



Superstitious belief as cultural barrier in polio communication campaign in Northern Nigeria

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Abstract

The Global Polio Eradication Initiative was formed in 1988 to eradicate poliomyelitis in the world. However, in Nigeria, the campaign faces challenge of rejection or non-compliance from mostly Muslim parents of northern Nigeria. The study investigated how cultural superstitious beliefs constitute barrier to the acceptance of polio vaccination. Data was collected through focus group of Muslim parents with eligible children five years and below in states of Kaduna, Kano and Bauchi of northern Nigeria. The findings revealed that the cultural superstitious belief on polio disease in communities serves as barrier to the acceptance of polio vaccination in northern Nigeria. The study concludes that there is the need for the inclusion of Islamic cultural sensitivity in polio communication messages that target the Muslim populations in order to address the issue of superstitious beliefs on poliomyelitis. The polio communication messages should be in both English and native languages and contain relevant quotations from the verses of the *Qur'an* and *Hadith* that talk about health issues, child protection and immunisation, disease prevention, personal hygiene and environmental sanitations.

Keywords: Health communication, health promotion, cultural sensitivity, messages, superstitious beliefs.

Introduction

The Global Polio Eradication Initiative (GPEI) was formed in 1988 with the sole aim of eradicating poliomyelitis in the world (Nsofor, 2015; World Health Organisation (WHO), 2016). Poliomyelitis is a disease caused by the viruses and sadly, affects children mostly of aged five years and below. It paralyses both the arms and the limbs of affected child. According to Chan (2011) Polio disease has no known cure the moment a child is paralysed. Thus, only two drops of portent Oral Polio Vaccine (OPV) prevents the child from the scourging and crippling disease. Similarly, Yahya (2007) noted that in Nigeria, evidence since from the inception of polio eradication campaign in 1988 indicates

that the polio vaccination campaign faces challenges of refusal or non-compliance from the predominantly Muslim parents of northern Nigeria. One of the challenges of the polio vaccination communication campaign is the superstitious beliefs on polio disease. These cultural beliefs make parents to reject polio disease vaccination because they attribute the cause of the disease to supernatural forces, myths and superstitious beliefs (Nasir, Aliyu, Ya'u, Gadanya, Mohammad, Zubair & El-Kamary, 2014).

The issue of superstitious belief that attributes poliomyelitis to the spirits, demons and supernatural forces is as old as the people living in northern Nigeria. It is a firm belief and well entrenched in the minds of the people of this area since before the advent of Islam and recently, Christianity (Yusuf & Baiyewu, 2012). The people in the olden days attributed any misfortune, calamity or disease to the spirits, demons, supernatural forces and the anger of the departed souls of the relatives. However, with the coming of Islam, most of these superstitious beliefs were stamped out in the communities except some few individuals who still harbour them as is the case with poliomyelitis disease. Despite this development, there is little effort by the health communication experts and health workers in communities to tackle or remove this deep-rooted superstitious belief that causes barrier to polio communication campaign in northern Nigeria. Again, there is the absence of synergy between the health communication experts, health workers and the Islamic clerics in northern Nigeria.

Most societies have people with at least a few superstitious beliefs emanating from their culture. Superstitious belief is mostly an irrational cultural belief or practice of the people inherited from generation to generation or our forefathers (Chan, 2011). The cultural practices of the people influence their health behaviours and the solutions



lies in the development of effective health communication policies that can lead to the understanding of the existing cultural problem within the cultural context (Airhihenbuwa, Ford & Iwelunmor, 2013). In most traditional African societies, people's cultural beliefs and values influence their attitudes and perceptions including seeking for health medication. People have long-held beliefs and pride about the efficacy of their traditional medicine, the deep knowledge of the diseases and their causative agents. The communities therefore rely on traditional healers for medication for all ailment and dispelling perceived enemies or spirits on behalf of the communities. According to Taylor (2015) Peoples' culture is considered as the main element that assists refusal to vaccination world-wide.

Furthermore, the involvement of clerics in dousing the superstitious beliefs and misconception about poliomyelitis will create good health communication and health promotion that will enhance the acceptance of polio vaccination campaign among the people of northern Nigeria. The clerics are knowledgeable and well respected people in the Muslim communities that preach in mosques, open places, during Ramadan tafsir, and in schools.. The clerics through good training on polio vaccination campaign and polio disease eradication will be able to differentiate or demarcate between any sickness that presents symptoms similar to poliomyelitis as having been caused by the spirits and those inflicted by the polio virus proper. This knowledge is necessary, because Islam recognizes that some *Jinns* (spirits) can inflict injury or sicknesses on people including causing people to paralyse as is the case with poliomyelitis. So, this issue of superstition and belief in the spirits as causative agents of paralysis require and in-depth knowledge of the polio disease itself and the categories of the diseases caused by the spirits as fully recognized in Islam by both the Qur'an and the Hadith of the Prophet. Consequently, in this study, the issue of cultural superstitious belief in *Jinns* or spirits as barrier to polio vaccination acceptance informed the decision to conduct focus group study three states of northern Nigeria.

Thus, the study explored the following research question:

RQ1: What led to the rejection of polio vaccination campaign by Muslims of northern Nigeria?

Literature review

Cultural Superstitious Beliefs

Cultural superstitious beliefs are as old as the society (Desai, 2012). In the area of health, many people believe that diseases are caused by the spirits, demons, witches, dead member of a family and other supernatural forces (Renne & Hall, 2006). The people in the communities have a wide spread of belief in the presence of supernatural forces, spirits, demons and miracles and this affects and influences health and healthy wellbeing in the society (Koenig & Al Shohaib, 2016). According to Desai (2012) superstition is an illogical belief or practice that came about due to ignorance or panic of something unknown or strange to the person. The rationality of most superstitions beliefs and practices is founded on the belief of the invisible supernatural forces, magic and witchcraft that can torment an individual or community. It is believed that most societies have people with at least a few superstitious beliefs emanating from their culture that negatively influenced their attitudes.

A study on road crashes revealed that superstitious belief is found to play great role in road safety. Many drivers attribute road misfortune to witchcraft, evil intentions of the ancestors, and sheer jealousy from colleagues, friends and others. As such, drivers use spells, amulets, magical objects and perform rituals as preventive measures against such accidents or misfortunes (Dixey, 1999). Similarly, superstitious belief is also seen as mostly an irrational cultural belief or practice of the people inherited from generation to generation or our forefathers (Chan, 2011). In a study in Eastern Nigeria, superstitious belief plays role as dementia disease in old people is regarded as wrath of the gods for an offence committed earlier in someone's life. The disease is taught to be caused by witches or demons (Yusuf & Baiyewu, 2012). Situating this within the context of the rejection of the polio vaccination campaign in northern Nigeria, the cultural practices of the people can be said to influence their health behaviors and the solutions lies in the development of effective health communication policies that can lead to the understanding of the existing cultural problem within the cultural context (Airhihenbuwa, Ford & Iwelunmor, 2013). Again, it has been argued that the influence of superstitious cultural beliefs, religion and socio-political factors affect the smooth conduct of polio immunisation in northern Nigeria leading to the rejection of the polio vaccine in the region (Maigari, Muhammad & Habu (2014); Prata, Ejembi, Fraser, Shittu & Minkler, 2012).



In a study on sexual abstinence, it is found that the customs and norms of the homes and communities guide and prevent youth from indulging in sexual behavior until they are married (Kadiri, Ahmad & Mustafa, 2015). In a similar vein, Omoloso, Ahmad and Ramli (2017) noted that culture involves features that may fundamentally be contributory, neutral or harmful to the safe maternal health behaviour and practices. This can be said to be true in the acceptance or rejection of polio vaccination in northern Nigeria. Thus, understanding the culture of the people results to more and better well-organized services that can reduce the disparities in health care delivery (Baghri & Ghahramani, 2018). Furthermore, Corcoran (2016) noted that while successes of health communication messages are measured based on the target audience reception and acting on the messages sent, the use of health communication theoretical concepts remain important to the overall success attained in health promotion campaign. In view of this assertion, The Culturally Sensitive Model of Communicating Health (Sharf & Kahler, 1996) is suitable in helping to understand how culture and religion can be used in tackling superstitious beliefs that impede the acceptance of polio vaccination campaign in northern Nigeria. The model is significant for it comprised of layers of meanings to be followed when adopting culturally sensitive health communication (Geist-Martin, Ray & Sharf, 2003; Ahmad, 2011).

However, despite these challenges to the polio eradication initiative campaign, there is little scholarly attention to address the issue of superstitious beliefs by the parents on poliomyelitis in northern Nigeria. Hence, the neglect of this cultural sensitivity led to the choice of this study and the use of focus group to explore the superstitious beliefs of the parents on polio communication campaign. The phenomenological approach will also help to understand the cultural experiences of the people, descriptions of their lived experiences and community situation from the perspectives of the Muslims of northern Nigeria.

3. Research Design

Table 1 Informants for Focus Group

NO	Informants	Age	Gender	Locality	Education Qualification	Job Description
1	Informant 1	24	Male	Bauchi	Diploma Health Community	Registered Health Practitioner/Worker
2	Informant 2	42	Male	Bauchi	B.A. Arabic	Islamic Scholar
3	Informant 3	32	Male	Bauchi	BSc Business Admin	Civil Servant/Islamic Scholar

The study adopts qualitative phenomenological approach to explore the culture of the people of northern Nigeria with focus on their superstitious beliefs on poliomyelitis. According to Smith (2013) phenomenology deals with description of various issues people experienced in life from the first-person point of view. The approach is apt because the study wanted to understand the lived experiences, make meanings and describe the phenomenon of cultural superstitious beliefs on polio and how such beliefs affect the acceptance of polio vaccination campaign in the communities of northern Nigeria. The approach also intends to have a good understanding of the lived experiences of the parents of eligible children for polio immunisation between the ages of five and below. Hence, the study used focus group targeting parents in three states of northern Nigeria – Kaduna, Kano and Bauchi. Contributing to the need for focus group research in a study, Morgan (2012) and Romm (2014) argued that the focus group research data should be seen as a product of the collective interactions of the data collected through group participation on specific topic considered relevant to the research questions in the study.

Furthermore, the study used purposive sampling to select the informants for the research. Purposive sampling focuses on distinct features of a population and deliberately identify and select individuals or groups that can adequately answer the research questions in the study (Creswell, 2012); (Keyton, 2019). Thus, six respondents from each of the three groups of the sampled communities were picked purposively to elicit good participation in view of the technical nature of the questions that were health-related and to also generate data that reflects the lived experiences of the Informants and gain a better understanding about the communities' situations through them. A total of 19 respondents were picked for the focus groups in three states of northern Nigeria. The informants' age group was within the range of 24-56 years. The brief information of the informants are summarized in Table 1. The data collected were codified and categorized in themes and sub-themes using NVIVO 10 software.



NO	Informants	Age	Gender	Locality	Education Qualification	Job Description
4	Informant 4	40	Male	Bauchi	BSc Accounting	Business man
5	Informant 5	45	Male	Bauchi	B.Ed. History	Ward Head, Wunti Community, Bauchi town.
6	Informant 6	27	Male	Bauchi	Diploma in Banking & Finance	Trader in Bauchi Main Market
7	Informant 7	42	Male	Kaduna	MA Islamic Studies	Teaching
8	Informant 8	54	Male	Kaduna	Higher Nat Diploma	Islamic Cleric/Communication Expert
9	Informant 9	55	Male	Kaduna	BA Hausa/Comm	Print Media Journalist
10	Informant 10	47	Female	Kaduna	BSc Nursing	Health Practitioner/Civil Servant
11	Informant 11	54	Male	Kaduna	MSc Mass Comm	Lecturing
12	Informant 12	56	Male	Kaduna	PhD Agric Engineering	Lecturing/Ward Head.
13	Informant 13	41	Male	Kaduna	MA Islamic Studies	Islamic Cleric/Civil Servant
14	Informant 14	50	Male	Kano	Higher Islam	Islamic Scholar
15	Informant 15	45	Male	Kano	BSc Sociology	Civil Servant
16	Informant 16	38	Female	Kano	BSc Nursing	Health Worker
17	Informant 17	40	Male	Kano	Secondary School cert	Business man
18	Informant 18	45	Male	Kano	Primary school/Islamic education	Driver
19	Informant 19	52	Male	Kano	Diploma in Public Admin.	Traditional leader Gandun Albas community

4. Findings

The main themes and sub-themes that emerged from the codification of data collected in the study provided solid facts and empirical proof and support that helped to analyse the informants' individual lived experiences, perceptions of issues and opinions in order to gain a better understanding about the communities' situations. All these factors have significant bearing on cultural sensitivity in polio communication campaign in Nigeria. The study discussed the emergent theme and sub-themes to answer the research question. The study identified through the data collected and analysed the main theme as superstitious belief and the remaining four sub-themes as follows: enemies and adversaries, demons and witches, dead relations, spirits or *jinn*s.

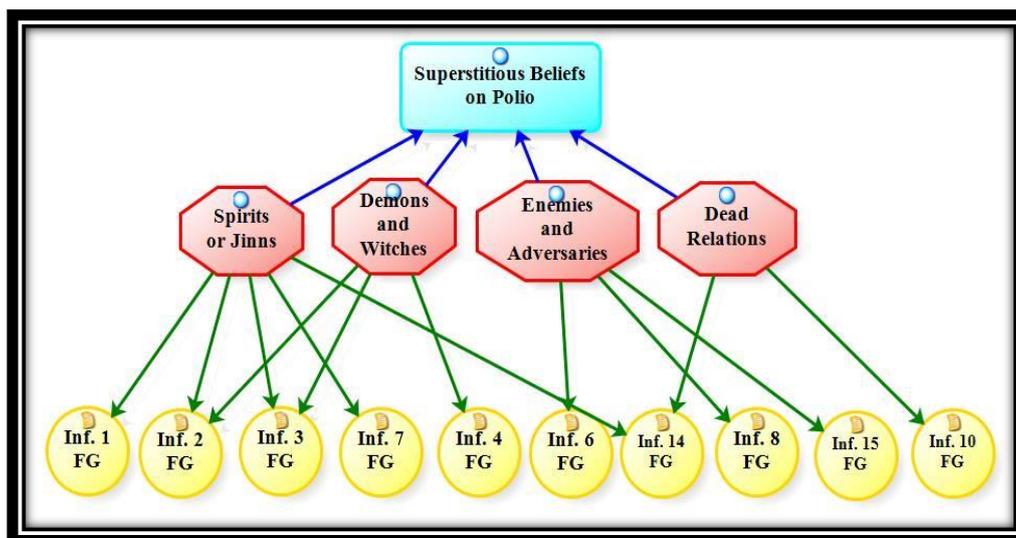


Figure 4.1 Superstitious beliefs on polio



4.1 Superstitious beliefs:

Most societies have people with at least a few superstitious beliefs emanating from their culture. Superstitious belief is mostly an irrational cultural belief or practice of the people inherited from generation to generation or our forefathers (Chan, 2011). The cultural practices of the people influence their health behaviors and the solutions lies in the development of effective health communication policies that can lead to the understanding of the existing cultural problem within the cultural context (Airhihenbuwa, Ford & Iwelunmor, 2013). In most traditional African societies, people’s cultural beliefs and values influence their attitudes and perceptions including seeking for health medication. People have long-held beliefs and pride about the efficacy of their traditional medicine, the deep knowledge of the diseases and their causative agents. The communities therefore rely on traditional healers for medication for all ailment and dispelling perceived enemies or spirits on behalf of the communities. According to Taylor (2015) Peoples’ culture is considered as the main element that assists refusal to vaccination world-wide.

However, with modern technological breakthrough in medical research and development, the influences of traditional healers remain intact but

the superstitious belief among the people still persists (Abdullahi, 2011). People always attribute diseases, calamities, misfortunes or accidents to the handiwork of supernatural forces. This superstitious belief affects the acceptance of polio immunisation as parents refuse to believe that the disease is a viral infection that can be prevented through the administration of two drops of portent oral polio vaccine to the child (Biesen, Dilger, & Nienstedt, 2012). This knowledge gap coupled with the failure by the polio vaccination communication campaign to identify and address them squarely bred rumours of the polio safety and the rejection of the antigen among the Muslim parents in northern Nigeria. The informants in the study generally agreed that the communication breakdown dealt a blow to the acceptance of polio immunisation as pointed out thus, “the failure to reach out to these communities and identify their cultural beliefs about poliomyelitis and correct the preconceived notions strengthens the belief that the disease is caused by the supernatural forces and not viruses. Also contributing, a female informant and a health worker argued that there are “so many diseases that present similar symptoms such as high fever, floppy limbs, legs and eventual paralysis of the body as is the case with poliomyelitis and so the communities will need intensive advocacy and sensitisation to accept this”

4.1.1 Spirits or *jinn*s.

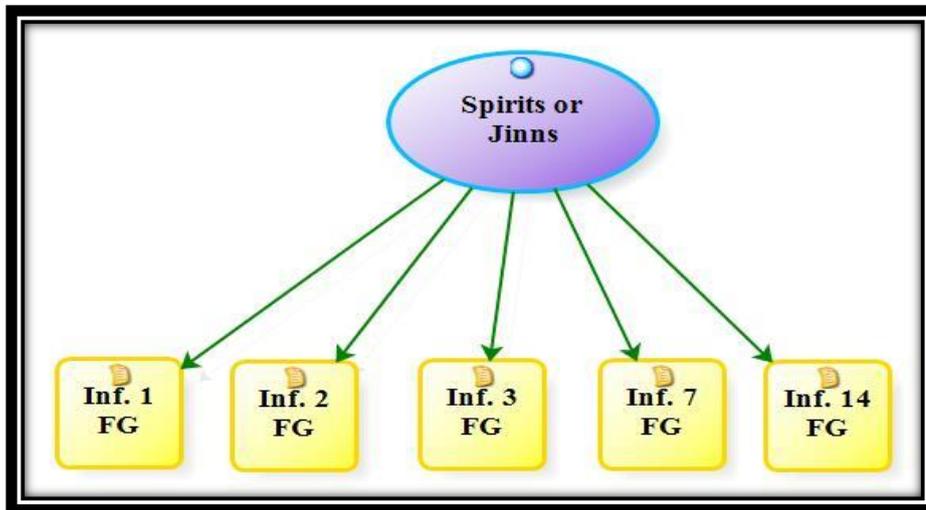


Figure 4.2 Spirits or *Jinns*

The belief in the existence of spirits or jinns that inflict injuries or sock the bone marrow of a child and renders him or her crippled is a long cultural belief of the people of northern Nigeria hence, the common name *Shan Inna*, a popular name of polio disease among the elder generations in

communities of northern Nigeria. The disease was hitherto associated with demon and spirits (*Jinn*) that visited the child as a form of punishment to the victims or their families (Renne & Hall, 2006). This cultural belief becomes a barrier to the acceptance of Oral Polio Vaccine among the



parents. The data in the study revealed the existence of the belief in the spirits or *jinn*s among the people of northern Nigeria where Informant 7 claimed that:

The belief in spirits or *jinn*s as the cause of paralysis in the child is well entrenched in some cultures in northern Nigeria. It will therefore take concerted efforts and interventions of the Islamic clerics to correct the misconception and myth about polio disease and enhance the acceptance of the vaccine (Informant 7).

Expressing similar view, Informant 1 argued, “The spirits and *jinn*s are unforeseen forces that are believed to harm the child and cause poliomyelitis in him or her. According to legend, the evil spirits will suck dry the bone marrow of the child and render him or her immobile and paralysed with floppy hands and legs”.

In the same opinion, but categorical, Informant 3 disclosed that:

If a child is infected with poliomyelitis resulting to partial and floppy limbs and legs, the people in the community quickly jump to conclusion and attribute the sickness to witches, demons, spirits and other supernatural forces that are enemies to the family of the child. The parents therefore take the child immediately to the traditional healer for medication. Another disease with similar presentation to poliomyelitis is the cerebral malaria. In cerebral malaria, the patient convulses, hallucinates, calls people’s names and partially unable to walk. All these symptoms are considered by those with superstitious beliefs and the less informed members of the community as being caused by the spirits, demons, witches and other supernatural forces (Informant 3).

However, this belief in spirits or *jinn*s as forces that also cause poliomyelitis becomes contentious

among the Muslims of northern Nigeria. For example, as revealed by the data from this study, Islam recognises the existence of the spirits and a whole chapter in the Qur’an is revealed talking about them. A male Informant 2 and an Islamic Scholar stressed that, “There is no way one can dispute the fact that Islam recognizes the existence of *Jinn*s (spirits) as clearly stated in the Chapter of *Jinn* (Q72: *Suratul Al- Jinn*) in the holy Qur’an. The issue of the existence of *Jinn* or spirits as creation of God is recognized in Islam and indeed, contained in the Qur’an. They can also harm someone”. Thus, most of the informants caution polio vaccination communication experts from condemning the belief in the existence of spirits and their long -held belief that they can harm human beings. Based on these observations, Informant 14 then concluded that with the coming of Islam, most of these superstitious beliefs were stamped out in the communities except some few individuals who still harbour them as the case with poliomyelitis disease. Therefore, to remove this deep-rooted believe in some of the remaining people in Muslim communities, the Islamic clerics should be able to differentiate or demarcate between any sickness that presents signs and symptoms similar to poliomyelitis as having been caused by the spirits and those inflicted by the polio virus proper. This knowledge is necessary because Islam recognizes that some *Jinn*s (spirits) can inflict injury or sicknesses on people including causing people to paralyse as is the case with poliomyelitis. So, this issue of superstition and belief in the spirits as causative agents of paralysis require in-depth knowledge of the polio disease itself and the categories of the diseases caused by the spirits as fully recognized in Islam by both the Qur’an and the Hadith of the Prophet.

This shows clearly that polio immunisation campaign planners have failed to deconstruct the myths and misconceptions surrounding the belief that the spirits or *jinn*s also cause poliomyelitis in children.

4.1.2. Demons and witches.

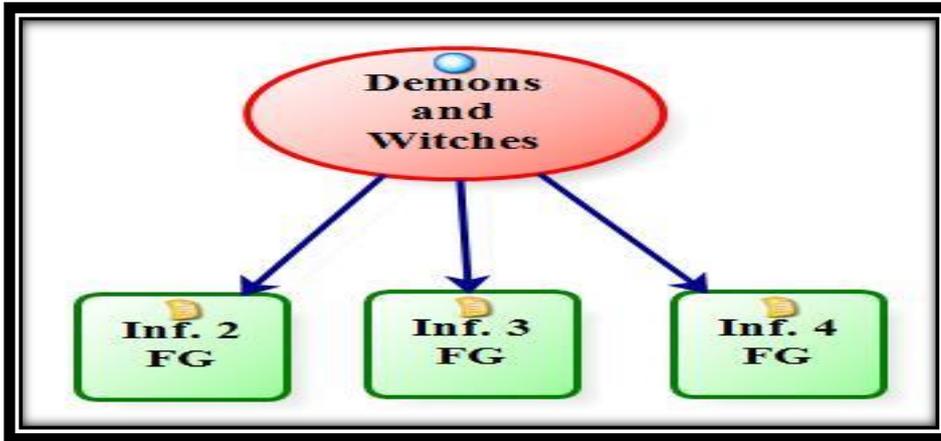


Figure 4.3 Demons and witches

The belief in demons and witches as causative agents for polio infection in children also serves as cultural barrier to the acceptance of polio vaccination campaign. According to Informant 2, “There is a cultural belief that some diseases including poliomyelitis are caused by some evil forces such as demons and witches and not by germs or viruses. In olden days, diseases such as poliomyelitis were attributed to the spirits, demons, witches and other supernatural forces, but now with civilization and scientific breakthroughs, this thinking is gradually removed from the minds of people even though we still have some parents that harbour such beliefs and refuse to present their children for polio immunisation” Similar view was expressed by Informant 3 who claimed that:

The issue of superstitious belief about polio being caused by the spirits and demons is more pronounced in the villages and rural areas because of their low literacy level in both Islamic and Western education. For example, if a child is infected with poliomyelitis resulting to partial and floppy limbs and legs, the people in the community quickly jump to conclusion and attribute the sickness to witches, demons, spirits and other supernatural forces that are enemies to the family of the child (Informant 3).

In relation to this argument, Informant 4 offered a categorical advice that, “to convince the parents to accept the fact that poliomyelitis is caused by the viral disease and not supernatural forces, demons, witches or the spirits, the Islamic Scholars that will serve as community mobilisers should target the traditional healers for sensitization and also incorporate them into the campaign. These are very vital group of people that influence the health wellbeing of the people in the communities by telling them that the disease is caused by the spirits, demons, witches or unseen forces”

4.1.3 Enemies and adversaries

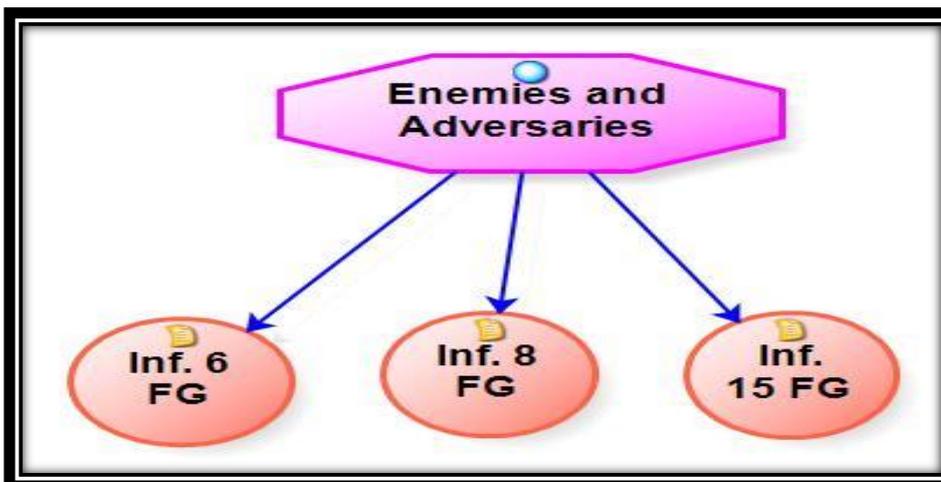


Figure 4.4 Enemies and Adversaries



The families, individuals or even communities attribute the occurrence of disease outbreaks and calamities to the work of their long standing enemies and foes. This cultural belief is yet to be completely eroded in villages and country sides. Polio disease is also one of the diseases that are believed to have been caused by the handiwork of the enemies and adversaries. Buttressing this point, Informant 15 observed that, “Superstitious belief that polio is caused by the enemies or adversaries of the families. The enemies are out to teach the families lessons for offenses committed or just a show of sheer hatred to the victim’s family”. Similarly, another Informant 6 expressed similar opinion and claim that “There is a popular belief among the less educated people of northern that

some ailments or sicknesses are caused by the handiwork of their enemies or adversaries that do not want to see the progress of the family members. The polio disease is among those diseases attributed to such cultural belief because of the lack of scientific knowledge of the causes of the crippling disease” Explaining further on the cultural belief that attribute poliomyelitis to the handiwork of enemies and adversaries, Informant 8 claimed that, “Some uneducated people in our midst still believe that polio disease infection of their children is the handiwork of their enemies and adversaries that never wish the family well. They don’t believe poliomyelitis is a viral disease that can be prevented by immunising the children in the community.

4.1.4 Dead relations

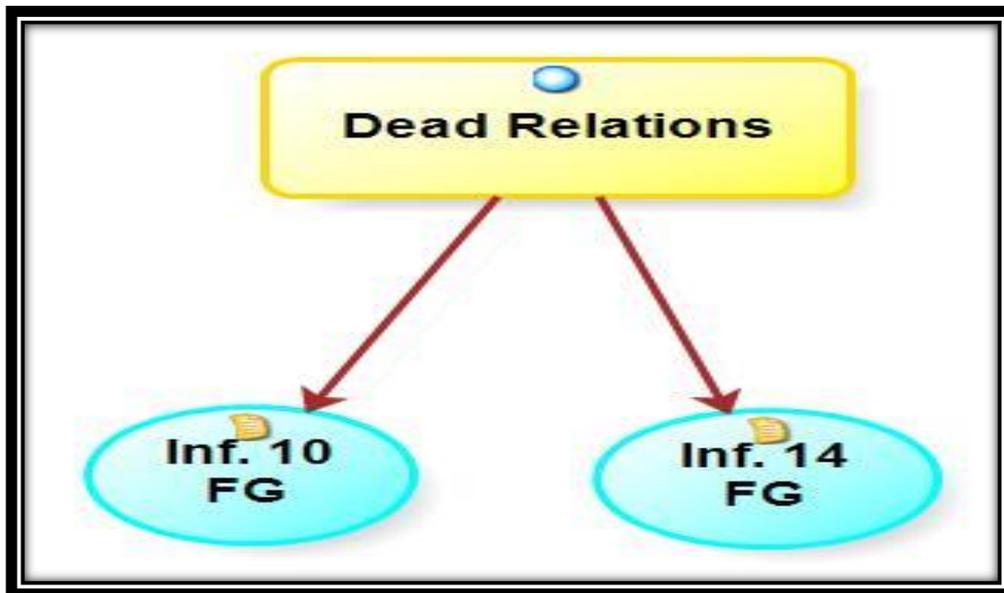


Figure 4.5 Dead Relations

Another precarious aspect of the superstition that bedevils the polio communication campaign in northern Nigeria is the cultural belief that ghost of a dead relation will haunt members of the families and inflict injuries in their children as a retaliatory measures against perceived misdeeds to the dead relative. A male Informant 10 explains the superstitious belief on the vengeful deceased family member thus:

The spirits of dead relations are taught to haunt the family that offended of the dead person when he or she was alive. So, in retaliation, after dead, the spirits visit the family members and inflict injuries such as poliomyelitis to the children of the

households. The dead relations are sometimes accused of revisiting the family members in form of spirits to avenge the wrong done to the dead person when he she was alive. These spirits are considered to be ghosts of the dead person that will continue to haunt the family until certain rites are done to appease the erring spirits of the deceased. It was an old cultural belief before the coming of Islam and Christianity to the region but still have some people that today believe the ghosts or spirits are the ones causing polio in the child in retaliation. (Informant 10)



This allegation was equally buttressed by Informant 14 who said, the issue of superstitious belief that attribute poliomyelitis to the spirits and supernatural forces are as old as the people living in northern Nigeria. It is a firm belief and well entrenched in the minds of the people of this area since before the advent of Islam and recently, Christianity. The people in the olden days attributed any misfortune, calamity or disease to the spirits, supernatural forces and the anger of the departed souls of the relatives.

Furthermore as noted by the data collected, the cultural beliefs constitute barrier to the acceptance of polio Immunisation in some communities of the northern in some communities that still harbour the beliefs in superstition and attribute an outbreak of poliomyelitis to the ghosts of the dead relations witch hunting family members especially children as retaliatory measure for wrongs done to the departed souls of the deceased. Even though with the coming of Islam to the areas most of these beliefs are eradicated, there are still some parents who are unwilling to present their wads for polio immunisation believing that it is the ghost of the dead relations that is intimidating child. As argued by the data from this study, it is clear that despite the long years that Islam exists among the people, the cultural beliefs of some parents still guides them in rejecting the polio immunisation campaign thereby putting the lives of the children in grave dangers of contracting poliomyelitis.

5. Discussion

The findings in this study focus the most important elements of cultural superstitious beliefs that serve as crucial barrier to the acceptance of polio vaccination communication campaign in northern Nigeria. The study highlights this cultural aspect of the people that have not been addressed by the polio eradication initiative team and which poses concerns to the acceptance of the vaccination in Muslim communities. The people's culture, especially, the one emanating from the religion is found to have tremendous impact in the health behaviours of the parents with eligible children in Muslim communities. Culture serves as a vital and crucial element of the entire foundation in which every society is built. It helps to understand the people's cultural awareness and sensitivity to improve the entire global public health (Ahmad, Harrison & Davies, 2008); (Koenig & Al Shohaib, 2016).

The finding on the superstitious beliefs in spirits or *Jinns* corroborates with the literature; Onyeabochukwu (2007) that asserted that the cultural practices of the people do not only affect

and influence the way and manner people view health issues and campaigns but also decide their readiness and willingness to accept health deliveries, innovations and disease prevention campaigns and interventions. Many cultural practices perpetuate the increase and spread of certain contagious diseases, harmful health practices and health challenges in Nigeria. As argued by the data from this study and corroborated in a study by Ali et.al. (2018) the cultural superstitious beliefs resulted in certain mysterious beliefs and misconception about the polio vaccination campaign and serve as barrier to the acceptance of polio vaccination. Thus, the findings in the study support the conceptual meaning of the Culturally Sensitive Model of Communicating Health (Sharf & Kahler, 1996). It advocates for the inclusion of cultural sensitivity knowledge in health care discussions and campaigns and focuses messages to the cultural features of the intended audience in communication (Ahmad, 2011).

The study also established that the belief in demons and witches as causative agents for polio infection in children also serves as cultural barrier to the acceptance of polio vaccination campaign. In the villages, if a child is infected with poliomyelitis resulting to partial and floppy limbs and legs, the people in the community quickly jump to conclusion and attribute the sickness to witches, demons, spirits and other supernatural forces that are enemies to the family of the child. This is supported in a study by Michael et al. (2014) where they identified polio refusal by the parents and caregivers as a result of the polio safety misconception and cultural beliefs.

In addition, findings based on informants' descriptions attribute the occurrence of disease outbreaks and calamities to the work of their long standing enemies and foes. This cultural belief is yet to be completely eroded in villages and country sides. Polio disease is also one of the diseases that are believed to have been caused by the handiwork of the enemies and adversaries. Koenig and Al Shohaib (2016) made similar findings in a study and observed that the wide spread of Superstitious beliefs in supernatural forces, adversaries, miracles and witch craft affects health and health wellbeing of the people in the society.

Unfortunately, the study established another precarious aspect of the cultural superstition that bedevils the polio communication campaign in northern Nigeria which is the cultural belief that ghost of a dead relation will haunt members of the families and inflict injuries in their children as retaliatory measures against perceived misdeeds to



the dead relative. The people in the olden days attributed any misfortune, calamity or disease to the spirits, supernatural forces and the anger of the departed souls of the relatives. This is a cultural belief that polio eradication initiative campaign failed woefully to address through effective culturally sensitive key communication messages as corroborated in a study by (Nasir et al., 2014).

6. Conclusion

The paper offers an understanding of the cultural superstitious beliefs of the people of northern Nigeria that emanate from the lived experiences of the parents of eligible children for polio immunisation campaign in order to gain a better understanding about the communities' situations through them. The most important aim of this research is to offer a good understanding on communication solution, from the point of view of culture to the problem of polio vaccination rejection among the parents of northern Nigeria from the perspective of the Informants studied. Based on the findings in the study, this paper upholds as noted by Nasir et al. (2014); Maigari et al. (2014); Prata et al. (2012) that cultural beliefs make people to reject polio vaccination in northern Nigeria. A major observation in this study was the absence of cultural sensitivity in the polio communication campaign that failed to address this cultural superstitious belief.

This paper contends that since majority of the people living in northern Nigeria are Muslims and who reject polio vaccination, religion is therefore their element of culture and an embodiment of life. This therefore informed the inclusion of Islamic cultural sensitivity in polio communication messages that target the Muslim populations in order to address the issue of superstitious beliefs on

poliomyelitis. The polio communication messages should contain relevant quotations from the verses of the Qur'an and Hadith that talk about health issues, child protection and immunisation, disease prevention, personal hygiene and environmental sanitations. The Islamic tenets, values, rules and regulations must also be adhered to as part of the cultural sensitivity in the polio vaccination messages so as to attract the communities' participation. According Ahmad (2011), the holy Qur'an regards human lives as sacrosanct and enjoined the Muslims to save it regardless of tribe, religion, creed, or social class. Similarly, the inclusion of polio trained Islamic Clerics as community mobilisers that can engage parents in mosques, Islamic gatherings, Ramadan *tafsir* (Qur'an interpretation during fasting month of Ramadan) and da'awah (a strategy of public enlightenment) can serve as a communication strategy to reach out to these superstitious group of people with relevant polio messages that can effect behaviour change.

It should be noted that this study focuses only Muslim parents of northern Nigeria in selected three states out of the 19 states of northern Nigeria is considered a limitation of the study. The northern Nigeria is large and densely populated with different ethnic group which future research can explore their lived experiences of polio vaccination campaign from the cultural perspective. In addition, very little attention is given to cultural sensitivity as a strategy of reaching out to predominantly Muslims communities in campaigns and hence this paper requests for more study in this area using both qualitative and quantitative research designs to complement the development of polio communication messages and other health intervention programmes.

References

- Abdullahi A. A. (2011). Trends and challenges of traditional medicine in Africa. African journal of traditional, complementary, and alternative medicines : AJTCAM, 8(5 Suppl), 115-23.
- Ahmad, M. K. (2011). Islamic Persuasive Communication: Concepts , Characteristics , and Impacts of Media Health Programs. Unpublished PhD Thesis University of Queensland, Australia.
- Ahmad, M. K., Harrison, J., & Davies, C. L. (2008). Cultural sensitivity in health promotion program: Islamic persuasive communication. In 6th International Conference on Communication and Mass Media (pp. 1-11). Athens Institute for Education and Research (ATINER).
- Airhihenbuwa, C. O., Ford, C. L., & Iwelunmor, J. I. (2013). Why culture matters in health interventions lessons from HIV/AIDS stigma and NCDs. Health Education & Behaviour, 4(1), 78-84.
- Ali A, Ali L, Shah M, Khan N, Shafee M, Jan SK. (2018). Polio vaccination; an analysis of cultural and traditional barriers. Professional Med J 2018; 25(1):67-72. DOI:10.29309/TPMJ/18.4158
- Baghri L. K, & Ghahramani S. (2018) Social studies in health: A must for today. Med J Islam Repub Iran. (1 Nov);32:106.https://doi.org/10.14196/mjiri.32.106



- Biesen, C. M. zu, Dilger, H., & Nienstedt, T. (2012). Bridging gaps in health care and healing: Traditional medicine and the biomedical health care sector in Zanzibar. Retrieved from http://www.polsoz.fuberlin.de/ethnologie/personenliste/dilger/Meier_zu_Biesen_et_al_Bridging_Gaps_in_Health_Care_and_Healing_FINAL_REPORT_2012.pdf.
- Chan, M. (2011). Innovation for polio eradication. *The Lancet Infectious Diseases*, 11(10), 721. [http://doi.org/http://dx.doi.org/10.1016/S1473-3099\(11\)70258-4](http://doi.org/http://dx.doi.org/10.1016/S1473-3099(11)70258-4).
- Corcoran, N. (2016). *Communicating Health: Strategies for Health Promotion*. Communicating Health: Strategies for Health Promotion. SAGE Publications, Ltd. <https://doi.org/10.4135/9781526401588>
- Creswell, J. W. (2012). Educational research: Planning, conducting, and evaluating quantitative and qualitative research. Education Research (Vol. 3).
- Desai, R. (2012). Superstitions. An Educational blog. rrajivdesaimd.com/2012/05/26/superstitions.
- Dixey, R. A. (1999). 'Fatalism', accident causation and prevention: issues for health promotion from an exploratory study in a Yoruba town, Nigeria. *Health Education Research, Theory & Practice*, 14(2):197–208.
- Geist-Martin, P., Sharf, B. F., & Ray, E. B. (2003). *Communicating health: Personal, cultural, and political complexities*. Wadsworth: Thomson Learning.
- Kadiri, Ahmad & Mustafa (2015) Young people's perception of HIV/AIDS campaign in South-West Nigeria. *Jurnal Pengajian Media Malaysia, JPMM (Malaysian Journal of Media Studies, MJMS)*, 17 (2). pp. 26-41. ISSN 1511-2284
- Keyton, J. (2019). *Communication research: Asking questions, finding answers (Fifth Ed.)*. New York, NY: McGraw-Hill Education.
- Koenig, H.G & Al Shohaib, S. (2016). *Health and Well-Being in Islamic Societies: Background, Research, and Applications* (illustrate). Springer International Publishing, 2016.
- Maigari, B., Muhammad, R., & Habu, H. (2014). Oral Polio Vaccine: misconceptions, challenges and the way forward for Nigeria. *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 13(10), 34–39. Retrieved from www.iosrjournals.org.
- Michael, C.A., Ogbuanu, I.U., Storms, A.D., Ohuabunwo, C.J., Corkum, M., Ashenafi, S. et al. (2014). An assessment of the reasons for oral poliovirus vaccine refusals in northern Nigeria. *Journal of Infectious Diseases*, 210(s 1), s 125-130. <http://doi.org/10.1093/infdis/jiu436>
- Morgan, D. L. (2012). Focus groups and social interaction. In *The SAGE Handbook of Interview Research: The Complexity of the Craft* (pp. 161–176). SAGE Publications Inc. <https://doi.org/10.4135/9781452218403.n11>.
- Nasir, S. G., Aliyu, G., Ya'u, I., Gadanya, M., Mohammad, M., et al. (2014). From intense rejection to advocacy: how Muslim clerics were engaged in a polio eradication initiative in Northern Nigeria. *PLoS medicine*, 11(8), e1001687. doi:10.1371/journal.pmed.1001687.
- Nsofor, I. (2015, July 21). Nigeria interrupts Polio, but the fight is not over. Abuja, Nigeria. Retrieved from <http://nigeriahealthwatch.com/nigeria-interrupts-polio-but-the-fight-is-not-over/>
- Omoloso, A.I, Ahmad, M.K. and Ramli, R. (2017). Culture in maternal health promotion: insight from perinatal women in north central Nigeria. *-Academia Journal*, 6(1), 253–270. Retrieved from <http://journale-academiauitmt.uitm.edu.my/v2/index.php/home.html>
- Onyeabochukwu, D. A. (2007). Cultural Practices and Health: The Nigerian Experience. *Medikka Journal of the University of Nigeria Medical Students*.
- Prata, N., Ejembi, C., Fraser, A., Shittu, O., & Minkler, M. (2012). Community mobilisation to reduce postpartum haemorrhage in home births in northern Nigeria. *Social Science & Medicine*, 74(8), 1288 – 1296. <http://doi.org/doi:10.1016/j.socscimed.2011.11.035>.
- Renne, E.P., Hall, W. (2006). Protesting Polio and the Ethics of Eradication in Northern Nigeria. *Social Science and Medicine*, Volume: 63(7.), 1857–1869. <http://doi.org/10.1016/j.socscimed.2006.04.025>.
- Romm, N. R.A. (2014). Conducting Focus Groups in Terms of an Appreciation of Indigenous Ways of Knowing. *Forum: Qualitative Social Research*, 16(1), Art. 2.
- Sebastian A.J Taylor (2015) Culture and behaviour in mass health interventions: lessons from the global polio eradication initiative, *Critical Public Health*, 25:2, 192-204, DOI: 10.1080/09581596.2014.895799.



- Sharf, B. F. & Kahler, J. (1996). Victims of the franchise: A culturally-sensitive model of teaching patient-doctor communication in the inner city. In E. B. Ray (Ed). *Communication and Disenfranchisement: Social Health Issues and Implications* (pp. 95-115). Mahwah, NJ: Lawrence Erlbaum.
- Smith, D. W. (2013). Phenomenology. In *Stanford Encyclopaedia of Philosophy* (Winter 2013).
- World Health Organization, (WHO). (2016). Global Polio Eradication Initiative: Post-eradication. World Health Organisation (June). *Polioeradication.org*.
- Yahya, M. (2007). Polio vaccines--“no thank you!” barriers to polio eradication in Northern Nigeria. *African Affairs*, 106(423), 185–204. <http://doi.org/10.1093/afraf/adm016>.
- Yusuf, A. J. & Baiyewu, O. (2012). Beliefs and Attitudes Towards Dementia. *West African Journal of Medicine*, 31, No1 (January–March).