

Community Radio and Health Development in Rural Cameroon: An Impact Evaluation of COL – Cameroon Link Program in Lebialem SWR, Cameroon.

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1. INTRODUCTION

Commonwealth of Learning in partnership with Cameroon Link (a Douala based non-governmental organization) conducted a needs assessment, using a rapid participatory assessment (RPA), to identify the health and social needs of the Lebialem community in 2011. Prior to this Lebialem Association for Rural Communication (LARC) had founded the Lebialem Community Radio (LCR), FM 99.7 Mhz which was broadcasting from Menji, head quarters of Lebialem Division in the South West Region of Cameroon. The assessment recommended that the station introduce health promotion and community development principles to better serve the community through radio programming. Following the recommendations the station implemented a wide variety of activities addressing different health and social needs of women and children. A program titled *Asogha legung emeh boh mua* was arrived following a brainstorming and democratic exercise. On-air, using the story telling workshop, the station worked with local health departments providing information and education about mother and child health issues. Off-air activities involved developing a range of community projects like listeners' clubs and discussions to help the poor health status of the village and increasing community welfare. In 2013 an impact evaluation was conducted on the 3 year project. The aim of this article is to present the methodology and the results of the evaluation.

1.2 BACKGROUND

1.2.1 The Project Development and Implementation

In the study, the background considerations were the Lebialem cultural and social system, and the use of the radio for empowerment. The Bangwa culture is based around the entity known as a 'compound, a traditional home setting or cluster of many houses belonging to one family head. A social system organizes and divides villages into functional communal structures that require all families and individuals to participate in communal ceremonies and activities, with all people holding different responsibilities. After the family head who leads quarters and hamlets, we have chiefs at the head of villages. The villages make up clans that are led by paramount rulers or *Fons* of different degrees: First, Second and Third class rulers. These *Fons*, chiefs or family heads are for the most part polygamist; traditionally having three to six wives and dozens of children. The competitive nature of the compounds and reliance extensively on agriculture makes women to consider child bearing and having many children as a blessing. Women deliver between six and ten children just to proof how powerful they are. The family heads take the decisions and the women and children obey.

Lebialem is made of three subdivisions: Alou, Wabane and Fontem which respectively also represent three council areas. The community radio is the lone one serving the close to 100000 inhabitants and its environs. Situated in the forest zone, Lebialem has undulating hills and valleys. The people rely extensively on agriculture.

The experience in the use of the media for educational or informative purposes in the development process has led to the development of new orientations and new practices. COL-Cameroon Link Partnership turned to Lebialem Community Radio, Menji and in active collaboration with local stakeholders, initiated and do run a program "*Asogha legung emeh bue mua*" (Talk on Mother and child Health Care) in 2010. After three years of program implementation we evaluated it, using appropriate scientific methods.

To enable the formulation of a communication plan for mother and child health care, Cameroon Link conducted a needs assessment. The needs assessment consisted of two parts. They conducted the first theoretical part or desk research in Douala-Cameroon. After that, they conducted a qualitative in depth study in Lebialem itself.

The desk research consisted of an analysis of community radio and a situation analysis concerning mother and child in Cameroon and in particular the south west region. We described the characteristics of community radio and its effectiveness and as a medium for health communication.

The situation analysis contained the social, environmental and behavioural situation concerning mother and child care needs in Cameroon, the South West region and the Lebialem rural zone.

To design and implement a successful intervention program about health education, a structured protocol was needed. This protocol defined the necessary steps to accomplish an intervention program for behavioural change, in this case using Lebialem community radio as a medium.

The seven consecutive steps of intervention mapping were:

- 1) Needs assessment: Analysis of quality of life, behavioural and environmental conditions and determinants of behaviour
- 2) Formulation of specific program goals
- 3) The selection of theoretical models and practical intervention techniques
- 4) The design and organization of the program
- 5) Program implementation
- 6) Advocacy
- 7) Evaluation

1.2.2 THE PARTICIPANTS

The workshop that selected the program title and format had stakeholders from all walks of life in Lebialem.

No.	Organization	Number of Participants
1.	Widow of Faith	48
2.	WAFAM	38
3.	Nkonggly Women	47
4.	Befua Widows	49
5.	Wabane Widows	48
6.	United Ladies	39
7.	Ndiasah Women's Group	25
8.	Letia Women's Association	23
9.	Menji Women for Unity	49
10.	Nsoko Women	43

11.	Bamunbu Centre Women	26
12.	CREWODEV Menji	35
13.	Menji Development Women Association	34
14.	Menji Women Social Club	52
15.	Social Development Women Association	42
16.	Nchenallah	28
17.	Alou Women Developers	55
18.	Mbindia Widows	52
19.	Little Drops	39
20.	Menji Young Ladies	33
21.	Women's Empowerment	30
22.	Ndungated Ladies	35
23.	Social/LAWA/CPDM	52
24.	Mombin Women Association	50
25.	Mbindia Women Association	68
26.	Azi Development Organisation	42
27.	Achenadia Association	32
28.	Khoti Womens' Association	41
29.	TOTAL	1181

The COL-Cameroon Link-Lebialem Community Radio project involved some 1181 women taken from associations and women groups in the division.

1.3. THE PROBLEM

This paper is an evaluation of the project. Has it worked well enough to be carried over to other communities? Is not, what can be done to ameliorate it so that the radio programs can effectively take care of mother and child health needs. The evaluation also acts an ongoing process of dialogue between project funders and beneficiaries.

1.4. GOALS OF THE STUDY

The research study aims at achieving the following objectives

- i. To examine the impact of Asogha legung emeh boh mua LCR in the promoting mother and child best practices;
- ii. To identify the kind of LCR programs (story telling, discussions, jingles, and dramas) channelled toward the mother and the child by the radio producers;
- iii. To examine the role of radio by health workers, health researchers and government to relay health related programs or messages to the masses;
- iv. To suggest how radio can be used more effectively for the educate women and teach practical skills.

1.5. RESEARCH QUESTIONS

This study intends to answer the following research questions.

- i. How effective is Asogha legung emeh boh mua on radio in reducing mother and child health risks and improving the health condition of the women in Lebialem?

- ii. What is the perception of Lebialem community residents on the impact of Asogha legung emeh boh mua on LCR vis-a-vis the improvement of their health condition?
- iii. How effective does Asogha legung emeh boh mua complement the efforts of various international agencies as well as governments in preventing and reducing the mother and child health risks?
- iv. To what extent do people listen Asogha legung emeh boh mua messages for the purpose of improving their health conditions?
- v. What is the perception of health workers, medical practitioners and health researchers on Asogha legung emeh boh mua and LCR as complementary in reducing the health ignorance among women?

2. LITERATURE REVIEW

2.1 Community Radio: Challenges of Reaching Women with Health Education

We can effectively educate the general public and mothers about health issues through an informal dialogue in various radio formats (interviews, documentaries, quiz shows). The radio program educates with the same messages but reaches a wider audience. Prior to the setting up of Lebialem Community Radio in 1997, less than 30% of rural Lebialem had access to a radio. Today about 55% of women in Lebialem have access to this vital tool of communication. Radio complements face-to-face communication in various disease-control programs because it:

- Reinforces the advice that health workers are giving;
- Reaches those people who do not come to health facilities;

It can also:

- Help the health practitioners to promote behaviours that will help prevent infectious diseases;
- Help inform people and raise awareness about a new idea, a new product, or a service that is available;
- Create a demand for services.;
- Remind people what they have already learned.
- Motivate people, by presenting information in a compelling or entertaining way.

The steps for the development and use of effective communicative radio spots are:

1. Investigate: Gather information about the status of the health risk, and about radio listenership patterns in your community.
2. Plan: Decide what health problem you will focusing on in your radio spots, who is your target audience, what they should do to solve the problem, and why, and how many spots you will produce.
3. Pre-test and Revise: Pre-test your radio spots to ensure that they are understandable, acceptable, relevant, attractive, and persuasive. Revise your spots based on the comments and suggestions made during the pre-test.
4. Implement
5. Monitor, Evaluate, and Revise

2.2 Teaching Skills by Distant Learning

Most broadcasting careers on health issues are on-air positions, such as radio announcer or local program anchor. The COL-Cameroon Link program on LCR *Asogha*

legung emeh boh mua made it possible for us to see how effective some skill could be handled remotely. Behind every reporter was a team of local technical professionals like audio technician or control engineer. In order for the health issues to be learned effectively by the listeners the broadcasters exhibited the following:

- Communication skills : (oral): Ability to verbalize, listen, give presentations, facilitate discussions, and share health information effectively;
- Technical skills: Ability to appropriately apply technology and effectively use major software and the web to accomplish a given health task; ability to apply computing skills to solve audio problems;
- Leadership skills: Ability to lead, gather resources, coach and allow others to lead
- Teamwork/Collaboration skills: Ability to work effectively with others and to collaborate successfully; to be able to work with diverse teams, negotiate and manage tasks.
- Linguistic skills: Ability to describe process clearly and precisely, using few words.

Since the listeners were not directly in front of the broadcasters, they had to use varying techniques to make listeners understand.

3. THEORETICAL FRAME

Research in rural and developing communities presents a number of unique challenges, often being community specific. Methodologies for monitoring and evaluation must be community-appropriate, adaptable to local contexts. We preferred action research because we collected information that was immediately used to help make practical and workable solutions relating to the program. Target Group Interviews (TGI) and participant observation techniques (POT) were used to evaluate the program *asogha-legung emeh buh mua* and to obtain qualitative information about the view of beneficiaries and also assess program development and implementation. Participants revealed their knowledge, opinions and concerns about mother and child health especially breast feeding.

3.1 METHODS OF DATA COLLECTION

Quantitative and qualitative methods were used to collect data. The quantitative method consisted of questionnaires and interviews to determine the quantity and quality of health information learned from the radio health program. Information was got about the radio and program, what they have learned, frequency of listening people's expectations. The data was analyzed using appropriate formulae and presented in percentages on tables. The results were presented at two parts: those on the health program and others on the radio station. The findings were analyzed accordingly. For instance respondents were asked about the degree of ease or difficulty at which they view the broadcast language and their responses are presented in the table below.

Table 1: Program language evaluation

	No of respondents	No that chose option	Percentage
The language was easy	120	68	56.6
The language was average	120	32	26.6
The language was difficult	120	20	16.6
Do you think a new language of	120	17	14.1

broadcast will be better?			
Total	120	120	100

As seen in the table below, a wide majority of listeners [68 (56.6 %)] felt comfortable with the broadcast language because they found it easier and understandable as compared to [20(16.6%)] who thought it difficult. This implies that the program was succeeding in changing people’s attitudes towards mother and child care.

In order to determine program satisfaction, listeners were asked what they learned from the program. The responses are presented below.

Table 2: Program content evaluation

Item learned	No of respondents	No that chose option	Percentage
How to do family planning	120	86	71.6
The need to go for clinic	120	76	63.3
What pregnant and nursing women should do and what they should avoid	120	71	59.1
The importance of vaccination	120	96	80
The exercises a pregnant woman should do	120	62	51.6
The necessity for mosquito nets	120	102	85
How and for how long to breastfeed	120	60	50
How to feed babies	120	47	39.1
The roles and limitations of baby sitters	120	98	81.6
How to prevent or cure some common child diseases	120	60	50
Other things	120	67	55.8

The program content was rich and succeeded in sensitizing women on basic elements concerning mother and child care. Between 50% and 81.6% of the respondents had learned key components of mother and child care: family planning, going for pre and post-natal care and generally were aware of what pregnant and nursing women should do or not.

Table 4: Regularity at which people listen to program

	No of respondents	No chose option	Percentage
Always	119	96	80.6
At times	119	15	12.6
Rarely	119	08	06.7

As seen in the table above, [96(80.6%)] of the listeners followed up the program regularly, [15(12.6%)] did so at times and only [8(06.7%)] rarely listened to the program. It therefore means that a wide majority of the public were interested and listened to the program.

3.2. RESULTS

Participants who listened to the program showed significant improvements in their mother and child health care knowledge, attitudes, and self-efficacy. Through feedback,

participation, mutual sharing, empowerment community members proved they gained more knowledge listening to the program.

3.3 CONCLUSION

The community radio is very apt in improving the well being of the mothers and babies. Their well being determines the health of the next generation and helps predict futures public health challenges for the family, communities and health care systems.

3.4 RECOMMENDATIONS

After the results of this study which show that the program was effective in educating the Lebialem population on mother and child health care. This is in addition to other various efforts toward promoting Health Communication. However, the study hereby recommends the following action plans.

1. More of health programs should be used by governments, nongovernmental organizations and other international agencies in the course of communicating mother and child messages to the people
2. Governments should embark on mass production of mother and child messages as comprehensive as possible and make them available in cassettes, CD and DVD to be distributed to many families in the communities.
3. Further studies can be carried out by scholars to explore how various forms of communication can be explored to combat illnesses and diseases in various communities.

4. REFERENCES

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