

QUESTIONNAIRE FOR SURVEY ANALYSIS IN 6 VILLAGES

HEALTH

1. How many health posts do you have in this village?
2. How often do you visit this health post when you are sick?
3. Are the health posts private or are they from the Government?
4. What major diseases have you been diagnosed?
5. How have you been coping with them?
6. How do you get your drugs? A. health post b. Market c. Village drug vendor
7. How many times have you been treated this year for:
 - a. Malaria?
 - b. Typhoid?
 - c. Diarrhoea?
 - d. Filariasis?
 - e. Skin rashes?
8. What is your HIV/AIDS status?

ENVIROMENTAL

1. Do you have toilet in your house? a. Yes b. No
2. If 'NO' Why? If "yes", why?
3. How do you get your drinking water? a. River b. Well c. Buy
4. How do you get water for your washings a. River b. Well
5. Where do your animals drink from? A. River b. Stagnant water
6. If a borehole is dug, will you contribute to its maintenance? A. Yes b. No
7. If "YES", How?
8. What efforts are you making to keep you surrounding clean and free from diseases?

EDUCATION

1. Do you have a school in this Village? A. Yes b. No
2. If "yes" which type? A. Nursery/primary b. secondary
3. Are the schools private or government schools/
4. How many children do you have?
5. Are those of school age going to school? A. yes B. No

6. If “no”. Why?
7. If a school is built, will you send you children there?
8. What link do you see between education and health?

DEMOGRAPHY

1. How many families are in this Village?
2. How many children are in each household?
3. How many new people and families migrate to this village every year?
4. What is the population of the village at this time?

CULTURE

1. Is there any tradition in this village concerning water or the river here?
2. Is there any story you know about the river or stream?
3. If a borehole is dug, will you use the water from the borehole? A. yes b. No
4. If “no”, why?
5. Or will you still prefer water from the river? A. yes b. No
6. If “yes”, Why?
7. If you are sick, will you go to hospital or will you prefer to go to the herbalist?
8. How many homes are female or male headed household?
9. If female, Why?

SOCIO-ECONOMIC

1. What is your main occupation in this village? A. Farming b. trading
2. What kind of crops do you grow?
3. In what quantity do you grow this produce?
4. How do you transport your produce for sale?
5. Is the road accessible for transporting your produce?
6. Do you make enough profit to be able to sustain your family and the farm?

**REPORT ON THE SURVEY ANALYSIS CONDUCTED IN 6 COMMUNITIES PRIOR TO STARTING
A MOBILE HEALTH CARE**

Given the multifaceted approach to health care, the survey questionnaire was designed to explore different aspects of life affecting health. The survey questionnaire was designed to elicit qualitative and quantitative method of data collection. It was aimed at discovering what affects the villagers in attaining total health as defined by the World Health Organization, and also seeking ways in which we can work with them in developing, sustaining and promoting their health status.

The survey was therefore conducted using individual interview, focused group, sample group and dialogue methods of data collection, giving consideration to men, women ,youth and children under the following components:

HEALTH

The 6 communities namely: Village 1, Village 2, Village 3, Village 4, Village 5 and Village 6 have some nonfunctional health posts erected by the government with no doctor and no residential health worker to see to the needs of the people especially the emergency cases. The people have to travel some 2 to 3 hours to the nearest town which is Ondo, belonging to another state in order to get help for their health problems. This journey has to be made partly with a motorcycle because of the bad road. Some people do make this journey and some poorer ones resort to buying from drug vendors, this contributes sometimes to complications to their health problems.

The common major health problems we have treated so far in these 6 communities with their level of prevalence are:

- Malaria 90%
- Typhoid fever 75%
- Diarrhoea 65%
- Filariasis 60%
- River blindness 40%
- Various skin infections 60%
- High blood pressure 80%
- Diabetes Mellitus 40%
- Urinary Tract Infection 30%

These health problems are prevalent during the raining season and the people out of ignorance do not to come on time for treatment.

The disparity in malaria prevalence is due to mosquito which breeds mainly during rainy season in stagnant water. Typhoid and diarrhoea are due to the washing of both human and animal waste into the rivers which happens to also be their main water supply for drinking and washing. Filariasis, river blindness and skin infections are due to people bathing in these rivers with all the micro-organisms in them.

ENVIROMENTAL

In the 5 communities, 99.9% households have no toilet facility. They prefer using the bushes or the rivers around them which also serve as their source of water. One end of it is used as toilet while the other end is used for washing, bathing, and drinking. Due to the unhygienic state of the river, the people get all sorts of water borne diseases from it and most often die of these diseases due to either lack of immediate health assistance present in the village or because of their ignorance. The animals also drink these rivers causing health menace to the health of the communities

EDUCATION

The communities have some government primary school buildings which have been deserted by both pupils and teachers. The government does not pay the salaries of the teachers posted to these village schools, hence the teachers look for jobs in towns and stop coming to school which also led to the pupils not coming since no one is there to teach them. There are some private schools which are also not serving the educational needs of the people. The owners are only interested in what they can gain from the people and since that is the only choice they have, the majority of the children join their parents in the farm work. This seems like a hopeless situation for the children who have no chance to attend school. Ifetedo is better than other villages because there are government primary and secondary schools there, but the quality of education given in these schools is poor. For this reason, some parents send their children to Ondo state for better education; however, these children have to travel 40km every day in order to have quality education in the school in Ondo state.

DEMOGRAPH

Village	Total population	Youth population	Pre-school age children	School age children	men	women
Village 1	1714	315	200	350	416	433
Village 2	6720	620	330	410	2599	2761
Village 3	1252	120	115	150	434	433
Village 4	774	117	105	112	213	227
Village 5	1387	300	222	150	346	369
Village 6	12824	2700	1003	1500	3404	4217
TOTAL	24671	4172	1975	2672	7412	8440

It is observed that the total number of women is little more than the men and that the population of the school age children are also on the increase.

CULTURE

Most families are 90% male-headed household. The rest are female headed because some are widows while others are separated or divorced from their men.

There are no traditional beliefs in these villages that affect their health development. The desire of the people is to have access to good health, education and other social amenities.

They do go to hospital or drug vendors when sick.

SOCIO-ECONOMIC

The people in these communities are mainly farmers. The farming is done on large scale so that they sell some of their produce and are able to feed their families, too. The major crops cultivated are as follows:

- Plantain
- Banana
- Palm
- Cocoa
- Kolanut
- Cassava
- Yam

There are no good roads to bring their products to the major towns for sale at profitable rate, hence they are only able to make very low income from their sales to middlemen who have big vehicles and are able to endure the bad road to get to them in order to buy their goods. These middlemen make the biggest gain as they transport the produce to bigger towns where the money is doubled.

CONCLUSION

Given the different aspects affecting health care promotion explored in this survey, it is imperative to point out that there is great need for health promotion. The people are ready to contribute and participate in any project that will help to promote their health status and the PHJC sisters opted to support the communities in Primary health care which comprises of Mobile clinic and water development.