



Attitude and Practice of Child Referral for Routine Immunization by Female Traditional Healthcare Givers in Rural Communities of Adamawa State, Nigeria

Relester Takwi¹ & Adamu, Nuhu Lawan²

¹Adamawa State College of Nursing and Midwifery Yola, Nigeria.

²School of Post Basic Perioperative Nursing,
Modibbo Adama University Teaching Hospital Yola, Nigeria.

Corresponding Author: Relester Takwi

Corresponding Email: rtakwai@gmail.com

Abstract

Introduction - Childhood diseases are infectious and non-infectious conditions that affects and threaten child survival. This study examined attitude and practice of client referral for expert care and immunization by Female Traditional Healthcare Givers (FTHGs) in rural communities of Adamawa State, Nigeria. **Materials and Methods:** The study utilized descriptive survey to assess the attitude and practice of client's referral by Female Traditional Healthcare Givers in hard-to-reach rural communities of Adamawa State, Nigeria. A sample size of 350 FTHGs was determined using Cochran formula and multistage sampling techniques was applied in the three political zones in which three local governments areas were randomly selected in each zone. Data were collected by direct administration of questionnaire and analyzed electronically using descriptive statistics on SPSS version 25.0. **Findings:** The findings reveal majority (68.2%, 59.5%, and 85%) of the respondents in the Central Senatorial District (CSD), South Senatorial District (SSD), and North Senatorial District (NSD) respectively have positive attitude to client referral. Similarly, most (56.5%, 34%, and 34%) of the respondents in the three districts demonstrates good practice of child referral to health facility. **Conclusion/Recommendation:** Although close to half of the FTHGs have positive attitude in referring patients for expert treatment and immunization, a significant proportion of the FTHGs never refer their patients. It is therefore recommended that there is need to sustain the effort on training and re-training of FTHGs on basic skills of care and importance of early referral of patient to healthcare facilities.

Keywords: *Attitude, Childhood Killer Diseases, Immunization, Practice, Traditional healthcare Givers.*

<https://dx.doi.org/10.4314/bjnhc.v4i2.2>

Introduction

Childhood morbidity and mortality is a great public health issue that brings the world stakeholders together into deliberation on the way forward. Such stakeholders as World Health Organization (WHO) the United Nations Millennium Development Goals (MDGs) now Millennium Sustainable Goals (MSGs), United Nations International Children Emergency Fund (UNICEF), Federal and State Government of countries, Agencies, individuals and families have all contributed in one way or the other toward addressing child health problems. Despite the presence of

effective vaccines against vaccine preventable diseases (VPDs) such as pneumonia, diarrhea measles and the rest, 40% of all deaths among children under-five in developing countries including Nigeria occur due to vaccine preventable diseases. (Maiwada, Dahiru and Onwuka, 2019)

In 1979, Expanded Programme on Immunization (EPI) was introduced in Nigeria to curtail the childhood killer diseases under the auspices of Primary Healthcare, Department. However, challenges confronted at the Local Government levels and at

households made the exercise ineffective (Shehu et al, 2019). Also funds from Federal and States allocations were either inadequate or not forthcoming for the purchase of vaccines, logistics, and mobilization of volunteers for vaccines administration. Moreover, success of the campaign became difficult due to inadequate skilled manpower. (Shehu et al, 2019).

Most of uneducated mothers who see no difference or prefer patronizing Traditional Health care Givers may not be opportune to have knowledge on prevention of the killer diseases. This serves as an indicator to plan a program for Traditional Health care Givers and educate them on remedies for the killer diseases, so as to serve as medium for awareness to mothers in their communities, as most of them are skeptical with different perceptions on immunization program let alone promoting it. (Shehu et al, 2019).

Religion and culture contribute to mothers' attitude toward childhood immunization especially in Northeast of Nigeria, where child immunization is perceived as Western world strategy for sterilizing children from giving birth in an attempt to control the world population. Acceptance of child immunization is made difficult by this idea. Some mothers from both urban and rural areas prefer to patronize Traditional Health care Givers (THG) formerly known as Traditional Birth Attendants (TBAs) than patronizing modern standard institutions where knowledgeable and skilled personnel are available. (Njidda *et al.*, 2017).

In Nigeria, according to Abidoye and Odeyemi, (2013), there are quite a number of challenges that makes mothers not to comply with immunization schedules. Poverty for instance, is a major factor greatly affecting the health of children in Adamawa State, Nigeria. Many people live under poverty level of less than a dollar per-day Daily/monthly income are not sufficient for daily sustenance not to talk of medical expenses. The distance of Health facilities to rural dwellers could make accessibility to health care difficult as they

have to travel a good distance and many may not be able to afford the transportations charges or the transportation may not even be available. Cultural/Religious beliefs that bound women from accessing medical services for themselves and their children without husband's approval among others.

Attitude of Health Workers affects mother's compliance to immunization against children's killer diseases. These professionals are embodied with knowledge and skills for handling health seekers in meeting their health needs through effective communication, but contrary wise some of them scare mothers from receiving childhood immunization. Instead of being polite and hospitable or friendly they are usually unfriendly, hostile and impolite especially if the mother manages to come to health facility but late. This makes mothers to stay back to the detriment of the child's survival. (Adekeye, et al, 2015)

Enwonwu *et al* (2018) stated that, intense health education to mothers can make immunization customary irrespective of social class. The importance of immunization cannot be over emphasized as the only instrument that interrupts childhood killer diseases.

For the child to have ability to thrive, ensure survival and protection from physical injury and diseases, he need care to promote such ability. Children usually rely on primary caregivers and parents both inside and outside home for their protection, healthy development and safety. If FTHGs properly got positive attitude that translate to quick referral of sick children to nearby hospital, it will go a long way to secure the health and lives of children from childhood killer diseases such as polio, diphtheria, pertussis, tetanus, whooping cough, measles, and host of others through quality healthcare and immunization (Mojoyinola & Olaleye 2012).

It is therefore important that assessment of the attitude and practices of Traditional Healthcare givers towards referral is made with a view of proffering solution to children and maternal morbidity/mortality in the study

region. To do this, two specific objectives guided the study.

1. To determine the attitude of Female Traditional Healthcare Givers toward child referring.
2. To determine the practices of Female Traditional Health care Givers on referral system.

Materials and Methods

The study utilized descriptive survey to assess the attitude and practice of child referral by Female Traditional Healthcare Givers (FTHGs) on enhancing immunization uptake in rural communities of Adamawa State, Nigeria. The state is one of the 36 States of Federal Republic of Nigeria. It is one of the largest States in Nigeria and occupies about 36,917 square kilometers with a total population of 3,178,950 (Population Report Census 2006). Adamawa State lies on the Latitude: 9.3265° N and Longitude: 12.3984° E. The state is politically subdivided into three Senatorial Districts namely, Central Senatorial

District (CSD), Northern Senatorial District (NSD) and Southern Senatorial District (SSD). For the purpose of this study, three local Government Areas were selected from each of the three Senatorial Districts. Central Senatorial District (Yola North, Yola South and Girei), Northern Senatorial District (Mubi North, Mubi South and Maiha), and Southern Senatorial District (Demsa, Mayo-Belwa and Fufore).

The target population for this study were the Female Traditional Healthcare Givers (FTHGs). A sample size of 350 was achieved using Cochran formula and multistage sampling technique was applied. The participants were recruited at the venue of the training of FTHGS in each of the started local governments during the state wide training. In each of the districts, three local governments were randomly selected for the study. A target of one thousand (1000) FTHGs were set to receive the training.

District	Target pop	Proportionate determination	Proportion
CSD	460	460 x 350 /1000	161
SSD	330	330 x 350 /1000	116
NSD	210	210 x 350 /1000	73
Total	1000		350

Self-administered Questionnaires was developed by the researchers and data were collected at spot at the training venue but prior to the commencement of the actual training. The instruments were served directly to the respondent with the help of trained research assistants who assisted the non-literate respondent in translation. Ethical clearance was obtained from the ethical committee at

the State Ministry of Health Yola which has an ethical approval number ADHREC27/08/2021/065 and a letter addressed to the local Government authorities that shows ministerial permission for the research. The collected data was analyzed electronically on SPSS using descriptive statistic of frequency and percentage.

Results

Table 1: Socio-demographic characteristics of the respondents

Variable	Option	CSD (n=161)	SSD (n=116)	NSD (n=73)
Age	21 – 30 Years	13 (8.1%)	12 (10.3%)	8 (10.9%)
	31 – 40 Years	47 (29.2%)	40 (34.5%)	25 (34.3%)
	> 40 Years	101 (62.7%)	64 (55.2%)	40 (54.8%)
Educational Qualification	Secondary	80 (49.7%)	58 (50.0%)	3 (4.1%)
	Primary	52 (32.3%)	34 (29.3%)	22 (30.1%)
	None	29 (18.0%)	24 (20.7%)	48 (65.8%)
Occupation	Farming	54 (33.6%)	63 (54.3%)	11 (15.0%)
	Trading	47 (29.2%)	28 (24.1%)	27 (37.0%)
	House Wife	60 (37.2%)	25 (21.6%)	35 (48.0%)

Key: CSD - Central Senatorial District, SSD - Southern Senatorial District, NSD - Northern Senatorial District.

This table presents the result of the socio-demographic characteristics of the respondents across the three senatorial districts. In all the districts, majority of the respondents (CSD 62.7%, SSD 55.2% & NSD 54.8%) were greater than 40 years of age. In terms of their education qualifications, there are great variations which indicate CSD &

SSD participants have about half of the respondents who had obtained secondary education. Conversely, majority of the respondents (65.8%) from the NSD did not attend formal educational system. While in terms of occupation almost all the respondents were either self employed with farming and trading or were full time housewives.

Table 2: Attitude of female tradition healthcare givers toward referral system.

Parameter	Response	CSD (n=161)	SSD (n=116)	NSD (n=73)
I referred mothers to hospital for childhood routine immunization and further care	Undecided	10 (6.2%)	18 (15.5%)	2 (2.7%)
	Don't agree	5 (3.1%)	18 (15.5%)	5 (6.8%)
	Somehow Agree	36 (22.3%)	11 (9.4%)	4 (5.5%)
	Agree	55 (34.1%)	55 (47.4%)	27 (37.0%)
	Strongly agree	55 (34.1%)	14 (12.1%)	35 (48.0%)
	Total		161	116

Key: CSD - Central Senatorial District, SSD - Southern Senatorial District, NSD - Northern Senatorial District.

Attitude of Female Tradition Healthcare Givers toward Referral System

Result on attitude of Female Tradition Healthcare givers (FTHGs) on referral system as presented on table 2 above shows majority (68.2%) of the respondents in the CSD at least agree that they refer children to hospital for care and routine immunization. Similarly, 59.5% of the respondents in the SSD show positive attitude to child referral while vast majority (85%) of the respondents in NSD also demonstrate positive attitude to referral system. However, in all the senatorial districts significant percentage of FTHGs still have negative attitude to referral practice.

Table 3: Female tradition healthcare givers' practices of referral system

Parameter	Response	CSD (N=161)	SSD (N=116)	NSD (N=73)
I refer and encourage mothers to take their children to hospital for care and immunization	Never	5 (3.1%)	8 (6.9%)	7 (9.6%)
	On request	10 (6.2%)	12 (10.3%)	12 (16.4%)
	Rarely	15 (9.3%)	21 (18.1%)	8 (11.0%)
	Sometimes	40 (24.8%)	35 (30.1%)	21 (28.8%)
	Always	91 (56.5%)	40 (34.5%)	25 (34.2%)
	Total		161	116

Key: CSD - Central Senatorial District, SSD - Southern Senatorial District, NSD - Northern Senatorial District.

Female Tradition Healthcare Givers Practices of Referral System

Table 3 of the result captured practice of Female Tradition Healthcare givers in referring mothers to hospital for childhood immunization. The result indicates majority (56.5%) of the respondents in CSD always refer children to hospital for immunization. However, only 34% of the respondents in

SSD and NSD practice referral system, although good number of the respondents 30.1% and 28.8% in SSD and NSD respectively occasionally refer patients. Regrettably, in these two districts great number (SSD 17.2% and NSD 26%) of the respondents never refer patients at all or only refer patients on request by the patient.

Discussion

The study investigated the attitude and practice of Female Tradition Healthcare givers (FTHGs) on referral system regarding childhood killer diseases from three local governments each of the three Senatorial Districts of Adamawa State, Nigeria. Female Tradition Healthcare givers are volunteer worker without formal education or specific skill but traditionally have been engaged in community healthcare service particularly with women and children.

Generally, from the results it is evident that FTHGs from the three senatorial districts demonstrated positive attitude toward referral system with a corresponding practice. However, a closed look of the data shows majority (68.2%) of the respondents in the CSD at least agree that they refer mothers to hospital for care and routine immunization. Similarly, 59.5% of the respondents in the SSD agree that refer mothers to hospital while vast majority (85%) of the respondents in NSD showed positive attitude to referral system. This unprecedented positive attitude is not unconnected with the activities of Non-Governmental Organizations and professional groups working in the community and creating awareness as well as providing informal training. The importance of training among these category of traditional healthcare givers and mothers cannot be overemphasized. Hernandez *et al.* (2017) had earlier reported that training has changed the responsibility of traditional birth attendants from complete cultural practitioners to updated healthcare providers with the infrastructure of Guatamela health system. Furthermore, training enables the traditional healthcare givers managed health complications of childhood killer diseases and how to prevent them. These training enables Female Traditional Healthcare Givers improve their basic obstetrical knowledge and aid them to identify and refer early complications in pregnancy, labour and perinatal care that ordinarily they and pregnant women could not recognize. In addition, according to Sarmiento, (2014) improving the capacity of these FTHGs will

greatly help in overcoming the shortage of manpower in the health sector as these trained traditional healthcare givers can be utilized as Community Health Workers (CHWs) to compliment the formally trained health workers. More so, Herval *et al.* (2020) reported that proximity of FTHGs with women and constant visits before and after childbirth for the welfare of both mother and child gives improved obstetrical outcome and encourages home-based approach for health education. Despite the significant positive attitude demonstrated, there still remain in all the senatorial districts sizeable percentage of FTHGs who have negative attitude to referral practice. Thus, it is recommended that there should be sustained effort on training and re-training of FTHGs on basic skills of care and importance of early referral.

The second specific objective seeks to determine the practices of Female Traditional Health care Givers on referral system. The result on table 2 indicates majority (56.5%) of the respondents in CSD always practice referral. However, only 34% of the respondents in SSD and NSD actually practice referral system, although good number of the respondents 30.1% and 28.8% in SSD and NSD respectively occasionally refer patients. It is obvious that the level of referral observed in the Central Senatorial District was indeed higher than the other two districts. This could probably relate to the level of awareness in the state capital which lies within this district. Another factor may be related to activities of NGOs and professional organizations that is common at the state capital. The most astonishing part of the result concerning the two districts of SSD and NSD is the significant number (17.2% and 26%) of the respondents who never refer patients at all or only refer patients on request by the patient. Practically, evidence proved that training of FTHGs is key to community behavioral change toward acceptance of immunization as the means for healthy child survival. The study suggests the need for more efforts in training FTHGs in the SSD and NSD to

facilitate referral of clients for expert care in the health centers.

Conclusion

The study concludes that despite positive attitude demonstrated by the Female Traditional Healthcare Givers with corresponding good practice of referring patient to hospital, some FTHGs never refer patient for immunization. Therefore, it was recommended that the ongoing effort of training FTHGs be intensified and supported by all in order to meet the target of complete immunization coverage in the state.

References

- Abidoeye AO. and Odeyemi KA., (2013), Knowledge, Attitude and Practice of Mothers to Childhood Immunization in Kosofe Local Government Area of Lagos state, Nigeria. *International Journal of Basic, Applied and Innovative Research*, 2013; 2 (4) 66-72
- Adekeye O., Chenube, OO., Ahmadu F. and Adekeye B. (2015), Knowledge, Attitude and Barriers towards Childhood Immunization among women in selected rural Primary Healthcare centres in Ogun state, Nigeria. *Ife Journal of Psychology*, 2015; 23 (1) 89-97
- Enwonwu, K.G., Ilika, A., Ifeadike, C., Aniemena, C., and Egeonu R.O. (2018). Perception of Childhood Immunization among Mothers of Under – Five Children in Onitsha, Anambra State. *Afrimedical Journal*, 6(1): 59-64 Retrieved on 6th June 2020
- Hernandez, S.; Oliveira, J.B. and Shirazin, T. (2017) How a Training Program is Transforming the Role of Traditional Birth Attendants from cultural Practitioners to Unique Health-care-Providers. A Community Case Study in Rural Guatemala Available at <https://doi.org/10.3389/fpubh.2017.00111> Retrieved on 7th April 2022
- Herval, A.M.; Gomes, V.E.; Oliveira, D.P.D.; Vargas, A.M.D. (2019) Health Education Strategies Targeting Maternal and Child Health. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6616517/> Retrieved on 7th April 2022
- Maiwada, AA., Dahiru S. and Onwuka JI. (2019) A Survey on Attitude of Mothers towards Immunization of their children in Nigeria. A case study of Zuru metropolis. *International Journal of Engineering and Science*. 2019; Vol (8) 11 pp 32 -38
- Mojoyinola, J.K., and Olaleye, B. A. (2012). Physical and Psychological Factors Influencing Maternal Non-Compliance with Immunization Schedule. Available at [http://www.Continental Journal of Nursing Science](http://www.ContinentalJournalofNursingScience). 4(2): 37-51
- Njidda, U.M., Keвер, R.T., Lola, N., Dathini, H., and Mshelia, A. (2017). Assessment of Parents' Knowledge towards the Benefits of Child Immunization in Maiduguri, Borno State. *Nurse Care Open Access Journal* 3(2):226-239. Available at <http://Doi:10.15406/ncoaj.2017.03.00067> Retrieved on 29th March 2022
- Omotara, B.A., Okujagu, T.F., Etatuvi S.O., Beida, O., and Gbodossou, E. (2012). Assessment of Knowledge, Attitude and Practice of Stakeholders towards Immunization in Borno State Nigeria. A Qualitative Approach *Journal of Community Medicine and Health Education*.2:181. Available at <http://Doi:10.4172/2161-0711.1000181> Retrieved on 29th March 2022
- Shehu NY., Omololu A., Andrew G., Gomerep S. and Onukak A. (2019), yellow fever Childhood Immunization Coverage in Jos North Local Government Area, Plateau. Nigeria. *Nigerian journal of Medicine*. 2019; (28) 4 pp 349-353