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ASSESSMENT OF COMMUNITY BASED ORGANIZATIONS ON PROVISIONS AND SENSITIZATIONS TOWARDS CHILDHOOD DISEASES PREVENTION AMONG MOTHERS OF UNDER-FIVE CHILDREN IN KADUNA STATE, NIGERIA.

BY

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Abstract

This study assess the community based organizations on provision and sensitization towards childhood diseases prevention among mothers of under-five children in Kaduna state, Nigeria. Two (2) research questions and two (2) hypotheses were developed and tested in this study. Descriptive design of survey type was used for this study. The population of the study area was 9,032,200, mothers of under-five children in Kaduna State. Multistage sampling technique was used in this study to select a sample of 400 respondents from 23 Local Government of Kaduna State. Multi-stage sampling procedure selection of the respondents as follows: Stage 1**:** Cluster sampling technique was used to adopt the three (3) existing senatorial zones namely: Kaduna central, Kaduna north and Kaduna south. Stage 2: Simple random sampling technique was used to select 3 LGAs from 7 LGAs of Kaduna central, 3 LGAs from 8 LGAs of Kaduna north and 3 LGAs from 8 LGAs of Kaduna South. The researchers used self-developed questionnaire to collect data for the study. Descriptive statistic of frequency count and percentage were used to organize and describe the demographic information of the respondents and chi-square was used to test the hypotheses at the 0.05 level of significance. "The findings of the study revealed that, Community Based-Organization provided roles toward childhood killer diseases disease prevention. through provision of immunization services (x^2=67.368, df=1,P <0.5); sensitization of immunization services (x^2=194.695, df=1,P <0.5 **).** Based on the finding of the study, it was concluded that: CBOs contribute in the provision of immunization services in the prevention of childhood diseases in Kaduna State. CBOs contribute in the sensitization on immunization services in the prevention of childhood diseases in Kaduna State. Recommendations**,** based on the finding of the study, it was recommended that: Government, non-governmental organizations and community

should encourage CBOs to improve their services on provision of immunization services towards prevention of childhood diseases in Kaduna State. Government, non-governmental organizations and community should encourage CBOs to improve their services on sensitization of immunization services towards prevention of childhood diseases in Kaduna State.

Key words: Community Based Organization, Provisions and Sensitization of Immunization Services, Childhood Diseases, Mothers of Under-Children.

Introduction

Community Based Organizations (CBOs) refers to "Organizations which constitutes a conscious effort on the part of a community to control its affairs democratically and to secure the highest services from its specialists, organizations, agencies, and institutions by means of recognized interrelations (Baldock, 2017). Community Based Organization is an organization by which a community identifies its needs or objectives, orders (or ranks) these needs or objectives, develops the confidence and to work at these needs or objectives, finds the resources (internal or external) to deal with these needs or objectives, takes action in respect to them, and in so doing, extends and develops co-operative and collaborative attitudes and practices within the community (Adams, 2010).

Moreover, CBOs works through people-centered modes of development such as availability of micro-finance, community participation in development ensuring community health education and infrastructure improves over time. (Kirch, 2018). CBOs provides interventions in disease prevention and control, such interventions may include education and creating awareness about prevention and control of childhood killer diseases through mass media or other approaches, or may take place within community institutions, such as neighborhoods, schools, churches, work sites, voluntary agencies, or other organizations. Various levels of intervention employed by CBOs, includes educational or other strategies that involve individuals, families, social networks, organizations, and public policy to address people in the community about diseases prevention and control (Norton 2017). These interventions may also engage community input through advisory committees or community coalitions that assist in tailoring interventions to specific target groups or to adapt programmes to community characteristics. Meanwhile, the focus of these community-based organizations is primarily on changing individuals' behaviors as a method for reducing the population's risk of disease (Centers for Disease Control and Prevention, 2012).

According to WHO, (2015) Childhood disease, are any illness, impairment, or abnormal condition that affects primarily infants and children, those in the age span that begins with the fetus and extends through adolescence, Childhood is a period typified by change, both in the child and in the immediate environment. Changes in the child related to growth and development are so striking that it is almost as if the child were a series of distinct yet related individuals passing through infancy, childhood, and adolescence. Changes in the environment occur as the surroundings and contacts of a totally dependent infant become

those of a progressively more independent child and adolescent. Health and disease during the period from conception to adolescence must be understood against this backdrop of changes.

Immunization is the process by which an individual's immune system becomes fortified against an infectious agent (known as the immunogenic). When the system exposed to molecules that are foreign to the body, called oneself it will orchestrate an immune response, and it will also have developed the ability to quickly respond to a subsequent encounter because of immunoglobin memory. There for, by exposing a human or an animal to an immunogenic in a controlled way, its body can learn to protect itself: the most importance of immune system that are improved by immunization are the T-cells, B-cells and the antibodies B cells produce. Memory B cells are responsible for a swift response to a second encounter with a foreign molecule. Passive immunization is direct introduction of those elements into the body of itself (WHO,2015**)**.

Community-based organizations (CBOs) is a key partner toward national development in Nigeria, they are for long providing social services and care to people of all ages and their families to address community resource needs, promote health and behaviour change, improve functional ability, and reduce social isolation. Effective partnerships and contracts between health care organizations and CBOs are an important way to improve the overall health and well-being of the individuals and communities through advocacy roles with the aim of strengthening the health systems in which they work and tailored messages to the lager communities about their health and social development in the preventing and controlling of childhood killer diseases (Flores 2012).

Lawrence and Lawrence (2019), moreover, two-thirds of childhood deaths are as a result of preventable diseases in Nigeria. Most of the children who die each year could be saved by CBOs through low-tech, evidence-based, cost-effective measures such as vaccines, antibiotics, micronutrient supplementation, insecticide-treated bed nets, improved family care, breastfeeding practices, and oral rehydration therapy. Empowering women, removing financial and social barriers to accessing basic services, developing innovations that make the supply of critical services more available to the poor and increasing local accountability of health systems are also intervention that are provided by CBOs that have improved equality and reduce mortality and morbidity among children (Health Research Policy, 2012). The description above informed the present study.

Research questions

1. What is the role of CBOs on the provision of immunization services among mothers of under-five towards prevention of childhood killer diseases in Kaduna State?
2. What is the role of CBOs on the sensitization of mothers of under-five about immunization services towards prevention of childhood killer diseases in Kaduna state?

Hypotheses

Ho1: There is no significant role of CBOs in provision of immunization services among mothers of under-five towards prevention of childhood diseases in Kaduna State.

Ho2: There is no significant role of CBOs in sensitization of immunization services among mothers of under-five towards prevention of childhood diseases in Kaduna State.

Methodology

Descriptive research design of survey type was used in this study. Shild (2013), define survey designed as the one used to describe characteristics of a population or phenomenal being studied. This type of design allow researcher to use a variety of method to recruit participants, collect data and utilize various methods of instrumentation, so as to permit inference and generation of finding. This design is appropriate for this study, because it described the roles of Community Based Organization towards childhood diseases prevention among mothers of under-five children in Kaduna state.

The population of the study is the total Mothers of under-five children in Kaduna State. Therefor, 5% of the total population of Kaduna State is a Mothers of under-five children. Hence the population of Kaduna State, according to census projected (2022) is 9,032,200 and the five 5% of this population is 451,610 (National Population Commission, 2022) A total sample of four hundred (400) respondents was used for this study. According krejcie and Morgan (1970) explain that for a population of 1,000,000 the minimum sample size should not be less than 384. Therefore, the researcher selected 400 samples in order to have more coverage to avoid committing merging error during data collection. Multi-stage sampling procedure was used for the selection of the respondents as follows:

Stage 1: Cluster sampling technique was used to adopt the three (3) existing senatorial zones namely: Kaduna central, Kaduna north and Kaduna south.

Stage 2: Simple random sampling technique was used to select 3 LGAs from 7 LGAs of Kaduna central, 3 LGAs from 8 LGAs of Kaduna north and 3 LGAs from 8 LGAs of Kaduna south as follows: The researcher writes the names of the local governments of each zone on a pieces of paper, fold them and put them in a container and shake rigorously and asked one of research assistant to pick one piece of paper from the container, one after the other. Any one that is selected automatically became the sample of the study. The local governments that were selected are as follows: Kaduna north zone 1: Makarfi, Kudan and Ikara. Kaduna central zone 2: Kaduna north, Igabi and Kaduna south. Kaduna south zone 3: jaba, Kauru and Jamaa. Also, Simple random was used to select 3 political Wards each of 10 wards of Makarfi, Kudan and Ikara respectively in Kaduna north zone 13 political wards each of 12 wards of igabi, 12 wards of Kaduna north and 13 wards of Kaduna south respectively in Kaduna central zone 2 And 3 ward each of 10 wards of Jaba, 11 wards of Kauru and 12 wards of Jama'a respectively. The selection follows the same procedure.

Stage 3: purposive sampling was used to select only mothers of under-five in each ward.

Stage 4: proportional sampling technique was used to determine number of the respondents. population of each ward was divided by total population of the all ward and multiply by the sample size (400).

Senatorial zone	LGAs	Ward	Population	Mothers of under-five	Sample
Kaduna north	1. Makarfi	1. Gimi	14657	733	8
		2. Gazar	15895	795	9
		3. Makarfi	16564	828	9
	2. Kudan	1. Likoro	14785	739	9
		2. Doka	13895	695	8
		3. Kudan	15683	784	9
	3. Ikara		18965	948	11
		1. Auchan	17650	883	10
		2. Janfalan	20651	1033	12
		3. ikara			
Kaduna central	1.Kaduna north	1. Badarawa	27560	1378	16
		2. hayin banki	25430	1272	14
		3. kawo	40659	2033	23
	2. Kaduna south				
		1. unguwar maazu	30381	1519	17
			34675	1734	20
	3.Igabi	2. Tudun wada	26567	1328	15
		3. Barnawa			
			38564	1928	22
		1. Birnin yaro	32567	1628	19
		2. Gwaraji	54321	2716	31
		3. Igabi			
Kaduna south	1.kauru	1. Baduran sama	23567	1178	13
		2. kauru east	18754	938	11
		3 .Kauru west	19654	983	11
	2 .Jaba	1. Fada	17865	893	10
		2. Fai	25432	1272	14
		3. Nok	19653	983	11
	3.Jamaa	1. Kafanchan A	43256	2163	25
		2. Kafanchan B	39876	1994	23
		3. Gidan waya	34675	1734	20
TOTAL			**702201**	**35112**	**400**

3.3.1 Table that explain stage 5 proportional sampling techniques.

Stage 7: systematic sampling to select the respondents "the researchers selected the first house and after any three odd number count the house automatically sample in each wards.

A self-developed questionnaire named "Assessment of community based organizations on provisions and sensitizations towards childhood diseases prevention among mothers of under-five children." was used in this study. The questionnaire was made up of three (3) sections; Section A of the questionnaire sought demographic information of the

respondents, section B sought information on provision immunization services, section C sought information on sensitization on immunization services, the respondents required to indicate their choices based of the options provided and once he/she feels is appropriate to him/her. The options were closed type on a modified likert scale of Strongly Agree (SA) =4 points Agree (A) =3 points Disagree (D) = 2 points and Strongly Disagree (SD) = 1 points. To determine the content validity and face of the instrument, five (5) copies of the questionnaire were given to experts in the Health Education in the Department of Human Kinetics and Health Education, Bayero University, Kano. Their corrections, observations criticism and comments were incorporated in the final draft of the questionnaire before it was administered for pilot study. To ascertain the reliability of the instrument, a pilot study was conducted using 20 copies of the questionnaire at Rimin Gata Ungoggo L.G.A, Kano state, which is outside the study area. Split-half test was used to determine the reliability of the instrument before collection of the data, the items of the questionnaire were coded 1-20 and split into even (10) and odd (10) numbers and subjected to a statistical test using spearman Brown's prophecy formula. The result obtain was confirm 0.75 which the instrument reliable for usage. The researchers personally administered copies of the questionnaire with the help of three (3) research assistants. The researchers and their assistants met the respondents in their respective houses. When respondents agreed to the researcher's request, copies of the questionnaire were given to them if otherwise the researcher explained to them for them to understand. The researchers and their assistants guided them on way to fill the instrument, they also assist those could not read and write items and responses for them to respond in such a way that they will not influence their decision. Filled questionnaire were collected at the spot to avoid missing the questionnaire. The exercise was conducted within the period of three weeks. Descriptive statistics of frequency count and percentage was used to organize and describe the demographic information of the respondents. Chi-square (x^2) was used to test all the hypotheses at 0.05 alpha levels of significance.

Results

Table 1: chi-square (x^2) summary on the provision of immunization services towards prevention of childhood killer diseases in Kaduna State.

Variable	FO	FE	x^2	df	P
Agree	273(71%)	190	67.368	1	.001
Disagree	113(29%)	190			
Total	386(100%)				

Table 1 shows that 273(71%) women agree, whereas 113(29%) did not agree that provision of immunization services is the role of CBOs in the prevention and control of childhood killer diseases prevention and control of childhood killer diseases this means that majority of the respondents in Kaduna State perceive provision of immunization services as a role of CBOs in prevention and control of childhood killer diseases in

Kaduna State. The finding also indicate, Chi square of value (x^2) of value 67.368 df 1, (P<0.005). Therefore, the null hypothesis is rejected. Hence, CBOs provided immunization services towards prevention of childhood killer diseases in Kaduna State.

Table 2 chi-square (x^2) summary on sensitization about the immunization services towards prevention of childhood killer diseases in Kaduna State.

Variable	FO	FE	(x^2)	df	p
Agree	329(85.7%)	190	194.695	1	.001
Disagree	57(14.3%)	190			
Total	386(100%)				

Table 2 shows that 329(85.7%) women agree, while 57(14.3%) do not agree that sensitization of immunization services help in the prevention and control of childhood killer diseases this means that majority of the respondents mothers in Kaduna State perceives sensitization about immunization services as a role of CBOs in the prevention and control of childhood killer diseases. The finding also indicates a Chi square (x^2) value of 194.695[a] df 1, (P<0.05). Therefore, the null hypothesis is rejected. Hence, CBOs sensitized communities' member on immunization services towards prevention of childhood killer diseases in Kaduna State.

Discussion of findings

The study investigated the Community Based Organization on provision and sensitization towards childhood diseases prevention among mothers of under-five children in Kaduna State. The finding of the study revealed that, Provision of Immunization services is a role of CBOs among mothers of under-five towards prevention of childhood diseases in Kaduna State. Which is in line of the study conducted by American journal of tropical medicine and hygiene (2019) which explaining that, As Nigeria continues its efforts to maintain the interruption of CBOs, there is a continued need to strengthen the routine immunization system and improve immunization coverage routine immunization coverage remains inadequate in the Northern states and must be addressed to ensure the eradication of polio and guarantee the health of children. The continued use of CBOs in immunization activities is paramount to this attainment. CBOs have clearly been instrumental to the success of the PEI in Nigeria, and they have supported and improved routine immunization coverage. They have built trust within communities and have provided strong linkages between communities and the primary health-care system. As part of the polio legacy, they are uniquely positioned to support routine immunization and to provide health education, data collection, active disease surveillance, and home visits for hard-to-reach populations for other health initiatives once polio is no longer endemic in Nigeria.

Finding of this study revealed that, sensitization on Immunization services is a role of CBOs among mothers of under-five towards prevention of childhood diseases in Kaduna State which is similar to the study conducted by USAID, (2015). CBOs enhance human

well-being through their methodologies of advocacy, awareness campaigns, health education, health programming, sensitization, and social mobilization on different health interventions, distribution of leaflets, handbills, Training of Trainers (ToT), and health care services. CBOs give information, education and empower targets communities". Most of the work of CBOs are preventive method no treatment, all is to educate people on proactive measures that will be taken to avoid a particular disease more especially immunization, maternal and child health disease. CBOs use mobile clinics to take health care services to people in the communities. This enhances accessibility to health care by common people who are most vulnerable to killer diseases that are largely preventable. Also, this offer opportunity to consult qualified medical personnel at no cost, at least at the point of first contact. Other CBOs move health care services from one community to another in the state increasing people's access to health that otherwise might have been inaccessible due to poverty.

Conclusion

Based on the finding of the study, it was concluded that:

1. CBOs contribute in the provision of immunization services in the prevention of childhood diseases in Kaduna State.
2. CBOs contribute in the sensitization on immunization services in the prevention of childhood diseases in Kaduna State.

Recommendation

Based on the finding of the study, it was recommended that:

i. Government, non-governmental organizations and community should encourage CBOs to improve their services on provision of immunization services towards prevention of childhood diseases in Kaduna State.

ii. Government, non-governmental organizations and community should encourage CBOs to improve their services on sensitization of immunization services towards prevention of childhood diseases in Kaduna State.

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