



**COMPARATIVE ANALYSIS OF EFFECTIVENESS OF SONGS IN DISSEMINATING
MATERNAL HEALTH MESSAGES TO RURAL WOMEN IN SOUTH-EASTERN, NIGERIA**

Odunze Ngozi Benedict

*Assistant director, Federal Department of Agricultural Extension Services
Federal Ministry of Agriculture, Abuja, Nigeria.*

Odoemelam Lovina Enyidiya

*Senior lecturer, Department of Rural Sociology and Extension
Michael Okpara University of Agriculture Umudike, Abia State, Nigeria.*

Email: lovinasteve@gmail.com

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COMPARATIVE ANALYSIS OF EFFECTIVENESS OF SONGS IN DISSEMINATING MATERNAL HEALTH MESSAGES TO RURAL WOMEN IN SOUTH-EASTERN, NIGERIA

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*Assistant director, Federal Department of Agricultural Extension Services
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Odoemelam Lovina Enyidiya

*Senior lecturer, Department of Rural Sociology and Extension
Michael Okpara University of Agriculture Umudike, Abia State, Nigeria.*

Email: lovinasteve@gmail.com

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ABSTRACT

This study aimed to evaluate the effectiveness of songs in disseminating maternal health care messages in South-East Nigeria. Multistage sampling procedure was used in the selection of 240 respondents using structured questionnaire and Focus Group Discussion to generate data. Data generated were analyzed using frequency distribution and mean scores. Major findings indicated that knowledge of the respondents on maternal health messages before the intervention was ($\bar{x} = 2.26$) for Abia, Ebonyi (2.20) and Imo ($\bar{x} = 1.9$) respectively. The study further revealed the level of knowledge of the respondent after exposure to intervention as Abia ($\bar{x} = 3.49$), Ebonyi ($\bar{x} = 3.11$) and Imo ($\bar{x} = 3.28$) respectively indicating an increase in level of knowledge. On effect the tiveness of the songs across the states, a significant increase of ($\bar{x} = 1.23$) Abia, Ebonyi ($\bar{x} = 1.14$) and ($\bar{x} = 1.38$) Imo respectively. Constraints on the use of songs in disseminating the result revealed that massive audience exposure had a mean score of ($\bar{x} = 3.42$), difficult in translation ($\bar{x} = 3.12$), low literacy rate ($\bar{x} = 3.23$) and time consuming ($\bar{x} = 3.42$) respectively. Therefore, the concluded that songs are effective in disseminating maternal health messages to rural women in the study area, and also recommend its use in information dissemination instead of sophisticated channels which are not readily accessible.

INTRODUCTION

Health education is considered a fundamental tool for the development of health literacy worldwide (Yoshida et al., 2011); also (Kickbusch, 1997) defined health literacy as implying the achievement of a level of knowledge, persons and confidence to take action and determination to improve personal lifestyles and living conditions. Health education in rural Nigeria has been emphasized as a core health service that is vital for improving people's lives and facilitating good health (Odoemelam, 2011). Moreover, increasing health literacy is consistent with the process of conducting effective health education that will benefit all people equally. Inequalities in access to services are still evident in rural parts of the country, in most rural areas in the south-eastern part of Nigeria. Health is a complex concept that involves not just the soundness of a body but also the state of the persons' mind and the quality of the social environment in which he/she lives. Good health and effective medical care are essential for the smooth running of the society. Since independence have been addressed through a concerted action of the mass media to provide information education, instruction and entertainment to rural women on preventive measures and awareness creation.

A joint report by the World Health Organization, (WHO), United Nation Children Education Fund (UNICEF) and World Banks has stated that Nigeria recorded, 58,000 material mortality in 2015, so a look at the current situation of the maternal mortality issues, there is need to explore other channels of communication in disseminating material health messages while ministry of health and other agencies are also palying their own roles in reducing the mortality rate. The Nigerian press has the social responsibility of passing information to the entire populace on health messages. Nigerian Health review (2006) recent assessment of the health of the Nigerian population indicates that the health situation in Nigeria and women, in particular, is dismal and efforts to change over the years have been insignificant. This means that the coverage of the National system is limited and health education and enlightenment is weak partly due to a high level of illiteracy (Uwom, 2014). To be in good health the women need to be adequate informed on maternal health care issues, preventive health measures and government health care programmes (Pervez et al. 2018). In the light of this, we explore the power of songs to transform health and development outcome in the study area. Our focus is not a hermeneutical analysis of the temporal or none elements or dynamic value of music. Neither are we concerned with discourse analysis or comparative interpretation of structures, grammars and other textural elements of the songs.

Therefore, this paper seeks to establish the effectiveness of songs in disseminating maternal health care messages among rural women in the south-east, Nigeria, with the following specific objectives

1. identify the socio-economic characteristics of the respondents
2. ascertain sources of information on maternal health care accessible to the respondents.
3. determine level of the women after exposure to songs during the study.
4. determine the effectiveness of songs in disseminating maternal health care messages to the women
5. identify the constraints affecting the disseminating of the maternal health care messages using channel of songs.
6. identify the constraints affecting the disseminating of the maternal health care message using channel of songs.

METHODOLOGY

The study area: The study area is south-east, geopolitical zone of Nigeria, consisting of the following states (Abia, Anambra, Ebonyi, Enugu and Imo State) respectively. The zone is referred to as

Aia-Igbo and the inhabitant are usually addressed as Ndi-Igbo with close affinity in language and a culture spread across the five states. The population is put to at 16.381 million persons (NPC, 2006), they have a dynamic and fascinating cultural heritage that says a lots about them. Their culture are further divided into many groups due to dialects and boundaries among the states. The people have a melodic music style into which they incorporate various percussion instrument.

The population of the study: The population of the study consists of married women of 15 to 45 years of age who are residents in the various rural communities during the study.

Sample and Sampling Procedure: Multi-stage sampling procedure was used in the selection of the sample size. In the first stage, 3 states out of the 5 states were selected, followed by selection of 2 local government areas from each state, namely (Bende and Obingwa, (Abakiliki South and Ikwo) and (Mbaise and Owerri West) respectively. In the third stage, one community was randomly selected from each local government area, followed by a selection of 2 villages and 20 rural women who are still active in reproductive and productive work; bringing the total to 240 respondents.

Method of Data Collection: Data for this study were collected using a structured questionnaire, Focus Group Discussion and participatory observation. During the FGD, the researchers observed the discussion and took notes and the two research assistants were well-trained experienced community health workers. Each focus group discussion lasted for 20-30minutes and the time taken to listen to all those maternal health care messages was 10 minutes. Data generated were analyzed using simple descriptive statistics, and mean scores, objectives, 1, 2 and 6 were analyzed using simple descriptive statistics for objectives 3, 4 and 5, a point Likert scale was used to generate the data while the mean score generated were used to analyzed the objective.

All the FGD was audio-tapped with the permission of the participant, before the Focus group Discussion, the researchers designed the following questions and exposed to the women in order to ascertain their level of knowledge on maternal health care. The following questions were asked.

- Knowledge about complication during pregnancy and after childbirth.
- Preventive measures necessary
- The requirements for skilled birth attendants or faculty based delivery
- During
- Family planning and child spacing
- Information or HIV/AIDs
- Importance of postnatal visit
- The frequency of visit during/after delivery

Their responses were recorded. Any positive reaction attract 1 mark; otherwise o. their responses were calculated to ascertain their level of knowledge before exposure to songs. The researcher incorporated her songs into that maternal-health information in each village with the help of the women leaders. The songs were vetted by the research team to make sure the songs were respectful, accurate and appropriate for the audience because people want to fact informed and empowered not talked down to were exposed to those songs; mandating them women leaders to be using the songs in any available opportunities except during burial. After six months, the researchers and their assistants went back to those village again. Those questions on maternal health care messages were repeated again (exposed the women) in order to ascertain their level of knowledge after the intervention. Their responses were also recorded and calculated to obtain their method of data analysis.

RESULTS AND DISCUSSION

Table 1: Socio-economic characteristics of the respondents

Variables	Frequency	Percentage
Age		
20 – 25	35	14.6
30 – 35	48	20.0
40 – 45	76	31.7
50 – 55	81	33.8
Total	240	100
Marital Status		
Married	154	64.2
Ever-married	58	24.2
Single	28	11.7
Educational Level		
Non-formal	73	30.41
Primary	94	39.2
Secondary	60	25.0
Others	13	5.4
Income (N 000)		
40 – 50	56	23.3
60 – 70	84	35.0
80 – 90	67	28.0
100 – 110	3	13.8
Cosmo politeness		
Regular	93	38.8
Not regular	78	32.5
Never travelled out the community	69	28.8

Source: Field survey, 2017

Table 2: Sources of information on maternal health care messages among the women

Variables	Frequency	Percentage
Radio	18	2.4
Television	5	0.7
Market	106	14.1
Newspaper	-	-
Hospital	32	4.3
Church	87	11.6
Spouse	65	8.6
Friends	34	4.5
Town-crier	94	12.5
Women meeting	201	
	110	14.6
Songs	201	26.7

Source: Field survey, 2017

Results in table 2, show source of information on maternal health message available to the women in the study area. The result indicated that (28%) of the respondents receive maternal health messages through songs during festivals or any women meetings.

Omogor (2013) in his findings, cited that local songs accompanied by dances are often employed in health education. Also, Aboy (1990) observed that health institution on clinic days use group songs.

Table 3: Distribution of respondents on the level of knowledge on maternal health care before intervention in the study area.

S/N	Statements	Abia (\bar{x})	Ebonyi (\bar{x})	Imo (\bar{x})
1	Knowledge about complications during and after child birth	2.3	2.18	1.24
2	During pregnancy	1.45	2.41	1.08
3	The requirements for skilled birth attendants or faculty based delivery	2.25	1.32	2.16
4	Information on breast feeding	2.46	2.11	2.13
5	Family planning and child spacing	2.41	2.38	2.45
6	Information on HIV/AIDS	2.40	2.17	2.61
7	Importance of post natal visit	2.31	2.61	2.14
8	Frequency of visit during/after delivery	2.5	2.11	2.32
9	Immunization during and after pregnancy	2.24	2.14	1.17
	Grand mean	2.26	2.20	1.9

Source: Field survey, 2017.

Table 3, shows the level of knowledge of the respondents on maternal health care messages before the intervention. The table indicated that the leverage of knowledge of the respondents was low.

Considering a benchmark of (\bar{x} 2.5) for decision making. According to (Annear et al,2008) educational inequality exists, which is a huge impediment to accessing information and services that means that inequality in access to health services are still evident in rural communities of Nigeria.

Table 4: Distribution of respondents on level of knowledge on maternal health care after intervention in the study area.

S/N	Statements	Abia (\bar{x})	Ebonyi (\bar{x})	Imo (\bar{x})
1	Knowledge about complications during and after pregnancy	3.34	3.42	3.42
2	During pregnancy	3.14	3.65	3.40
3	The requirements for skilled birth attendants or faculty based delivery	3.20	3.14	3.11
4	Information on breast feeding	4.1	3.55	3.28
5	Family planning and child spacing	3.36	3.32	3.80
6	Information on HIV/AIDS	3.48	3.61	3.14
7	Importance of post natal visit	3.66	3.11	3.18
8	Frequency of visit during/after delivery	3.52	3.15	3.16
9	Immunization during and after pregnancy	3.64	3.11	3.06
	Grand mean	3.49	3.34	3.28

Source: Field survey, 2017.

The results on table 4 revealed respondents level of knowledge on maternal health care messages disseminated to them through songs. From the results, it was discovered that an increase in knowledge was registered at a significant level ($\bar{x} = 1.23$) for Abia ($\bar{x} = 1.14$) for Ebonyi and ($\bar{x} = 1.38$) for Imo.

According to (Mushiake, 2007). This traditional form of communication can capture the trust of people in the community and reach people’s inner thoughts because of its popularity and cultural values that the physicals knowledge of the respondents on maternal health issues has increased.

Music is not just singing, let there be a message, a vital message, which can change people, which can take people from square zero to square one (women leader from Bende L.G.A and was interpreted by the researcher).

Development agencies also identified the power of songs in mobilising different audience groups for more targeted Pursue health outcomes specifically, within the ambit of maternal and child health, songs with a message about family planning (Fayoyun and Nieuwoudt, 2017)

Table 5: Effectiveness of songs in disseminating maternal health care messages

Variable	Abia	Ebonyi	Imo
Mean score before intervention	2.26	2.20	1.90
Means score after intervention	3.49	3.34	3.28
Effectiveness of the medium	1.23	1.14	1.38

Sources: Field survey, 2017.

Results on table 5 show the effectiveness of songs in disseminating health information to rural women.

The result shows a significant increase in the level of knowledge after the intervention, Abia ($\bar{x} = 1.23$), Ebonyi ($\bar{x} = 1.14$) and Imo ($\bar{x} = 1.38$) respectively. The implication of the study is that a message needs not be to carry through sophisticated medium to achieve the desired effect. This finding is supported by a lot of researchers (Olwage, 2008) cited that songs have composed for and against apartheid, Askew, (2015), deployed as a tool of therapy for specific social conditions and clinical illness.

And also Olwage (2008) and Japhet, (2013) in their study cited that songs are also one of the channels employed by entertainment education, which is a strategy that uses popular media to move people emotionally as well as engage in discussion and debate, with an ultimate aim of transforming society

Table 6: Constraints in the use of songs in disseminating maternal health messages in the study area

Statements	Mean
Massive audience exposure was lacking	3.42
Difficulty in translating the technical terms into local language	3.12
The literary rate was low	3.23
Using songs for the purpose of knowledge dissemination was time-consuming	3.42

Sources: Field survey, 2017.

All the barriers that interfere with the intended message and or prevent being correctly interpreted by users can be regarded and constraints. Table 6 revealed constraints encountered by the researchers in the use of songs in disseminating maternal health care messages to the rural women. From the result, it was revealed that lacking of massive audience contact has a mean score of ($\bar{x} = 3.42$), meaning that reaching many women at a time was difficult; because you have to reach them through their women

group in each location. Translation had a mean score of ($\bar{x} = 3.12$). Translating complex technical terms into a simpler language for the rural women was difficult and literacy rate has a mean score of ($\bar{x} = 3.22$), meaning that the wording should be simple and related to the culture of the people. Music can create other representation of a concept or idea that may be difficult to describe in words. Time consuming had a mean score of ($\bar{x} = 3.42$). Formulating the songs to carry the health messages is time consuming, there is need to consider the context of location, culture, norms and values before composing the songs. Mayozo, (2012) in his findings, suggested that the songs must prescribed, instructed, advised or directed.

CONCLUSION AND RECOMMENDATION

Conclusion

In this study, we have attempted to explore the inherent power of songs in disseminating health messages. Therefore, the findings indicated that songs were significant and effective in disseminating maternal health care messages to women in the study area.

Recommendation

The study has shown the effectiveness of songs in disseminating health messages leading to a individual change behaviour and community activities. Therefore, we used in disseminating messages instead of sophisticated media which is not even accessible most of the time.

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