

THE AWARENESS AND COMPLIANCE OF ANAMBRA WEST RESIDENTS TO CAMPAIGNS ON CHOLERA PREVENTION

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ABSTRACT

In this research on the “Awareness and Compliance of Anambra West Residents to Campaigns on Cholera Prevention”, the researcher sought to find out the residents’ level of awareness to the selected campaigns, their medium of exposure to campaigns on cholera prevention, their level of compliance to the selected campaigns and the extent to which the selected campaigns lead to positive behaviour change among the residents. In order to achieve these objectives, the researcher adopted the descriptive survey design, determined the samples (384) she studied using Meyer’s sample size determination formula and randomly selected them for this study from the 11 communities in Anambra West. She used a reliable and valid questionnaire that was formed using 5-point Likert Scale to rightly measure the research variables of this study and answer her research questions. Frequencies, tables, simple percentages, pie charts and the arithmetic mean scores of the responses of the respondents, were used to analyze the findings of this study which are that residents of Anambra West strongly agree that their level of awareness to the selected campaigns on cholera prevention is very high despite strongly agreeing that radio is their medium of exposure to campaigns on cholera prevention among others. Based on the findings of the researcher, she recommended that whenever it comes to enlightening the Anambra West residents on cholera prevention, the state government and the broadcast media should not fail to do it from the studios of radio and television mediums of mass communication they can be reached with, among others.

Keywords: Awareness, Campaigns, Cholera, Compliance, Prevention, Vibrio Cholerae

INTRODUCTION

Tolu-Kolawole (2022) reported that “the NCDC in its situation report for the 52nd epidemiological and last report for 2021, stated that it is only thirty-three (33) states of Abia, Adamawa, Akwalbom, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ebonyi, Ekiti, Enugu, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Sokoto, Taraba, Yobe, Rivers, Zamfara and the FCT that reported suspected cholera cases in 2021 while Anambra, Edo and Imo did not report cholera cases last year.”

However, in 2015, Nzeagwu (2015), reported that the then Anambra state Commissioner for Health, Dr. Joe Akabuike stated that “the dreaded disease, cholera hit four communities in Anambra West Local Council, claiming the lives of eight persons while 25 others were admitted in various hospitals in the state.” Two years after, Okafor (2017) reported that the then Commissioner for Health, Dr. Joe Akabuike, stated that no

fewer than 11 persons suffering from Cholera were hospitalized in Inoma community in Anambra West Local Government Area. But unlike in 2015 when the disease claimed some lives, Ujumadu (2017) reported that the then “Public Relations Officer of Anambra Ministry of Health, Miss Ebele, confirmed that none of the 11 persons died and that they were successfully treated and discharged.”

To probably avoid a repeat of the 2015 and 2017 outbreaks in Anambra West and other parts of the state and even worse cholera outbreaks this year, Anambra state government embarked on a national radio (Wazobia FM Onitsha) campaign while the Nigeria Centre for Disease Control (NCDC), Arise News, the World Health Organization (WHO) and Doctors without Borders (medecins sans Frontiere) also embarked on television campaigns which are all intended to inform people, including those residing in Anambra West, of the preventive measures to take to prevent the disease.

Despite the existence and availability of the above campaigns and others like them, researchers have, over the years, focused only on finding out the monthly variation and age group differentials in cholera outbreak, knowledge and practice of cholera prevention and management procedures among health care workers, prevalence and causes of cholera in some parts of the country, multi-sectorial emergency response to cholera outbreak, the molecular characterization of the circulating strains of *vibrio cholerae* during the 2010 cholera outbreak in Nigeria among others while little or no research has been done to ascertain audience awareness and compliance to media campaigns on cholera prevention, making it a knowledge gap. It is to largely contribute in filling this gap in knowledge, that the researcher decided to embark on the current study.

To achieve the general aim of embarking on this research which is to ascertain the awareness and compliance of Anambra West residents to campaigns by Anambra state government, the Nigeria Centre for Disease Control (NCDC), Arise News, the World Health Organization (WHO) and Doctors without Borders (medecins sans Frontiere) on cholera prevention, the researcher will seek to find out the residents’ level of awareness to the selected campaigns, their medium of exposure to campaigns on cholera prevention, their level of compliance to the selected campaigns and the extent to which the selected campaigns lead to positive behaviour change among the residents.

LITERATURE REVIEW

Empirical Studies

In a study to analyze the monthly variation and age group differentials in cholera outbreak in Yenagoa, South Southern Nigeria, by Amaefula (2021) used the data set that spanned from 2016M1 to 2018M12 and calculated seasonal variation using monthly index and quarterly index. They adopted chi-square to test the homogeneity of cholera across the quarterly indices and different age groups. Results from the study showed the rejection of the null hypothesis of no seasonal variation in cholera cases in Yenagoa against the alternative at 5% significant level while the incidence of cholera has seasonal effect in Yenagoa with peak in the third quarter (January-March) and nadir in the third quarter (July-September) and children under the age group (0-14) being the worst hit and represents 87.2% of the cases among others. Based on his findings, he concluded that there is seasonal effect in the incidence of cholera cases in Yenagoa while the first quarter has the highest number of cases. He therefore recommended that government and stakeholders in the health sector should be proactive in the surveillance and control strategies against cholera outbreak in order to reduce the incidence rate of the disease among children in the age group of 0-14 in Yenagoa, South Southern Nigeria.

In another study where Abbas, Obembe, Bankole&Ajayi (2019) assessed knowledge and practice of cholera prevention and management procedures among primary health care workers in Southwestern state in Nigeria, they collected data from 286PHC workers across four local government areas of Oyo state using a pre-tested self-administered questionnaire and presented it using descriptive statistics and chi-square tests before testing for statistical associations between categorical variables at 5% level of significance. From the study, they found and concluded that health workers at the primary level in Oyo state still lack adequate knowledge of general cholera prevention and management procedures. They therefore recommended that there should be more training and retraining of health workers with regards to management of cholera in order to reduce the mortality rates within the selected areas in Oyo state.

In yet another study on the prevalence and causes of cholera among children in Ekiti state, Nigeria, Moses, Iluku-Ayoola&Adeola (2020) used descriptive survey and a sample size of 300 who were administered reliable questionnaires. From the study, they found and concluded that poor sanitation, eating of contaminated food and drinking of contaminated water can lead to the outbreak of cholera among children in the state. They therefore recommended that parents and guardians should educate their children towards hygienic habit and proper ways of keeping the surrounding clean to avoid the spread of cholera, among others.

To find out the multi-sectorial emergency response to a cholera outbreak in internally displaced persons' camps in Borno state, Nigeria, 2017, Ngwa, Wondimagegnehu, Okudo, Owili, Ugochukwu, Clement, Devaux, Pezzoli, Ihekweazu, Jimme, Winch & Sack (2017) conducted 39 key informant interviews and focus group discussions and reviewed 21 documents with participants involved with surveillance, water, sanitation, hygiene, case management, oral cholera vaccine (OCV), communications, logistics and coordination. From the study, they found and concluded that despite a timely alert of the outbreak, delayed laboratory confirmation showed initial response while initial responses were not well coordinated but improved with Emergency Operations Centre (EOC). They therefore recommended, among others, that all partners should understand that the government is in charge, but needs their support to respond to emergencies.

In order to do the molecular characterization of the circulating strains of vibrio cholerae during 2010 cholera outbreak in Nigeria, finally, Oyedeji, Niemogha, Nwaokorie, Bamidele, Ochoga, Akinsinde, Brai, Oladele, Omonigbehin, Bamidele, Fesobi, Musa, Adeneye, Smith &Ujah (2013) collected 251 samples of rectal swabs, stool, vomiting, water (from the well, borehole, sachet, stream and tap) and disinfectants (sodium hypochlorite) from Borno, Gombe and Bauchi states and inoculated on thiosulphate-citrate bile salt-sucrose (TCBS), cary-blair transport medium and smeared on glass slides for direct examination. Using PCR of the cytotoxin gene A (ctxA), wbe O1 and wbf O139 gene primer, the vibrio cholerae isolates were serotyped, biotyped and characterized. From this study, they found and concluded that the circulating strains of cholera in Nigeria were of Ogawa serotype as were also observed in other outbreaks in Nigeria (1991, 1992 and 1998) while the strains were of the classical biotype and were mainly (72%) ctxA gene-positive. They therefore recommended that since it was found that the circulating strains are what produce the cholera toxin, the finding should be harnessed for possible cholera vaccine production in Nigeria.

Literature Gap

Past researchers have only focused on the monthly variation and the age group differentials in cholera outbreak in Yenagoa, Bayelsa (Amaefula, 2021), knowledge and practice of cholera prevention and management procedures among health care workers in Oyo state (Abbas *et al.*, 2019), the prevalence and causes of cholera among children in Ekiti state (Moses *et al.*, 2020), the multi-sectorial emergency response to a cholera outbreak in internally displaced persons' camps in Borno state (Ngwa *et al.*, 2017) and the molecular characterization of the circulating strains of *vibrio cholerae* during 2010 cholera outbreak in Nigeria (Oyedeji *et al.*, 2013). They studied no campaign on cholera prevention and did not also study Anambra West residents even as it concerns their level of awareness, medium of exposure and level of compliance to/with any campaign on cholera prevention. Neither of them studied the extent to which any campaign on cholera prevention leads to positive behaviour change among Anambra West residents. It is in consideration of the need to fill these knowledge gaps, that the researcher decided to embark on this current research.

Theoretical Framework

The Health Belief Model

The health belief model was one of the earliest behaviour change models to explain human health decision-making and subsequent behaviour (WHO, 2012 cited in Suleiman, 2019). It was originally developed in the 1950s, and updated in the 1980s by social psychologists Godfrey Hochbaum, Irwin Rosenstock, and Stephen Kegels working in the U.S. Public Health Services (Boskey&Olender 2016cited in Suleiman, 2019). The

model was developed as a way to explain why medical screening programs offered by the US public health service, particularly for tuberculosis, were not very successful (Hochbaum, 1958). He further explains that the underline concept of Health Belief Model is that health behaviour is determined by personal belief or perception about a disease and the strategies available to decrease the occurrence. According to Suleiman (2019), the model is based on the theory that a person's willingness to change their health behaviours is primarily due to the Constructs perceived susceptibility, perceived severity, perceived benefit, perceived barrier, cues to action and self-efficacy.

Since Anambra West residents are the people the researcher will study, media campaigns on cholera prevention by Anambra state government, the Nigeria Centre for Disease Control (NCDC), Arise News, the World Health Organization (WHO) and Doctors without Borders (medecins sans Frontiere), could be the cues to action that might move them to not just comply with the campaigns and adopt a positive behaviour change but also determine the extent to which they will comply and adopt positive behaviour change in their fight to prevent the outbreak of cholera in the area. This is so that they would not be at risk of contracting the disease as a result of what they personally believe about the disease and have any difficulty adopting the positive change in behaviour as mentioned in the campaigns. It is the extent to which they will comply with the campaigns and adopt positive behaviour change, that will probably tell the level of confidence the residents of Anambra West will have in their ability to comply and adopt the positive behaviour change.

Theory of Reasoned Action

The theory of reasoned action (TRA) was developed by Ajzen&Fishbein (1980). This theory provides a construct that links individual beliefs, attitudes, intentions and behaviours based on the premise that human beings are rational and that the behaviours being explored are under volitional control (Nwankwo, Uzoechina&Oguegbu, 2016).

“Essentially, the behavioural and normative beliefs -- referred to as cognitive structures -- influence individual attitudes and subjective norms, respectively. In turn, attitudes and norms shape a person's intention to perform a behaviour. Finally, as the profounder of the TRA argues, a person's intention remains the best indicator that the desired behaviour will occur” (Nwankwo, Uzoechina&Oguegbu, 2016). Overall, the TRA model supports a linear process in which changes in an individual's (Anambra West residents') behavioural and normative beliefs will ultimately affect the individual's (Anambra West residents') actual behaviour (possible positive behaviour change). In other words, the theory of reasoned action supports a linear process in which changes in the behavioural and normative beliefs of Anambra West residents, will ultimately affect and could lead to possible positive behavioural change.

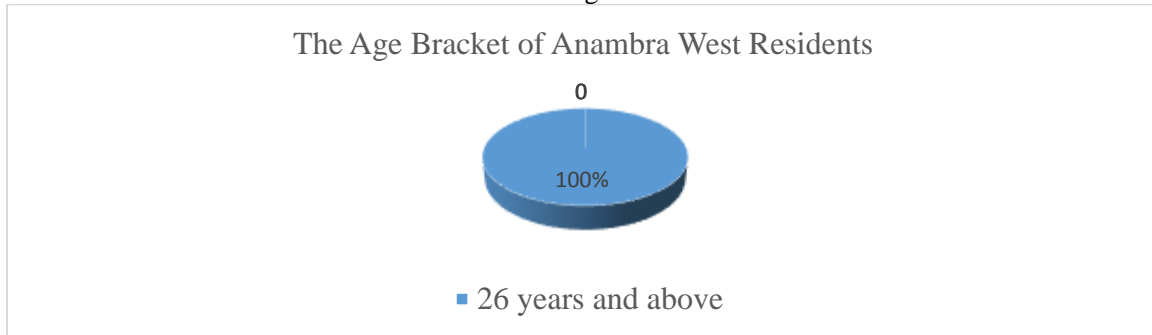
METHODOLOGY

For this study, the researcher used descriptive survey design. She studied Anambra West residents and selected 384 samples using Meyer's (1973) sample size determination formula, from the residents' 2022 projected population of 252, 962. The samples were selected from the 11 communities (Nmiata, InomaAkator, OromaEtiti, Umueze, Umuikwu, Umudiora, Umuenwelum, Obodo Out, Iyiora, Owelle and Nzam) that make up Anambra West, using the simple random sampling technique. Using this technique, the researcher randomly selected 35 residents each (350) from 10 communities and selected 34 residents from ObodoOtu. To collect data from the selected samples, the researcher used a closed-ended, valid and reliable questionnaire which was formed using 5-point Likert Scale of Strongly Agree (SA), Agree (A), Uncertain (U), Disagree (D) and Strongly Disagree (SD). For the analyses of the findings of this study, frequencies, tables, simple percentages, pie charts and the arithmetic mean of the responses of the respondents, were used by the researcher. The researcher rejected responses that are below 50% (2.5) and accepted those that are equal to and above 50% (2.5).

DATA PRESENTATION AND ANALYSIS

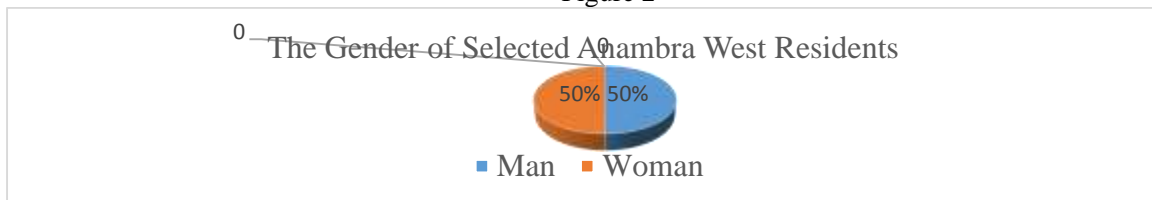
Demographic Characteristics of the Respondents

Figure 1



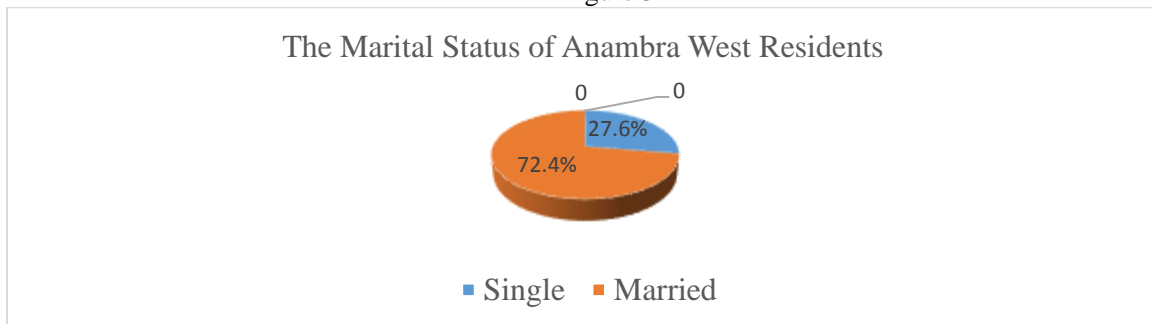
The pie chart above, shows that all the 384 respondents that were studied, indicated that they are 26 years and above.

Figure 2



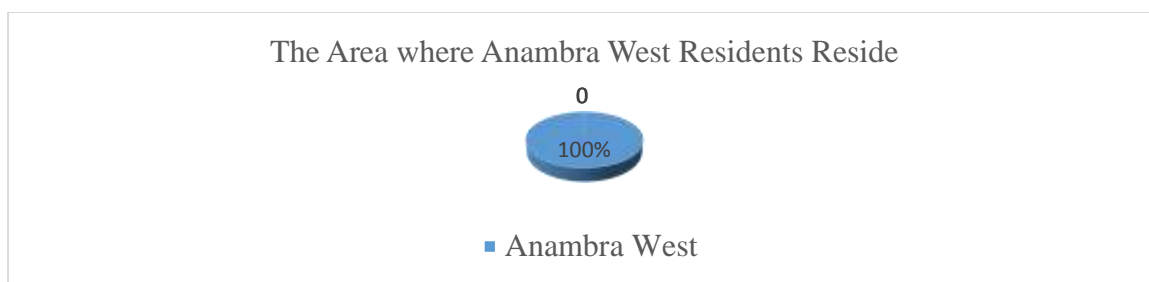
The pie chart above, shows that out of the 384 residents of Anambra West that were studied, 192 (50%) are men while 192 (50%) are women.

Figure 3



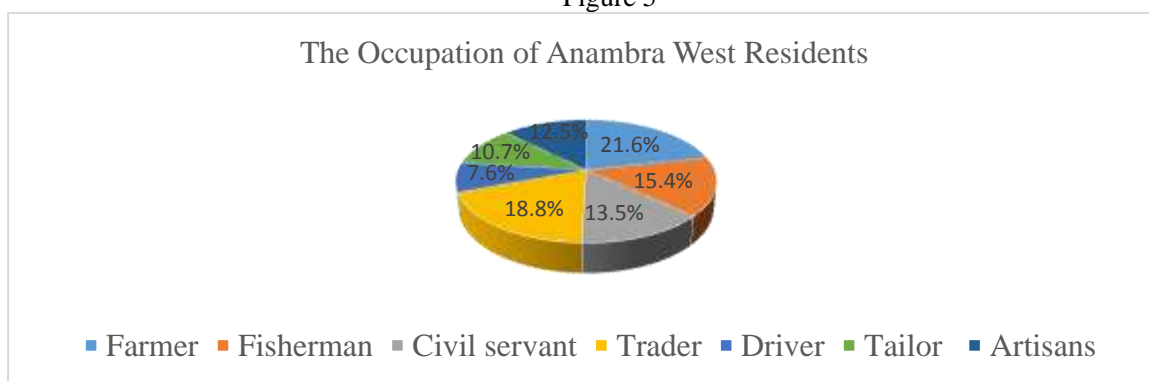
The pie chart above, shows that of the 384 residents of Anambra West that were studied, 106 (27.6%) indicated that they are single while 278 (72.4%) indicated that they are married.

Figure 4



The pie chart above, shows that all the respondents that were studied, indicated that they are Anambra West residents.

Figure 5



The pie chart above, shows that 83 (52.3%) out of the 384 respondents that were studied, indicated that they are farmers while 59 (15.4%) out of the 384 studied respondents, indicated that they are fishermen. 52 (13.5%) indicated that they are civil servants while 72 (18.8%), indicated that they are traders. 29 (7.6%) out of the 384 respondents that were studied, indicated that they are drivers while 41 (10.7%) indicated that they are tailors. The remaining 48 (12.5%) indicated that they are artisans.

Analysis of Data on the Research Questions

Research Question 1: What is Anambra West residents’ level of awareness to campaigns on cholera prevention?

Anambra West residents’ level of awareness to campaigns on cholera prevention.

Table 1

S/N	ITEM	SA 5	A 4	U 3	D 2	SD 1	TOTAL	- X	DECISION RULE
1	My level of awareness to campaigns on cholera prevention is very high	(42.2%) 162 810	(20.8%) 80 320	(6.5%) 25 75	(16.7%) 64 128	(13.8%) 53 53	100 384 1386	3.6	Accepted

Source: Researcher’s Field Survey, 2023

The table above, shows that 42.2% of Anambra West residents strongly agree that their level of awareness to campaigns on cholera prevention is very high while 20.8% of the residents agree that their level of awareness to the campaigns is very high. 16.7% of the residents disagree that their level of awareness to the campaigns is very high while 13.8% of the residents strongly disagree that their level of awareness to the campaigns is very high. The remaining 6.5% of the residents are, however, uncertain as to whether their level of awareness to the campaigns is very high or not. This very high awareness of Anambra West residents to the campaigns on cholera prevention, cannot be said of the health workers at the primary level in Oyo

state who Abbas *et al.*, (2019) found that they lack adequate knowledge of general cholera prevention and management procedures (see chapter 2, p. 21).

Table 2

S/N	ITEM	SA 5	A 4	U 3	D 2	SD 1	TOTAL	- X	DECISION RULE
2	My level of awareness to campaigns on cholera prevention is high	(22.7%) 87 435	(15.4%) 59 236	(22.1%) 85 255	(23.7%) 91 182	(16.1%) 62 62	100 384 1170	3.0	Accepted

Source: Researcher’s Field Survey, 2023

The table above, shows that 22.7% of Anambra West residents strongly agree that their level of awareness to campaigns on cholera prevention is high while 15.4% of the residents agree that their level of awareness to the campaigns is high. 23.7% of the residents disagree that their level of awareness to the campaigns is high while 16.1% of the residents strongly disagree that their level of awareness to the campaigns is high. The remaining 22.1% of the residents are, however, uncertain as to whether their level of awareness to the campaigns is high or not. The fact that Anambra West residents disagreed that their level of awareness is high and strongly agreed that it is very high, is proof that Anambra state government, the NCDC, Arise News, WHO and Doctors without borders achieved their aim of fully reaching Anambra West residents with their campaigns on how to prevent the spread of cholera.

Table 3

S/N	ITEM	SA 5	A 4	U 3	D 2	SD 1	TOTAL	- X	DECISION RULE
3	My level of awareness to campaigns on cholera prevention is low	(15.9%) 61 305	(16.4%) 63 252	(13.0%) 50 150	(21.4%) 82 164	(33.3%) 128 128	100 384 999	2.6	Accepted

Source: Researcher’s Field Survey, 2023

The table above, shows that 15.9% of Anambra West residents strongly agree that their level of awareness to campaigns on cholera prevention is low while 16.4% of the residents agree that their level of awareness to the campaigns is low. 21.4% of the residents disagree that their level of awareness to the campaigns is low while 33.3% of the residents strongly disagree that their level of awareness to the campaigns is low. The remaining 13.0% of the residents are, however, uncertain as to whether their level of awareness to the campaigns is low or not. This finding is an indication that Anambra West residents strongly disagreed that their level of awareness to the selected campaigns on cholera prevention is low. For them to have strongly disagreed, means that they are aware of the campaigns. If they are not aware, they would not have indicated their disagreement.

Table 4

S/N	ITEM	SA 5	A 4	U 3	D 2	SD 1	TOTAL	- X	DECISION RULE
4	My level of awareness to campaigns on cholera prevention is very low	(14.8%) 57 285	(12.5%) 48 192	(20.1%) 77 231	(26.6%) 102 204	(26.0%) 100 100	100 384 1012	2.6	Accepted

Source: Researcher’s Field Survey, 2023

Table 4, shows that 14.8% of Anambra West residents strongly agree that their level of awareness to campaigns on cholera prevention is very low while 12.5% of the residents agree that their level of awareness to the campaigns is very low. 26.6% of the residents disagree that their level of awareness to the campaigns is very low while 26.0% of the residents strongly disagree that their level of awareness to the campaigns is very low. The remaining 20.1% of the residents are, however, uncertain as to whether their level of awareness to the campaigns is low or not. Having strongly disagreed that their level of awareness to campaigns on cholera prevention is low, Anambra West residents also disagreed that their level of awareness is very low as shown in this finding. They cannot be fully reached with the selected campaigns and their awareness level will be very low.

Based on the above findings on the level of awareness of Anambra West residents to campaigns on cholera prevention, the residents’ level of awareness to campaigns on cholera prevention is very high (SA= 42.2%). The Weighted Mean Score (WMS) of how much they agree that their awareness level is very high (3.6) which is not less than 2.5, is indicative of how strong their agreement is.

Research Question 2: What is Anambra West residents’ medium of exposure to campaigns on cholera prevention?

Anambra West residents’ medium of exposure to campaigns on cholera prevention.

Table 5

S/N	ITEM	SA 5	A 4	U 3	D 2	SD 1	TOTAL	- X	DECISION RULE
5	Radio is my medium of exposure to the campaigns	(32.6%) 125 625	(17.2%) 66 264	(7.8%) 30 90	(21.6%) 83 166	(20.8%) 80 80	100 384 1225	3.1	Accepted

Source: Researcher’s Field Survey, 2023

Table 5, shows that 32.6% of Anambra West residents strongly agree that radio is their medium of exposure to campaigns on cholera prevention while 17.2% of them agree that radio is their medium of exposure to the campaigns. 21.6% of the residents disagree that radio is their medium of exposure to the campaigns while 20.8% strongly disagree that radio is their medium of exposure to the campaigns. The remaining 7.8% of the residents are, however, uncertain as to whether radio is their medium of exposure to the campaigns or not. For Anambra West residents to have strongly agreed that radio is their medium of exposure to campaigns on cholera prevention, it means that they received and consumed the campaigns while Ayo-Obiremi and Adelabu (2020) is right to have said that “being part of a media audience indicates a consumer/recipient role rather than a producer/initiator role” (see chapter 2, p. 18). Since Anambra West residents did not produce and initiate the campaigns, it means that they fall under the media audience described.

Table 6

S/N	ITEM	SA 5	A 4	U 3	D 2	SD 1	TOTAL	- X	DECISION RULE
6	Television is my medium of exposure to the campaigns	(27.1%) 104 520	(10.4%) 40 160	(13.5%) 52 156	(29.2%) 112 224	(19.8%) 76 76	100 384 1136	2.9	Accepted

Source: Researcher’s Field Survey, 2023

The table above, shows that 27.1 % of Anambra West residents strongly agree that television is their medium of exposure to campaigns on cholera prevention while 10.4% of them agree that television is their medium of exposure to the campaigns. 29.2% of the residents disagree that television is their medium of exposure to the campaigns while 19.8% strongly disagree that television is their medium of exposure to the campaigns. The remaining 13.5% of the residents are, however, uncertain as to whether television is their medium of exposure to the campaigns or not. From this finding, the residents disagreed that television is their medium of exposure to campaigns on cholera prevention. This is obviously because they strongly agreed that radio is their medium of exposure to the campaigns.

Table 7

S/N	ITEM	SA 5	A 4	U 3	D 2	SD 1	TOTAL	- X	DECISION RULE
7	Newspaper is my medium of exposure to the campaigns	(12.8%) 49 245	(16.7%) 64 256	(18.5%) 71 213	(23.4%) 90 180	(28.6%) 110 110	100 384 1004	2.6	Accepted

Source: Researcher’s Field Survey, 2023

Table 7, shows that 12.8% of Anambra West residents strongly agree that newspaper is their medium of exposure to campaigns on cholera prevention while 16.7% of them agree that newspaper is their medium of exposure to the campaigns. 23.4% of the residents disagree that newspaper is their medium of exposure to the campaigns while 28.6% strongly disagree that newspaper is their medium of exposure to the campaigns. The remaining 18.5% of the residents are, however, uncertain as to whether newspaper is their medium of exposure to the campaigns or not. Since the residents strongly disagreed that newspaper is their medium of exposure to the campaigns, it can be said it is because they are who Ayo-Obiremi and Adelabu (2020) described as “independent and active media receivers” who choose the medium to be exposed to and the media content to consume (see chapter 2, p. 18).

Table 8

S/N	ITEM	SA 5	A 4	U 3	D 2	SD 1	TOTAL	- X	DECISION RULE
8	Word of mouth is my medium of exposure to the campaigns	(25.3%) 97 485	(21.1%) 81 324	(12.2%) 47 141	(18.2%) 70 140	(23.2%) 89 89	100 384 1179	3.0	Accepted

Source: Researcher’s Field Survey, 2023

The table above, shows that 25.3% of Anambra West residents strongly agree that word of mouth is their medium of exposure to campaigns on cholera prevention while 21.1% of them agree that word of mouth is their medium of exposure to the campaigns. 18.2% of the residents disagree that word of mouth is their medium of exposure to the campaigns while 23.2% strongly disagree that word of mouth is their medium of exposure to the campaigns. The remaining 12.2% of the residents are, however, uncertain as to whether word of mouth is their medium of exposure to the campaigns or not. While the residents strongly agreed that word of mouth is their medium of exposure to the campaigns, their level of agreement that this is the case, is less than their level of agreement that radio is their medium of exposure to the campaigns.

Table 9

S/N	ITEM	SA 5	A 4	U 3	D 2	SD 1	TOTAL	- X	DECISION RULE
9	Billboard is my medium of exposure to the campaigns	(17.9%) 69 345	(9.6%) 37 148	(15.1%) 58 174	(26.0%) 100 200	(31.3%) 120 120	100 384 987	2.5	Accepted

Source: Researcher’s Field Survey, 2023

The table above, shows that 17.9% of Anambra West residents strongly agree that billboard is their medium of exposure to campaigns on cholera prevention while 9.6% of them agree that billboard is their medium of exposure to the campaigns. 26.0% of the residents disagree that billboard is their medium of exposure to the campaigns while 31.3% strongly disagree that word of mouth is their medium of exposure to the campaigns. The remaining 15.1% of the residents are, however, uncertain as to whether billboard is their medium of exposure to the campaigns or not. The residents’ strong disagreement that billboard is their medium of exposure to the campaigns, can also be attributed to their independence in choosing the medium to be exposed to.

Based on the above findings on Anambra West residents’ medium of exposure to campaigns on cholera prevention, their medium of exposure to the campaigns, is radio (SA=32.6%). The Weighted Mean Score

(WMS) of how much they agree that radio is the medium (3.1) which is not less than 2.5, is indicative of how strong their agreement is.

Research Question 3: What is the level of compliance of Anambra West residents to campaigns on cholera prevention?

The level of compliance of Anambra West residents to campaigns on cholera prevention.

Table 10

S/N	ITEM	SA 5	A 4	U 3	D 2	SD 1	TOTAL	- X	DECISION RULE
10	My level of compliance to the campaigns is very high	(57.8%) 222 1110	(3.9%) 15 60	(5.2%) 20 60	(20.3%) 78 156	(12.8%) 49 49	100 384 1435	3.7	Accepted

Source: Researcher’s Field survey, 2023

The table above, shows that 57.8% of Anambra West residents strongly agree that their level of compliance to campaigns on cholera prevention is very high while 3.9% of the residents agree that their level of compliance to the campaigns is very high. 20.3% of the residents disagree that their level of compliance to the campaigns is very high while 12.8% of the residents strongly disagree that their level of compliance to the campaigns is very high. The remaining 5.2% of the residents are, however, uncertain as to whether their level of compliance to the campaigns is very high or not. From this finding, the residents’ level of compliance is very high. If the media did not consider certain things which Dodkins (2010) recommended, which are audience engagement, audience expectations, foreknowledge, identification, placement and research (see chapter 2, p. 22) before airing the selected campaigns, the audience would not have complied to a very high extent.

Table 11

S/N	ITEM	SA 5	A 4	U 3	D 2	SD 1	TOTAL	- X	DECISION RULE
11	My level of compliance to the campaigns is high	(55.2%) 212 1060	(7.0%) 27 108	(13.3%) 51 153	(15.4%) 59 118	(9.1%) 35 35	100 384 1474	3.8	Accepted

Source: Researcher’s Field Survey, 2023

The table above, shows that 55.2% of Anambra West residents strongly agree that their level of compliance to campaigns on cholera prevention is high while 7.0% of the residents agree that their level of compliance to the campaigns is high. 15.4% of the residents disagree that their level of compliance to the campaigns is high while 9.1% of the residents strongly disagree that their level of compliance to the campaigns is high. The remaining 13.3% of the residents are, however, uncertain as to whether their level of compliance to the campaigns is high or not. The residents may have strongly agreed that their level of compliance is high but it is not as much as they strongly agreed that their level of compliance is very high.

Table 12

S/N	ITEM	SA 5	A 4	U 3	D 2	SD 1	TOTAL	- X	DECISION RULE
12	My level of compliance to the campaigns is low	(19.5%) 75 375	(21.9%) 84 336	(23.7%) 91 273	(31.3%) 120 240	(3.6%) 14 14	100 384 1238	3.2	Accepted

Source: Researcher’s Field Survey, 2023

The table above, shows that 19.5% of Anambra West residents strongly agree that their level of compliance to campaigns on cholera prevention is low while 21.9% of the residents agree that their level of compliance to the campaigns is low. 31.3% of the residents disagree that their level of compliance to the campaigns is low while 3.6% of the residents strongly disagree that their level of compliance to the campaigns is low. The remaining 23.7% of the residents are, however, uncertain as to whether their level of compliance to the

campaigns is low or not. The residents’ level of compliance not being low as found by the researcher, must be because they are aware that cholera can kill especially since “the disease is rife in developing countries (like Nigeria) with poor healthcare system, poor infrastructure, lack of access to portable drinking water, high level of illiteracy, political instability among other factors” (Koloet *al.*, 2013; Ajayi& Smith, 2019; see chapter 2, p. 12).

Table 13

S/N	ITEM	SA 5	A 4	U 3	D 2	SD 1	TOTAL	- X	DECISION RULE
13	My level of compliance to the campaigns is very low	(6.5%) 25 125	(11.5%) 44 176	(15.9%) 61 183	(65.4%) 251 502	(0.7%) 3 3	100 384 989	2.5	Accepted

Source: Researcher’s Field Survey, 2023

The table above, shows that 6.5% of Anambra West residents strongly agree that their level of compliance to campaigns on cholera prevention is very low while 11.5% of the residents agree that their level of compliance to the campaigns is very low. 65.4% of the residents disagree that their level of compliance to the campaigns is very low while 0.7% of the residents strongly disagree that their level of compliance to the campaigns is very low. The remaining 15.9% of the residents are, however, uncertain as to whether their level of compliance to the campaigns is very low or not. The disagreement of the residents that their level of compliance is very low, can also be said to be because of what they know about the disease and the bad experience they had few years ago when people were down with the disease in Anambra West (see chapter 1, p. 6).

Based on the above findings on Anambra West residents’ level of compliance to campaigns on cholera prevention, their level of compliance is very high (SA= 57.8%). The Weighted Mean Score (WMS) of how much they agree that their compliance level is very high (3.7) which is not less than 2.5, is indicative of how strong their agreement is.

Research Question 4: What is the extent to which campaigns on cholera prevention lead to positive behaviour change among the residents of Anambra West?

The extent to which campaigns on cholera prevention lead to positive behaviour change among residents of Anambra West.

Table 14

S/N	ITEM	SA 5	A 4	U 3	D 2	SD 1	TOTAL	- X	DECISION RULE
14	The extent to which the campaigns lead me to positively change my behaviour is very high	(52.1%) 200 1000	(9.6%) 37 148	(4.7%) 18 54	(21.4%) 82 164	(12.2%) 47 47	100 384 1413	3.6	Accepted

Source: Researcher’s Field Survey, 2023

The table above, shows that 52.1% of Anambra West residents strongly agree that the extent to which campaigns on cholera prevention lead to positive behaviour change among them, is very high while 9.6% of the residents agree that the extent to which the campaigns lead to positive behaviour change among them, is very high. 21.4% of the residents disagree that the extent to which the campaigns lead to positive behaviour change among them is very high while 12.2% of the residents strongly disagree that the extent to which the campaigns lead to positive behaviour change among them is very high. The remaining 4.7% of the residents are, however, uncertain as to whether the campaigns lead to positive behaviour change to a very high extent among them or not. Since the campaigns lead to positive behaviour change among the residents to a very high extent, it means that there are things they did wrong in the past and that could be “the consumption of

contaminated water and food” which Salako, Ajayi and Smith (2021) believe cholera can be contracted from (see chapter 2, p. 13).

Table 15

S/N	ITEM	SA 5	A 4	U 3	D 2	SD 1	TOTAL	- X	DECISION RULE
15	The extent to which the campaigns lead me to positively change my behaviour is high	(31.5%) 121 605	(15.1%) 58 232	(15.6%) 60 180	(17.2%) 66 132	(20.6%) 79 79	100 384 1228	3.1	Accepted

Source: Researcher’s Field Survey, 2023

The table above, shows that 31.5% of Anambra West residents strongly agree that the extent to which campaigns on cholera prevention lead to positive behaviour change among them, is high while 15.1% of the residents agree that the extent to which the campaigns lead to positive behaviour change among them, is high. 17.2% of the residents disagree that the extent to which the campaigns lead to positive behaviour change among them is high while 20.6% of the residents strongly disagree that the extent to which the campaigns lead to positive behaviour change among them is high. The remaining 15.6% of the residents are, however, uncertain as to whether the campaigns lead to positive behaviour change to a high extent among them or not. The residents may have strongly agreed that the selected campaigns lead to positive behaviour change among them to a high extent but it is not as much as they strongly agreed that the campaigns lead to positive behaviour change among them to a very high extent.

Table 16

S/N	ITEM	SA 5	A 4	U 3	D 2	SD 1	TOTAL	- X	DECISION RULE
16	The extent to which the campaigns lead me to positively change my behaviour is low	(14.3%) 55 275	(10.7%) 41 164	(10.4%) 40 120	(62.8%) 241 482	(1.8%) 7 7	100 384 1048	2.7	Accepted

Source: Researcher’s Field Survey, 2023

The table above, shows that 14.3% of Anambra West residents strongly agree that the extent to which campaigns on cholera prevention lead to positive behaviour change among them, is low while 10.7% of the residents agree that the extent to which the campaigns lead to positive behaviour change among them, is low. 62.8% of the residents disagree that the extent to which the campaigns lead to positive behaviour change among them is low while 1.8% of the residents strongly disagree that the extent to which the campaigns lead to positive behaviour change among them is low. The remaining 10.4% of the residents are, however, uncertain as to whether the campaigns lead to positive behaviour change to a low extent among them or not. This finding that the residents disagreed that the extent to which the campaigns lead to positive behaviour change among them is low, may not be unconnected to the fact that they believe just as Salako *et al.*, (2021) believe that “cholera is endemic in Nigeria with recurrent outbreaks annually, some of which are sporadic and seasonal mostly during the wet season while several outbreaks have been recorded since 1970 with various outcomes of morbidity and mortality” (see chapter 2, p. 14).

Table 17

S/N	ITEM	SA 5	A 4	U 3	D 2	SD 1	TOTAL	- X	DECISION RULE
17	The extent to which the campaigns lead me to positively change my behaviour is very low	(17.9%) 69 345	(5.7%) 22 88	(8.1%) 31 93	(65.9%) 253 506	(2.3%) 9 9	100 384 1041	3.0	Accepted

Source: Researcher’s Field Survey, 2023

The table above, shows that 17.9% of Anambra West residents strongly agree that the extent to which campaigns on cholera prevention lead to positive behaviour change among them, is very low while 5.7% of the residents agree that the extent to which the campaigns lead to positive behaviour change among them, is very low. 65.9% of the residents disagree that the extent to which the campaigns lead to positive behaviour change among them is very low while 2.3% of the residents strongly disagree that the extent to which the campaigns lead to positive behaviour change among them is very low. The remaining 8.1% of the residents are, however, uncertain as to whether the campaigns lead to positive behaviour change to a very low extent among them or not. The residents’ disagreement here, may also not be unconnected to their belief in the deadliness of the disease and the damage it can do.

Based on the above findings on the extent to which campaigns on cholera prevention, lead Anambra West residents to positive behaviour change, the extent the campaigns lead them to positive behaviour change is very high (SA= 52.1%). The Weighted Mean Score (WMS) of how much they agree that the extent the campaigns lead them is very high (3.6) which is not less than 2.5, is indicative of how strong their agreement is.

DISCUSSION OF FINDINGS

From this study, the researcher found that Anambra West residents’ level of awareness to the respective radio and TV campaigns on cholera prevention by the Anambra state government (through Wazobia FM), the Nigeria Centre for Disease Control (NCDC), Arise News, the World Health Organization (WHO) and Doctors without Borders (medecins sans Frontiere), is very high. There are factors that could be responsible for this and they include Anambra West residents’ strong desire to find solutions to constant cholera outbreak in Anambra West or Anambra West residents’ financial and material expectations from the government that will help to prevent them from contracting the disease and recover from it in the event they contract it, among others. Whichever is the case, their very high awareness to the campaigns shows that they do know the importance of being aware of such campaigns and what they stand to benefit from them. It also shows that Anambra West residents are among the people that Anambra state government (through Wazobia FM), the Nigeria Centre for Disease Control (NCDC), Arise News, the World Health Organization (WHO) and Doctors without Borders (medecins sans Frontiere) actually reached with their campaigns, which is an indication of how well the campaigns were received in Anambra West and by Anambra West residents. Since humans are sometimes forgetful while anything less than being very highly aware of the campaigns, could make them vulnerable to cholera, it is only right that they remain very highly aware of the campaigns in order to always remember to fight cholera the right way.

The researcher also found that radio is Anambra West residents’ medium of exposure to campaigns on cholera prevention. This must be why Duke (2021) believes that radio “is a powerful instrument in the area of public enlightenment, on health issues, family planning, cultural re-awakening, business improvement and other social development issues. Anambra West residents’ choice of radio may be informed by their belief that radio is indeed a powerful instrument for keeping people informed on health issues such as cholera, their financial status, the affordability of radio, lack of adequate power supply in the area or the high cost of living in the country, among others. Whatever their reason, it is clear that they expose themselves to campaigns on cholera prevention. If this is not the case, they would not have a medium of exposure to the

campaigns. Their exposure is an indication that they understand that one can only prevent a disease outbreak, when one knows how to prevent it. Anambra West residents' choice of radio as their medium of exposure to the campaigns, is indicative of the fact that they know the usefulness of the media in terms of getting health information across to people who need them.

The researcher equally found that Anambra West residents' level of compliance to campaigns by the Anambra state government (through Wazobia FM), the Nigeria Centre for Disease Control (NCDC), Arise News, the World Health Organization (WHO) and Doctors without Borders (medecins sans Frontiere), on cholera prevention, is very high. This could be attributed to Anambra West residents' strong desire to stay healthy, lack of good and quality healthcare centres in Anambra state and Nigeria at large, little or no interest in spending their hard-earned money in hospitals for medical treatment, no intention of contracting cholera, the bad experiences they had over the years when there was cholera outbreak in the area or their belief of the content of the campaigns, among others. Whichever is the case, their very high compliance shows that they value their health and understand that they cannot achieve whatever they want to achieve in life without good health and healthy living. If their compliance level remains high, it means that the chances of the area remaining the epicenter of cholera outbreak in Anambra state, will eventually become low while the reverse will be the case, if their compliance level does not remain very high.

The last but not the least finding of the researcher, is that the extent to which the campaigns by the Anambra state government (through Wazobia FM), the Nigeria Centre for Disease Control (NCDC), Arise News, the World Health Organization (WHO) and Doctors without Borders (medecins sans Frontiere), on cholera prevention, leads to positive behaviour change among residents of Anambra West, is very high. This finding gives credence to the views of Duke (2021) that "radio has proven to be the leading mass communication medium, having the capacity to persuade and effectively influence large audiences thereby contributing substantially to the building of a national consensus" and that television "is a medium, which brings its massive audience into a direct relationship with particular sets and values and attitudes." The extent to which the campaigns led to positive behaviour change among Anambra West residents would not have been very high, if the mediums (radio and television) through which the campaigns reached them, were not persuasive and did not influence them to the point of the campaigns leading them to have positive behaviour change.

CONCLUSION

Residents of Anambra West strongly agree that their level of awareness to the selected campaigns on cholera prevention is very high. This is despite strongly agreeing that radio is their medium of exposure to campaigns on cholera prevention. They strongly agreed that their level of compliance to the selected campaigns on cholera prevention is very high and strongly agreed that the extent to which the selected campaigns on cholera prevention lead them to positive behaviour change is very high.

RECOMMENDATIONS

Based on the findings of this study, the researcher recommends that:

1. Whenever it comes to enlightening Anambra West residents on cholera prevention, the state government should not fail to do it from the studios of radio and television mediums of mass communication they can be reached with.
2. Anambra West residents should always expose themselves to different mediums in order to always get health information on how to prevent cholera and never depend on one or some medium(s) for the information.
3. As much as Anambra West residents should always comply to the selected campaigns on cholera prevention, they should always do it to the fullest without leaving any stone unturned.
4. In addition to being led by the selected campaigns to positively change their behaviour, Anambra West residents should ensure that they never stop doing things that will keep cholera away from Anambra West.

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