

ASSESSING THE PARTICIPATION OF COMMUNITY MEMBERS IN COMMUNITY SOCIAL DEVELOPMENT AGENCY (CSDA) HEALTH PROJECTS IN AKINYELE LOCAL GOVERNMENT AREA OF OYO STATE, NIGERIA

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Abstract

The study was conducted to assess the comparative analysis of participation of community in Sustainable Community Social Development Agency Health projects in Akinyele Local Government Area of Oyo state. The study adopted ex-post facto design of non-experimental study. Gender, age and educational qualifications were the grouping or independent variables while level of participation in CSDA health project was the dependent variable. Data were collected from a total of 30 respondents using CSDA Health Project Participation Questionnaire ($\alpha = 0.86$). Data obtained were analyzed using frequency count, t-test and one-way ANOVA. The result showed that there is significant difference in community participation in CSDA health project based on gender $\{t_{(28)} = -3.586; p < 0.05\}$ and it is statistically significant. However, there is no significant difference in participation in CSDA health projects based on age and educational qualifications. The study, therefore, recommended that both genders should strive to participate in CSDA health project as well as other CSDA projects.

Keywords: *Community Social Development Agency, Health, Project and Rural Area*

Introduction

The participation of a community in a communal project involves a number of stages. These stages include planning and directing. Other stages are implementing and sustaining their own development which is a means of safeguarding their interest in the scheme of development arena. In these stages, people decide and rank the priorities

given to the development and efficient use of their scarce resources which are competing for many alternative uses. They also exercise, not only control over their own economic, social and cultural developments, but also partake in the processes that led to the implementation of the projects. Community participation in development activities according to Marsela (2015) is the

process by which individuals, families or communities assume responsibility for their own welfare. It also entails the capacity to contribute to the community development. It is an active process whereby beneficiaries influence the direct and execution of development. It is regarded as one of the cornerstone for good community administration. Community participation helps to enhance accountability, transparency and ensure sustainability of development initiatives.

Frank and Smith (2014) define community development as a process where community members come together to take collective action and generate solution to common problems. Community problem that may be addressed include economic, social, environmental and cultural often evolves from this type of collective action being taken at grassroots level. Community development starts from small initiative probably by individual to a broader initiative where the community is involved. Community can either be rural or urban. According to Udu and Onwe (2016), over 80% of the population of developing countries reside in the rural community. For this reason, community development efforts ought to be geared towards improving the living standard of the mass of the low-income population residing in rural areas and making the process of their development self-sustaining. Oyesola, (2013) also reported similar proportion close to 80% of the population in Nigeria live in rural areas and are directly or indirectly involved in the use of land resources but majority of these rural dwellers are facing several problems, which reduces their productivity. Some of these problems include environmental constraints, infrastructural deficiencies, marketing problems, and technological

constraints, institutional constraints, high cost of labour, inadequate agricultural incentive and lack of sustainable rural development programmes in social, economic and health. It is assumed that their productivity may be linked to their wellbeing. The community wellbeing is at the heart of health centres.

Health projects are critical to the lives of rural dwellers and accessed at health centres. According to Anam (2012), the health status of members of a community can be used as a yardstick for measuring the wealth of that community. Thus, good health of members of rural community guarantees greater human development. This is because it constitutes a major driver of speedy economic, social and political development in rural communities. Bushy (2008) describes health as a complete state physical, mental and social wellbeing of a person and not just the absence of disease or infirmity. The inaccessibility to health care facilities in rural areas in Nigeria according to Ajala, Sanni and Adeyinka, (2005) is a major contributor to the underdevelopment state of the rural communities in Nigeria. The authors further stress that for there to be rural development to be maintained, there must be adequate provision for their health and not just provision but accessibility too. This is supported by Omonoma, Obisesan and Aromolaran (2015) who reported that the state of the Nigerian health system is dysfunctional and grossly under-funded which hampers access to healthcare facilities. The authors reported a per capital expenditure of \$9.44 as indicated by World Bank. This low per capital expenditure on health has resulted in about 40% absenteeism among medical officials, seeking greener pasture and ultimately increasing the level of mortality and

morbidity as high as 157 deaths per 1000 live births (Omonoma, Obisesan and Aromolaran, 2015).

Sidi, Hashim, Abubakar, Ladebo, Uthman and Yelwa (2020) assessed the effect of Participation in Community and Social Development on rural Livelihood enhancement in North West, Nigeria. Multistage sampling techniques were used to select CSDP beneficiaries and non-beneficiaries for the study. Data were collected from a total of 360 respondents using structured questionnaire. Data obtained was analyzed using descriptive and inferential statistics. The result showed that the age of the majority of respondents fell between 29-38 years for the beneficiaries and 39-48 years for the non-beneficiaries. Majority of the respondents were married (80.28%) from the pooled data and were male (81.11%). Approximately, 56.67% had one form of education or the other with beneficiaries more distributed in formal education. The major occupation for both beneficiaries and non-beneficiaries was farming (69.17%). With regards to CSDP participation, majority (85.6%) of the beneficiaries participated in project planning stage, 65% in project preparation stage, 71.6% participated in project implementation stage, while 61.7% participated in project monitoring and evaluation stage. Participation level was rated high as majority (47.78%) of the beneficiaries participated in at least ten out of sixteen project cycles.

The study used Probit analysis which showed that sex, marital status, education, monthly income and work experience were statistically related to the decision to participate in CSDP by the respondents. The double difference values was observed to be ₦92, 981.7 implying that productive assets increased more across the beneficiaries in

comparison to the non-beneficiaries in the course of time. Crop farming (36.7%), cattle trading (28.3%) and livestock farming (26.9%) where the major livelihood activities of the respondents as indicated from the pooled data. Improvement in living standard, community cohesion, increased school enrolment, reduction in water borne diseases and reduction in the distance covered to school and health centers were some of the benefits beneficiaries derived from CSDP as a result of their participation. Sidi, Hashim, Abubakar, Ladebo, Uthman and Yelwa (2020) further found out that the major challenges facing the beneficiaries while participating in CSDP includes high cost of materials, complex protocol, payment of counterpart funds and abandoned projects. Others were lack of professional medical personnel, poor maintenance culture and possibility of elite culture. The study concludes that CSDP is promising and therefore needs to be sustained. It is therefore recommended among others that CSDP and other non-governmental organizations should encourage non-benefiting communities to participate in the project through adequate sensitization and outreaches.

The Community and Social Development Agency Project (CSDA) project is another community-driven development (CDD) initiative, established by the Federal Government in collaboration with the World Bank and 28 participating states to empower communities to plan, part finance, implement, monitor and maintain sustainable and socially inclusive multi-sectoral micro projects (Abatcha, 2014). The project is assisted by the World Bank and co-financed by Federal Government and the participating states are Abia, AkwaIbom, Adamawa, Anambra, Bauchi, Bayelsa,

Benue, Cross River, Ebonyi, Edo, Ekiti, Enugu, Gombe, Imo, Katsina, Kebbi, Kogi, Kwara, Nasarawa, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Taraba, Yobe and Zamfara. The goal of the project is to improve services for human development strategy. It is designed as a poverty reduction project which seeks to empower the poor by giving them resources, as grants, to implement and supervise community initiated multi-sectoral projects. It will also improve partnership of Local Government Authority and communities on human development related projects, and build the capacity of the former to effectively deliver services to their people and communities.

The project is expected to have a positive impact with respect to human development outcomes through the financing of social and economic common goods as well as upward and downward accountability between communities and Local Government Areas and States. CSDP have identified challenges facing poverty reduction in the country to include sectoral approach to service delivery, despite several efforts of the government to tackle it. CSDP also listed supply driven nature of interventions and weak sectoral linkages among others as factors directly challenging inputs aimed at addressing the menace.

In order to benefit from the project, community should be rural (following the existing state government classification of areas as rural, semi-urban and urban). It must lack any infrastructure or social amenity that falls within the list of projects normally financed by the programme or the one(s) available are in state of disrepair or inadequate in meeting the community requirements. There should be willingness to contribute, as stated in the manual, to the financing of the micro projects in the CSDP.

In addition, state/ Local Government Area poverty maps will be used in deciding which communities to be prioritised as the programme continues. Apart from this gender of the participant, ages as well as their educational qualifications are other dimensions need to be investigated as done in this present study.

Gender of the community members is a crucial variable in participation in CSDA health project. Gender which is a biological categorization of community members based on the basis of their reproductive role. Community members may either be male or female and their level of participation in community project varies across the two genders. Gender issues significantly affect implementation of development and project with women facing barriers to education, healthcare, economic opportunities, and political participation hindering overall community transformation. Gender roles exert a substantial impact on community dynamisms, shaping the distribution of responsibilities, access to resources and opportunities for community members. Understanding these roles is essential for development of targeted and effective health interventions within communities (Uzokwe, Ofuoku & Dafe, 2017). Gender roles in community development are complex and multidimensional, reflecting the societal needs placed on individual based on their gender. These roles affect all community life, including family structures, education, employment and healthcare delivery including community projects in agriculture, education and health (Uzokwe, Ofuoku & Dafe, 2017). The activities of male and female gender are crucial to the attainment of the objectives of development programmes, however, participation of male and female in CSDA health project in

Akinyele Local Government is espoused in this current study.

Age is demographic variable that shows the characteristics of the participants of CSDA health project in Akinyele. Age as an independent variable in the study is to explore how age influences other factors in the participation of community members in sustainable health project. Age plays an important role in community participation with different age groups exhibiting varying levels of engagement and expectations influencing both the types of activities they participate in and importance place on community engagement. Ajayi, Ajiboye and Femi (2019) investigated participation in community projects. The study found out that age is one of factors affecting level of participation in community. However, specific community project like CSDA health project is unique. How participation across age group differs may reveal a different trend from what earlier study had reported, this is one of the thrust of this study.

Educational qualification is another important variable in this study. In Nigeria, a strong relationship exist between educational status and community development, with education playing a major role in empowering individuals and fostering positive societal change, leading to economic growth and improved quality of life. Education equips individual with knowledge, skill and critical thinking abilities, enabling them to participate actively and effectively in their communities and development (Ajayi, Ajiboye and Femi, 2019). The acquisition of basic learning capacity which is associated with education enables individuals to function optimally, the status of educational attainment of community members greatly determine their

level of participation in CSDA health project.

Based on this, this study focused on investigating the participation across gender, age and educational qualifications of community in sustainable CSDA health projects in Akinyele local government area of Oyo state. Akinyele was selected for the study because it is one of the communities in the Ibadan suburb that is mentioned in the poverty index map billed to benefit from the CSDA projects.

Purpose and Objectives of the Study

The purpose of this study is to assess the community participation in CSDA health projects in Akinyele local government area of Oyo state. Specifically, the study will:

1. Assess the demographics of community members in Akinyele local government area
2. Determine difference between male and female participation in CSDA health project
3. Determine difference in community members' participation in CSDA health project based on age
4. Determine difference in community members' participation in CSDA health project based on educational qualification

Research Questions

1. What is the profile of the CSDA health project participants in Akinyele local government area?
2. Is there any significant difference between the participation in CSDA health project based on gender?
3. Is there any significant difference among the participation in CSDA health project based on age?

4. Is there any significant difference among the participation in CSDA health project based on educational qualification?

Methodology

The study used ex-post facto design. This design allowed the researchers to compare level of participation in CSDA health projects across gender, age group and educational qualifications and then draw the inferences. The population for this study is all communities in Akinyele local government areas. Multi-stage sampling procedure was adopted to select sample. In the first stage, purposive sampling technique was used to select Akinyele local government as one of areas in state the poverty map where CSDA projects are targeted. In the second stage, the local government is stratified along the existing three regions: Akinyele south, Akinyele North and Akinyele East. In the third stage, simple random sampling was used to select a community each from each of the region making three communities. In the fourth stage, simple random sampling was further used to select ten members each from each of the chosen community making thirty participants for the study.

CSDA Health Project Participation Questionnaire (CHPPQ), developed by the researchers, was used to collect data. CHPPQ measures participation of the community members in the planning, implementing and maintaining health projects in their community. CSDA Health Project Participation Questionnaire (CHPPQ) consisted of two sections; A and

B. Section A, sought participants' demographic information such as gender, age, location, marital status and educational background of the community members. Section B measures the level of CSDA Health project participation. The initial instrument contained items which were carefully drawn from three indicators: participation in planning CSDA Health project, participation in implementing CSDA Health project and participation in maintaining CSDA Health project. Respondents were asked to respond on a four point scale of always, sometimes, rarely and never. These items were subjected to pilot testing using community members who were not part of the final sample for the study. The content validity was established by giving the draft to experts in the Department of Adult Education, University of Ibadan, Ibadan. Item analysis was also performed, where irrelevant items were deleted or modified and others subsequently retained. To determine the reliability of the instrument, the internal consistency of the test was obtained using Chronbach's Alpha method of reliability which yielded a value of 0.86. The researchers monitored the data collection exercise. Two research assistants were co-opted for the study and were trained on the administration of the instrument before the commencement of the study. They were intimated with the objectives of the study and the reasons they were selected. Frequency count, t-test and one-way analysis of variance (1-Way ANOVA) were used to analyse the data.

Results and Discussion

Research Question 1: What is the profile of the CSDA health project participants in Akinyele local government area?

Table 1: Profile of the CSDA Health Project Participants in Akinyele

S/N	Demographic Variables	Frequency	Percentage
1	Age		
	Below 30 years	1	3.3
	31-40 years	2	6.7
	41-50 years	13	43.3
	51 years and above	14	46.7
	Total	30	100.0
2	Gender		
	Male	14	46.7
	Female	16	53.3
	Total	30	100.0
3	Level of Education		
	FSLC	10	33.3
	SSCE	6	20.0
	NCE/OND	8	26.7
	HND/BSc/BTech	2	6.7
	MSc/PhD	4	13.3
	Total	30	100.0

Table 4.1 shows the profile of the CSDA health project participants in Akinyele local government area. The table indicates that 14 (46.7%) of the respondents are of age 51 years and above, 13 (43.3%) are of age 41-50 years, 2 (6.7%) are of age 31-40 years and 1 (3.3%) is below 30 years of age. Fourteen (46.7%) male responded while 16 (53.3%) are female respondents. The table

also shows that 10 (33.3%) of the respondents hold first school leaving certificate as their level of education, 8 (26.7%) hold Ordinary National Diploma/National Certificate in Education, 6 (20.0%) hold Senior secondary school certificate, 4 (13.3%) hold Masters and 2 (6.7%) hold degree as their highest level of education.

Research Question 2: Is there any significant difference between the participation in CSDA health project based on gender?

Table 2: Mean Difference of Male and Female Participation in CSDA Health Project

Group	N	M	SD	t	df	Sig
Male	14	14.21	3.86	-3.586	28	.001*S
Female	16	19.00	3.44			

*S= Significant at $p < 0.05$

Table 2 shows the difference between the male and female community members' participation in CSDA health project. The table showed that there is significant difference in community participation in CSDA health project based on gender $\{t_{(28)} = -3.586; p < 0.05\}$ and it is statistically

significant. Hence there is significant difference between the participation in CSDA health project based on gender. The participation in CSDA health project differed in community participation with respect to their gender.

Research Question 3: Is there any significant difference among community participation in CSDA health project based on age?

Table 3: ANOVA Difference of Participation in CSDA Health Project based on Age

Source of variance	Sum of squares	Df	Mean square	F	Sig
Between group	23.740	3	7.913	0.396	0.757NS
Within group	519.626	26	19.986		
Total	543.367	29			

NS= Not significant $p > 0.05$

Table 3 shows that there is no significant difference in community participation in CSDA health project based on age $\{F_{(3,26)} = 0.396; P > 0.05\}$.

Research Question 4: Is there any significant difference among the participation in CSDA health project based on educational qualification?

Table 3: ANOVA Difference of Participation in CSDA Health Project by Qualification

Source of variance	Sum of squares	Df	Mean square	F	Sig
Between group	14.033	4	3.508	1.66	0.954NS
Within group	529.333	25	21.173		
Total	543.367	29			

NS= Not significant $p > 0.05$

Table 3 shows that there is no significant difference in community participation in CSDA health project based on educational qualification $\{F_{(4,25)} = 0.166; P > 0.05\}$.

Discussion of Findings

The result on the profile of the CSDA health project participants in Akinyele local government area indicated that there were more aged community members than youth and children. There were more female respondents than male respondents. All members of the community are educated with few graduates and higher degrees. This implies that the respondents are predominantly aged members, more female and educated members. The result of this finding is in tandem with that of Sidi, Hashim, Abubakar, Ladebo, Uthman and Yelwa (2020) who assessed the effect of participation in community and social development on rural livelihood enhancement in North West, Nigeria. They found out that the age of the majority of respondents fell between 29-38 years for the beneficiaries and 39-48 years for the non-beneficiaries. Majority of the respondents were married (80.28%) from the pooled data and were male (81.11%). Approximately, 56.67% had one form of education or the other with beneficiaries more distributed in formal education. The major occupation for both beneficiaries and non-beneficiaries was farming (69.17%). With regards to CSDP participation, majority (85.6%) of the beneficiaries participated in project planning stage, 65% in project preparation stage, 71.6% participated in project implementation stage while 61.7% participated in project monitoring and evaluation stage. Participation level was rated high as majority (47.78%) of the beneficiaries participated in at least ten out of sixteen project cycles.

The finding on the difference between the male and female community member

participation in CSDA health project showed that there is significant difference in community participation in CSDA health project based on gender and it is statistically significant. This implies that participation of female community members is more than male participation. The finding of this study tallies with that of Sidi, Hashim, Abubakar, Ladebo, Uthman and Yelwa (2020) who found out that that sex is statistically related to the decision to participate in CSDP by the respondents. The finding of this study also support that of Uzokwe, Ofuoku and Dafe (2017) who assessed the level of male and female equality in participating in agricultural development programmes in Edo state. Purposive sampling was used to select 135 respondents made up of both men (79) and women (56) from the intervention programmes present in the three selected LGAs. The study found out that the male had grand participation mean of 2.94 and participation index of 0.74, while the female participants had grand participation mean of 3.52 and participation index of 0.88. It was concluded that female farmers in Edo State had a higher level of participation than their male counterparts.

The result on the difference among community participation in CSDA health project based on age showed that there is no significant difference in community participation in CSDA health project based on age. The result of this study contradict that of Ajayi, Ajiboye and Femi (2019) who found out that age range of 41-50years (middle aged class), participated more in community development projects. This implies a strong influence on their active participation in the Community and Social Development Project projects that are in line with their production in order to improve their living standard.

The finding on the difference among the participation in CSDA health project based on educational qualification revealed that there is no significant difference in community participation in CSDA health project based on educational qualification. The finding of this study supports that of Ajayi, Ajiboye and Femi (2019) who found out that greater percent had primary and secondary education which has implication on their participation in CSDA projects. This means that most of the respondents had low formal level of education. Also, 15 percent of the respondents had no formal education. This implies that the level of education might affect the respondents' exposure to sources of information and participation in Community Social Development Project that are related to their livelihood activities.

Conclusion

The participation of community members in community and social development project is crucial to the development and wellbeing of the community. Certain CSDA projects have direct and far reaching effects on the lives of the community members and as such, their participation is required. The study established significant difference in participation of male and female members of the community and no difference in participation across ages and level of educational qualification. This implies that both genders do not participate equally in community and social development health projects.

Recommendations

Community participation in CSDA project varies across gender but do not vary across both age and education qualification of the community. Therefore, it is recommended that male members of the community should strive to participate more in community and

social development health project as well as other projects for the development of the community as their participation is low. Also, the members of the community irrespective of their ages and educational qualification should not relent in their participation in CSDA community health projects as well as other communal projects.

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