

Stakeholders Advocacy and the Campaign against Malaria Epidemic in Cross River State: A Social Change Perspective

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Abstract

Stakeholders' engagement, communication and management is germane to the success of any given social change campaign; most especially in campaigns that are aimed at influencing and changing people's negative attitudes and behaviours. The task of changing negative health attitudes and practice cannot be left in the hands of the health practitioners/caregivers and the mass media alone. Consequently, the paper strongly makes a case for the need to involve stakeholders at the community levels – the Chiefs, Village Heads, Religious Leaders, Opinion Leaders and other well-meaning individuals – in the campaign against the scourge of malaria parasite. It is believed that while the mass media are popular in creating public health awareness and education; they can do just close to nothing in deciding how the people receive and react to the messages, especially in the area of attitude and behaviour change. Therefore, involving key stakeholders at the community level, who are highly respected by the people, in the campaign will help to consolidate the efforts of the campaign planners. The survey research method was used to gather data for the study and the interview and questionnaire were used as instruments for data collection. The study was premised on the stakeholder's theory and Participatory Development

Theory. The findings revealed that certain cultural practices still militate against the success of the fight against malaria scourge in Cross River State, especially the campaign on the use of the Malaria Treated Bed Nets. It was also found out that the level of awareness on the availability of Insecticide Treated Bed Nets was very high as all the respondents affirmed that they were aware of the availability of the Nets. However, most of the people who said they have the nets do not use them based on one reason or the other. These include: general inconvenience associated with sleeping in the net like intense heat or offensive smell of the chemical used in treating the net as well as the general believe that Nets are either meant for babies or dead bodies. The researcher therefore recommends that Anti-malaria campaign planners should actively involve the leaders of every community in the programme planning and execution. This will make the work of the campaign planners easy because their opinions are well respected by the people.

Keywords: Stakeholders Advocacy, Malaria Epidemic, Social Change

1. Introduction

Stakeholders' communication and management is germane to the success of any given social change campaign. In a campaign involving behaviour and attitude change, for instance, campaign planners and implementers are expected to engage their target audience in a close dialogue in all stages of the campaign. Citing Freeman (1984), Morsing and Schultz (2006, p. 324) define stakeholder as "any group or individual who can affect or is affected by the achievement of the firm's objectives." This definition clearly looks at who a stakeholder is from two perspectives – those who wield direct influence on an organisation and those who do not have direct control over the activities of an organisation, but are affected by such activities. In the case of the anti-malaria campaign in Cross River State, the major stakeholders groups include: donor agencies, Federal Ministry of Health, the State Ministry of Health, Cross River State Primary Healthcare Agencies, media organisations, health workers, community leaders and the target audience or beneficiaries. All these group of people must work together to make the campaign a success.

The success of any social change campaign lies in the ability to carefully identify and strategically engage key stakeholders in purposeful discussion about how to attain the campaign objectives. Active stakeholders'

engagement is very important to the success of any strategic communication campaign. As noted by Ugande and Ngusha (2012), “running a successful project requires a high degree of stakeholders’ management and engagement.” Unfortunately, many campaign planners ignore this vital element of strategic communication campaign. The implication of such an oversight could be the possibility of running a failed or unsuccessful campaign.

This study seeks to examine the role of stakeholders’ advocacy in the implementation of Anti-malaria campaign in Cross River State. Specific attention is given to media campaign on the use of the Long Lasting Insecticide-treated Bed Nets (ITN). The fight against malaria pandemic is a global initiative with the *Roll Back Malaria* initiative taking the lead. The programme, which is spearheaded by four principal United Nations’ Agencies – UNICEF, United Nations Development Programme (UNDP), World Bank and World Health Organisation (WHO), incorporates regional, national and local partners as well as local communities into the project. The programme initiator belief that except all the major stakeholders are involved, the programme will not succeed. For instance, although the local communities are usually at the lowest rung of the ladder of programme participants, their involvement is fundamental to the success of the programme. In fact, they constitute the major beneficiaries of the project; and as such, the success of the programme lies in actively involving the local people and their leaders as stakeholders in the project implementation.

However, many campaign experts embark on a one-way communication and information dissemination approach by confining their campaign messages only to the mass media to the exclusion of other major interpersonal communication channels. Such messages hardly get to some key stakeholders like the opinion leaders, community leaders, religious leaders and the project beneficiaries. What most campaign planners do constitute more of *talking to* the people rather than *talking with* them. In other words, they do more of *message dumping* by mean of the mass media channels than *message sharing* with key social groups and stakeholders in the campaign. In this method, the so-called development agents use communication as the sole instrument to effect social change rather than using it as a tool to actively engage and dialogue with certain interest groups right from the stage of policy planning to implementation and evaluation in

order to bring about a lasting result or the desired change. According to Moemeka (2000, p. 6), "... it is impossible for development effort to succeed in any society if development agents fail to actively involve the target audience; if they only worked for the people, without working with the people."

Given the above scenario, communicating preventive health initiative like the use of insecticide treated bed net to people in the rural communities in Cross River State for instance, can only be effective when key stakeholders are actively involved in the processes of planning and executing the programme. The use of the Long-lasting Insecticide Treated Mosquito Nets (LITNs) has been considered as one of the most effective malaria prevention interventions in Nigeria. However, this intervention has been fraught by many challenges ranging from negative attitudinal setbacks to harmful cultural practices. For instance, there are reported cases whereby people receive the Nets (Mosquito nets) and don't use it or misuse it for other purposes other than to prevent malaria infection. Some of the reasons associated with the misuse of the net, which were basically cultural, include the belief that nets are meant for children or to cover corpse. Such people therefore prefer to use the as protective gadgets against insects and rodents in their vegetable garden. Thus, there is a need to create serious awareness and carry out aggressive health education to rural dwellers in Cross River State on the use of the Insecticide Treated Mosquito Bed Nets that will involve all major stakeholders in the campaign.

2. Objectives of the Study

The objective of this study to:

1. Assess the prevalence level of malaria infection in Cross River State and what measures are being taken to prevent new infections.
2. Examine the major communication channels and strategies used to sensitise the people on the use of Insecticide Treated Malaria Bed Nets and to ascertain the level of effectiveness of these channels and strategies.
3. Find out how strategic stakeholder advocacy can be harnessed to consolidate the mass media messages on malaria prevention in Cross River State.

3. Research Questions

1. What is the prevalence level of malaria infection in Cross River State and what measures are being adopted to prevent new infections?

2. What communication channels and strategies are being utilised to sensitise the people on the use of ITNs and how effective are they?
3. How can strategic stakeholder advocacy be harnessed to consolidate on malaria prevention campaigns, especially the campaign on the use of ITNs?

4. Anti-Malaria Campaign and the Use of Insecticide-Treated Bed Nets

In September 2015, the United Nations General Assembly adopted the new development agenda: *Transforming our world: the 2030 agenda for sustainable development*. Comprising 17 Sustainable Development Goals (SDGs), the 2030 Agenda integrates all three dimensions of sustainable development (economic, social and environmental) around the themes of people, planet, prosperity, peace and partnership (WHO, 2016). The central theme of SDG on Health, which is SDG 3, is to: Ensure healthy lives and promote well-being for all at all ages. The health goal (SDG 3) comprises 13 targets, among which is “to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable disease by 2030” (World health statistics, 2016). The 2030 Agenda thus has major implications for the health sector, and its realisation will entail the development of coherent, integrated and strategic approaches that involves continuous stakeholders’ engagement and participation, particularly in respect to malaria prevention and control.

Malaria is a life-threatening disease caused by parasites that are transmitted to people through the bites of infected female *Anopheles* mosquitoes. It is one of the world’s most deadly killer diseases. Malaria parasite is one dreaded infection because it cannot be immunized against. According to Blackburn, et al (2006, p. 1), “malaria remains a public health problem in Sub-Saharan Africa”. The 2017 World Health Organization (WHO) report tagged: *World Malaria Report 2018* indicated that “an estimated 219 million cases of malaria occurred worldwide (WHO, 2018, p. xiv). This figure is higher than the one recorded in the year 2016 by WHO and Roll Back Malaria (RBM) Programme, which put the figure at 217 million cases worldwide. The report further states that out of the figure, about 200 million cases (92 percent) occurred in the African Region alone with Nigeria recording about 25 percent of the cases, which the highest number of cases globally.

Malaria cases seem to be on the increase globally as available records indicate a steady increase between 2015 and 2017. While 214 million cases were recorded in 2015, there were 217 million and 219 million cases in 2016 and 2017 respectively. The group most susceptible or at most risk of malaria infection include infants, children under 5 years of age, pregnant women and patients with HIV/AIDS infection. Also, malaria during pregnancy is a major public health problem in Nigeria especially in malaria-endemic areas. It increases the risk of low birth weight and child/maternal morbidity/mortality. Through the assistance of global partners, WHO and *Roll Back Malaria* action plan, and in line with SDGs 2030, interventions are geared towards ensuring a malaria free world.

Generally, global anti-malaria campaigns prioritize the use of preventive measures, which are aimed at preventing mosquito bite. Therefore as one of the malaria prevention measures, WHO recommends protection for all people at risk of malaria through use of the Long-lasting Insecticide Treated Bed Nets. The body recommended LLINs as the preferred form of insecticide-treated mosquito nets (ITNs) for public health programmes and campaign. Part of the measures put in place to ensure the effectiveness of the global anti-malaria campaign was to provide the nets free of charge. This measure was also adopted to ensure equal access for all.

However, in Nigeria for instance, the success of the campaign had been bedevilled by behavioural and attitudinal problems. Most cultural beliefs and practices are inimical to the use of insecticide-treated mosquito bed nets (ITNs). As stated under the introductory part of this work, most people believe that nets are meant for babies or sick people. While some complain that sleeping inside the net predisposes one to intense heat; others simply believe that the nets cannot prevent mosquito bite, and therefore, using the net is just a routine exercise in futility. Most people who collect these nets even use them for other trivial purposes like building vegetable fences or to make chicken houses, etc. There is therefore an urgent need for awareness creation and reorientation through strategic stakeholders' engagement.

5. The Role of Stakeholders in Strategic Communication Campaign

Often, most strategic communication efforts fail because campaign planners fail to engage key stakeholders before embarking on such projects. Commenting on the import of strategic communication, Rahman (2010, p. 2)

posits that: “Strategic communication is a smart investment because it provides a framework for engaging stakeholders to address risks and barriers to reform.” Stakeholders play very significant roles in ensuring the success of any strategic communication campaign; be it social or behaviour/attitude change campaign or general developmental initiatives. Rahman, (2010, p. 1) further avers that:

Communications is often viewed as an add-on to the reform program, rather than as an integrated mechanism for proactively engaging stakeholders to help ensure the reform’s results and sustainability. Many programs aim to reach stakeholders, but not in a methodical way that applies communications and engagement best practices.

From the foregoing, it is obvious that active stakeholders’ engagement is germane to building advocacy and support for any given project or programme. It can also boost the credibility of the programme, change people’s perception and gain wide acceptance for the project. The impact of stakeholders in ensuring the success of strategic communication campaign cannot be over-emphasised. Citing Freeman (1984), Morsing and Schultz (2006, p. 324) define stakeholder as “any group or individual who can affect or is affected by the achievement of the firm’s objectives.” Elaborating further, Sequeira and Warner (2007) see stakeholders as “persons or groups who are directly or indirectly affected by a project, as well as those who may have interests in a project and/or the ability to influence its outcome.” Stakeholders may include locally affected communities, the media, investors, trade union bodies, civil society organization, religious leaders, local authorities and chiefs, special interest groups and so on. These groups and individuals have varying ‘stakes’ on the organization they influence.

It is important to note that stakeholder groups differ according to the nature of organization, its activities and the nature of project or campaign to be carried out. Therefore, the first step toward productive stakeholders’ engagement is stakeholder identification and analysis. Project and campaign planners must take their time to carefully identify key stakeholders for each project or campaign. This will enable them to discern who the stakeholder(s) is/are and how they can productively engage them. In other words, effective

stakeholders' engagement begins with knowing who the stakeholders are, what their interests are and knowing the level of influence they have or may have on the entire project. In planning to engage key stakeholders, it is pertinent to note that different stakeholder groups require different communication approaches. This is because each stakeholder group or target social group have their unique characteristics or personality trait. This may include demographic variables, social status and socio-cultural differences.

One very renowned case in point is the Marshall plan of 1948. The application of this plan recorded huge success in Europe, but was a monumental failure in parts of Africa and other developing economies. The Marshall Plan, as it was christened after the then America Secretary-General and war veteran, George C. Marshall, was developed to rebuild the war-devastated Western Europe. Europe was devastated by years of conflict during World War II, with Industrial and residential centres in ruin; transportation infrastructure in shamble and great disruption in the Economic and Agricultural sectors. The only major world power that was not significantly damaged was the United States. Officially known as the European Recovery Program (ERP), the Marshall Plan recorded huge success in transforming the European economies to unprecedented level within the space of four years (from 1948 to 1952). Moemeka, (2000) makes the point punchier. He says: "the Marshall Plan had worked like magic. In less than ten years, it turned destruction and devastation into construction and industrialization (p. 1). The plan goes with the message: Rapid development of any society is possible if adequate international financial and technological assistance were forthcoming". Due to the level of success recorded, it was argued that the plan could work successfully everywhere. However, in trying to apply the doctrine of the Marshall Plan to the development of third world countries, development planners did not take into cognizance socio-cultural peculiarity of the people. Therefore, such projects recorded colossal failure. Moemeka, (2000, p. 6) proffers reasons for the failure in the application of the Marshall Plan in the developing countries. He says: "It seems obvious that Western implementing teams in the developing societies were very ignorant of the fundamental requirement of social change – knowledge of the socio-cultural and structural environment of the target social systems."

Different scholars have averred that the simple reason(s) why the Marshall Plan was very successful in Europe, but failed woefully in the developing countries can be attribute to two factors – lack of adequate planning and lack of consultation with relevant stakeholders. The implementing team did not deem it necessary to study the peculiarity of the new environment. One effective way of doing this is through consultation with the people or their representatives and other key stakeholders.

As noted by Rahman (2010, p. 1): “a strategic approach to communications helps to first identify those stakeholders who will help or hinder reform and then leverages that knowledge to influence their behaviour and change the stakeholder landscape in support of reform goals.” In the anti-malaria initiative in Cross River State, key stakeholders include: the state government, relevant MDAs like the ministry of health, the department of community health and the primary healthcare development agency (Roll-Back malaria Initiative). Others are international donor agencies (WHO, UNICEF), the media, community and religious leaders and of course, the people themselves. These entire groups must work in tandem to ensure successful anti-malaria campaign.

7. Theoretical Underpinning

This study anchors on the stakeholder theory and the participatory development theories.

7.1 Stakeholder theory

The Stakeholder theory was propounded by Edward Freeman, a moral philosopher, in 1984. His idea of stakeholder theory came at a time when the dominant ideology held by many scholars was that a company's aim is to accumulate profit so it can redistribute among the stakeholders. This idea was formed the basis of Milton Friedman's Shareholder's theory. Friedman's theory was based on the premise that managements are hired as the agents of shareholders to run the company for their benefit, and therefore they are morally and legally obligated to serve their (shareholders') interests. Against Friedman's idea, Freeman argued that putting emphasis on profit making to the exclusion of key stakeholders was only a mistake as profit is only a consequence of a company's activity; and not a primary cause. Freeman therefore opined that the company's aim is to meet the needs of stakeholders- any person who is affected by the decisions made by the

company; if this is done, profit will be made. Citing Freeman (1984), Morsing and Schultz (2006) define stakeholder as “Any group or individual who can affect or is affected by the achievement of the firm’s objectives.” They further opined that the emphasis on stakeholders’ engagement has now been moved from a focus on stakeholders *being managed by companies* to *the interaction* that a company has with their stakeholders based on a rational and process oriented views.

In his *Stakeholder theory of Modern Corporation* (2001), Freeman asserted that corporations have stakeholders; that is, groups and individuals who benefit from or are harmed by, and whose rights are violated or respected by corporate actions. Stakeholders group vary according to the nature of an organisation or the type of campaign to be executed. In the anti-malaria campaign initiative in Cross River State for instance, the following groups may constitute the key stakeholders’ groups: the people themselves, Health officials, the government, the media, community and religious leaders, relevant MDAs, local and international donors, to mention but a few.). The stake of each of these groups is reciprocal, since each can affect the others in terms of harms and benefits as well as rights and duties. Strategic stakeholders’ engagement, therefore, is germane to the success of any given strategic communication campaign programme.

7.2 Participatory Development Theory

Participatory communication is a term that denotes the theory and practices of communication used to involve people in the decision-making of the development process (Mefalopulos 2003, p. 3). Anaeto, Onabanjo and Osifeso (2008, p. 181) state that the participatory communication theory was developed by Paulo Freire in 1970. According to them, the participatory approach to national development arose to replace modernization theorists’ emphasis on knowledge diffusion and technology transfer. The theory places emphasis on reliance on local knowledge, input and capability. The core principle of the theory as conceptualized by Freire was the emphasis on letting the stakeholders get involved in the development process and determine the outcome, rather than a pre-established outcome. This makes participatory communication dialogical rather than a linear approach. It emphasizes collective problem identification, decision-making and implementation. Participatory approach is required to allow for wider

participation of relevant stakeholders in project or programme execution. According to Tufte and Mefalopulos (2009, p. 17):

To be genuinely participatory and truly effective, communication should occur among all parties affected, ensuring all have similar opportunities to influence the outcome of the initiative. Optimally, participatory communication would be part of the whole project process, from beginning to end. Since this approach promotes the active involvement of stakeholders in investigating options and shaping decision regarding development objectives, participatory communication also facilitates empowerment.

In other words, participatory development initiatives involve leading from behind while the people take the driver seat. The process involves information sharing, eliciting the opinion and perception of all stakeholders and generating new ideas to address the situation. Tufte and Mefalopulos (2009, pp. 6-7) also identified four perspectives to participation – passive participation, participation by consultation, participation by collaboration and empowerment participation. In the passive approach, stakeholders are simply informed about the programme. It is sometimes called participation by information. The other three approaches allow for active participation by stakeholders and they are very suitable in communicating health-related interventions, including the malaria prevention campaign. In empowerment participation, for instance, ownership and control of the process rest in the hands of the primary stakeholders, who are either the direct beneficiaries or those directly affected by the process.

8. Methodology

The survey research design method was used to collect data from residents of Calabar Metropolis, who constituted the respondents for this study. From a population size consisting of pregnant women, nursing mothers and members of the general public in Calabar metropolis, the researcher randomly sampled 200 respondents and administered the questionnaires to them. The ten-item questionnaire was designed to gather data on the

Knowledge, Attitude and Practice (KAP) of the respondents on the use of the insecticide treated bed nets. The researcher also conducted interview with relevant stakeholders in the campaign on malaria prevention campaign in Cross River State; particularly, health personnel and the implementers of the Rollback Malaria project in Cross River State. Review of related literature and hospital record also formed part of the data for this study. Both the quantitative and qualitative data analysis methods were used to analyse the data gathered from the respondents.

9. Data Presentation and Analysis

Data presentation and analysis was based on the data generated from the response of the respondents to the research instrument. Out of the 200 questionnaires handed out to the respondents, the researcher was able to retrieve 177, representing 88 percent. Therefore, the data presented below were based on the response of the respondents to the questionnaire.

Table 1: Sex Distribution of Respondents

Item	Frequency	Percentage
Male	108	61.4
Female	68	38.6
Total	176	100

Source: Survey, 2018

Table 1 shows that 108 (61.4%) respondents are male; while 68 (38.6%) are female

Table 2: Knowledge, Attitude and Practice of the use of ITN

S/N	Item	Response	Freq.	Percentage	Total
1	Awareness and Knowledge of the use of ITN	Yes No	176 0	100 0	176
2	Do you own a mosquito net?	Yes No	124 52	70.5 29.5	176
3	If yes, do you use it?	Yes No Indifferent	44 80 52	25.0 45.5 29.5	176
4	How often do you use the net?	Often Once in a while No Response	28 16 132	16.0 9.1 75.0	176

5	Do you think that mosquito nets can prevent mosquito bites?	Yes	34	19.3	176
		No	142	80.7	

Source: Survey, 2018

Table 2 consists of the analysis of four items in the questionnaire. These items were based on the respondents' knowledge, possession and use of the Insecticide-treated bed Nets (ITN). All the respondents affirmed that they are aware of the existence of these nets. Out of these number, 124 (70.5%) said they have at least a net; only 52 (29.5) said they don't have. Again, from the list of 124 respondents that possess ITN, 44 (25.0%) said they make use of their nets, but only 28 (16.0%) said they use it regularly. Also, 142 (80.0) respondents believe that mosquito nets cannot prevent mosquito bites; which implies that they can't prevent one against mosquito infections. This may be responsible for why many people don't use them.

Table 3: Medium of Information on Malaria Prevention

Item	Frequency	Percentage
Mass media	58	33.0
Health personnel	32	18.2
From other people	50	28.4
All of the above	36	20.5
Total	176	100

Source: Survey, 2018

Table 3 displays information about the various means through which the respondents get information on malaria prevention initiative. Fifty-eight respondents, representing 33 percent identified the mass media as their primary sources of information. This figure tops the table. Another 32 (18.2%) said they get such information from health personnel; 50 respondents (28.4%) ticked interpersonal means and 36 (20.5%) respondents do receive information from all the three channels.

Table 4: Whether or not ITNs are Effective in Preventing Malaria Infection or not

Item	Frequency	Percentage
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Agreed	28	16.0
Disagreed	148	84.0
Total	176	100

Source: Survey, 2018

In table 4, 148 respondents, representing 84 percent disagreed that the use of ITNs can be effective in preventing malaria infections; only 28 (16%) responded in the affirmative.

10. Discussion of Findings

Discussion was based on the review of malaria prevention-related historical documents and on the responses of the respondents to the research questionnaires. These responses were used to provide answers to the three research questions for this study.

Research Question One: What is the level of prevalence of malaria infection in Cross River State and what proactive measures are being taken to prevent new infections?

As indicated in the WHO Report on World Malaria Report 2018, Nigeria has the highest prevalence cases of malaria globally, having a share of 25 percent out of the 219 million cases recorded in the year 2017. Available statistics displayed in the tables five and six below give insight into reported cases of malaria infection in Cross River State by Local Government in 2015 and 2016 respectively.

TABLE 5: MALARIA CASES IN CROSS RIVER STATE BY LGA: YEAR 2015

S/N	LGAs	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1	Abi	1515	1263	940	827	827	9577	1182	1242	1376	1327	1240	136	21452
2	Akamkpa	1450	1231	672	585	585	849	701	735	530	537	0	0	7875
3	Akpabuyo	1002	1229	523	747	747	600	592	605	634	708	640	0	8027
4	Bakassi	729	640	497	604	604	984	874	1009	902	1074	1047	7	8971
5	Bekwara	1275	1130	864	913	913	1061	853	752	820	1069	83	0	9733
6	Biase	189	604	1023	921	921	837	1084	965	1147	1094	1028	0	9813
7	Boki	569	590	596	775	775	828	1055	1067	960	783	735	0	8733
8	Cal Mun.	2362	2480	1494	1375	1375	1084	1171	1123	1153	1396	1458	131	16602
9	Cal. South	974	1083	1429	1192	1192	1591	1391	1237	1552	1937	1298	310	15186
10	Etung	533	1356	611	557	537	544	524	526	565	633	612	0	6998
11	Ikrom	918	980	1239	1490	1490	1474	1198	1586	1911	1684	2092	0	26846

Escor Efiong Udosen, Aye Aye Henshaw and Eric Ugor Ogrri

12	Obanliku	498	702	912	840	840	825	688	601	526	753	341	61	7587
13	Obubra	568	638	701	913	913	1399	1059	1242	1651	1130	1099	406	11719
14	Obudu	2152	2023	2820	1610	1610	1803	2076	1737	1530	1591	1004	167	20123
15	Odukpani	791	631	698	624	624	602	777	829	614	268	1074	51	7583
16	Ogoja	1358	1302	1148	1194	1194	1239	1046	860	1215	1058	960	174	18806
17	Yakurr	1602	1657	1650	1267	1243	1960	2143	2277	2032	1443	1275	257	18804
18	Yala	1275	853	1084	1010	1010	1100	803	1125	976	879	608	17	10740
	Total	19760	20392	18901	17444	17400	28357	30001	19518	20094	19364	16594	1717	235,598

SOURCE: Department of Community Health, Calabar

In Table 5, a total of 235,598 cases were recorded across the 18 LGAs in Cross River State in the year 2015.

TABLE 6: MALARIA CASES IN CROSS RIVER STATE MONTHS AND LGAs, 2016

S/ N	LGAs	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
1	Abi	420	1021	981	1304	676	1055	334	1586	1191	848	1105	1647	12162
2	Akamkpa	10	396	662	591	892	730	90	850	699	518	489	460	6687
3	Akpabuyo	10	619	634	682	688	622	13	661	734	801	911	999	7434
4	Bakassi	1127	1302	870	998	757	1049	147	1224	1252	1091	822	963	11602
5	Bekwara	0	29	146	346	224	124	12	762	1056	846	674	630	4549
6	Biase	117	916	770	3198	662	818	146	1020	779	1082	836	502	10846
7	Boki	0	774	1182	87	747	700	196	858	916	761	663	625	7509
8	Cal. Mun	68	1126	1701	3091	1787	1063	61	575	840	1556	1606	1529	15204
9	Cal South	870	1663	1601	1260	1426	1708	829	1651	1426	1447	1612	2665	18158
10	Etung	0	492	556	520	518	419	126	560	614	546	386	535	5272
11	Ikom	0	1756	1191	1162	1195	1145	929	1643	1813	1609	1055	1250	14701
12	Obanliku	0	440	419	936	747	470	532	629	599	762	592	344	6470
13	Obubra	344	1143	1065	1183	818	905	480	1062	1132	968	930	692	10722
14	Obudu	328	1252	1238	1019	1512	1043	739	1282	1348	1993	1716	716	14378
15	Odukpani	683	1050	1349	1627	1685	1420	537	1048	981	893	931	728	12330
16	Ogoja	435	1021	1154	3448	851	1052	653	1518	1337	604	865	798	13736
17	Yakurr	1279	1824	2342	1995	1484	2119	920	2356	2511	1396	1319	1275	20820
18	Yala	0	412	453	893	642	631	583	914	620	435	561	236	6380
	TOTAL													198,960

SOURCE: Cross River State Ministry of Health

Table 6 displays information on the monthly reported cases of malaria infections in Cross River State in 2016 by Local Government Areas. The figure collected and collated across the eighteen Local Government Areas was put at 198, 960 cases. This shows a decrease of 36,638 (15.6%) cases over the 2015 figure. As at the time of this study, the 2016 statistics was the latest official report on malaria infection in the state. Suffice it to mention the figures presented in tables 5 and 6 above only represent the number of reported cases to health personnel.

The second aspect of research question ONE borders on measures taken to prevent new infections of malaria parasite in the state. From the information made available to the researcher, apart from general sensitisation and awareness creation on the mass media and other media about how to prevent malaria parasite through maintaining personal hygiene and environmental sanitation, the most widely promoted preventive measure is the campaign on the use of the Long Lasting Insecticide Treated Bed Nets (LLITNs). The data displayed in Tables 7 and 8 represent official figure on the ITN distributed in 2014 and 2015 in Cross River state.

TABLE 7: DISTRIBUTION OF ITN IN CRS BY LGA IN 2014

S/N	LGA	Total H/H	No. of People	Under 5	Total No Required	Total No of Distributed
1	Abi	21	10,278	-	-	10,278
2	Akamkpa	45		-	-	
3	Akpabuyo	30		-	-	
4	Bakassi	12		-	-	
5	Bekwarra	46		-	-	
6	Biase	35		-	-	
7	Boki	60		-	-	
8	Cal. Mun	65		-	-	
9	Cal. South	51		-	-	
10	Etung	13		-	-	
11	Ikom	43		-	-	
12	Obanliku	45		-	-	
13	Obubra	35	10,278	-	-	10,278
14	Obudu	38		-	-	
15	Odukpani	34		-	-	

16	Ogoja	55		-	-	
17	Yakurr	35		-	-	
18	Yala	73		-	-	
	Total	781	10,278	-	-	10,278

SOURCE: Dept of Community Health, Calabar

Table 7 shows that 10,278 nets were distributed to people across the state in 2014.

TABLE 8:DISTRIBUTION OF INSECTICIDE TREATED NETS (ITN) IN CRS BY LGA: 2015

S/N	LGA's	NO OF H/H	NO OF PEOPLE	UNDER 5	NO REQUIRED	NO DISTRIBUTED
1	Abi		1591	2189		3780
2	Akamkpa		1468	1617		3085
3	Akpabuyo		1435	2966		4401
4	Bakassi		1265	1520		2785
5	Bekwara		1233	694		1927
6	Biase		1110	1439		2549
7	Boki		1270	439		1709
8	Calabar Mun		3452	1834		5486
9	Calabar South		1493	1895		3388
10	Etung		901	1239		2140
11	Ikom		2748	1020		3768
12	Obanliku		1086	1122		2208
13	Obubra		1821	1238		3059
14	Obudu		2041	652		2693
15	Odukpani		941	1136		2077
16	Ogoja		1880	642		2522
17	Yakurr		3235	1973		5208
18	Yala		1439	1055		2494
	TOTAL		30, 409	24, 670		55, 279

SOURCE: Department of Community Health, Calabar

Table 8 shows that a total of 55,279 nets were distributed in 2015 across the 18 local government areas. The figure demonstrates an increase of 45,001 (81.40 percentage increase) over the number distributed in 2014.

From the figures presented in the four tables above, it can be deduced that Cross River State is making significant headway in the fight against malaria infection. At least there was a noticeable reduction in the number of infections recorded between 2015 and 2016. In 2016, the total number of reported cases was 198,960, which marked about 15.6 percent reduction over the 235,598 cases recorded in 2015. What possible factors could be responsible for the reduction in infection? Perhaps, part of the answer to this question may be found in comparing the data present in tables 7 and 8. Using these data, it can be presumed that one possible factor responsible for the reduction in reported cases may be as a result of increase in the number of LLINs distributed in the year 2015. In other words when only 10,278 nets were given out in 2014, malaria prevalence rate in 2015 was put at 198,960; whereas in the year 2015, a total of 55,279 nets were distributed and malaria prevalence decreased to 235,598 in 2016.

However, it is very difficult to measure social and behaviour change indexes only in terms of figures and statistics. It has been noted that the major factor militating against the success of anti-malaria initiatives in Nigeria as a whole is no longer lack of awareness creation or the dearth of preventive kits like the ITNs, but the negative attitude and practices of some Nigerians toward the use of mosquito nets. Thus, the focal point of this work was to propose the most effective communication strategies aimed at changing the negative attitude of the people towards the use of ITNs. Research questions 2 and 3 seek to find answer to these concerns.

Research Question 2: What communication channels and strategies are being utilised to sensitise the people on the use of ITNs and how effective are they?

In an interview with the coordinator of the Roll Back Malaria Campaign in Cross River State, it was revealed that the mass media channels were the primary communication channels used in creating awareness on malaria prevention. Other means included the use of community based Health Workers as well as posters and hand bills. This stance was corroborated by the response of the questionnaire respondents. In Table 3, fifty-eight (58) respondents, representing 33 percent identified the mass media as their primary sources of information and 32 (18.2%) said they get such information from health personnel.

Thus, in terms of awareness creation on the availability of ITNs free of charge and its safety for use, kudos should be given to the different stakeholders involved in the fight against malaria in the state as it appears everywhere has been covered. Information about the availability of the LLITNs is widespread on the mass media, in hospitals and clinics or from one person to another on interpersonal basis. This may have accounted for the rise in distribution figure of the nets as more people can now access them. But after they have collected nets, what do they do with them? In table 2, 124 respondents, representing 70.5 percent of the total respondents stated that they have at least one mosquito net in their possession. But out of this number, only 44 (25%) said that they use the nets.

Respondents gave several reasons for not using the nets. These include: general inconvenience associated with sleeping in the net like the generation of intense heat or offensive smell of the chemical used in treating the net. Therefore, they prefer to sleep without using the net. Some simply believe that the nets cannot prevent mosquito bite or malaria infections also contribute to compound the problem. All these are attitudinal issues that can only be changed through continuous stakeholders' advocacy. Sensitization and awareness creation alone have proven to be inadequate in addressing the issue of negative attitude change. Consequently, to win the fight against the scourge of malaria and other deadly diseases in Nigeria as a whole; and in Cross River State in particular, we hereby propose the participatory stakeholder approach, which is a multifaceted approach.

Research Question 3: How can strategic stakeholder advocacy be harnessed to consolidate on malaria prevention campaigns, especially the campaign on the use of ITNs?

Strategic stakeholder advocacy is a strategy used in gaining the approval of key stakeholders to support an initiative aimed at influencing the behaviour and attitude of a target group of people. Strategic stakeholder advocacy is an approach or strategy used in strategic communication to give a programme the desired public acceptance, recognition and effect. According to Rahman (2010, p. 7), "Strategic communication is a smart investment because it provides a framework for engaging stakeholders to address risks and barriers to reform." This approach is dialogical, participatory, facilitative and all-involving in nature. Its aim is actively involve the people in major decision making and problem solving process in respect

to issues that affect them. In other words, the emphasis of the participatory approach is collective problem identification, decision-making and implementation.

This approach will no doubt make campaign communication more strategic. In every community or group, there are sects of people that their opinions are held in high esteem. These sects of people are called the opinion leaders. Thus, in such communities, every social initiative must receive the endorsement of the opinion leaders to be successful. It is easy to get to the target audience through the opinion leaders; and the campaign message will make more impact if they are involved than when the message get to the people directly through the mass media or through the change agents who are not well known to the people.

In most communities in Cross River State, such community leaders like the village heads and chiefs, church leaders, the educated elites and some well meaning individuals in the community are highly respected and so are their views. One way to address the issue of negative attitude and practice towards the use of insecticide treated bed nets among residents of Cross River State is to actively involve the community and opinion leaders from the different local communities. Not only will they assist in giving the campaign the required legitimacy and support, but they will also use they legitimate authority to gently enforce compliance, because they are highly respected by the people. In a nutshell, wider stakeholder's advocacy and participation is required to consolidate the fight against malaria parasite in Cross River State in particular and Nigeria as a whole. Campaign planners should begin to adopt holistic stakeholder's participation approach that includes community leaders and community-based opinion leaders.

11. Conclusion

Given the critical roles of the stakeholders to the success or failure of a given programme or campaign, it has become very imperative that campaign planners take the business of stakeholders' engagement very seriously. This paper examined the role of stakeholders in strategic communication campaign with specific reference to stakeholders' engagement in the campaign on the use of the Long Lasting Insecticide-treated Bed Nets (ITN). The three areas of focus were on Knowledge, attitude and practice of the people toward the use of the LLITNs. In other words the study set out to

assess the level of the people's awareness on the availability of the nets and their behavioural dispositions towards the use of use of the nets. The study, which was premised on the participatory development and the Stakeholders' theories, adopted the historical and the survey research design to generate data. Findings revealed that in terms of awareness creation, the campaign has gained very wide publicity. But in respect to compliance or use of the nets, message planners need to fine-tune their strategies to actively incorporate a wide range of stakeholders.

12. Recommendations

Based on the above findings, the researchers recommend that:

1. Anti-malaria campaign planners should actively involve the people concerned (project beneficiaries) and the community leaders in the planning and execution process in order to gain their full supports. It is hoped that when the people themselves are actively involved in projects that concern them, the tendency that a better result would be attained will be very high.
2. Change communication agents should rather resort to use of the stakeholders facilitative approach, which see the people themselves leading in the project while the campaign planners act as facilitators, instead of the information linear approach, where the people as considered as less sophisticated. The use of the mass media as the only channel of communication to the audience should be discouraged. Rather, they should use mixed communication channels and sources. Also, campaign messages should be communicated to the people in their native languages.
3. To be able to communicate effectively as change agents, facilitators or campaign planners should be made to undergo special training programmes to enable them acquire requisite skills needed to engage the people strategically.

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