1	0.5
Religion	Christianity	207	94.0
	Muslim	12	5.5
	Traditional	0	0.0
	Others	1	0.5
Educational background	Primary	7	3.2
	Secondary	29	13.2
	Diploma	63	28.6
	Higher Diploma	44	20.0
	BSc	63	28.6
	MSc	10	4.5
	Ph.D	4	1.8
Designation/ Level/Rank	Assistant Medical Officer	6	9
	Assistant Nursing Officer	35	59
	Principal Medical Officer	4	8
	Principal Nursing Officer	30	60
	Principal Community Health	16	32
	Senior Medical Officer	3	13
	Senior Nursing Officer	11	46
	Senior Community Health Officer	10	42
	Chief Medical Officer	5	12
	Chief Nursing Officer	27	64
	Chief Community Health Officer	10	24
	Assistant Director of Health	3	18
	Assistant Director of Nursing	11	65
	Assistant Director of Community Health	3	18
	Deputy Director of Health	2	25
	Deputy Director of Nursing	4	50
	Deputy Director of Community Health	2	25

Source: Questionnaire

Table 2: Self and Physician Conducted Checks

Self conducted checks			Physician conducted checks		
Health Checks	Frequency		Health Checks	Frequency	
	Yes No. (%)	No No. (%)		Yes No. (%)	No No. (%)
Blood pressure	179(81.4)	91(18.6)	Annual Medical	103(46.8)	117(53.2)
Urinalysis	90(40.9)	130(59.1)	Liver Function	38(17.3)	182(82.7)
Exercise	167(75.9)	54(24.1)	Kidney function	27(12.3)	193(87.7)
Weight	168(76.4)		Blood cholesterol	31(14.1)	189(85.9)
Breast self check	108(49.1)		Occult Blood (stool)	35(15.9)	185(84.1)
			Anal test	28(12.7)	192(87.3)
			Cataract	50(22.7)	170(77.3)
			Measurement of eye pressure	92(41.8)	128(58.2)
			Test for glaucoma	52(23.6)	168(76.4)
			Fasting blood sugar	85(38.6)	135(61.4)
			Prostrate Check	29(13.2)	191(86.8)
Total	712(60)	439(40)	Total	570(24)	1850(76)

Source: Questionnaire

Table 3: Compliances to Health Checks

Compliances	Pap smear tests No. (%)	Testicular Self examination No. (%)	Measurement of body weight No. (%)	Blood test No. (%)	Exercise No. (%)
Everyday					*110(50.0)
Once a week			27 (12.3)		51 (23.2)
Once a month		7 (12)	*116 (52.7)		9 (4.1)
Once in 2 weeks			17 (7.7)		
Once in 3months					22 (100)
Once in 6 months		15 (25)		*75 (34.1)	
Once in a year		*23 (38)			
Once in 2 years				27 (12.3)	
Once in three years		6 (10)			
Every two to three years	*21 (13)				
Every four –five years	9 (6)				
Once in six –ten years	29 (18)				
Only during annual medical exams			126 (11.8)	76 (34.5)	
Only once in lifetime				7 (3.2)	
None	101 (63)	9 (15)	34 (15.5)	35 (15.9)	28 (12.7)
Total	100 (100)	60 (100)	220 (100)	220 (100)	220 (100)

Source: Questionnaires; *Key-Normal levels of compliances

Out of 220 (100%) health care workers, 116 (52.7%) carry out the normal measurement of body weight. Only 75
(34.1%) tested their blood normally; and 110 (50%) complied to the normal levels of exercise.

DISCUSSION

Findings that health care workers practiced self conducted health checks more than physician conducted checks surely affected the practices of routine health checks towards promotion of health. Evidence from the study shows low level of practice and involvement in health promotion. This is in keeping with the submission of Ulasi 2006 that more than half of the population that was used for his survey on assessment of risk factors for kidney disease did not have routine medical checkup and about a third engaged in self medication and the level of awareness regarding need for routine medical check and appropriate attitude to health low and also in agreement with Akubue (2000) that most of the people used for the study do not like to undergo annual medical checkups. And even when advised by their doctors only a small proportion usually do so, also in support of imperial cancer research fund Ox Check Study Group (1995) that several researches conducted on health checks in various communities both developed and non-developing countries for the effectiveness usually attenuated with non attendance.

Findings on compliances indicated compliances only to self conducted checks. The health care workers though informed do not like to undergo other checks apart from self checks: they do understand the mechanics of practicing routine health checks, but the high cost of services, medical services offer costly laboratory investigations and costlier medication without really helping these patients, act as a barrier the issue of other indirect costs still act as barrier and this manifested itself through the practice of self checks which are more convenient for the health care workers. This is in support of the American Heart Association Report (2001) that one of the factors that affect compliances is the ease with which an individual can incorporate those recommendation into his or her daily routine and for non compliances as shown by non self conducted checks, the same report still stated that many studies show a decrease in compliance over time. The general implication is that the level of support for practice of routine health checks towards health promotion is poor for non self health checks amongst health care workers which also support the study of Musa (2003) on usage of staff clinic by staff and dependents that patients turn out is usually peaked in the first week of every month and the period conceded with the time when most staff are financially buoyant due to salary payment. Services sought by the subjects were mostly curative compare to preventive services and those presenting for medical tests were mainly staff or children who required the medical fitness for confirmation of their appointment (in the case of staff) or for school entrance in the case of those who are students, also Awodiya as cited by Nwora (2003) asserted that without understanding the relationship between individual choosing lifestyle and the development of disease, the tendency to choose the behavior that are detrimental to health will continue to be present and limited time and access to health maintenance facilities in which very few establishments take the health of their workers into consideration and when they do it is usually in terms of curative services to sick members and their immediate families. Most do not consider, much less provide health maintenance facilities and in most cases a haphazard and unco-ordinated arrangement for health care and in consonant with the above assertion, Wagstaff (2005) reported that government in developing countries generally recognize that these public health function

(health checks) are important but they often lack the capacity and financial resources to implement them. The implication of the study is that the practice of periodic medical examinations (Health Checks) among the staff was generally poor indicating this aspect of health promotion

CONCLUSIONS

Self conducted health checks are mostly practiced by health care workers. The high rate of non practices of physician conducted checks by health care workers who are suppose to be role models is a wakeup call to spearhead implementation strategies for routine health checks towards health promotion. Most of the health care workers though informed, do not appreciate the importance and need for routine medical checkup. Factors that should be put in place to encourage practices of health checks include Free medical checkup for all health care workers; Compulsory routine health checks for all health workers; and Health education to disabuse the minds of individual against the rush for wealth and fame, with the culture of no rest, time, no exercise to promote individuals interest in the performance of those activities that promote health and enhance well being.

REFERENCES

Adimuwagun, Z. A. Ajala, J. A. Oke, E. O, Moronkola, O.A and Jegede, A. S. (2002). *Health Education and promotion*. Ibadan: Royal People Nigeria Ltd.

Ahmed, S. G. (2003). Laboratory Strategic defense initiatives against transmission of human immune deficiency viruses. *Nigeria post graduate Medical Journal.* 10.4: 254-259.

Adensanya, J. A. (2004). Global response to health provision. The challenge to public health practitioners. *West African Journal of Nursing*.15.1:56.

Akpabio, I. (2006). Perceived barriers to nurses practice of health education for women. *West African Journal of Nursing*. 17.2:125-126.

Akubue, P.I. (2000). *Health Checks and Health Promotion. Your personal guide to a long active life. .Enugu:* Snapp press Ltd.

Alade, I. O. (2001). *Public Health Nutrition*. Ilorin: S.O.A. Tosco ventures Press.

American Heart Association report (2001): Compliance retrieved Feb. 17, 2009 from http/www American heart, Org/presenter Jhtm?. identified 436.

American Heart Association report. (2009). Multi level compliance challenge.436.3 retrieved Feb. 17, 2009 from http/www American heart, Org/presenter Jhtm?. identified 436.

Azuonwu, G. (2002). *Excellence in Health Care Delivery For Developing Countries*. Ibadan: Evi - Coleman Publications.

Badru, F.A. (2006). Quality assurance in healthcare practice. The role of nurse manager *West African Journal of Nursing*. 17.2: 172.

Bakola, S. (2007). Lifestyle Tips for Raising Safe and Healthy kids. *Healthy eating*. 1:12.

Bamford, M. (1995). *Work & Health, An Introduction to occupational health care* London: Chapman & Hall.

Basavanthappa, B.T. (2004). *Fundamental of Nursing.* New Delhi .India: Jay pee brothers, Medical Publishers Ltd.

Basavanthappa, B.T. (2006). *Community Health Nursing.* New Delhi. India: Jay pee brothers, medical publishers Ltd.

Bellah, K. (1993). *Clinical Health Issues Handbook.* New York: West Publishing Company.

British Medical Association. (1998). *Health and Environmental Impact Assessment, an Integrated Approach.*, London: Earthscan Publication Limited.

Bruffaerts, R. Sabbe, M. and Demythenaere, K. (2004). Effects of patients and Health system characteristics on community tenure of Discharged Psychiatric patients, *American Psychiatric Association.*90:5-10

Brykyzxcynki, M. (1999). *Oxford Journals Medicine*. Health Policy and Planning. 1.1:58-66.

Capps, K. H. (2006). *Urac Issue Brief Health? Resources* retrieved Nov, 13 2007 from www.health 2 resources com.

Cole, G.A. (2002). *Management Theory Practice*. Berwilk Great Britain: Martins the publishers Ltd.

Cross River State. (2006). *Handbook on clinical governance research and training* Calabar: Government House Press.

Dairius, B. S. (1998). *Advance Health Assessment and Clinical Diagnosis in Primary Care.* New York: Mosby Inc.

Dochterman, J. M. (2001). *Current Issues in Nursing*. New York: Mosby Inc.

Doheny. K. (2007). Annual physical exam. Unneeded expense*? Web MD medical news*. 28.1-

3.retrieved Oct.20, 2007 from http//www.web.MD.com/news/annual/physical exam. Unneeded expense.

Dunbar- Jacob, J. (2007). Models of changing patient behavior. State of the science. *American Journal of Nursing*. 1.6:107.

Durosaro, O.K. and Akinyooye, F. (2004). *Management Theory and practice*. Ibadan: Sand Printers,

Egwu, I. N. (2005). *Primary Health Care System in Nigeria.* Lagos: Elmore Printing and Publishing Company.

Family doctor org (2007): Preventive services for healthy American academy of family physicians. retrieved Sept 10, 2007 from http//www.acpm, net.services 10.html

Federal Ministry of Health. (2006). *National Health promotion policy* 8-9.

Froude, C. (2006). Consumer Directed Health Plan. *Urac web M.D. Health Services*.120.11.Retrieved Mar.20, 2007 from www urac org.

Garret, M. J. (1999). *Health Futures, A handbook for health professional*. World Health Organization Library.

Green, L. W, Simons-mortin, D. G. and Potvin, L. (1999). *Education and lifestyle Determinants of Health and Disease.* Oxford Textbook of Public Health. 3rd Edition vol. 1 the scope of public health.

Green, L., K., Deeds, M.W, and. Patridge, K.B. (1980). *Health Education Planning A diagnostic approach.* California: May Field Publishing Company.

Hennekkens, C.H and Buring, J.E. (2001). *Epidemiology in medicine.* Boston Toronto: Little Brown and company.

Hitchcock, J. E. and Schubert, P. E. (1999) *Health Nursing caring in action*. New York: Delmar Publishers.

Imperial cancer research fund ox Check study group. (1995). Effectiveness of Health Checks conducted by nurses in primary care, final result of the ox check study. *British medical journal.* 310: 1099-1104.

Iwuchukwu-Sobayo, E. (2005). *A manual on infection control for Hospitals in Developing Countries.* Ibadan: University Press.

Iyaniwura, C.A. (2004). Health promotion in general medical practices in Ogun State. *Nigerian Medical Practitioner* 45.3.

Lawson, J .B .and Harrison, K. A .and Bergstorm, S. (2001). *Maternity care in developing countries*. Royal College of obstetricians & Gynaecologists.

Lucas, A..O. and Gilles, H.M. (1990). *A New Short Textbook of Preventive Medicine for Tropics*. Sevennoaks: Eibs.

Mabegunje, A. L. (2007). Health Challenges of Nigerian Urbanization. Ibadan: Benjamin Oluwakayode Osuntokun Trust.

Mant, D. (1994). Health Checks time to check out? *Br. J. Gen pract.* 44:512.retrieved Oct.27, 2007 from http/www.acpm net service 10html.

Merlina S.H Irina (2007). *Attitudes towards medical exams*.58.l:58-66 retrieved Aug.10, 2007.from .htt//bd English.from.report/cat/humdrum/health/ed.

Moronkola, O. A and Okanlawon, E. (2003). *Fundamentals of Public and Community Health education.* Ibadan: Royal people Nigerian Ltd.

Moszynski, P. (2006). Zambia Scraps Healthcare Fees for poor Rural people. *British Medical Journal.* West Africa Edition, 9.3:10

Mott, S. James, S.and Sperliac, A. (1990). *Addison Wesley Nursing.* California: Mo.Redword city,

Murray - Johnson L. (2000). *International Journal.* Community Health Education 2000-2001 20.4:323-45.

Musa, O.I. (2003). Usage of Staff Clinic by Staff and their dependent in a Territory Health Institution in Illorin. *The tropical journal of health science.*10.

Nutbeam D. (1986). *Health promotion Glossary* Health promotion 1. 113-127.

Nwora, Ozumba, O. Okoya, A. and Ifedion, C.N. (2004). Socio-cultural Practices and Health Implications. *West African Journal of Nursing*. 15.1:66.

O'Brien, P. G. Kennedy, W. Z. and Ballard, K. A. (19990. *Psychiatric Nursing, an Integration of theory and practice* . USA: The McGraw-Hill company, Inc.

Ogundeji, M.O. (2002). *Background and Status of PHC activities by Year 2000*. Ibadan Nigeria: Xanfun Limited

Onuoha, K.C. (2004). Adjusting to retirement Socio-medical view point .*West African Journal of Nursing*.15.1:68

Ottawa Charter for Health Promotion Nov. 10, 1986 First International Conference on health promotion. Ottawa Canada 17 -21 retrieved Mar.15. 2007.from www.who.int.whr/2003/en/index.html.

Parks, K. (2005). *Preventive and Social Medicine*. India: M/S. Banarsidas Bhanost Publishers Prem.

Roemier, M. (2006). *Priority for primary health care*: its development and problems.58.1:58 retrieved feb.15.2007 from file///A:/Primary Health3/htm.

Shenson, D. (2007). Putting prevention in its place: the shift from clinic to community. 3.3-5. retrieved Mar.15,2007. from http//www.cdc.gov/pcd/issues.

Smelter, L. A. and Bare,B.C. (2000). *Primary* health care towards health for all by the year 2000.London:London press.

Soubhy H. and Potvin, L. (2000). *Homes and families as health promotion setting* 44: 1. Sage: Thousand Oaks CA.

Stancope, M. L. (1990). *Community Health Nursing. Process and practices for promoting health* 2nd edition, Washington D.C: C.V. Mosby Company.

Tones, K. (1999). Health Education Behaviour Change and Public Health. *Textbook of Public Health.*3rd Edition,Vol,2. Methods of Public Health. Ibadan: Stirring Mordon Publishers Nig. Ltd.

Ulasi, I. and Arogundade, F. A. (2006). Assessment of risk factors for kidney disease in an unselected population of Nigerians. A report of the routine screening conducted during the National Kidney Disease Awareness and sensitization programme. *Tropical Journal of Nephrology*. 1.2:73.

Wagstaff, A. Ceason, M, Robert, M. Gothret, P. and Fang, Q. (2005). *The Millennium Development Goals for Health, Rising to the Challenges.* Washington D.C: World Bank.

World Fact book.2005. Facts on Nigeria. retrieved June, 27.2006 from http://www.odcigov/cia/publication/factbook/goes/ni.html.

World Health Organisation report (2003). Evaluation of the Strategy for health *Geneva. W.H.O,* 6. retrieved Mar. 31 2006 from www.WHOint./whr.2003/en/index'html.

World Health Organization report. (2006). Healthy systems Improving Performance. *Geneva W.H.O* retrieved Mar. 31, 2006 from htt//www.who.int/whr/2000/en/whrooendpdf.

World Health Organization (2003). *International society of hypertension writing group* 2003. statement on management of hypertension. 21:10-18.

http://www.sosehnigeria.org