FACTORS AFFECTING THE UPTAKE OF POLIO IMMUNISATION CAMPAIGNS IN THE URBAN/RURALAREAS OF KANO AND KADUNA STATES

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Abstract

A cross sectional descriptive study was conducted to examine the factors affecting the uptake of polio immunization in the urban and rural areas of Kano and Kaduna states, Nigeria. Multi-stage sampling technique was adopted. For the first study group, 200 parents/ guardians were administered questionnaire using a research assistant who interpreted the questions to them in fluent Hausa while 5 producers of the communication materials were purposively selected from Federal Radio Corporation of Nigeria (FRCN), Kaduna and UNICEF area office in Kaduna. In-depth interview was used in eliciting comments from the media and UNICEF staff. The findings (60%) revealed among others the suspicion by parents/guardians that the vaccine is tainted with virus and other issues pertaining to inability of mothers to take decisions for the household. These factors are big barriers to success of the uptake of polio vaccine in the aforementioned areas. Kaduna and Kano states are among the epicenters of polio virus in Nigeria. It is therefore recommended that more appropriate strategy that is efficient should be explored in curtailing the apathy of parents /guardians towards polio immunization. Finally, it further recommends that the impediments that restrict women in the north from taking decisions especially on childhood issues should be looked into properly. If women or mothers are not allowed to take any decision without their spouses, it portends danger for the growth and survival of children.

Introduction

Information, education and communication are effective tools for behavior change, especially in the efforts being made by governments, non-governmental organizations and other stakeholders and groups in public health towards the complete eradication of polio virus worldwide. Information and communication are universally recognized as part of the tools for health promotion. Njelesani (1998) note that information and communication have therefore been at the very heart of the work of the World Health Organisation (WHO), as this is contained in the constitution of the organization and has been underlined many times over the years in several resolutions of the World Health Assembly and the Regional Committee for Africa. In order to achieve good health for majority of the populace, good communication is indispensable. Informed opinion and active co-operation on the part of the public are of utmost importance in the improvement of health. The fact that it is people themselves who must be at the centre of health policy was fully recognized by the WHO constitution, and this has gained worldwide acceptance over the years Njelesani(1988).

The public is extremely diverse; making it important to remember that for it to be accessible and meaningful, information must be couched in terms that take into account the culture and priorities of the target audience. This is very important especially when designing campaign messages in a multicultural country like Nigeria. A campaign message on any health programme may succeed in one part but may turn out to be a failure in another part. This is because of the differences in religion, culture, language and to some extent socio-economic factors.

Due to the new advances in information and communication technology, people's appetite for information and communication has increased tremendously especially as it concerns health care. Despite the importance of information and communication to health, efforts of stakeholders in support of health care development in Nigeria have been rather limited and their impact has been almost insignificant particularly in dealing with such health problems such as polio, malaria and HIV/AIDS,

This situation, noted Njelesani (1998), is definitely unsatisfactory because in spite of the efforts made by the WHO, other health organizations and the national authorities in the last 60 years, many diseases such as polio and malaria are still rampant and lot of people are still victims of avoidable suffering and preventable deaths. Due to the rapid increase in population and hard economic conditions, government alone can no longer meet the ever-growing demand for health care and more so, most families cannot meet their basic needs. Hospitals and clinicsbecoming more dilapidated and can no longer give frasic first aid treatment. In addition, the dearth of qualified staff, poverty, ignorance and poor information and communication on certain health problems have made people to resort to treating some diseases at home.

People are demanding information and communication on what they can do, how they can access, and how they can treat diseases or ailments that affect them. They also want to know the causes of various illnesses, and their prevention. This can only be solved by providing effective communication to people who need them. Even when the information is available, it may not be in the form they can understand easily.

Again, some of the information that is needed may not reach the target audience because of the weaknesses or gaps in the information and communication systems in the country. The greatest

need for health information is in the rural areas where majority of the people live. In Nigeria, most of the mass media outfits are largely urban-based and cater predominantly for an urban audience whose needs they understand. The implication therefore is that reaching rural audiences is a big challenge. The belief among the majority of Nigerians is that rural areas are inhabited by poor and illiterate people who are generally backward and have limited access to information; the reverse is the case for the urban areas.

This situation prompted Smah (2001), to observe that the exclusion of vast majority of citizens from such opportunities is due in part to social inequalities in the distribution of wealth and social services. Nigeria has over the years mounted several information and communication campaigns aimed at promoting good health, governance and ethics. An evaluation of some of these programmes revealed that they did not enjoy maximum acceptance, support and patronage. As a result, many of them failed to achieve the targets set for them (Imoh, 1991).

According to Imoh (2006), one major constraint to the effectiveness of these health campaigns at the national level was the lack of effective communication between the policy/decision makers and the public. Because of the lack of effective communication, efforts at mobilizing the masses for action have lagged somewhat behind the technical and operational aspects of the programme such that community involvement and participation in health programmes have been taken for granted. This is especially the case in the polio eradication campaigns which have not performed at the expected level, thus making polio still a threat, not only in Nigeria, but also in other developing countries such as India, Pakistan and Afghanistan.. Polio has continued to ravage large population of children in northern Nigeria despite all the campaign to combat it.

Most campaign design strategies are done without the involvement of the target audience and this is very necessary for any communication campaign to succeed. Effective communication strategy is very necessary in any campaign in Nigeria because the greatest need for health information is in the rural areas where the majority of people live. Yet, according to Njelasani (1998), the mass media on which much responsibility lies for disseminating such in formation are largely urban-based and cater predominantly for an urban audience whose needs they understand. Distribution of printed materials containing Information, Education, and Communication (IEC) on health issues and newspapers in rural areas are often very difficult because of poor roads and transport systems. This is coupled with lack of adequate provision in the budget for information programme.

Moreover, rural people tend to have limited access to television and radio. Language, attitude of professionals may also create barriers to the dissemination of health information. This may be due to the attitude of health professionals who tend not see why technical and scientific information should be made available to people who need them. In the same vein, media professionals do little to challenge this prejudice because many of them tend to lack confidence in handling scientific subjects. This means that health workers at grassroots level are often inadequately equipped with information, materials and communication skills to take advantage of the opportunities offered by regular contacts with the communities.

Majority of the information that the public get on health problems comes from the media workers and decision makers who do not give it the desired attention. Rather, other issues such as sports, politics take the centre stage and are often budgeted for more.

No society can develop without good healthcare. This can only be achieved when the populace is given adequate and effective communication that will help them to make an informed decision. Effective communication strategy on health is important in order to tackle non compliance with polio campaigns which appear to be succeeding in Southern Nigeria but an abysmal failure in the North. This unsatisfactory health situation is further aggravated by lack of access to effective information which could help people avoid common and preventable diseases such as polio. A well designed effective communication strategy should have as its goal, full coverage of the population with information, education and communication blueprint for tackling once and for all polio scourge in Nigeria.

Brief History of Polio Eradication Campaigns in Nigeria

In 2003, Nigeria mounted a serious campaign for polio eradication by using many communication strategies such as radio, television, information, education and communication materials on health from health departments, care givers and other stakeholders such as World Health Organization (WHO), UNICEF and opinion and religious leaders. This was due to the fact that two northern Nigerian states (Kano and Kaduna) unexpectedly suspended oral polio vaccinations on the suspicion that the vaccines were contaminated and deliberately poisoned by Western countries purportedly to induce fertility among Nigerians (WHO 2003). This led to a resurgence of new polio cases, initially in Nigeria, but soon in many parts of the world such as India and Pakistan, where polio had virtually been eradicated. Even after vaccinations resumed in Nigeria in 2004 and other re-infected countries, the goal of complete eradication of the disease is still not achieved. Till today, only Nigeria, Pakistan and Afghanistan still harbour the wild polio virus and the disease is still ravaging many states in the country such as Kaduna.

Statement of the Problem

The Expanded Programme on Immunization (EPI), especially the polio campaign has been going on in the northern and other parts of Nigeria for quite some time. The World Health Organization, the Federal Government and other opinion leaders have been making concerted efforts towards ensuring the success of the programme in the rural and urban areas in Nigeria. A lot of inputs have been made through various communication strategies and it appears to be having an impact on the urban areas more than the rural areas. The campaigns appeared not to be succeeding as expected in the rural areas and this failure is limited to lack of proper communication.

A majority of the rural people cannot read nor write and cannot even be reached due to inaccessible roads, illiteracy, poverty and most messages are packaged wrongly without taking cognizance of the final recipients. Failure of most communication campaigns to achieve the intended objective has been a major problem affecting the country's development process.

As noted earlier, Hyman and Sheatsley (1971) have set down some principles (Models) which they feel help to explain why persuasive campaigns may fail despite the fact that the channels of communication are loaded with information. The most difficult barriers are psychological make of certain people which makes them tend to be chronic "know-nothing", they say. The indications are that peopleare more likely to find information that is in agreement with prior attitudes. But people interpret the same information differently depending on the way they feel. Furthermore, information does not necessarily change attitudes. It is a matter of concern that despite all the campaigns, the noble objective of eradicating the disease still remains elusive.

The World Health Organization (WHO) has branded Nigeria as one of the countries where polio is still ravaging the child population. Therefore, the problem of this study lies in investigating the existing communication techniques or process used in addressing the polio campaign and why it appears not to be bringing about a change in some areas while in some areas, it has brought a change in attitude and perception towards polio immunization.

Secondly, the research will try to propose approaches in favour of polio immunization, a potent and viable communication development technique(s) that will bring about a change in the attitude of the people in the affected areas. Kaduna and Kano states are states which are endemic in polio virus. This research will attempt to study Zaria urban and Biye village and Kano municipal and Bebeji rural area and why the campaign is having some impact in some of the aforementioned areas while in others it doesn't seem to have effect.

The researcher considers the problem to be significant in a way. First, the effects of polio cases are continuously on the increase in some areas while in some, it is not. The resultant impact is that the scourge of polio continues unabated.

Research Questions

1. On whether such factors like peoples gender, age, income level, educational background among others have influence on their attitude towards polio immunization campaign.
2. Is there any significant difference between the rural and urban parents, opinion leaders, religious leaders, media health workers and others on their apathy or perception towards polio immunization campaign?
3. Does the nature of the environment one inhabits and the amenities available (such as media) it affect his/her attitude towards polio immunization campaign?
4. What are the conditions likely to hinder the success of polio immunization to the population in the aforementioned areas?

Theoretical Framework

The theoretical framework for this research is the two-step flow theory of mass communication. This is chosen as a result of its relevance to communication studiesand perhaps in relation to different categories of individuals in the society. The theory states that the first step in information flow consists of active information seekers who are generally well educated, have access to media resources and are influential on others and act as a source of guide to others. The theory states that information from the media moves through distinct stages. Some people listen to the radio or view television and other media frequently and they are referred to as frequent users of mass media. Infante et al (1990) refer to the same individuals as opinion leaders". They are generally well-informed people. For instance, on the controversy with the Expanded Programme on Immunization (EPI), some opinion leaders asked the parents to refuse the immunization. These same opinion leaders passed their message to other in the second stage through informal or inter-personal means. These opinion leaders in Nigeria include the Emirs, religious leaders, community leaders, health information officers, health workers etc.

The Tuesday Guardian of October 28th, 2003 had a front page news headline "Kano, Zamfara and Kaduna states have suspended the on-going immunization programme by the WHO over allegation that it spreads AIDS and causes infertility.

In the same report, the Guardian, quoting BBC report noted that Dati Ahmed, a doctor and president of Nigeria Supreme Council for Sharia Law, which is followed in the three states involved, was quoted by the BBC on Sunday as saying he read reports on the internet that such vaccines might be contaminated with viruses causing AIDS, cancer and to make people to become sterile. According to Ahmad, there were strong reasons to believe that polio immunization vaccines were contaminated with anti-fertility drugs, contaminated with simian virus likely to cause cancer.

Perhaps, these examples go to confirm that the two step flow theory actually consists of active information seekers who are well educated, well informed, have access to media and are a source of influence and act as a guide of other less privileged ones in the society.

Materials and Methods Study Area/Population

The study population consisted of parents/guardians with children under the age of ne year in Biye a typical rural area and Zaria municipal in Kaduna state. The second study areas are Bebeji a rural suburb which is about 70kilometers to Kano and Kano municipal in Kano state. According to Illiyasu et al (2005), these typical Hausa communities in Kano are majorly Muslims and preoccupied with farming and petty trading. Bebeji village has one primary health centre and severaltraditional healers and spiritualists. Patients are often referred to Murtala Mohammed specialists hospital and occasionally Aminu Kano Teaching Hospital in Kano. Pertaining to Biye and Zaria areas, referrals from the health centres are sent to Ahmadu Bello University Hospital, Zaria even though Zaria municipal has a primary health centre and Gambo Sawaba hospital. In all these aforementioned primary health centres, routine immunization is offered on national immunization days. Immunization coverage is assumed to be low as found in most of the developing countries.

Study Design, Sample Size and Sampling Techniques

For the parents/guardians, a cross sectional descriptive study was conducted. Similarly, a sample size of 200 parents/guardians was obtained using the statistical formula and multi stage sampling technique was adopted. In the first stage, four wards out of twenty wards in the study areas (Kaduna, Kano) were randomly selected. After house numbering, 50 houses were selected from each of the study areas totaling 200. In order to arrive at this, systematic random sampling was adopted with the starting point obtained using the random table. In a situation where more than one household was found in any house, only one was selected. Suffice to say that in each household, one eligible parents/guardian was selected from each household for the interview. Incidentally due to some factors, only 131 copies of the questionnaire were retrieved. This was due to the fact that some parents who claimed to be literate agreed to fill the questionnaire without the assistance of the research assistant. This probably created difficulties during the retrieval of the questionnaire.

For the producers of the communication materials, five interviewees were purposively selected from media houses and UNICEF officers in Kaduna based on their level of participation in the production of the programmes. (Media 3 and UNICEF 2). They were interviewed on such issues as timing, perception of the programme, what determines the content, acceptability, et cetera. The essence of this is to provide an array of data that will assist in the researcher to make generalizations and inferences.

Instrument Description/Data Collection

Due to the literacy level of respondents' apre-tested administered questionnaire containing both open and close ended questions were used. The questionnaire has three segments. The first segment was about the demographic status such as age, sex, ethnicity, religion, marital status, educational level and occupation.

The second section elicited comments on respondent's awareness of existence of immunization, knowledge of schedules of polio immunization days (NIDs) and other childhood preventable diseases. For each of these questions, a scoring system was used. Response to questions on each part was given a score of one point if answered correctly, however no point was given to wrong answers. Based on this scoring chart, a total of 7 points were allocated to the section on immunization schedule. Those respondents who score 6-7 points had a fair knowledge, while a score of 3-0 points was considered to be poor knowledge. In the same vein, a maximum of 5 points was given t the section on vaccine preventable diseases. Again, a maximum of 4 points was given to the section on the respondents' awareness of existence of immunization, knowledge of schedules of polio immunization days and children preventable diseases. Those who scored 4-5 points were considered as having good knowledge, 2-3 points represented fair knowledge while 0-1 point was considered poor knowledge. Finally, the third explored willingness of the parents to have their children vaccinated while the fourth part dealt with perception of polio immunization by the parents and guardians. Five (5) producers of the communication content (3media, 2UNICEF) were subjected to in-depth interview (IDI) on issues such as content, timing, placement, et cetera.

Data Analysis

The data was analyzed using simple percentages range and median as appropriate using the EPI-info 6.0 statistical software package (CDC Atlanta, Georgia USA).

The Results

Socio-Demographic Characteristics

The demographic statistics shows that 200 respondents were used for this study with age range of 24-29 years with a mean standard deviation of 23+2.4 years. From the demographic data, it can be deduced that two-thirds of the respondents were below 30years. Similarly, most of the respondents (60.4 %) had no formal education, 31% had primary school education and 12 (6%) had secondary school education.

Awareness of availability of polio immunization.

Majority of the respondents are quite aware of polio immunization for children. Only 20 % of the respondents are unaware of the existence of polio immunization. Respondents who had formal education and are a little bit literate are more likelyto embrace polio vaccine more than others. However, the researcher didn't attempt to find the relationship between awareness of existence and other socio demographic characteristics.

Awareness of factors affecting the uptake of polio immunization in urban/ rural areas.

The respondents are aware of the factors affecting the uptake of polio immunization in the urban and rural area. Majority (60%) had poor knowledge on the reason for poor uptake of polio

immunization having scored 0-3 points on the scoring schedule, 14 % had fair knowledge having scored 4-6 points, while 18% of the respondents have good knowledge having scored 7-9 points.

Discussion

This study identified factors affecting the uptake of polio immunization campaigns in the urban and rural areas of Kaduna and Kano states.

On whether such factors like peoples gender, age, income level, educational background among others have influence on their attitudes towards polio immunization, data gathered indicate the following:

1. 47% of the respondents (65 respondents) agree that the factors above actually have influence on peoples attitude towards polio.
2. Majority of the respondents were within the age range of 24-29.
3. 62.3 percent of the respondents have WAEC/SSCE and other high qualifications, while 37% of the respondents have either first school leaving certificate or primary education or no educational qualification.

On whether there is any significant difference between the rural and urban parents, opinion leaders, and religious leaders to polio immunization campaign

1. Majority of the respondents (68%) said there is a difference in while 33% said there is no significant difference in the apathy.
2. 68 % of the respondents are parents/guardians, opinion/religious leaders and media health workers who live in the urban areas.
3. These urban dwellers have access to the media.
4. The rural dwellers gave such reasons as poverty, lack of infrastructures among others which has made them not to have much access to the media thereby limiting their listenership and active participation in government campaign programmes. Furthermore, the data obtained from the rural respondents indicates the following:
   i. They see the campaign as an elitist one.
   ii. Sometimes they do not believe in the reality of the message.
   iii. Majority of the parents/guardians were found not to be favourably disposed to vaccinating their children against polio. This attitude was found to be for different reasons such as religious belief, lack of consent of husbands and the belief that polio immunization contains harmful substances. For instance, in some communities in Bebeji and Biye in Kano and Kaduna states some women questioned why children could still be sick even after they have been vaccinated. This belief is therefore consistent with the finding of a study carried out in Mozambique in which up to 65% of the mothers did not believe vaccines were protective because children could get diseases even after being vaccinated against particular diseases.(Azubike M.C and Ehiri J.E.I999).

Pertaining to the question on whether the environment one lives affect their attitude to polio immunization campaign, the responses were thus.

1. 36% agreed that it does while 32% agreed it was a little influence reason being that it depends on individual. 30% agreed that it doesn't. 2% of the population conducts comment on that.

2. An overwhelming number of 5 8% agreed that amenities can and do influence attitude of people to polio. The ownership of television can enable people to see vividly and clearly the efficiency and reality of the polio vaccine on children.

On whether the environment and the amenities affect attitude to polio immunization, and what are other conditions likely to hinder the success of polio immunizations in the aforementioned areas this aspect of the questionnaire was an open ended question and because of this, answers of various sort was proffered which includes the following:

(a) Polio message or campaign is not in most cases in local language and when it is, it is not well structured in a way that the hard-to-reach or hard-to-convince will understand and change. 56% (poor programming).

(b) Poverty, ignorance, mistrust for the vaccine generates the apathy, mistrust as a result of opinion leaders call for boycott, 54%.

(c) Absence of basic amenities in the rural areas (58%) such as GSM, Newspapers, Television and Radio (poor signal) etc. Hospitals and clinics in the rural areas are far away few or not almost non-existent

(d) Absence of other communication/information (inter personal) method 10%.During the course of the interview, it was observed that one of the difficultiesexperienced in wiping out polio virus was as a result of breakdown in routineimmunization through the Primary Health care clinics (PHC) and hospitals in local governments. Again, parents did not allow their children to be vaccinated for several reasons. One of the reasons is that the polio vaccine was infected with anti-fertility substances and it was an attempt to depopulate the Muslims by the west.

The producers of the communication programme unanimously agreed that timing, socio-cultural issues and lack of infrastructure in the rural areas are some of the issues militating against the success of polio campaign. However, they acknowledge the fact that there is a need for stepping up of the campaign programme using various strategies.

Conclusions and Recommendations

To this end, this study attempted to find out factors affecting the uptake of polio immunization campaigns in the urban and rural areas of Kano and Kaduna states. This study therefore demonstrates the need for a better understanding of the polio immunization campaigns in the urban and rural areas of Nigeria. This is very important in the design, planning and implementation of immunization programmes in Nigeria.

Therefore there is the need for an effective and appropriate campaign strategy (ies) that will promote polio vaccine uptake in the urban and rural areas in Northern Nigeria. Again, there is the need for proper education of parents/guardians in our rural and urban communities on the importance of immunization of children. In order for the campaign to succeed, religious and traditional rulers should be involved in the campaign. Finally, all impediments that restrict women in the north from taking decisions especially on childhood issues should be looked into properly. If women or mothers are not allowed to take any decision without their spouses, it portends danger for the growth and survival of children.

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