

AN EFFICACY APPRAISAL OF COMMUNICATION STRATEGIES FOR MALARIA ERADICATION AMONG ANTENATAL WOMEN IN ENUGU METROPOLIS, NIGERIA

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Abstract

An evaluation of the effectiveness of communication strategies for eradicating malaria among antenatal women in Enugu metropolis, Nigeria was undertaken. Using the survey method, a sample of antenatal women in Enugu metropolis was studied. Results showed the media messages on malaria eradication were not only clearly understood by a segment of the target audience, antenatal women, but also addressed the critical questions on their minds. The messages were also educative, informative and illuminative to the target audience.

The messages employ the participatory method. Nonetheless, the messages do not produce behaviour change in the audience, nor do they prompt the audience to take the recommended actions. This paradox was attributed to poverty, which is not only linked to endemic malaria challenge, but also influenced audience response to campaigns. The study recommended increased exposure time to improve bombardment, more participatory and integrated communication rather than awareness and increased knowledge, and policy to compel women and children to sleep under insecticide-treated bed-nets.

Introduction

In Africa and other less developed parts of the world, over a million people, mostly children and women, still die of malaria each year. The global drive and investment to combat malaria include the Millennium Development Goals (MDGs) No. 5, which seeks to eradicate malaria by 2015. There is also the Roll Back Malaria Programme.

Malaria is poverty-related diseases (PRDs) in Nigeria and other less developed countries (LDCs) of Africa. Kinoti (1994: 19) remarked that:

Poverty means disease, disease means pain, inability to work and death. Africa's economy has been plagued by malaria and other numerous diseases. Most important

are infectious diseases, which are both curable and preventable, but have greatly depleted the continent. Malaria has caused untold suffering in Africa and claims something like a million African lives a year. It was once an important disease in the warmer parts of Europe and USA, but improvement in living conditions led to its disappearance.

According to the National Malaria Control Programme (NMCP, 2005), malaria constitutes a serious health challenge in Nigeria. It is responsible for 60% outpatient visit to health facilities, 30% childhood deaths, 25% of death in children and under one year, and 11% of maternal deaths (4,500 die annually). A Nigerian child is sick of malaria between 2 and 4 times in one year. About 70 % of pregnant women suffer from malaria. This contributes to cases of maternal anaemia, low birth weight, still birth, abortion and other pregnancy-related complications. The financial loss due to malaria annually is estimated at about ₦132 billion in treatment and prevention costs, loss of man-hours, among others. In 2005 a comparison of malaria with other common causes of morbidity per 10,000 cases showed that malaria alone accounted for 1,858 cases, while diarrhoea, pneumonia and measles together accounted for 1,245 cases. This underscores the need for concerted efforts by all stakeholders towards its eradication.

Sleeping under insecticide-treated bednets (ITNs) can greatly reduce deaths from malaria, especially among children and women (WHO, 2009). Yet, a reasonable number of people in Enugu have not adopted this preventive strategy of malarial reduction. This calls for effective communication strategies to drive behavior change among the target. Eneh (2009) emphasized the need for sensitization of African countries on the challenges in making health projects work. It requires effective communication strategies to reach the target audience and stakeholders. In line with this, Partnership for Transforming Health System (PATHS) designed the a model programme communication package for malaria eradication in Enugu State (Egbo, 2010).

This study was aimed at appraising the effectiveness of the communication strategies for eradicating malaria among antenatal women in Enugu metropolis. This will help in developing newer and sharper strategies that will enhance Africa's chances of meeting the health targets.

Theoretical framework

The Top-to-Bottom Approach

Nwosu (2008) conduit metaphor, "top-to-bottom" or the "hypodermic needle" approaches are the oldest communication models. They have long given way to prevalent audience interest and circumstances. According to Egbo (2010), the new communication pattern should be a departure from the usual information or enlightenment approaches to more democratic,

participatory, bottom-to-top approach. And, participatory communication is now advocated for integration into all stages of a development project/programme.

The Agenda Setting Theory

This theory describes the powerful influence of the media and its ability to state and define what issues are important in society for the masses. McCombs and Shaw (1970) observed that “the mass media force attention on certain issues. “The mass media controls what the society should think about, know about and have feelings about. An issue is important as long as it is continuously reported in the media, and ceases to be relevant the moment media attention is removed. Audiences not only learn about public issues and other matters through the media, they also learn how much importance to attach to an issue or topic through the media. The potential of the topic to affect many or few in the audience is called “issue threshold” and has a bearing on “agenda building” for people. Today, issues that constitute public matters are driven by the content of the media message. It is what the media houses choose to emphasize that becomes the topic of discussion everywhere. Hence a successful campaign on malaria eradication will depend on a sustained exposure to the media.

The Two-step Flow and the Multi-Step Flow

Okenwa (2002) wrote on the powerful “Effect Model”, also referred to as “Power theory”, which emphasize and reflects the strength of the media and the people’s perception of the strength of the media. The earliest thinking on media effects were products largely from the prevailing theoretical development in the field of sociology and

psychology. From the sociological perspectives, which emerged toward the end of the 19th century and the beginning of the 20th century, the society is perceived as highly individualistic or atomized with social ties among individuals almost completely absent. The individual members of the society were left vulnerable to powerful influences from without and had little or no tie with others in the society. There were, therefore, no mediating influences in his social system. It was the later recognition of these mediating influences that led to the modification of the all powerful media theory.

Uses and Gratification Theory

The gratification theory was developed in the 1940s, when researchers became interested in the way people engaged in various forms of media behaviours. It is a theory that is audience-centered, asking what people do with the media. It states that audience derives level of satisfaction/reward from using the media. As Lazarsfeld and Stanton (1949) noted, several typologies of mass media motives and functions have been formulated to conceptualize the seeking of gratifications as a variable that intervenes before media effects. Recent studies have revealed that a variety of audience gratifications are related to a wide range of media effects. The uses and gratification theory reveals that people seek out and use the media to gain several gratifications. Differences exist in the way individuals and group reacts to media messages.

Methodology

Study area

Enugu State was created on 27th August, 1991, with the capital city as Enugu. It belongs to the Southeast geo-political zone of Nigeria – one of the 6 zones in the country. The various campaigns on malaria eradication in the State have not resulted in expected behaviour change. Enugu metropolis was chosen for the study because of the cosmopolitan status, which harboured most of the media outfits in the State.

Instrument for data collection

Structured questionnaire was designed on a five-point Likert scale (strongly disagree 1, disagree 2, don't know 3, agree 4, strongly agree 5) and 200 copies administered to women that came for antenatal care at ESUT Teaching Hospital, Park Lane, Enug. The study captured the communication component of current malaria eradication strategies in Enugu State. Preliminary survey was carried out to ascertain the suitability of the instrument before it finalising.

Data analysis

Data obtained were arranged in percentages and frequency tables. Analysis of the data employed the calculated value (CV) and decision value (DV) technique. The DV is the neutrality point (3), while the formulae for CV is (Osuala, 2007):

$$C.V. = \frac{\sum Fx}{\sum F}$$

Where F is frequency
x is scale-point

A comparison of CV with DV showed if respondent set of opinions fell on the affirmative or negative side, thereby assisting to also test the hypotheses. Calculated values that are greater than the decision values confirmed affirmative answers, while those that fell below confirmed negative answers. CV greater than DV leads to rejection of null hypothesis, while CV less than DV meant that null hypothesis should be accepted.

Results and Discussion

Demographic data showed that 80 respondents or 40% were aged 20-30, while 120 of them or 60% were aged 31-40. There was no teenage pregnancy or child marriage. All respondents were married – no divorcee, single parent or widow. Therefore, vulnerability among them was minimal.

Twenty respondents or 10% had First School Leaving Certificate or FSLC, another 20 of them or 10% had West African School Certificate or WAEC, 80 of them or 40% had Ordinary National Diploma or OND or Nigerian Certificate in Education or NCE, and the rest 60 or 30% had Bachelor degree or Higher National Diploma. Therefore, respondents were educated enough to face the experience of pregnancy and child bearing.

Forty respondents or 20% were students, 20 of them or 10% were traders, and the rest 140 or 70% were civil servants. These were common occupations for female adults in Southeast Nigeria. The respondents hailed from all parts of Enugu metropolis: Coal camp, Iva Valley, GRA, Ogui, Asata, Maryland, New Haven, Independence Layout, Garki, Awkunanaw, Achara Layout, Abakpa-Nike, Thinkers' Corner Layout, and Emene.

However, they were not evenly distributed among these parts of the metropolis.

Respondents understand current media messages on malaria eradication, which also addresses the critical questions on their minds. The media messages on malaria provide education and the needed illumination to the target audience on the malaria eradication campaign. Also, the media messages on malaria employ the participatory method. The media messages do not produce behaviour change in the audience. The media messages on malaria eradication do not prompt the audience to take the recommended actions. To tackle this irony, more exposure time may be necessary for heavier bombardment. Also, participatory and integrated communication, rather than awareness and increased knowledge, may prove effective in bringing about behavior change.

Test of Hypotheses

A number of null hypotheses that guided the study were tested, as follows:

H₀₁: Media messages on malaria eradication are not clearly understood by the target audience.

Question 1 addressed this issue. The CV was 4.4, which $> DV$ or 3, hence, the null hypothesis is rejected, and the alternative hypothesis accepted as 'Media messages on malaria eradication are clearly understood by the target audience.'

H₀₂: The media messages address the critical questions on the mind of the target audience. Therefore, the null hypothesis is rejected.

Question 2 on the questionnaire addressed this thrust. The CV of 3.1 > 3 , showing that the answer was in the affirmative. Therefore, the null hypothesis was rejected in favour of the acceptance of the alternative

hypothesis, i.e. 'The media messages address the critical questions on the mind of the target audience.'

H₀₃: The media message on malaria eradication are not participatory in approach.

Question 3 addressed the matter. The CV was 3.1, which was > 3 , hence, the null hypothesis was rejected. The alternative hypothesis was accepted as 'The media message on malaria eradication are participatory in approach.'

H₀₄: The media messages on malria eradication do not provide education and illumination.

Question 4 of the questionnaire addressed this factor. The CV was 3.2, which is higher than DV of 3.0. Therefore, the null hypothesis was rejected. The accepted alternative hypothesis was 'The media messages on malria eradication do not provide education and illumination.'

H₀₅: The media messages do not produce behaviour change in the audience.

Question 5 addressed this matter. The CV was 2.8, which is lower than DV of 3.0. Therefore, the null hypothesis was accepted.

H₀₆: The media messages on malaria eradication do not prompt the audience to take the recommended actions.

Question 6 addressed this issue. The CV 2.7, which is lower than 3.0 - the DV. Hence, the null hypothesis accepted.

Conclusion

This survey study found that the media messages on malaria eradication were not only clearly understood by a segment of the target audience, antenatal women, but also addressed the critical questions on their minds. The messages are also educative, informative and illuminative to the target audience on the malaria eradication. Also, the media messages on malaria employ the participatory method. Yet, the media messages do not produce behaviour change in the audience, nor do they prompt the audience to take the recommended actions. This paradox may be explained by biting poverty, which appears to determine audience response to campaigns.

Recommendations

Since, the media messages on malaria eradication is right, but do not produce behaviour change in the audience, nor prompt the audience to take the recommended actions, it is ineffective. To combat this paradox, more exposure time may be tried to produce heavy bombardment effects. Participation and integrated communication, rather than awareness and increased knowledge, might prove effective in behavior change. There should be increased interactive programmes in communicating target audience of various health programmes, as this will enhance their success chances and sustainability. Policy may be made to compel pregnant women to sleep under insecticide treated nets each night.

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