

Health Equity in Hard-to-Reach Rural Communities in Abia State, Nigeria: An Asset-Based Community Development Intervention to Influence Community Norms and Address the Social Determinants of Health in Hard- to-Reach Rural Communities

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Abstract : Background: Sociocultural norms primarily influence the health-seeking behavior of populations in rural communities. In the Nkporo community, Abia State, Nigeria, their sociocultural perception of diseases runs counter to biomedical definitions, wherein they rely heavily on traditional medicine and practices. In a state where birth asphyxia and sepsis account for the significant causes of death for neonates, malaria leads to the causes of other mortalities, followed by common preventable diseases such as diarrhea, pneumonia, acute respiratory tract infection, malnutrition, and HIV/AIDS. Most local mothers attribute their health conditions and that of their children to witchcraft attacks, the hand of God, and ancestral underlining. This influences how they see antenatal and postnatal care, choice of place of accessing care and birth delivery, response to children's illnesses, immunization, and nutrition. Method: To implement a community health improvement program, we adopted an asset-based community development model to address health's normative and social determinants. The first step was to use a qualitative approach to conduct a community health needs baseline assessment, involving focus group discussions with twenty-five (25) youths aged 18-25, semi-structured interviews with ten (10) officers-in-charge of primary health centers, eight (8) ward health committee members, and nine (9) community leaders. Secondly, we designed an intervention program. Going forward, we will proceed with implementing and evaluating this program. Result: The priority needs identified by the communities were malaria, lack of clean drinking water, and the need for behavioral change information. The study also highlighted the significant influence of youths on their peers, family, and community as caregivers and information interpreters. Based on the findings, the NGO SieDi-Hub collaborated with the Abia State Ministry of Health, the State Primary Healthcare Agency, and Empower Next Generations to design a one-year "Community Health Youth Champions Pilot Program." Twenty (20) youths in the community were trained and equipped to champion a participatory approach to bridging the gap between access and delivery of primary healthcare, to adjust sociocultural norms to improve health equity for people in Nkporo community - with limited education, lack of access to health information, and quality healthcare facilities using an innovative community-led improvement approach. Conclusion: Youths play a vital role in achieving health equity, being a vulnerable population with significant influence. To ensure effective primary healthcare, strategies must include cultural humility. The asset-based community development model offers valuable tools, and this article will share ongoing lessons from the intervention's behavioral change strategies with young people.

Keywords : asset-based community development, community health, primary health systems strengthening, youth empowerment

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