

EFFECTS OF UNICEF PROMOTED COMMUNITY DIALOGUE ON THE ATTITUDE OF FARMERS TOWARDS MALARIA PREVENTION AND CONTROL IN IMO STATE NIGERIA

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ABSTRACT

The study determined the effect of UNICEF promoted traditional communication patterns on the attitude of farmers towards malaria prevention and control in Imo State Nigeria. Two groups of respondents were selected from four Local Government Areas of the State. First was a group that participated in a UNICEF communication project (the community dialogue) and another was a group that never participated in the community dialogue. Two hundred (200) respondents were selected from each group. A set structured questionnaire was used to collect data from the respondents. Result of the t-test showed that UNICEF promoted health messages had positive effects on the attitude of the participants towards malaria prevention and control practices.

Key Words: Attitude, Farmers, Community Dialogue, Malaria, Communication

INTRODUCTION

Sub-Saharan Africa is the most troubled geographical area in the fight against malaria, HIV/AIDS, tuberculosis and other world's ailments. The region has the highest rate of child mortality (an average of 1 in every 6 children dies, before the age of five), managing to reduce the burden of child mortality by only 14 % between 1990 and 2006 (UNICEF 2008). Malaria is a prime cause of low birth weight in new born, anemia and infant deaths. UNICEF (2008) noted that malaria causes more than a million deaths each year in Africa. It buttressed that in sub-Sahara Africa alone more than 2,000 children under five die in a day from malaria, while thousands more die due to anemia and fever. For instance, Malaria is a major public health problem in Nigeria, accounting for about 60% of all outpatient attendances and 30% of all hospital admissions. It is estimated that malaria is responsible for nearly 110 million clinical cases and an estimated 300,000 deaths per year, including up to 11% of maternal mortality. Approximately, ₦132 billion is lost to malaria annually resulting from treatment costs, prevention, loss of man hours etc (Federal Ministry of Health, 2007).

WHO (2007) regretted the persistence of malaria in Africa despite the availability of various free to low cost interventions to address its major causes. It listed these interventions to include hygiene promotion, micro nutrient supplementation, use of insecticide-treated mosquito nets and therapeutic treatment with cheap and effective medicine.

Figuroa *et al* (2002) stated that the adoption of those interventions require individual adoption of new behaviour with social influence which is achieved through effective communication. Unfortunately over 50% of the world's population live in communities where the language of communication is alien to the people and rarely, if ever, used at home. This underscores the biggest challenge to achieving effective health intervention. This creates a legacy of non-productive practices that lead to low levels of learning and high levels of susceptibility to the world's most dreaded infection. Figuroa *et al* (2002) regretted that most communication approaches adopted to communicate health interventions are individual approaches. Such communication approaches are linear, one-way process from the source to the receiver usually with the intent of having an effect on individual receivers. Modern

communication media which are mostly used to disseminate information on health interventions are dissatisfying. They emphasize on the audience as individual objects rather than as a social object and do not create relationship effect and mutual understanding among participants in the communication network.

Chiovolon (2007) indicated that effective health communication initiations must adopt an audience centered perspective. This means that promotion and communication activities must respect audience preferred formats, channels, and contexts. He reiterated that public health education campaign must be conceptualized and developed by individuals with specific knowledge of the cultural characteristics, media habits and language preference of the intended audience. He further postulated that direct translation of exotic and alien health information materials follow the top down approach, and advocated for the use of the traditional media practices of each communicating group. The traditional communication pattern is audience centered and reflects the realities of audience everyday lives and their current practices, attitudes, specific audience characteristics such as gender, age, education and income levels, sexual orientation, ethnicity, cultural beliefs and values, primary language and mental functioning. Equally, the modern mass media do not have wide coverage of the rural communities. In their study of the effectiveness of the television on the dissemination of HIV/AIDS messages, Odoemelam and Nwachukwu (2011) reported that broadcasting facilities were not available in those communities and television signals were very poor for the spread of HIV/AIDS related information and other health messages.

UNESCO (2007) argued that illiteracy does not directly contribute to the spread of the human-immunodeficiency virus (HIV). Meanwhile, as illiterate women and men cannot read or write, they remain unaware of many issues affecting them that are increasingly being communicated through printed materials. Not only that messages on issues concerning the rural people are not communicated using the appropriate media, often the modern mass media do not have adequate coverage of the rural areas. For instance, in his study on the effectiveness of Newspaper in eliciting appropriate behaviour change among rural dwellers, Ifenkwe (2008) discovered that compared to nutrition, health, population/ family planning, environmental quality, road construction/maintenance and electrification the print media (Newspaper) has very narrow coverage of agricultural and rural development issues. People in ethno-linguistic communities are vulnerable to HIV/AIDS, malaria and other diseases due in part to the lack of essential information in the mother tongue. Buttressing this, Adeniji (2010) wrote that ICT has witnessed an upsurge in recent years in almost all areas of rural life in several African countries. He reiterated that ICTs have the capacity of impacting on the way of life of all people including farmers due to its fast development and vast application. He however regretted the persistence of problems such as access, connectivity, literacy, content and cost. For instance most farmers do not own cell phones. This then implies that indigenous communication remains the best option for the rural people.

Information presented in local languages that discuss hygiene, nutrition, and the prevention and treatment of diseases have proven to be effective in improving general health and life expectancy. The availability of culturally-relevant information dispels misconceptions surrounding Malaria and other health challenges such as HIV/AIDS and brings about appropriate attitude towards them. The purpose of this study was to determine the effects of UNICEF promoted traditional communication patterns on the attitude of farmers towards malaria prevention and control in Imo State, Nigeria

METHODOLOGY

The study was carried out in Imo State Nigeria. Imo State is in the South-east geopolitical zone of Nigeria. The state lies between latitudes 4° 5' and 6° 5' North of Equator and Longitudes 6° 30' and 8° 9' east of greenwich meridian. Two Local Government Areas that

participated in UNICEF health intervention project (Ehime Mbanjo and Ideato North) and two that never participated (Okigwe and Onuimo) were selected for study. Two communities were selected from each of the Local Government Areas. This gave a total of four communities. Fifty respondents were randomly sampled from each of the selected communities. This gave a total sample size of 200 respondents for the LGAs that participated and 200 from those that never participated. Focus Group Discussion and other participatory approaches were used to obtain data from the two groups of respondents on their attitude and perceptions of issues regarding malaria prevention. A structured interview schedule was employed in recording responses collected from each of the respondents.

The level of attitude towards the health messages was categorized into two levels which are high and low. Attitude towards messages on malaria prevention was measured using a 40-item statement rated on a 5 point scale of strongly disagree= 0, disagreed= 1, undecided= 2, agreed= 3 and strongly agreed=4. A midpoint was obtained thus: $4+3+2+1+0=10 \div 5=2.00$. Based on the midpoint decision rule was: any mean score greater than or equal to 2.00 implies high level of attitude towards the malaria prevention messages, and mean score less than 2.00 denotes low level of attitude towards the messages on malaria. T-test was used to compare the level of change in attitude and behaviour between the participants in UNICEF promoted health message (community dialogue) and the other group of respondents that did not participate in the community dialogue but were assumed to have heard the health messages through the mass media sources. Where the result of the T-statistic was significant at 0.5 percent level of significance, it would be assumed that traditional communication pattern was more effective in dissemination of health messages.

RESULTS AND DISCUSSION

Level of Change in the Attitude of Participants in UNICEF Traditional Communication Patterns towards Malaria Prevention and Control

The analysis of the level of change in the attitude of participants towards malaria prevention and control after participating in the UNICEF community dialogue is shown in table 1. According to the table, with a significantly high mean score of 4.0, the respondents agreed that there is strong need for pregnant women and children to be protected from malaria attack. Also with a mean score of 3.99 there is an agreement that the use of insecticide treated bed nets can help protect the pregnant mothers and their children from malaria attack. The table also shows that the question on whether the use of insecticide treated bed net is safe and has no side effect has a mean score of 3.90, whether the use of insecticide treated bed nets is safer and cheaper than drug therapy and medicinal cure has mean acceptance of 3.97. The result of the study shows that cumulatively the level of change of attitude of the participants towards malaria prevention and control has mean score of 3.97.

Table 1: Attitude of Participants towards Malaria Prevention and Control

Attitude towards Malaria	Strongly Disagreed	Disagreed	Undecided	Agreed	Strongly Agreed	Mean
There is very strong need for pregnant women and children to be protected from malaria attack	00 (0.00)	00 (0.00)	00 (0.00)	00 (0.00)	200 (100.00)	4.00
Insecticide treated bed nets can help protect the pregnant mothers and their children from	00 (0.00)	00 (0.00)	00 (0.00)	2 (1.00)	198 (99.00)	3.90

malaria attack						
The use of insecticide treated bed nets for malaria prevention and control is safe and has no side effect	00 (0.00)	00 (0.00)	4 (2.00)	12 (6.00)	184 (92.00)	3.90
The use of insecticide treated bed nets is safer and cheaper than drug therapy and medicinal cure	00 (0.00)	00 (0.00)	00 (0.00)	6 (3.00)	194 (97.00)	3.97

Source: Field Survey, 2012

Figures in Parenthesis are percentages

The result shows a significant level of change in the attitude of the participants in the community dialogue towards malaria prevention and control practices. The result is in agreement with the assertions of Federal Ministry of Health (2008) that the design and development of a behavioural change communication (BCC) strategy is a logical step for addressing the problem of malaria in Nigeria. It stated that the strategy spelt out effective ways of using interpersonal communication, community mobilization, mass media and other social change strategies to facilitate the adoption of the principles and practices related to the roll back malaria initiative. The study equally agrees with Alisa *et al* (2004) who wrote that messages tailored to a person's specific needs and concerns are more effective in promoting changes in attitude towards diet and physical activity than are standard, nontailored mass media messages.

Effect of Traditional Communication Patterns on the Attitude of the Participants and Non-Participants in the UNICEF Promoted Health Messages towards malaria prevention and control

Data collected from two groups of respondents i.e. those who participated in UNICEF community dialogue and those who never participated were used to determine level of change in attitude. The data on attitude of respondents who participated in the communication project and those who never participated were statistically compared (Table 2) using t-statistic.

Table 2: Paired T-Test for a Difference in Attitude towards UNICEF Promoted Messages on Malaria Prevention and Control in Imo State Nigeria

Variables	Mean	Standard Deviation	t- Calculated	Table-t
Part-Attitude	3.8550			
Nonpart-Attitude	2.3105			
Nonpart-Attitude		0.21466	101.748***	2.65

Source: Field Survey, 2012

Where: Part-Attitude: Attitude of participants in UNICEF promoted Health Messages

Nonpart-Attitude: Attitude of Non-participants in UNICEF promoted Health Messages

*** = Indicates variables that are significant at

The mean score for the participants in the community dialogue was 3.8550 while that of the non participants was 2.3105. The t-calculated of 101.784 was greater than the t-tabulated value of 2.65 suggests that there is a significant difference in the attitude of the participants in the UNICEF promoted community dialogue and non participants in the community dialogue. The respondents that participated in the UNICEF community dialogue had higher level of attitude towards messages concerning malaria prevention and control than those that never participated due to their exposure to community dialogue in addition to the conventional mass media messages. The study agrees with the views of Rogers and Storey (1987) which stated that long-term behavioural change induced by mass media messages alone is unlikely to be successful among the rural audience. They proposed that only about 50 per cent of an audience will recall the media message, about half of those will understand the message, half again will accept it as relevant, half again will shift attitudes, half of those will adopt the new behaviour, half will try it, and half again will maintain the new behaviour. Mass media messages in isolation of participatory forms of communication (such as the community dialogue) usually achieve little; therefore other supportive interventions are essential. These may involve direct, personal interventions. They further asserted that behavioural change communication programmes through community dialogue motivate people either to change unhealthy behavior or to continue healthy behavior, can and have increased awareness of common reproductive health problems and have influenced attitudes and social norms and addressed myths and misconceptions. They have depicted healthy choices and their benefits. They have moved people to use contraception and to make use of family planning services and HIV testing

CONCLUSION AND POLICY RECOMMENDATIONS

Knowledge and information are basic ingredients for the reduction of infant and neonatal mortality as well as for the control of the death of pregnant mothers. Effective health information delivery requires recognition of the needs of the message recipients and the determination of how best to provide them with the information they need. Access to the right information at the right time in the right format and from the right source may shift the balance between healthy living and poor health status. It is important that any method of disseminating health information must recognize existing traditional or indigenous channels of information dissemination. It is in view of this that this study sought to determine the effects of UNICEF promoted community dialogue in the attitude of farmers towards malaria prevention and control in Imo State, Nigeria. The study shows that participants in UNICEF community dialogue demonstrated better and very high attitudinal disposition towards the UNICEF promoted messages on malaria prevention and control. The Paired T-test for difference in the attitude of participants and non participants towards the health messages showed that there was a significant difference in the attitude of the participants and non participants towards the malaria prevention messages.

Generally it was recommended that the government and other development partners such as UNICEF, UNESCO, USAID etc. should embark on intensive adult and non formal education programmes to reduce the rate of adult illiteracy especially in the rural areas so as to enhance better understanding and comprehension of health and development messages. Also media houses should most often relate sensitive and delicate health messages such as messages on HIV/AIDS prevention and control, immunisation of children, malaria prevention and exclusive breastfeeding with the local dialect. Since such messages are meant for the adult population, mostly the non literates rural dwellers.

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