

# **Understanding the Nigerian Healthcare Delivery System: A Paradox of Preventive Medicine since the Colonial Epoch**

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## **ABSTRACT**

No human society is mundane to healthcare delivery method. Apparently, the process of healthcare delivery depicts the extent of the social development of a particular society. However, the healthcare delivery process in Nigeria from the colonial era attained a new paradigm by shifting from the practice of traditional medicine to the western styled patterns. Since the colonial Nigeria, both the traditional and western medicine have been dependable sources of preventive medicine for the Nigeria populace. In spite of the outright condemnation of the traditional healthcare practices, it received unbridled patronage by a larger Nigeria populace, thus the post-independence Nigeria witnessed a paradox of health care delivery.

**Aim:** This paper aims to provide an understanding on the revolutions in the healthcare delivery system in Nigeria since the colonial period

**Methodology:** An extensive review of literature was carried out to elicit information on the Nigerian healthcare delivery since the colonial period.

**Results:** The study revealed that the Nigerian healthcare delivery system is characterized by high cost. The study also showed that Nigeria has been witnessing inequitable distribution of healthcare facilities since the colonial period.

**Conclusion:** The healthcare delivery system in Nigeria is not a colonial invention but the advent of the colonial masters brought about an outstanding transformation in the healthcare delivery process of most Nigerian societies. Thus, the practice of preventive medicine is indigenous to the Nigerian people.

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*Keywords: healthcare, healthcare delivery, Nigeria, colonial, social development, traditional medicine*

## **1. INTRODUCTION**

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Healthcare delivery system is an enormous aspect of any human society from time immemorial. This brings to one's understanding that the African traditional healthcare delivery system was a notable practice in the pre-colonial Nigeria. As such, the practice of medicine was indigenous to the people of Nigeria. Hence, it is erroneous to believe that medical services came to Nigeria with the advent of British colonisation [1]. Accordingly, health service in Nigeria today is to a large extent based on orthodox healthcare delivery system, yet it can be said that the African traditional medicine is unconsciously a part of the world from which most of the modern medicine has evolved [1]. This simply posits that the traditional medical practice is pivotal to the discovery of what became known as modern medicine. Hence, western medicine seems difficult to be separated from the traditional medicine. Nevertheless, western medicine is observed to have had an overbearing influence

30 on the African traditional healthcare since the emergence of the European in Africa, and  
31 Nigeria in particular. In fact, David Arnold is of the view that the practice of modern form of  
32 medicine is a colonising process [2]. To this end, the western healthcare delivery system is  
33 symbolic of civilisation and modernity which understandably is antithetical to the African  
34 healthcare system which is perceived as **being** uncivilized by the forerunners of the western  
35 healthcare system.

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37 Emphatically, the colonial and western contact had profound consequence on the African  
38 traditional world view. That is, the traditional system and values are rated low and inferior as  
39 compared to western values and culture. Apparently, the indigenous institution of healthcare  
40 in Nigeria to a very large extent forms part of the cultural settings and religious belief system  
41 of the people. That is, the traditional religion explains the well being of an individual. Falola  
42 posits that, to ensure good health, children and prosperity, it is strongly believed that spiritual  
43 beings must be worshipped [3]. This expression clearly opines that, health in the traditional  
44 sense in Nigeria is viewed from the religious perspective, and as such transcends the  
45 physical well being of an individual. Obviously, since the colonial period, approaches to  
46 healthcare delivery had become a main concern, particularly with the dominant influence of  
47 the western styled healthcare pattern, which invariably is often considered as the most  
48 acceptable means to solving health related problems. By implication, the traditional method  
49 to healthcare became considered unacceptable to the western healthcare approach.  
50 Nevertheless, the way and manner in which the traditional approach to healthcare continue  
51 to survive and thrive depicts a sustainability of the indigenous health institutions in spite of  
52 modernity associated to the colonialism and the post-colonial experience in Nigeria.

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54 It is from this perspective that this paper seeks to critically examine the dynamics of the  
55 healthcare delivery system in Nigeria. An emphasis on the factors relating to the dichotomy  
56 between the two predominant forms of healthcare delivery system in Nigeria is considered in  
57 this paper. Furthermore, the paper historicises the factors that played out to the gradual  
58 relevance of the traditional healthcare delivery system in the late 20<sup>th</sup> century. This is in line  
59 with the view of the World Health Organization (WHO) which recognizes traditional  
60 healthcare delivery system as a preventive medicine [1].

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62 The remainder of the paper is as follows: section 2 deals with colonialism and the dynamics  
63 of healthcare delivery while section 3 discussed the Nigerian healthcare system in the post  
64 independence period. Section 4 concludes the study.

## 65 66 67 **2. COLONIALISM AND THE DYNAMICS OF HEALTHCARE DELIVERY**

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69 It is truism that the healthcare delivery system in Nigeria is not a colonial invention. This was  
70 evidenced by the indigenous medical practice that was intrinsic to the over 400 ethnic  
71 groups that later became Nigeria in 1914. These indigenous medical practitioners were  
72 known throughout the various ethnic groups as traditional healers [4]. Prior to colonial rule,  
73 these traditional healers had variant names by different groups. Among the Yoruba, the  
74 traditional healers were referred to as *babalawo*, *adahunse* or *onisekun* and *iya agbebi*  
75 (midwives) [5]. The role of the *babalawo* was to diagnose and heal the sick through the use  
76 of medicinal herbs (such as stem, bark, leaves, root, fruits, seeds, and flowers), animals  
77 (such as snakes, tortoise, snails, lizards, chameleons and insects) and minerals (such as  
78 salt, alum and camphor). However, in cases where the ailments persist, the *babalawo*  
79 consults his oracle and prescribes the appropriate rituals and sacrifices in order to reveal the  
80 cause and cure of the ailments. The duty of the *iya agbebi* (midwives) on the other hand was  
81 to take care of pregnant women and to assist them during labour or childbirth. In the  
82 Igboland of Nigeria, the traditional healers were referred to as the *dibia*. Their role was to

83 help individuals to understand the forms of their illness and how to cure them [6]. They also  
84 performed rituals to appease gods on behalf of individuals in the community. The Wombai  
85 dominated the Hausa land during the pre-colonial period [7]. Their major role was to provide  
86 care for the sick and the wounded during wars while the Gozan of the Nupe people were  
87 basically traditional surgeons.

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89 The basic function of the traditional healers in all the ethnic groups was to provide care to all  
90 individuals in their community. The Nigeria healthcare delivery system during this period was  
91 affordable and accessible to all individuals because of its community based approach [7].  
92 There was no discrimination whatsoever between the rich and the poor. However, the  
93 Nigerian healthcare delivery system at this period was characterized by so many  
94 weaknesses which included unhygienic environment and unsterilized tools used during care  
95 which led to the prevalence of infectious diseases, disease outbreak, and lack of treatment  
96 due to superstitious beliefs amongst others. This undoubtedly led to an astronomical rise in  
97 mortality rate at this period.

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99 Undoubtedly, colonialism marked an outstanding transformation in the healthcare delivery  
100 process of most Nigerian societies. In other words, the traditional healthcare system which  
101 had been a dependable source of healthcare, was faced with some forms of condemnation  
102 at the advent of the western styled health services. Thus, the practice of preventive medicine  
103 is indigenous in nature to the Nigerian people. As such, it is erroneous to believe that  
104 medical services came to Nigeria with the advent of British colonisation [1]. The colonial  
105 health service structure no doubt established the western medical practices as the most  
106 dependable healthcare system. Nevertheless, the African traditional medicine is  
107 unconsciously a part of the overall traditional medicine of the world which most of the  
108 modern scientific medicine has evolved [1]. This simply implies that traditional medicine is a  
109 key factor in the evolution of modern scientific medicine. However, this is not to conclude  
110 that in practice, both shared similarities in its forms.

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112 From historical perspective, the first half of the 19<sup>th</sup> century marked the revolutionary period  
113 in the healthcare system in Nigeria. Schram succinctly affirms that, by the first half of the 19<sup>th</sup>  
114 century, the Church Missionary Society began the introduction of modern scientific medicine  
115 [8]. Hence, the modern scientific medicine was gradually established as an alternative to the  
116 several existing indigenous system of medicine [9]. Understandably, the provision of  
117 healthcare became a colonial policy intended towards ensuring a better living condition for  
118 the people within the Nigerian State. Since the pre-colonial Nigeria, the healthcare system  
119 solely depended on traditional healers such as herbalists, diviners, bone setters,  
120 soothsayers, midwives, manipulators as well as spiritualists as health service providers with  
121 precise efficiency which was relative to their level of development. Accordingly Orley is of  
122 the view that diagnosing a patient by the traditional healers was through the process of  
123 divination which is purely metaphysical in nature [8]. A follow up effect of this traditional  
124 approach to healthcare system is indeed the high rate of mortality which was usually  
125 caused by male/female genital mutilation or circumcision, snake bites, high dosage of herbal  
126 concoctions, convulsion, deliveries of babies at home (which resulted in high maternal/infant  
127 mortality), measles and other childhood killer diseases, superstitious belief (such as the  
128 belief that a sick individual was punished by supernatural powers for his sins or the belief  
129 that an enemy cast a spell on a sick individual), malaria, and other infectious diseases,  
130 malnutrition, sickle cell anemia, incision of tribal marks on individuals' cheeks and bellies  
131 amongst others. This, however, is not to conclude that the efficacy of the traditional  
132 approach to healing a patient was out rightly condemnable. Rather, it could be seen in the  
133 light of the extent to which the people had developed. That is, a common understanding of  
134 the people is that ailments were usually inflicted on patients by perceived enemy. Therefore,  
135 a divine approach to attending to the ailment seems most satisfactory, particularly since it is

136 within the religious view of the concerned individuals or communities. Be that as it may, the  
137 traditional methods of understanding health problems or challenges among Nigerian  
138 communities encountered notable setback beginning from the 19<sup>th</sup> century in Nigeria.  
139 Precisely, since the colonial era and up to the post independence Nigeria, the traditional  
140 healthcare system began to lose its importance in healthcare delivery. Particularly with the  
141 establishment of the Christian medical missions which brought about the modern or western  
142 health care delivery system in Nigeria [7]. The colonial period was considered to date from  
143 late 1885 and 1960, spreading through the period of the establishment of British rule and  
144 Nigeria's independence. The explorations and expeditions of the Europeans in Nigeria in the  
145 19<sup>th</sup> century brought about the first western/modern style of healthcare services in Nigeria. At  
146 this time, the European explorers and traders came into Nigeria with their doctors who  
147 catered for their well-being while they ignored the welfare of the indigenes [10]. The arrival of  
148 the Christian missionaries such as the Roman Catholics, Cathedral Church of England, the  
149 Church Missionary Society (Anglican), Methodist, and the Baptist during this period resulted  
150 in the infiltration of western form of healthcare in Nigeria [11]. According to Orley [9], this  
151 western form of medicine came as an alternative to the existing indigenous systems of  
152 healthcare in Nigeria. In the real sense, it did not eradicate the traditional form of healthcare  
153 already in existence. The western form of healthcare provided by the missionaries according  
154 to Ademuluyi and Aluko-Arowolo [12] were usually in the form of mobile clinics and  
155 community dispensary out-posts. Furthermore, the emergence of the African churches led to  
156 the establishment of faith-healing Christian churches. The idea behind the faith healing  
157 healthcare was that healing was only accomplished through the intervention of God. Thus,  
158 the colonial period was characterized by three different kinds of healthcare. This includes the  
159 modern healthcare system which was provided by the British government and the Christian  
160 medical missions, traditional/indigenous healthcare system and the faith-healing healthcare  
161 system which was provided by the African churches.

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163 The modern healthcare system established by the British government was solely meant for  
164 the use of Europeans initially. However, this was later extended to African employees of  
165 European concerns [13]. Nevertheless, the missionary healthcare facilities were accessible  
166 to both the privileged (elites) and the un-privileged Nigerians. However, there had been  
167 numerous controversial reports that suggested that the Christian missionary healthcare  
168 facilities were used as tools for evangelism (for winning new converts into their religion) and  
169 expanding their followership, hence the accessibility of their healthcare facilities to all [14]. In  
170 1914, the culturally diverse people of Nigeria were brought together under a central colonial  
171 administration by Lord Frederick Lugard. This same year marked the beginning of the First  
172 World War (World War I) which lasted till 1918. The world war no doubt had detrimental  
173 effects on the western form of healthcare system in Nigeria. This was because the medical  
174 personnel in Nigeria at this time were withdrawn to serve in Europe [13]. However, the end  
175 of the First World War marked the beginning of the expansion of government-owned health  
176 care facilities in Nigeria [14]. These healthcare facilities were highly concentrated in the  
177 urban areas where the Europeans and government officials were highly concentrated [15].  
178 This was at the detriment of the rural dwellers. In 1930, the Yaba Medical School was  
179 established to train doctors for the indigenous population; this however did not give Nigerian  
180 doctors the opportunity to practice in government hospitals unless they were providing care  
181 to African patients [13]. This led to the agitation of Nigerians and Nigeria healthcare  
182 providers. After the Second World War (World War II) which lasted between 1939 and 1945,  
183 the colonial government extended the modern healthcare services to the Nigerian  
184 population. In 1948, the University of Ibadan was established alongside the University  
185 College Hospital to provide care to the Nigeria populace. In addition, a ten year National  
186 Health Service policy was established between 1946 and 1956 [16]. This policy was  
187 inadequate as well as unsatisfactory to the Nigeria population. In 1953, United Nations  
188 Children Fund (UNICEF) was also established in Nigeria. Their mission was basically for

189 disease control through mass campaigns. After the World War II, there was a rapid growth of  
190 Nigerian nationalists, and the demand for independence by the Nigerian nationalists was  
191 incessant. Thus, Nigeria became independent in 1960.

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193 A Notable feature of both the traditional and modern approach to healthcare delivery is the  
194 fundamental aspect of religion as it is used as a means to giving healthcare. In clear terms,  
195 the traditional approach depended solely on the traditional religious system as a means of  
196 assurance to receive healing. On the other hand, Christianity was a tool used in the  
197 establishment of the modern process to healthcare delivery. This, however, depicts that the  
198 changing religious world view of the people is paramount in the changing order of the  
199 healthcare delivery process. That is, the extent of religious understanding of the people  
200 invariably seems to determine the acceptability of either of the processes aforementioned as  
201 curative to ill health. Remarkably, the inadequate manpower and the restriction of health  
202 care facilities largely to the urban areas created lopsidedness in the delivery process of the  
203 modern healthcare. As rightly observed, the healthcare system during this era was  
204 occasioned by the uneven distribution of medical facilities in the urban regions at the  
205 detriments of the rural areas where majority of the Nigeria populace reside [17]. The  
206 implications arising from this situation is noticed in the continuous dependency by the rural  
207 settlers on traditional means to sustaining their health problems which often resulted in the  
208 astronomical rise in mortality rate during this period. The bias derived from this is that,  
209 comparatively, the western or modern health care delivery process established by the  
210 colonial government emerged a reliable source of healthcare delivery.

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### 214 **3. HEALTHCARE SYSTEM IN THE POST-INDEPENDENCE PERIOD**

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216 On October 1, 1960 when Nigeria attained independence from the British colonial  
217 government, the missionaries had established many hospitals, dispensaries and maternity  
218 centers in different parts of the country. However, this colonially designed healthcare system  
219 was often considered as antithetical to the cultural practices of the people. Hence, there was  
220 low patronage of these western medical services, and as such this led to the gross  
221 underutilization of the healthcare facilities [18]. In 1962, the First National Development Plan  
222 was established by the Nigerian government to cover a period of six years (1962-1968) [19].  
223 Specifically on health, the National Plan focused on accessibility of healthcare by providing  
224 hospitals in all major cities of Nigeria. However, Nigeria was plunged into social crises such  
225 as the 1966 coup and consequently the civil war of 1967 and 1970. The implication was that  
226 this first post-independence policy on National Development Plan was short-lived as a result  
227 of these social problems. The second National Development Plan established between 1970  
228 and 1974 was with the primary objective of providing quality and equal healthcare to all  
229 citizens. However, this policy was not properly implemented as only 25% of the Nigerian  
230 population had access to quality health care [20]. In the 1970s, after the civil war, Nigeria  
231 experienced its oil boom which coincided with the rapid expansion of healthcare facilities  
232 [21]. Nevertheless, this period experienced an increase in infant and childhood mortality.  
233 This is an indication that government policy on health lacks proper implementation.  
234 However, by 1975, the Third National Development plan introduced by General Yakubu  
235 Gowon was based on the Basic Health Services Scheme with the aim of increasing the  
236 proportion of the population accessing health services from 25% to 40%; to provide an even  
237 distribution of health infrastructure in the country especially between the rural and urban  
238 areas and between preventive and curative care; to provide infrastructure for all preventive  
239 health services such as the control of communicable diseases, family health, environmental  
240 health, and nutrition; to establish the school of health technology and to introduce a new  
241 cadre of healthcare workers among others. However, the objectives of this plan were not

242 achieved as less than 30% of the Nigeria population had access to modern healthcare in  
243 1985 [19].

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245 The Structural Adjustment Program (SAP) introduced by the Head of State, General Ibrahim  
246 Babangida in 1986 lasted till 1990. This era marked the beginning of the rapid decline in the  
247 Nigeria healthcare service delivery system. This period was characterized by an  
248 astronomical rise in the cost of healthcare in government hospitals; this indisputably led to  
249 an increase in mortality rate [21]. Consequently, there was an explosion in the establishment  
250 of private hospitals and clinics whose healthcare cost was not affordable by most Nigeria  
251 populace. The primary, secondary and tertiary healthcare system was introduced during the  
252 post-independence period. In 1995, Nigeria was divided into six geo-political zones. The  
253 Nigeria healthcare delivery system benefited from this process because it facilitated the  
254 implementation of primary healthcare at the six geo-political zones.

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256 The introduction of Information and Communication Technology (ICT) tools in Nigeria  
257 healthcare delivery system in the late 1990s also changed the face of the healthcare delivery  
258 system. The first electronic health system deployed in Nigeria teaching hospitals was the  
259 Made in Nigeria Primary Healthcare and Hospital Information System (MINPHIS) which was  
260 developed by the collaborative efforts of Finnish research team of the University of Kuopio,  
261 Department of Computer Science and Engineering, Obafemi Awolowo University and  
262 Obafemi Awolowo University Teaching Hospital. At this point, healthcare practitioners could  
263 computerize their medical records and schedule appointments electronically. The  
264 introduction of the internet in the Nigeria healthcare system also resulted in technologies like  
265 telemedicine, electronic prescription (e-prescription), teleconsulting as well as digital  
266 imaging. This no doubt enhanced the healthcare delivery system. However, the effective use  
267 of ICT in all sectors including the health sector was plagued with so many challenges. One  
268 of the challenges was the concentration of ICTs in the urban Nigeria. This led to the Urban-  
269 Rural digital divide which segregated the Nigeria populace into two categories. These  
270 categories included the 'haves' and 'have-nots' access to ICT. Other challenges that  
271 hindered the effective adoption of ICT in Nigeria healthcare delivery system include erratic  
272 power supply, high cost of ICT equipment, as well as the lack of adequate skills to operate  
273 the ICT facilities.

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275 In 2001, Nigeria experienced a revolutionary growth in the telephony industry through the  
276 introduction of the Global System of Mobile Communication (GSM) [22]. The use of mobile  
277 phones in Nigeria teaching hospitals also began in 2001 [23]. Thus, the proliferation of  
278 mobile phones in Nigeria had a positive impact on the healthcare delivery system.  
279 Consultation and communication amongst diverse healthcare providers became easier  
280 through mobile phones. For instance, Former Governor Olusegun Mimiko of Ondo state,  
281 Nigeria, introduced the Abiye programme which employs the use of GSM/mobile phones for  
282 consultations between patients and healthcare practitioners during emergency.  
283 Nevertheless, the advent of mobile phones did not finally end the challenges in the  
284 healthcare sector in Nigeria. For instance, it was reported in the Internet World Statistics [24]  
285 that about half to two-thirds of 38,000 villages in Nigeria have no GSM service. Since larger  
286 populations of Nigeria are rural dwellers, the effect is that most of the people are not part of  
287 the technology revolution of the healthcare service. Furthermore, the establishment of the  
288 National Information Technology Development Agency (NITDA) by the Obasanjo's  
289 administration in 2001 was with the purpose of engendering information technology.  
290 However, the focus of the agency was not on healthcare delivery systems [23]. By 2005, and  
291 in line with the 1999 constitution, the Federal Government of Nigeria realized the  
292 degenerated condition of the healthcare system and thus proposed the National Health  
293 Insurance Scheme (NHIS). This was with a view to financing the healthcare system so as to  
294 ensure that employed individuals as well as their families were protected from the burden of

295 expensive healthcare services. Thus, the major objective of the NHIS was to make  
 296 healthcare readily available to the working population and their families. However, the major  
 297 setback of the NHIS is that it does not cater for healthcare of the unemployed citizens which  
 298 constitute a larger percentage of the Nigeria population. Hence, this scheme further widens  
 299 the inequality healthcare service gap that already existed in the Nigeria society.

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In recent times, the deplorable state of the Nigeria healthcare delivery system has continued  
 to dwindle and so the health of the people and thus the wealth of Nigeria is in jeopardy. This  
 is as evidenced by the photographs in Fig. 1 which shows the deplorable state of healthcare  
 facilities in the Nigeria healthcare system. Hence, healthcare issues have been an enigma in  
 Nigeria.

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**Fig. 1. Photos from a Typical Nigeria healthcare Facility [25]**

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In view of this, Table 1 shows a summary of the revelations in the healthcare delivery system  
 in Nigeria since the colonial period.

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Table 1.

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Features	Arguments for	Arguments Against	References
The practice of preventive medicine is indigenous in nature to the Nigerian people.	Prior to colonial rule, there were traditional healers who delivered healthcare services to the citizens of Nigerians	Medical services did not come to Nigeria with the advent of British colonisation	[7].
The traditional healthcare system was faced with condemnation at the advent of the western styled health services	The traditional healers lack the necessary skill required for correct diagnosis of serious ailments. In addition, they lack the equipment required to conduct physical examinations and they have low hygienic standards. Hence, the traditional healers were relegated and tagged witch-doctors and fetish	The colonialists wanted their health system to thrive and therefore described the traditional healers as fetish and evil. Hence, the traditional medical practice suffered a decline during the era of British colonisation. Consequently, the Nigerian government has failed to recognise and harmonise the indigenous	[26]

		healthcare system with global best practices.	
The orthodox healthcare system did not eradicate the traditional form of healthcare in Nigeria	Traditional medicine has endeared itself to the people especially in the rural areas who lack access to western medical practice. The high cost of western medications has also led to the attraction of traditional medicine which is relatively affordable. In addition, the traditional medicine takes into account the socio-cultural background of the people	About 80% of the Nigerian populace resides in rural areas where there are extreme shortages of healthcare practitioners and healthcare facilities	[17]. [26]
The healthcare system is poorly funded by the Nigerian Government	The lack of basic health personnel and infrastructures has led to medical tourism abroad. Nigeria's overall health system performance was ranked 187th position among 191 Member States by the World Health Organization in 2000.	The Nigerian Medical Association (NMA) asserts that about 5000 Nigerians seek overseas treatment on a monthly basis.	[26]

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#### 4. CONCLUSION

The sustainability and viability of a nation's economic, socio-economic, political as well as its social growth and development depends largely on her healthcare delivery system. However, the healthcare delivery system in Nigeria is not a colonial invention but the advent of the colonial masters brought about an outstanding transformation in the healthcare delivery process of most Nigerian societies. The western styled healthcare delivery system is symbolic of civilisation and modernity and thus it is often considered as the most acceptable means to solving health related problems. The western form of medicine was an alternative to the existing indigenous systems of healthcare in Nigeria. Nevertheless, in spite of the modernity associated with the healthcare system since the colonial era in Nigeria, the traditional approach to healthcare continues to thrive. The traditional approach to healthcare system has been affordable and accessible to all individuals because of its community based approach. However, the western styled medicine was characterized by numerous challenges such as high cost of healthcare and high concentration of modern healthcare facilities in the urban centres. In spite of the accessibility and the affordability of the traditional healthcare system, it is practiced without an enabling legislation. Hence, the government of Nigeria should provide an enabling environment for the traditional healthcare system to thrive and it should be integrated into the orthodox medicine.

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