

UTILIZATION OF WESTERN AND TRADITIONAL HEALTHCARE SERVICES BY FARM FAMILIES IN UKWA-EAST LOCAL GOVERNMENT AREA OF ABIA STATE, NIGERIA

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Abstract

The relationship between farmers' health and agricultural productivity has been established in literature. The study assessed utilization of Western and Traditional healthcare services by farm-families in Ukwa-East Local Government of Abia State. The population of study comprised all farm-families in the 19 Community that make up the study area. Multistage sampling technique was employed to select 133 male and female farm-family heads who served as the sample for the study. Structured interview schedule was used for data collection. Research data were analyzed with the aid of descriptive statistics (such as mean, ranking and percentages). Among others, it was found that the illnesses/diseases that were prevalent in the study area were related to occupational hazard-induced conditions such as acute headache, waist pains, injuries and inadequate hygiene-related illnesses (such as typhoid fever and malaria) . While very few respondents use Western health care services, majority (80.4%) usually combine Traditional and Western health care services. Most respondent accessed information on Western health care services from families/friends and neighbours whereas information about Traditional health care services reached farm-families through combined efforts of family/friends and neighbours, radio and television programmes and itinerant Traditional medicine hawkers. Respondents were not in doubts about the beneficial effects of utilizing Western over Traditional health care service, their major problems with it were the high costs, time wastage, grossly inadequate primary health care facilities. It was recommended that Government improve Primary Health Care facilities, subsidize cost of drugs and services to farm families while implementing drudgery-reduction intervention programmes that would reduce occupational hazard-induced ill-health or diseases among the farm families. The Agricultural Extension service should be re-positioned with a view to making it more responsive to the pertinent needs of health education, while mounting vigorous awareness campaign against the use of unregulated traditional health care services.

Keywords: Traditional healthcare, Western healthcare, farmers, disease

INTRODUCTION

Agriculture is the main trust of National survival, employment and food in development countries like Nigeria. Ben, (2012) posits that in development countries, agriculture is the single biggest employer of labour. However, the International Labour Organization (ILO) (2000) explained that the agricultural sector is one of the most hazardous in terms of occupational hazards. Farmers are usually exposed to harsh weather, difficult working posture and lengthy hours of work due to the use of local farm tools since majority of them are small scale subsistence farmers. Many of Nigeria's farm families usually have close contacts with plants, wild and domesticated animals, and agricultural chemicals such as inorganic fertilizers and pesticides. Thus, several farm activities do pre-dispose farmers to disease infection and illnesses. For example, the World Bank

(2009) stated that between 2003 and 2007, 4544 outbreaks of H5N1 strain of avian influenza were recorded in 36 countries. These outbreaks were associated with 269 human cases and 163 fatalities. The Food and Agriculture Organization (FAO) (2002) indicated that approximately 3 million people were poisoned and 200,000 died from pesticides' use annually. In Tanzania, a study of vegetable farmer reported that 68% of farmers who used pesticides reported having felt sick after routine pesticides application (Ngowi *et al*, 2007). The adverse effects of illness/diseases on agriculture and rural development are manifest primarily in loss of labour supply, farm income and assets. According to the World Health Organization (WHO) (2003), the HIV/AIDS pandemic significantly compromised food security of affected households and communities, reducing the availability of labour and diverting income, depleting savings and assets. Farmers' health has significant effects on agricultural productivity. For example, Ulimwengu (2009) indicated that healthy farmers were found to produce more per unit of inputs, earn more income and supply more labour than farmers affected by sickness. Production inefficiency increases significantly with the number of days lost to sickness. Ajani and Ugwu (2008) also found that a one percent improvement in a farmers' health condition led to a 31 percent increase in efficiency. Ajani and Ugwu (2008) found that farmers spent as much as 13% of their total household expenditure on treatment of malaria alone.

In Nigeria, the Federal Government coordinates that affairs of University Teaching Hospitals, the States manages the various General Hospitals while the Local Government Authorities focus on Primary Health Centres (Dispensaries). Gupta *et al* (2004) explained that the rural populations in Nigeria were seriously undeserved even as it caters for less than 20% of potential patients. Most Primary health facilities are in a state of disrepair with equipment and infrastructure being either absent or obsolete and referral system almost non-existent. There are shortages of Physicians, Nurses and trained health personnel in most rural communities. Where the services are available, difficulties associated with transportation, communication, illiteracy, nature of illnesses; family decision, traditional conservation, deep rooted traditional beliefs and customs and poverty tends to drive farm families towards traditional health care services in most rural communities in Nigeria (Opara *et al*, 2007, Etuk *et al* 2013, and Omotosho, 2010).

Katung, (2001) asserts that most rural dwellers, usually approach traditional health care services first of all when sick and that they only resort to chemist shops and orthodox medicine vendors when they perceive that traditional health care prescriptions, have failed. He explained that going to the primary health care centres or hospital was usually a last resort when all else had failed. The superiority of Western health care services over Traditional health care seems not to be in doubt. Tanhashi (1978) had explained that the functionality of a health facility or service may be measured, by the degree to which it is accessible, affordable, acceptable and available to its potential users. The questions remain, which of the traditional and orthodox Western health care services do farm families consider to be functional? How many farm families are utilizing the primary health care services even when and where they are available? What are the constraints to farm families' choice of modern Western health care services? Are there farm families that prefer and do utilize traditional health care services even in the absence of inhibiting factors to smooth or access to western orthodox health care services? Giving the foregoing, the study investigated adoption of Western and Traditional health care services by farm families in Ukwu East LGA of Abia State.

The objectives of the study are:

1. to identify illnesses prevalent among farmers in the study area.
2. to ascertain health care services that most farm-families often use in the event if ill-health.

3. to identify respondents' major sources of information about health care services.
4. to assess farmers perception of the utility of Western and Traditional health care services
5. to assess constraints to adoption of Western and Traditional medicine by farm-families

METHODOLOGY

The study was conducted in Ukwu East Local Government Area of Abia State. The population of study comprised all farm families in the 19 community that make the up the study area. Multistage sampling procedure was employed. First, simple random sampling technique was employed to select 4 out of the 19 communities. Thereafter, systematic random sampling of every 3rd house was made. The male or female heads of selected house-holds were interviewed. In all, the sample comprised of 133 farm-family heads who were available at the time of data collection and responded to all the items in the interview schedule. Data analyses was done with descriptive statistics (such as mean, percentage and ranking).

RESULTS AND DISCUSSION

Illnesses that were prevalent among farm-families in the study area

Illnesses and disease conditions that were prevalent in the study area were investigated. The results of data analyses were presented in Table 1. As shown in Table 1, respondents agreed that only 9 out of 17 highlighted diseases or ill health conditions were prevalent in the area of study. Ranked from the most to the least prevalent, the sicknesses appear thus.

(1) Malaria (2) Acute headache (3) Waist pains (4) Farm injuries (5) Cough (6) Muscle ache (7) Typhoid fever (8) Skin infection /Diseases and (9) Eye infection.

It seems that most of the diseases prevalent in the study area are occupational hazards-related conditions. For example, Acute headache, Waist pain, Farm injuries, Muscle ache, Skin infection and Eye infection are obvious effects of exposure of most farm-families to harsh weather, difficult working pasture and close contact with plants, animals and agricultural chemicals. Indeed, the International Labour Organization (2000) had asserted that the agricultural sector is one of the most hazardous in terms of occupational hazards. Literature is replete with reports of illnesses, diseases and even mortality related with occupational hazards among farmers in developing countries (World Bank,2007; FAO,2000, WHO, 2003, Ajani and Ugwu,2008 and Ben 2012).

Most of the farm families in the area of study used crude farm implements and tools because they are generally small-scale subsistence farmers. They usually work under inclement weather. Aside these, the widespread poverty, illiteracy and conservatism combined to aggravate the rate at which the farm families are pre-disposed to ill-health conditions. It should be noted that malaria, ranked first among illness that were prevalent in the area of study. The Federal Government of Nigeria had embarked on various intervention programmes such as “Roll Malaria away from Nigeria Treated mosquito nets were distributed to rural and urban dwellers (Alaba and Alaba 2009). It appears that the impact of these and other interventions are yet to be felt. The incidence of typhoid fever may also be related to the general poor water situation in most rural areas. In some communities, humans drink from the same ponds where grassing animals drink. Most Nigeria rural communities do not have pipe-borne clean water. Hence the finding that typhoid fever was among diseases that were prevalent in the study areas.

Table 1: Analyses of illnesses that are prevalent among farm-families in the area of study

| S/N | Illnesses / Disease condition | Mean Rating | Ranks |
|-----|-------------------------------|-------------|-------|
| 1. | Farm injuries | *3.52 | 4 |
| 2. | Malaria | *3.83 | 1 |
| 3. | Cholera | 1.42 | 15 |
| 4. | Typhoid fever | *3.11 | 7 |
| 5. | Diarrhea | 2.32 | 11 |
| 6. | Acute headache | *3.71 | 2 |
| 7. | Cough | *3.50 | 5 |
| 8. | Skin Infection/diseases | *2.91 | 8 |
| 9. | Waist pains | *3.64 | 3 |
| 10. | Snake bite (poison) | 1.47 | 14 |
| 11. | Asthma | 1.35 | 13 |
| 12. | Muscle Ache | *3.24 | 6 |
| 13. | HIV/AIDS | 1.00 | 17 |
| 14. | Tuberculosis | 2.15 | 12 |
| 15. | Convulsion | 1.07 | 16 |
| 16. | Eye Infections | *2.50 | 9 |
| 17. | Guinea Worm | 2.4 | 10 |

Mean \geq 2.5 is significant

Health care services that farm families usually utilize in times of ill-health

Respondents were asked to indicate health care services they used in one year preceding data collection. The findings in Table 2 showed that only 6.8% used Western (Orthodox) health care services. About 12.8% used Traditional health care services while 80.4% used a mixture of both. The percentage of farm-families' patronage of Western health-care services is abysmally low in spite of its acclaimed superiority over traditional health care services. Studies have shown that the number of Primary Health-care Centres in rural areas of Nigeria is grossly inadequate. Besides, most of the available health facilities are in serious state of disrepair while there is gross inadequacy of Medical personnel in rural areas. In fact, Gupta *et al.* (2004) and Etuk, (2010) asserted that the Primary Health Centres cares for less than 20% of potential rural patients. Even where the Western health facilities are available and adequate, Omotosho (2010) and Etuk *et al* (2013) reported that difficulties associated with transportation, illiteracy, poverty, user fee and traditional beliefs tends to drive rural dwellers forwards traditional health care services.

It is significant to note that more than 80% of the respondents utilize both Western and Traditional health care services. The pattern with most farm families as reported by Katung (2001) is to first of all use traditional medicine when sick. Then approach orthodox drug vendors if the condition does not change and then use the Western health services as a last resort. Most farm families appeared not to have understood the dangers that are inherent in this practice.

Table 2: Percentage distribution of respondents on the basis of health care services they usually utilize in times of illness

| S/N | Health care services | Frequency | Percentage | Rank |
|-----|---|-----------|------------|------|
| 1. | Western (orthodox) Health Care services only | 0.9 | 6.8 | 3 |
| 2. | Traditional health care services only | 17 | 12.8 | 2 |
| 3. | Mixture of Traditional and Western health care services | 107 | 80.4 | 1 |
| | Total | 133 | 100 | |

Farm families’ major sources of information about health care service

The results of data analyses in Table 3 indicated that family/friends and neighbours were the major sources of information to the respondents on Western health care services. On the other hand, respondents agreed that family/friends and neighbours, radio and television programmes and itinerant medicine hawkers were significant sources of information to them about traditional health care services. In recent times, there has been a proliferation of radio programmes, radio advertisements, Traditional-medicine summits/exhibitions and hawking of traditional medicine. This may explain, in part, why respondents indicated these sources as major in their information access for traditional health care services. The findings that respondents did not rely on the radio/TV and Extension Agents for Western health care-related services is contrary to expectation and requires amelioration. The radio which is a veritable instrument for information dissemination to rural dwellers have been under-utilized for propagating Western health care services. The Traditional health care practitioners are currently dominating most radio advertisements and programmes.

Table 3: Respondents, Mean Ratings of sources of information about health care services

| S/N | Sources of Information about health care services | Health care services | |
|-----|---|--|---|
| | | Western/orthodox health care services Mean (\bar{x}) rating | Traditional health care services Mean (\bar{x}) rating |
| 1. | Family /friends and neighbours | *2.8 | *3.4 |
| 2. | Radio and television programmes | 1.4 | *2.53 |
| 3. | Agricultural Extension Agents | 2.3 | 1.2 |
| 4. | Pamphlets and newspaper | 1.1 | 1.0 |
| 5. | Other farmers | 2.24 | 2.3 |
| 6. | Itinerant medicine hawkers | 1.3 | *2.5 |

Mean \geq 2.5 is significant

Farm families’ assessment of the utility of Western and Traditional health care Services

As shown in Table 4, respondents agreed that Western health care services are beneficial because: 1. it has standardized procedures (Mean =3.5), 2. it involves experts and skilled professionals (Mean =3.3), 3. it uses advanced and sophisticated equipment and tools (Mean =2.9), 4. it is

usually effective for curing chronic disease conditions (Mean=2.8) and 5. the efficacy of its drugs and treatments (Mean=2.6) , Indeed, those were the strong points for Western Health Care Services. Its superiority over traditional health care services appeared not to be in doubt to most farm families. The major problems they relates primarily to difficulty of access, high cost and apparently long time between commencement of treatment and discharge of patients.

In assessing the utility of traditional health care services, respondents agreed that

- 1 It is easily assessable (Mean =3.4)
- 2 It is usually affordable in terms of cost (Mean =2.9)
- 3 Usually, the time between commencement of treatment and discharge of a patient is shorter than what is obtainable in Western health care services (Mean =2.7)
- 4 The drugs and treatment are efficacious (Mean =2.8)
- 5 It is effective in curing chronic disease conditions (Mean =2.5) and
- 6 Practitioners are usually cordial and friendly in handling patients (Mean =2.6).

The fact that majority of the respondents agreed that traditional health care services were very efficacious is worrisome. Whereas, its efficacy in certain cases have not been in doubt, there have been cases where Western medical practitioner alleged that vital organs (such as kidney, liver or the heart) of patients have been damaged beyond repair as a result of intake of unregulated amount of traditional medicines by patients. The need for farmer-education in this respect is pertinent as suggested by Etuk, *et al*, (2013).

Table 4: Farm families' assessment of the utility of Western (orthodox) and Traditional health care services

| S/N | Assessment Indices | Health care services | |
|-----|---|--|--|
| | | Western health care Mean (\bar{x}) | Traditional health care Mean (\bar{x}) |
| 1. | Easily accessible | 2.3 | *3.4 |
| 2. | Affordable cost | 2.1 | *2.9 |
| 3. | Standardized procedures | *3.5 | 2.0 |
| 4. | Involves expert and skilled professionals | *3.3 | 1.8 |
| 5. | Uses advanced and sophisticated equipment and tools | *2.9 | 1.3 |
| 6. | Short time period between commencement of treatment and discharge of patients | 1.5 | *2.7 |
| 7. | Efficacy of drugs and treatments | *2.6 | *2.8 |
| 8. | Low risk of drug residual or side effects | 2.4 | 1.5 |
| 9. | Effective for curing chronic disease conditions | *2.8 | * 2.5 |
| 10. | Practitioners are usually cordial and friendly in handling patients | 1.5 | *2.6 |

Mean \geq 2.5 is significant

Constraints to utilization of Western and Traditional health care services by farm families

The results of data analyses presented in Table 5 showed that the constraints that respondents experienced in the process of utilizing Western health service relates to:

- 1 Wastage of ample time in the process of assessing treatment (Mean =3.1)
- 2 High cost of drugs (Mean =3.6)
- 3 Inadequate or lack of health care facilities (Mean =2.9)
- 4 Poor economic statuses of most farm families (Mean =3.7) and
- 5 Problems related to adulteration of drugs (Mean =2.5).

Thus, high cost, time wastage and inadequate facilities were at the top of the list of challenges being faced by farm families in assessing Western healthcare services. The findings confirm previous studies which recorded similar observations (Gupta *et al*, 2004, Okpara *et al*, 2007, and Etuk, *et al*, 2013). On the other hand, respondents agreed that only 3 constraints were associated with their use of Traditional health care services. These are:

- 1 the usual claim that one drug is capable of curing many illnesses (Mean=3.1)
- 2 increased rate of unqualified/uncertified practitioners (Mean=2.7) and
- 3 absence of standardized measurement of drugs for different illnesses and different ages of users (Mean=2.8).

These are constraints indeed. It is a common phenomenon in Nigeria to hear advertisement on radio or from traditional health care drug hawkers the claim that a particular drug would perfectly cure 3-5 illnesses or diseases. Most Traditional health practitioners in Nigeria append "Doctor" to their names even when they had not stepped into the four walls of a Primary School. The need to regulate the activities of these Traditional health care providers is obvious. They are closer to most farm families and consideration of comparative advantage by farmers tends to make them dominate the health care services in most rural areas .The consequences can be very fatal for agricultural development in a nation where most of the farmers are already ageing and youths are not participating in agriculture (Jibowo. and Sotomi, 1996; and Olatunji *et al*, 2012).

Table 5: Mean relating of constraints to adoption of Western and traditional healthcare services by farm families

| S/N | | Mean Ratings of constraints association with use | | | |
|-----|---|--|------|---|------|
| | | Western health Care services Mean(\bar{x}) | Rank | Traditional health care services Mean (\bar{x}) | Rank |
| 1. | Wastage of ample time in the process of accessing treatment | * 3.1 | 3 | 2.1 | 4 |
| 2. | Harmful built up of chemicals in the body | 2.0 | 7 | 1.5 | 9 |
| 3. | High cost of drugs | * 3.6 | 2 | 2.0 | 5 |
| 4. | Increased rate of unqualified/uncertified practitioner | 1.7 | 8 | *2.7 | 3 |
| 5. | Inadequate or lack of healthcare facilities | * 2.9 | 4 | 1.6 | 8 |

| | | | | |
|--|------|----|------|----|
| 6. Poor economic status of most farm facilities | *3.7 | 1 | 1.82 | 7 |
| 7. Problem related to adulteration of drugs | *2.5 | 5 | 1.94 | 6 |
| 8. Risk of poisoning associated with use of wild herbs | 1.2 | 9 | 1.4 | 10 |
| 9. The usual claim that drugs one drugs is capable of curing several illness | 2.2 | 6 | *3.1 | 1 |
| 10. Absence of standardize measurement of drugs | 1.0 | 10 | *2.8 | 2 |

Mean \geq 2.5 is significant

CONCLUSION

The study revealed that the prevalent illnesses/diseases among farm families in the study area were malaria, acute headache, waist pains, farm injuries, cough, muscles aches, typhoid fever, skin infections/diseases and eye infections. Most farm families (80.4%) usually use a mixture of both Western and Traditional healthcare services while only 6.8% rely on Western healthcare services alone. The major source of information utilized by most of the respondents on Western healthcare were families/friends and neighbors, but they receive information about Traditional healthcare from families/friends and neighbors, Radio and Television as well as itinerant medicine Hawkers. Respondents agreed that Western healthcare service is beneficial especially because it uses standardized procedures, it involves experts and skilled professionals, it uses sophisticated equipment and tools, the drugs are efficacious and it is effective for curing chronic disease conditions. On the other hand, they adjudged Traditional health services to be beneficial on account of its easy accessibility, affordability (in terms of cost), takes short time to complete treatment cycle, efficacy of drugs and treatments, effectiveness in dealing with chronic conditions and cordiality and friendliness of its practitioners. However, constraints to their use of Traditional healthcare services relates to claims that a medicine would cure many illnesses/diseases, absence of standardized measurements of drugs and increase in the number of unqualified Traditional health practitioners. The most significant constraints to respondents adoption of Western healthcare services are their poor economic statutes, high cost of drugs, time wastage, inadequate health facilities and adulteration of drugs.

RECOMMENDATIONS

Based on the findings of this research, it was recommended:

1. that drudgery- reduction intervention programmes be implemented for the benefit of improving the health of most farm families. For example, construction of good access road network in rural areas, provision of mobility (such as bicycle and tricycle) for farmers and provision of free or low cost new farming technologies (such as hydraulic press) will prove effective panacea to most of the occupational hazards that tends to predispose respondents to ill-health conditions.
2. the Agricultural Extension services should mount a vigorous awareness campaigns about the dangers of utilizing unregulated Traditional healthcare drugs and services. Emphasis should be placed on the dangers of utilizing unregulated traditional healthcare drugs and services. Emphasis should be replaced on the dangers of utilizing Traditional medicines together with Western (orthodox) medicines. This practice

which was established by this study should be discouraged because of the obvious dangers of overdose and conflicting reactions when farmers use both together. Studies have reported complications that lead to destruction of vital organs like the kidney, heart and liver.

3. agricultural extension service should be reorganized with a view to making it more effective and responsive to the pertinent need for health education among rural farm families. The advantage of wide-coverage of rural areas by radio broadcast could be explored to promote healthy practices and information on the beneficial effects of utilizing Western healthcare services since its superiority over Traditional healthcare services were not in doubt among respondents.
4. since most farmers agree that Western healthcare services were largely beneficial except for the high cost, time wastages and inadequate facilities, it is imperative that the Government spear no efforts at increasing farm-families access by building and equipping more Primary Health Centres to cover large percentage of disadvantaged rural dwellers. There is also the need to drastically reduce the cost of drugs and services at Government health facilities to the barest minimum in favor of most of the farm-families who are resource-poor.

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