

# Radio as an effective tool for community mobilisation for eye health programs, a case study of the Mbarara University of Science and Technology, Department of Ophthalmology outreach program to Ntungamo district, rural south-western Uganda

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## ABSTRACT

**Objective:** To determine the most effective method of mobilizing the rural community to uptake cataract outreach services in Ntungamo district, south western Uganda.

**Methods:** This was a community based prospective survey conducted in Ntungamo district, rural south western Uganda. Different methods were used to inform the local communities in the six sub regions in Ntungamo district about an ongoing University outreach program. These included; local radio announcements, announcements at places of worship, posters, word of mouth and referral from a previous outreach. One hundred and twenty five respondents were randomly selected from a total of 600 people who turned up for the service and enrolled into the study. Interviewer administered questionnaires were administered. The main interview question was how respondents had received information about a cataract outreach service coming to their area. Results were compiled and frequency tabulations were drawn.

**Results:** The respondents reported that they received the information through radio announcements (85.6%), by word of mouth (10%), by posters (2%) and by referral from previous outreach (1%). The results were consistent across all the six sub regions in Ntungamo district.

**Conclusion:** Radio announcements were the most effective method for mobilizing the community for uptake of cataract outreach services.

**Recommendation:** Radio should be encouraged as a key tool for mobilizing communities to uptake health promotion services.

## INTRODUCTION

Mbarara University of Science (MUST) and Technology, Department of Ophthalmology has been in existence for the last 13 years. It is part of MUST and is located in south-western Uganda, about 4 hours' drive from the capital Kampala. It offers undergraduate and residency training. The department has been conducting outreach programs to Ntungamo district in south western Uganda for the last five years. Ntungamo district is largely a rural community of about 500, 000 people<sup>1</sup>. These programs were mainly for free screening and treatment of eye diseases, health promotion sensitisation and cataract surgery hands on experience for the residents away from the main hospital (Figure 1).

**Figure 1:** Outreach cataract surgery in Ntungamo district



This program was funded by COECSA under a 5 year EU grant. Outreaches were conducted every quarter to various counties within the district. Before each outreach, different methods would be used to mobilise the community to come for free screening, treatment and surgery. These included; radio announcements, posters, word of mouth, referral from a previous outreach and announcements at places of worship. In most of these outreaches, the response was good with an average number of 1000 people treated and about 50 operated. The outreach team would consist of an ophthalmologist (team leader), resident, ophthalmic clinical officer, ophthalmic nurse, a theatre nurse and other support staff. At the end of the project in 2013, we conducted a feedback survey among these communities which had been benefitting from the outreach service to try and find out if the program had been beneficial, how they had benefitted, areas of improvement and need for continuity. One of the questions as part of the bigger survey that we were interested in was of the different mobilisation methods we had used, which had been the most effective? We share this component of the survey in this report.

## MATERIALS AND METHODS

This study was to determine the most effective method for mobilizing communities for uptake of cataract outreach services in Ntungamo district, rural south western Uganda.

In a prospective survey design, respondents who had benefited from the outreach program were by systematic random sampling selected from the six sub regions across Ntungamo district. Ntungamo district has a total population of 489,320 people; however, particularly for this survey, 600 people turned up for the eye outreach services; and, 125 were randomly selected as respondents<sup>1</sup>. The tools used were pre tested program evaluation templates availed by COECSA and translated into the local language. These tools were used across all the implementing sites across the ECSA region. By interview guided questionnaires, respondents were asked about different aspects of their experiences before, during and after the outreach service. The key interview question pertaining this component of mobilisation was **“how did you get to know about this outreach?”** Respondents were also asked about the clarity of the information received in terms of venue and date of the outreach service on a scale of very happy, happy, unhappy or very unhappy.

This was part of the general end of program evaluation, all respondents had translated informed consent, and their names were not captured on the data collection tool. For minors, their parents or legal guardians consented on their behalf.

**RESULTS**

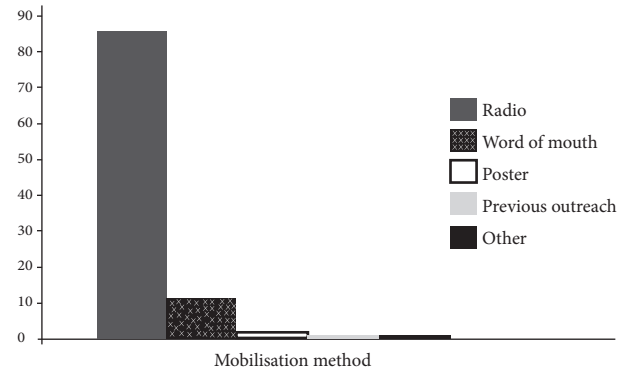
One hundred and twenty five respondents were enrolled into the survey, mean age was 51 years, range=16-100 years. They were well distributed across all the regions in the district (Table 1).

**Table 1:** Distribution of respondents per county across Ntungamo district

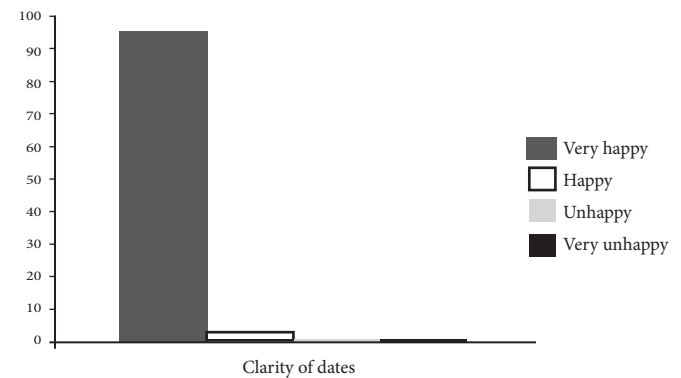
Outreach location	No. of respondents	(%)
Itojo	24	19
Kitwe	40	32
Ntungamo	18	14
Rubare	12	9
Ruhama	14	12
Rwashamire	17	14
Total	125	100

In terms of how they had known about the outreach coming to their area, 85.6% of the respondents said it was by radio announcement (Table 2 and Figure 2). In terms of the clarity of the information about venue and date the outreach service, majority of the respondents were very happy with the clarity of the information received (Tables 3 and 4, Figures 3 and 4).

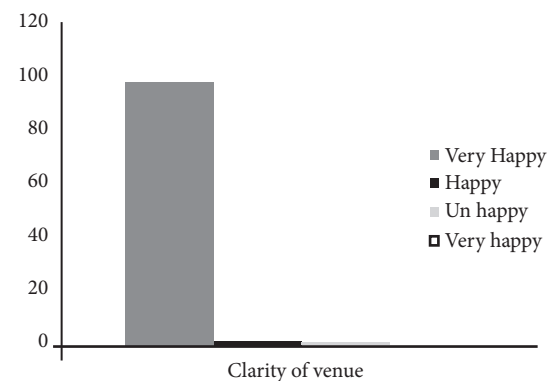
**Figure 2:** Percentage respondent responses on how they had known about the outreach service (N=125)



**Figure 3:** Percentage respondent responses on their satisfaction of communication of the dates of outreach service (N=125)



**Figure 4:** Percentage respondent responses on their satisfaction of communication of the venue of outreach service (N=125)



**Table 2:** Respondent responses on how they had known about the outreach service (N=125)

Mobilisation method	No.	(%)
Radio	107	85.6
Word of mouth	14	11.2
Poster	2	1.6
Previous outreach	1	0.8
Other	1	0.8
Total	125	100

**Table 3:** Respondent responses on clarity of date of the outreach service (N=125)

Clarity of date of outreach	No.	(%)
Very happy	119	95.2
Happy	4	3.2
Unhappy	1	0.8
Very unhappy	1	0.8
Total	125	100

**Table 4:** Respondent responses on clarity of venue of the outreach service (N=125)

Clarity of venue of outreach	No.	(%)
Very happy	122	97.6
Happy	2	1.6
Unhappy	1	0.8
Very unhappy	0	0
Total	125	100

## DISCUSSION

For our experience in this survey, it was clear that radio was a very effective tool for mobilising the community as majority of the respondents had got to know about the outreach service by way of radio announcements. Also, the next group of respondents (11%) got to know about the service by word of mouth. From further discussions with these people, we noted that most of them heard it from people who had heard the radio announcements in the first place. Therefore, by extension, our impression is that radio could have been the primary source of information in about 97% of the respondents. In terms of clarity of information, majority of respondents were able to know with certainty the dates and venue of the outreach service. Although for this question the method of the primary source of information was not analysed, we can safely assume most had got the source from radio as indicated prior, also, the fact that numerous announcements were aired gave people an opportunity of getting clarity of the details of the outreach such as date and venue if they missed it the first time.

Radio has been used in Uganda for public health promotion campaigns particularly starting with the advent of HIV/AIDS in the 1980s where the ABC strategy was strongly aired on the only national broadcaster then<sup>2</sup>. In the mid-1990s, the Uganda communication act was amended to allow private radio stations<sup>3,4</sup> and by 2012, the number of radio stations in Uganda per capita had increased from 0.10 per capita to 0.14 per capita<sup>5</sup>. This was boosted by the changing social economic status, a growing per capita income from about USD 100 in the 1990s to USD 500 by 2010<sup>5</sup>, this meant more purchasing power with more people able to procure radios. In terms

of accessing information, radio is one of the main sources especially in the rural households in Uganda. In a number of house hold surveys by the Uganda National Bureau of Statistics (UBOS), majority of the people reported radio as their primary source of information<sup>1</sup>. Of note is that with the advent of the mobile phone, radio coverage has further increased since these mobile phones usually have an inbuilt radio and torch as accessories. By 2012, one in two Ugandans had a mobile phone and by extension a radio<sup>5</sup>.

## CONCLUSION AND RECOMMENDATION

From this simple survey, radio announcements were the most effective method for mobilizing the community for uptake of cataract outreach services. It is clear to us that radio is an effective tool for disseminating information particularly in the rural communities. The fact that these messages can be reciprocated, gives an opportunity for people who missed it the first time to be able to hear it again, therefore keeping the integrity of first-hand information and minimising second and third hand distortions.

Radio should therefore be encouraged as a key tool for mobilizing communities to uptake health promotion services.

## ACKNOWLEDGEMENTS

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## REFERENCES

1. UBOS. Census preliminary report. In: Affairs I, editor. Kampala: UBOS; 2014.
2. Parkhurst JO. The crisis of AIDS and the politics of response: the case of Uganda. *Intern Relat.* 2001; **15**(6):69-87.
3. Mwesige PG. Cyber elites: a survey of internet café users in Uganda. *Telematics Informatics.* 2004; **21**(1):83-101.
4. Shirley MM. Telecommunications reform in Uganda: World Bank Publications; 2002.
5. 2012. Available from: <http://www.nationmaster.com/country-info/profiles/Uganda/Media#2012>.