Relevance of culturally-appropriate approaches in health promotion: a look at Igbo philosophies in dealing with eye care challenges in Nigeria.

Okoye, R.S[1], Bell, L.[1] and Papadopoulos, I.[2],

1.　　　School of Health and Education, Middlesex University, The Burroughs, London.
2.　　　Research Centre for Transcultural Studies in Health, Middlesex University, The Burroughs, London.

Corresponding Author: Okoye, R.S. MNOA, FRSPH │ Email: drokoyesr@gmail.com

Abstract

Reverence for the culture and beliefs of people most times kindles their interest in a unique way in programmes that they may likely tend to adopt, scorn or attack. In recent times, there have been fatal attacks on health workers in different parts of the world due to misunderstanding of their mission. These health workers have been constantly molested and killed while carrying out their duties. The misunderstandings stem from the fact that these people's cultural belief was not put into consideration while planning the health programme for that population. Human beings are not chemical elements that could give the same kind of reaction given same environment and conditions, but they have consciences and choices that could be influenced by a number of factors. Hence, this study was an attempt to demonstrate the usefulness of a culturally-appropriate health promotion approach in an adult Nigerian population. This was population-based qualitative study that used face-to-face semi-structured interviews to collect data from three sets of participants [Service users n=28; doctors n=8; and policy makers n=3]. The transcribed interviews provided six important themes among which are: the desire for health education, the need to think outside the box, and the Igbo philosophies. These themes were analysed using interpretative phenomenological approach framework to provide rich information about this population. Understanding the culture and beliefs of the target population could help to shape and plan effective health promotion programmes within a given community.

Keywords: Culturally-appropriate approach, Health promotion, Igbo philosophies, eyecare, Nigeria.

Introduction

It is practically impossible to completely provide for the health needs of the entire population due to the scarcity of both human and material resources. This challenge is more seriously felt in developing nations than in the developed world. Some health conditions can be prevented by (health education), that is by creating awareness about how to avoid or prevent such health issues. This is consistent with the Benjamin Franklin axiom that posits that "An ounce of prevention is said to be worth a pound of cure!" However, for health promotion to be effective, it must be culturally appropriate and relevant. Papadopoulos[1] defines cultural competence "as a process one goes through in order to continuously develop and refine one's

---

1.　　　Papadopoulos I, ed. Transcultural Health and Social Care: Development of culturally competent practitioners. London: ChurChill Livingstone; 2006.

capacity to provide effective health care, taking into consideration people's cultural beliefs, behaviours and needs". Therefore, understanding and considering the target population's cultural beliefs is very important in ensuring acceptability of the health intervention. In health promotion, "prescribing instructions" most times does not work well as working with the target population thus; people should be encouraged to increase control over their health utilising essential resources around their communities.

The Ottawa Convention of 1986 defines Health Promotion as:
"...the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment"[2]

Health promotion has been used successfully to minimize the morbidity, the impact and spread of certain health conditions.[3] Therefore, people within a given environment or community must be encouraged to increase and have better control over their health. Part of this assistance must be tailored in a specific way that would be acceptable to the community targeted. Several theories and models of health promotion have been proposed and used in promoting health among different populations; some of these models include: the Diffusion Innovation Theory (developed by E.M. Rogers in 1962), Trans-theoretical Model (developed by Prochaska and DiClemente in the late 1970s), the Protection Motivation Theory (developed by R.W. Rogers in 1975), Social Learning Theory (developed by Albert Bandura in 1977), the Theory of Reasoned Action/Theory of Planned Behaviour (proposed by Fishbein and Ajzen in 1980), the Health Belief Model (by Rosenstock and colleagues in 1988) and the Precaution Adoption Process Model (developed by Weinstein, Sandman and Blalock, 1992).[3-12] Health promotion has been classified in different ways; some models focus on individual actions while some (Social Model) focus on collective/national level, others focus both on national and international levels (such as Environmental/Ecological Models). The Biomedical Model of health focuses on physical or biological aspects of diseases and illness.[6] The Social Model of health captures the Ottawa Charter of health promotion which emphasises consideration on social determinants of health and related policy in planning effective health intervention.[2]

The knowledge one has about something determines to an extent how the person reacts to certain situations, especially in matters of health. Knowledge provides a person with necessary information about some health conditions, the causes and consequences of such health issue. Armed with the knowledge of the health condition, the person may decide to have a change of behaviour which may be positive or negative. People's behaviour is partly determined by their attitude to that behaviour; an individual's attitude to a specific action and the intention to adopt it are influenced by beliefs and motivation which comes from the person's values, attitudes, drives and the influences from social norms.[3] Belief is based on the information a person has about something, and values are acquired through socialization.[3] These two play essential role in changing people's behaviour. The value the society places on particular health issue may be a driving force towards people avoiding being victims to such diseases or health problems.

2.   World Health Organization. The Ottawa Charter for Health Promotion [Internet]. First International Conference on Health Promotion, Ottawa, 21 November 1986. 2017 [cited 2017 Nov 20]. Available from: http://www.who.int/healthpromotion/conferences/previous/ottawa/en/
3.   Naidoo J, Wills J. Health promotion: Foundations for practice. 2nd ed. London: Bailliere Tindall; 2000.
4.   Ewles L, Simnett I. Promoting health: a practical guide. 5th ed. London: Tindall Bailliere; 2003.
5.   Frost R. Health Promotion Theories and Models for Program Planning and Implementation. Public Health. 2008;1–6.
6.   Adibi H. mHealth: Its Implications within the Biomedical and Social Models of Health – a Critical Review. Multidiscip Journals Sci Technol J Sel Areas Heal Informatics. 2014;4(2):16–23.
7.   Rosenstock IM, Strecher VJ, Becker MH. The social learning theory and health belief model. Health Educ Q. 1988;15(2):175–83.
8.   Borrelli B, Hayes RB, Dunsiger S, Fava JL. Risk perception and smoking behaviour in medically ill smokers: A prospective study. Addiction. 2010;105(6):1100–8.
9.   Bandura A. Social learning theory. Social Learning Theory. New York: General Learning Press; 1971.
10.   Yan Y, Jacques-Tiura AJ, Chen X, Xie N, Chen J, Yang N, et al. Application of the Protection Motivation Theory in predicting cigarette smoking among adolescents in China. Addict Behav. 2014;39(1):181–8.
11.   Prochaska JO, Redding CA, Evers KE. The Transtheoretical Model and Stages of Change. In: Health Behavior and Health Education. 2008. p. 99–120.
12.   Dearing JW. Applying diffusion of innovation theory to intervention development. Res Soc Work Pract. 2009;19(5):503–18.

Several studies[8,10-15] have attested to the usefulness of different health promotion models, but health belief model is the commonly used approach. Najimi and Golshiri[13] in a study to determine the knowledge, beliefs and preventive behaviours regarding influenza A among students in Iran, concluded that the Health Belief Model could be useful in improving preventive behaviours of influenza A among the population. Other studies[14,15] all show that Health Belief Model could be very effective means of promoting health by influencing people's attitude and lifestyles in certain societies. However, the problem with the Health Belief Model is that the burden is on the individual, and other enabling factors were not adequately considered. However, there are several models of health promotion that might be more relevant to a particular community than the other. No matter how good this may sound, information alone may not work adequately in certain settings. An Igbo proverb says *"onye osisi hara onu dagburu, nti chiri ya"* [meaning: a person that was killed by a noisily fallen tree must have been deaf]. Poverty and inability to pay for treatment forces people to ignore the symptoms and try to cope as best as they can with their health issues.[16,17] Nigeria does not have a standard health insurance scheme which can guarantee free treatment in times of ill-health. Therefore, most treatments are generally paid for by the patient; in spite of this, the country's health care system is plagued by serious financial challenges and mismanagement.[18-20] So, the level of treatment a person receives depends on how much they are prepared to spend when they are sick.

Unarguably, health promotion is very important in health care management. However, for effective health promotion in any given environment, the planning and execution of the health programmes must be properly worded and must be targeted at the right audience. Several studies[1,21,22] have emphasised the relevance of using a culturally appropriate approach in packaging and delivering health services. Thus, understanding the study population's culture will go a long way in addressing their health concerns appropriately. To be able to improve health behaviour, it is important to understand what beliefs the study population holds about disease causation, their perceptions about susceptibility and severity of a health threat, perceived advantages and disadvantages of preventive actions, and the barriers they face in adopting the suggested actions.[16,21] A case in point is the issue of continued killing and molesting of polio health workers in Pakistan, Afghanistan, Nigeria and other parts of the world and the blunt refusal to encourage polio immunisation in these places. It could be argued that this is a clear point of misunderstanding of the intention of the project. The reason for the attack was that some individuals within these communities believe that the polio immunisation was purely a means of rendering their children infertile in order to decrease their population for religious and political purposes.[23,24] The fight against polio in these places now results to more deaths from religious fanatics than from the disease itself.[24]

1.   Papadopoulos I, ed. Transcultural Health and Social Care: Development of culturally competent practitioners. London: ChurChill Livingstone; 2006.
8.   Borrelli B, Hayes RB, Dunsiger S, Fava JL. Risk perception and smoking behaviour in medically ill smokers: A prospective study. Addiction. 2010;105(6):1100–8.
9.   Bandura A. Social learning theory. Social Learning Theory. New York: General Learning Press; 1971.
10.   Yan Y, Jacques-Tiura AJ, Chen X, Xie N, Chen J, Yang N, et al. Application of the Protection Motivation Theory in predicting cigarette smoking among adolescents in China. Addict Behav. 2014;39(1):181–8.
11.   Prochaska JO, Redding CA, Evers KE. The Transtheoretical Model and Stages of Change. In: Health Behavior and Health Education. 2008. p. 99–120.
12.   Dearing JW. Applying diffusion of innovation theory to intervention development. Res Soc Work Pract. 2009;19(5):503–18.
13.   Najimi A, Golshiri P. Knowledge, beliefs and preventive behaviors regarding Influenza A in students: a test of the health belief model. J Educ Heal Promot. 2013;2:23.
14.   Asif M. The prevention and control the type-2 diabetes by changing lifestyle and dietary pattern. J Educ Health Promot. 2014;3(1):1.
15.   Harooni J, Hassanzadeh A, Mostafavi F. Influencing factors on health promoting behavior among the elderly living in the community. J Educ Health Promot. 2014;3:40.
16.   Okoye RS, Bell L, Papadopoulos I. Barriers to accessing good eye care services in Nigeria: A focus on Anambra State. J Niger Optom Assoc. 2018;20(1):30-37.
17.   Ibeneche H, Ekpenyong B, Ebri A. Barriers to Accessing Eye Care Services in the Federal Capital Territory, Abuja, Nigeria. J Niger Optom Assoc. 2018;20(1):64–9.
18.   Eme IO, Uche, OA, Uche IB. Building a Solid Health Care System in Nigeria: Challenges and Prospects. Acad J Interdiscip Stud. 2014;
19.   Yunusa U, Irinoye O, Suberu A, Garba, AM, Timothy GD, Dalhatu A, et al., Trends And Challenges Of Public Health Care Financing System In Nigeria : The Way Forward . J Econ Financ. 2014;4(3):28–34.
20.   Uzochukwu BSC, Ughasoro MD, Etiaba E, Okwuosa C, Envuladu E, Onwujekwe OE. Health care financing in Nigeria: Implications for achieving universal health coverage. Niger J Clin Pract. 2015;18(4):437–44.
21.   Krumeich A, Weijts W, Reddy P, Meijer-Weitz A. The benefits of anthropological approaches for health promotion research and practice. Health Educ Res. 2001;16(2):121–30.
22.   Huff RM, Kline M V. Health Promotion in the Context of Culture [Internet]. 2008 [cited 2017 Aug 16]. Available from: http://www.sagepub.com/sites/default/files/upm-binaries/23214_Chapter_1.pdf
23.   Scales D. At least nine polio workers killed in Nigeria [Internet]. Healthmap. 2013 [cited 2017 Sep 12]. Available from: http://www.healthmap.org/site/diseasedaily/article/least-nine-polio-workers-killed-nigeria-21113
24.   McGirk T. Taliban assassins target Pakistan's polio vaccinators [Internet]. National Geographic. 2015 [cited 2017 Jun 13]. Available from: http://news.nationalgeographic.com/2015/03/150303-polio-pakistan-islamic-state-refugees-vaccination-health/

Wording a health promotion message properly in clear and culturally appropriate terms can serve as motivation for behaviour modification. This is in agreement with the Protection Motivation Theory[10,25] that targets to utilize 'fear appeals' or persuasive messages designed to alarm the target audience by depicting what could happen if the message was ignored.[25] However, the fear appeal works when a person has the capacity to avert such danger, but if unable to avert such problem, he/she may react indifferently or negatively to the fear appeal. Obviously, people sometimes may know what they should do about a particular health condition, but poverty has always been a major constraint. For instance, Nigeria is a country where the level of poverty is very high, with about 70.2% living in poverty[26] here, health education and creation of awareness might not completely solve the health problems. This is where the Social Model of Health promotion proves a better option. The Social Model of health promotion takes into account wider social determinants of health when planning a health promotion programme. Health is determined not only by the absence of diseases but also greatly influenced by other factors such as housing, age, gender, education, race, social network, transportation and even health policies operational in places where people live.[27] The purpose of this study was to demonstrate and emphasise the relevance of using culturally appropriate approach in promoting health in different settings; taking into account the people's beliefs and philosophies.

Methods

The data for this study was collected from three sets of participants through semi-structured interviews. All the participants were purposively recruited; a total sample of 39 participants [28 key informants,

8 service providers and 3 policy makers]. The policy makers were selected to reflect different hierarchies of authority from the state to the community level. All the participants were anonymised to protect their identities. While all the key informants and the service providers were given pseudonyms, the policy makers were named as follows: A Senior Policy Maker in the State [SPS], a Senior Policy Maker in the Local government [SPL] and a Senior Community Leader [SCL]. Two inclusion and exclusion criteria were applied in the selection of all the participants. (1) All the participants were aged 21-80 years old. (2) And all were permanently resident in Anambra State. All participants consented to the interview being recorded; which were later transcribed for analysis. The analysis was done using Nvivo 10 software and the Interpretative Phenomenological Analysis [IPA] framework.

The ethical approval for the study was given by the Health and Social Care Ethics Committee of School of Health and Education, Middlesex University London, and also by the Anambra State Ministry of Health Awka, Nigeria. The study was conducted in accordance with the Helsinki declaration 2000. All the participants were fully aware of the purpose of the research, the risk involved and their rights to withdraw at any point they feel uncomfortable to proceed. All participants were requested to read and sign the informed consent form before commencement of the interviews.

Results

The key informants were made up of people from different areas of residence and various occupational backgrounds. The demographic details of all the participants and other variables are presented in Table 1.

10.   Yan Y, Jacques-Tiura AJ, Chen X, Xie N, Chen J, Yang N, et al. Application of the Protection Motivation Theory in predicting cigarette smoking among adolescents in China. Addict Behav. 2014;39(1):181–8.

25.   Cross V, Shah P, Bativala R, Spurgeon P. Glaucoma awareness and perceptions of risk among African-Caribbeans in Birmingham, UK. Divers Heal Soc Care (DIVERSITY Heal SOC CARE). 2005;81–90.

26.   Dineen B, Gilbert CE, Rabiu M, Kyari F, Mahdi AM, Abubakar T, et al. The Nigerian national blindness and visual impairment survey: Rationale, objectives and detailed methodology. BMC Ophthalmol. 2008;8(1):17.

27.   Dahlgren G, Whitehead M. Policies and strategies to promote social equity in health. Stock Inst Futur Stud. 1991;

Table 1
Demographic details of participants

Characteristics	Frequency	Percentage%
Key Information (Target population)		
Sex		
Male	11	39.3%
Female	17	60.7%
Age (in Years)		
21 - 30	5	17.8%
31 - 40	6	21.4%
41 - 50	6	21.4%
51 - 60	7	25%
61 - 70	3	10.7%
71 - 80	1	3.6%
Occupation		
Driver	1	3.6%
Technician	2	7.1%
Farmer	1	3.6%
Retired	2	7.1%
Trader	6	21.4%
Student	3	10.7%
Civil servant	13	46.4%
Place of residence		
Rural area	13	46.4%
Urban area	15	53.6%
Eye care service provider (Optometrists)		
Sex		
Male	7	87.5%
Female	1	12.5%
Policy makers		
Sex		
Male	3	100%
Female	0	
Occupation		
Civil servants	2	66.7%
Community leader	1	33.3%

28 key informants (n=28) were interviewed, with 17 (60.7%) females and 11 (39.3%) males. The mean age was 45, while the median and the age range were 48 and 52 respectively. The minimum age of the participants was 21 and the maximum age was 73. The eye care service providers (n=8) were made up of seven males and one female; selection was based on availability at the time of scheduled interview. The three policy makers were all males; two are civil servants, while one was a senior community leader. Each manuscript was line-numbered for easy reference to any part of the responses. The transcripts were read, coded and grouped into meaningful units which were eventually grouped into themes. Six themes related to our topic were identified from the transcripts as presented below:

- ▶ The desire for health education
- ▶ Financial challenges
- ▶ Providing help in different ways
- ▶ Taking the initiatives and encouraging those that need help
- ▶ Need to think outside the box
- ▶ The Igbo philosophies

These themes are discussed below with excerpts from relevant manuscripts to support each point. The population displayed a strong desire to learn more about their eye health, but most prominent theme that emerged from the transcript was the Igbo philosophies which is a valuable resource to tap from in a poverty-challenged population.

Analysis of the emerging themes
The desire for health education
This population lacks awareness of eye diseases, and to this they expressed a strong desire for health education and eye health seminars to be organised for them.

"What I think that should be done and it will be good for the people of my community is education. Government need to come and educate the people on how to prevent this…" (Gerald:158-159).

"Hey! I want them to organise seminars, workshops, bring medicines, create awareness, tell people about likely things that can cause blindness. Educate people because people don't know. Ignorance is very big disease. Even some of us that are educated don't even give special attention to our eyes. So, it is very

necessary they wake up from slumber and do something very very important pattering our eyes because if you don't have your eyes, you can't do anything" (Carol:91-95).

It was very easy to detect the passionate nature of this appeal from these two key informants. Great desire to have assistance was clearly expressed by these participants. Carol used different terms [*seminars, workshops, create awareness, tell the people, educate the people*] to further emphasise her point. She further said that even the educated people still lack the required awareness. In promoting health in this type of environment, extra effort is needed to package the programme properly, and in such a way that makes it relevant to the target population.

Financial challenges

Money has really been a major barrier in accessing health care services in the state. Because government-owned health care services are few, service users are forced to consult private health care providers which are normally very costly. Consider the response of Gerald, one of the participants.

"What determines who you consult is your financial background. If you have no money you won't be thinking of approaching a professional but when you have the money you will now have the courage to approach any professional body" (Gerald: 128-130).

"Yes, there are barriers like finance and the distance of the eye clinic from my place" (Akuobi: 110).

Understandably, no one goes to consult a professional if you do not have the money to pay for the services. This means that no matter the level of awareness you may have about an illness, you may not have the boldness to approach a professional if you cannot pay for the treatment. This is a fact that whoever is planning a health promotion package in this community must incorporate into the programme; how to help the population to easily access health care services amidst financial challenges. In addition to the monetary problem, distance to the hospitals and health care services centre is equally a big challenge both in terms of transport and people to escort the patients.

Providing help in different ways

Pursuance to the challenges identified in this population, different people have devised different ways of assisting one another. Zenda, one of the participants recognised this challenge, and has volunteered to be assisting some people that may have problem with travelling to the hospitals.

"I am trying to sponsor people, that is those that will be willing to go in order to meet the doctor but are having problem with transport, I will try to help out with my car so as to take them there" (Zenda:115-117).

Most of the eye hospitals are located in the cities, and people often find it difficult to travel to these places for treatment. So, providing means of transport to the hospital could be very helpful to many people in this community. If one could not get to where the treatment could be got, the chances of solving the health problem are slight. Providing transportation is very important but there are other ways of providing assistance to this population.

"Ok, like in my clinic now we now have a form because as I said abinittio poverty is the cause of all this blindness. In our clinic now if you don't have your money, you fill a form for us. In this form your bio-data; every information about you is there and the way that you will pay this money. So that if we treat you we keep treating you and you keep complying in your own little way...this package is a new package and it is working for us though we are counting losses somewhere, ... (Dr Sam:87-96)

This is another method devised by one of the service providers to assist the indigent service users. The clinic tries to extend credit facilities to the population; this makes it possible for some that need treatment to access it even without money. These people later come back to pay when they have the money. According to Dr Sam, this method works for him and some members of the community in which he works. These little bits of assistance from different individuals could be refined,

reformed and packaged rightly to form basis for assisting this population in accessing health care services in the state. Anthony, one of the key informants also pointed out that why most people from his kindred do not experience serious financial barrier was because they help one another when they have health issues.

Taking the initiatives and encouraging those that need help

Among the three policy makers, SCL was the only one that took the initiative to organise an effective way for assisting the poor that need health care services in his community.

"We also organise doctors for surgical treatments should the eye care require operation, that is surgery. We have volunteers; I organise volunteers who pay for such poor people" (SCL:28-30).

SCL explains how he organises monthly health outreach to his community, he gives free medical treatment and even organises for surgeries for those that need such. He was aware that many people need health care services but cannot afford the payment. To this respect, SCL mobilises and motivates some members of his community to sponsor and pay for these treatments. People value such assistance tremendously especially when they cannot afford to pay for such services. The appreciation for this was evident in the words of one of the participants.

"It was in April and they told me that I should come back in the first week of May so that I would be operated for glaucoma.; Yes, through the help of SCL." (Anthony:20-21;25).

This participant was narrating how SCL has helped him to undergo glaucoma surgery; such a step has now saved this man from blindness due to glaucoma.

Need to think outside the box

There are always challenges to providing reasonable health care services to the population especially in the developing world. Finance has always been a problem both to the government, the service providers and the service users. While the government finds it difficult to adequately equip the hospitals and health care facilities, the service providers find it challenging to meet their running costs, thereby forcing them to raise their charges. This eventually makes it very difficult for the service users to afford the services. There is therefore a need to modify the system, a need to be proactive; people need to think outside the box. The SPS blames the people for not being able to save money to consult the doctor without even thinking about how to help these people with their financial difficulties.

"Well I think the major problem is the problem of scale of preference; if somebody says he has not gotten may be about 2000 Naira to go to hospital but he can afford to buy the wears 10000 Naira. You begin to see what their scale of preference is…" (SPS:137-139).

The SPS statement above is a clear evidence that he never understands the plights of his people. There is much to medical treatment than just paying for consultation. It might be easy to suggest to someone how to save money for treatment but there is need to ask, 'how possible would this be for the person involved?'

"The problem of finance is always there with every society like our own; it is an under-developed society. So, in all the challenges that we are facing we know that with enough finance things can change but people work according to the limited envelope provided for them, and so you cannot go out of that envelop even if you see somebody dying and you don't have the money to send that person to hospital, there is nothing you can do" (SPL:77-81).

The SPL maintains that there is nothing he could do once the money allocated to a health project was spent; even when someone is dying. This shows how serious things could be, and how helpless the people that found themselves in such situations could be; there is a need to think "outside the box". The boldness of SCL and the ingenuity he exhibited in assisting his subjects is a clear indication that there are avenues that could be explored to alleviate the plights of this particular population. Health promotion is not just about creating awareness

and educating the people about some health issues, but also about empowering them, advocating for their welfare and providing assistance as much as possible. In the light of the above postulations, this population's health can be improved by integrating these pieces of information while planning for the health of the community.

The Igbo philosophies

Culture is an important determinant of health, and thus must be considered while planning for the health of a particular population or community. Different people and different communities have certain cultural identities and certain philosophies that guide their way of life. The Igbos have a unique cultural identity and philosophy that guide the relationship with a fellow Igbo person. An average Igbo person sees a fellow Igbo as a brother or sister regardless of the fact that they might not come from the same town in Igbo land. Therefore, the word "brother or sister" is a metaphor for any Igbo person in this context. The Igbos try to help one another especially when stuck in an unpleasant situation or faced with challenging health issues. The intention here is to give as much assistance as they could to minimize the suffering of the sick person. They believe that a brother or sister is precious, and therefore they must not be abandoned when they are suffering or when in difficulty *"onye aghana nwanne ya"*.

One of the main benefits of being a "cultural insider" [in a research] is that there are certain salient points that an "insider" can spot but which might mean nothing to an "outsider". In the analysis of various interviews, we were able to identify certain philosophies that persistently came up in the transcript. These are: 1. The Igbo philosophy of "*Onye aghana nwanne ya*, and, the "*Igbo five fingers are not equal*" philosophy."

"*Onye aghana nwanne ya*" literally means that nobody should abandon his/her brother/sister. Recall Zenda's promise to use his car to transport those that may have transport challenges. Anthony further confirms this when he said that they help

each other in his kindred when they have health challenges. In fact, the Igbos are very sympathetic to one another especially when it comes to issues of ill-health. The "five finger concepts" is a common saying throughout the Igbo land. They believe that the five fingers- [a metaphor for social stratification in the Igbo community]- are not equal, nor the same. This means that some people are better-off. Despite this, a hand needs all the fingers in order to function effectively; each finger compliments the other. In the light of this belief, members of the Igbo community recognise the differences in knowledge, skills, wealth and so on which exist in their community. This recognition motivates them to act in ways which address inequalities and benefit from the contribution that each member can make. For example, although the socio-political conditions may not currently exist in terms of bringing about the eradication of poverty, those members of the Igbo community who are better off - the "haves" - are expected to assist the financially weaker members - the "have nots". This is the reason the SCL tries to mobilise and motivate the rich people in his community to assist in paying for the medical treatment of the poor people in the community.

Discussion

Our study provides evidence of the need for health education as this population expressed a dire need for better health awareness. Providing health education can be very helpful in most cases. Health education is geared towards influencing and changing lifestyle and health-seeking behaviour. Health seeking behaviours especially as it concerns responding to health issues can only be changed if one has the capacity. As Gerald has stated, it is difficult to think of consulting a professional if one does not have the money to pay for their services. Therefore, to impact positively on the health of this population, it will not be enough to provide just simple health education but rather culturally-appropriate health promotion that would bring on board the different challenges facing the population.

Financial challenge has always been an issue in accessing health care services especially in the developing world. This has been a major huddle in

Nigeria, as many struggle to access good and quality health care services due to poverty.[16,28,29] Taking this on board, harnessing and modifying different levels of contribution from the service users, the service providers, and the SCL, would impact positively on the health challenges of this population. SCL has taken the initiative by demonstrating that the rich members of the society can be approached to invest their money on the welfare of the community.

The two theories that underpin this study- the social theory of health promotion and the cultural theories explain further how culturally competent health promotion could be very effective in this instance. The cultural theories use heuristic techniques in trying to find solutions to problems within the confines of a cultural environment. In this study, the Igbos concept of "five fingers not being equal" and "*onye aghana nwanne ya*" philosophy come into play. People are often motivated when culturally-appropriate approach is employed within their setting. The Igbo people have real concerns for their fellows; always prepared to help when they

could. This is their own method of dealing with this challenge. In developed country like the UK, the government provides health care for all the citizens, accessing health services is simple and straight forward most times.

Therefore, having noted that poverty has been a serious barrier among this population, a health promotion package that begins with advocacy and recognition of these two laudable Igbo philosophies will go a long way in boosting positive responses. There is also a need to mention that everyone has something to contribute towards improving the health of the community. However, policy makers need to come out of their shells and start to think outside the box. A leader needs to be innovative, proactive and charismatic. The difference between an ordinary person and an extraordinary person is that, an ordinary person goes about their business in an ordinary way, but an extraordinary person is an ordinary person that does ordinary things in extraordinary ways.

Conclusion

This study provides evidence of the relevance of using a culturally-appropriate approach in planning effective public health intervention. Culturally competent approach guarantees acceptance based on full understanding of the need for the intervention. In a society where the cost for health care is out of the reach of the poor and needy, the only available option is to fall back on the people's belief that the "haves" in their community should be their "brothers' keeper". Thus, the two important Igbo philosophies of "*onye aghana nwanne ya,* and *five-finger not equal concepts*" have been sources of help to the indigent population. If problems could not be solved through conventional methods, heuristic approach may provide reprieve to the population.

16.   Okoye RS, Bell L, Papadopoulos I. Barriers to accessing good eye care services in Nigeria: A focus on Anambra State. J Niger Optom Assoc. 2018;20(1):30-37.

28.   Oyibocha E., Irinoye O, Sagua E., Ogungide – Essien O., Edeki J., Okome O. Sustainable Healthcare System in Nigeria: Vision, Strategies and Challenges. IOSR J Econ Financ. 2014;5(2):28–39.

29.   Tafida A, Kyari F, Abdull MM, Sivasubramaniam S, Murthy GVS, Kana I, et al. Poverty and Blindness in Nigeria: Results from the National Survey of Blindness and Visual Impairment. Ophthalmic Epidemiol. 2015;22(5):333–41.