

Exploring the Muslim-focused cultural sensitivity in polio vaccination communication campaign in northern Nigeria

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Abstract

Polio vaccination rejection among Muslims of northern Nigeria came as a result of misconception, rumours and mistrust of the polio vaccines. This paper is premised on exploring the Muslim-focused cultural sensitivity in the polio vaccination campaign to solve the problem of polio rejection and enhance the acceptance of the antigen as a preventive measure against poliomyelitis. The data was collected through in-depth interviews. 12 key informants comprising of physicians, traditional leaders and Islamic clerics were therefore selected purposively among the Muslim parents with children eligible for polio vaccination in northern Nigeria's states of Kaduna, Kano and Plateau. The findings revealed that Muslim-focused cultural sensitivity in polio vaccination messages and communication campaign will help to remove misconception and rumours about polio vaccination safety and efficacy in Northern Nigeria. It also established that the involvement of the Islamic clerics in the polio campaign will help to educate the Muslim parents to accept the polio vaccination for their children. The study concludes that there is the need to employ Islamic clerics as community mobilisers for polio vaccination campaign to reach out to communities and settlements for the sensitisation of the parents using Muslim-focused polio messages in interpersonal communication situations.

Keywords: Health communication, health promotion, cultural sensitivity, Muslim-focused campaign, poliomyelitis, polio messages, behaviour change communication.

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INTRODUCTION

Polio Eradication Initiative (PEI) was launched in Nigeria with the sole aim of interrupting the spread of poliomyelitis and finally eradicating it in the country. The campaign started in 1988 with the active participation of Nigeria's government and collaboration of the international partner agencies of the United Nations Organisations. However, the polio eradication programme which was well accepted by the nation at the initial stage faced rejection by the Muslims in northern Nigeria [1]. Rumours and misconception about the polio vaccination safety started due to the failure of the polio health communication planners to adopt a Muslim-focused cultural sensitivity communication approach. The campaign failed to include relevant verses of Qur'an and portions of the *hadith* in polio message design and dissemination to the Muslim parents in the region. The non-compliance became serious in most states of northern Nigeria and as a result, their Islamic clerics rejected Oral Polio Vaccine (OPV) for fear of contamination, presence of birth control substances and the claim that the Western

nations deliberately introduce polio vaccination campaign to reduce Muslims' population and render the women sterilised [2-5]. This led to the suspension of the programmes from 2003-2004 in the polio-endemic Muslim populated Kano state and five other states of northern Nigeria, an act that was supported by the Sharia Council of Nigeria [6]

The suspension of the polio campaign led to the spread of the disease to the neighbouring countries of Niger, Chad and Cameroon [1]. Some of the cogent reasons adduced for the spread of the rumours and misconception about the polio vaccination exercise was the failure to adopt Muslim-focused cultural sensitivity communication approach that includes the participation of the Islamic clerics in polio messages design and dissemination to the Muslim parents in northern Nigeria. The total sum of tradition, norms and behaviour derived from the religion become a very important and crucial part of the culture that guides the society's beliefs, norms and practices. The religion of the people as a cultural identity remains and persists as a cultural heritage of society [7]. A study on health

communication promotion suggested that health matters and diseases affecting individuals or communities be addressed based on peculiarities, backgrounds, religious and cultural features of the target communities [8]. In another study on maternal health among perinatal women of north-central Nigeria, culture is found as an important attribute that shapes the maternal behaviour of women [9].

Thus, the Islamic cultural values and its sensitivities should be the guide to the communication experts when producing messages and programmes that are intended for the Muslim audience. However, the polio vaccination campaign messages for the health behaviour change failed to reflect the religious beliefs and the culture of the people of northern Nigeria who are predominantly Muslims. Hence, an approach from the Muslim-focused Islamic cultural sensitivity standpoint becomes of interest in the study in order to offer another strategy to address the rejection of polio vaccination among the Muslims of northern Nigeria.

LITERATURE REVIEW

Islamic Cultural Sensitivity in Health Communication

Culture is an important factor that influences people's attitudes and behaviours in health. It is the total sum of behaviour, beliefs, and mores, thinking pattern and values of people or group. It gives shared identity, sense of survival and belonging [10]. Culture plays a vital role in the health care of patients and public health all over the world. Thus, cultural awareness helps to improve general knowledge of diseases and preventive measures [11]. Culture is an essential component of the basis of every society. It can be seen as the attitudes and behaviours that distinguish a specific community or social group or its organisation. Cultural norms, mores and values are derived from the set traditions and religion of the identified community and its people. In the same vein [12] argue that in a multi-religious society like Nigeria, culture and tradition of the people still thrive despite Western civilisation and it adds to the existing complexity and diversity of the society. Similarly, the total sum of tradition, norms and behaviour derived from the religion become very important and crucial part of the culture that guides the society's beliefs, norms and practices. The religion of the people as a cultural identity remains and persists as a cultural heritage of society [7].

Thus, the health communication strategy of reaching out to people for health behavioural change should be derived from the culturally accepted norms and values of the intended target audience [13]. A study on health communication promotion suggested that health matters and diseases affecting individuals or communities be addressed based on peculiarities, backgrounds and cultural features of the target communities. The community members remain

important in the overall success of the health campaign [14, 8].

Cultural sensitivity is therefore employed in health communication campaign to gain the acceptance of the target audience. The health communication experts identify and integrate people's cultural practices, beliefs, behaviours and norms and later plan or packaged health campaign materials, programmes and resources that will promote healthy wellbeing of people in that community [15]. Furthermore, effective message design in health communication makes it easier for a message to be understood while understanding the cultural sensitivity of the target community enhances the acceptance and acting upon the messages disseminated. For example, in a study [16], argued that the central approaches in the fight against HIV/AIDS campaign laid emphasis on the individual level and not focusing on the beliefs, values, attitudes and behaviour of the people for behavioural change as a means of prevention and intervention of the disease. They discovered in the study that people tend to only accept HIV/AIDS campaign messages that conform to their beliefs, values, and are sympathetic to their plights. Similarly, this study was equally collaborated by [2-5] who reported the absence of cultural sensitivity in polio message design and hence the rejection of the vaccination among Muslims of northern Nigeria that perceived the entire polio campaign as alien to their cultural and religious beliefs and values.

In the polio communication campaign targeting Muslim communities, the Muslim parents, the traditional leaders and the clerics, as well as the larger community members, become the most important target audience [5]. In a similar vein, the Islamic cultural values and its sensitivities should be the guide to the communication experts when producing messages and programmes that are intended for the Muslim audience. However, the polio vaccination campaign messages for the health behaviour change failed to reflect the religious beliefs and the culture of the people of northern Nigeria. Islamic cultural beliefs play a significant role in accepting health campaigns among Muslims communities. The religion, culture and socio-political reasons are found to affect the acceptance of health intervention campaigns including the polio immunisation activities in the region [17].

Furthermore, the inadvertent oversight of not involving the traditional leaders and the Islamic clerics in the polio communication campaign at the initial stage had impeded the effort to address the challenges of non-compliance among Muslim parents of northern Nigeria. These are community stakeholders that are revered, respected and considered as guardians of the religion and cultural heritage of the society that the Polio Eradication Initiative failed to connect with. This missing link results in the peddling of rumours and

misconceptions about the polio vaccine safety and efficacy [18, 19]. Again, the absence of communication strategy from the Muslim cultural perspective that can tackle the polio resistance among Muslim parents as noted from the polio eradication campaign planners led to the persistent refusal of the polio vaccination [19]

The adoption of relevant health communication theoretical concepts is largely vital to the achievement of a good result in a health promotion campaign. The target audience reception and acting on health communication messages sent help to measure the impact and successes of the messages in a campaign [20]. Situating this within the context of the study, the study is hinged on two theories as theoretical underpinning. Culturally Sensitive Model of Communicating Health [21] is apt in assisting us to know how Muslim-focused cultural sensitivity in polio vaccination communication campaign can be used to enhance the acceptance of polio vaccination in Northern Nigeria. The model is important because it contains strata of meanings that can be followed when adopting in a study, culturally sensitive health communication [22-23].

Again, another relevant theory to this study is the Theory of Planned Behaviour developed by [24]. The theory is commonly popular and useful in studies to explain health phenomena and social behaviours. Its main focuses are perceived susceptibility/seriousness of disease perception, the threat of disease and perceived benefits versus barriers to behavioural change. The Theory of Planned Behaviour becomes a widely used framework and easier to adopt than other health communication theories when discussing understanding, knowledge, and intention to get people to accept vaccines and vaccination [25].

Hence, the approach from the Muslim-focused Islamic cultural sensitivity standpoint becomes of interest in the study in order to offer another strategy to address the rejection of polio vaccination among the Muslims of northern Nigeria.

RESEARCH DESIGN

The researcher adopts the qualitative research method with focused on the phenomenological approach to collect data through the in-depth face-to-face interview to explore Muslim-focused cultural sensitivity in polio vaccination communication campaign in northern Nigeria. The One-on-one in-depth interview gives the opportunity for the participant to articulate ideas and express them freely, comfortably and in-depth during the discussion [26]. The idea of adopting phenomenological approach is to discuss and understand the lived experiences of the informants and give them ample opportunity to describe the phenomenon of cultural sensitivity and how Muslims-

focused polio vaccination communication campaign can address the issue of polio rejection in Muslim communities of northern Nigeria. Similarly, the phenomenological approach in this study is apt because it enables the informants to give the first-person point of view of issues, their lived experiences and the description of events [27]. The approach in the study is to have an in-depth understanding of the lived experiences of the informants and make meaning out of what they describe as Muslim-focused cultural sensitivity approach in resolving the non-compliance of polio vaccination in the region. Hence, the study focused on key Islamic scholars, high calibre traditional leaders and medical practitioners in three states of northern Nigeria. These states are Kaduna, Kano and Plateau.

The study used purposive sampling to pick the informants for One-on-one interviews [26, 28] argue that purposive sampling emphasises on different characteristics of a population and purposely categorises and selects individuals, groups or sites that can adequately answer the research questions in the study. Twelve informants were therefore selected purposively for the one-on-one in-depth interview in three states of Kano, Kaduna and Plateau all in Muslim-dominated northern Nigeria to elicit good participation, generate data from their lived experiences and also gain a better understanding of the central phenomenon in the study. The composition of the informants included Physicians with requisite medical experience in the polio vaccination campaign, high-level traditional leaders that participate in polio eradication initiative campaign and resolve non-compliance in their communities, and Islamic scholars that preach in weekly Friday prayers central mosques and deliver sermons to thousands of worshipers. Since it is purposive sampling, the study picked informants with high educational qualifications. Five of the 12 informants have PhD and the rest of the seven all have a minimum of Masters Degrees in various medical sciences, Arabic and Islamic studies and Social sciences. The age group of the informants was within the range of 38-62 years with an average age of 48 years. Three sessions were held and each with a duration of one hour 10 minutes long. Lastly, NVivo 10 software was used to codify and categorize the data in themes and sub-themes. Thus, the study explored the following research question:

RQ1: How can Muslim-focused polio vaccination communication campaign enhance the acceptance of the polio vaccine in northern Nigeria?

The broad profiles of the Informants for the in-depth interviews are as follows:

Table-1: Informants for In-depth Interviews

NO	Informants	Age	Gender	Locality	Education Qualification	Job Description
1	Informant 1	38	Male	Kaduna	MPH (Public Health).	Immunisation Specialist UNICEF Kaduna Field Office, Kaduna, Nigeria.
2	Informant 2	56	Male	Kaduna	PhD in Public Health	Medical Doctor and Islamic Preacher, Kaduna, Nigeria
3	Informant 3	58	Male	Kaduna	MSc Criminology	Senior Traditional leader of Badikko Kaduna
4	Informant 4	37	Male	Kaduna	MA Arabic.	Islamic Scholar & Business Man
5	Informant 5	51	Male	Jos	Masters in Public Health (MPH).	Deputy Director Ministry of Health.
6	Informant 6	41	Male	Jos	PhD in Health Communication	Lecturer, ATBU Bauchi, Nigeria.
7	Informant 7	62	Male	Kano	PhD in Medical Sciences.	Lecturer and Director of Sports Institute Kano State University (KSU) Wudil, Nigeria.
8	Informant 8	45	Male	Kano	MA in Islamic Studies	Islamic Scholar & Chairman of Kano State Hisbah Committee.
9	Informant 9	51	Male	Jos	MSc Animal Sciences	Chairman Miyetti Allah Cattle Breeders Asso. Plateau State, Nigeria
10	Informant 10	42	Male	Jos	PhD in Public Health.	Sunnah Hospital Jos, Plateau State, Nigeria.
11	Informant 11	43	Male	Jos	MA Arabic & Islamic Studies	Publicity Secretary Jama'atu Nasril Islam (JNI) Plateau State
12	Informant 12	46	Male	Kano	PhD in Mass Communication	Lecturer Ahmadu Bello University, Zaria, Nigeria.

FINDINGS

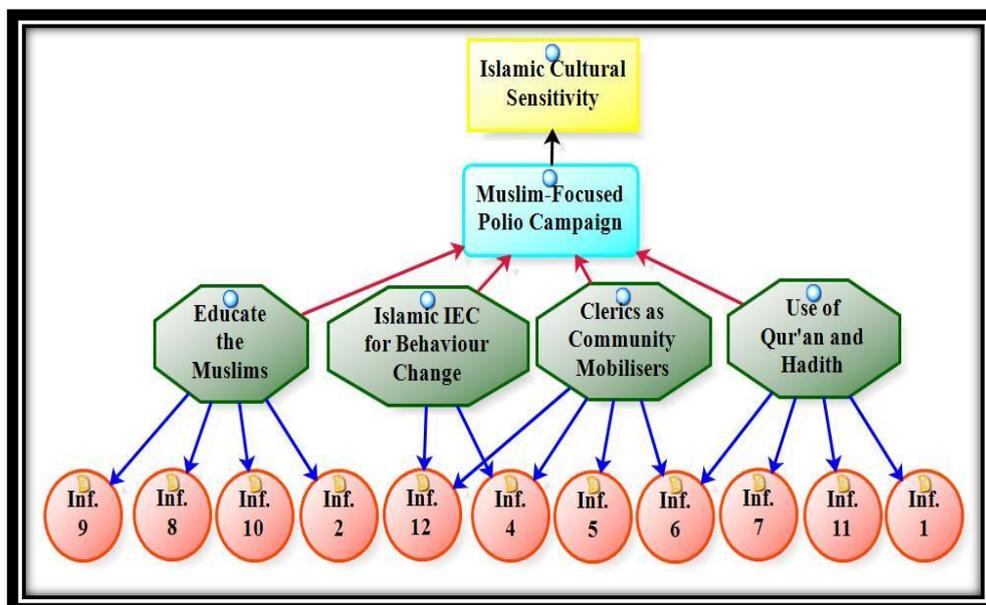


Fig-1: Muslim-focused polio vaccination campaigns

The researcher analysed the transcripts during the codification and categorisation of data using Nvivo 10 software and came out with models that support solid facts and empirical proofs. Thus, the study discussed the evolving theme and sub-themes to answer the research question. Four themes emerged and they

included: use of Qur'an and *hadith* in message design, educate the Muslims, Islamic IEC materials for behaviour change; and clerics as community mobilisers. The themes were cross-checked by one informant from each of the groups in the three states of the study for validity, accuracy and factual representation of their

ideas. This helped to provide insights in analysing the informant's lived experiences, views and opinions that help to gain a better understanding of the issues in the study. All the elements have a significant bearing on Muslim –focused cultural sensitivity in polio vaccination communication campaign in.

Use of Qur'an and Hadith in message design

The Qur'an is a revealed book of God and regarded as the greatest source of Islamic knowledge. It contains numerous verses that deal with morality, health and social relations. According to [29] the cardinal Islamic beliefs, values and practice are derived from the Quran which contains the words of God, the *hadith* which consists of the sayings and practices of the Prophet and also the opinion of early Islamic scholars that founded their interpretations and understandings of the religion from the verses of the Qur'an and the *hadith* of the Prophet. Similarly, Muhammad 2010 asserted that the Holy Qur'an regards human lives as sacrosanct and enjoined the Muslims to save it regardless of tribe, religion, creed, or social class. The Qur'an enjoins the exclusion of the sick and aged in the physical act of prayers, worships and other religious rites. Situating this within the context of this study and the data collected, the Muslims in northern Nigeria will feel comfortable and accept polio messages if verses of the Qur'an and portions of the *hadith* of the prophet are included in polio vaccination message design and communication to the parents. Informant 6 observed:

Islam is a complete way of life and there is nothing that is left out by the holy book. The issue of health wellbeing of the Muslim Ummah is fundamental and adequately addressed in the Qur'an and the *hadith*. What I will suggest is the training of the Islamic clerics in polio vaccination campaign so that when they go to the Muslim communities, they will be able to convince the parents that are rejecting polio immunisation to accept the vaccine. The parents will also feel comfortable with messages on polio coming from Islamic clerics and perspectives because they need to learn more on the polio disease, its preventive measures and the benefits of eradicating the disease in our midst (Informant 6).

As argued by the data from this study, Muslim-focused polio vaccination campaign is a welcome development. The use of the Qur'an and the *hadith* as a Muslim-focused strategy through the clerics to convince the parents to accept polio vaccination is important. Informant 11 shaded more light where he claimed:

As Muslims, we respect the clerics as the representative of Allah and His Messenger on earth. Whatever these clerics say, people respect it and act on it. So, both the Qur'an and the *hadith* should be used in developing polio messages in Muslim communities to convince

the parents to accept the Oral Polio Vaccine (OPV). They should, however, be trained in workshops, conferences on child immunisation. (Informant 11).

Expressing similar view, Informant 1 argued, "the contributions of Islamic clerics to polio vaccination campaign are so glaring that once they are absent during any round of the campaign, it is felt through low coverage of immunization activities in settlements and communities" Also corroborating this claim, Informant 6 said, "again, people as well will always wait for the Islamic clerics to make pronouncement in support of the polio immunization each round of the exercise before taking decision as whether to accept the vaccination or not. They wait for such announcements each round of the polio exercise during sermons in the mosques, Islamic schools, weekly public preaching (*tafsir*) and other Islamic gatherings before they finally agree to allow their children to be vaccinated. Anything contrary to that results in low patronage and low coverage of the polio vaccination in communities that are predominantly Muslims". Furthermore, in the same opinion, but categorical, Informant 7 expressed his opinion thus: "the Islamic clerics in my own opinion should be recruited to serve as community mobilisers that can interpret the verses of the Qur'an and the portions of the *hadith* of the prophet that are relevant to the health issues and link it with the current polio campaign in which some parents are rejecting or refusing to present their children for immunisation".

Educate the Muslims

The Muslim communities need to be targeted for an intensive education on polio vaccination campaign through deliberate and conscious efforts by the health communication experts. The native languages that are mostly spoken and understood in the area be used in designing polio key messages and reach out to the communities with information. Both mass media and interpersonal communication can be used simultaneously to create awareness about diseases and preventive measures. Similarly, they need to be educated on major health issues found in the communities and the general health education. Informant 10 called for the education of the Muslim parents thus:

The Muslims in most communities in northern Nigeria have no formal Western education. They should, therefore, be educated using native language in mass media particularly on the radio which is common in rural communities about the causes of poliomyelitis. The language of communication should be simple and straightforward. I will suggest that Islamic clerics should be included in the radio and television programmes where relevant portions of the Quran and *hadith* will be cited to buttress points from the religious perspective. Again, the programmes should be

culturally sensitive to avoid using offensive, vulgar words, phrases or terminologies that will offend the sensibilities of the listening or viewing parents (Informant10).

Corroborating this assertion Informant 2 added that:

The Muslims, in general, need to be educated about child immunisation and its benefits. There are other child-killer diseases such as tuberculosis, diphtheria, pertussis, tetanus, yellow fever, hepatitis B, malaria, typhoid, measles and poliomyelitis that constitute health hazards to our children. The mothers too will be educated to attend ante-natal clinics to safeguard the health of their children. All these are important and possible when you involve Islamic clerics to work side by side with the health workers and sensitise the people in the communities from the Islamic perspective of health-seeking (Informant 2).

Also contributing to the need for educating the Muslims of northern Nigeria on poliomyelitis as a disease that cripples the child, Informant 9 asserted that, "the Muslims need intensive education on polio vaccination especially with the prevailing misconception that the polio vaccine is contaminated with HIV/AIDS virus, cancerous agents and family planning substances to prevent Muslims from giving birth. It is long-held superstitious beliefs that despite the persistent efforts to dispel them, they still remain in the minds of the Muslims particularly parents. The Muslim should be educated to know the benefits of child immunisation and this can be achieved with the production of plans and activities that are Muslim-focused and culturally sensitive to Islamic beliefs and values. The Islamic clerics should be involved in this education campaign".

Furthermore, Informant 8 also identified the Islamic clerics for the Muslim-focused education thus: "ignorance and lack of education among parents hamper progress in the fight against poliomyelitis since its inception but with the active involvement of the Muslim clerics as community mobilisers, I believe the rumours and misconceptions about the polio vaccine will be removed in the minds of the parents. They should use Islamic clerics as mobilisers that will sensitise parents during public preaching, Quran interpretation during the month of *Ramadan*, Friday weekly congregational prayers, visits Islamic schools, weekly or monthly preaching sessions in communities, naming ceremonies, marriage ceremonies, and so on".

Islamic IEC materials for behaviour change

Information, Education and Communication (IEC) materials are important programme communication materials. The education materials should be Muslim- focused to include verses of the Qur'an, portions of the *hadith* and some Islamic wise

sayings and quotations from prominent clerics. Most parents in northern Nigeria could read and write in *Ajami* because of the Qur'an education they learnt since at childhood. Again, all writings in northern Nigeria in the pre-colonial period were in *Ajami* using Arabic numerals as means of communication, administration, and commerce. Similarly, the IEC materials can also include films in the native Hausa language on poliomyelitis, drama production on the disease (both audio and video) and posters. Lending credence to the usefulness of using Islamic IEC materials in producing Muslim-focused polio vaccination key messages for communication and mobilising the parents to accept polio vaccination, Informant 4 stressed that:

The use of Islamic IEC materials for polio vaccination messages especially those translated in *Ajami* Arabic letters but produced in native Hausa language can help in informing the Muslim parents about the polio disease. Northern Nigeria is a region that most parents could read and write writings and work of literature produced in *Ajami* since the advent of Islam in the region. The people learnt how to write using Arabic letters for Qur'an writing, translation and memorisation since the inception of Islam and use it as a means of communication (Informant 4).

The Islamic IEC materials can be produced in graphic and pictorial forms to serve as aids by health communication officers and other health workers during sensitisation meetings. They will help to illustrate points or issues that they want people to understand very well. Thus, a Muslim-focused polio vaccination communication programme should use customised materials with Arabic inscriptions but in *Ajami* (using Arabic letters to write in local language) for people to read and understand the campaign. Again, in northern Nigeria where people have a low level of Western education, Islamic IEC materials can help to communicate the essential polio vaccination messages to parents and members of the communities with relative ease.

Explaining further on the need for Islamic IEC materials in polio vaccination messages targeting Muslim communities, Informant 12 argued thus:

Through proper health education using people's culture, beliefs and values as well as Islamic IEC materials to address the issues of polio rejection, it is likely to influence the Muslim parents to change their negative attitudes to polio vaccination uptake. The involvement of the Islamic clerics in polio message design and programme implementation at the community levels will help to create adequate enlightenment and make the public to be aware of the disease that is caused by the viruses and not the spirits or *jinn*s as they erroneously believe and hold

sacrosanct in most polio rejection communities (Inf.12)

Clerics as Community Mobilisers

The Muslim-focused cultural sensitivity can serve as another means of reaching out to the Muslims communities in Northern Nigeria with accurate polio vaccination messages that can enhance their acceptance of the immunisation campaign hence the need for the involvement of the Islamic clerics as community mobilisers. Indeed, the contribution of the Islamic clerics in creating awareness about poliomyelitis will create credibility and trust in the programme. This is so because the clerics have immense credibility and respect among the members of the Muslim communities. The messages on polio vaccination that come through the Islamic clerics will have a positive impact to the parents due to the long-standing belief among the Muslims that they are representatives of Allah SWT and His prophet on earth. Therefore, these clerics may not do anything that will belittle the Muslims because of the little worldly rewards they will get. Corroborating this observation, Informant 4 said, "In view of the importance of the community mobilisers to the success of most health campaign, I suggest that we involve them in every health campaign to educate and inform the members of the communities about the importance of the health activity being carried out". In another opinion, Informant 5, however, suggested for the inclusion of clerics that support the programme and those that oppose it, thus, "In my opinion, the best way to tackle the issue of polio rejection in Muslims communities is by involving all these four categories of Islamic clerics, (that is, those who support the polio programmes, those who oppose it, those who remain neutral and those who always participate or pro-OPV) as community mobilisers for polio vaccine acceptance."

Furthermore, Informant 6 gave a word of advice to the would-be community mobilisation clerics, "they should take note that they represent Allah SWT on earth and they are heirs to the Prophets on earth. It, therefore, requires them to be honest, truthful and unbiased on issues that affect Muslim Ummah such as polio vaccination. They should make sure that whatever they intend to bring to the Muslim communities, they find an authentic way of evaluating it by contacting experts and other relevant professionals in the area to know its advantages or disadvantages before disseminating such information to the communities". In a similar vein, Informant 12 suggested for the training of the clerics about poliomyelitis and its preventive measures. He argued, "The Islamic clerics should be involved in the programme but first they must be trained in workshops, in-house seminars, conferences and public lectures to grasp the concepts and philosophy of the polio vaccination campaign adequately. I feel most sincerely as an Islamic Cleric, I

have a lot to contribute to the societal development including its health wellbeing".

DISCUSSION

The findings in this study reveal that Muslim-focused cultural sensitivity in polio vaccination communication campaign will help to remove misconception and rumours about polio vaccination safety and efficacy in Northern Nigeria. As argued by the data from this study, Muslim-focused polio vaccination campaign is a welcome development. The use of the Qur'an and the *hadith* as a Muslim-focused strategy through the clerics to convince the parents to accept polio vaccination is important and accepted. The data analysed indicate that the Muslims in northern Nigeria will feel comfortable with polio vaccination messages if verses of the Qur'an, portions of the *hadith* and some Islamic wise sayings are included. This indicates that the religious beliefs of Muslim parents play an important role in their perceptions and acceptance of health behaviour change communication. This finding corroborates studies by [30, 29, 11] in which religious belief is found to influence the perception of health behaviours of the people in the society.

Similarly, the study also established the need to educate the Muslim parents effectively through the clerics on the importance of the polio vaccination campaign as a health strategy to eradicate the scourging and crippling disease in the country. The knowledge gap about the disease should be filled through deliberate and conscious efforts by the health communication experts to educate and inform the Muslim parents in communities and settlements. The native languages that are mostly spoken and understood in the area be used in designing polio key messages and reach out to the communities with vital information. Considering the low education level of most Muslim parents, the study revealed the use and distributions of Islamic Information, Education and Communication materials and activities such as posters, pamphlets, billboards, radio ads/drama, community theatre/drama, brochures, and other print material as aids in polio messages designed. The IEC materials, however, should be culturally sensitive not offensive to the sensibility of the Muslim parents. This corroborates a study by [31] where they suggested for the use of IEC materials as a communication strategy in Behaviour change communication (BCC).

In answering the research question "How can Muslim-focused polio vaccination communication campaign enhance the acceptance of the polio vaccine in northern Nigeria?" the study also established that the involvement of the Islamic clerics in the polio campaign will help to educate the Muslim parents to accept the polio vaccination for their children. The data showed that educating the Muslim parents needed intensive education on polio vaccination for them to

understand its devastating effects on the child. Educating them will also douse the prevailing misconceptions that the polio vaccine is contaminated and so unhealthy for the uptake of the Muslims. This assertion was supported by a study by [19]. It is found that ignorance and lack of education among parents hamper progress in the fight against poliomyelitis since its inception but with the active involvement of the Muslim clerics as community mobilisers, correct and relevant information from the Qur'an and the *hadith* will be provided to the parents to convince them to accept polio immunisation for their children.

In addition, findings based on informants' descriptions showed that the issue of polio rejection by Muslims in northern Nigeria will be solved with the adherence to the cultural sensitivity of the Muslims. This will enhance the behaviour change about the negative perception of the polio vaccine among Muslim parents in northern Nigeria. This corroborates a study by [1]. Similarly, according to this study, polio acceptance can be achieved if clerics are employed as community mobilisers and reach out to communities and settlements for the sensitisation of the parents using Muslim-focused polio messages in interpersonal communication situations. The clerics are respected, revered and their words are regarded in high esteem. The parents will then have the opportunity of asking questions, seeking for more clarifications and even express their concerns about the polio vaccination.

CONCLUSION

The paper explored the possibility of adopting Muslim-focused cultural sensitivity approach in polio vaccination campaign messages and communication design and found, based on the data collection of the lived experiences of the informants and their descriptions of events, the focus will enhance the acceptance of the polio vaccination in Muslim communities. This paper also offered an understanding of the Muslim – focused approach of the polio vaccination campaign and communication solutions to the problem of polio rejection or non-compliance. Thus, based on the findings that religious belief influences the perception of health behaviours of the Muslims parents and supported in studies by [30, 29, 19, 11] it is established that the absence of Muslim-focused cultural sensitivity communication campaign led to the rejection of the polio vaccination among Muslims. It is therefore recommended that the Islamic cultural values and its sensitivities should be the guide to the communication experts when producing messages and programmes that are intended for the Muslim audience. It is also recommended that Islamic clerics be employed as community mobilisers to support the polio vaccination campaign in Muslim communities and settlements.

However, the limitation of this study is the choice of only three of the 19 states of northern Nigeria. There is the need to conduct further studies in the

remaining other states of the region. Both qualitative and quantitative methods can be used to complement this study.

REFERENCE

1. Ghinai, I., Willott, C., Dadari, I., & Larson, H. J. (2013). Listening to the rumours: what the northern Nigeria polio vaccine boycott can tell us ten years on. *Glob Public Health*, 8(10), 1138-1150.
2. Obadare, E. (2005). A crisis of trust: history, politics, religion and the polio controversy in Northern Nigeria. *Patterns of Prejudice*, 39(3), 265-284.
3. Renne, E.P., & Hall, W. (2006). Protesting polio and the ethics of eradication in Northern Nigeria. *Social Science and Medicine*, 63(7), 1857-1869.
4. Yahya, M. (2007). Polio vaccines—"no thank you!" barriers to polio eradication in Northern Nigeria. *African Affairs*, 106(423), 185-204.
5. Ozohu-Suleiman, Y. (2010). Media and interpersonal persuasions in the polio eradication campaign in northern Nigeria. *Journal of public health in Africa*, 1(1), e2.
6. Michael, C. A., NSTOP OPV Refusal Study Team, Ogbuanu, I. U., NSTOP OPV Refusal Study Team, Storms, A. D., NSTOP OPV Refusal Study Team, ... & Ashenafi, S. (2014). An assessment of the reasons for oral poliovirus vaccine refusals in northern Nigeria. *The Journal of infectious diseases*, 210(suppl_1), S125-S130.
7. Ahmad, M. K. H., & Harrison, J. (2007). Untapped potential: Cultural sensitivity-Islamic persuasive communication in health promotion programs. In *Global Communication and Development Conference*, 16-21.
8. Kadiri, K. K. (2015). Cultural sensitivity in sexually transmitted infection preventive communication campaign in Nigeria. *Unpublished doctoral dissertation*. Universiti Utara Malaysia, Kedah, Malaysia.
9. Omoloso, A. I., Ahmad, M. K., & Ramli, R. (2017). Culture in maternal health promotion: insight from perinatal women in north central Nigeria. *Academia Journal*, 6(1), 253-270.
10. Amodeo, M., & Jones, L. K. (1997). Viewing alcohol and other drug use cross-culturally: A cultural framework for clinical practice. *Families in Society. The Journal of Contemporary Human Services*, 78(3), 240-254.
11. Koenig, H. G., & Al Shohaib, S. (2016). *Health and Well-Being in Islamic Societies: Background, Research, and Applications* (illustrate). Springer International Publishing, 2016.
12. Babatunde, K. A., & Mustafa, S. E. (2018). Culture and communication: effects of cultural values and source credibility in a multicultural society, Nigeria. *Malaysian Journal of Media Studies*, 20(2), 39-54
13. Briar, S., Carballeira, N., Greenwald, S., & Pontiflet, R. (1996). Cultural Sensitivity and

- Diversity Awareness: Bridging the Gap between Families and Providers. *The Source*, 6(3), 2-12.
14. Sznitman, S., Venable, P. A., Carey, M. P., Hennessy, M., Brown, L. K., Valois, R. F., & Romer, D. (2011). Using culturally sensitive media messages to reduce HIV-associated sexual behaviour in high-risk African American adolescents: Results from a randomized trial. *Journal of Adolescent Health*, 49(3), 244-251.
 15. Resnicow, K., Soler, R., Braithwaite, R. L., Ahluwalia, J. S., & Butler, J. (2000). Cultural sensitivity in substance use prevention. *Journal of Community Psychology*, 28(3), 271-290.
 16. Acharya, L., & Dutta, M. J. (2012). Deconstructing the portrayals of HIV/AIDS among campaign planners targeting tribal populations in Koraput, India: A culture entered interrogation. *Health Communication*. 27(7), 629-640.
 17. 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.
 18. Shimizu, H. (2010). The lost decade of global polio eradication and moving forward. *Uirusu. Journal of Virology*, 60(1), 49-58.
 19. Nasir, S. G., Aliyu, G., Ya'u, I., Gadanya, M., Mohammad, M., Zubair, M., & El-Kamary, S. S. (2014). From intense rejection to advocacy: How Muslim clerics were engaged in a polio eradication initiative in Northern Nigeria. *PLoS medicine*, 11(8), e1001687.
 20. Corcoran, N. (2016). *Communicating Health: Strategies for Health Promotion*. SAGE Publications, Ltd.
 21. Sharf, B. F., & Kahler, J. (1996). Victims of the franchise: A culturally sensitive model of teaching patient-doctor communication in the inner city. In R. E.B. (Ed.), *Communication and disenfranchisement: Social health issues and implications*. Erlbaum Hillsdale, New Jersey.
 22. Geist-Martin, P., Sharf, B. F., & Ray, E. B. (2003). *Communicating health: Personal, cultural, and political complexities*. Wadsworth/Thomson Learning.
 23. Ahmad, M. K. (2011). *Islamic Persuasive Communication: Concepts, Characteristics, and Impacts of Media Health Programs*. Unpublished PhD Thesis University of Queensland, Australia.
 24. Ajzen, I. (1991). The theory of planned behavior. *Organizational behavior and human decision processes*, 50(2), 179-211.
 25. Britt, R. K., Hatten, K. N., & Chappuis, S. O. (2014). Perceived behavioral control, intention to get vaccinated, and usage of online information about the human papillomavirus vaccine. *Health Psychology and Behavioral Medicine: An Open Access Journal*, 2(1), 52-65.
 26. Creswell, J. W. (2012). Educational research: planning, conducting, and evaluating quantitative and qualitative research. *Education Research*, (3).
 27. Smith, D. W. (2013). Phenomenology. In *Stanford Encyclopaedia of Philosophy* (Winter 2013).
 28. Keyton, J. (2019). *Communication research: asking questions, finding answers* (fifth Ed.). New York, NY: McGraw-Hill Education.
 29. Alsharif, N. Z., Galt, K. A., & Kasha, T. A. (2011). Health and healing practices for the Muslim community in Omaha, Nebraska. *Journal of Religion & Society*, (Suppl. 7), 150-168.
 30. Ahmad, M. K., Harrison, J., & Lawe Davies, C. (2008). Cultural sensitivity in health promotion program: Islamic persuasive communication. In: 6th International Conference on Communication and Mass Media, 19-22.
 31. Nyunt, M. H., Aye, K. M., Kyaw, M. P., Wai, K. T., Oo, T., Than, A., ... & San, K. K. (2015). Evaluation of the behaviour change communication and community mobilization activities in Myanmar artemisinin resistance containment zones. *Malaria journal*, 14(1), 522.