OBAFEMI AWOLOWO UNIVERSITY

EFFECT OF COMMUNITY RESOURCE PERSONS' ACTIVITIES ON CHILD HEALTH AND SURVIVAL IN TWO RURAL COMMUNITIES OF ONDO STATE.

OLAWALE YETUNDE ABOSEDE

BMSP11//12/H/1573

A THESIS

SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTERS OF SCIENCE IN NURSING

TO

THE DEPARTMENT OF NURSING SCIENCE

FACULTY BASIC MEDICAL SCIENCES

COLLEGE OF HEALTH SCIENCE

OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE OSUN STATE, NIGERIA

SUPERVISOR: Dr. B.A Oyeleye

© Obafemi Awolowo University, Ile-Ife, Nigeria
For more information contact **ir-help@oauife.edu.ng**

OBAFEMI AWOLOWO UNIVERSITY

AUTHORIZATION TO COPY

AUTHOUR: OLAWALE Yetunde Abosede

TITLE: EFFECT OF COMMUNITY RESOURCE PERSONS' ACTIVITIES ON CHILD HEALTH AND SURVIVAL IN TWO RURAL COMMUNITIES OF ONDO STATE.

DEGREE: MASTERS OF NURSING SCIENCE (MSc.)

YEAR: 2015

I OLAWALE Yetunde Abosede hereby authorize Hezekiah Oluwasanmi Library to copy this thesis either in part or in whole in response to individual or organization for the purpose of private study

Signature…………………………………Date………………………………

OBAFEMI AWOLOWO UNIVERSITY

© Obafemi Awolowo University, Ile-Ife, Nigeria
For more information contact **ir-help@oauife.edu.ng**

CERTIFICATION

I certify that this research project was carried out by OLAWALE Yetunde Abosede of the department of Nursing Science, Faculty of Basic Medical Sciences, Obafemi Awolowo University, Ile-Ife,Osun State, Nigeria under the supervision and guidance of:

……………………………….

Dr. B.A. Oyeleye **Date**

…………………………………..

Dr. (Mrs) A. A. Olaogun **Date**

HOD

OBAFEMI AWOLOWO UNIVERSITY

© Obafemi Awolowo University, Ile-Ife, Nigeria
For more information contact **ir-help@oauife.edu.ng**

OBAFEMI AWOLOWO UNIVERSITY

DEDICATION

This thesis is dedicated to the almighty God, who is able to do exceedingly abundantly above all that l can ask or think. To Him alone I give all glory, honour, adoration and praise.

OBAFEMI AWOLOWO UNIVERSITY

© Obafemi Awolowo University, Ile-Ife, Nigeria
For more information contact **ir-help@oauife.edu.ng**

ACKNOWLEDGEMENT

I give all glory to God Almighty, the beginning and the end, who started this programme with me and has brought me to the end of it.

I want to specially thank my supervisor Dr, B.A Oyeleye, I appreciate him for his guidance, support, and encouragement.. The Lord will continue to be with you in all your ways. I thank all my lecturers for your words of encouragement and support

I am very grateful to the entire academic and administrative staffs of the department, for their support during my course of study, May God bless you all.

I want to specially thank my husband Dr.G.A. Olawale and my lovely children for their support and understanding. They have always shown interest in my progress. The lord will keep you for me.

I specially thank and appreciate Tijesunmimi, Peter and Godwin for your support during data collection, May God Almighty be with you in all your ways. A very big thanks to all the CORPs for a job well done. Thanks for your diligence and painstakingness.

OBAFEMI AWOLOWO UNIVERSITY

© Obafemi Awolowo University, Ile-Ife, Nigeria
For more information contact **ir-help@oauife.edu.ng**

OBAFEMI AWOLOWO UNIVERSITY

TABLE OF CONTENTS

Title Page	i
Table of Contents	ii
Abstract	iv
CHAPTER ONE: INTRODUCTION	
1.1 Background of the study	1
1.2 Statement of the Problem	4
1.3 Objectives of the Study	6
1.4 Significance of the study	6
1.5 Limitation of the study	7
1.6 Delimitation of the study	8
1.7. Operational Definition of Terms	8
CHAPTER TWO: REVIEW OF RELATED LITERATURES	
2.1 Overview of Child health and survival in Africa	9
2.2 Child Health and Survival in Nigeria	11
2.3 Concept of Community Resource Persons	13
2.4 Concept of key household and community health practice	18
2.5 CORPs and Child health survival	23
2.6 Theoretical Framework: The Natural helper Model	29
2.6.1 Conceptual framework	33
2.8 Hypotheses	34
CHAPTER THREE: METHODOLOGY	
3.1 Research Design	35
3.2 Research Setting	35
3.3 Target Population	36
3.4 Sample Size	36
3.5 Sampling Technique	37
3.6 Selection of CORPs	37

OBAFEMI AWOLOWO UNIVERSITY

© Obafemi Awolowo University, Ile-Ife, Nigeria
For more information contact **ir-help@oauife.edu.ng**

OBAFEMI AWOLOWO UNIVERSITY

3.7 Training of CORPs 38

3.8 Instruments for the Study 40

3.7 Pilot Test 40

3.8 Validity of Instruments 40

3.9 Ethical Consideration 41

3.10 Procedure for Data Collection 41

3.11 Method of Data Analysis 42

CHAPTER FOUR:

4.1 Analysis and interpretation of data 44

4.2 Tests of Hypotheses 56

CHAPTER FIVE: DISCUSSION, SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Discussion of Findings 60

5.2 Implications of the study for Nursing and Nursing profession 65

5.3 Summary 66

5.4 Recommendation 67

5.5 Conclusion 67

References 68

Appendix i: Questionnaire 72

Appendix ii: Permission to Collect Data

Appendix iii: Permission to Collect Data

Appendix iv: Iwe Itosona fun awon CORPS

Appendix v: Training of CORPS

Appendix vi Approval of ethnical review committee

OBAFEMI AWOLOWO UNIVERSITY

© Obafemi Awolowo University, Ile-Ife, Nigeria
For more information contact **ir-help@oauife.edu.ng**

OBAFEMI AWOLOWO UNIVERSITY

LIST OF TABLES

TABLES **PAGE**

Table.1 Socio-demographic characteristic of respondents 44

Table 2 .Knowledge and practice of breastfeeding 46

Table 3 Knowledge of caregivers on the benefit and sources of Vitamin A 47

Table 4 Practice of washing of hands with soap 48

Table 5. Knowledge of management of a child with high temperature 49

Table 6 Health seeking knowledge of caregivers 50

Table 7 Knowledge and practice of breastfeeding 51

Table 8 Knowledge of caregivers on the benefit and sources of Vitamin A 52

Table 9 Practice of washing of hands with soap 53

Table 10. Knowledge of management of a child with high temperature 54

Table 11 Health seeking knowledge of caregivers 55

Figures

Figure 1: Natural Helper Model 32

Figure 2: Conceptual Framework 33

OBAFEMI AWOLOWO UNIVERSITY

© Obafemi Awolowo University, Ile-Ife, Nigeria
For more information contact **ir-help@oauife.edu.ng**

OBAFEMI AWOLOWO UNIVERSITY

ABSTRACT

The study assessed and compared the knowledge and practice of growth promotion/ development and disease prevention among rural dwellers with and without trained Community Resource Persons (CORPs). It also determined the effect of trained CORPs activities on knowledge of household management of common childhood illnesses. In addition, it determined the effect of trained CORPs activities on health seeking behaviour of caregivers with a view to determine the effect of CORPs activities on child health and survival in two rural communities in Ondo State.

The study employed a quasi-experimental design. The sample comprises of one hundred and eighty respondents selected by multistage sampling technique from two rural communities (ninety respondents from each community). Caregivers' knowledge and practice of key household and community practices were assessed using the Integrated management of childhood Illnesses household level survey questionnaire. Six CORPs were trained to train other caregivers in the intervention community while the control community was not exposed to trained CORPS. The knowledge and practice of both communities were determined and compared. Data were analyzed using percentages and mean scores while associations were established using Chi-square, t-test, and ANOVA.

Result showed that proportion of caregivers with knowledge of the five key areas of growth promotion/development and disease prevention increased significantly in the intervention community ($t= -9.919$; $p<0.001$; mean=3.61 to 5.38).Specifically, the proportion of caregivers with knowledge on when to initiate breastfeeding increased by 17.8%, benefits of colostrum by 40%, exclusive breastfeeding by 27.8 %, benefits of Vitamins A by 88.8%, other

© Obafemi Awolowo University, Ile-Ife, Nigeria
For more information contact **ir-help@oauife.edu.ng**

sources of Vitamin A by 47.8%. There was no significant increase in the control community (t = 1.654; p>0.001; mean = 2.99 to 2.73). The practice of hand washing also increased significantly in the intervention community. (t = -14.988; p<0.001; mean = 2.93 to 5.74). There was no significant increase in the control community (t = 0.703; p>0.001; mean = 2.86 to 2.19). Proportion of caregivers with knowledge in the two areas of household management of common childhood illnesses (removing clothes and tepid sponging) also increased significantly in the intervention community (t = 4.14; p<0.001; mean 2.78 to 3.49). However, no significant increase was observed in the control community (t= -0.891; p>0.001; mean = 1.78 to 1.96). Similarly, the proportion of caregivers' with knowledge in the two areas of health seeking behavior (when to seek advice/ treatment and causes of cough with fast and/or difficult breathing) increased significantly in the intervention community (t = -19.485; p<0.001; mean = 1.37 to 2.91). No significant increase was observed in the control community (t = -0.422; p>0.001; mean = 1.26 and 1.37).

Conclusively, the study has established CORPs intervention as effective strategy of improving rural dwellers knowledge and practice of growth promotion/ development, disease prevention, household management of common childhood illnesses and health seeking behaviour.

OBAFEMI AWOLOWO UNIVERSITY

© Obafemi Awolowo University, Ile-Ife, Nigeria
For more information contact **ir-help@oauife.edu.ng**

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Child mortality and morbidity are common events in several parts of the developing world. Available evidence indicates that Africa accounts for the highest burden of mortality among children in the world (Udofia and Okonofua, 2008). This unhealthy trend has become a matter of great concern, calling for concerted approach by all. The Millennium Development Goals (MDGs) by the global community focus attention, resources, and action on improving the well-being of all peoples. Goal 4 of the MDGs is aimed at reducing the childhood mortality rate by two-thirds between 1990 and 2015. It is expected that decline in child/maternal mortality must accelerate substantially in the period to 2015, if any country is to reach these goals. According to World health Organization (WHO)/United Nations Children's fund (UNICEF), 2006 reported that every year nearly 10 million children under five die globally (UNICEF 2006). About 4 million newborns (40% of under-five deaths) die in the first four weeks of life. Although, Africa accounts for only 22% of births globally, half of the 10 million child deaths annually occur in the continent.

Africa is the only continent that has seen rising numbers of deaths among children under five sincethe 1970s (UNICEF (2008). It is estimated that about 4.6 million (46%) under five deaths is in Africa and 98% of these deaths occur only across 42 developing countries. Nigeria is the most populous black Country in Africa with 140 million people including 75 million children. The child mortality rate is very significant and has implications for the attainment of the MDGs. It has been noted that Nigeria is lagging behind in achieving universal coverage of key child health

OBAFEMI AWOLOWO UNIVERSITY

© Obafemi Awolowo University, Ile-Ife, Nigeria
For more information contact ir-help@oauife.edu.ng

interventions and will unlikely meet the target of the MDGs. (Ogbonaya&Aminu, 2009).According to UNICEF Executive Director, Ann Veneman, "midway to 2015 deadline for MDGs, Nigeria continues to record unacceptably high maternal, newborn and child mortality. Currently, only three low-income countries in sub-Saharan Africa are on track to achieve MDG 4: Botswana, Eritrea and Malawi. Burkina Faso, Uganda and Tanzania have all achieved neonatal mortality rates of between21 and 35 per 1,000 live births, despite having gross national income of less than US$500 per capita. (Lawn J, Kerber K,) Nigeria is wealthier on average than many neighboring countries, but is making less progress. It saw a 22% reductionin the under-five mortality ratio (U5MR) between 2003 and 2008 (as shown in the Nigeria Demographic and Health Survey – NDHS), while Ghana, Cameroon and Kenya achieved 53%, 40%and 42% reductions respectively during the same period.(UNICEF, 2010.)

For Nigeria to meet MDG 4, the countrymust attain a two-thirds reduction in theU5MR from 230 deaths per 1,000 livebirths in 1990 to 76 by 2015 although it has reducedunder-five mortality by an average of only1.2% per year since 1990, yet she needs toachieve an annual reduction rate of 10%from now until 2015 to meet MDG 4(UNICEF, 2010) The 2008 NDHS reported anU5MR of 157 deaths per 1,000 live births,suggesting a 22% decline from the NDHSreport of 2003 which had shown an U5MRof 201 per 1,000 live births.(National Population Commission 2009.)

Integrated Management of Childhood Illness (IMCI) is a broad strategy with an overall objective of contributing to reducing child morbidity and mortality in developing countries. It encompasses a range of interventions to prevent illness and reduce deaths from common childhood conditions, and to promote child health and development. The strategy combines improved management of common childhood illnesses with aspects of nutrition, immunization and other important factors influencing child health, including maternal health. The IMCI has three major components:

© Obafemi Awolowo University, Ile-Ife, Nigeria
For more information contact **ir-help@oauife.edu.ng**

improvement in the case-management skills of health staff through the provision of locally adapted guidelines on IMCI, improvements in health systems required for effective management of childhood illness, and improvement in key household and community practices. After expansion of the first two components in most countries of the world, including Nigeria, focus is now on addressing the third component: improving key household and community practices that are aimed at empowering the communities to address factors that affect child health, nutrition and development (UNICEF 2008)

The promotion of key household and community practices component of Integrated Management of Childhood illness (IMCI) is an integrated child care approach that aims at improving key household practices that are likely to have the greatest impact on child survival, growth, and development. The IMCI strategy aims to contribute to reducing child death and illnesses, and promote healthy growth and development of under five children. Although households and communities have a major responsibility to provide care to their children, in most cases they have not been effectively involved or consulted in the development and implementation of programmes meant to address issues related to their children's health, nutrition, growth, and development. According to recent research, if essential interventions are available on time, it would have averted most of the deaths among the under-five. (WHO/UNICEF 2006). Success in reducing childhood morbidity and mortality requires active and meaningful participation by communities, and partnership between health workers and households with support from their communities.

In most cases, the benefits of holistic and integrated approaches, multi-sectoral collaboration, strategic partnerships, and community participation have not been fully maximized in planning and implementing community based programmes. Since families have the major responsibility

OBAFEMI AWOLOWO UNIVERSITY

© Obafemi Awolowo University, Ile-Ife, Nigeria
For more information contact **ir-help@oauife.edu.ng**

of caring for their children, success in reducing childhood mortality and in promoting optimal growth and development of children requires a partnership between health workers and families with support from their communities to ensure improved health practices for child care at home, timely recognition and prompt care seeking

For more information, please contact **ir-help@oauife.edu.ng**

OBAFEMI AWOLOWO UNIVERSITY