

Perception of Rural Communities in Akoko North West Local Government Area of Ondo State Nigeria towards Ikaram Millennium Village Project

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Abstract

Background: Millennium Village Project (MVP) is designed to harness the progress of the time-bound Millennium Development Goals (MDGs).

Objective: This study aimed to assess the perception of the Ikaram Millennium Village Project by the residents of Akoko North–West Local Government Area of Ondo State.

Method: A descriptive cross-sectional study of 496 residents of five out of the seven communities that make up the Ikaram MVP was done. The perceptions of the respondents were rated poor or good by scoring response to eight validated questions. Chi square test was used to assess significant association.

Result: The mean age of the respondents was 42.20±17.1 years, 250 (50.4%) were females, married were 311 (62.7%). Only 15(3%) were from other tribes aside Yoruba, 430(86.7%) have ever accessed the MVP health services. Poor perception was reported among 353 (82.1%) respondents. Among the Yorubas 79(17.1%) had good perception compared to 7(46.7%) from other tribes, $p=0.003$. The location of the health facility contributed to the poor perception about the Ikaram MVP.

Conclusion: For community orientated health projects to be successful community participation is important.

Keywords: Millennium Village project, rural communities, perception, health facilities, community participation.

Introduction

The Millennium Development goals (MDGs) were introduced at the millennium summit in 2000 with the aim of addressing the problems impeding growth especially in developing countries by 2015¹. The millennium village project (MVP) was established in the year 2005 reaching nearly 500,000 people in rural villages across 10 countries in sub-Saharan Africa, through collaboration between UNDP, Millennium Promise, The Earth Institute at Colombia University and the Japanese Government to relieve poverty and improve health in developing countries thereby aiding the timed accomplishment of the MDG's goal^{1,2,3}.

The specific principles which MVP is designed is to harness three interconnected principles and components which include the principles of community participation and leadership; science-based innovations and local knowledge; a costed national action plan for reaching the time-bounded and targeted objectives of the MDGs⁴.

In Nigeria (sub-Sahara Africa), the MVP was located in two sites which are Pampaida (Kaduna state) and Ikaram (Ondo state)¹. The Ikaram MVP project had two sites: research village MV1 and the cluster of villages under MV2. These two sites included a cluster of 7 villages located in Akoko North-west local government area of Ondo State in the South-Western part of Nigeria. The first phase of the project was established in May 16, 2006 while the second phase began in the year 2011^{1,5}, overall project management was from United Nations Development Programme (UNDP) with support from Ondo State government. The Federal Medical Centre, Owo became formally involved in the project during the second phase^{6,7}.

Several interventions were pursued simultaneously in the Millennium Village Project encompassing agriculture, health, education, infrastructure (including water and sanitation), and business development. The intervention package which is given priority is community specific¹.

Although the Ikaram MVP has been on-going for the over 8 years there has been no assessment of the perception of the rural communities in the Akoko North-West Local Government Area. With community participation being a key principle for the MVP project, assessing community perception will be important to improving project outcomes. This study aimed to assess the perception of the Ikaram Millennium Village Project by the residents of Akoko North-West Local Government Area of Ondo State.

Methods

2.1 Study Design and Study Area

The study area is comprised of rural communities that are beneficiaries of the Ikaram Millennium Village Project (MVP) services, especially the clinical services. The Ikaram MVP services include ICT training and services, Poultry and agriculture, clinical services such as out-patient, pregnancy care, and surgical services.

Study population, inclusion and exclusion criteria

Residents of the communities who were age 18 years and above, with at least one year residence in Akoko North-West LGA were interviewed. A cross sectional study design was employed. Multistage sampling technique was used. Stage 1: Five communities were selected using simple random sampling out of the seven communities in the Ikaram MVP. Stage 2: A ward was selected from each community using simple random sampling. Stage 3: From all the households in each of the five selected wards, one adult per household was selected as respondent. In a household with more than one qualified respondent one was selected by balloting. Almost 50% of the communities reside in Ikaram village.

Sample size determination

The required sample size was calculated by using the Leslie Kish formula¹⁴. Prevalence of 50% was used in the absence of any previous study. The minimum sample size calculated was 423. However, 496 respondents were studied in all the selected wards.

2.4 Sample Collection Instrument

Data was collected using semi structured interviewer administered questionnaire. Questionnaires were checked for omissions and errors after collection and correction were made where necessary.

Analysis

Data was analysed with SPSS version 21.0. The Associations between sociodemographic variables respondents' perception were explored using the Chi square test. The perception of the respondents were determined using 8 validated questions with a 5 point Likert scale 'strongly agree', 'agree', 'undecided', 'disagree', 'strongly disagree'. Responses were scored from 1 -5 with 5 being positive response and 1 being negative perception. The total score ranged from 16 to 40, score of 16-32 was taken as a poor perception and 32-40 was rated good perception. A p-value of <0.05 was considered to be statistically significant.

Ethical consideration

Informed consent (written and verbal) was obtained from the respondents, participation was voluntary and there were no consequences for non-participation. Ethical clearance was obtained from Federal Medical Centre Ethical, Research Review Committee, Owo.

Results

Demographics

The median age of respondents was 40 years and the range was 18-95 years while 250(50.4%) out of the 496 respondents were females. The numbers of married respondents were 311(62.7%), more than half of the respondents had some formal education and the predominant tribe was Yoruba. Trading was the major source of living (occupation) of the respondents 119 (24%), following closely was farming 118 (23.8%).

Out of the 5 villages studied, Ikaram had the highest number of respondents 255(51.4%). The socio-demographic characteristic of the respondents are summarised in Table 1.

Awareness of ikaram MVP

Majority of the respondents were aware and have utilized services rendered in Ikaram MVP, especially the outpatient service 422(85.1%) as shown in Table 2.

Participation of community

The frequency of participation of the community in the MVP as seen in Table 3 shows that the number of those who were not involved at 340(79.1%).

Perception of ikaram MVP

Factors associated with the perception of the Ikaram MVP are as shown in Table 4. Among those who live in Ikaram 74(29.8%) had good perception compared to only 4(2.9%) respondents living in Erusu ($P<0.001$). Among the Yorubas 79(17.1%) had good perception compared to 7(46.7%) from other tribes, $p= 0.003$.

Discussion

This study on perception of Ikaram Millennium Village Project (MVP) among rural communities in the Akoko North West LGAs was done to evaluate the perception of the residents in the communities. The level of awareness of respondents were high though level of utilization of services rendered in Ikaram MVP was low as well as the level of community participation in the programme. The cause was the primary location of the Ikaram MVP in Ikaram community. The access barrier due to cost of transportation and the belief that “it doesn’t belong to us” could affect other communities¹³, though not considered in this study The latter finding could impede the aim of the Millennium Village Project which is targeted towards self-sustainment development (Kanter et al, 2009)².

It is of note that the respondent’s community significantly affected their perception of Ikaram MVP. This is associated with the level of awareness of the community and the belief system of the respondents. In a study carried out in Maiduguri, community awareness of the community-based medical education has been shown to be beneficial to the community⁸.

Other tribes’ aside Yoruba had better perception of the Ikaram MVP and this might contribute to their involvement. It has been reported that culture also negatively affected the outcome of the project in another study done in Senegal³.

The perception of Ikaram MVP and the occupation of the respondents were not significantly related in this study. The absence of professionals and respondents doing white collar jobs could be responsible. This could also be seen in a study done in Potou, it was observed that despite the increase food production resulting from increase in agricultural practises which was their major profession, the level of malnutrition among the children was high³. The question to be answered is that could it be as a result of the primary location of the Ikaram MVP which is in Ikaram, though this study did not consider the option.

The valuation of the Ikaram MVP which is the measurement of the impact of the programme on the community residents’ well-being which was not part of this study because of the lack of access to the baseline records of the Ikaram MVP. The study done in Potou, also had difficulty in using baseline data, though they were available baseline records but cannot be trusted^{3,10,11,12}.

Conclusion

For community oriented health projects to be successful community participation is important. The poor perception of the communities about the Ikaram MVP and its location contributed to the low level of utilization. This is also a cause of the slow progress towards achieving Millennium Development Goals.

Recommendation

There is poor literature review on Perception of Millennium Village Project in the participated communities due to non-existing review of the project. There is need for regular review of the Project

to enable the organizer and involved parties know where to put extra effort to ensure community participation.

Diagram and tables

Table 1. Sociodemographic data of respondents

Variables	Frequency	Percentage
Age		
<20	59	10.9
20-39	185	37.3
40-56	164	33.1
>60	93	18.8
Sex		
Male	246	49.6
Female	250	50.4
Educational Status		
No formal	60	12.1
Primary	161	32.5
Secondary	165	33.3
Tertiary	110	22.2
Marital Status		
Single	97	19.6
Married	311	62.7
Separated	23	4.6
Divorced	10	2.0
Widow/Widower	55	11.1
Tribe		
Yoruba	481	97.0
Others	15	3.0
Occupation		
Civil servant	77	15.5
Farming	118	23.8
Artisan	89	17.9
Student	93	18.8
Trading	119	24.0
Name of Community		
Erusu	140	28.2
Gedegede	49	9.9
Ibaram	27	5.4
Ikaram	255	51.4
Iyani	25	5.0
Number of Years Lived in the Community		

<10years	135	27.2
≥10years	361	72.8

Table 2. Utilization of services available in ikaram MVP* health centre

Services	Utilising of Services
Out-patient	365(73.6%)
Pregnancy care	17(3.4%)
Immunization	71(14.3%)
Surgical	17(3.4%)

*MVP – Millennium village project

Table 3. Community involvement in activities of ikaram-ibaram millennium village project

Variable	Frequency	Percentage
Involvement in Ikaram MVP * (n=430)		
Yes	90	20.9
No	340	79.1
Awareness of members involvement in Ikaram MVP *(n=476)		
Yes	256	53.8
No	220	46.2

*n varies due to non-response to some questions

Table 4. Questions and response on perception of ikaram ibaram mvp

Perception of Ikaram Ibaram MVP	Good perception	
	Frequency	Percentage
The Ikaram Ibaram MVP program is for only ikaram village	325	65.5
The health services provided are to access	384	77.4
The program is only for research purposes	384	77.8
The program has been beneficial to the Ikaram communities	77	15.5
The services provided are not affordable	352	71.2
Benefits of research activity can be seen in my community	75	15.1
The community is not sufficiently involved in the running of the program	270	54.4
The program has made Akoko North East famous	39	7.9

Table 5. Factors associated with perception of ikaram *MVP

Variables	Good Perception	Poor Perception	Chi-Square	P-Value
Age(years) *(n=496)				
<20	47(87.0%)	7(13.0%)	0.742	0.125
20-39	149(80.5%)	36(19.5%)		
40-56	134(81.7%)	30(18.3%)		
>60	77(82.8%)	16(17.2%)		
Sex *(n=476)				
Male	40(17.0%)	195(83.0%)	0.343	0.558
Female	46(19.1%)	195(80.9%)		
Educational Status *(n=476)				
No Formal education	11(18.3%)	49(81.7%)	0.239	0.496
Primary	26(16.6%)	131(83.4%)		
Secondary	34(21.7%)	123(78.3%)		
Tertiary	15(14.7%)	87(85.3%)		
Marital Status *(n=476)				
Single	13(14.6%)	76(85.3%)	0.277	0.597
Married	58(19.3%)	243(80.7%)		
Separated	6(26.1%)	17(73.9%)		
Divorced	1(10.0%)	9(90.0%)		
Widow/Widower	8(15.1%)	45(84.9%)		
Tribe *(n=476)				
Yoruba	79(17.1%)	382(82.9%)	0.856	0.003
Others	7(46.7%)	8(53.3%)		
Occupation *(n=476)				
Civil Servant	11(15.3%)	61(84.7%)	0.351	0.477
Farming	23(19.8%)	93(80.2%)		
Artisan	20(23.5%)	65(76.5%)		
Student	16(17.8%)	74(82.2%)		
Trading	16(14.2%)	97(85.8%)		
Name of Community*(n=476)				
Erusu	4(2.9%)	135(97.1%)	0.513	<0.001
Gedegede	6(12.8%)	41(87.2%)		
Ibaram	0(0%)	18(100.0%)		
Ikaram	74(29.8%)	174(70.2%)		
Iyani	2(8.3%)	22(91.7%)		
Years Stayed In The Community *(n=476)				
<10years	17(13.9%)	105(86.1%)	0.189	0.169
≥10years	69(19.5%)	285(80.5%)		

*n varies due to non-response to some questions

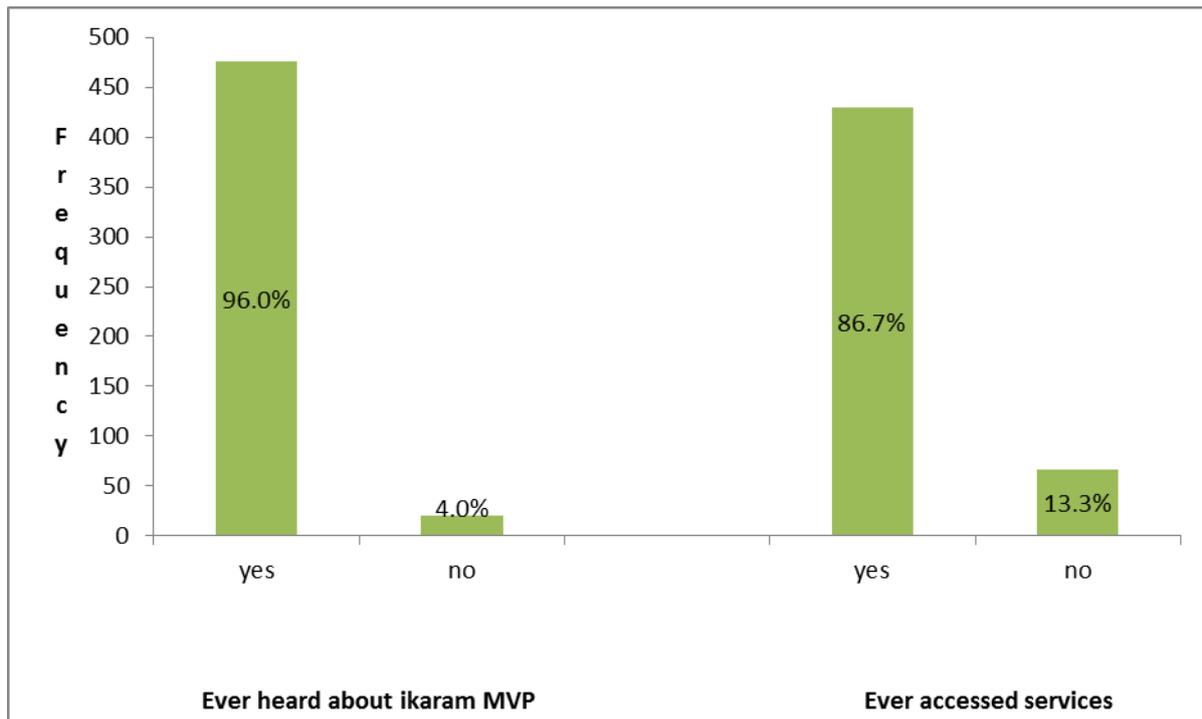


Figure 1. The respondents who have heard about the ikaram MVP and those who have accessed the Services

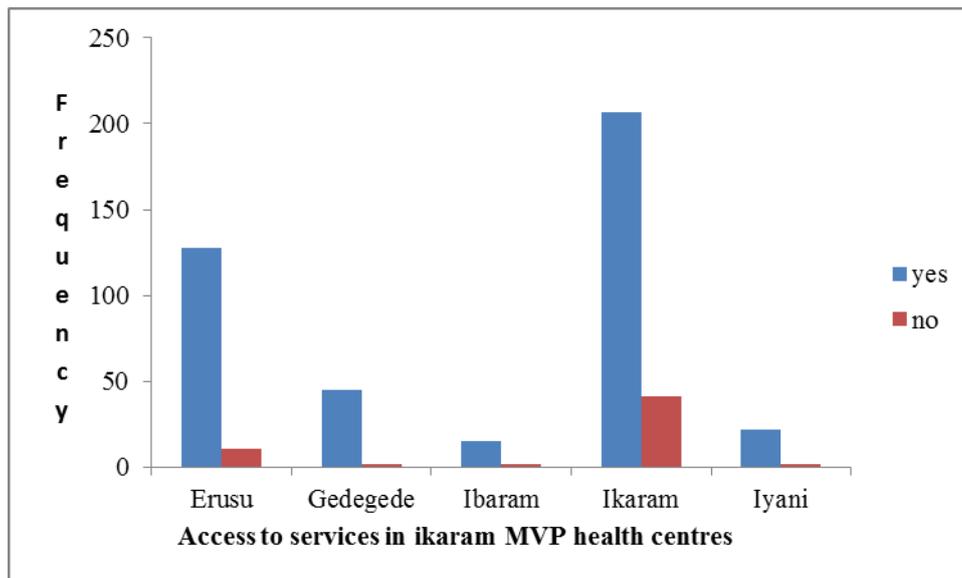


Figure 2. The community members accessing health care services at ikaram millennium village project

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