Knowledge of Polio Virus among Nursing mothers in Anguwan Maigamo and Sabon Gida Villages of Giwa LGA of Kaduna State

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Abstract
This paper assessed the knowledge, awareness and level of community participation in polio eradication campaign in Giwa LGA, Kaduna State, Nigeria. A focus group inten'iew was conducted in two villages (Anguwan Maigamo and Sabon Gida Villages) in Giwa LGA Kaduna State, for primary data gathering. The result revealed that the communities were yet to be fully being educated about poliomyelitis even as they live close to Ahmadu Bello University Teaching Hospital which might be as a result of lack of good communication strategy employed in the campaign. Furthermore, the participants attested that radio was the main source of their information about poliomyelitis, It was concludes that any community-based programme requires direct involvement and participation of the local communities that hits the programme. The study recommends adopting community-based approach to improved health education and awareness. Also the government should recruits more health workers in other to reach out to many communities with polio campaign.

Keywords: Public Relation. Polio Eradication, Participatory Approach

Introduction
Poliomyelitis is a highly infectious viral disease that can lead to extensive paralysis or death. There is no known cure of the disease between 70% and 90% of infected persons are children under the age of 3 years. Due to the ongoing polio eradication efforts, the number of poliomyelitis eases has decreased worldwide from an estimated 350 000 in J988 to 20 000 in 1999 (Aylward et al., 2000).

Communication is a critical component in assuring that children are fully immunized and that simultaneous immunity is attained and maintained across large geographic areas for disease eradication and control. If a good communication strategy reaches the affected communities/population, ie effective communication—through advocacy, social mobilization, and interpersonal communication, it will assist in creating awareness, and discourage resistant to the vaccination.

It is also imperative to note that community participation is an effective means of achieving cost-effective and sustainable health campaigns, as opposed to 'top down' approach systems of health care awareness campaign strategy. Community participation in health projects, especially in developing countries was strongly advocated at the Alma Ata Conference in 1978, in which 138 countries adopted the declaration that 'people have the right and the duty to participate individually and collectively in the planning and implementation of their health care' [World Health Organization (WHO)/UNICEF, 1978; Asthana and Oostvogels, 1996). Community members participate in health projects with neighborhood organizations, self-help groups and other voluntary organizations (WHO, 1992). Effective community

participation in health care campaigns does not only involve community members working side-by-side with health care professionals and doing what they are told to do; it involves professionals and their clients sharing both power and responsibility.

Health Care Services in Nigeria

Health care provision in Nigeria is a concurrent responsibility of the three tiers of government in the country. The Federal Government's role is mostly limited to coordinating the affairs of the University Teaching Hospitals, Federal Medical Centres (tertiary health care), while the State Government manages the various general hospitals (secondary health care), and the Local Government focuses on dispensaries (primary health care), which are regulated by the Federal Government through National Primary Health Care Development Authority (NPHCDA).

Health care in Nigeria is influenced by different local and regional factors that impact the quality or quantity present in one location. Due to the aforementioned, the health care system in Nigeria has shown spatial variation in terms of availability and quality of facilities in relation to need. However, this is largely as a result of the level of state and local government involvement and investment in health care programs and education. It is assumed by some scholars that the health care service is inversely related to the need of patients.

Update on Polio Eradication in Nigeria

The report by National Primary Health Care Development Agency NPHCDA,(2013) report states that the number of confirmed Polio Virus (PV) cases in Nigeria declined substantially between 2012 and 2013, from 122 to 50 cases between January and December representing a marked reduction of 58% compared to same period in 2012. No PV type 3 has been reported in 2013 with the last case in November 2012. In 2013, there was geographical restriction and shift of poliovirus transmission to the northeastern states, with the majority of cases (84%) occurring in 4 states: Bomo (16 cases), Kano (14 cases), Yobe (7 cases), and 10 Bauchi (6 cases). The number of infected LGAs reporting cases in 2013 compared to 2012 dropped from 58 to 29 (50% reduction). Of the 29 infected LGAs, only 7 LGAs had multiple cases with 27 cases accounting for 54% of the cases. As of December 31, 2013, 3 PV type 2 cases were reported in 2013 in Bomo State compared to 8 cases in 3 States in 2012 representing a 63%; reduction in cases. Environmental surveillance detected 3 PV type 1: Kano (1) and Sokoto (2); and 13 PV2: Sokoto 9, Kano 2 and Bomo 2. Like in previous years, the majority of PV cases in 2013 (almost half) were among 12 -35 months of age. However, there was a slight shift in the other age groups with 12% of infected children below 12 months compared to 6% in 2013. Also, 12% of the infected children were above 59 months of age compared to 9% in 2012. In terms of population immunity among PV cases, there was a decline in zero dose cases from 23% in 2012 to 10% in 2013. Similarly, the number of children with at least 3 Oral PV doses increased from 52% to 66%>. In the non-polio AFP cases, population immunity was better with 1% being zero doses and 83% having received at least 3 Oral PV doses.

According to UNICEFs, (2014), report Northern Nigeria has one of the lowest rates of immunization coverage in the world. In many parts of the north, barely 10% of children receive all of their routine vaccines. Although Nigeria has made significant progress towards the target of stopping polio, intensive household and community engagement approaches must be sustained to ensure demand for immunization across the northern high risk slates.

Recent UNICEF reports proof that Nigeria's Polio Immunization made remarkable progress throughout the reporting period. For the first time in its history, Nigeria has not reported any new PV Type 1 case for seven continuous months as of 17 February 2015. The last confirmed case was recorded on 24th July 2014. The geographical spread of the virus has been reduced by 83% with five infected Local Government Areas (LGAs) in 2014 compared to 30 LGAs in 2013. The two tiansmission zones are - Kano (5 cases) and Borno/Yobe transmission zone (1 case). The geographic restriction has been accompanied by reduction in the number of genetic clusters of PV 1 by 87%, from eight in 2012 to one in 2014. Also, there has been no case of PV Type 3 for the past 26 months. It was given that there have been no cases of polio on the African continent since 11 August 2014.In 2015 UNICEF declared Nigeria a polio-free in Africa. Therefore, this paper assessed the knowledge of polio virus among nursing mothers in two selected villages in Giwa LGA, of Kaduna State, Nigeria. The specific objectives are:

(i) To assess the communities knowledge of the polio virus.
(ii) To determine the level of awareness of the polio virus.
(iii) To establish the level of community participation in the polio eradication campaigns.

Theoretical Framework

This study was anchored in the participatory model propounded by Paulo Freire (1983), the model stressed the importance of cultural identity of local communities and democratization and participation at all levels be it international, national, local and individual. Freire (1983) as cited in Servaes (2004), refers to this as the right of all people to individually and collectively speak their word. Participation is necessary in order to share information, knowledge, trust, commitment and a right attitude in development planning and implementation. This calls for new attitudes for avoiding stereotyped thinking and to promote cultural diversity and pluralism. This model stresses reciprocal collaboration throughout all levels of participation. Development efforts must be based on faith in the people's capacity to contribute and participate actively in the task of transforming society. The common people are intelligent and can be active agents in change management.

Methodology

In order to generate qualitative data, a focus group interview was adopted for primary data gathering. The focused group discussion was held with nursing mothers in two sampled residents from Ahmadu Bello University Teaching Hospital (ABUTH) neighbouring villages i.e. Anguwan Maigamo and Sabon Gida Villages in Giwa Local Government Area of Kaduna State. The mothers age groups were between 17-20 and 26 - 30 years of age. The communities are located within l-3kilometres away from Ahmadu Bello University Teaching Hospital. The discussion were facilitated by the researeher in each community and coordinated by the village heads (i.e. Mai Anguwa in Hausa).Participants ranging between 10 - 14 persons in a location were randomly selected by the village heads (Mai Anguwa), prior to the discussion sessions a checklist was used in each of the locations for the discussions.

Presentation of Focus Group Interview Result

The information obtained was presented in discussion manner to aid understanding of the different communities.

Knowledge, Awareness and Community Participation in Polio Eradication

a. Knowledge of Polio

The two communities (Anguwan Maigamo and Sabon Gida Villages) considered poliomyelitis as a disease which is inflicted by a spirit (Shan'inna in Hausa language) mostly contacted by children (babies) when their mother go along with them to fetch water from the well during sunset (evening). Sabon Gida community believed that polio cannot be prevented because is a sickness associated with spirits which only prayers can cure/prevent it. While Anguwan Maigamo community has partial believed in the existent of polio disease, they were of the opinion that children should be immunized at the early stage for preventive measures. They also believed that children that were not immunized may be exposed to polio disease.

From the above discussion, it shows that the communities are yet to have a full knowledge about poliomyelitis even as they live close to the Teaching Hospital. This might be as a result of lack of good communication strategy employed in the campaign. It was discovered that the villages were constraint by lack of good roads, portable drinking water and threat of divorce which is a challenge to polio campaign. This findings concurs with Ndiaye, Quirk, Sanda and Niando (2003) result that in developing nations, community members' lack of knowledge about the possible link between a case of paralysis and a communicable disease; lack of access to health care, including the low number of health care workers; cultural beliefs that favour seeking a local healer before consulting a physician are part of constraints to polio eradication in Africa. Also, there are logistical difficulties of travel and communication, which are common challenges in developing countries.

(i) Awareness of Polio

To attest to the above findings the participants confirmed radio as the main source of their information about poliomyelitis. Similarly, they sometimes also heard from traditional/religious leaders, and the findings further suggested traditional/religious leaders as the most important source of information of poliomyelitis. During the discussion the participant gave reason that some parents kept their child from being immunized as a result of ignorance of the disease, they hate polio immunization programme, even though some participants believed that if the children are immunized they will be healthy. It was found that 68% of the community believed the vaccination to be associated with family planning hence they ascribed the persistence on the campaign over all media. This shows that the participant listens more to radio but it was still suggested that to the use of traditional and religious leaders can be an effective medium for polio eradication campaigns. This means that interpersonal communication channels may be more effective in terms of creating awareness and mobilization during polio immunization in the communities. This return might reduce the level of resistance by some parents during vaccines. This also conformed to Suleiman's (2010) finding which indicates higher performance of Interpersonal communication than Mass Media sources in influencing polio campaign acceptance and resistance in the local communities.

(ii) Community Participation in Polio Eradication

In the case of participation, the participants in the discussion revealed some constraints such as the dearth of health workers in their communities for awareness campaigns. They suggested the adoption of village meetings for information sharing on polio. Furthermore, they indicated that health workers should be the most preferred source of information on polio eradication campaign. Likewise, they recommended the use of town crier as a strategy for mobilization during polio vaccinations exercise. This also concurs with Freire (1983)

cited in Anaeto, Onabanjo and Osifeso (2008) which suggests a reciprocal collaboration of all the stakeholders involved to contribute and participate in the task of transforming society through information sharing, knowledge, trust, commitment and a right attitude in development planning and implementation.

Conclusions

In conclusion, it is believed that any programme that is meant to change community perception requires the direct involvement and participation of all stakeholders in the programme. It is believed that failure to cany along all stakeholders is a pre-requisite to failure of the programme. While polio eradication campaign has been on for several years yet the war was yet to be conquered until year 2015 after UNICEF declaring Nigeria poliofree nation. There are unspoken reasons that might likely be the factors associated with its failure one is vividly seen from the study that most communities are not involved in the planning or implementing the campaign and not all communities are reached with the polio campaign which may be due to inadequate health workers in Nigeria. Findings from the study further revealed insignificant level of health workers enrolment, and also insignificant level of community involvement, which may consequently lead to reoccurrence of the disease in mire future if measures are not taken. Therefore this study recommends that;

- Adopting community-based approach to improved health education and awareness is important.
- Also, government should recruit more health workers in other to reach out to many communities with polio campaign.
- Further study to cover more communities and primary health care hospital is also recommended.

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