



## Community Action: A tool for Community Health Promotion and Sustainability

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### Abstract

*This paper focused on providing an overview of the place of strengthening community action for the effective delivery of community health promotion activities. The paper highlighted the evolution of community action and its integration into health promotion as a strategy that forms the pivot upon which all community health action depends. Also, it x-rayed the strategies for effective community action and barriers to its achievement. The paper concluded by showcasing the contemporary health promotion issues that can benefit maximally from community action to ensure that Nigeria maximizes the gains of health promotion to significantly improve public healthcare delivery and prepare a community of competent citizens with resilience in the face of public health challenges.*

**Keywords:** Health promotion, community action, participation, empowerment and resilience.

### Introduction

One of the major challenges for health promotion practitioners, scientists, and policymakers is the application of key strategies in health promotion to improve community involvement and participation. Community participation or action plays an important role in health promotion activities, promoting health and ensuring the sustainability of community development initiatives. By engaging local populations in health promotion, community action fosters collective responsibility, empowers individuals, and encourages participation in addressing health issues that directly affect the individuals and the community in general. This approach improves immediate health outcomes and builds long-term resilience by promoting self-reliance and sustainable practices. Effective community action is typically characterised by collaborative efforts involving public health authorities, local governments, non-governmental organisations, and the community itself, leveraging local knowledge and resources to create tailored health interventions that are both culturally appropriate and sustainable.

Health promotion is a concept that was primarily a response to the growing expectation for a new health movement where individuals and communities are active participants in determining and maintaining an acceptable level of health through advocating, enabling and mediating amongst and across both governmental and non-governmental sectors. World Health Organization (WHO,1986) defined health promotion as the process of enabling people to increase control over, and to improve their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions. Health promotion is more effective through community action. According to WHO (1987), this involves such activities as making decisions, planning and implementing planned strategies. This ensures community empowerment and ownership of health projects. At the heart of this process is the empowerment of communities their ownership and control of their endeavours and destinies. (WHO, 1986)

One theme stood out during the Ottawa Charter conference which is community participation and action which highlights the importance of community participation and involvement in the planning and implementation of health promotion programmes and activities. This central



theme of strengthening community action was captured as one of the five components of health promotion. This paper, therefore, focuses on the place of community action in the achievement of health promotion activities.

Health promotion through community action includes addressing numerous determinants, such as improving living conditions, enhancing access to healthcare, and encouraging healthier lifestyles. Health promotion brings together directed actions that strengthen the skills and capabilities of individuals and directed actions to change social, environmental and economic conditions that impact public and individual health (Koelen & Van den Ban, 2004). It emphasises preventive measures, aiming to reduce the burden of disease through education, outreach, and advocacy. When successfully implemented, community action creates a self-sustaining cycle of health improvement by empowering communities to identify and tackle their unique health challenges. This strategy is crucial in creating health equity, particularly in underserved and vulnerable populations, ensuring that health gains are both meaningful and enduring.

To achieve these goals, the following key components were identified by the Ottawa Declaration as areas of emphasis in health promotion, these include:

- **Reorient health services.** This focuses on improving the health outcome of the entire population and providing the opportunity for everyone to have access to health resources whether sick or well.
- **Create a supportive environment.** Surroundings that support health make it easier to achieve optimal wellness. Fostering an environment that physically and socially assists in health success is the goal. Eliminating harmful practices is also part of creating a supportive space.
- **Develop personal skills.** People have to understand pertinent health information to take the necessary steps to improve their health. By knowing what could cause illness, individuals can be proactive in monitoring and supporting their wellness.
- **Strengthen community action.** The binding together of people inhabiting the same geographic area or those that share the same health to advocate for improved policies and the development of new relevant programmes.
- **Building healthy public policy.** Activities funded or conducted by the government can increase awareness, and provide resources and education to help people take control of their personal health.

The focus of this write-up is to showcase the importance of strengthening community action in health promotion activities. According to Hagan and Eriksson (2021), the WHO's Ottawa Charter stressed since 1986, the pivotal importance of community participation and involvement in the planning and implementation of public health promotion programmes, policies, and activities. The demand for involvement and the strengthening of civic communities, neighbourhoods, and groups, but also of the individual citizen in terms of the development of personal competencies and skills, pervades the entire text of the Ottawa Charter but particularly emphasises the need for strengthening community action.

### **Strengthening Community Action**

A community comprise of groups of persons with diverse characteristics but are linked by social ties, and common perspectives, engaging in joint action in clearly specified locations or settings. According to MacQueen et al. (2001), the following are common characteristics of communities, shared physical location, shared perspective, common interests, joint action or activities, social ties, relationships, differences or diversity (e.g., age, race, income, behaviour), and ability to influence resource availability.



In other words, communities are groups of people sharing a common purpose, interest or need and who can express their relationship through communication face-to-face as well as by other means without difficulty. A system of people with common values and institutions who identify with the system and share a locality, social structure and personal relationships.

Community action has been a recurring issue in public health. South (2014) describes community action as including a wide variety of activities in some instances referred to as 'social. Action' or 'community engagement'. There are variations in the role, objectives and scale of these activities. Community action perception in history has changed over time (during the era of slavery, Human Rights, the Industrial Revolution, Fighting poverty, Substandard Education, Unemployment in Developing Countries etc.) and has evolved more with the concept of health promotion which needs it as a vehicle to enhance health promotion activities.

Community Action Encompasses varying levels of community participation which is the community member involvement in activities such as the decision-making process, implementation or sharing in the benefits of health promotion programmes.

According to UNESCO/Penn University (2023), the community action process includes:

1. **Initiation** This focuses on promoting awareness of the issue related to the action. Initiation and interest spread occur at the point the community members recognise and delineate issues as a need or a problem. Also, when they deliberate on it and project it for community action.
2. **Focuses on the organization of sponsorship.** This involves steps in identifying and addressing existing structures, resources and organizations available to the community both those within and outside the community. These are important in the assessment of community needs and in developing action efforts to address perceived problems.
3. **Goal setting and strategy development.** This stage develops targets for action and identifies strategies for achieving community-decided goals.
4. **Recruitment and mobilization of needed resources.** This involves harnessing resources possessed by community members which may include experience, skills, materials, networks, funding and other resources needed to actualize the desired community goals. Proper organization and use of these resources will impact significantly the success of the community effort and action.
5. **The application of these resources** in the implementation of plans to achieve the desired goals. At this stage, specific actions are taken, assessed, adjusted, and implemented again.

### **Formalizing Community Action through Health Promotion**

Informal community health action has been found at all eras of development but WHO amplified this and brought it to where it is today through landmark declarations which included the Alma Ata Declaration of 1978 and Ottawa Charter for Health Promotion 1986 setting out the goals for health promotion which included:

1. Concept of wellbeing
2. Rests on political economic, social, cultural, environmental, behavioural and biological advocacy.
3. Necessitating attention to equity in health delivery.
4. Involving action by governments, voluntary organizations, Local authorities etc.
5. Adapting local needs and cultural/economic norms. (Raingruber, 2014)

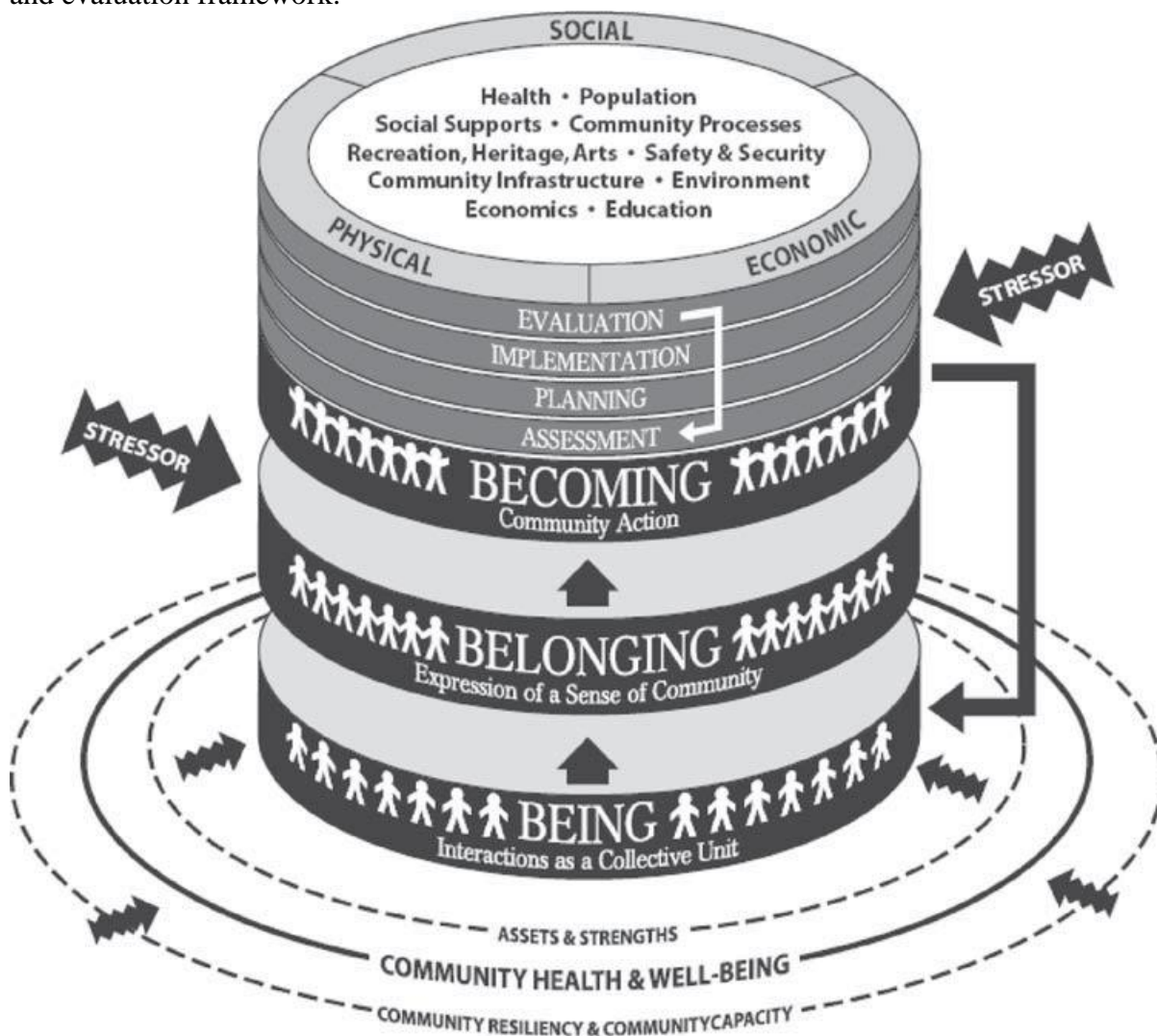
### **Community Action Model**

The health of a community has to do with the way a community functions and the community's health status. Community health is the community's ability to generate and



effectively use community assets and resources in supporting the quality of life and well-being of the community as a whole when faced with challenges and barriers in the context of their environment. Community health involves reciprocal relationships between people and their environment with the goal of sustainability (Ryan-Nicholls & Racher, 2004).

The Community Health Action (CHA) model is a depiction of community health promotion processes in a structured manner implementable by community members in achieving their predetermined actions and outcomes that will sustain and/or improve their health and well-being for the benefit of all. The model is unique in its ability to merge the community development process with a compatible community assessment, planning, implementation, and evaluation framework.



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A community can only exist when a group of people, whether defined by geography or affinity, engages in social interaction, builds ties, exhibits awareness of identity as a group, and holds direct access to collective decision-making. Participation is an inherent quality of a community.

The CHA model’s merger of the community development process emphasises participatory action research and provides a framework for community assessment and action in achieving community health promotion. The model depicts “doing the right things, the right way.” The process is as important as the outcome. In fact, the process is an outcome.





The Community Health Action Model (CHAM) emphasises the importance of community participation and empowerment in addressing health concerns, aligning well with the broader goals of health promotion. Its core components involve community engagement, capacity building, and collaboration with stakeholders to ensure sustainable health outcomes. The model recognizes that health is influenced by social, cultural, economic, and environmental factors, necessitating community-based actions that go beyond traditional health interventions. The key strategies include:

1. **Community Participation:** This is the basic emphasis of health promotion and a key strategy that solicits individual and community engagement in taking control of the determinants of their health. CHAM prioritizes active involvement from the community in identifying health problems, planning, and implementing solutions. (World Health Organization, 1986). Health promotion further emphasises the need for bottom-up participation which enables the individuals and the community to contribute in decision-making and planning of the processes of health promotion.
2. **Empowerment:** This is another central focus of CHAM. It empowers communities to have the capacity to be proactive in health action. This is a reflection of a key principle in health promotion, where it is emphasised as critical for enabling individuals to increase control over their health (Nutbeam, 1998). This can be achieved through improvement in knowledge, skills, and resources, which will ensure sustainability of community health outcomes over time. Health promotion encourages efforts that create a conducive environment where individuals and communities can make informed choices about their health through empowerment.
3. **Capacity Building:** Capacity building is a strategy for strengthening individuals, communities and organizations and their ability to confidently address health issues. This construct of CHAM directly supports health promotion's goal of fostering sustainable development through the enhancement of community skills and resources and ensuring sustainability (Hawe et al., 1997).
4. **Collaboration and Partnerships:** CHAM encourages collaboration between community members, health professionals, government agencies, and non-governmental organizations to optimize health outcomes. This multi-sectorial approach aligns with the health promotion perspective, which recognises multi-sectorial collaboration as essential in addressing a wide range of health determinants (Green & Tones, 2010). These sectors may include education, housing, public safety, and the private sector. These collaborations and partnerships help to develop wholesome strategies that affect health outcomes positively.
5. **Focus on Social Determinants of Health:** Both CHAM and health promotion recognize the importance of a holistic approach to addressing social, economic, and environmental determinants of health, such as poverty, education, and access to healthcare (Marmot et al., 2008). Also, CHAM and health promotion see these actions as vital for creating a healthier community, through creating supportive environments that minimize barriers to good health, ensuring equity in health outcomes.

Since the Community Health Action Model and health promotion share a common trust in empowering communities and creating environments conducive to health, it can be proposed as one of the models upon which community action in health promotion can be anchored to direct interventions and assess its outcomes.

Another core of the model that can help improve the outcome of health promotion activities is its prescription of a strong sense of community, which is represented by four levels of increase in the sense of community and community resilience:

1. **Being or interactions** as people come together to form a collective unit, leading to



2. **Belonging or expression** by the group of a sense of community, leading to
3. **Becoming or community** action by the group
4. **Community resiliency** is the ability of a community to respond to adversity and, in so doing, to reach a higher level of functioning or extend community capacity.

### Features of Community Action in Health Promotion

From the foregoing, several features of community action can be identified. The features are the underlining emphasis of community action that marks it out. These include collective action, a social model of health, a preventive orientation, and community participation in decision-making processes.

1. **Collective Rather than Individual Approach:** This means that health initiatives should be designed to benefit the entire community because health is a product of shared environmental, social, and economic factors (Green & Tones, 2010). Therefore, health promotion emphasises shifts from individual behaviours to collective actions that influence the health of all community members. To achieve this strategy there should be collaboration between community members, local organizations, and government agencies. Some examples might include initiatives to improve access to clean water, ensuring food security, or programmes to enhance public safety that can be best achieved through coordinated efforts that involve multiple stakeholders. This approach strengthens community ties and fosters a sense of shared responsibility for health outcomes (Marmot et al., 2008).
2. **Social Rather than Medical Approach to Health and Illness:** Community action in health promotion highlights a social rather than medical model of health. This social model recognizes that social factors, such as housing, employment, education, and social support are more important determinants of health than medical interventions alone (Laverack, 2014). This is a deviation from the traditional medical models focusing on diagnosing and treating individual illnesses but fails to address the underlying social and environmental factors that contribute to ill-health. This social model emphasises the root causes of health problems which in most cases are social more than medical causes. These include poverty, inequality and lack of access to resources. Health promotion advocacy is for policy changes and social reforms that ensure the overall well-being of communities and, in turn, enhance health outcomes (Baum, 2008).
3. **Preventive Rather than Curative Orientation:** the orientation of Community action in health promotion is preventive, which aims at reducing the incidence of health problems before they occur. When compared to the cost involved in the treatment of disease, prevention is more cost-effective and sustainable, as it also seeks to address the predisposing factors to poor health outcomes, such as unhealthy lifestyles, environmental hazards, and social inequalities (World Health Organization, 1986). Also, health promotion activities encourage communities to adopt preventive strategies and healthier behaviours, creating an environment that supports health. This focus on health promotion activities reduces expensive medical interventions and fosters sustained long-term health improvement (Nutbeam, 1998).
4. **Involves the Participation of Community Members in Health Care Decisions:** One of the most important factors that contribute to poor community health outcomes is the involvement of community members in health care decisions. Through community action in health promotion, the active participation of community members in healthcare decision-making is activated. This is based on the recognition that people are experts in their own lives and therefore, should be involved in shaping the interventions that affect their health (Hawe et al., 1997). This approach shifts the



power base of health care to bottom-up models where the community has a voice. Community participation ensures health initiatives that are culturally appropriate, and relevant, and that address the real needs of the community. Also, this ensures the sense of ownership and active involvement of community members, which ultimately leads to the sustainability of health promotion interventions (Laverack, 2004; Wallerstein & Duran, 2010).

### **Challenges and Barriers to Community Action in Health Promotion**

Several authors (Lawlor et al., 2020; South, 2014; WHO, 2020) have identified common challenges to community action in health promotion which include:

1. **Community Engagement:** Active involvement of community members in the planning, decision-making, and implementation of health promotion activities. This can include forming community committees or coalitions dedicated to health initiatives.
2. **Assessment and Planning:** Conducting a thorough assessment of the community's health needs, assets, and resources. This includes identifying health disparities and determining priority areas for action. Once the assessment is complete, a comprehensive health promotion plan is developed.
3. **Education and Awareness:** Providing information and educational resources to the community about health issues, risks, and prevention strategies. This may involve workshops, seminars, health fairs, and outreach programmes.
4. **Advocacy:** Empowering community members to advocate for policies and changes that promote health and well-being. This can include lobbying for better access to healthcare services or healthier environments.
5. **Partnerships:** Collaborating with local organizations, healthcare providers, schools, businesses, and government agencies to leverage resources and expertise. Partnerships can enhance the reach and impact of health promotion efforts.
6. **Interventions and Programs:** Implementing evidence-based interventions and programmes that address specific health issues within the community. These programmes could focus on topics such as nutrition, physical activity, smoking cessation, or substance abuse prevention.
7. **Evaluation:** Continuously assessing the effectiveness of health promotion activities and interventions. This involves collecting and analysing data to measure progress and make necessary adjustments to strategies.
8. **Capacity Building:** Building the skills, knowledge, and leadership within the community to sustain health promotion efforts over the long term. This may involve training community members to take on leadership roles or enhancing the capacity of local organizations.
9. **Cultural Competency:** Recognizing and respecting the cultural diversity within the community and tailoring health promotion strategies to be culturally sensitive and relevant.
10. **Sustainability:** Developing plans to ensure that health promotion activities can be maintained and continued beyond initial implementation. This often involves securing funding, resources, and community support.
11. **Communication:** Effective communication strategies to reach the target audience and convey health messages. This can include social media campaigns, newsletters, community meetings, and other forms of communication.
12. **Policy Change:** Advocating for policy changes at the local, regional, or national level that support healthier behaviours and environments. Policy changes can have a lasting impact on community health.



13. **Health Equity:** Ensuring that health promotion efforts address disparities and inequities in health outcomes and access to resources. This involves a focus on social determinants of health and promoting equal opportunities for health for all community members.
14. **Feedback and Adaptation:** Listening to the feedback and input of community members and being willing to adapt strategies based on their needs and preferences.
15. **Issues of Community definition** (may not represent cohesive identities) and the difficulty in determining what constitutes a community and its Modus Operandi.
16. **Non-visibility of achievements** especially for long-term interventions, leading to frustration, and dis-involvement
17. **Professional perceived needs** don't most times agree with the resources and skills for community action.
18. **Equity Issues** (when empowerment seems to affect only a few of the population, creating dependence rather than empowerment)
19. **Overenthusiasm** about what can be achieved through community action (Sustainability issues)
20. **Community Apathy:** when a critical mass of the community members are disinterested in what is happening in the community. This situation may be precipitated due to political instability, experience of community members, corruption in community leadership and so on.
21. **Conflicts and Division:** when unity and lack of cooperation pervades in a community.
22. **Poverty and Lack of Resources:** when the community lacks the commitment, competence other resources needed for community development, especially in the area of healthcare.
23. **Cynicism:** Lack of trust, pessimism and disinterest in community health actions.

### **Contemporary Issues of Health Promotion in 21st-Century Nigeria and Community Action**

In conclusion, there are several contemporary issues that Nigeria faces in the area of health promotion accessioned by the country's social, economic and environmental factors. Addressing these issues requires the application of community action strategies which are multi-sectorial involving input from governmental, non-governmental and local communities. A successful intervention on these issues will boost the health outcome of communities in Nigeria in the 21<sup>st</sup> Century and beyond. A few of these challenges are highlighted here:

#### **Healthy Nutrition and Food Safety**

Food insecurity, malnutrition and poor nutritional knowledge are among the common food safety issues bedeviling Nigeria. The issues become more critical because the most vulnerable are children and pregnant women. The consequences of this can be seen in the prevalence of food-related health conditions, under-nutrition, obesity, and associated non-communicable and non-communicable diseases (Ajani, 2010). Health promotion efforts in Nigeria therefore, should highlight the importance of proper nutrition, hygienic food handling practices, and ensuring food security for all Nigerians.

#### **Emergency Preparedness and Disaster Management**

Nigeria ranks as one of the most dangerous places to live on earth (Sahara Report 23/10/2019) recognizing economic, terrorism and banditry, man-made accidents, natural disasters, and other public health emergencies as factors contributing to these existing situations. Oyebanji, et al, (2021) opined that the prevalence of these situations and the consequent public health events spells the need for stronger emergency preparedness and





disaster management systems, and should occupy the front burner among health promotion activities in Nigeria on the 21<sup>st</sup> century. To achieve this there is the need to build the capacity for swift and effective responses during these periods of public health crises.

### **Clean and Healthy Environment**

The need for a clean and healthy environment to improve public health cannot be overemphasized. Nriagu et al. (2018) identified that Nigeria is struggling with poor waste management, air pollution, and environmental degradation. These have consequences for public health and therefore, should be a major concern in health promotion activities in the 21<sup>st</sup> century. This could be achieved through promoting policies that will reduce pollution and foster a cleaner and healthier environment.

### **Community Resilience during Emergencies**

The ability to act correctly in the face of a public health emergency and the ability to bounce back are the most important community health actions. Oyebanji et al. (2021) opined that Nigeria's health promotion activities should emphasise strengthening support networks, collaboration and improving access to healthcare during emergencies. This is done by building resilience, the ability to recover effectively from disasters and equipping the community with the competence to mitigate the adverse effects of disasters on public health.

### **Mental and Social Health**

The WHO (2017) estimates that 20 per cent of Nigerians (about 40 million people) are affected by mental illness, with the most prevalent types being depression and anxiety disorder. Mental health conditions and their predisposing factors are some of the most under-addressed issues in health promotion in Nigeria. Wada et al. (2021) observed that mental health services are limited and the social stigma attached to mental illnesses prevents individuals from accessing medical help. The desired improvement in this area will require health promotion efforts focused on reorienting the public perception towards mental illness, integration of mental health care services into primary health care making it more accessible to all and equity to ensure access to support systems, especially for the underserved.

### **Effective and Equitable Health Care Services**

The aims of universal health coverage advocated by the WHO have been grossly underachieved and it is one of the most outstanding health promotion challenges in Nigeria. Makinde et al. (2018) observed that there is a marked inequality in the distribution of healthcare services between the urban and rural communities in Nigeria and this includes infrastructures and healthcare services. The focus should be the use of health promotion strategies in bridging the gap and improving equal access to healthcare services.

### **Water Sanitation and Hygiene**

Another very important public health concern in Nigeria is the issue of sanitation. This is characterized by poor access to potable water, sanitation and poor hygiene. According to Azeez (2023), this situation has led to a high incidence of diseases of poor hygiene which includes diseases, such as cholera, typhoid, and diarrhoea, especially among children under five. The focus of health promotion should be on increasing access to water in the required quality and quantity, and intensification of community awareness on basic hygiene practices to reduce the burden of diseases of poor hygiene.

### **Geriatric Care and Health Management**

One other highly neglected area in health promotion in Nigeria is the care of the aged. Even though the Nigerian population has been described as a young population, the aged are not



getting adequate geriatric care due to the oversight of the healthcare systems. With the ageing population, there need to provide care for the aged. Mbam et al. (2022) observed that the health systems in Nigeria are poorly equipped to provide geriatric care, therefore, denying the ageing population of that essential care for survival. Health promotion will improve care for the elderly by developing age-appropriate healthcare services and advocating for policies addressing the needs of the aged population, such as the management of chronic diseases, mental healthcare and adequate social support.

With these interventions and other related health promotion activities in the 21<sup>st</sup> century, Nigeria can significantly improve its public health delivery systems and prepare a community of competent citizens who are resilient to face present and future public health challenges.

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