APPLICATION OF SOCIAL AND BEHAVIOURAL CHANGE COMMUNICATION STRATEGY IN THE PREVENTION OF THE MALARIA PANDEMIC IN RURAL COMMUNITIES IN CROSS RIVER STATE, NIGERIA.

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Abstract

Curbing the malaria pandemic in rural communities in Cross River State and indeed Nigeria has been an up-hill task. The resistance of the malaria parasites to malaria is increasing and has become very worrisome. This pandemic has not only taken a huge tall on the economy but family life as well. Several medical interventions and communication interventions have not yet yielded the desired result of prevention and control of the pandemic. The study sought to examine the application of the Social and Behavioural Change Communication (SBCC) strategies as a communication intervention in the prevention of the pandemic. Social Cognitive Theory (SCT) and Diffusion of Innovations Theories were utilized to drive the strategy using the Focus Group Discussion and Indepth Interview as well as observations of the qualitative research design. The study revealed that malaria is still a major challenge in the public health domain and the previous communication strategies failed to adopt appropriate and relevant communication approaches. The study also revealed that communication does play a key role in the success of promoting the adoption of positive health behaviours.

Keywords: Application, Social and Behavioural Change Communication (SBCC), Prevention, Malaria Pandemic.

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1. INTRODUCTION

Malaria continues to exercise an enormous toll in a multitude of countries across the world. It is one of the most infectious diseases that still causes death and is second only to mycobacterium tuberculosis in terms of global mortality. WHO reports that in 2010, there were 216 million cases of malaria, with 81% of them occurring in Africa. Six hundred and fifty thousand people lost their lives as a direct result of malaria; 91% of these deaths occurred in Africa, and 86% of these deaths occurred in children younger than five. According to the FMOH's National Malaria Control Programme's (NMCP) 5-year strategy plan (2006-2010), malaria is responsible for almost 110 million annually clinically confirmed cases in Nigeria.

Imoh, Sofola, Petu, and Okoroboso (2007), cited by Anim (2012), report that an estimated 45–50% of all outpatient visits in Nigeria may be attributed to malaria. One in four children under the age of five dies from malaria, which may cause miscarriage in the first trimester of pregnancy in many cases (Okafor, 2012). The danger of contracting malaria is significant in Nigeria, where about 97% of the population lives in areas where it is common. Only around 3 per cent of the people do not live in areas where they can be affected.

Malaria continues to slow Nigeria's economy, causing GDP growth to fall below 3% annually on average. The seemingly unstoppable rise of malaria is a threat to the progress toward the National Economic Empowerment and Development Strategy (NEEDS) and the Millennium Development Goals (MDGs), both of which have contributed to the worsening of national and household poverty through the loss of productive time caused by attacks and, in the worst cases, the loss of life. The United Kingdom's Department for International Development (DFID) (2008) argued that malaria prevalence in Nigeria is very serious and stunts the country's human development efforts. It's a twofer: a root cause and a symptom of a lack of progress.

A cause for worry in recent times is the growing resistance of malaria to cheap first-line drugs and the need for the expensive Artemisinin Combination Therapy (ACT). Chloroquine has historically been utilised for case management in malaria control efforts. Malaria control strategies have to go beyond the use of chloroquine because of an increase in cases of malaria that were resistant to the drug (Samson-Akpan, Edet. Asuquo, Mgbekem, and Ojong, 2012, p. 12). Because of the high percentage of people in Nigeria who are poor, malaria incidence has increased significantly due to their inability the people have to afford the new-introduced ACTs. This calls for urgency with which coordinated large-scale efforts that provide prevention and control interventions are needed across the country.

The Federal Republic of Nigeria is made up of 36 individual states, one of which is Cross River State. The state is geographically situated in the tropical rainfall belt within the coastal line tropical humid climate. The average temperature of Cross River State ranges between 15^0c - 30^0c thereby, experiencing an annual rainfall between 1,300 - 3,000mm (Cross River Geographical Information Agency [CRGIA] Report, 2009). The state lies between latitudes $7^0$50" and $9^0$28" and $4^0$27" North and longitudes $7^0$50" and $9^0$28" East of the equator. There are about 3 million people living there, and the land area is around 23,074 square kilometres (National Population Commission [NPC], 2006), Cross River State is one of the principal petroleum delivering areas in Nigeria (Ibor, Okoronkwo and Rotimi, 2016). Due to the evidence geographical location and its enormous geologic potential, the state is crucial to the strategic interest of Nigeria. The above features make Cross River state an ideal environment for malaria transmission throughout the year.

Efforts have been directed by the governments, both federal and state at both the preventive and curative to curb the spread of malaria infection in Cross River State. Evident among them is the state's Roll Back Malaria (RBM) programme. Currently, the state is among the beneficiaries of the Family Health International's (FHI 360). Malaria Action Programme for States (MAPS), alongside other Niger delta state-Akwa Ibom, Edo, Delta and Bayelsa. When it comes to the Federal Ministry of Health's (FMOH) National Malaria Control Programme (NMCP), an effort by the Federal Republic of Nigeria to reduce malaria rates throughout the nation, Cross River State is an important ally.

Despite the state's substantial financial and material efforts to avert and contain the reach of malaria-related disease to enable the people make informed decisions on how to stay malaria free; remarkable success has not been achieved. There is an observation that people especially in the rural communities of Cross River State still live recklessly and indulge in risk behaviours capable of exposing them to the infection. This situation therefore, makes preventive approach very imperative. This preventive approach requires a Behaviour Change Communication (BCC) strategy that centres on individual behaviour change. This study therefore, aims to highlight the relevance of BCC in preventing malaria in CRS rural communities.

2. STATEMENT OF THE PROBLEM

Cross River State is reported to have been one of the major beneficiaries of the numerous national and international interventions to the devastating effects of malaria and also among the five Niger Delta States that are benefitting from the Family Health International's (FHL, 360) Malaria Action Programme for States (MAPS), together with Akwa Ibom, Delta, Bayelsa and Edo. Similarly, Cross River is also a major partner of the FMOH'S National Malaria Government to combat malaria in Nigeria.

The State was also among the early subscribers to the prevention and control of malaria in Nigeria through the Roll Back Malaria (RBM), using Information, Education and Communication (IEC) as well as Social & Behavioural Change Communication messages about the dangers of malaria. Despite the state's individual and concerted efforts to prevent and control the spread of malaria-related diseases so that people can make informed decisions on how to stay free from

malaria, success in this regard seem to have eluded the state, as there are still reported cases of malaria pandemic in the state. People, particularly rural dwellers still indulge in risky behaviours capable of exposing them to malaria infections, while Long Lasting Insecticide Nets (LLTNs) are converted to hedges around their gardens as against its normal use for the prevention of mosquito bites. Hence, the study sought to evaluate what has been done in respect to malaria prevention and control in the state, how it was done, the communication strategies applied and what the problems outcome of it was.

3. OBJECTIVES OF THE STUDY

The objectives of the study were to;

i. Give an overview of the malaria situation in Cross River State.
ii. To examine the communication strategies adopted for the RBM intervention and the outcome.

4. RESEARCH QUESTIONS

i. What is the malaria situation in Nigeria and Cross River State?
ii. What communication strategies were adopted in the RBM interventions and what is the outcome?

5. LITERATURE REVIEW

Communication plays a vital role in any development effort. It helps in the implementation of a decision as well as the means through which development objectives are achieved. Communication is crucial throughout the policy and programme life cycle in any development effort. Knowing the state of the programme at all times is essential, however, because of the central role that communication plays in fostering learning, altering attitudes, and influencing behaviour. It's the process of getting a group of individuals in the same room so they can figure out what they can agree on and then do something about it. Over the years, a number of communication strategies have evolved as an indication of the commitment placed on communication in bringing about social and behaviour change efforts. UNICEF (2004) therefore, posits that the role of communication strategy is to create positive change at all levels using a combination of advocacy, social mobilization and BCC linked to the intervention to create and sustain the environment to enable change. Thus, communication strategies have gradually become effective in bringing about behaviour change to enhance development.

> Influencing behaviours and changing attitudes with the new view towards preventing diseases require persistent and multi-media efforts. Therefore, SBCC strategies have assumed significance in influencing community members' attitudes, behaviour and decision-making skills towards development (USAID, 2008; UNFPA, 2006).

Kapor (2008), in Etta (2014, p.23) further buttresses that SBCC strategies shift emphasis from programme awareness to action with a focal point of analysing barriers to social and behaviour change. Notably, BCC, one of the SBCC strategies is a strong tool that supports behaviour change. The strategy has also helped in efforts to counter adverse publicity facing intervention programmes. Quality BCC initiatives have been shown to increase malaria preventive and treatment adherence, according to the available research (Keenker, Keating, Alilio, Acosta, Lynchand Nafo-Traore, 2014, p.1). A number of studies have supported the above notion that BCC has the capacity in achieving the goals of anti-malaria intervention at different times and no varying degrees.

Mugisa and Muzoora (2012) conducted research to establish the importance of the behaviour change communication (BCC) method in malaria preventive interventions in rural communities in Nakasongola District, Uganda. The end project assessment showed an increase from the baseline value. The percentage of children under the age of five who slept beneath a bed net the night before increased from 51 per cent to 74 per cent, while the percentage of pregnant mothers who were knowledgeable about malaria prevention increased from 24 per cent to 78 per cent.

In another study conducted by Canavati and Colleagues (2016), an evaluation of intensified BCC methods in an Artemisinin resistance setting in Cambodia, results showed that intensive BCC increased the discussions about malaria in the family from 35.8% to 51.7% and reported prompt access to treatment in case of fever from 59.4% to 77.1%. The study concluded thus:

> The use of intensive BCC supported positive improvements in both attitudes and behaviour among the population with regard to malaria compared to mass media only. The significant increase in people seeking

treatment for fever in intensive BCC villages supports objective five of the strategies plan in Combodia Malaria Elimination Action Framework (2016-2020). Therefore, this study provides evidence for the planning and implementation of future BCC interventions to achieve the elimination of Artemisinin Resistant Plasmodium Falciparum malaria (Canavati, Zegers de Beylts, Ly, Shafique, Boukheng, Whittaker, Roca-Feltrer and Sintasath, 2016, p. 2).

More than half of the respondents (58.4%) had heard a message about net use or hanging during or after the distribution campaign, with media cited as the most common source of information. This was found in a survey to highlight the impact of bcc on the use of insecticides treated nets: a secondary analysis of ten post-campaign surveys from Nigeria conducted by Kilian, Lawford, Ujuju, Abeku, Nkokolo, Okoh, and Baba (2016). On the other hand, a positive outlook on online activity was associated with greater message recall. Across the board, BCC results revealed a rise in internet use, with the greatest impact being a 17% increase in people's confidence in their ability to implement changes in response to the prevalence of the internet. A fifteen percent rise was seen in the number of people planning to use bed nets nightly.

Evidence-based and theory-driven BCC interventions are an integral part of all health promotion and disease prevention, as shown by the aforementioned studies. BCC encompasses health communication, social and community mobilisation, and it evolves from Information, Education And Communication (IEC) strategies. IEC strategies include components ranging from interpersonal communication between a community health worker and his or her client, to multi-level mass media campaigns (Koenkt al., 2014). Thus, the meaning of "development" has expanded to include not only material, economic growth, but also social progress, equality, and freedom (Wete, 1988). Now, researchers are focusing on the connections between media and social and behavioural shifts rather than, say, the theoretical foundations of mass media or the developing development strategy.

Benefits of Applying BCC in Malaria Prevention Interventions

Strategically, BCC employs focused messaging and personalised tactics to promote healthy behaviours and lower risk taking; these measures enable BCC to zero in on particular people, families, or communities in order to get the best possible outcomes from health initiatives.

The quality of BCC has been shown to promote malaria preventive and treatment behaviours, and this outcome-based approach to control and prevention has been employed in a number of locations (Koenker et al, 2014).

BCC is widely regarded as a vital tool of communication to promote positive health outcomes, according to Nyunt, Aye, Kyaw, Wai, Oo, Than, Oo, Phway, Itan, Htun, and San (2015). This is because BCC is based on proven theories and models for behaviour change through interactive processes with communities, which in turn increases knowledge of malaria cases, stimulates social and communication dialogue, promotes attitude change, and increases demand for information and services. Its major purpose is to help individuals make better decisions about their health care needs and improve their own health behaviours by providing them with accurate and relevant information (Mugisa and Muzoora, 2012).

> BCC increases the likelihood of a good return on investment for malaria programmes. It increases the likelihood that nets are sprayed (IRS) programmes reach their target coverage levels. BCC is used in malaria control to encourage families to hang and use their nets regularly, care for them and repair them when they are torn, or to create demand for replacing nets on a continuous basis as part of distribution campaigns (Koenker et al, 2014, p.2-3).

SBCC also aids in informing and mobilising communities to assist IRS Spray Teams, adhere to instructions before and after spraying, and then continue using Long Lasting Insecticide Nets (LLINs) after spraying has concluded. When patients obtain malaria-negative findings and are confused of what to do next, the method is crucial for driving demand for testing and building faith in results. Since of changes in malaria transmission dynamics, providers urgently need to hone their patient-provider communication and counselling abilities because malaria will no longer be the leading cause of fever. Interpersonal communication-based communication campaigns are recommended to increase treatment adherence,

demand for, and recognition of quality drugs (Koenker et al., 2014; Littrrall, Gatakaa, Evance, Poyer, Njogu, Solomon, Maunroe, Chapman, Godman, Hanson, Zinsuo, AkulaArogundade, Buyungo, Mpasela, Adjibabi, Agbango, Ramarosandratana, Coker, Rubahika, Hamainza, Shewchuk, Chavasse, and O'connell, 2011; Conteh, Stevens and Wiseman, 2007: President's Malaria Initiative (PMI) and Social Mobilization Guidelines, 2008).

Theoretical Underpinnings Supporting the Application of SBCC in Anti-Malaria Programmes

Over the years, several ideas on how individuals might alter their behaviour to achieve a positive outcome have been suggested. They diverge in their assumptions about what drives and motivates people and how they act. On the other hand, "interventionists" now have a road map to follow in their pursuit of knowledge about and solutions to development difficulties thanks to the ideas that have guided them. Knowing and using theories and models of behaviour modification is essential for creating treatments that result in desirable social behaviour, as proposed by Glanz, Lewis, and Rimer (1990).

As a result, the foundation of this research was laid on the tenets of the social cognitive theory and the idea of the spread of innovations. The argument put out by Glanz, Rimer, and Shayn (2005) is the greatest justification for the use of two theories: no single theory can be applied to every possible social or change scenario.

Social Cognitive Theory (SCT):

The Social Cognitive Theory of Albert Bandura defines a dynamic continuing process in which personal variables, external circumstances and human conduct exert impact upon each other. Glanz, Lewis and Rimer (1990) claimed that social cognitive theory offers how humans are motivated not by inner drives, but by everlasting influences. The hypothesis here is that human functioning may be described by a triadic combination of behavioural, personal and environmental elements termed Reciprocal Determinism. Environmental elements include situational impacts on the environment in which behaviour is conducted, whereas personal factors include instincts, drive, qualities and other human motivating forces.

Bandura (1986) recognised that various components underlay the process of human learning and behavioural modification. These structures also interfere in the process of behavioural modification. As a person adopts new behaviour, this produces changes in both the environment and in the individual. "Behaviour is not merely a product of the environment and the person, and environment is not simply a product of the person and behaviour" (Rimer, and Glanz, 2005, p.20) (Rimer, and Glanz, 2005, p.20) Lerner (1982) further noted that social surroundings through their physical qualities such as their age, size, race, sex and physical beauty, entirely independent from what people say and do.

> In social cognitive theory, people are neither driven by inner forces nor automatically shaped and controlled by the environment. Instead they function as contributors to their own motivation, behaviour and development within a network of reciprocity interacting" influences. SCT integrates concepts and processes from cognitive, behaviourist and emotional models of behaviour change, so it includes such variables as behavioural compatibility. Expectations, observational learning, reinforcements and reciprocal determinism (Bandura, 1989, p. 11).

The relevance of SCT to this research use can be presented as follows:

1. It helps individuals and communities to recognize social supports for increasing the use of anti-malaria measures (Reciprocal Determinism).
2. It helps interventionists and change agents to identify both the social and environmental aspects that can impact the behaviour and attitude of the intervention beneficiaries (Reciprocal Determinism).
3. SCT explains the various ways that community members can increase their efforts towards malaria prevention (Behavioural capability).
4. It decreases negative attitudes expected from community members who interventions are meant for (Expectations).
5. It boosts the feeling of the ability to take action against malaria infections (self-efficacy).

So, modifying the environment may foster change in behaviour, but this will have to involve creating chances for behavioural change, aiding with those changes, offering social support and rewarding those actions. Therefore, it is vital to understand environmental restrictions that can hinder behaviour change (Perry, Barnowski and parcel, 1990, p.23).

Diffusion of Innovations Theory

Diffusion of innovations theory of Everett Rogers discusses the ways by which an invention is shared via particular channels gradually among the members of a social system. What this theory seeks to explain, then, is the propagation of "new" ideas, goods, and customs inside a community and across societies.

Robinson (2009) argues that unlike previous theories of behaviour change, the method used in the dissemination of innovations is based on a whole separate set of assumptions. Instead than concentrating on convincing people to change, it views change as being largely about the development or "reinvention" of goods and behaviours so they become better match for the requirements of individuals and communities. It is not individuals who change, but the innovations themselves. Therefore, it is crucial to identify which one you are targeting at a particular moment since you cannot handle them all at once because "products and habits only develop gradually" (Rogers, 2003, p.201) (Rogers, 2003, p.201).

The study is strengthened by Roger's theory, which sheds light on the steps individuals take before embracing malaria preventive and control messages. The knowledge stage of the innovation-decision process is of considerable benefit to the persons engaged in message generation and distribution. The rationale is that in this vulnerable condition, communicators should spend more of their efforts on creating awareness and knowledge and while promoting a new product or innovation. Behaviour change can come happen when there is a steady flow of reinforcing information. It is not enough to design behaviour modification interventions on malaria prevention and control, these interventions need be properly disseminated since disease preventive measures will only reach their full potential once such interventions are substantially dispersed among the target population.

Research Design, Population and Sample

Focus Group Discussion and in-depth interviews design for this investigation. They are both qualitative research that employs the use of unstructured forms of data collections, using both interviewing and observation, and employing verbal description and explanations rather than quantization measurement and statistical analysis (Hammersly, 1989, p. 16).

In view of this, three (3) staff of the RBM programme, Calabar, particularly, the programmes manager, the BCC/ACSM Manager and the M&E Coordinator were interviews using unstructured open-ended in-depth questions guide. To find out what has been done in terms of malaria presentation and control in the state, how it was done particularly, what communication strategies were adopted and what was the outcome of their efforts.

Similarly, nine FGPs were organized with members of various communities that were sampled for the study. The FGPs were organized at Esuk-Mba (Akpabuyo L.G.A.), Itigidi (Abi L.G.A.) and Ibil (Ogoja L.G.A), each representing the Northern, Southern and Central Senatorial Districts which were determined using the stratified sampling technique, with one community each was chosen from the three senatorial districts based on their proximity to water where mosquitoes thrive easily. The participants for the FGD were purposively selected from households in the community and the criterions for selection are beneficiaries of the RBM interventions. Sixteen persons were chosen at random, and the moderator conducted an in-depth, but loosely-structured interview with them all at once. The FGPs provided richer data which helped to support the information obtained through the in-depth interviews with the staff of RBM Programme in Cross River State.

6. DISCUSSION OF FINDINGS

Research Question I: What is the malaria situation in Cross River State?

The study found out that malaria is still a significant challenge to public health in Cross River State. It was revealed that, Nigeria as one of the seven nations in the world. that are most affected by malaria, accounting for 25 percent of global cases. 30,000 Nigerians, mostly children under five and pregnant woman die from malaria attack each year. (Malaria Indicator Survey, 2010).

In Cross River State, about 1,471 infant deaths are reported to occur during the transitional period from wet to dry season and vice versa. This is because the state's high precipitation and temperature, especially in the North-Eastern, Central, and Southern regions, especially in the Oban low lands in Obanliku, Odukpani, and Calabar, are conducive to the survival of malaria vector species.

Research Question II: What communication strategies were adopted in the RBM intervention and what is the outcome?

It was discovered that the RBM programme considers communication strategies to mean the plans for communicating information related to their interventions to the target audience. To programme planners, communication plans are the road maps for speaking with the general public, clients, and even coworkers. The in-depth interviews revealed how communication strategies were made paramount objective in the RBM interventions in Cross River State. Evidently, communication strategies occupied the first position in objectives of their campaigns as contained in their 2012 final report. The programme developed its own communication strategies: Advocacy, Communication and Social Mobilization (ACSM).

That at first, the target communities were reached with advocacy through the mass media, which was reported to have failed due to the inability of the community members to properly understand the message. This led to the misuse of the free LLINS distributed to members of the community. The message which portrayed the risks of malaria and the implication of using LLINS were conveyed in the language not understood by the target audience. The effectiveness of communication channels used, content development and transmission were not paid adequate attention, thus, the programme suffered low involvement, poor community participation and response by the people.

This led to the adoption of other communication strategies such as social mobilization and BCC, to increase awareness, encourage community participation, build consensus, change behaviour and resolve conflicts.

Briefings, exhibition public presentations, public notifications, response summaries, document translations into local languages spoken by the people, video/film displays, and other means of message delivery were employed to reach out to the community. Celebrations, open houses, meetings with key stakeholders, focus groups, local and contemporary media, actions on the ground, public hearings, public forums, workshops, and town hall meetings were typical venues for the dissemination of these themes. According to the findings, they attempted to fix the problem of insufficient use of suitable communication techniques, and the results of the RBM campaigns over the time frame under consideration show that they were effective.

7. SUMMARY OF FINDINGS

Consistent with the study's aims, the researcher conducted a thorough literature assessment of the topics at hand. Notable of such literatures include an overview of the concept of communication strategies; malaria situation in Nigeria and Cross River State; significance of Communication Strategies in Malaria Prevention and Control Campaigns; an overview of RBM interventions in Cross River State — its objectives and conceptual underpinnings. As part of the review of related literature, the studies of other notable scholars on the effectiveness of communication strategies in anti-malaria campaigns were examined. Such studies include that which was conducted by Mouzin *et al* [Senegal], Keating and colleagues [Zambia], and Mushin *et al* [Southern Tanzania]. The various theories reviewed in this study were those that supported the theoretical framework upon which this study was established.

Data gathered during the in-depth interviews and FGDs confirmed the high prevalent rate of malaria in Cross River State. Responses showed that prior to the launching of the programme in the year 2000; malaria caused about 90 percent of death in country. This placed Nigeria among the seven countries in the world that are most affected as the country alone accounted for 25 per cent of malaria cases. Data also showed that about 66 per cent of all clinical visits in Nigeria were caused by malaria.

Similarly, the cost of treating, preventing, and losing man-hours due to malaria in Nigeria was estimated to be over N132 billion, as revealed by replies during in-depth interviews. Over 12% of yearly GDP went into treating malaria and other malaria-related illnesses, meaning that this trend had far-reaching effects on the economy.

Data from the FDGs also uncovered how over 1,471 infant deaths occurred in Cross River State annually due to malaria attacks. This is because the state's high

precipitation and warmth make the environment ideal for the survival of the mosquitoes and other insects that spread malaria. This confirmed the data previously gathered that malaria accounted for 25 - 40 per cent of outpatient visits in 1992/1993 with the figure rising to 29 - 51 per cent in 1999. In order to provide a snapshot of the malaria situation in Cross River State, the primary goal of this research was to collect these replies.

Further investigations into the evaluation of the RBM interventions between 2009 and 2011 disclosed that the programme registered achievements within the period under review. Data revealed how the intervention primarily encouraged the use of LLINs, improved diagnosis tests, made available some anti-malaria drugs, to mention but a few. Inquiry also showed that the programme brought about a reduction in the sale of fake anti-malaria drugs. Promote larvaciding, supported innovative funding and supply mechanisms for accelerated access to malaria prevention and control commodities, and also promoted advocacy. All these efforts helped in averting over 1.1 million deaths and 274 million hospital cases within 2009 and 2011.

Findings further uncovered that communication [strategies] played a vital role in the overall success of the RBM programme in the overall success of the RMB programme in the state. Communication media both local and modern helped immensely in changing the way most people perceived the interventions. Communication was used with purposive attempts to raise awareness unproved knowledge about, and influenced behaviour and related malaria issues. The interventions included coordinated sets of communication efforts, including a variety of mediated messages sent across several channels, with the overarching goal of serving the public good. Communication strategies provided information about malaria prevention and control measures, encouraged community action, built consensus, changed behaviour, promoted community participation and resolved conflicts. The RBM interventions adopted the key SBCC strategies of advocacy, social mobilization, and BCC to disseminate helpful information to the target audience. Briefings, exhibits, public presentations, public announcements, response summaries, and translations of important information papers into local languages were all used as part of these communication tactics to ensure that they were easily understood by the intended audiences. As a result of these outreach efforts, more homes have LLINs, more kids are being treated for fevers, and more pregnant women are getting intermittent preventative therapy (IPT) during their antenatal appointments. Overarchingly, communication methods assisted in creating a conducive setting for the successful rollout of policies and programmes that expanded people's access to quality malaria care and empowered community leaders to advocate for a shift in social and behavioural norms. Therefore, this aided in the distribution of funds for the programme's operations. The intervention's communication strategy relies on the complementary use of advocacy, social mobilisation, and BCC, three of the main components of social and behaviour change communication (SBCC).

8. CONCLUSION

There is no doubting that the mass media may, if properly employed, be a vital force in the education of the society (Wete, 1988). The ultimate success of mass media's role in progress rests on the dissemination of intended messages to the appropriate demographics. This is where the need for a more society friendly and culturally relevent communication strategy become a necessity if any intervention must be proven effective.

9. RECOMMENDATION

Based on the above premise, this paper recommends thus:

a. Any effort to plan a communication strategy aimed at changing people's behaviour without first determining who you'll be communicating with and what you'll be communicating about is doomed to fail. Therefore, adequate communication should be utilised to stimulate local engagement in the planning, decision-making, and implementation to allow successful compliance and comprehension.

b. Successful malaria prevention and control will need the use of many approaches, including BCC. Consequently, it is important to carefully organise the creation of BCC/IEC Materials like posters, leaflets, newsletters, billboards, etc., so that they are useful to the intended audience.

c. The role of SBCC experts remains paramount in the setup and execution of behaviour change communication activities and interventions. Therefore, development agents, donor agencies/funders and policy makers should explore, recognize and apply all existing interpersonal categories of communication networks to effectively identify the various cultural communication channels to ensure maximum programme impact.

d. Impact and outcome indicators are an essential ingredient of every behaviour change campaign for the purpose of monitoring and evaluation and management of expectations. Thus, there is ⁿeed for routine dialogue between all stakeholders-development partners, benefiting communities and the funding agencies. This ʰᵉˡps to determine what was done and what needs to be done in the future to achieve the desire goal.

Various communication strategies have been employed to achieve certain goals. These strategies are required both for effective communication between service providers, programme planner, donor agencies and their beneficiaries. In achieving this feat, communication has played vital role in helping to increase knowledge and staying in informed.

The World Health Organization's research (WHO, 2002) shows that more persistent communication initiatives are needed to motivate families to prevent, control, and cure malaria. Such activities need to be guided by well-thought-out and locally-relevant communication strategies. Most advocates of interventionist policies have always supported the most fundamentally sound technique for boosting interest in and uptake of anti-malaria programmes and services. They welcome BCC because it disseminates information that empowers people to take charge of their own health and that of their families, communities, and institutions. Client-identified and action-oriented communities are actively involved in this kind of health intervention. According to Mutale (2009), there is widespread agreement that effective communication programmes must integrate the dissemination of information with behavioural interventions, as well as forums for open discussion, information exchange, and the development of shared understanding.

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