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Public Health and Child Survival in Nigeria:
A Case for Applied Behavior Analysis

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Each year, approximately 9 million children die in Third World Countries from preventable diseases - 5 million from diarrheal disease, and 3 million from immunizable diseases. Oral Rehydration Therapy (ORT) and immunizations could save most of these children, yet these technologies remain unknown by many, resisted by others, and unused by the vast majority of those most in need.

This presentation will review ongoing applied research in Nigeria designed to increase the appropriate application of ORT among Nigerian children and to motivate African families to get their children immunized against tuberculosis, diphtheria, tetanus, whooping cough, polio, and measles. The first project targeted an urban and rural health clinic in Niger State, in an attempt to improve the educational presentations given biweekly to mothers visiting the health clinics to get initial vaccinations for their children. For three weeks, baseline observations were taken of the daily, 1-hr. health talks given by the health workers to 50 to 120 mothers. Two observers coded independently and systematically the teaching techniques, specific items covered in the ORT immunization portions of the health talks, and audience behaviors that indicated "involvement" (e.g., questions, answers, demonstrations, clapping, singing, etc.).

The authors used the baseline data (and their own observations at the health clinics) to devise improved educational technology, including the design of special visual aids and handouts. Subsequently, the authors gave teaching workshops to the health workers at both clinics in order to show the results of the baseline observations (which indicated missing and inappropriate components of ORT and immunization instruction) and to demonstrate the application of particular techniques (e.g., feedback, shaping, and evaluation principles) for improving the impact of health education. Three additional weeks of health talk observations and mother interviewing followed this educational intervention, and then new teaching aids (i.e., flip charts and handouts) were delivered to the two clinics. After this intervention, three more weeks of systematic observing and interviewing occurred, followed by periodic follow-up observations.

The results of this initial phase of a long-term project showed marked effects of both interventions (i.e., the health education workshops and the innovative visual aids) and prompted the dissemination of this educational technology throughout the African country. In January 1988, the authors will give training workshops to officials from all health zones in Nigeria, and will plan the next phase of this international project. The challenge for Phase II will be to develop educational and motivational procedures for extending education about ORT and immunization to the many African villages far remote from a health clinic. This phase of the Nigeria project will be initiated in the Spring and Summer of 1988. Thus, this presentation will detail the methodology, results, and implications of Phase I (i.e., improving education at health clinics), and report progress in Phase II (i.e., attempts to reach remote villages with ORT and immunization technology).

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