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Review of Health Promotion on Combating Early Marriage in Nigeria

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ABSTRACT

The Alma Ata declaration was aimed at practical, scientific, social, technological and acceptable health care universally accessible to individuals and families in the community through their active participation and at a cost they can afford. The paper aims at examining the health promotion system, its three tiers and the landmarks with a decade in Nigeria, with particular reference to the importance of Alma Ata at combating the menace of early marriage. This was a narrative reviews on health promotion in Nigeria, emphasized on how the performance of Alma Ata declaration towards achieving Primary Health Care (PHC) goals in the area of health promotion to prevent maternal and child health issues; literatures were searched to identify and articulate the 10years milestone achievements. Though Health problems in Nigeria were challenging, it was observed that Nigeria is one of the few countries in the developing world that has systematically decentralized the delivery of basic services in health, this helped to avert more than 1.8 million unintended pregnancies proactive family planning efforts, through intensive immunization, the Government totally achieve polio eradication in 2020 from a journey which started 1978. It was observed that for the PHC to be effective and active, the government and all stakeholders in the health sector should adopt a system of equitable distribution of health, resources and services to those in dire need of the services through the provision of cost-effective interventions healthcare plans that strengthens basic health care delivery.

Keywords: *Early Marriage, Health Literacy, Health Promotion Parental ignorance, Unexpected Pregnancy.*

INTRODUCTION- HEALTH PROMOTION CONCEPTS

THE harmful health effects of early marriage plaguing most of the developing world, especially the Sub-Sahara African countries where Nigeria is prominent in terms of demographic chronology and it is important, health promotion and its inherent challenges must be seriously tackled. Health Promotion is the process of enabling people and communities to increase control over factors that influence their health and improve their involvement in activities intended to enhance individual and community health and well-being [1].

The World Health Organization (WHO) defined health promotion as a process of empowering people to increase control over their health and its determinants through health literacy activities for the community-at-large or for populations at risk of negative health outcomes [2]. This should covers social and environmental interventions that are designed to benefit and protect individual's health and quality of life by addressing and preventing the root causes of ill-health, not just focusing on treatment and cure [3]. So, the purpose of health promotion is to positively influence the health behavior of individuals and communities as well as the living and working conditions that influence their health [4] through policy statements to revamp the poor state of health system as well as health care delivery [5]

The 2004 health policy by Nigeria was specifically meant to strengthen the national health system such that it will be able to provide effective, efficient, quality, accessible and affordable health services that will improve the health status of Nigerians through the achievement of the health-related Millennium Development Goals (MDGs). Professor Eyitayo, Nigeria's former minister of health said ''The National Health Policy represent the collective will of the government and people of this

country to provide a comprehensive health care system that is based on primary health care. It describes the goals, structure, and strategy and policy direction of the health care delivery system in Nigeria'' [5].

It is important to note that whereas health promotion represent a comprehensive social and political process, it does not only embraces actions directed towards strengthening the skills and capabilities of individuals, but actions directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Health education involves the use of individual, families and communities' approach to raise awareness on health- related issues while health promotion involves development of national health policies to improve well-being of the people [6]. There are four levels of health promotion which are identified as: environmental, social, organizational and individual, so, health promotion interventions should not be confined to one level but instead an integrated approach should be adopted, in which the relationships between the four levels and the outcomes at all levels ought to be considered and analyzed [7]..

There were narrative reviews on World Health Organization's definition of health promotion, followed by a comprehensive articulation of the three tiers of Primary Health Care (PHC), the performance of Alma Ata declaration towards Primary Health Care (PHC) goals in the area of health promotion to prevent maternal and child health issues; literatures were searched to identify and articulate the 10years milestone achievements of PHC. Major concentration were made on health promotion, health promotion systems, the Alma Ata Declarations of ''Health for All'' by 2000 projects, the Millennium Development Goals (MDG), landmarks achievements in health promotion in Nigeria, maternal child health, under-five mortality, maternal mortality, infant mortality were also meticulously reviewed, same with Expanded Program on Immunization now National Program on Immunization, Family Planning Conference and Polio Eradication in Nigeria were also looked at. The information gathered from the above areas were gotten from a total of 52 reviewed articles, and the references were cited using Mendeley's reference library. The unsystematic search and outcomes was as illustrated in figure 1.

REVIEW METHOD

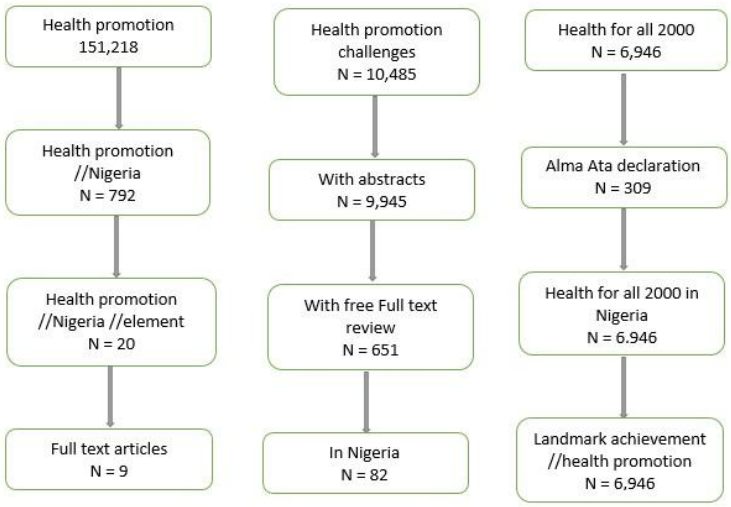

Fig1. *Outcomes of the literature search*

HEALTH SYSTEM AND HEALTH PROMOTION IN NIGERIA

The term 'Health Promotion' was coined in by Henry E. Sigerist, the great medical historian, who defined the four major tasks of medicine as promotion of health, prevention of illness, restoration of the sick and rehabilitation[8]. Health promotion as a term was used for the first time in the mid-1970s but it quickly became an umbrella term for a wide range of strategies designed to tackle the wider determinants of health though there is no clear, widely adopted consensus of what is meant by health promotion [9]. However, health promotion as a public health concept first came into existence in the 20th century following a long period of time when public health was viewed mostly as a field of "sanitary legislations and reforms" [10]. It is important to know that

health is determined by factors not only within the health sector but also by factors outside this was recognized long ago during the 19th century when the germ theory of disease had not yet been established. [8].

Nigeria as a nation operates a pluralistic health care delivery system (orthodox and traditional health care delivery systems). Orthodox health care services are provided by private and public sectors at the three tiers of government: federal, state, and local government. The secondary health care system is managed by the states' ministry of health, private practitioners and NGOs the tertiary primary health care is provided by teaching hospitals and specialist hospitals. Since there is significant relationship between Nigeria heath system and health promotion and for effective health promotion, the government at all levels must lead must demonstrate unalloyed commitment and zeal [11].

In 2004, the Federal Ministry of Health (FMoH) estimated a total of 23,640 health facilities in Nigeria of which 85.8% are primary health care facilities, 14% secondary and 0.2% tertiary. 38% of these facilities are owned by the private sectors, which provides 60% of health care in the country [5]. Despite the availability of this huge number of healthcare facilities and advancement in technology, the health sector in Nigeria has witnessed various turbulent moments with its negative effects on the country's teeming population now estimated at over 200million [12]. The report from the WHO that identifies Nigeria as having the world's second-highest number of maternal deaths with approximately 59,000 of such deaths taking place annually is also very disturbing [10].

Good health is one of the fundamental human rights entitlement for everybody and it is the responsibility of the health care system to provide health services at the three tiers of the government where there can be organization of people, institutions and resources needed to deliver health care services to meet the health needs of target populations. PHC which is the most strategic tier for health promotion is the link between the health policy makers and health recipients. It is relatively the backbone of a health system. Furthermore, quality PHC initiatives have been recognized as fundamental to improving health promotion and outcomes [13]. It was postulated during the Alma Ata conference that PHC is essential health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination [14].

WHO identified three basic goals of PHC and these are good health to the populace, fair financial contributions and responsiveness of these health care providers. These goals determined rendering of efficient health services, resources generation such as health care financially (raising, pooling and allocating) health instrument such as materials resources and stewardship such as human resources [15]. PHC was meant to tackle the main health problems in the community – providing promotion, preventive, curative, and rehabilitative services as appropriate and also to provide education on prevailing health problems [16], vis-a-vis serving as a central hub (Fig 2)

Fig2. *The Wheels of Primary Health Care [17]*

There are several health indicators used in assessing the health status of a nation. In attempting to measure these indicators, the first problem one encounters in African populations is the absence of reliable data/statistics and the few available one are published by various authors. The perinatal mortality, infant mortality rate, under-5 mortality, prematurity, low birth weight, maternal mortality and population are indicators to assess the performance of the Nigeria health system [18]. The Alma Ata Declaration recognized that health care delivery at the PHC level is a team work involving professional and sub-professional groups which include: Doctors, Pharmacists, Nurse, Health Assistants, Community Health Extension Workers, Traditional Birth Attendants, Village Health Workers etc [19].

Challenges Of Health Promotion In Nigeria

Health problems in Nigeria are challenging, but addressing them using public health principles is necessary to support stability in this important area of the world although there were inadequate programs to address the numerous health problems leading to the little improvement in our health status [20]. It is observed that problems partly responsible for much of the confused state of affairs, in our health care, is not knowing enough about the past and an unwillingness to learn from it[21]. It was asserted that the Nigerian health care system is poorly developed with no adequate and functional surveillance systems developed [22].

Presently, Nigeria's PHC facilities lack the capacity to provide essential health-care services, issues such as poor staffing, inadequate equipment, poor distribution of health workers, poor quality of health-care services, deplorable infrastructure, and lack of essential drug supply [23]. It was reported that the Nigerian health system is in coma, there are few hospitals, few drugs, substandard technology, lack of infrastructural support, lack of electricity, water and diagnostic laboratories resulting in misdiagnosis and other factors affecting the overall performance of the health system include poor human resources and management, poor remuneration and motivation, lack of fair and sustainable health care financing, unequal economic and political relations, the neo-liberal economic policies of the Nigerian state, corruption, illiteracy, high out-of-pocket expenditure in health [24], and this is compounded by lack of internal capacity and transparency to mobilize and manage complementary resources from other sources – states, individuals, development partners, and the private sector to enhance the depth of the fund and to create trust in the system [25].

The inability to implement the Abuja Declaration in which African heads of state pledge to set a target of earmarking at least 15% of their annual budget to improve the health sector, increasing the investment in health of the people has been a challenge for decision makers in spite of evidence showing the link between health and economic development [26]. The challenges were summarized with this claim that the performance of the PHC system is hindered by (1) segmented supply chains; (2) a lack of financial access to PHC; (3) a lack of infrastructure, drugs, equipment, and vaccines at the facility level; and (4) poor health worker performance [27].

Landmark Achievements 2010 – 2020

Nigeria is one of the few countries in the developing world that has systematically decentralized the delivery of basic services in health to locally elected governments and community based organizations. Community participation has been institutionalized through the creation of village development committees and district development committees that are grass-roots organizations expected to work closely with local governments in monitoring and supporting primary health care services [28].

Nigeria through the Expanded Program on Immunization (EPI), renamed National Program on Immunization (NPI) in 2005, with the aim of providing routine immunization to children between the ages of 2-5 years recorded huge success by the early 1990s with the country achieving a universal childhood immunization coverage of 81.5%, though with moments of inconsistency in immunization coverage. Nigeria further adopted the MDGs in 2005 calling for a two-third reduction in child mortality [29]. When the above efforts didn't meet the desire goals of total eradication of the six deadly diseases amongst the children, Nigeria ratified the United Nations General Assembly Special Session (UNGASS) goals to achieve by 2010 (i) full immunization of children under one year of age at 90% coverage nationally with at least 80% coverage in every

district or equivalent administrative unit, and (ii) vitamin A deficiency elimination [29]. The progress continued in 2017 despite the widespread insecurity and challenging operating conditions, the UNICEF in Nigeria continued to scale-up the delivery of basic social services. UNICEF supported routine immunization, outbreak response and polio eradication efforts, reaching 57,935,232 and 56,202,217 children during two national campaigns and 130,992,829 during five local campaigns in selected high-risk states. [30].

The Nigerian government, supported by the WHO and UNICEF, began its anti-polio campaign with the launch of the Expanded Program on Immunization (EPI) in 1979. Successes was made with a 99.9% drop in the number of polio cases in 2013 though, 400 cases were reported [31]. Finally, the breakthrough came with concerted efforts by the Nigerian government, Bill & Melinda Gates Foundation (BMGF), World Health Organization, UNICEF, the Centers for Disease Control and Prevention (CDC), Rotary International, and other partners of the Global Polio Eradication Initiative (GPEI) when Nigeria in 2020, was declared by the World that Nigeria is now polio free [32], [33].

Table1. *Mortality rate, under-5 (per 1,000 live births) [33]*

Years	Rate per 1,000	Percentage Reduction
2010	978.00	-0.91%
2011	972.00	-0.61%
2012	963.00	-0.93%
2013	951.00	-1.25%
2014	943.00	-0.84%
2015	931.00	-1.27%
2016	925.00	-0.64%
2017	917.00	-0.86%

National Health Insurance Scheme included family planning services in the benefits packages of both the Community Based Health Insurance Scheme (CBHIS) and the MDG/ Maternal and Child Health (MCH) Project in 2011 [34]. The Nigeria's Federal Ministry of Health launched the Nigeria Family Planning Blueprint (Scale-Up Plan), 2014–2018 along with Health Policy Project a broad advocacy at the Third Family Planning Conference, held in Abuja in 2014 which was another breakthrough. [34].

The 2013 Nigeria National Demographic and Health Survey reported that there was an 18% reduction in under-five mortality rate nationally and the number of fully immunized children has increased by 22% between 2008 and 2013. More than 1.8 million unintended pregnancies were averted in the past three years due to the family planning efforts, in partnership with the Government of Nigeria. To help address its high mortality rates in Nigeria, the USAID supports increased access to quality family planning and reproductive health services, immunizations, polio eradication, malaria prevention and maternal health services [35][36].

Table2. *Achievements of the MDG/Maternal Child Health [38]*

Achievements	1990	2015
Under-five mortality rate per 1,000 (reduction)	90%	43%
Maternal mortality ratio (reduction)	64%	45%
Births assisted by skilled personnel†	59%	71%
Pregnant women with >4 antenatal visits†	50%	89%
Contraceptive Usage†	55%	64%

†Increased rate

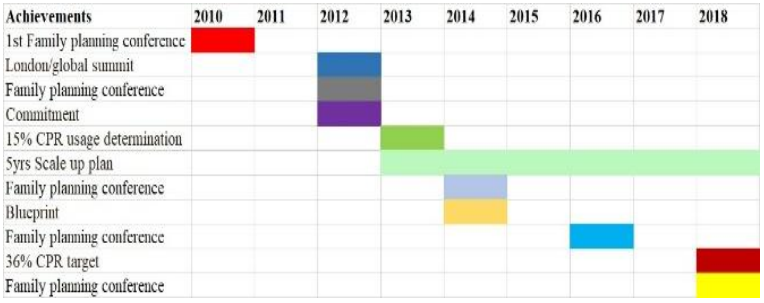

Fig3. *Milestones of 2010 – 2020 in Family Planning [35]*

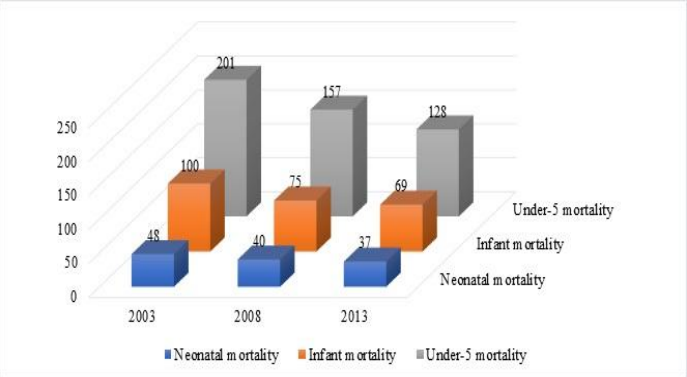

Fig4. *Mortality Rate per 1000 among Children [37]*

DISCUSSION

The International Conference on Primary Health Care, held in Alma-Ata, USSR, in 1978, was convened in response to an international sense of despair over the widespread inequities in health and health care that afflicted all nations of the world. The conference responded with a call for radical change in both the content and design of health services, so that there would be equity in health services through primary care, thus giving rise to the highly symbolic goal of WHO – ''Health for All by the Year 2000'' [39].

It was posited that PHC as conceptualized by the Alma Ata declaration of 1978 is a grass root approach towards universal and equitable health care for all [40]. Also, it was stated that the strategy is meant to address the main health problems in the community providing promotion of preventive, curative and rehabilitative services [41]. PHC is the first level of contact of individuals, families and communities with the national health system bringing health care as close as possible to where people live and work and constitute the first element of continuing health care process.

WHO reported that at least half of the world's population cannot obtain essential health services, because large numbers of households are being pushed into poverty and must pay for health care out of their own pockets with over 800,000,000 people spend at least 10% of their household budgets on health expenses for themselves and their family member [42].

Since the declaration of "Health for All by the Year 2000" and the MDGs of the Year 2000, Nigeria has made some major attempts to establish a sustainable PHC system but failed due to economic recession affecting the nation's bad economic status badly, so basic needs including health of the people are far reaching, while other reasons were poor community participation, faulty citing of health facilities, stolen equipment, lack of political commitment, inadequate orientation and distribution of the health workforce [43]. It has been estimated that more than half of Nigerians (54.4% or 76 million) live in poverty with 70.8% of this living below the poverty line of less than $1 per day, predominantly in the rural areas and deepens from the southern to the northern part of the country [44]. Nigeria's indices in spite of international aids have remained poor (Neonatal Mortality Rate (40/000), Under-five Mortality Rate (157/000) and Maternal Mortality Ratio (545/100000) [43]. This poor statistics in Nigeria was due to inadequate immunization coverage, unawareness of the public, poor nutrition, unsafe water and poor sanitation exercises and effort by Nigeria to correct these issues is the drive of primary health care implementation [45].

The Alma-Ata Declaration begins by stating that health, "which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is the most important world-wide social goal and goes on to call for all governments, to work together toward global health [39]. This declaration of 1978 emerged as a major milestone of the twentieth century as it identified PHC as the key to the attainment of the global health by year 2000 [14]. Although that goal is yet achieved, it still stands as an outline for the future of international healthcare [39].

The emphasis on health cannot be downplayed because good health is one of the fundamental human rights everybody is entitled to enjoy where the onus rests on the healthcare system to provide health services at the three tiers of the government (federal, state and local government) [46]. It should be noted that the health as a fundamental human right can only be

achieved through collective action by all and the governments to ensure equal accessibility of the health delivery to the poor and rich countries [47].

The benefits of Alma Ata declaration raised the awareness of the concept of quality of health services in recent years on the part of the public and consequently on the government, health care providers and other emerging stakeholders. Nigeria is recognized as one of 194 member states of the World Health Organization(World Health Organization). It is interesting to note that prior to the 1978 Alma-Ata declaration, the country had set the ball rolling with the implementation of the Basic Health Services Scheme (1975-1980), which was Nigeria's first serious attempt at the implementation of PHC [40]. Nigeria is one of the leading nations playing part to eradicate the inequality that exist in the accessibility of health care facilities. Nigeria commenced the implementation of PHC program in 1992 in all the local government areas (LGAs), became one of the few countries in the developing world to have systematically decentralized the delivery of basic health services through local government administration when some local government wards were identified for the establishment of PHC [40]. Sensitization programs to the rural dwellers identified were carried out to see that the people understand the benefits of PHC to their health development [49].

CONCLUSION

It is evidently clear that no special mention was made during the Alma Ata Declaration of 1978 on early child marriage but lots mentioned about maternal and child health by implications, the health of the child cannot be said to have been achieved if his/her married life is not considered and addressed appropriately. So, it is expedient to note that the World Health Organization and UNICEF which are both organs of the United Nations that ratified the declaration had raised volumes of issues relating to early or forced marriage and its attendant health effects and how to mitigate the ill effects associated with it. For instance, UNICEF stated that throughout the world good number of girls are suffering as a result of early marriage, approximately 20-50% of girls are married by the age of 18 in developing countries and the ratio is higher in Sub Saharan Africa and South Asia usually such girls are forced to marry to men that are quit elder than them and that the impacts of early marriages are very severe and disastrous for girls [50]. The WHO opined that child marriage affects more girls than boys; the next generation is also at higher risk for illness and death. Adolescent mothers have a 35%–55% higher risk than older women for delivering infants who are preterm and of low birth weight [51].

From the foregoing, the enlightenment created by the fallouts of the declaration led to both the UNICEF and WHO to come out with several international initiatives to prevent child marriage in this decade alone. These include resolution by the United Nations General Assembly (A/RES/66/170) designating October 11 as the International Day of the Girl Child, with aim to address the needs and challenges girls face, while promoting girls' empowerment and the fulfillment of their human rights [52], and on October 11, 2012, the first International Day of the Girl Child was held, the theme was *Ending child marriage* [52], in 2013, the first United Nations Human Rights Council resolution against child, early, and forced marriages was adopted which recognizes child marriage as a human rights violation and pledges to eliminate the practice as part of the United Nations' post-2015 global development agenda [51].

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REFERENCES

[1] Tulchinsky T.H.and VaravikovaE. A, Expanding the Concept of Public Health," 2014, pp 43-90. doi: 10.1016/B978-0-12-41766-8.00002-1.

[2] World Health Organization, Health promotion and disease prevention through population-based interventions, including action to address social determinants and health inequity, World Health. Organ. 2020. [Online]. Available: http://www.emro.who.int/about-who/public-health-functions/health-promotion-disease-prevention.html. Retrieved 04/03/2020.

[3] World health Organization, What is health promotion?, World Health Organ., 2016. [Online]. Available: https://www.who.int/features/qa/health-promotion/en/ Retrieved 12/02/2020.

[4] University of Georgia, "What is Health Promotion?" 2020 https://publichealth.uga.edu/departments/health-promotion-behavior/what-is-health-promotion/. (Accessed Jul. 20, 2020).

[5] Federal Ministry of Health Abuja, Revised National Health Policy, Abuja, 2004 [Online]. Available: https://cheld.org/wp-content/uploads/2012/04/Nigeria-Revised-National-Health-Policy-2004.pdf.

[6] World Health Organization, The differences between Health Promotion and Health Education, Geneva,. 1998. [Online]. Available: https://apps.who.int/adolescent/second-decade/section/section_ 9/level9_15.php.

[7] Kelly P, Charlton M. P., and Hanlon B. G. "The four levels of health promotion: An integrated approach," Public Health, vol. 107, no. 5, 1993, pp. 319-326. https://doi.org/10.1016/S0033-3506 (05)80123-4

[8] Sanjiv K., and Preetha G. S. Health Promotion: An Effective Tool for Global Health, Indian J Community Med., vol. 37, no.1, 2012, pp. 5–12. doi: 10.4103/0970-0218.94009.

[9] Scriven A., and Garman G. Healthy public policies: rhetoric or reality: Public health: social context and action. Maiden head: Open University Press. 2007

[10] Hamza Y. A. Promoting Health in Nigeria: Why it has to take a village, ChildCare and Wellness Clinic, October 2014. https://childcareclinics.com/promoting-health-in-nigeria-why-it-has-to-take-a-village/ (accessed Aug. 28, 2020).

[11] Adeyemo D. O., Local Government and Health Care Delivery in Nigeria: A Case Study, J Hum Ecol., vol. 18, no. 2, 2005, pp. 149–160, doi: rg/10.1080/09709274.2005.11905822.

[12] Obansa S. A. J. and Orimisan A. Health Care Financing in Nigeria: Prospects and Challenges., Mediterr. J. Soc. Sci., vol. 4, no. 1, 2013, pp. 221 – 236

[13] FrenkJ. The Global Health System: Strengthening National Health Systems as the Next Step for Global Progress, PLoS Med, vol. 7, no. 1. 2010, pp 1-3.

[14] World Health Organization, Declaration of Alma Ata, 1978 [Online]. Available: www.who.int/hpr/NPH/docs/declaration_almaata.pdf. Retrieved 21/3/2020.

[15] EU Science Hub, Health Promotion and Disease Prevention, Knowledge Gateway, 2020. Available on: https://ec.europa.eu/jrc/en/health-knowledge-gateway/promotion-prevention

[16] Stephen G. Is the declaration of Alma Ata still relevant to primary health care?, British Medical Journal, vol. 336, no. 7643, 2008, pp. 536–538. doi: 10.1136/bmj.39469.432118.AD.

[17] Kumar P. How to strengthen primary health care, J. Fam. Med. Prim. Care, vol. 5, no. 3, 2016, pp. 543–546., doi: 10.4103/2249-4863.197263.

[18] Scott-EmakpoA. The evolution of health care systems in Nigeria: Which way forward in the twenty-first century, Nigerain Medical Journal., vol. 51, no. 2, 2010, pp. 53–65

[19] Olise P. Primary Health Care for the Sustainable Development, 2nd Edition. Abuja: 2012. Ozegbe Publications.

[20] F. Muhammad, J. H. Abdulkareem, and A. B. M. Chowdhury-Alauddin, Major Public Health Problems in Nigeria: A review, South East Asia J. Public Heal., vol. 7, no. 1, 2017, pp. 6–11

[21] Harrison K. A. Transforming Health Systems to Improve lives of Women and Newborn Babies in Nigeria, vol 13 no 3, September 2009. Available on: www.http://www.bioline. org.br/pdf?rh09031

[22] Menizibeya O. W. The Nigerian health care system: Need for integrating adequate medical intelligence and surveillance systems., J Pharm Bioallied Sci., vol. 3, no. 4, 2011, pp. 470–478., doi: 10.4103/0975-7406.90100.

[23] BolajiS. A. and Khan S. M. Primary Health Care in Nigeria: 24 Years after Olikoye Ransome-Kuti's Leadership, Front Public Health, vol. 5, 2017 pp 48., doi: 10.3389/fpubh.2017.00048.

[24] Obansa S. A. and Orimisan A. Health Care Financing in Nigeria: Prospects and Challenges, Mediterr. J. Soc. Sci., vol. 4, no. 1, 2013, pp. 221–236, doi: 10.5901/mjss.2013.v4n1p221.

[25] Onoka C. Can primary healthcare (PHC) be effective in Nigeria? PHC and the Health Financing Aspects of the National Health Bill, Africa Health Niger., November 2016. doi: 10.13140/RG.2.2.11181.69603.

[26] AregbesholaB. S. and Khan SM, Primary Health Care in Nigeria: 24 Years after Olikoye Ransome-Kuti's Leadership, Front Public Health., vol. 5, no. 48, 2017, pp 1-2. doi: doi: 10.3389/fpubh.2017.00048.

[27] KressD. H. Yanfang S. and Hong W., Assessment of Primary Health Care System Performance in Nigeria: Using the Primary Health Care Performance Indicator Conceptual Framework, Health System. Reform, vol. 2, no. 4, 2016, pp. 302–318, doi: https://doi.org/10.1080/23288604.2016.1234861.

[28] Abdulraheem I. S., Olapipo A. R. and AmoduM. O, Primary health care services in Nigeria: Critical issues and strategies for enhancing the use by the rural communities., J. Public Health. Epidemiol., vol. 4, no. 1, 2012, pp. 5–13, doi: 10.5897/JPHE11.133 ISSN 2141-2316 ©2012.

[29] Ophori E. A., Tula M. Y., Azih A. V. et al. Current Trends of Immunization in Nigeria: Prospect and Challenges, Trop Med Health, vol. 42, no. 2, 2014, pp. 67–75.

[30] UNICEF, UNICEF Annual Report 2017 in Nigeria, Abuja, 2017. [Online]. Available: https://www.unicef.org/about/annualreport/files/Nigeria_2017_COAR.pdf.

[31] Greenwood B., The contribution of vaccination to global health: past, present and future, Philos Trans R Soc L. B Biol Sci., vol. 369, no. 1645, 2014. doi: 10.1098/rstb.2013.0433.

[32] Alykhan P., Paige W. S., Azfar H. et al. Nigeria Will Become Polio-Free: Challenges, Successes, and Lessons Learned for the Quest to Eradicate Polio, Cent. Glob. Dev., 2016. [Online]. Available: https://www.cgdev.org/sites/default/files/nigeria-will-become-polio-free.pdf.

[33] United Nations, Polio is no longer endemic in Nigeria – UN health agency, UN News: Africa Renewal, 2020. Available on: https://www.un.org/africarenewal/news/polio-no-longer-endemic-nigeria-—-un-health-agency, (accessed Aug. 30, 2020).

[34] USAID from the American People, Nigeria Health Project, Health Policy Project, 2014. available on: http://www.healthpolicy project. com/index.cfm?ID=country-Nigeria (accessed Aug. 29, 2020).

[35] USAID, "Global Health," USAID from the American People, 2019. https://www.usaid.gov/nigeria/global-health (accessed Sep. 21, 2020).

[36] National Population Commission Federal Republic of Nigeria Abuja., "Nigeria Demographic and Health Survey 2013," Abuja, 2013. [Online]. Available: https://dhsprogram. com/pubs/pdf/fr293/fr293.pdf.

[37] United Nations, "The Millennium Development Goals Report 2015," New York, 2015. [Online]. Available: https://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG 2015 rev (July 1).pdf.

[38] Federal Ministry of Health, "Nigeria Family Planning Blueprint (Scale-Up Plan)," Health Policy Proj., 2014. [Online]. Available: https://www.healthpolicyproject.com/ns/docs/CIP_Nigeria.pdf

[39] World Health Organization, "From Alma-Ata to the Year 2000: Reflections at the midpoint". Geneva: 1978. Available: https://apps.who.int/iris/bitstream/handle/10665/39323/9241561246_eng.pdf;jsessionid= FC7B105706D990C82979ED9C45983E84?sequence=1

[40] AlenoghenaI., AbejegahC. and EboreimeE., Primary Health Care in Nigeria: Strategies and Constraints in Implemntation, Int. J. community Res.2014. Available: https://www.who.int/alliance-hpsr/projects/alliancehpsr_nigeriaprimasys.pdf?ua=1

[41] OliseP., Primary Health Care for Sustainable Development, Abuja: Ozege Publications. 2007. Available: https://www.worldcat.org/title/primary-health-care-for-sustainable-development/oclc/31766 3982

[42] World Bank and World Health Organization, World Bank and WHO: Half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses, 2017. Available on: https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses#.WjdvjTPzIi0.facebook

[43] Olayinka A. A., and Olugbenga F. S., Strengthening the Foundation for Sustainable Primary Health Care Services in Nigeria. Primary Health Care, Primary Health Care Open Access, vol. 4, no. 3, 2014, pp. 167, doi: 10.4172/2167-1079.1000167.

[44] United Nations Development Programme UNDP Nigeria Annual Report 2016, Abuja, 2018. [Online]. Available: https://www.ng.undp.org/content/nigeria/en/home/library/human_development/undp-nigeria-annual-report-2016.html.

[45] United Nations Development Program,Human Development Report 2007/8, in Human Development Report 2007/8. 2007, pp. 245 – 279, [Online]. Available: http:www.unngles.org/spip.php? page=article_s&id_article=393 Retrieved on%0A13/02/2020%0A.

[46] OyibochaE. O., IrinoyeO., SaguaE. O. et al. Sustainable Healthcare System in Nigeria: Vision, Strategies and Challenges, J. Econ. Financ., vol. 5, no. 2, 2014, pp. 28–39.

[47] BaumF., Health for All Now! Reviving the spirit of Alma Ata in the Twenty- first century: An Introduction to the Alma Ata Declaration,Social medicine, vol. 2, no. 1, 2007. Available on: https://www.socialmedicine.info/index.php/socialmedicine/article/view/76

[48] World Health Organization, Alphabetical List of WHO Member States. 2020, https://www.who.int/choice/demography/by_country/en/.

[49] CuetoM., The Promise of Primary Health Care,Bull World Heal. Organ, vol. 83, no. 5, 2005, pp. 321–400.

[50] UNICEF, Child, early and forced marriage, including in humanitarian settings, Geneva, . 2017. [Online]. Available: https://www.ohchr.org/EN/Issues/Women/WRGS/Pages/Chi

ldMarriage.aspx. (A/HRC/RES/35/ 16, July 2017).

[51] World Health Organization, Child marriages, 2013. http://www.who.int/mediacentre/news/releases/2013/child_marriage_201303

[52] United Nations, International Day of the Girl Child 11 October, 2012. Available on: https://www.un.org/en/events/girlchild/ (accessed Aug. 27, 2020).

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