Lead City Journal of the Social Sciences (LCJSS)

Volume 6, Number 1, June 2021
ISSN: 2449092X

Contents

COVID-19 Pandemic and Education Sector in Nigeria: An Overview
T.O. Adeyeye, Akeem A. Ganiyu and Amusat K. Kolawole

The Problems and Prospects of Housing Development in Ado-Ekiti, Ekiti State, Nigeria
Lawal A.O., Akerele E.O., Lawal J.B. and Odufuwa B.A.

Relationship between Performance Appraisal and Organizational Productivity among Employees in Southwest Nigeria
Ojo Adeshina Akinwumi and Jane Roli Adebusuyi

Academic Staff Union, Academic Disruption and Sustainable Industrial Harmony in selected Nigerian University, Ibadan Nigeria
Akinbo T. M. and Kehinde I.

Macroeconomic Variables and Balance of Payments Dynamics in Nigeria: Evidence from Time Series Data
Okwu Andy Titus, Edy-Ewoh Uduakobong, Obiakor Rowland Tochukwu, Akpa Emeka Okoro and Agbelusi Damilola Aderonke

Prioritizing Fundamental Rights for a Non-discriminatory Society: Querying Albinism Rights in Southwest, Nigeria
Alao Bukola Adenike and Akinbohun Ayomide

External Business Environment and Organizational Performance of Workers in Spectra Industries Limited, Lagos state, Nigeria
Sanya Esther A. Olanrewaju and Adewale Olutoyin Adejumoke

Politics of Mobilisation of Security Agents to Conflict Areas and Extra Judicial Killings
Aaron Ola Ogundiwin and Adekunle Fiyinfoluwa

Early Childhood Education in Nigeria: A Commendable Reality or a Mirage?
Toyin Oyedeji and A. W. Adewole

Competitive Strategy and Revenue of Listed Manufacturing Firms in Nigeria Competitive Strategy and Revenue of Listed Manufacturing Firms in Nigeria (2010 – 2019)
Solomon Adejare Babarinde, Adeyemi Omolade Sunday, Adeyemi Oluwatoyin Damilola and Lawal Olabisi Oluwaseyi

Local Government Administration and Waste Management in Ikenne and Ijebu-Ode Local Governments, Ogun State
Ephraim Iwajomo and Gift U. Ntiwunka

Problems and Prospects of E-Learning in Tertiary Education in Nigeria: A Panacea to Covid-19 Pandemic
Ileuma Senimetu and Ojoogun Kayode Musibau

Covid-19 Revenue Generation and Alternative Funding in Ikenne Local Government, Ogun State, Nigeria
Ezedikachi N. Eze-Michael

Health Communication through Socio-Emotional Wellbeing as Predictor for Successful Healthcare Delivery among People in Oyo Town
Ologele Ibrahim, Ibrahim Abdullahi and Ogunsola Mufutau T.

Health Planning in Nigeria
Joel Ugochukwu Nsofor

Entrepreneurship Development and Its Effect on Employment Generation
Sanya Esther A. Olanrewaju and Folorunsho Idiat Titilayo

The Nexus between Knowledge Absorption and Organizational Performance: A Study of Kresta Laurel Company in Lagos State, Nigeria
Shonubi Akeem Olalekan and Odunlami Samuel Abimbola

Econometric Analysis of Households Cooking Energy Consumption in Chikun Local Government Area of Kaduna State, Nigeria
Obele Tolulope Elorhor

Gas Flaring and Its Attendant Negative Impact on Ilaje Local Government Area of Ondo State, Nigeria
Orogbemi Elias Olajide

Gender, Rurality and Higher Education: Implications for Generational Inequality in Nigeria
Adepeju Aderogba-Oti

Taxation and Economic Development as a Panacea for Conflict Management: Nigeria as a Case Study
Adesiyan Victor A. and Adeleye Ayobami

Lead City Journal of the Social Sciences (LCJSS)

Faculty of Social and Management Sciences
Lead City University, Ibadan

ISSN: 2449092X

Volume 6, Number 1, June 2021

Editor-in-Chief: Prof. Omolara Campbell
Executive Editor: Dr. Tunde Oseni

Associate Editors
Dr. Lanre Sanya
Dr. Tosin Adesina
Dr. Femi Badru

International Advisory Board
Prof. Jide Owoeye – Lead City University, Ibadan
Prof. Audrey Gazekpo – University of Ghana, Legon
Prof. O.A. Ogunbameru – Obafemi Awolowo University, Ile-Ife
Prof. Toyin Falola – University of Texas, Houston
Prof. Adigun Agbaje – University of Ibadan, Ibadan
Dr. Iyabo Masha – International Monetary Fund, Washington DC
Prof. Adebayo Olukoshi – International Institute for Democracy and Electoral Assistance (International IDEA), Sweden, based in Addis-Ababa
Dr. Sade Ayorinde – ACBF, Zimbabwe
Mr. Yomi Alawode – World Bank, Washington DC
Prof. Nosa Owens-Ibie – Caleb University, Lagos
Prof. Alaba Ogunsanwo – Lead City University, Ibadan
Prof. Juliet Elu – Moorehouse College, Atlanta

Correspondence
The Editor-in-Chief
Lead City Journal of the Social Sciences (LCJSS)
Faculty of Social and Management Sciences
Lead City University, Ibadan, Nigeria
lcjss@lcu.edu.ng, lcjsseditor@gmail.com, lcjssdeputyeditor@gmail.com
+2348033419512, +2348161198400

Online Version
www.lcu.edu.ng, www.academix.ng, www.googlescholar.com

Printer
College Press
3, Baale Moasderin Road, Jericho G.R.A. Ibadan
+2348036694838 , +2348023539923

Graphic Design
Green Acres Project
Plot 3 & 4, Greenview Layout, Aba Odo, Off Ibadan-Oyo Expressway, Ibadan
greenacresproject@gmail.com, +2348085677840

Contents

COVID-19 Pandemic and Education Sector in Nigeria: An Overview
T.O. Adeyeye, Akeem A. Ganiyu and Amusat K. Kolawole 1

The Problems and Prospects of Housing Development in Ado-Ekiti, Ekiti State, Nigeria
Lawal A. O., Akerele E. O., Lawal J. B. and Odufuwa B. A. 6

Relationship between Performance Appraisal and Organizational Productivity among Employees in Southwest Nigeria
Ojo Adeshina Akinwumi and Jane Roli Adebusuyi 12

Academic Staff Union, Academic Disruption and Sustainable Industrial Harmony in selected Nigerian University, Ibadan, Nigeria
Akinbo T. M. and Kehinde I. 17

Macroeconomic Variables and Balance of Payments Dynamics in Nigeria: Evidence from Time Series Data
Okwu Andy Titus, Edy-Ewoh Uduakobong, Obiakor Rowland Tochukwu, Akpa Emeka Okoro and Agbelusi Damilola Aderonke 25

Prioritizing Fundamental Rights for a Non-discriminatory Society: Querying Albinism Rights in Southwest, Nigeria
Alao Bukola Adenike and Akinbohun Ayomide 39

External Business Environment and Organizational Performance of Workers in Spectra Industries Limited, Lagos State, Nigeria
Sanya Esther A. Olanrewaju and Adewale Olutoyin Adejumoke 45

Politics of Mobilisation of Security Agents to Conflict Areas and Extra Judicial Killings
Aaron Ola Ogundiwin and Adekunle Fiyinfoluwa 55

Early Childhood Education in Nigeria: A Commendable Reality or a Mirage?
Toyin Oyedeji and A. W. Adewole 64

Competitive Strategy and Revenue of Listed Manufacturing Firms in Nigeria Competitive Strategy and Revenue of Listed Manufacturing Firms in Nigeria (2010 – 2019)
Solomon Adejare Babarinde, Adeyemi Omolade Sunday, Adeyemi Oluwatoyin Damilola and Lawal Olabisi Oluwaseyi 71

Local Government Administration and Waste Management in Ikenne and Ijebu-Ode Local Governments, Ogun State, Nigeria
Ephraim Iwajomo and Gift U. Ntiwunka 79

Problems and Prospects of E-Learning in Tertiary Education in Nigeria: A Panacea to Covid-19 Pandemic
Ileuma Senimetu and Ojoogun Kayode Musibau 91

Covid-19 Revenue Generation and Alternative Funding in Ikenne Local Government, Ogun State, Nigeria
Ezedikachi N. Eze-Michael 99

Health Communication through Socio-Emotional Wellbeing as Predictor for Successful Healthcare Delivery among People in Oyo Town
Ologele Ibrahim, Ibrahim Abdullahi and Ogunsola Mufutau T. 112

Health Planning in Nigeria
Joel Ugochukwu Nsofor 118

Entrepreneurship Development and Its Effect on Employment Generation
Sanya Esther A. Olanrewaju and Folorunsho Idiat Titilayo 123

The Nexus between Knowledge Absorption and Organizational Performance: A Study of Kresta Laurel Company in Lagos State, Nigeria
Shonubi Akeem Olalekan and Odunlami Samuel Abimbola 131

Econometric Analysis of Households Cooking Energy Consumption in Chikun Local Government Area of Kaduna State, Nigeria
Obele Tolulope Elorhor 142

Gas Flaring and Its Attendant Negative Impact on Ilaje Local Government Area of Ondo State, Nigeria
Orogbemi Elias Olajide 157

Gender, Rurality and Higher Education: Implications for Generational Inequality in Nigeria
Adepeju Aderogba-Oti 165

Taxation and Economic Development as a Panacea for Conflict Management: Nigeria as a Case Study
Adesivan Victor A. and Adeleye Ayobami 174

Health Communication through Socio-Emotional Wellbeing as Predictor for Successful Healthcare Delivery among People in Oyo Town

[1]Ologele Ibrahim, [2]Ibrahim Abdullahi and [3]Ogunsola Mufutau T.
[1]Department of Health Promotion and Environmental Health Education
University of Ilorin, Ilorin, Nigeria
ologele2010@gmail.com
[2]Kwara State College of Education, Ilorin, Nigeria
opeloyeru75@gmail.com
[3]Physical and Health Education Department,
Emmanuel Alayande College of Education, Oyo, Nigeria
ogunsolamt2006@gmail.com

Abstract
The purpose of the study was to examine the degree to which health communication through socio-emotional well-being predicted successful healthcare delivery system. The variables used were social, emotional and socio-emotional well-being. The target population were people of Oyo town. Six hundred respondents were used as samples. Stratified random sampling technique was used for choosing respondents across different working groups who were beneficiaries of healthcare delivery and incidental random sampling procedure was used to select respondents participated in the study in order to make sure that all the target population has equal chance to participate in the study. Three null hypotheses were formulated and tested. The instrument used for data collection was the researchers' structured and developed questionnaire which was validated by three experts in the field of Physical and Health Education. Its reliability was established through test re-test method, using the Spearman-Brown rank order correlation which gave the coefficient of 0.83. The data collected were analysed using Pearson.product-moment correlation. The three null-hypotheses were rejected. This implied that health communication through socio-emotional well-being predicted successful healthcare delivery among people in Oyo town. Recommendations made include that, health communicators should respect and recognise the opinions of the receivers through positive interpersonal relationship so that the message will be properly comprehended and acted upon accordingly; and try as much to put his or her anger under control, in order to attract the attention of the audience to the health message presented for meaningful interpretation and corresponding action.

Keywords: *Health, Communication, Wellbeing, Healthcare Delivery, Predictor*

Introduction
Communication is the act of interaction between two or more people through a channel to send a message and get feedback is very important in carrying out healthcare delivery system. In health communication, different behaviours are involved, namely; aggressive, assertive and passive. Each of these behaviours has a different impact on the extent to which a goal is achieved. Despite the knowledge of the implication of each behaviour on healthcare delivery system, the choice of behaviour is highly influenced by socio-emotional conditions of the communicator and the receiver.

Health policy focuses more than ever on health education for behaviour change and outcome measures for physical health status. This is at odds with contemporary health promotion and health education, which frame health as a resource for everyday life and indicate that the evaluation of strategy should measure broader aspects of health rather than just physical aspects. Health communication is the study and practice of communicating promotional health information, such as in public health campaigns and health education. Health communication can be defined as channels broadly as a delivery system for messages to reach intended audiences (Beato, Ricardo, & Telfer, 2010). The ideas about health and behaviours are shaped by the communication, information, and technology that people interact with every day. Health and wellness information, communications, and technology infrastructure are vital in advancing the health and well-being of individuals and communities across nations (Georgy & Chukumati, 2020).

Health communication according to Wikipedia (2019) is defined as the act of communicating promotional health information, such as in public health campaigns, health education and between

doctor and patient. Personal health choices and health literacy are influenced in the process. Effective health communication must be tailored for the audience and the situation. Health communication needs varieties of channels to allow health messages impact change on people's knowledge, attitudes and behaviours, (Centers for Disease Control and Prevention (CDCP) and The National Cancer Institute, (2019); Rural Health Information Hub (2019).

Research into health communication seeks to refine communication strategies, inform people about ways to enhance health and how to avoid specific health risks. Effective health communication processes have the potential to improve health care quality and safety of every individual, increase the efficiency of health care and public health service delivery to patients or clients, improve the public health information infrastructure and support care in the community and at home (Riccardi, Mostashari, Murphy, Daniel, & Siminerio 2013).

Health communication may variously seek to increase audience knowledge and awareness of a health issue like the way one appreciates things that determine how one manages stress which is one major silent killer. It influences behaviours and attitudes towards an individual lifestyle such as exercise (physical activates), nutrition, substance (alcohol, drug and cigarette) intake, healthy sexual life. Communication demonstrates healthy practices needed to help the individuals, groups and communities to understand their lives (Georgy & Chukumati, 2020).

Health communication relies on strong interpersonal communications in order to influence health decisions and behaviours. The most important of these relationships are the connection and interaction between an individual and their health care provider (e.g., physician, therapist, and pharmacist) and an individual's social support system (family, friends, community). These connections can positively influence the individual's decision to make healthy choices (Freimuth, Vicki & Quinn 2004; Georgy & Chukumati, 2020).

Influential to communication are eye contact, body language, tone of the voice and facial expression. United State Development of Health and Human Services (2019) and Agency for Healthcare Research and Quality (2019) revealed that the behaviour with which one communicates is the key factor of what one tries to put across. Communication behaviours according to Sherman (2015) and Ivanov (2015) are named as aggressive, assertive and passive. Aggressive communicators act angrily to hurt someone by engaging in personal attacks to get their needs met through power and control. They always feel angry, superior and have no respect for others' opinions. Hennessy (2015) and Benedict (2015) described assertive communication as the type that respects the communicator and the receiver's rights and opinions. This behaviour helps the individuals to maintain relationships and usually end in a win-win situation. Passive communication behaviour as explained by Adubato (2014) and Whiston (2014) involves internalizing one's discomfort to avoid conflict and to be liked by others. Passive communicators always avoid eye contact, show anxiety, depression and confusion.

The choice of communication behaviour is situational and socio-emotionally based. California Infant/Toddler Learning and Learning Development Foundations (2019) described socio-emotional well-being as the ability to identify and understand one's feelings; accurately read and comprehend emotional states in others; manage strong emotions and their expression constructively; regulates one's behaviour; have empathy for others; establish and maintain relationships. Brotto (2018) stated that socio-emotional ability is said to be the indicator of a healthy person that adjust to his/her environment; adapt to change and ultimately how successful a person will be in achieving the set goals.

Healthcare delivery system has specific objectives to achieve. World Health Organization (2019) and Wikipedia (2019) revealed that healthcare delivery system is meant to keep people healthy, illness-free and find cures for diseases at cost-effective and meeting pre-established standards of quality and equity. Healthcare system is referred to as the organization of people, institutions and resources that deliver healthcare services to meet the needs of the target populations.

Health communication to deliver healthcare services must be clear, simple to comprehend with respect and recognition for the communicator and receiver. Bymes (2013) stated that communication is a social process involving interaction with others. Amold and Murphy (2013) and Gkonou and Mercer (2017) claimed that effective communication hinges on the communicator's capacity for social and emotional connectedness and the ability to create a positive relationship. It is added that communicator-receivers relationships are central to successful deliverance of healthcare delivery system. World Health Organisation (2019) stated that delivering a successful healthcare system needs harmonious working condition.

Statement of the Problem

Oyo town is made up of people with different socio-emotional background whose behaviours differ

Aside, the major objective of healthcare delivery is to make people live a healthy life, not minding the individual's behaviour. Health communicator needs to realize that communication behaviour should be situational and tailored towards the understanding of the audience. Healthcare delivery system needs different communication behaviours. Assertive for reproductive health issues because the two parties need to respect and recognize the opinions of each order, so that right decision and action are taken; aggressive for environmental sanitation due to deviant behaviour of people that may deserve power and control to get the goal achieved and passive for emergencies such motor accident, fainting and burns, where attempt to render first aid can make one forgets his/her health problem. Health communicators need to be well connected, respected and trusted by the receivers to have belief in the health messages presented and act appropriately. The researchers' observed that poor communication of health workers on health issues presented by the health beneficiaries in the study area reduced the number of people visit some of the health care centres in the area. Some community members change hospital and some decided to visit providers of traditional medicine. Using of unapproved and unscientific product for health care increasing the number of people affected with communicable and non-communicable diseases in the study area. Since the degree of interaction and mood correlate with the level of understanding and belief, the study, therefore, examined the degree to which health communication through socio-emotional well-being predicted successful health care delivery system among the target population in the study area. To the best of my knowledge, no study conducted on the topic in the study area and findings derived from the study will be used to make recommendation(s) for improvement

Purpose of the Study

This study purposely examined the degree to which health communication through socio-emotional well-being predicted successful healthcare delivery among people in Oyo town.

Research Questions

The following research questions were raised:

1. Would exhibition of positive social indices in health communication predict successful healthcare delivery system among people in Oyo town?
2. Would exhibition of positive emotional indices in health communication predict successful healthcare delivery system among people in Oyo town?
3. Would exhibition of positive socio-emotional indices in health communication predict successful healthcare delivery system among people in Oyo town?

Research Hypotheses

The following hypotheses were formulated and tested:

1. Exhibition of positive social indices in health communication would not significantly predict successful healthcare delivery system among people in Oyo town.
2. Exhibition of positive emotional indices in health communication would not significantly predict successful healthcare delivery system among people in Oyo town.
3. Exhibition of positive socio-emotional indices in health communication would not significantly predict successful healthcare delivery system among people in Oyo town.

Methodology

Descriptive research survey method was used for the study. The target population for the study comprised of residents of Oyo town which made up of three local governments; Atiba local government has population of 169,702, Afijio local government has population of 134,173 and Akinyele local government has population of 211,359 and the total population of the residents in the study area are 515,234. Stratified random sampling technique was used to select respondents participated in the study based on their occupation. The teachers participated in the study were met at their various schools, artisan were met at their workshop and market women were met in the market. Incidental sampling procedure was used to select two hundred teachers from schools, two hundred artisan and two hundred market women were also selected. Six hundred (600) respondents participated in the study. The instrument used for data collection was the researcher's structured and developed questionnaire which had been given to three experts in the field of Physical and Health Education for validation. The comments and suggestions made were used to improve the quality of the research instrument. The reliability of the instrument was established using a test-retest method, twenty copies of the questionnaire administered on twenty respondents selected from Ogbomoso town outside the study area. Two weeks after, the questionnaire re administered and Spearman-Brown rank order correlation was used to ascertain the reliability of the instrument. The result of 0.83r was obtained which was consider high enough for the study. The researchers administered the instrument

with the aid of three trained research assistants. to establish its reliability. Administration, billing and collection of questionnaire forms were done with the help of research assistants. Inferential Statistic of Pearson product-moment correlation was used to test the result of stated hypotheses at 0.05 level of significance.

Results

The data collected were analysed and interpreted as presented underneath:

Hypothesis 1: Exhibition of positive social indices in health communication would not significantly predict successful healthcare delivery system among people in Oyo town.

Table 1: Pearson's (r) showing a significant level of health communication through exhibition of positive social indices on successful healthcare delivery system.

Variables	N	Df	Crit value	R	Sig (2 tailed)	Alpha Level	Decision
Health communication through Positive social indices and health care delivery system	600	598	0.117	0.671	0.041	0.05	Ho1 Rejected

Table 1 showed calculated r-value of 0.671 with significant probability value (p-value) of 0.041, computed at an alpha level of significance of 0.05 is greater than the critical value of 0.117. Since the calculated r-value of 0.671 is greater than the critical value of 0.117, the null–hypothesis was rejected. This showed that health communication through exhibition of positive social indices was capable of delivering successful healthcare system among people in Oyo town.

Hypothesis 2: Exhibition of positive emotional indices in health communication would not significantly predict successful healthcare delivery system among people in Oyo town.

Table 2: Pearson's (r) showing a significant level of health communication through exhibition of positive emotional indices on successful healthcare delivery system.

Variables	N	Df	Crit value	R	Sig (2 tailed)	Alpha Level	Decision
Health communication through positive emotional indices and health care delivery system	600	598	0.117	0.543	0.037	0.05	Ho3 Rejected

Table 2 revealed the calculated r-value of 0.543 with significant probability value (p-value) of 0.037, computed at 0.05 alpha level of significance. Since the calculated r-value of 0.543 is greater than the critical value of 0.117, the null-hypothesis was rejected. By implication, it meant that health communication through display of positive emotional indices has the potential of predicting successful healthcare delivery system among people in Oyo town.

Hypothesis 3: Exhibition of positive socio-emotional indices in health communication would not significantly predict successful healthcare delivery system among people in Oyo town.

Table 3: Pearson's (r) showing a significant level of health communication through exhibition of positive socio-emotional indices on the healthcare delivery system.

Variables	N	Df	Crit value	R	Sig (2 tailed)	Alpha Level	Decision
Health communication through Positive socio-emotional indices and health care delivery system	600	598	0.117	0.522	0.043	0.05	Ho3 Rejected

As shown in table 3, the calculated r-value of 0.522 is greater than the critical value of 0.117 with significant probability value (p-value) of 0.043, computed at an alpha level of significance of 0.05. Since the

calculated r-value of 0.522 is greater than the critical value of 0.117, the null-hypothesis was rejected. This meant that exhibition of positive socio-emotional indices in health communication had the potential of influencing successful healthcare delivery system among people in Oyo town.

Discussion of Findings

The finding on hypothesis 1 revealed that health communication through positive exhibition of social indices was significant in predicting successful healthcare delivery system. This is because, the ability to display positive social indices such as friendliness, respect and recognition of others opinions, confidence and accommodativeness by the health communicator enables the receivers to trust the message and act appropriately. Hennessy (2015) and Benedict (2015) claimed that health communication behaviour which respects the communicator and the receiver's rights and opinions as well as maintaining relationships always enhance successful healthcare delivery system because of its ability to end in win-win situation.

On hypothesis 2, the finding showed significant capability of health communication through exhibition of positive emotional indices such as avoiding anxiety, depression, fear and confusion in predicting successful healthcare delivery among people in Oyo town. This implied that emotionally balanced health communicator needs to communicate without over aggression and choose health communication behaviour appropriate to the healthcare issue in the system. This finding corroborates Califonia Infant/ Toddler Learning and Learning Development Foundations (2019) which described emotional well-being as the ability to identify and understand one's feelings; accurately read and comprehend emotional states in others; manage strong emotions and their expression constructively; regulates one's own behavior; empathy for others; establish and maintain relationships.

The result obtained on hypothesis 3 indicated significant ability of exhibition of positive socio-emotional indices in health communication to predict successful healthcare delivery system among people in Oyo town. In line with this finding, Brotto (2018) asserted that socio-emotional ability is the indicator of well a person adjust to his/her environment; adapt to change and ultimately how successful a person will be in achieving the set goals. Also, Amold and Murphy (2013) and Gkonou and Mercer (2017) claimed that effective communication hinges on the communicator's capacity for social and emotional connectedness and the ability to create a positive relationship. They added that communicator-receivers relationships are central to successful deliverance of healthcare delivery system.

Conclusion

From the findings above, it can be concluded that exhibition of positive social and emotional indices singularly and combined in health communication predicted the degree of successful healthcare delivery system among people in Oyo town.

Recommendations

Based on the conclusion, it was therefore recommended that health communicators should:

- respect and recognise the opinions of the receivers through positive interpersonal relationship, so that the message will be properly comprehended and acted upon accordingly;
- try as much to put his or her anger under control, to attract the attention of the audience to the health message presented for meaningful interpretation and corresponding action; and
- be socio-emotionally coordinated by exhibiting positive interpersonal relationship and avoiding anxiety, depression, frustration and confusion. This will enable the health communicator to make appropriate choice of health behaviour according to the situation and audience during healthcare delivery system process.

References

Adejuwon, G.A. & Oki, S. (2011), Emotional well-being of orphans and vulnerable children in Ogun state orphanages Nigeria: predictors and implications for policy. www.ajal.inf. Retrieved on 01/06/2019.

Adeleye, D. (2017). Health workforce and governance: the crises in Nigeria. https:/human resources health biomedical. Retrieved on 01/06/2019.

Adubato, S. (2014). Assertive versus aggressive communication. https://en.m.wikipedia.org>wiki. Retrieved on 24/05/2019

Agency for Health Research and Quality (2019). Factors affecting health literacy. www.erieniagaratec.org>topicfactor. Retrieved on 24/05/2017

Amold, J. and Murphy, T. (2013). Meaningful actions early Stevick's influence on language teaching. www.tanfonline.com. Retrieved on 14/04/2019.

Beato, P. Ricardo, R., & Jana –Telfer. (2010). Journal of Environmental Health. 73 (1): 24–25. Retrieved 24 March 2013. http://www.natcom.org/Tertiary.aspx?id=236&terms=health%20communication

Benedict, C. (2015). Assertiveness and the four styles of communication. https://wn.m.wikipedia.org > wiki. Retrieved on 24/05/2019.

Erotto, G. (2018). The future of education depends on social-emotional learning. www.edsurge.com. Retrieved on 2/04/2019.

Bymes, H. (2013). Renting language in the ownership of society. www.tandfonline.com. Retrieved on 14/04/2019.

California Infant/Toddler Learning & Learning Development Foundation. (2019). The socio-emotional development. www.cde.ca.gov. Retrieved on 24/05/2019.

Centres for Disease Control and Prevention and the National Cancer Institute. (2019). health communication. https://em.m.wikipedia.org > wiki> health.

Freimuth K.Y., Vicki, S., & Sandra C. Q., (2004). The Contributions of health communication to eliminating health disparities American Journal of Public Health. 94 (12): 2053–2055. doi: 10.2105/ajph.94.12.2053. PMC 1448587

Georgy, O. O. & Chukumati, C. N. (2020) Effective Communication Strategies in Health Education and Promotion. Trends in Educational Studies Journal, 12, 2, 32-39

Gkonou, G. and Mercer, S. (2017). Understanding emotional and social intelligence among English Language teachers. ELT-research paper, 17.03, (Google Scholars).

Hennessy, K. (2015). Assertive communication, https://enim.wikipedia.org. Retrieved on 24/05/2019.

Ivanov, M. (2015). Behavioral communication debrief. Https://www.researchgate.net>publication Retrieved on 24/04/2019.

Ministry of local Government and Chieftancy Affairs (2019). Oyo State Local Government. Available at https://oyostate.gov.ng/ministry-of-local-government-and-chieftaincy-matters/detailed-information-of-the-33-local-governments-in-brief/. Retrieved on 05/02/2020.

Ogunrin, F. O. (2007). Motivating Nigerian Doctors for improved healthcare delivery. www.emeraldinsight.com. Retrieved by 01/06/2019.

Okin-Alabi, O. (2017). Health communication. the responsibility of the media in Nigeria. www.researchgate.net. Retrieved on 01/06/2019.

Okpara, N. (2014). Health communication and emphasis and the role of media in promoting health message Nigeria. www.researchgate.net. Retrieved on 01/06/2019.

Riccardi, L., Mostashari, F., Murphy, J., Daniel, J. G., & Siminerio, E. P. (2013). National Action Plan to Support Consumer Engagement via E-Health. Health Affairs. Feb; 32(2): 376–84. Available from: http://content.healthaffairs.org/content/32/2/376.abstract

Rural Health Information Hub. (2019). Health communication. https://en.m.wikipedia.org>wiki. Retrieved on 24/05/2019.

Shermon, R. (2015). Understanding your communication style. https://en.m.wikipedia.org>wiki. heal Retrieved on 24/05/2019.

United State Development & Human Services. (2019). Factors affecting health literacy. www.erieniagaahec.org.topic.factor. Retrieved on 24/04/2019.

Whitson, S. (2014). Passive-aggressive vs assertiveness. https://em.m.wikipedia.org.wiki. Retrieved on 24/05/2019.

Wikipedia. (2019). Effective health communication. www.en.m.wikipedia.org. Retrieved on 01/06/2019.

Wikipedia. (2019). Factors that influence communication. https://en.m.wikipedia.org>wikihealth

World Health Organization (2019). Health system service delivery https://www.whointotopicsdelivery Retrieved on 30/05/2019.

World Health Organization. (2019). Health system service delivery. www.who.int.topicsRetrieved on 30/05/2019.