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Influence of Religion on Malaria Control Practices among Household Heads in Zamfara State North West Nigeria

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Abstract
This study aim to explore the role of religion in determining household behaviour on malaria control in Zamfara state North West Nigeria. The study employed a qualitative methodology of research to collect in-depth information about the influence of religion on malaria health seeking behaviour among the respondents. In general the finding of this study attempts to present some beginning evidence that religion play a very vital and important role in shaping the behaviour of household members in the health seeking practices regarding malaria control and prevention. The study suggested that all activities of malaria control should engage into educating religious leaders so that to enlighten their subjects about the contemporary stand of religion on health seeking and health related issues.
Keywords: Malaria, Religion, Household, Behaviour, Zamfara, Nigeria.

1. Introduction

Globally, millions of deaths attributable to malaria are still being recorded (Polycarp, 2013; WHO, 2012; WHO, 2010). Malaria accounts for at least a million deaths each year with Africa bearing the brunt of the disease because more than 90% of the whole cases occur in the continent (WHO, 2012). Malaria is highly endemic in Nigeria and it remains one of the leading causes of morbidity and mortality in the country and most vulnerable groups are children below five years of age and pregnant women (Onyeneho, 2013; World Bank, 2009). According to Federal Ministry of Health (2007) malaria in Nigeria kills over 300,000 children and over millions clinically diagnosed cases are recorded annually. In Nigeria malaria is also responsible for 25% of infant mortality, causes 30% of all childhood deaths and is associated with about 11% of maternal deaths (FMH, 2007). It is also accounts and responsible for 60% out patients visit to hospital and other health care facilities in the country (WHO, 2012; WHO, 2010; FMH 2007; NMCP, 2005). This state of the problem impacts to the community, especially household heads who bear the much consequences of the crises. The problem also affects negatively government economic policies and programs (WHO, 2012).

Conversely, many preventive measures have been taken by government, societies/communities and other parties like nongovernmental organization to prevent and control malaria (RBM, 2010; NMCP, 2005). But despite those involvements by government and other stakeholders, malaria persists and still cannot prevail over. It is quite unfortunate that regardless of these efforts malaria still remains a leading cause of morbidity and mortality (Abdullahi, 2013; WHO, 2012). Not many researches in detail examine the role of religion on household behaviour on malaria control. Therefore, it is in the context of the above that this paper is focus on the influence of religion on household behaviour on malaria control in Nigeria with particular reference to Zamfara state in North West part of the country.

2. Literature

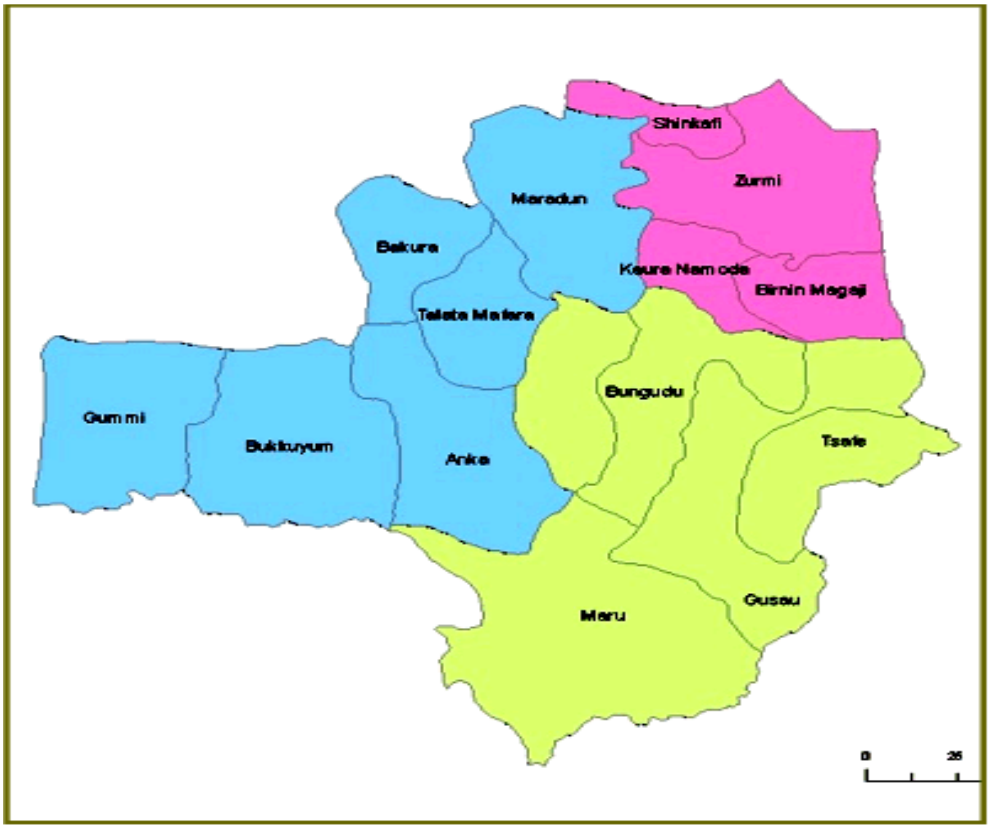
Religion is generally established as a fundamental determinant of human behavior and a powerful provider to diversity in belief and value systems among human societies. According to Zimbardo and Ruch (1979), religion influences our action, our decision, inspirations, goals, motivations, principles and our contentment. In reality, it has been argued that religion acting an central responsibility on our life and our understanding about life in totality (Ellison and Cole 1998) and that it persist to be a central strength in individual and societal behavior (LaBarbera 1997). Foxall and Goldsmith (1994) assert that religious beliefs are mingling with cognitive rudiments to shape knowledge structure that validate and direct behavior and attitude. Facts for connection involving religious beliefs and behavior can be established in activities that outline part of a daily human practices and actions. Correspondingly, proofs for the linkages between religious impacts on human behavior established from several other areas which include parental attachment, clothing styles, eating and drinking, the use of cosmetics, social and political views and sexual behavior (Diamond 2002; Heiman et al. 2004). Clearly, the reasons for participating in religious experiences are concurrent to religion. Religion is normally considered by a planned set of beliefs and quantifiable tradition contained by a community of people who believe a respected doctrine and understanding (Diamond 2002). Religious beliefs and exercises have optimistic purpose, permitting the individual to adjust to normative anticipation of the group accordingly indemnify collective solidarity (Heiman et al. 2004). Religion can be conceptualized inside social-cognitive representation of health and illness behavior for the reason that religious philosophy and tradition frequently influence value insight, apparent behavioral management, and public influence. According to Chatters (2000) there is a rising bulk of

literature that has established religious participation to have a constructive consequence on health behavior and outcomes. Religious foundation deal with life teething troubles and complications may be evident as belief familiarize cognitive schemas, religious behaviors (such as prayer or meditation), or social connections (James, 2003). It is therefore, points out that, religious association and institutions have the possibility to absolutely influence the sexual behavior of their groups adherents (Garner, 2000). Arthur Kleinman's work on the cultural creation of scientific reality (Kleinman 1980; Kleinman et al. 1978) presents a predominantly positive construction for judgment regarding how religion might persuade health and healthcare and illness seeking behaviours. Kleinman (1980) argues that the sickness knowledge and understanding is produced by cultural factors that direct the way individuals observe, make, assess, and look for assistance for their sickness complain in an overarching healthcare institutions. According to Kleinman (1980) a healthcare institutions in the society correspond to the whole of socially planned and ordered reactions to illness. Active external of individuals and separate organization establishment, healthcare systems are culturally conversant social truth that justifiable poor health, create the illness understanding, and describe social responsibility for both human and healers in the particular society (Kleinman 1980). Kleinman (1978) portray three structural field of any healthcare system which included popular, folk, and professional. Social position, responsibility and cultural values notify the preference individuals build to look for assistance from one or more of these structural fields, and they preside over the relations among healers and patients in all of them. Religions proceed in component to classify social roles and encourage unique cultural values. Religions thereby donate to the cultural formation of scientific reality by determining the approach individuals observe, make, and assess their sickness, and by directing members option concerning on what sphere or area members seeks for the treatment and management of their diseases and method on how to do it is also included and directed.

It is therefore, on the context of this background that this paper was set with general objective to explore the religious influence among household members on malaria control practices in Nigeria with particular reference to Zamfara state in the North Western part of the country.

3. Study Locale

Zamfara is one of the seven states that form the Northwest geopolitical zone of Nigeria. It shares an international border with the republic of Niger to the north and interstate boundaries with Katsina state to the east, Sokoto state to the west, and Kebbi state and Niger states to the south. Gusau is the state capital. Zamfara State was part of the Northern Region in the three-region structure of 1954. With the creation of twelve federal states during General Yakubu Gowon's military administration, Zamfara became part of North-West State. In 1976 when North-West State was divided by General Murtala Muhammed's military administration, it became part of Sokoto State. Zamfara was established as its own entity in 1996 by the military administration of General Sani Abacha. The area today called Zamfara State was one of the old Hausa city-states. The Zamfara Kingdom came into being in the eleventh century and flourished until the sixteenth century. The kingdom became part of the Sokoto caliphate after the 1804 jihad of Usman dan Fodio. Islam is the principal religion of the state. Zamfara was the first state in Nigeria to introduce sharia law.



Source: World Atlas
Figure 1
Map of Nigeria Showing the Location of Zamfara State

3. Methodology

The present study employed a qualitative methodology of research. Qualitative research aims to collect an in-depth understanding of social behavior and the causes of such behavior. The qualitative research technique explores the why and how not just what, where and when. According to Kalthum (2008) qualitative research provides a means to access immeasurable proofs about social phenomena. Sekaran (2003) discourse that qualitative research design incorporate extensive use of verbal and developing full information on comparatively few cases. It is also provide accurate information from social event and picture conclusions from available data.

3.1 Sample

The present study was conducted in Zamfara state North West Nigeria. Interview with malaria stakeholders, household members and religious leaders comprise the sample of this study. These respondents that participated in this study is in better position to state clearly the role and influence of religion to household behavior on malaria control practices in Zamfara state and hence justify the reason for choosing them as participants of this study.

3.2 Instruments

Semi structure interview was used to achieve the objective of this study. An open ended flexible and adaptable interview guide was formulated that cover the questions ask respondents in order to achieved the research objective. Interview guidelines provided by Creswell (2007) was used to successful interview 15 participants that respondent on several issues relating to the role of religion on household behavior on malaria control practices. Those protocols include Arrival and researcher introduction introducing research topic and purpose of the research; start actual interview and ending the interview. Recording devices was used to record the interview conducted.

3.3 Data Analysis

The method of data analysis employed by this present study was that first, the recorded information collected during the interview was transcribed and write it in order to make it readable. After transcribing the data it was

later type into Microsoft word and from there, the analysis was conducted.

4. Findings/Discussion

Finding of this study was presented below based on the objective of this paper and according to the interview conducted.

Interview with participant of this study from malaria control stakeholders reveals that though there is no provision that stated that if you are sick it is not allowed to go and seek for medical treatment or any other form of treatment, but still people are of the opinion that if they are sick, they are not seeking any preventive treatment because God is the origin of everything and therefore He is the one to provide the solution. The interviewee reveals that:

> I know we do not, there is no provision that when you are sick you are not suppose to go to, I mean to attend to any clinic health or health centre. But I know some people they still take it as a belief that when they have been ill they just say (Allah ya kawo kuma shi zai daukewa) that is God that made it to me and he is one to take care. So some people may have that believe that they think everything that happen to them is from God and God will take care of them which they believed it add to the total supremacy of their creator which is provided by their religion (Interview 001: *Malaria Control Stakeholder).*

The same respondent further stated that due to this religious believed among the people, malaria control programs in the state in collaboration with international partners and Non Governmental Organisations (NGOs) focus the attention in enlighten the religious leaders to include in their daily preaching and teachings about the position of religion on the health seeking practices such as malaria prevention and treatment practices. The respondent adds to the study that:

> That is why we at state level with assistance of international partners and NGOs engage into educating religious leaders about the contemporary stand of religion on health seeking and health related issues. That what Advocacy, Communication and Social Mobilisation department current is doing to sensitized our religious body and every traditional leader. Yes to educate them on key malaria messages for them to make it clear for the adherent of the religion on the position of that religion on let say the malaria control and prevention that we are discussing (Interview 001: *Malaria Control Stakeholder).*

This finding is consistent with that of Foxall and Goldsmith (1994) who assert that religious beliefs are mingling with cognitive rudiments to shape knowledge structure that validate and direct behaviour and attitude.

There is a slight inconsistency with just concluded statement as another respondent who participated in this study from household members stated that religion only encouraging people to seek for good health. According to this respondent religion allow everything that is good and also forbid those that are not good including seeking relief from various disease and ailment that contradict the religious principles. The respondent stated during the interview that:

> Religion is not discouraging people it is only encouraging since it is good. What religion is doing is only encouraging people to show the positive behavior on the menace of the disease. What religion is not allowed is everything that contradicts the doctrine of such religion no matter how good and beneficial it is the religion will not allow it. Even seeking treatment and prevention from disease. So that is only what religion can do. You know religion is all about do and don't (Interview 002: *Household Member).*

Malaria prevention and control practices may not be possible without integrating religious leaders into such programs. According to interview conducted with malaria control staff at one facility centre that are providing free malaria control measures in Zamfara state informed during the interview that as a result of the people perception about the position of their religion on seeking treatment and prevention it is quite difficult to change their behaviour on that till after religious leaders are ask to inform them about the position of religion on that program. Many of them do not agree to seek treatment especially the one that comes from western societies. They assumed any of those treatments and prevention that comes from western countries is just an attempt to destroy their religion and its followers. The respondents informed that looking at role of religion is what make NGOs and other partners that are working on malaria to include religious leaders and He stated as follows:

> You see looking at the role of religion on health seeking behavior is what make if NGOs come they are using Islamic scholars. They are using Islamic scholars in the community. Like here in our area there is religious leaders which include both religions and community members, that take this messages to their followers and as result of their awareness it takes a lot of behavior change to its members (Interview 003: *Malaria Control Stakeholder).*

This finding corresponded to Kleinman (1980). He argues that the sickness knowledge and understanding is produced by religious factors that direct the way individuals observe, make, assess, and look for assistance for their sickness and complain relying heavily on their believed about religion (Kleinman, 1980). According to Kleinman (1980) a healthcare institutions in the society correspond to the whole of socially planned and ordered

reactions to illness.

This study interview another respondent to find out the influence of religious values among household members with regard to malaria control and prevention. The respondent is working with NGOs that engage into malaria control activities and he is of the opinion that religion has nothing to do with behavior influence in respect to the malaria control practices. The respondent hold a perception that all religion trained it members on how to be free from different sort of diseases and therefore encourage health seeking behavior. The respondent state that:

> I think it has more with people behavior and attitude than religion. I don't think the religious values have any place par say. Because I know all religion have teach you, I mean teach you on how to be take care of yourself to be clean be decent you shall be clean and everything take of the health. So I don't think is religion is just an attitude (Interview 004: *NGOs Staff).*

According to monitoring and evaluation officer of state Roll Back Malaria (RBM) program religion play a key vital role in success and failure of many malaria control activities in Nigeria particularly in Zamfara state. It is based on that knowledge that effort is still making to ensure that all the programs of malaria control in the state a duly accepted and broadcast by religious leaders in the state. It is only through this arrangement that people begin to accept such intervention and to believe that it is not violate their religious believed. Such information was passed through advocacy, communication and social mobilization committee as stated by the respondent during the interview where He mentioned that:

> You know I told you, we doing advocacy communication and social mobilization. We are visiting gate keepers. Those that are called gate keepers are elite in the community that if they welcome an idea is like everybody welcomes it. For example if you go to church, their gate keepers are pastors, reverend etc. So we are meeting those people and tell them this is the drugs, this is net and how to use it. Also in our mosque our imams are preaching on sanitation and if you experience some symptoms this is what you are supposed to do. So at least they are passing the malaria messages. So you see religion play a role. They put malaria key messages into their preaching Sunday sermon. So that is how it is (Interview 005: *State RBM Staff).*

Consistence with this finding interview with another malaria control stakeholder reveal similar finding. The respondent informed during the interview that vital role play by people belief about their religion in terms of health seeking behavior is what makes policy makers to see the possibility of including those religions leaders in disease control programs. According to this respondent religious belief play a fundamental role because any program that religious leaders accept to participate yield a desire result. This makes them to be part of system in some cases.

> Religion has impact because I told you we involved our religious leaders, traditional rulers and youth leaders, FOMWAN. We merge them together. We are now meeting with them on quarterly at state level. We tell them any new development with regard to malaria. We pass the message to them, they pass the information as religious groups and places, praying places, like mosque and churches and youth leaders where they meet in the youth to pass information. If you go to school, quranic schools, same information go to malans and that is how we do (Interview 006: *State Malaria Control Official).*

5. Conclusions/Recommendations

Religion corresponds to the general fundamental component of the society's health seeking practices in Zamfara state North West Nigeria. As found in this present study religion structure the individuals insight and understanding on the issues relating to their health and means for healing diseases when they are affected. It is fundamental and very critical to understand the importance and possible influence of religion as a descriptive concept in forecasting human behavior. Religion can influence human behavior in general and health seeking behavior in particular. In general this study attempts to present some beginning evidence that religion play a very vital and important role in shaping the behavior of household members in the health seeking practices regarding malaria control and prevention.

In general this study recommended that policy makers on malaria control should adds more efforts to include religious leaders in all policy and programmed aims at health care provision. Communication and awareness committee of the state ministry of health and roll back malaria in Zamfara should see the importance of integrating religious gatekeepers in order to provide awareness about the position of religion on any policy or program to be implemented. Among the respondent of this study also suggested that all activities of malaria control should engage into educating religious leaders about the contemporary stand of religion on health seeking and health related issues. This in order to educate them on key malaria messages for them to make it clear for the adherent of the religion on the position of that religion on malaria control and prevention.

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