Perception of rural communities in Akoko North West local government area of Ondo State, Nigeria, towards the Ikaram Millennium Village Project

Olayinka Ilesanmi, Adesola Kareem

Department of Community Health, Federal Medical Centre, Owo, Ondo State, Nigeria

Abstract

The Millennium Village Project (MVP) is designed to harness the progress of the time-bound Millennium Development Goals. 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. A descriptive cross-sectional study of 496 residents of five of the seven communities that make up the Ikaram MVP was done. The perception of the respondents were rated poor or good by scoring their responses to 8 validated questions. Chi square test was used to assess significant association. The mean age of the respondents were 42.20±17.1 years. Half were female (50.4%), 311 (62.7%) were married. The majority of the respondents (82.1%) reported a poor perception of the MVP. Among the Yorubas only 79 (17.1%) had good perception compared to 7 (46.7%) from other ethnic groups (P=0.003). Contributory factors to poor perception about the Ikaram MVP were the far location of the health facility from the community, lack of communication and community ownership of the project. For community orientated health projects to be successful community participation is important.

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 2015.[1] The millennium village project (MVP) was established in 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.[1-3]

The MVP was designed to integrate community participation and leadership; science-based innovations and local knowledge with a cost conscious national action plan for reaching the time-bounded and targeted objectives of the MDGs.[4] Several interventions are pursued simultaneously in a Millennium Village Project encompassing sectors like agriculture, health, education, infrastructure (including water and sanitation), and business development. The intervention package which is given priority is primarily community specific.[1]

In Nigeria, the MVP is located at two sites: Pampaida (Kaduna state) and Ikaram (Ondo state).[1] The Ikaram MVP has a research village called MV1 and a secondary cluster of villages called MV2. They are made up of 7 villages located in the Akoko North-west local government area of Ondo State in South-Western part of Nigeria. The second phase was established in May 16, 2006 (What was the first phase?).[1,5] The project received its overall management from United Nations Development Programme (UNDP) and was supported by the Ondo State government. The Federal Medical Centre, Owo became formally involved in the project in the second phase.[6,7]

The Ikaram MVP has functioned for the past 8 years without adequate knowledge of community perceptions in the Akoko North-West Local Government Area. When a similar MVP in Ghana was evaluated, positive perception and high level of participation were reported.[8] In order to improve the Ikaram MVP, there is a need to review the perception of the communities towards it. 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.

Materials and Methods

The study area comprised of rural communities that are beneficiaries of the Ikaram Millennium Village Project. A descriptive, cross sectional study was done. The study population comprised adult residents of the communities, who have resided in Akoko North-West LGA for at least one year.

The required sample size was calculated by using the Leslie Kish formula. Prevalence of good perception towards the MVP was assumed to be 50% in the absence of any previous study. The minimum sample size calculated was 423. However, 496 respondents were studied in all the selected wards. Data was collected using a semi structured interviewer administered questionnaire. A 3 stage sampling technique was used. In stage 1,fFive communities were selected using simple random sampling out of the seven communities in the Ikaram MVP. In stage 2, a ward was selected from each community using simple random sampling. In stage 3, one adult per household was selected as respondent from all the households in each of the five selected wards. In a household with more than one qualified respondent, one was selected by ballot. A semi-structured, interviewer administered questionnaire was used. Questionnaires were checked for omissions and errors after collection and corrections were made where necessary. The questionnaires were pilot tested among a similar patient population utilizing the out-patient clinic of the Federal Medical Centre, Owo, Ondo State prior to final adminsitration. Administration was done in Yoruba or the local pidgin English.

Data was analysed with SPSS version 21.0. Descriptive statistics was performed using mean to calculate the age of the respondents and Chi square test was used for the assessment of significant associations between the sociodemographic status of the respondents and their perception about the Ikaram Millennium Village Project. The perception of the respondents

Correspondence: Olayinka Stephen Ilesanmi, Department of Community Health, Federal Medical Centre, Owo, Ondo State, Nigeria.
Tel.: +2348032121868.
E-mail: ileolasteve@yahoo.co.uk

Key words: Millennium Village Project; Rural communities; Perception; Health facilities; Community participation.

Acknowledgements: the authors acknowledge all the health workers who have been part of the Ikaram Millennium Village Project.

Contributions: the authors contributed equally.

Conflict of interest: the authors declare no potential conflict of interest.

Funding: none.

Received for publication: 24 August 2016.
Revision received: 12 December 2017.
Accepted for publication: 23 February 2018.

Healthcare in Low-resource Settings 2018; 6:6239
doi:10.4081/hls.2018.6239

were determined using a Likert scale with 8 validated questions and responses ranging from 'strongly agree', 'agree', 'undecided', 'disagree', 'strongly disagree' with the positive response to the appropriate question score of 5 and the negative response to positive inclined response scored 1. The total score excluding respondents who had not assessed the Ikaram Millennium Village Project health facilities ranged from <32 to 40, score of <32 was taken as a poor perception and 32-40 was rated as a good perception. A p value of <0.05 was used as statistical significance. Informed consent (written and verbal) was obtained from the respondents, who were made to understand that participation is voluntary and there will be no consequences for non-participation. Ethical clearance was obtained from Federal Medical Centre Ethical, Research Review Committee, Owo.

Results

The mean age of respondents was 42.20 ± 17.1 years while 250 (50.4%) out of the 496 respondents were females. More than half of the respondents were married 311 (62.7%). More than half of the respondents (65.8%) have completed secondary school education and the major ethnic group represented (97%) were Yoruba. Almost a quarter of respondents were traders 119 (24%), following closely by farming at 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. The Majority of the respondents were aware and had utilized services rendered in Ikaram MVP especially the outpatient service 422 (85.1%) as shown in Table 2. The frequency of participation of the community in the MVP were displayed in Table 3. It showed that 340 (79.1%) of the participants were not involved in the MVP. Among those who were not involved 170 (50%) felt the program does not belong to them while 100 (29.4%) said the location is far from them (Figures 1 and 2).

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 only 79(17.1%) had good perception compared to 7(46.7%) from other tribes, p=0.003.

Discussion and Conclusions

This study on perception of Ikaram Millennium Village Project 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. The level of community participation in the programme was also low. The cause was the primary location of the Ikaram MVP in Ikaram community. The location of the health facility was far from residential areas in the community. Closer proximity to the MVP resulted in greater utilizing of services and a better perception of it. The access barrier due to cost of transportation and the belief that "it doesn't belong to us" affected other communities.[9] Some community members felt only selected few people in the community were involved in the operation of the health centre. The latter finding could impede the aim of the Millennium Village Project which is targeted towards self-sustainment development.[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

Table 1. Sociodemographic Data of Respondents.

Variables	Frequency	Percentage
Age		
<45	296	59.7
45-64	129	26.0
≥65	71	14.3
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		
<10 years	135	27.2
≥10 years	361	72.8

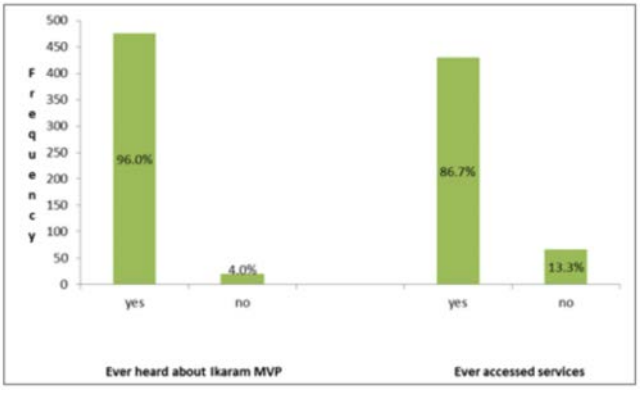

Figure 1. The Respondents Who have Heard about the Ikaram Millennium Village Project (MVP) and those who have accessed the Services.

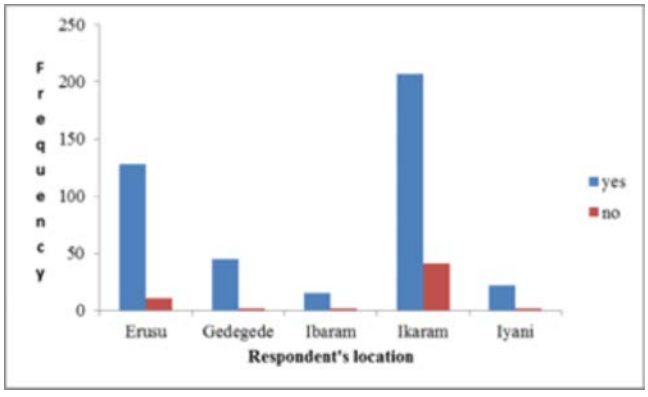

Figure 2. The community members accessing health care services Ikaram Millennium Village Project.

Table 2. Awareness and Utilization of Services Available In Ikaram Health Centre.

Services	Respondents Awareness of Services Available n(%)	Respondents Utilising the Services n(%)
Out-patient	422(85.1)	365(73.6)
Natal services	390(78.6)	17(3.4)
Immunization	444(89.5)	71(14.3)
Surgical	167(33.7)	17(3.4)

Table 3. Frequency of Community Participation in Ikaram-Ibaram Millennium Village Project.

Variable	Frequency	Percentage
Involvement in Ikaram Millennium Village Project		
Yes	90	20.9
No	340	79.1
Awareness of members involvement in Ikaram Millennium Village Project		
Yes	256	53.8
No	220	46.2

Table 4. Factors Associated With Perception of Ikaram.

Variables	Good Perception n (%)	Poor Perception n (%)	Chi-Square	P-Value
Age (years)				
<45	55(19.6)	225(80.4)	0.229	0.319
45-64	17(13.6)	108(86.4)		
≥65	14(19.7)	57(80.3)		
Sex				
Male	40(17.0)	195(83.0)	0.343	0.558
Female	46(19.1)	195(80.9)		
Educational Status				
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				
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				
Yoruba	79(17.1)	382(82.9)	0.856	0.003
Others	7(46.7)	8(53.3)		
Occupation				
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				
Erusu	4(2.9)	135(97.1)	0.513	<0.001
Gedegede	6(12.8)	41(87.2)		
Ibaram	0(0)	18(100.0)		
karam	74(29.8)	174(70.2)		
Iyani	2(8.3)	22(91.7)		
Years Stayed in the Community				
<10 years	17(13.9)	105(86.1)	0.189	0.169
≥10 years	69(19.5)	285(80.5)		

out in Maiduguri, community awareness of the community-based medical education has been shown to be beneficial to the community.[10] Other tribes' aside Yoruba had better perception of the Ikaram MVP. The proximity of the other ethnic groups and positive health seeking behaviour could have made them to have a better perception. It has been reported that perceptions of modern medicine also negatively affected the outcome of the project in another study done in Senegal.[11]

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. In the study done in Potou, it was observed that despite the increase in the agricultural practises thereby increasing their food production, the level of malnutrition among the children was high.[11] This could be as a result of the primary location of the Ikaram MVP which is in Ikaram and far from other communities.

In a study done in Senegal on the Monitoring and Evaluation of MVP, a before-and-after method was used to assess the project with its shortcoming.[11]

Also of importance is 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.[11-15]

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

References

1. The Millennium Villages Project: The next five years: 2011-2015. Available from: www.millenniumvillages.org/reports/the-millenium-villages-project-the-next-five-years-2011-2015.
2. Kanter AS, Negin J, Olayo B, et al. Sachs Millennium Global Village-Net: Bringing together Millennium Villages throughout sub-Saharan Africa. Int J Med Inform 2009;78:802-7.
3. Kinda O. The Monitoring and Evaluation System of the Millennium Villages Project-Potou/Senegal: Close Look at the Mid-term Evaluation Report. Consilience: J Sustain Develop 2012;9:33-46.
4. The Millennium Villages Project: An Overview. The Earth Institute, Millennium Promise & UNDP 2007;1.
5. The MDG Centre West and Central Africa, Earth institute/Columbia University. Available from: http://www.mdgwca.org/en/clutter.php?mv=Ikaram%20(Nigeria)&PHPSESSID=fb2d40065601c63e9dd80eeaf861572.
6. Millennium Villages. Available from: www.millenniumvillages.org. Accessed: 10/06/15.
7. The Millennium Villages Project: Progress Report November 2006. Available from: www.undp.org.sn/new/mv/Newsletter
8. Minkah OA. Millennium Village Project and Poverty Reduction: A Case Study of Bonsaaso Cluster in the Amansie West District: A Dissertation Sumitted to The Department of Geography and Rural Development, College of Art and Social Science, Faculty of Social Sciences. Kumasi: Kwame Nkrumah University of Science and Technology; 2013.
9. Xu K, Evans DB, Carrin G, et al. Protecting households from Catastrophic health expenditures. Health Affairs 2007;6:972-83.
10. Omotara BA, Yahya SJ, Shehu U, et al. Communities' awareness, perception and participation in the Community-Based Medical Education of the University of Maiduguri. Educ Health (Abingdon) 2006;19:147-54.
11. Kinda O. The Monitoring and Evaluation System of the Millennium Villages Project-Potou/Senegal: Close Look at the Mid-term Evaluation Report. J Sustain Develop 2012;9:33-46.
12. Mashego TA, Peltzer K. Community perception of quality of (primary) health care services in a rural area of Limpopo Province, South Africa: a qualitative study. Curationis 2005;28:13-21.
13. United Nations UNDP. Handbook on planning, monitoring and evaluating for development results. United Nations; 2009.
14. Millennium Villages Project. Study Protocol, Integrating the delivery of health and development interventions: Assessing the impact on child survival in sub-Saharan Africa; 2009. Available from: https://ciesin.columbia.edu/.../MVP+ Accessed: 10/06/2015.
15. Gertler PJ, Martinez S, Premand P, et al. Impact Evaluation in Practice. Washington DC: World Bank Group; 2011.