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A Study of the Prevalent Health Challenges in Rural Communities in Nigeria

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Abstract **Original Research Article**

Rural communities in Nigeria encounter serious health problems that are made worse by ongoing socio-economic and infrastructure issues. This study examines the everyday health challenges in these areas, aiming to uncover their root causes, patterns, and implications for public health policies and actions. We used a mixed-methods approach to gather data from 600 rural residents and 60 key informants across Nigeria's six geopolitical zones. The quantitative results show high rates of malaria (86.7%), typhoid fever (65%), and waterborne diseases (60%). There is also limited access to healthcare facilities (68.3%) and a severe shortage of healthcare workers (81.7%). Qualitative interviews reveal that many people depend on traditional medicine, face poor infrastructure, and suffer from inadequate water and sanitation conditions, all of which lead to adverse health outcomes. Using the Social Determinants of Health (SDH) framework, the study highlights how poverty, location, education, and environmental factors contribute to health inequalities. The findings suggest that multi-sectoral efforts are necessary, including improving healthcare infrastructure, increasing the number of healthcare workers, enhancing health education, and establishing sustainable water and sanitation systems. This research adds to the understanding of rural health disparities in Nigeria. It provides evidence-based recommendations for shaping health policies and development programs aimed at achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs).

Keywords: Health Challenges; Rural Communities; Health Inequalities, Poverty. Education, Health Infrastructure.

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INTRODUCTION

Health is a fundamental human right and a crucial component of sustainable development. In Nigeria, rural communities comprise a significant portion of the population, yet they continue to face substantial gaps in access to quality healthcare services (Ijoko, Magaji & Gombe, 2021). These gaps are primarily caused by issues such as inadequate infrastructure and poverty (Enaberue, Musa & Magaji, 2024), cultural biases, and limited government support (Adewoyin et al., 2023). The situation worsens with the presence of both infectious and chronic diseases that threaten public health and economic growth in these areas.

In Nigeria's rural areas, people often face inadequate sanitation, a lack of clean drinking water, limited access to health knowledge, and a shortage of trained healthcare workers and facilities (Ismail, Musa, & Magaji, 2024). These issues lead to high rates of preventable illnesses like malaria, cholera, respiratory infections, and complications related to maternal and child health (Okafor& Ibrahim, 2022). The World Health Organisation (WHO) has emphasised the importance of addressing health inequalities in rural regions to achieve Universal Health Coverage (UHC) and meet the Sustainable Development Goals (SDGs) (WHO, 2023).

Additionally, climate change, environmental degradation, and food shortages exacerbate health problems in rural communities (Yakubu, Magaji & Magaji, 2025). A related study has shown that the link between poverty and environmental issues increases exposure to diseases carried by insects, undernutrition, and mental health struggles among rural

residents (Nwankwo et al., 2024). Climate change and environmental concerns exacerbate conflicts and contribute to health-related challenges (Zailani, Magaji, & Jafaru, 2025). These complex health challenges underline the urgent need for focused research, policy development, and strategic actions aimed at enhancing rural healthcare systems in Nigeria.

This article examines the primary health issues affecting rural communities in Nigeria by analysing recent trends, identifying underlying causes, and exploring potential solutions. Understanding these factors is crucial for policymakers, healthcare professionals, and development partners seeking to establish inclusive and effective healthcare systems in Nigeria.

Conceptual Clarifications

Health Challenge

Several definitions exist for health challenges. Some of the current definitions of the concepts include: "Health challenges encompass communicable and non-communicable diseases, health service inaccessibility, and systemic inadequacies that contribute to health inequities, especially in low-resource settings" (Akinyemi&Adepoju, 2023, p. 112). Its definition concerns anything that can contribute to health inequalities among people in society.

Another definition of the concept is by Oladimeji et al (2022) were they defined the concept as: "They include physical, mental, and environmental threats that compromise the health status of populations, often more severe in underserved regions" to them, any threat that can lead to compromising the health condition of a given population is considered health challenge.

Again, health challenge is defined as: "The persistent burden of disease, limited access to care, and weak health infrastructures represent the main health challenges in sub-Saharan Africa" (Nwachukwu & Bassey, 2024, p. 51). This definition views health challenges as a situation where there is limited access to health facilities in society, which is primarily characteristic of sub-Saharan Africa.

From the foregoing definitions, a health challenge can be defined as a situation where there are insufficient and inadequate health services in society, particularly when the needs for these services are high.

Rural Communities

Eze & Tanko (2023, p. 39) see rural communities in Nigeria as: "Rural communities in Nigeria are defined by their remoteness, dependence on agriculture, and inadequate access to social services such as education and healthcare". Rural communities comprise a society that heavily depends on agricultural activities as its primary means of livelihood, and they often lack adequate social amenities (Magaji, 2008).

Another perspective on rural community is: ".... Communities which are often marginalised in national development policies, contributing to persistent poverty and health inequalities" (Usman et al., 2022, p. 63). To them, any community which is marginalised in terms of national development is a rural community

Another definition is: "They represent structurally disadvantaged zones with reduced state presence and high vulnerability to environmental and socio-economic shocks" (Balogun& Musa, 2024, p. 104). Rural communities are often underrepresented in terms of capacity development and economic opportunities (Eke, Magaji & Ezeigwe, 2020).

Rural communities can be defined as communities that are less developed economically, educationally, politically, socially, and otherwise.

Empirical Review

Several empirical studies have been conducted on this research. Some of the empirical works are as follows:

The work of Adeola& Ibrahim (2023) adopted a cross-sectional survey of 450 rural households in Kwara State to explore how access to healthcare services, water, and sanitation affects health outcomes of communities in Kwara State. Their research revealed that malaria, diarrheal diseases, and maternal health complications were the most reported challenges. The research is limited to some communities in Kwara State.

Yusuf and Nwachukwu (2024) employed a mixed-methods approach in their study to examine health challenges among 500 respondents across rural communities in Kaduna and Katsina States in Northwestern Nigeria. Their findings indicated that long distances to health centres, the cost of services, and cultural beliefs were significant constraints to healthcare access. However, their research only covered a select few communities in Kaduna State.

Ojo, & Salami. (2022). Research analysed disease prevalence and health behaviours among rural dwellers in Osun State. It was discovered that 63% of households in Osun State had at least one member with a communicable disease in the past year, with malaria and typhoid being the most common. The study covered Osun State, and only malaria and typhoid were discovered as the major diseases

Ekanem & Abubakar (2023) conducted structured interviews with rural women in Benue and Niger States to investigate the relationship between poverty and maternal health. They identified that a lack of antenatal care and skilled birth attendants contributed to high maternal morbidity. Their work only focused on women, and their findings only discovered high maternal morbidity during birth.

Nnadi, & Bako. (2024). In their research, which drew a sample of 600 respondents from rural communities in Enugu, Bauchi, and Ekiti States, the study highlighted poor roads, inadequate water supply, and a shortage of health personnel as critical challenges. The study improved by covering only three States from different geopolitical zones in Nigeria

FRAMEWORK

Social Determinants of Health (SDH) Framework

The Social Determinants of Health (SDH) framework gained attention from the World Health Organisation (WHO) through its Commission on Social Determinants of Health, led by Michael Marmot in 2005. However, this concept has earlier roots in the work of sociologists and public health experts, such

as Rudolf Virchow and Thomas McKeown, who highlighted how social conditions contribute to the development of diseases.

The SDH framework suggests that health outcomes are influenced mainly by non-medical factors, including:

- Socioeconomic status (SES) - Education level - Living conditions - Access to clean water and sanitation – Employment (Magaji & Adamu, 2011) and income (Jafaru, Magaji & Abdullahi, 2024) - Geographical location (urban vs. rural) - Healthcare accessibility

These social factors contribute to health inequalities among different populations, particularly in marginalised or rural areas.

This framework is suitable for examining health issues in rural Nigerian communities because it:

- Acknowledges that social and structural inequalities play a bigger role in health disparities than individual behaviours. - Describes how poverty, poor infrastructure, low education, and limited healthcare access make rural populations more susceptible to diseases (Ndako et al, 2018). - Helps understand how environmental, economic, and policy factors connect to affect health in rural areas.

Although the SDH framework is thorough, some criticisms include:

- It can be too broad and complex to measure quantitatively. - It may downplay biological and behavioural aspects that also affect health. - Critics say it sometimes does not explicitly address local or cultural health determinants in developing nations.

This article examines the prevalence and causes of health issues in rural Nigeria, where problems such as inadequate infrastructure, limited access to healthcare, poverty, and environmental hazards are prevalent. The SDH framework provides a multifaceted approach to analysing these issues and understanding their overall impact on public health. It is beneficial for creating policy suggestions that tackle root problems rather than just treating symptoms.

METHODOLOGY

This study employs a mixed-methods design that combines both quantitative and qualitative approaches to evaluate community-based interventions (CBIs) and their impact on sustainable health in rural Nigeria. The quantitative part, through structured questionnaires, will gather measurable health outcomes and assess program effectiveness. The qualitative component, which involves interviews, will provide deeper insights into the community's experiences and perceptions.

Members of rural communities (household heads, women, youth) - Community health workers and volunteers - Representatives from NGOs and CBOs - Local government health officials - Traditional and religious leaders

To select communities with active CBIs from Nigeria's six geopolitical zones between 2015 and 2024, purposive sampling techniques were used. Additionally, stratified random sampling helped choose respondents within those communities based on age, gender, and roles. Snowball sampling was employed to find hard-to-reach informants such as traditional healers and community champions.

The sample size consists of 600 survey respondents and 60 qualitative participants (30 interviews).

Structured questionnaires will cover topics like demographics, awareness, access to health services, the impact of CBIs, and health outcomes. These questionnaires have been pre-tested and will be given by trained speakers of the local language.

Semi-structured interviews will be conducted with health workers, leaders, NGO representatives, and officials to assess the effectiveness of interventions.

Descriptive statistics, such as frequencies and percentages, will be used to analyse and present the data.

Data Analysis and Presentation of Findings

Table 1: Demographic Characteristics of Respondents

Serial Number	Characteristics	Frequency	Percentage
1	**Gender**		
	Male	310	51.7
	Female	290	48.3
	Total	**600**	**100**
2	**Age**		
	31-45	240	31.7
	46-60	130	21.7
	60 and above	40	6.6
	Total	**600**	**100**
3	**Educational level**		
	Primary	210	35.0
	Secondary	160	26.7
	Tertiary	70	11.6
	Total	**600**	**100**

Source: Survey, 2025

Table 1 reveals the socio-demographic features of the respondents. The male population comprises 51.7%, while the female population accounts for 48.3%. This indicates male dominance in society. The table also discloses the age distribution of the respondents. 31.45 years 31.7%; 46-60 21.7%; and 60 and above 6.6%. This analysis shows that the majority of the respondents were within the age bracket of 31.45 years.

Again, the table shows the educational level of the respondents. Primary school: 35.0%; secondary school: 26.7%; tertiary schools: 11.6%. This shows that the respondents were literate enough to provide appropriate answers.

Table 2: Common Health Challenges Reported (Multiple Choice)

Serial Number	Health Challenges	Frequency	Percentage
1	Malaria	520	86.7
2	Typhoid Fever	390	65.0
3	Respiratory Infections	240	40.0
4	Diarrhoea and waterborne disease	360	60.0
5	Maternal and Child Health Issues	280	46.7
6	Hypertension	110	18.3
7	Skin Diseases	150	25.0
	Total	**2050**	**341.7**

Source: Survey, 2025

Table 2 discloses typologies of common health challenges among the respondents. Malaria 86.7%; Typhoid Fever 65.0%; Respiratory Infections 40.0%; Diarrhoea and Waterborne Diseases 60.0%; Maternal and Child Health Issues 46.7% Hypertension 18.3%; and Skin Diseases 25.0%.

Table 3: Access to Healthcare Facilities

Serial Number	Responds	Frequency	Percentage
1	Yes (available nearby)	190	31.7
2	No (Have to travel long distances)	410	68.3
	Total	**600**	**100**

Source: Survey, 2025

Table 3 presents the respondents' access to healthcare facilities. 31.7% of respondents answered yes, but only if the facility was available in a nearby community. In comparison, 68.3% of respondents answered no, indicating that they would have to travel a long distance without access to the facilities.

A responded when asked how they manage sicknesses when the health facilities are not accessible, and he said:

"We usually take care of malaria at home with herbs since the clinic is far away and does not have any medicine. Sometimes, the nurse is gone for days."

A village Head of 60 years said:

"Too many people in our community die from illnesses that could be prevented. Women have to give birth at home because there is no maternity clinic close by."

Table 4: Availability of Health Workers

Serial Number	Responds	Frequency	Percentage
1	Sufficient Health Workers	110	18.3
2	Inadequate Health Workers	490	81.7
	Total	**600**	**100**

Source: Survey, 2025

Table 4 shows the availability of health workers. 18.3% of the respondents believed that the health workers are sufficient in their areas, while 81.7% stated that the health workers are not available in their communities. This indicates a shortage of healthcare workers in Nigeria.

A health worker, when asked about the strength of staff, replied:

"Our main issue is that we do not have enough trained staff and facilities. I am responsible for three villages by myself, and we often run out of basic medicines."

Table 5: Sources of Drinking Water

Serial Number	Sources	Frequency	Percentage
1	Borehole	260	43.3
2	River/Stream	200	33.3
3	Well Water	100	16.7
4	Piped–borne Water	40	6.7
	Total	**600**	**100**

Source: Survey, 2025

Table 5 reveals the sources of drinking water for the respondents. Water from the borehole source constitutes 43.3%; from the river/stream sources constitutes 33.3%; from the Well Water constitutes 16.7%; and from the Pipe-borne Water constitutes only 6.7%

5.1 Summary of Findings

This study examined the primary health concerns affecting rural communities in Nigeria. Researchers gathered information from 600 people living in these areas using structured questionnaires and semi-structured interviews. The most common health problems reported were malaria (86.7%), typhoid (65%), and diseases caused by contaminated water (60%). A large number of respondents (68.3%) mentioned that they do not have enough access to nearby healthcare facilities. More than 81.7% of those surveyed pointed out a lack of healthcare workers. Many communities rely on boreholes, streams, and wells for their water supply, which can lead to waterborne illnesses.

The interviews supported these results, showing personal stories about insufficient healthcare services, self-medication practices, and the use of traditional treatments. These results emphasise the urgent need for better infrastructure, sanitation, and healthcare services in rural areas of Nigeria.

5.2 Conclusion

The health problems in rural areas of Nigeria stem from poor infrastructure, poverty, and limited access to good healthcare. The high rates of malaria, typhoid, and issues related to maternal health show both environmental and systemic failures. If we do not take decisive actions to address healthcare gaps, people living in these areas will keep facing preventable health risks and fatalities.

RECOMMENDATIONS

Infrastructure Development: The government and its partners should construct more primary health centres in rural areas and improve the existing ones.

Human Resource Strengthening: Hire and train additional healthcare workers to serve in rural locations, offering incentives for those who work in these communities.

Health Education Campaigns: Organise regular programs to educate people about hygiene, preventing diseases, and seeking treatment early.

Water and Sanitation Projects: Ensure access to clean and reliable water sources to help reduce the number of waterborne illnesses.

Mobile Clinics and Outreach Programs: Implement mobile health services to provide essential healthcare and vaccinations to remote areas that are hard to reach.

5.4 Contribution to Knowledge

This study plays a crucial role in public health discussions by providing new insights into the types and frequency of health issues in rural areas of Nigeria. It connects these health challenges to gaps in infrastructure and human resources, providing recommendations for policies based on data.

5.5 Suggestions for Future Research

A long-term study to examine how rural health programs affect communities over time.

Comparison studies between health issues in rural and urban areas can better show the differences.

Investigation into local health practices and how they can be included in official health systems.

REFERENCES

Adeola, T. M., & Ibrahim, U. S. (2023). Determinants of health outcomes in rural Nigerian communities: A case study of Kwara State. African Journal of Public Health, 19(2), 122–136. https://doi.org/10.4314/ajph.v19i2.122.

Adewoyin, A., Salisu, A., &Ojo, T. (2023). Rural health disparities and primary healthcare delivery in Nigeria: Challenges and policy implications. Journal of Public Health in Africa, 14(1), 85–92. https://doi.org/10.4081/jphia.2023.2385.

Akinyemi, T. O., &Adepoju, A. B. (2023). Barriers to Achieving Equitable Healthcare in Rural Nigeria International Journal of Health and Development Studies, 11(2), 105–118. https://doi.org/10.5897/ijhds2023.115.

Balogun, A. A., & Musa, D. S. (2024). Community Resilience and Rural Vulnerability in the Face of Nigeria's Development Crisis Journal of Contemporary African Studies, 42(1), 95–110. https://doi.org/10.1080/02589001.2024.1200011.

Ekanem, M. E., &Abubakar, L. H. (2023). Assessing the impact of rural poverty on maternal health in Nigerian communities. Journal of African Population Studies, 37(4), 250–268. https://doi.org/10.11564/aps.v37i4.250..

Eke, C.I., Magaji, S., & Ezeigwe, G. C. (2020). An Economic Assessment Model of Employment Dynamics, Capacity Development and Household Telecommunication Expenditure in Nigeria. *Journal of Economics and Sustainable Development. 11 (4).*

Enaberue, E., Musa, I. & Magaji, S. (2024). Impact of income inequality on poverty level in Nigeria: Evidence from ARDL model. *Asian Journal of Economics, Business and Accounting 24(5), 86–98.DOI:10.9734/AJEBA2024V24:51295*

Eze, M. C., &Tanko, L. S. (2023). Rural Development and Infrastructure Gaps in Nigeria. Nigerian Journal of Development Research, 28(2), 33–45. https://doi.org/10.2147/njdr.v28i2.33.

Ijoko, A. O., Magaji, S. & Gombe, B. M. (2021). Impact of Public Health Expenditure on Health Infrastructure in Primary Health Care Centres in FCT. 1st International Conference on Socio-economic and Health Shocks: Policy uncertainty and the need for Institutional Reforms. Department of Economics, Faculty of Arts and Social Sciences, Gombe State University, 8th-9th December.

Ismail, Y., Musa, I., and Magaji, S. (2024). Assessment of the Impact of Government Health Expenditure on Economic Growth in Nigeria. *Journal of Arid Zone Economy* 4(3): (2024) 132 – 151. www.https://bit.ly/JazeIssue4(3)

Jafaru, Y., Magaji, S. and Abdullahi, I. A. (2024). Poverty, Family Status, and Crime: Insights from Gwagwalada, Abuja, Nigeria. *International Journal of Research Publication and Reviews*, 5(5). 6745-6755.

Magaji, S. (2008). "Family Poverty and Child Schooling in Abuja: Intervention Areas for Sustainable Development." *Nigerian Journal of Educational Administration and Planning. 8 (3). 351-367*

Magaji, S., & Adamu, A. M. (2011). "Youth Employment in Nigeria Since Independence". International Conference on Nigeria at 50. September, Abuja. Pp. 686-707

Marmot, M., Friel, S., Bell, R., Houweling, T. A., & Taylor, S. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. The Lancet, 372(9650), 1661–1669. https://doi.org/10.1016/S0140-6736(08)61690-6.

Ndako, Shaba, Y., Obansa, S. A. J, Magaji, S., & Yelwa, M. (2018). "Analysis of the Relationship between Income Inequality and Poverty Prevalence in Selected North Central States of Nigeria: *Journal of Economics and Public Finance* 4 (2), 130-142

Nnadi, C. O., &Bako, M. J. (2024). Environmental and infrastructural barriers to health in rural Nigeria: A multistate survey. International Journal of Environmental Health Research, 34(2), 78–95. https://doi.org/10.1080/09603123.2024.1189031.

Nwachukwu, J. N., &Bassey, E. T. (2024). Reimagining health systems in rural West Africa: Challenges and innovations. Journal of Global Public Health, 19(3), 47–60. https://doi.org/10.1080/17441692.2024.1170053.

Nwankwo, C. C., Eze, A. O., & Bello, I. M. (2024). Environmental determinants of health in rural Nigerian communities: A multidimensional assessment. African Journal of Environmental Health, 18(2), 101–117. https://doi.org/10.4314/ajeh.v18i2.101.

Ojo, R. A., & Salami, F. K. (2022). Burden of communicable diseases in rural Southwestern Nigeria: A community-level analysis. Nigerian Journal of Health and Social Sciences, 14(3), 203–215. https://doi.org/10.4314/njhss.v14i3.203.

Okafor, U. T., & Ibrahim, Y. M. (2022). Healthcare access and disease burden in rural Nigeria: A critical review. Nigerian Journal of Medicine and Health Policy, 29(4), 345–358. https://doi.org/10.2147/njmhp.v29i4.345.

Oladimeji, K. A., Yusuf, M. R., &Olayiwola, O. J. (2022). Understanding health inequalities in Nigeria: A focus on rural communities. African Journal of Social Health, 14(1), 85–93. https://doi.org/10.4314/ajsh.v14i1.85.

Usman, A., Ahmed, R., & Bello, H. (2022). Spatial Inequality and Rural Marginalisation in Northern Nigeria. African Review of Development Studies, 17(1), 58–70. https://doi.org/10.4314/ards.v17i1.58.

World Health Organisation. (2023). Primary health care and rural health equity: Bridging the gap. Geneva: WHO Press. https://www.who.int/publications/i/item/9789240076543.

Yakubu, J., Magaji, D. A. & Magaji, S. (2025). Assessing The Socio-Economic Impact of Climate Change and Poverty in Birnin Kudu Local Government, Jigawa State, Nigeria. *African Journal of Social Sciences and Humanities Research*, 8(2), 11-31

Yusuf, A. M., &Nwachukwu, B. C. (2024). Health Challenges and Healthcare Accessibility in Rural Northern Nigeria Journal of Rural and Community Health, 10(1), 41–58. https://doi.org/10.21745/jrch.v10i1.004.

Zailani, H. S., Magaji, S., Jafaru, Y. (2025). Examining the methods in achieving effective conflict resolution and peace-building in North East Nigeria. *GAS Journal of Arts, Humanities and Social Sciences* (GASJAHSS). 3(5), 12-18.