

COMMUNITY KNOWLEDGE AND ATTITUDE ABOUT COMMUNITY BASED EDUCATION (CBE) PRACTICES OF UNIVERSITY STUDENTS

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Abstract

Community-based education is a set of instructional activities that uses the community extensively as a learning environment. Many institutions are not involving the community in Community-based education program evaluation and the community feels that the program is being imposed upon them, rather than being available to them. So, this research extracted out knowledge and attitude of community towards University students' community practices. Community based cross sectional study was conducted on 394 households. Systematic sampling technique with structured questioner was applied and finally data was collected and analyzed. From 394 individuals interviewed 52.3% had good knowledge and 58.1% had good attitude on community based education practices. Educated respondents, respondents whose occupation was student and government employee, and respondents who were household head and spouse were more likely to have good knowledge. Similarly, students and government employee were also more likely to have good attitude. Three out of five respondents have good attitude and slightly greater than half had good knowledge on community based education practices. To increase the popularity of the program as a strategy, awareness creation for community members, formulating discussion periods with focal persons as a means of regularly evaluating students' activities and encouraging the community members to participate in the practice at large should be needed.

Key Words: *Community, Knowledge, Attitude, Community based education*

Introduction

In the 1960's and 1970's there was a popular demand that education should give service to a society. To answer this, a new strategy of education referred as Community-Based

Education was introduced to the world in the late 1970's (Mekonnen A., 2000). Quite some institutions for health professions adopted the community-based education (CBE) approach even before a definition, goals and strategies were explicitly formulated and before the establishment of Community-Oriented Educational Institutions for Health Sciences (Richards R. and Fulip T., 1987). The worldwide awareness of the importance of primary health care and equity in service delivery reached an advanced stage in 1978, following the Alma Ata declaration in primary health care and the worldwide acceptance of the "Health for all by the year 2000" objectives (WHO, 1978). In the late 1970s, Ethiopia also adopted the global movement of 'Health for All' and the Primary Health Care (PHC) approach for the health sector (Woldemariam T. and Assefa M., 1990). The report from background of higher institutions in Ethiopia as a clue indicated that CBE practices were introduced to many universities after 1975. In 1975 Addis Ababa University (the only university in the country at the time) published its educational manifesto by outlining the following objectives: to instill in the student the value of work, to enable the student to identify himself with the people, to develop the capacity of research, to prepare students for self-reliance and self-learning, and finally to prepare the student to work as a member of a team (Addis Ababa University, 1975). A report from Mr. Derese D. focal person at CBE office of Hawassa University College of Medicine and Health Science indicated that, Hawassa University is a University in Ethiopia that has its own curriculum for CBE conducted mainly through medicine and health science undergraduate students. It is clear that the community can play a major role in giving feedback to the university with regards to the usefulness and operation of community-based programs. The students tend to worry that they cannot meet community expectations or do not deserve the generous hospitality. This sometimes leads to disappointment among students which may seriously affect their interest, enthusiasm and the excitement they experience during the first posting, and consequently may influence the attainment of course objectives (H.G. Schmidt, 1992). Ndiaye and colleagues pointed out that programs where the community worked side by side with the health workers but were not involved in their design were not as effective as when there was sharing of power and responsibility that occurs in a true partnership (Ndiaye SM., et al., 2003). The development and maintenance of community-based interventions requires the management of numerous challenges. So, conducting community assessments and coordi-

nating the implementation of interventions in diverse communities requires cultural sensitivity, the coordination of activities with key stakeholders, the appropriate investment and acquisition of resources, and systems to evaluate productivity and quality (Lynn M., 2001) and (Sung N., et al., 2003). There is no clear scientific evidence regarding the knowledge and attitudes of the community on CBE practices since there is no research conducted on this topic before. But a study conducted by Gezira University in Sudan regarding impact of CBE on community members indicates that, if there is no evaluation for the program by the community, it was considered as an activity imposed on them rather than being available to them (H.G. Schmidt, 1992). So, the CBE program needs evaluation from the community members. Having this in mind, the community has to know about the meaning, purpose and applicability of the program. When the program moves without analyzing what it was currently and what it should be for the future, there may be some negative outcomes like narrowing the acceptance of the program, carelessness of community members regarding the program or the program may be closed if it does not come with good outputs for the community. This study was conducted to reflect the actuality of the community towards CBE practices that can help Universities to ameliorate their current CBE system. The overall objective of the study is to assess the knowledge and attitude of community towards University students CBE practices at Aleta Wondo town, Sidama zone, southern Ethiopia in May, 2017.

Methods and Materials

The study was conducted in Aleta Wondo town, the administrative center of Aleta Wondo Woreda, which was established in 1909 E.C. It is located 333 Km South of Addis Ababa capital of Ethiopia and 64 Km from Hawassa capital of SNNPR. The town has a population of 52,604 among these 27,731 are male and 24,873 are females. There are around 10,521 households found in the Aleta Wondo town. The study was carried out among community members at Aleta Wondo town in May 2017. Community based cross sectional study was employed. Sample size was calculated using single population proportion. Including the non-response rate, the total sample size was founded to be 423. From 423 total sample size 394 households were participated in this study with a response rate of 93.1%. Systematic sampling technique was applied. Data was collected using pretested English version questionnaire through face to face interview. The data

was cross-checked and then finally checked by my advisor at the end of data collection. Data was entered and analyzed using Statistical Package for Social Sciences (SPSS) version 21. Descriptive statistics was used to describe the study variables. Ethical clearance was obtained from ethical committee of Hawassa University College of Medicine and Health Science in April 18, 2017. The result of the study was disseminated to Hawassa University, school of public and environmental health and to the university CBE office.

Research Instrument

The tool/ questionnaire used for this study were developed based on questionnaire development methods (Günap & Kabadayı, 2017; Kabadayı, 2019). Hawassa University Community based education coordinator Mr. Derese Daka and My advisor Dr. Bekam Kebede played a main role in providing information and helped me in developing a tool used for this study. Some part of the question were taken from research done by Gizra University (H.G. Schmidt, 1992). The tool was also checked by the department of environmental health at Hawassa University before and after community survey.

Findings

a. Characteristics of respondents

About 394 households were participated in this study. The mean age for the study subjects was 30.58 in which majority 215(54.6%) of them were within age of 30 years and above. Among the respondents majority 207(52.5%) were males and 302(76.6%) were literate. The marital status of respondents indicates that 256(65%) were married and 116(29.4) were single. The largest number of the respondents 166(42.1%) were household head followed by spouse 128(32.5%). Two hundred eighty (71.1%) of the respondents were followers of protestant Christianity followed by orthodox which accounts 57(14.5%).

Regarding their ethnic group, 269(68.3%) of them were from Sidama followed by Oromo which accounts 56(14.2%) of the study participants. The family size status of the respondents shows that most of the respondents have family size ranges from five up to

eight 231(58.6%). The socio-demographic characteristics were described in short in table 1. as follows.

Out of total respondents 56(14.2%) were government employee and among this 18(32.1%) were health professional. Occupation of most respondents 88(22.3%) were housewife's followed by the same value for students. Out of total subjects around 216(54.8%) have income above 2500 Ethiopian birr. This can be described the figure 2, 3 and 4. below.

Table 1: Socio-demographic characteristics of respondents in Aleta Wondo town, SNNPR, Ethiopia, 2017 (N= 394)

Characteristics	Frequency	Percentage (%)
Age		
15-19	56	14.2
20-29	123	31.2
30-39	163	41.4
40-59	52	13.2
Sex		
Male	207	52.5
Female	187	47.5
Marital status		
Married	256	65.0
Single	116	29.4
Divorced	6	1.5
Widowed	16	4.1
Ethnicity		
Sidama	269	68.3
Oromo	56	14.2
Amhara	45	11.4
Others	24	6.1
Family size		
1-4	75	19
5-8	231	58.6
9-12	75	19
13-16	13	3.3
Relationship		
Head	166	42.1
Spouse	128	32.5
Son/daughter	85	21.6
Relative/non relative	15	3.8
Educational status		
No education	92	23.4
Primary	134	34.0
Secondary and Preparatory	75	19.0
More than Secondary and Preparatory	93	23.6
Religion		
Protestant	280	71.1
Orthodox	57	14.5
Catholic	14	3.6
Muslim	41	10.4
Others	2	0.5

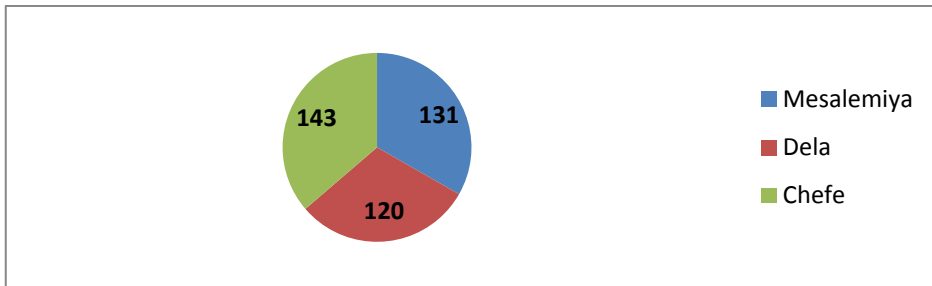


Figure 1: Number of respondents from three Kebeles that are participated in this study (N= 394)

Figure 2. shows that from a total of 394 respondents, 143, 131 and 120 were from Chefe Kebele, Mesalemiya Kebele and Dela Kebele respectively.

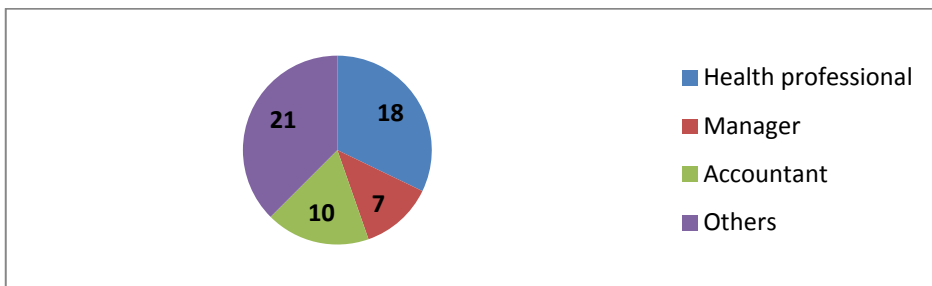


Figure 3: Number of government employee that were participated in this study

Figure 2. shows that among government employees participated in the survey majority of them (21) others, followed by health professionals.

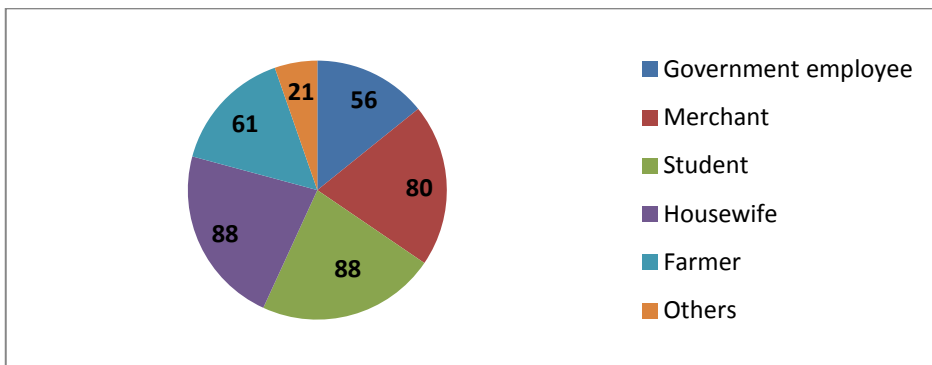


Figure 4: Number of respondents from different Occupation (N= 394)

Figure 3. shows that occupation with majority of respondents is students and housewife (88/394), followed by merchant (80/394).

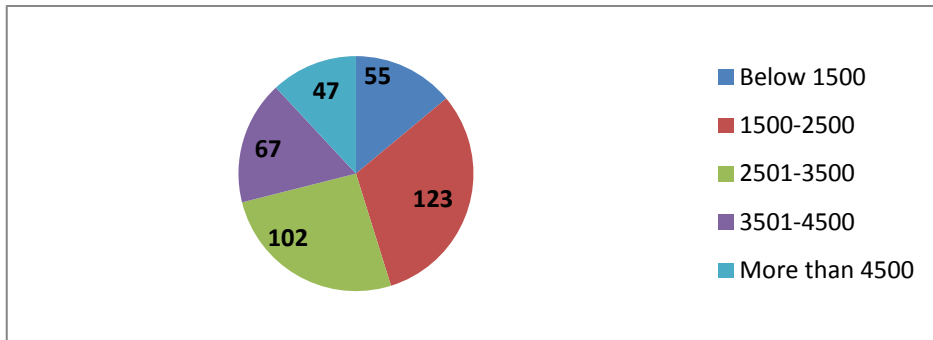


Figure 5: Number of respondents with different income level in Ethiopian Birr (ETB) (N= 394)

Figure 4. shows that majority of respondents have income number between 1500-2500 ETB (123/394), followed by those having income number between 2501-3500 (102/394).

b. Knowledge of respondents on cbe practices

Analysis of the questions on knowledge revealed that majority (76.4%) of the respondents knew that community problems are solved through CBE practices. Out of total respondents around 95.9% were knew that CBE practices can contribute to the development of a country. Also 97.2% of respondents heard about CBE practices before the survey. On the other hand 44.9% of the respondents have observed problems in their community solved by university students on CBE practices. About 90.6 % of respondents were found University students working in their community on CBE practices. All are present in Table 2. as follows.

Table 2: Knowledge of respondents on CBE practices in Aleta Wondo town in Sidama Zone, SNNPR OF Ethiopia, May 2017

Knowledge on CBE activities	Number of subjects with correct or desired answer	Percentage (%)
Have you heard about CBE that university students are practically working on, before this day in your community?	385	97.7
Have you contacted with any university student who is working on CBE in your community before this day?	357	90.6
If yes, Is there anything you did with them?	245	62.2
Do you know how university students are conducting CBE?	234	59.4
Do you know university and college students can solve problems of a community through CBE practice?	375	95.2

Do you know what problems are solved by university and college students through CBE practice?	301	76.4
Do you know how they can solve the problems?	326	82.7
Is there any problem you know that was solved by university and college students in your community?	177	44.9
Do you know anyone who told you about CBE practice of University students in your community?	51	12.9
Do you know CBE practices have many positive social, economic and health impact for a community?	382	97
Do you know CBE practices can contribute to the development of a country?	378	95.9

c. Attitude of respondents on CBE practices

For the individual questions, it was noted that there was a good response to the statement we need CBE practices in our community where 90.9% of the respondents agreed on. On the other hand 61.4% of the respondents were not satisfied by CBE practices in their community.

Table 3: Attitude of community towards CBE practice, Aleta Wondo town in Sidama Zone, SNNPR of Ethiopia May, 2017

Statement	Strongly disagree, disagree and neutral	Agree and Strongly agree
University students CBE practice is necessary for a community.	14(3.6%)	380(96.4%)
We need university students CBE practice in our community.	36(9.1%)	358(90.9%)
I believe that University students work on CBE can solve problems in a community.	28(7.1%)	366(92.9%)
I believe that material, manpower and information support for the students on CBE practice plays a great role in solving problem problems.	85(21.6%)	309(78.4%)
I acquire knowledge and skill from the students CBE practice.	53(13.5%)	341(86.5%)
I can develop a confidence through participating in CBE practice that can help me to solve problems by myself in our community.	53(13.5%)	341(86.5%)
CBE practices have a health benefit for a community.	5(1.3%)	389(98.7%)
University Students are confident at CBE practices in a community.	161(40.9%)	233(59.1%)
I am satisfied by CBE practices that university and college students are giving.	242(61.4%)	152(38.6%)
CBE is a systematic activity that can increase the capacity of the community to solve problems by themselves.	71(18%)	323(82%)
I believe that I can get more benefit from CBE practices when I participated actively than that of students.	139(35.3%)	255(64.7%)
For the CBE practice to be acceptable and beloved by the community, students should be active in the practice.	8(2%)	386(98%)
I believe that CBE practices are always beneficial for a community.	28(7.1%)	366(92.9%)
I believe that I can involve in the world of invention and be creative through actively participating in CBE practices.	148(37.6%)	246(62.4%)
I believe that CBE practices can contribute to the development of a country.	26(6.6%)	368(93.4%)

About 82 % of the community knows as CBE practices increase the capacity of the community to solve problems by themselves. Also 92.9% of respondents knew as students CBE practices in the community solve community problems. Around 98.7% of the respondents knew as CBE practices have health benefits for communities. All are described in table 3. as follows.

d. Factors associated with knowledge of respondents

Using binary regression, compared to respondents who were none educated those educated respondents were 44.440 times more likely to have good knowledge on CBE practices [COR 44.440 (15.861, 124.513)]. In the same way compared to respondents whose monthly income was less than 1500, those with income greater and equal to 1500 were 4.125 times more likely to have good knowledge on CBE practices [COR 4.125 (2.215, 7.683)]. In addition, when compared to respondents whose occupation was other, those student and government employee were 4.411 times more likely to have good knowledge on CBE practices [COR 4.411 (2.808, 6.929)]. On the other hand, compared to Chefe Kebele, those respondents from Dela Kebele were 0.368 times less likely to have good knowledge on CBE practices [COR 0.368 (0.223, 0.607)]. During multiple logistic regressions, when compared to respondents who were none educated those educated respondents were 28.965 times more likely to have good knowledge on CBE practices [AOR 28.965 (9.721, 86.309)]. In the same way compared to respondents whose monthly income was less than 1500, those with income greater and equal to 1500 were 3.330 times more likely to have good knowledge on CBE practices [AOR 3.330 (1.567, 7.078)]. In addition, when compared to respondents whose occupation was other, those student and government employee were 12.943 times more likely to have good knowledge on CBE practices [AOR 12.943 (3.885, 43.124)]. As well compared to respondents who were other, those household head and spouse were 7.154 times more likely to have good knowledge on CBE practices [AOR 7.154 (2.105, 24.310)]. On the other hand, compared to Chefe Kebele, those respondents from Dela Kebele were less likely to have good knowledge on CBE practices [AOR 0.239 (0.115, 0.496)]. Similarly, compared to Chefe Kebele, those respondents from Mesalemiya Kebele were less likely to have good knowledge on CBE practices [AOR 0.519 (0.271, 0.991)].

e. Factors associated with attitude of respondents

Using binary regression, compared to respondents who were other, those students and government employee were 2.132 times more likely to have good attitude on CBE practices [COR 2.132 (1.383, 3.286)]. Similarly compared to Chefe Kebele, those respondents from Dela Kebele were 1.731 times more likely to have good attitude on CBE practices [COR 1.731 (1.045, 2.866)]. During multiple logistic regressions, when compared to respondents who were other, those students and government employee were 2.400 times more likely to have good attitude on CBE practices [AOR 2.400 (1.230, 4.685)]. Also compared to Chefe Kebele, those respondents from Dela Kebele were more likely to have good attitude on CBE practices [AOR 1.872 (1.087, 3.223)].

Discussion

Based on the result education was one of the main contributing factors that affect the knowledge of the community members towards CBE practices. When compared to none educated, those educated respondents have good knowledge. The main reason behind this was the encouragements of school students on the program mostly during the time when university students working on CBE practices were searching to find and solve problems of the school environment and the second reason was that the educated persons working in different offices knew about the program and want to involve in the program in their community with university students. The second factor affecting knowledge but not attitude was the monthly income of households. Those community members with low income level were most of the time forced to isolate themselves from the program due to two main reasons. One, they fear when someone can enter their home to ask them something and present with unexpected false response that was “no household member here we are from the neighbor”. The second reason is that, they want to involve in something that came with payment in their community. So they were not simply got an opportunity to involve. The two reasons were not the same to all households with low income level. But majority of them were following these conduct. The third factor was occupation that was identified as having an effect on both the knowledge and attitude of the community towards CBE practices. This is due to the fact that students and government employee are most of the time exposed to CBE practices

given by university and college students. So students and government employee have both good knowledge and attitude on CBE practices. The fourth factor affecting the knowledge of respondents was relationship of the respondents in their family. Since in most houses, mothers and fathers can invite someone coming from outside, so the spouse and household head were identified as having good knowledge on CBE than others like son, daughter, relatives and other non-relatives based on our finding. The last factor identified as having effect on the attitude of the community was Kebele of the respondents. This was due to the reason that students conducting CBE are mostly selecting a Kebele purposively for community diagnosis to identify problem and for intervention on the problems they have prioritized. So due to this reason there is knowledge and attitude variation in respondents from different kebeles on CBE practices. My finding was indicated that respondents from Dela Kebele have good knowledge when compared to respondents from Chefe Kebele. A research of Gezira University in Sudan conducted on 60 community leaders about the impact of community based programs (CBP) on community for the purpose of identifying their knowledge and attitude on objectives of Gezira University CBP (community based programs) showed that 90% of the participants were answered that Gezira students were dedicated and hard workers in a community on community based programs (H.G. Schmidt, 1992). But based on our result 59.1% of respondents were said that University Students are confident and hard workers at CBE practices in a community which was lower than result of study done by Gezira University. Also the result from the research of Gezira University indicated that 33% of participants answered as community based programs raise the community awareness on prevention and cure of common diseases (H.G. Schmidt, 1992). On the other hand the find of my study indicates that 82% of respondents answered CBE practices as it is a systematic activity that can increase the capacity of the community to solve problems by themselves, which is much higher than the Gezira result. Research of Gezira University as well indicated that 87% of respondents answered CBP practices can increase community understanding on Gezira objectives and strategies (H.G. Schmidt, 1992). Similarly without too much difference 97% of respondents in my study answered that CBE practices have positive social, economic and health impacts in a community that were some among many objectives of University CBE programs. CBE programs are all aimed at producing changes in the community. However, the question, then, of course is

to what extent these changes contribute to the well-being of these communities. Based on my finding 98.7% of the respondents were agreed that CBE practices have a health benefit for a given community. Also out of the total respondents 95.2% were knew that CBE can solve community problems. So the community members can know as the program is better in many things. On the other side my finding showed that 61.4% of the respondents were not satisfied by CBE practices that university students are giving. In relation to the utilization status of the program 55.1% of the respondents have not observed any problem solved by students from universities in their community. This is factor that may force the community to be in a contrary direction to the program. So, universities have to work a lot since community members expect especial things daily. Community support and mobilization have been reported as the key enabling factors for the success of CBIs (community based interventions) for HIV prevention since they require a culturally sensitive approach (Carlson M., et al., 2012) and (Chhabra R., et al., 2010). In relation to this report, my study also indicated that 78.4% of respondents were believed as material, manpower and information support were needed for students on CBE practices which plays a great role in solving community problems. Majority of the community knew as a support is needed for students working in the community in solving problems.

Conclusion and recommendations

According to this study three out of five respondents were found to have good attitude on CBE practices and slightly greater than half of the study participant had good knowledge. Their knowledge and attitude on certain aspects of students' CBE practices were still poor. Binary regression and multiple logistic regressions were used to determine whether a variable is a factor or not based on knowledge and attitude of respondents. Educational status, occupation, relationship of the respondent in their family and monthly income were affecting significantly the knowledge of community towards CBE practices. Occupation and Kebeles of the respondents were affecting significantly the attitude of community towards CBE practices. Compared to respondents who were non-educated those educated respondents were more likely to have good knowledge on CBE practices. When compared to other occupations, students and government employee

have good knowledge and attitude on CBE practices. In the same way compared to respondents whose monthly income was less than 1501 Ethiopian birr, those with income greater and equal to 1500 Ethiopian birr were more likely to have good knowledge on CBE practices. As conclusion, around half of the respondents have knowledge but most were described that there was no person who told or explained about CBE practices in their community. Three out of five respondents were found to have good attitude but some of the respondents have poor attitude. Therefore factors identified in this study like educational status, occupation, relationship of the respondent in their family and monthly incomes were resulted in having poor knowledge among the respondents on CBE practices. Also occupation and variations among services provided at each Kebele were resulted in having poor attitude among the respondents on CBE practices.

Recommendations: Awareness creation should be needed for community about the program before students start the program at a given site that makes the program available to the community rather than being imposed on them; the universities should have to do more on students to increase their skill, knowledge and confidence since the study shows more than half of the community members are not satisfied by the activities done before; having or formulating formal discussion periods with focal persons in sectors in different sites to regularly evaluate the students' activities in a community at different sites should be needed to know whether they are important or not among the community members; the universities should have to evaluate students individually and in a group with many evaluation methods like community members feedback, community leaders' evaluation feedback and by the university to get effectual works within a community; and encouraging the community members to participate in the practices at large should be needed to share knowledge and skill or to transmit information easily on every CBE practices to expand the program at community level.

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