

An in-depth exploration of community perspectives and responses to major childhood killer diseases in Nigeria

Abstract

Nigeria is ranked the second largest contributor to global statistics on childhood death, with two-thirds of children dying from four preventable/curable diseases—pneumonia, diarrhoea, malaria and meningitis (PDMM), despite the available preventive/curative healthcare measures. Using qualitative methodology, this study explored the perspectives of community members/caregivers about PDMM and their responses to these childhood conditions. Data came from sixty in-depth interviews and twenty-four focus group discussions conducted in August 2017 with respondents (n=259) drawn from among the three major ethnic groups in Nigeria. Data were organized using Atlas.ti, and analysis was conducted using thematic approach. Results demonstrated considerable misconceptions about the causes of pneumonia and meningitis, with many attributing these diseases to sin or act of gods. There was also ostensible disconnection between knowledge and practice. In order to reduce childhood morbidity and mortality in Nigeria, caregivers' poor knowledge and practices on the prevention/treatment of PDMM calls for urgent attention/interventions.

Introduction

The burden of childhood mortality and morbidity remains huge in Nigeria. With 13% of global share of under-five mortality, Nigeria is ranked the second largest contributor to global statistics on childhood mortality (Liu *et al.*, 2015; Oyefara, 2014; UNICEF, 2016). Recent data established that most of the childhood deaths in the country are due to four major childhood killer diseases—pneumonia, diarrhoea, malaria, and meningitis. These diseases account for about two-thirds (61.3%) of the total childhood deaths in the country (WHO, 2016). Evidence has also shown that these childhood conditions are preventable or treatable/curable through low cost timely healthcare interventions and treatments uptake. It is disturbing that these conditions remain deadly, despite the available preventive/curative health care measures. This study therefore explored the perspectives and views of community members and caregivers about pneumonia, diarrhoea, malaria, and meningitis, and also investigated their care practices and responses to these childhood conditions.

Data and method

Data for this study came from eighty-four (84) interviews [sixty in-depth interviews (IDI) and twenty-four focus group discussions (FGD)] conducted in August 2017 with respondents (n=250) drawn across selected States from among the three major ethnic groups in Nigeria (i.e. Hausa/Fulani, Igbo and Yoruba). Data were organized using Atlas.ti, and analysis was conducted using thematic approach.

Summary of key findings

Table 1 presents the distribution of FGD and IDI participants by selected background characteristics. Findings obtained from respondents' narratives formed three overarching thematic issues. These include (i) respondents' perception and knowledge about aetiology

and causes of pneumonia, diarrhoea, malaria and meningitis, (ii) knowledge and practices about prevention of these diseases, and (iii) responses and practices regarding management of the four childhood diseases. The results are presented under different sections based on the thematic issues identified.

A careful comparison of all the four childhood conditions revealed that respondents generally have a much fairer knowledge about causes of malaria and diarrhoea than pneumonia and meningitis. Although a good number of respondents held the knowledge that malaria is transmittable and mosquitoes are the vector through which the disease can be transmitted, only a few participants made reference to plasmodium as the causative agent. Teething was generally misconceived as a major unpreventable cause of malaria among under-five children as the following quote indicates. Regarding pneumonia and meningitis, many participants held considerable misconceptions about their causes, including sins and acts of gods.

Conclusion

Although narratives from majority of respondents revealed that they were aware of the availability of vaccines against the four childhood diseases, few of the respondents still believed that nothing can be done to prevent these conditions among children. Interventions such as sensitizations and health education programmes on the causes, prevention and management of pneumonia, diarrhoea, malaria and meningitis are necessary to reduce the burden of childhood morbidity and mortality in Nigeria. This will form important part in the strategies to achieve the Sustainable Development Goal (SDG) 3 targets on child health in the country.

Table 1: Percentage distribution of FGDs and IDI participants by selected background characteristics

Characteristics	Percentage	Frequency
Sex		
Male	13.9	36
Female	86.1	223
Age		
18-34	39.0	101
35-49	47.5	123
50+	13.5	35
Level of Education		
None	12.0	31
Primary	22.4	58
Secondary	32.0	83
Tertiary	33.6	87
Occupation		
None	34.4	89
Formal employment	15.8	41
Informal employment	49.8	129
States		
Ebonyi	34.4	89
Kano	33.6	87
Ondo	32.0	83
Religion		
Christianity	64.5	167

Islam	35.5	92
Marital Status		
Single/never married	3.1	8
Currently married/cohabiting	88.8	230
Previously married	8.1	21
Place of residence		
Urban	56.0	145
Rural	44.0	114
Ethnic group		
Hausa/Fulani	35.1	91
Igbo	34.0	88
Yoruba	30.9	80
Parity		
0-3	48.2	79
4-5	23.8	39
>5	28.0	46

References

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