

**THE IMPACT OF SOCIO-CULTURAL FACTORS ON PUBLIC POLICY
IMPLEMENTATION: A CASE STUDY OF THE NATIONAL POLICY ON POLIO
ERADICATION IN SABON-GARI LOCAL GOVERNMENT AREA OF KADUNA
STATE, 2003-2012**

BY

**Aminu, MUSA
(B.Sc. Political Science 2008, A.B.U. Zaria)
MSc/Soc-Sci/07456/2010-2011**

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Declaration

I humbly declare that this thesis titled **“The Impact of Socio-Cultural Factors on Public Policy Implementation: A Case Study of the National Policy on Polio Eradication in Sabon-Gari Local Government Area of Kaduna State, 2003-2012”** has been carried out by me in the Department of Political Science. The information derived from the literature has been duly acknowledged in the text and a list of references provided. No part of this thesis was previously presented for another degree at this or any other Institution.

Name of Student

Signature

Date

Certification

This thesis entitled **“The Impact of Socio-Cultural Factors on Public Policy Implementation: A Case Study of the National Policy on Polio Eradication in Sabon-Gari Local Government Area of Kaduna State, 2003-2012”** by Aminu Musa, meets the regulations governing the award of the degree of Masters of Science of the Ahmadu Bello University, and is approved for its contribution to knowledge and literary presentation.

Mallam Garba Aminu
Chairman, Supervisory Committee

Date

Dr Aliyu Yahaya
Member, Supervisory Committee

Date

Dr Abdullahi Ayuba Hudu
Head of Department

Date

Prof. Adebayo A. Joshua
Dean, School of Postgraduate Studies.

Date

Dedication

With immense gratitude to God, I dedicate this thesis to the memories of my late parents, Alhaji Musa Usman and Hajiya Rukayyatu Musa Usman, as well as the entire victims of polio controversy.

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Abstract

This study examines the impact of socio-cultural factors on the implementation of the National Policy on Polio Eradication in Sabon Gari Local Government Area of Kaduna State, from 2003 to 2012. This is based on the belief that Nigeria, being one of the polio endemic countries in the world, has been attempting to eradicate polio disease for over a decade but this has proved difficult. This is partly due to the crisis in its policy environment as a result of the rejection and resistance to the programme. The crisis perhaps ensued as a result of the policy's non-conformity with socio-cultural dispositions of the people as well as the prevalence of other factors such as poverty, hunger and crisis of governance among other things. Since 2003, rejection and resistance have been the features of the process of polio eradication. Three survey instruments were used to collect the primary data and the secondary data was collected using documentary method. The data was quantitatively and qualitatively presented and analysed through triangulation method. System theory is adopted as a theoretical framework. Its adoption is informed due to the fact that polio is an incapacitating disease that afflicts the Nigerian society and requires government action through the political system in terms inputs, conversion process and output. The study found that, though socio-cultural factors impacted on the process of polio eradication in the study area. Other factors such as government's negligence of the overall development issues in the study area also affect the implementation effort of the government. In view of this, the study recommends that elaborate sensitisation campaign and mobilisation should be carried out by the community and religious leaders. Also, government should address some basic and fundamental development issues, so as to meet the needs and aspirations of people of the local government.

Table of Contents

Title Page	i
Declaration	ii
Certification	iii
Dedication	iv
Acknowledgement	v
Abstract	viii
Table of Content	ix
List of Tables and Charts	xiv
List of Acronyms	xvii
Chapter One:	1
CHAPTER ONE: GENERAL INTRODUCTION	1
1.1 Background to the Study	1
1.2 Statement of Research Problem	3
1.3 Research Questions	3
1.4 Objectives of the Study	4
1.5 Research Propositions	4

1.6 Significance/Justification of the Study -----	5
1.7 Scope and Delimitation of the Study -----	5
1.8 Research Methodology -----	7
1.8.1 Sources and Methods of Data Collection -----	7
1.8.2 Population and Sample Size of the Study -----	8
1.8.3 Sampling Procedure -----	10
1.8.4 Target Population of the Study -----	12
1.8.5 Hiring of Research Assistant -----	13
1.8.6 Key Informants for Unstructured Interview -----	13
1.8.7 Method for Selecting the Informants -----	14
1.8.8 Focus Group Discussion (FGD) -----	15
1.8.9 Methods of Data Presentation and Analysis -----	16
1.9 Definition of Concepts -----	16
1.10 Organisation of Chapters -----	17
CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK -----	18
2.1 Introduction -----	18
2.2 Sociology of Culture-----	18
2.2.1 The Concept and Types of Culture -----	21

2.2.2 Determinants of Culture-----	25
2.3 The Concept of Policy -----	26
2.3.1 The Concept of Public Policy -----	27
2.3.2 Public Policy-making and its Process -----	29
2.4 Public Policy Implementation-----	31
2.4.1 Policy Implementation Strategies-----	38
2.4.2 Top-Down Strategy: A Review -----	39
2.4.3 Bottom-Up Strategy -----	40
2.5 Problems of Policy Making and Implementation in Developing Countries -----	43
2.5.1 Nigerian Policy Environment and the Problems of Policy-making and Implementation---	45
2.5.2 Impact of Socio-cultural Factors on Public Policy Implementation in Nigeria-----	50
2.6 Polio Disease in Nigeria -----	52
2.6.1 Polio Eradication Strategies in Nigeria-----	56
2.7 Theoretical Framework -----	59
2.7.1 Weaknesses of the Theory -----	63
2.7.2 Relevance of the Theory to the Study -----	63
CHAPTER THREE: BACKGROUND OF THE AREA UNDER STUDY -----	66

3.1 Introduction -----	66
3.2 The Evolution of Sabon-Gari Local Government Area: -----	66
3.3 Land Area and Location of the Local Government-----	68
3.4 People of the Study Area-----	69
3.5 Economic Activities of the People-----	71
3.6 Educational Institutions Available in the Local Government-----	73
3.7 Health Facilities of the Local Government-----	73
3.8 Administrative Structure of the Local Government-----	74
 CHAPTER FOUR: IMPACT ANALYSIS OF SOCIO-CULTURAL FACTORS ON POLIO ERADICATION-----	 75
4.1 Introduction-----	75
4.2 Data Presentation and Analysis-----	77
4.3 Bio-Data Variables Distribution-----	78
4.4: Socio-Cultural Factors and Polio Eradication in Sabon Gari Local Government Area of Kaduna State-----	 82
4.5 Likely Impact of the Socio-Cultural and other related Factors on the Implementation of National Policy on Polio Eradication in the Study Area-----	 95

4.6 Likely Strategies for Overcoming the Challenges to the Implementation of National Policy on Polio Eradication in the Study Areas-----	101
4.7 Discussion of Major Findings and relating them with the Research Propositions-----	104
CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS-----	106
5.1: Introduction-----	106
5.2 Summary-----	106
5.3 Conclusion-----	107
5.4 Recommendations-----	108
References-----	109
Appendix “A”: Questionnaire-----	117
Appendix “B”: Interviewees-----	120
Appendix “C”: Names of People Interviewed-----	121
Appendix “D”: Names of Participants for FGDs-----	122
Appendix “E”: NDHS 2008 Report-----	124

List of Tables and Charts

Table 1.1: Distribution of the Total Population, Households and the Sample Size According to the Wards of the Local Government-----	9
Table 1.2: Sample Size Selection Interval Using Systematic Sampling Technique-----	11
Table 1.3: Research Assistants-----	14
Table 1.4: Informants per Stratum-----	15
Diagram 2.1: Stages of the Policy-Making Process-----	29
Diagram 2.2: Diagrammatic Description of the System Theory-----	59
Administrative Structure of the Local Government-----	72
Table 4.1: Reported Polio Cases in Nigeria, 1996 to 2012-----	74
Table 4.2: Administration and Retrieval of Questionnaire-----	75
Table 4.3: Age Bracket of Respondents-----	76
Table 4.4: Distribution of Respondents Based on Sex-----	77
Table 4.5: Religious Affiliation of Respondents-----	77
Table 4.6: Distribution of Respondents by Marital Status-----	78
Table 4.7: Distribution of Respondents by Number of Children below 5 Years-----	78
Table 4.8: Highest Educational Qualification of Respondents-----	79
Table 4.9: Distribution of Respondents by Occupation-----	80

Table 4.10: Incidence of polio disease-----	81
Table 4.11: Causes of Polio Disease-----	83
Table 4.12: Eligible children for vaccination against the polio disease-----	84
Table 4.13: The Most Common Disease Afflicting Child in the Study Area-----	85
Table 4.14: Respondents view on whether their culture is opposed to immunization against polio diseases-----	86
Table 4.15: Respondents views on the possibility of eradicating polio disease-----	90
Table 4.16: Reasons for the rejection of the polio vaccine-----	91
Table 4.17: The impact of the socio-cultural factors on the process of polio eradication in the study area-----	93
Table 4.18: Additional factor affecting the implementation of National Policy on Polio Eradication in the study area-----	95
Table 4.19: It is correct to say that, the more the incident of the socio-cultural factors in the study area, the more the difficulties encountered in the process of polio eradication-----	96
Table 4.20: It has been alleged that, polio workers camouflage during vaccination exercise especially in highly resistant areas, does this apply to your area-----	97
Table 4.21: Low level of literacy (Low+w level of western education) is viewed as a strong cause of the polio vaccination boycott-----	98

Table 4.22: Respondents' views on whether the current strategies adopted by the government are ok for eradicating polio in the study area-----	99
Table 4.23: Respondents' view on whether the involvement of traditional and religious leaders is a good strategy for eradicating polio in the study area-----	100
Table 4.24: Respondents' views on whether the following strategies helped in restoring confidence of the populace in accepting the polio vaccine after the 2003 controversy -----	101
Table 4.25: Respondents' view on whether the adoption of this multiple strategies can help in achieving the objectives of the polio eradication programme in the study area-----	102

List of Acronyms

ABU:	Ahmadu Bello University
BCA:	British Conial Administration
CEDDERT:	Centre for Democratic Development Research and Training
CILS:	Centre for Islamic Legal Studies
FGD:	Focus Group Discussion
GPEI:	Global Polio Eradication Initiative
IPV:	Inactivated Polio Vaccine
KIL:	Kashim Ibrahim Library
LGA:	Local Government Authority
NDHS	National Demographic and Health Survey
NIDs:	National Immunisation Days
NPHCDA:	National Primary Health Care Development Agency
NPPE:	National Policy on Polio Eradication
NTLCPHC:	Northern Traditional Leaders Committee on Primary Health Care
OPV:	Oral Polio Vaccine

PAIN States

Pakistan Afghanistan India and Nigeria

UNDP:

United Nations Development Programme

UNICEF:

United Nations Children Fund

WHA:

World Health Assembly

WHO:

World Health Organisation

CHAPTER ONE GENERAL INTRODUCTION

1.1 Background to the Study

The significance of policy implementation in the policy process can never be overemphasised. This is because policy implementation is a stage that accomplishes the actual decision made at the beginning of policy making process. The aim of any policy package is perhaps to produce fully-fledged outcomes at the end of its implementation. In this regard, certain structures and institutions are put in place for successful implementation. Irrespective of the nature of the structures and institutions, what is required from them is their function for the realisation of the policy objectives.

The realisation of the policy objectives is normally hampered and challenged by a variety of factors. These factors are multi-dimensional in nature and perhaps affect implementation process in multi-dimensional ways. Some of these factors are believed to be environmental which can be physical, natural, economic and socio-cultural. It is, however, argued that socio-cultural factors of the policy environment have become worthy of consideration in the process of policy implementation.

However, the major concern of this study is the socio-cultural factors which encompass the general way of life of people and belief systems in terms of religious value system, artifacts, symbols, family and language. These factors as captured by Armenakis and Kiefer (2007) are the interacting elements of the policy environment that determine or influence the implementation of certain policies. Policies or programmes that are meant for people have to be accepted by them and to be in conformity with their culture and social values. People and their culture constitute

part of policy environment and are supposed to be directors of their affairs in terms of implementation.

It is in line with this that Sprout and Sprout (1967) warn policy makers and implementers to consider policy environment in the process of policy making and implementation. As a result of the negligence of such warning, Nigeria has been failing to have successful implementation of some policies. One of such policies that became very tendentious was the population policy of the 1980s, which created serious controversy due to the fact that it was not in conformity with the socio-cultural dispositions of the Nigerian people. Another policy that creates serious storms is the National Policy on Polio Eradication which came up after the declaration on the survival, protection and development of children as articulated at the 49th World Health Assembly (WHA) in 1988. This declaration was reinforced during the 1990s World Summit for children that took place in New York (National Immunisation Policy, 2009).

Nigeria, being a signatory to this declaration has been committed to have achieved polio eradication. It adopts different strategies and commits a lot of resources for the eradication of the disease, but hitherto, it is yet to be eradicated due to rejection and resistance to the programme. However, 2003 marked the beginning of massive resistance to oral polio vaccine (OPV) by some of the political, traditional and religious leaders of the northern part of the country. This resistance led to the total stoppage of the programme and continued re-infection of the disease within and outside the country.

In 2006, among the four (4) polio endemic countries that were known as PAIN states (Pakistan, Afghanistan, India and Nigeria) in the World, Nigeria alone accounted for over 50% of the globally reported cases of the disease. However, cases of polio continued to be reported

especially in many states of the Northern part of Nigeria (Kabir et al, 2006). Kano State constituted the most prone to poliomyelitis due to the suspension of the immunisation process. Although the Kaduna State Government did not suspend polio immunisation in totality, some residents voiced opposition to mass polio immunisations and Western involvement in the Nigerian immunisation campaigns, especially in Northern part of the State which comprises the entire Zaria emirate, where Sabon Gari Local Government is located.

Moreover, polio is one of the major diseases receiving global attention from World Health Organisation (WHO) to national governments, perhaps because it incapacitates its victims. The effort to eradicate polio has been put in hold through resistance. However, various factors ranging from political, economic and socio-cultural among others are said to be responsible for the resistance to the Polio Eradication Programme.

1.2 Statement of the Research Problem

It is against this background that this study examines the impact of socio-cultural factors on the implementation of the National Policy on Polio Eradication in Sabon Gari Local Government Area of Kaduna State, from 2003 to 2012. Consequently, the following research questions are raised:

1.3 Research Questions

- i. What are the socio-cultural factors militating against the implementation of the National Policy on Polio Eradication in the study area?
- ii. How have these socio-cultural factors affected the implementation of the policy in Sabon-Gari Local Government Area?

- iii. How can these factors be moderated for a more effective realisation of the policy objectives?

1.4 Objectives of the Study

In order to answer the above mentioned research questions, the following objectives were set to be achieved:

- i. To unravel the socio-cultural factors hindering the implementation of the National Policy on Polio Eradication in the study area;
- ii. To ascertain the effect of socio-cultural factors on the implementation of the National Policy on Polio Eradication in the study area;
- iii. To find out how these factors can be moderated for a more effective realization of the policy objectives in the study area.

1.5 Research Propositions

In line with the aforementioned research questions and objectives, the study is based on the following propositions:

- i) Socio-cultural factors such as religious belief and the peoples' general attitude to life militate against the implementation of the National Policy on Polio Eradication in Sabon-Gari Local Government Area of Kaduna State.
- ii) That religious belief and the peoples' general attitude to life do not militate against the implementation of the National Policy on Polio Eradication in the study area.

1.6 Significance of the Study

In spite of the existing literature on public policy implementation in Nigeria in general and national policy on polio eradication in particular, a systematic examination of the impact of socio-cultural factors militating against the implementation of the National policy on Polio eradication in Sabon-Gari local Government Area of Kaduna State has not been undertaken. In other words, none of the existing literature focuses on the examination of the negative impact of socio-cultural factors in the implementation of the National Policy on polio eradication in the selected Local Government. The little done in the area of polio eradication is lopsided in capturing the specific factors that hinder the effort of the eradication of polio in the selected area of the study. This indicates that there is gap in the body of literature and this study is, therefore, a modest attempt at bridging the gap.

Besides, it is hoped that, a study of this nature will expand our understanding of the problems of polio eradication in Nigeria, through the examination of the socio-cultural factors responsible for the problem. The international agencies campaigning for polio eradication such as World Health Organisation (WHO) and United Nation Children Fund (UNICEF), as well as the Nigerian policy makers and all stakeholders in the process of polio eradication will also find this study relevant as the recommendations offered at the end of the study will serve as a guide in the making of policies relating to polio eradication and public health in the study area in particular and Nigeria as a whole.

The study will also serve as a guide to future researchers who may develop an interest to conduct similar study.

1.7 Scope and Limitations of the Study

This study covers the aspect of the impact of socio-cultural factors on the implementation of public policy, with special focus on National Policy on Polio Eradication in Sabon-Gari Local Government Area of Kaduna State from 2003-2012. The choice of the period was informed by the fact that 2003 was the year that the massive resistance to polio vaccination started and also it was the year that both political and religious leaders in Northern Nigeria called for a massive boycott of the polio vaccine which led to the stagnation of the vaccination and the continued re-infection of the virus (Peters, 2011). It also coincided with the efforts inserted by Global Polio Eradication Initiative (GPEI) to interrupt the final chain of transmission of the poliomyelitis in the Northern Nigeria (WHO, 2003: 5).

Besides, the study's time frame was terminated in 2012 due to the fact that it was the last target year for final eradication of the disease after the failure of the 2005 target (WHO, 2004). It is also important to note that Sabon Gari Local Government was chosen because it is said to be located in one of the high-risk states and wild polio virus endemic area in the State (NPHCDA Document, 2011).

One limitation to this study is the difficulties to get access to some of the informants that were selected to interview. Also part of the limitation to the study is the rejection from both the community and the officials of the Primary Healthcare Development of Sabon Gari Local government. The community was seeing the researcher as part of the polio ad hoc staff and the officials of the PHC were looking at the researcher as somebody spying their activities. However, through lobby and explanations, the researcher being an indigene of Sabon Gari Local Government was able to get them interviewed.

1.8 Research Methodology

According to Umaru (2004), research methodology refers to a body of principles and organisational framework aimed at guiding deductions and generalisations, in the process of searching for, collecting, analyzing and interpreting data. Also Mustafa (2012) maintains that research methodology is the method the researcher uses in performing research operations so as to systematically solve research problem.

1.8.1 Sources of Data

Data for this work was gathered from two major sources. These were Secondary and Primary sources. The Secondary data was sourced from the existing literature documented in academic books, journals, periodical, published articles, magazines, newspapers and internet materials. These materials were assessed and collected from the Kashim Ibrahim Library (KIL) ABU Zaria, Postgraduate Library of the Department of Political Science, Faculty of Social Sciences, ABU Zaria, Faculty of Social Sciences Library, and Department of Community Medicine, Departmental Library, ABU Zaria, Centre for Democratic Development Research and Training, Zangon-Shanu, Samaru, Zaria and other sources of information. Also, the Reports and documents of the World Health Organisation, UNICEF and Rotary International, among others, on the success or failure of polio eradication were reviewed.

Primary data was collected through the use of the following survey instruments:

- a) Structured and Unstructured Questionnaire;
- b) Unstructured In-depth Interview and

c) Focus Group Discussion (FGD).

1.8.2 Population and Sample Size of the Study

Population here refers to the totality of people living in a particular geographical location (Ibrahim, 2010). Sample size according to Biereenu-Nnabugwu (2006: 175), refers to sub-group or sub-set of a total population of a given study. Kerlinger also posits that sampling is a portion of a total population as a representative of that population (in Biereenu-Nnabugwu, 2006). However, Sabon-Gari, being the case study area has a total population of 291,358 going by the 2006 population census (National Bureau for Statistics, 2007) and by 2013, it was updated to 352,815 and out of which 73, 808 are households representing 21.0% of the total population (Maternal, Newborn and Child Week Plan, Sabon-Gari Local Government Area, 2012).

The sample size of this study is 550, which is considered to be representative enough to the total population of the Local Government as it conforms to the Morgan and Kreiche's criterion that a sample of 384 and above can represent the total population of 1,000,000 (Morgan and Kreiche, 1970). The distribution of the total population and the sample size according to the wards of the Local Government under study is presented in a tabular form below:

Table 1.1: Distribution of the Total Population and the Sample Size According to the Wards of the Local Government

S/N	No of Wards of the LGA	Total Population Per Ward of the LGA	Sample Size Per Ward of the LGA
1	Basawa	30,448	47
2	Bomo	37,446	58
3	Chikaji	28,334	44
4	Dogarawa	32,718	51
5	Hanwa	31,109	49
6	Jama'a	23,696	37
7	Jushi	41,175	64
8	Muchia	38,817	61
9	Samaru	26,336	41
10	Unguan Gabas	27,294	43
11	Zabi	35,442	55
Total	11	352,815	550

Source: Adapted from Maternal, Newborn and Child Week Plan, Sabon-Gari Local Government Area, 2013

The ward sample size of the study was obtained through the use of the following formula:

$$\text{Ward Sample Population} = \frac{\text{No. of Ward Population}}{\text{No. of the Total population of the LGA}} \times \frac{550}{1}$$

Using the above formula, the ward's sample population size was obtained by dividing the number of population per ward with the total population of the local government multiplied by the desired sample size of the study. This is what gave the sample size of each ward in proportion to its population.

1.8.3 Sampling Procedure

The study area is Sabon-Gari Local Government, which is divided into two Districts and 11 political wards. Like many other local governments in the State, Sabon-Gari is populated by different ethnic groups, and according to the 2006 census, the population of the Local Government was estimated to be 291, 358 people (National Bureau for Statistics, 2007). By 2013, the population rose to 352,815 with the Household population of 73,808 (Maternal, Newborn and Child Health Week Plan, Sabon Gari Local Government Area of Kaduna State, 2013). The study's sample population was drawn from the current figure as updated by the health Department of the Local Government. **Multistage Cluster Sampling Technique** was used to divide the population of the Local Government into ward cluster of convenience. This technique involves sampling in successive stages such that at each stage, selection is made by using any of the well known probability sampling methods (Biereenu-Nnabugwu, 2006: 192).

Having divided the entire population of the Local Government into wards as cluster of convenience, **Systematic Sampling Method** was then used to alphabetically arrange the population according to the wards for determining the selection interval of the individual respondent. In this case, the target population is the adult male and female and therefore, the household population figure was used to determine the selection interval of the individual respondent at the ward levels, by dividing it with the sample size of each ward. In reaching to the ward levels as the cluster of the study, street arrangement of houses was used in some areas like Hayin-Dogo in Bomo ward, Chikaji, Jushi, Muchia, Samaru and Unguwan Gabas wards and selected some households. The first respondent was randomly selected and followed by selection interval in proportion to the wards' sample population size as presented in the table below. In

other areas where the houses are not lined in streets, the researcher randomly selected the respondents by considering the selection interval as well.

Table 1.2: Sample Size Selection Interval Using Systematic Sampling Technique

S/N	Wards	Households	Sample Size	Selection Interval
1	Basawa	6171	47	131
2	Bomo	7602	58	131
3	Chikaji	5900	44	134
4	Dogarawa	5218	51	102
5	Hanwa	7884	49	161
6	Jama'a	4998	37	135
7	Jushi	6955	64	109
8	Muchia	10,137	61	166
9	Samaru	10,121	41	247
10	Unguan Gabas	2390	43	56
11	Zabi	6432	55	117
Total	11	73,808	550	1,489

Source: Adapted from Maternal, Newborn and Child Week Plan, Sabon-Gari Local Government Area, 2013

The above table shows the systematic selection of the study through the use of the number of households as arranged alphabetically. The number of the household from each ward was divided by the sample size of the ward, in order to get the selection interval of the questionnaire administration. The table also shows that 131 selection intervals were obtained in both the Basawa and Bomo wards. Meaning that, in each 131 population interval, 1 house was

selected and given questionnaire to fill. This process was applied throughout other wards of the Local Government under study.

1.8.4 Target Population of the Study

The target population included male and female, cutting across all the existing cultural groups living in the area covered by the study. This constitutes the first category of the respondents and the information obtained here was through questionnaire. The second category of respondents was polio vaccinators, recorders and supervisors who were organised for Focus Group Discussion (FGD). The FGD was done during the National Immunisation Days (NIDs), where issues were discussed in order to ascertain the impact of socio-cultural factors on the implementation of the National Policy on Polio Eradication in the local government under study. The third category of the respondents comprised the Directors of the National Primary HealthCare Development Agency (NPHCDA), both at the regional and local government levels as well as the representative of the Northern Traditional Leaders Committee on Primary Health Care (NTLCPHC), experts in the medical field from the Faculty of Medicine and Pharmaceutical Sciences, ABU Zaria. The informants within this category were reached through unstructured interview.

Also, a community that was called ‘hard-to-reach’ area or high risk area, due to total rejection of the vaccination exercise was identified and visited. Two people were selected and interviewed (ie the village head and the youth leader) and 17 others were organized for FGD.

1.8.5 Hiring of Research Assistant

Five research assistants were used to help the researcher in the administration and retrieval of the questionnaires. Some of the research assistants happened to be friends and relatives of the researcher and three of them were fellow postgraduate students of Ahmadu Bello University, Zaria. The table below represents the breakdown of their wards coverage.

Table 1.3: Research Assistants' (RA) Ward Coverage

S/N	Names	Wards Covered by Each (RA)
1	Muhammad Abdullahi	Jama'a and Hanwa
2	Musa Umar	Basawa
3	Lukman Abdulrazak	Muchia and Chikaji
4	Babawo Musa Idris	Zabi
5	Umar Danladi	Unguan Gabas and Jushi
Total	5	8

Source: Field Work, 2013

The above table contains the breakdown of wards covered by each RA. As it can be seen from the table, the RA covered 8 wards which included Jama'a, Hanwa, Basawa, Muchia, Chikaji, Zabi, Unguan Gabas and Jushi, while the other three that included Bomo, Dogarawa and Samaru wards were covered by the researcher.

1.8.6 Key Informants for Unstructured Interview

Eight key informants were selected both at Zonal and Local Government Levels. They included the Zonal Director of NPHCDA (North-Western Zone), Director Local Government Primary Health Care Development Agency (Sabon-Gari Local Government Area), the Focal

Person and Representative of Northern Traditional Leaders Committee on Primary Health Care. Other informants included: the Director, Center for Islamic Legal Studies (CILS), Kongo Campus ABU Zaria, a Pharmacist, Professor and former Dean, Faculty of Pharmaceutical Sciences, ABU Zaria and a Medical Doctor from the Department of Community Medicine, ABU Zaria. Also, two people from *Bauda* village being the hard-to-reach area were interviewed.

1.8.7 Method for Selecting the Informants

The selection criterion of the informants was based on the pre-reading of the National Policy on Polio Eradication document, which contains the general implementation plan. It was discovered that the implementation plan is in stages starting from national, zonal/states and local government levels. The actual implementation commitments are, however, more at the local government level due to its proximity to the target population of the policy. In all of these stages, implementation teams were formed. Members of the teams were drawn from various strata, such as traditional leaders, religious leaders, medical experts and the staff of the Local Government PHCDA.

Based on this therefore, the informants were selected from each of the strata, using Stratified Sampling method. More so, the breakdown of the informants is represented on the table below:

Table 1.4: Informants per Stratum

S/N	Strata of the Informants	Number
1	Traditional Leader	1
2	Religious Leader	1
3	Medical Experts	4
4	Community Leaders	2
Total		8

Source: Field Work, 2013

The above table presents the breakdown of the informants for interview and their strata. As can be seen, one (1) informant was each selected from traditional and religious leaders of the Sabon Gari Local Government Area. Four (4) medical experts and two (2) community leaders were also selected. These made the total of eight (8) interviewees interviewed by the researcher.

1.8.8 Focus Group Discussion (FGD)

Three focus group discussions were conducted. Two groups were formed from the fieldworkers of polio vaccination. Each of the groups comprised eight polio workers consisting vaccinators, recorders and supervisors. The two FGDs were conducted at government hospital GRA Zaria. The other one was with the community, which was identified as high risk community because of their total resistance to the polio vaccination exercise. During National Immunisation Days (NIDs), youths from the communities used to organize themselves for boycotting the campaign. Based on this, we visited the community and organised a Focus Group Discussion with about seventeen (17) people so as to be able to find out the reasons for their boycott. The community based FGD was conducted at the *Bauda* village of *Dogarawa* ward.

1.8.9 Methods of Data Presentation and Analysis

This was done through tabulation method, which is a method of transferring data from its gathering instruments to a tabular form. The data was analysed through the use of both quantitative and qualitative descriptive methods of analysis to summarize the results of the subject under investigation. Through quantitative method, the researcher made use of simple percentage and frequency distribution tables to sum the mass of the information that was generated during the field work. The interviews and FGDs were tape-recorded, transcribed and the data was triangulated and analysed through the use of qualitative method of analysis.

1.9 Definition of Concepts

For easy reading and understanding the context of this work, a simple definition of some concepts used in this study is hereby made.

- a. Environmental Factors:** these comprise a variety of factors that are socio-cultural, economic, political, natural and physical in nature and that affect the implementation of a given public policy.
- b. Socio-cultural Factors:** Refer to a general or shared way of life of a people which include their belief systems (ie religion etc,) artifacts, symbols, family system and language among other things.
- c. National Policy:** This means federal government policy.
- d. Polio Eradication:** This means elimination of polio disease from existence.
- e. Policy Implementation:** This suggests putting policy statement into action.

- f. Poliomyelitis:** Poliomyelitis or Polio is an acute viral disease caused by poliovirus, from the picornavirus family, which can damage the digestive tract and the nervous system, leading to flaccid paralysis (Peter, 2011).

1.10 Organisation of Chapters

This work has five chapters and they are:

Chapter one is the background to the study, which includes Statement of Research Problem, Research Questions, Objectives of the Study, Research Propositions, Significance, Scope and Limitation, Method of Data Collection, Definition of Concepts and Chapters Organisation.

Chapter two delves into the Review of the Existing Literature and Theoretical Framework. Chapter three dwells on the Historical Background of the Area of the Study. Chapter four is the Impact Analysis of Socio-cultural Factors on the Polio Eradication: Presentation and Analysis of Data and the final chapter which is five, Summarises, Concludes and makes Recommendations based on the findings of the study.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter attempts a review of related literature and examines the theoretical framework which guides this study. A thematic review of the existing literature on the issues under study is hereby considered. The chapter reviews the concept of socio-cultural factors, the concept of culture and its types. It also deals with the concept of policy, public policy, public policy making and its stages, public policy implementation as well as factors affecting public policy implementation in the developing countries in general and Nigeria in particular. Also in the chapter, strategies for policy-making and implementation are also reviewed.

2.2 Sociology of Culture

The Environment is made up of so many things which include policy-making arena. This policy-making arena is what is referred to as policy environment. Policy environment refers to demographic variables like population size, age distribution, political culture, social structure and economic system (Anderson, 1997) that are very critical to policy making and implementation. In another development, Anderson (1997) classifies environmental factors that affect policy making and implementation into two, and they are: (a) political culture and (b) socio-economic conditions which are referred to as socio-cultural factors. The values and beliefs that are part of socio-political and cultural factors are, however, conceived to be among the environmental factors that affect the implementation of public policy. Bruce (2008: 166) have argued that

...policy environment or environmental decision making is contextually rooted, not simply in the physical world, but in the social world as well. Regarding the latter, cultures, religions, political institutions and other organizations, economic systems,

communities and individuals all may help to shape the social context within which an environmental decision-making process is carried out.

The socio-cultural aspects of policy environment are mostly regarded as determining factors of policy making and implementation. They are seen to be societal goals and values, perceptions and beliefs, collective knowledge and institutional structures as the patterns of expected human behaviour and general interaction of people (Bruce, 2008). Formal and informal political, legal, economic as well as community institutions all help to shape the context of public policy and decision making process (Bruce, 2008). They maintain that;

[The] policy environment should ensure that environmental and social systems have long term stability. By ‘stability’, [they] mean that neither environmental nor social systems should be pushed into situations that could lead to total system collapse. Good environmental decision-making processes will be able to detect threats to these systems, identify decision options that will keep the systems within safe ranges, and allow people the freedom to choose among the ‘safe’ decision options according to their present-day goals, values, perceptions and beliefs, while not jeopardizing future sustainability (Bruce, 2008:167-168).

Similarly, Armenakis and Kiefer (2007) see socio-cultural factors as religious beliefs and practice as well as political affiliation of a given society. All these factors are converged to shape the people’s experience and determine their perception over certain policy issues. The way an individual relates with his fellow members of society has to do with cultural experience (Ifeyinwa, 2002). What is significant is the understanding of the dynamics of social relationships in the environment (Ifeyinwa, 2002). It is further argued that “socio-cultural factors comprise economic, social, political and educational establishments of particular society (Ifeyinwa, 2002: 119). Socio-cultural factors refer to a shared way of life of a people. Similarly, Bayero (2010)

asserts that a complex combination of cultural and social attitudes, traditional beliefs and practices based on patriarchy is viewed as part of the socio-cultural factors.

Although culture varies from one group to another, they all have common elements which include symbols, language, values, norms and belief systems (Macionis, 2007). These elements are mutually inclusive and reinforcing. This study focuses on values and belief systems of people and how they determine their perception of the polio vaccination programme. Moreover, values are broader principles that support belief and are, therefore, “Culturally defined standard that people use to decide what is desirable, good, and beautiful, and that serve as broad guidelines for social living (Macionis, 2007: 68). Values are abstract standard of goodness and beliefs are particular matters that individuals consider true or false (Macionis, 2007). In terms of effect to the people’s world view, Macionis (2007: 68) further argues that “Cultural values and beliefs not only affect how people [sic] see their surroundings but also help form their personalities. They learn from families, friends, schools and religious organisations to think and act according to particular principles, to believe certain ‘truths’ and to pursue worthwhile goals”.

According to Verba (in Agarwal, 2006: 424), socio-cultural factors “consist of the system of empirical beliefs, expressive symbols and values which define the situation in which political action takes place”. This view equates socio-cultural factors with political culture, in which, Agarwal (2006: 424) maintains that “Political culture is to the political system what culture is to the social system”.

2.2.1 The Concept and Types of Culture

The concept of culture has been described as a set of explicit and implicit guidelines which individuals inherit as members of a particular group (Helman, 1994). It refers to accepted patterns and norms of behaviour within identifiable groups in a particular society (Griffiths, 1998). Culture, according to Parsons (1999) is not a timeless and motionless object of value systems that remains unaltered by dynamics of social change. This dynamic change as one of the features of culture qualifies it to be defined from various perspectives. It is in this regard that culture is seen as the beliefs of people, value systems, norms, myths, symbols, language, behaviour and structural elements of a given society, which manifest themselves in material and non-material forms (Moalosi, 2007). Furthermore, the societal common experiences, family sizes, aesthetics and religious belief systems are among the most important influences of the development of a societal culture (Moalosi, 2007).

Moreover, the term culture appeared first, in its current sense in Europe in the 18th and 19th centuries, to connote a process of cultivation or improvement, as in agriculture or horticulture (Douglas, 2001). In the 19th century, the term developed to refer; first, to the betterment or refinement of the individual, especially through education, and fulfillment of national aspirations or ideals (Douglas, 2001). Towards the end of the century, some scientists used the term “culture” to refer to a universal capacity (Douglas, 2001). According to the German non-positivist sociologist George Simmel, culture refers to “the cultivation of individuals through the agency of external forms, which has been objectified in the course of history” (in Donald, 1971). Culture, according to Anderson 1997:52),

...is transmitted from one generation to another by socialization, a process in which the individuals, through many experiences with parents, friends, teachers, political leaders and others [sic] politically relevant values, beliefs and attitudes.

Culture emerged as a central concept in anthropology and other disciplines of social sciences, encompassing the range of human phenomena that cannot be attributed to the generic inheritance (Douglas, 2001). Specifically, culture in American anthropology has two meanings. First, is that culture involves human capacity to classify and represent experiences with symbols, and to act imaginatively and creatively. Secondly, culture is the distinct ways that people living in different parts of the World classify and represents their experiences (Gerber, 2010). Most of the constructivist scholars hold the view that culture is a social construction of man living in a particular environment. According to UNESCO (2002), culture is defined as the set of distinctive spiritual, material, intellectual and emotional features of society or a social group. It encompasses not only art and literature, but also lifestyles and other ways of life that include value systems, traditions and beliefs.

In a related development, culture is defined by Rodney “as a total way of life. It embraces what people eat and what they wear; the manner in which they treat death and greet the newborn” (in Ikotun, 2010: 3). To Enang and Ushie (2012), culture can be seen as the interactions of persons and others and person’s belief or behavior that becomes part of culture. Similarly, Gardon (in Enang and Ushie, 2012) asserts that culture provides ways of explaining and comprehending human behavior, belief systems, values and ideologies, as well as particular culturally specific and unique personality. Culture is a dynamic phenomenon that changes with the change of environment and therefore it is part of the components of the environment.

Social Anthropologies identify various types of culture which are mostly grouped into two broad categories. These two categories are: Material and non-material culture (Milos, 2000). Material culture refers to the physical objects, resources, and spaces that people use to define their culture. These include homes, neighborhoods, cities, schools, churches, synagogues, temples, mosques, offices, factories and plants, tools, means of production, goods and products, stores, and so forth. All of these physical aspects of a culture help to define its members' behaviors and perceptions (Milos, 2000).

In a related development, non-material culture refers to the non-physical ideas that people have about their culture, including beliefs, values, rules, norms, morals, language, organizations and institutions (Milos, 2000). For instance, the non-material culture such as belief system consists of a set of ideas and beliefs about God, worship, morals and ethics. These beliefs, then, determine how culture responds to its religious issues and events. When considering non-material culture, sociologists refer to several processes that a culture uses to shape its members' thoughts, feelings and behaviours (Milos, 2000).

Furthermore, Almond and Verba (1965) view concept of culture as political culture where they divide it into three which include:

- i) Parochial political culture;
- ii) Subject political culture and;
- iii) Participant political culture.

In the parochial typology, citizens are not aware of the input process, output process or the political system as a whole. There is little improvement regarding the subject typology of

political culture in which the citizens are oriented towards political system and output process. To them, only people within the category of participant political culture possess high level of awareness and information about input and output process of policy making and implementation (Anderson, 1997).

The implication of these differences in political culture to policy implementation is apparent, due to the fact that, participation in the process of public policy implementation in a parochial political culture is essentially nonexistent (Anderson, 1997). Citizens in the subject typology of political culture may believe that they can do little to influence public policy making process. This belief may lead to passive acceptance of governmental programmes that may be authoritarian in nature. In some cases, frustration and resentment may build until redress or change is sought through violence (Anderson, 1997). In a society with a participant political culture, people organize themselves into groups and seek to influence public policy process. In such society, government and its policies are controlled by people and they conclude that, this is found in the United States of America and other advanced societies of the Western Europe (Anderson, 1997).

This analysis of the typology of political culture advanced by Almond and Verba (1965) can, however, be faulted on the ground that, if participation is merely the acceptance or rejection of certain policy issues, the so-called developed society of the West cannot be regarded as the only matured political system characterised by the participant type of political culture. Political culture, therefore, is related to political behaviour because it is the culture of people that make them behave the way they do.

It is, however, argued that every community has a culture that differentiates values, norms and life-style of its members from those of other societies (Anderson, 1997). This suggests that the differential life style and value orientation of a people determine the way and manner a particular phenomenon is viewed. Culture is one of the factors that dictates why people behave the way they do (Anderson, 1997).

In a Euro-centric form of analysis, Elazer has identified three levels of political culture, which includes individualistic, moralistic and traditionalistic political culture. The individualistic political culture puts more emphasis on private concerns and sees government as a utilitarian device for accomplishing what people want (Elazer, 2000). According to this view, politicians do hold office in order to control government for their private gains (Elazer, 2000). The view of government action as a public service is the perspective of moralistic political culture. It, therefore, sees government as a mechanism for advancing public interest rather than private one. Elazer (2000) continues that traditionalistic political culture takes a paternalistic and elitist view of government action in the process of policy implementation. It sees citizens' participation in implementation process as minimal and inactive, and therefore, it is a unique nature of participation in implementation process in non-Western societies.

2.2.2 Determinants of Culture

Determinants basically refer to processes that mould the socio-cultural dispositions of a given society. One of these determining factors of a people is historical experiences because it is gradually constructed on the cumulative orientations of people towards political processes and policy issues (Agarwal, 2006). He further argues that "Each generation inherits attitudes and beliefs towards politics partly from earlier generation and partly, it is formulated as a reaction to

the on-going politics. In other words, political culture is a product of learning process and the actual experiences of the people” (Agarwal, 2006: 423).

In his own part, Macionis (2007) sees determinants of culture in terms of factors that affect cultural changes. He argues that cultural change happens in three ways (Macionis, 2007). The first one is invention as the process of creating new cultural elements. Through invention, new material things are created for a societal uses. He goes further to argue that “Invention has given us the telephone (1876), the airplane (1903), and the computer (1947), each of which has a tremendous impact on people [sic] way of life (Macionis, 2007: 79).

The second determining factor of cultural change is discovery. It involves the recognition and better understanding of material objects already in existence (Macionis, 2007). Through discovery, some cultural practices of a people are adjusted and changed. The third determinant of culture is diffusion. Diffusion is viewed as the spread of cultural traits from one society to another since information technology disseminates information around the World in seconds (Macionis, 2007).

2.3 The Concept of Policy

Policy is one of the concepts of social sciences that attract so many definitions. Policy is synonymous with decision or decision-making. Policy is directed toward accomplishing some purposes or goals (Anderson, 1997). Many people regard policy in terms of public policy rather than private policy. Some scholars equate policy with decision by arguing that although policy is to be distinguished from decision, it is less readily distinguishable from administration (Hogwood and Gunn, 1984). Policy involves behaviour as well as intention, and action as well as

inaction. Policy arises from a process over time, which may involve both intra and inter-organisational relationships (Hill and Hupe, 2002). Policy may have some outcomes that may or may not have been foreseen (Hill and Hupe, 2002). In trying to distinguished policy with public policy, Anderson (1997) maintains that policy is a purposive course of action followed by an actor or set of actors in dealing with a problem or matter of concern while Public policies are those policies developed by governmental bodies and officials.

Also, policy is seen as a general or specific goal which policy makers hope to attain through the adoption of a plan of action and the specific means by which the goal is to be pursued (in Sambo, 1999: 285). According to Eghe (in Ngu, 2006: 2), “A policy is a verbal, written or implied basic guide to action that is adopted and followed by a manager”. Besides, Jenkins (in Olaniyi, 2003: 16) sees policy as

A set of inter-related decisions by a political actor or group of actors concerning the selection of goals and the means of achieving them within a specified situation where those decisions should in principle be within the power of those actors to achieve.

This definition highlights the fact that there is mirage of problems in any given society that requires government effort toward solving them.

2.3.1 The Concept of Public Policy

Public policy according to Sambo (1999) is an authoritative plan of action for the promotion and allocation of selected values, which is deemed by governmental authority to be in the common interest of people. It consists of some general or specific goal which policy makers hope to attain in conjunction with the general course of action to be followed and the means of achieving the goal (Sambo, 1999). This view, however, sees public policy as a centrally planned

action which designs procedures for the realisation of policy objectives. This is similar with the definition of public policy as what government chooses to do or not to do (in Ngu, 2006).

According to Egonmwan (2002), public policy is a government programme of action. He further asserts that, the raging debate over the parameter and the scope of what could constitute public policy is an issue of concern (Egonmwan, 2002). Some have raised the question as whether public policy should be posited at the level of decision making, intention or action of government. Others assert that, policy is what government actually implemented not what it intended to do (in Egonmwan, 2002). Public policy is also seen as “a proposed course of action of a person, group or government within a given environment, providing obstacles and opportunities which the policy proposed to utilise and overcome in an effort to reach a goal or realise an objective” (Bruce, 2003).

To Fataar (1999), public policy is a broad guide to present and future decisions, selected in the light of given conditions from a number of alternatives. They further argue that public policy is a projected programme consisting of desired objectives and the means of achieving them. Egonmwan (2002) further maintains that public policy is a course of action, which aims at finding solution to specific social and other politically related problems. This definition, however, suggests that, public policy is supposed to be targeted towards overcoming some perceived social problems.

Public policy is always guided by the presence of some terminologies that have aided in its understanding. These terminologies as captured by Egonmwan (2002) include policy demands, policy decisions, policy statements, policy outputs and policy outcomes. Policy demands are seen as claims made upon public officials by other actors formally to the political

system for an action or inaction for overcoming some perceived problems (Egonmwan, 2002). The political system, through its input-output maxim concretises the policy statement into well documented plan of action that is regarded as a public policy (Biereenu-Nnabugwu, 2006).

However, all the above authors have conceptualised public policy at the formulation stage without linking it to the most important stage of the policy circle, which is implementation. Implementation stage is the one that accomplishes the actual decision made at beginning of policy making process. Based on this therefore, their analysis fails to explain the concept of public policy in a holistic way and this study seeks to proceed from where they fail by examining the implementation stage of the policy process in general and specific factors that affect the implementation process.

2.3.2 Public Policy Processes

Bruce (2003) defines public policy process as a logical progression of policy making and implementation. Ngu (2006) also argues that public policy process involves many actors, governmental organs, government agencies and to some extent, individuals or groups of individual at all levels. Bruce (2003) argues that public policy process goes in a cyclical fashion, starting with problem identification, goal clarification, option generation, selection, implementation and evaluation.

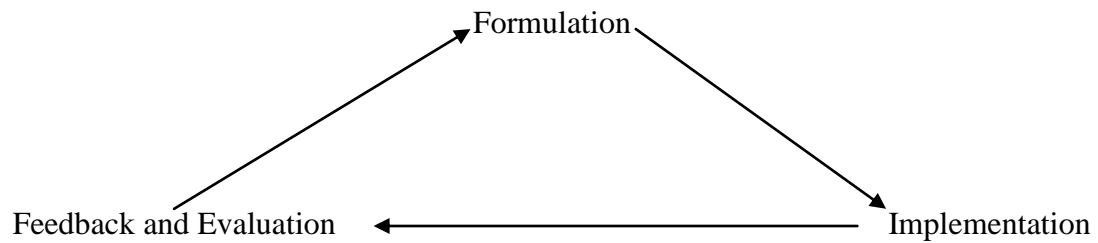
In another development, Sambo (1999) asserts that, the policy process is characterised by distinct stages which comprise agenda setting, formulation, adoption, implementation and evaluation. The policy agenda stage is synonymous to the problems identification stage of Bruce and Blsmith above. Policy process, according to Sambo (1999), corresponds to what in

conventional usage is referred to as policy cycle. Policy making is a complex activity involving a pattern of action geared towards realising policy objectives. He further argued that, an important aspect of policy cycle is the formal expression or articulation of public policy by public officials through statements and speeches made by them, indicating the intentions and goals of government as well as what will be done to realise them (Sambo, 1999: 286). The policy cycle comes to maturity with policy outputs, that is, the tangible manifestations of public policies.

Hogwood and Gunn (1984) assert that agenda setting is the stage in the policy process where actors attempt to narrow the number of subjects which come to their attention. The formulation of public policy is the stage at which the strategies for dealing with a public problem are developed. The policy adoption stage is when an authoritative choice among specified alternatives is made by governmental officials charged with the responsibilities of making public policy (in Sambo, 1999). Problems should receive the attention of policy makers and implementers who contemplate the list of potential alternatives for policy choices which in turn become legitimised at the adoption stage.

It is further argued that, in each stage of policy process, there are distinct sets of actors whose significance is determined largely by the resources they command. Elected and appointed officials are dominant actors at the agenda setting stage while bureaucrats are dominant actors at the implementation stage of policy process (Sani, 1994). In a similar vein, Olaniyi (2003) sees policy making process in three stages as represented below:

Diagram 2.1: Stages of the Policy-Making Process



Source: Olaniyi (2003:29)

According to Robert and Clark (in Olaniyi, 2003: 16), public policy process refers to a “series of steps taken by a government to solve problems, make decisions, allocate resources or values, implement policies and in general to do the things expected of them by their constituencies”. This explains the cyclical fashion of the policy process from formulation, implementation and to the evaluation stage.

Despite the attempt made by the above scholars to expatiate on the policy process, only Stofile, (2008) makes an attempt to unravel the complexities that characterise the policy implementation process, but fails to scientifically explain the complexities as factors affecting the process. They, therefore, fail to link their explanations to the environmental factors that are inherent in the formulation and implementation stages.

2.4 Public Policy Implementation

Policy implementation is a complex process that cannot be fully understood without an analysis of the complexities, tensions, perceptions and dilemma related to those engaged in the implementation process. A study has established that successful implementation is not impacted solely by the guidelines and authoritative directives from top, but also by other factors and

certain conditions in significant ways (Stofile, 2008). Policy implementation, therefore, is a product of interaction between various factors that emanate from the macro-level (top) to micro-level (bottom). However, for better understanding of the impact of environmental challenges on policy implementation, we divide the policy environment into macro and micro.

According to Mazmanian and Sabatier (1983) Implementation mean carrying out of a basic policy decision, usually incorporated in a statute but which can also take the form of importantly executive orders or court decisions. Ideally, that decision identifies the problems to be addressed, stipulates the objectives to be pursued, and in a variety of ways, structures the implementation process. Samuel (2008) argues that the implementation of public policy is a complex process that can only be fully understood when conceived as the study of a process of change. To him, policy implementation is as dynamic as its formulation (Samuel, 2008). It is further argued that implementation, in reality, must be recognised not only as an intrinsic part of policy-making, but as one which outlives both the formulation and approval of that policy (Samuel, 2008). For Barrett (2004:251), policy implementation refers to the process of “translating policy into action”. This explains the act of converting policy expression into reality. It also refers to the process of converting financial, material, technical and human inputs into outputs, goods and services (Egonmwan, 1991).

Evans (2008) describes a tendency for public policy implementation to be problematic, as policy objectives are not always clearly expressed which leads to serious boycott and resistance. This normally happens in a situation of an imposed or top-down policy (Evans, 2008). Policy implementation encompasses those actions by public or private individuals that are directed at the achievement of objectives set forth in prior policy decisions. They make a clear distinction

between the interrelated concepts of implementation, performance, impact and stress (Meter and Horn, 1974: 447-8). For Charles (2010), policy implementation refers to a series of interactions and interpretations between the outputs of policy formation and the effects of organisational and inter-organisational impacts. He sees policy implementation from organizational perspective. Gurus in the discipline of policy implementation argue that the success of a policy is based on how it is implemented by the agency (Pressman and Wildavsky, 1973).

In order for implementation to be successful there must be strong design of the policy. To be successful a policy must be designed to address the specific nature of the problem, must identify the agency which it will be implemented, and must give this agency the instruments to implement (Goggin, 1986, Mazmanian and Sabatier, 1989). Policy implementation can be measured through a cordial relation between policy design and policy implementation (Matland, 1995). Mazmanian and Sabatier (1989) argue that policy design is directly related to implementation. If there is a poor policy design there will be negative impact on the implementation, if policy design though is poor and implementation is good there can be positive impacts. If policy design is good and implementation is good then this is an effective policy (Maharaj, 2007).

That is to say, implementation design is more important than the policy making design. Furthermore, Ingram and Schneider (1997) define successful implementation as being agencies comply with the directives of statutes. Agencies, therefore, are held accountable for reaching specific indicators of success; goals of statutes are achieved; local goals are achieved; or there is an improvement in the political climate around the programme. This supports the top-down approach to policy making and implementation. It could, however, be argued that all the

aforementioned definitions have undermined some critical factors that are inherent in policy environment which are likely to determine the success or otherwise of policy implementation.

Even the Elmore ingredients (stated below) for effective implementation of public policy are not worthy to be considered in some environments. He, therefore, argues that for implementation of public policy to be effective, the following ingredients are necessary;

- (1) Clearly specified tasks and objectives that accurately reflect the intent of policy;
- (2) A management plan that allocates tasks and performance standards to subunits;
- (3) An objective means of measuring subunit performance; and
- (4) A system of management controls and social sanctions sufficient to hold subordinates accountable for their performance. Failures of implementation are, by definition, lapses of planning, specification and control (Elmore, 1978: 195).

Theoretically speaking, Matland (1995) argues that a successful implementation of policy or programme requires compliance with statutes (decisions), directives and goals, achievement of specific success indicators as well as the improvement in the political climatic condition to support a given programme. Similarly, Giacchino and Kakabadse (2003) argue that the successful implementation of public policy depends on some decisive factors which include;

1. Decisions taken to locate political responsibilities for initiative;
2. Presence of strong project management or team dynamics and level of commitment shown to policy initiatives.

In contrast to the above, Narendra, (2009) argues that the success of policy implementation depends critically on two broad factors: Local capacity and will. Issue of motivation and commitment reflect the implementers' evaluation of the value of a policy or the appropriateness of a particular strategy (Narendra, 2009). This motivation or will is largely influenced by some factors that are perceived to be beyond the stability of a given policy environment (Narendra, 2009). Moreover, competing centres of authority in terms of clashes of interests, contending priorities or pressures as well as other aspects of socio-political milieu can adversely affect the willingness of the implementers of public policy (Narendra, 2009). This attracted Matland to argue that, external policy features have limited influence on outcomes of a given policy, especially at the lower level.

The public policy implementation theory sees implementation process as a timely and satisfactory performance of certain necessary tasks related to carrying out of the intent of the law (Narendra, 2009). It also sees it in terms of output or extent to which programmatic goals have been achieved (Narendra, 2009). However, the substances of this theory were based on the intellectual debate of three groups of researchers who are described as "Generational Implementation Researchers" (Narendra, 2009). The first generation scholars of policy implementation theory focused on how an authoritative decision was carried out either at a single location or multiple sides (in Narendra, 2009). The major scholars of this generation are the like of Pressman, Wildavsky, Sabatier and Mazmanian, among others (Narendra, 2009).

Mazmanian and Sabatier (1989) opine that the first generation research was a more systematic effort to understand the factors that facilitate or constrain the implementation of public policy. Some critical local forces, such as size, intra-organisational relationships,

commitments, capacity and institutional complexities usually do mould responses and reactions to public policy (in Narendra, 2009). The major discovery of the first generation researchers in the problem of policy implementation is the issue of the uncertain relationship between policies, decisions and implemented programmes.

The first generation researchers were, however, accused of being a theoretical and non-cumulative. They only enjoyed the status of pioneering the research on policy implementation, but failed to overcome policy implementation problems (Goggin et al, 1990). The lapses of the first generation scholars of the policy implementation theory led to the emergence of the second generation implementation researchers.

The main focus of the second generation researchers is on the analysis of the relationships between policy and practice (Narendra, 2009). Studies at this stage recognise the variability of implementation of public policy over time and across policies as well as units of government. It therefore concerns itself in describing and explaining implementation success or failure (Narendra, 2009). According to this generation;

...policy cannot always mandate what matters to outcomes at local level. Individual incentives and beliefs are central to local responses. Effective implementation requires a strategic balance of pressure and support. Policy directed change ultimately is a problem of the smallest unit (In Narendra, 2009: 106).

To the researchers of this generation, the framers of public policy cannot impose certain policy issues to people at the local level without making the issue to be in conformity with their belief system. This belief system is a product of societal social interaction which is one of the environmental factors. The second generation implementation studies also focuses on the development of an analytical framework of implementation, which includes the top-down and

bottom-up approach (Narendra, 2009). The researchers of this generation were divided into two in terms of policy making and implementation frameworks and strategies.

The reason for the division is due to the fact that, all the researchers of this generation relied heavily on an explicit or implicit model of policy implementation process (in Narendra, 2009). The two frameworks are regarded confrontational and are called top-down and bottom-up frameworks for policy implementation (Winter, 2003).

According to the subscribers of the top-down approach, implementation of policy is as centralized as making of the policy, that policy objectives can be expressed by policy makers and that implementation can successfully be carried out by setting up some sophisticated mechanisms and strategies (Palumbo and Calista, 1990). This view was, however, criticized as being policy centred and only represents the yearnings and aspirations of the policymakers not the targeted beneficiaries of the policies (Younis and Davidson, 1990). They further add that this kind of approach affects the success of policy implementation because the so-called policymakers are incapable of controlling the pressures coming from policy environment (Younis and Davidson, 1990). The approach therefore is considered undemocratic and too authoritative.

Moreover, the bottom-up framework focuses on individuals and their pattern of behaviour at the local level. It also focuses on formal and informal relationships constituting the environmental policy subsystems that are directly or indirectly involved in making and implementing policies (Howllet and Ramesh, 2003: 190). This perspective has as its starting point a problem which is identified at societal level and the implementation strategy is also designed at local level and as Lipsky (1980) suggests, street-level bureaucrats are made central in the implementation processes. In his theory of street-level bureaucrats, Lipsky (1980) contends

that street-level bureaucrats are considered to have an actual and direct knowledge of what the beneficiaries of the policy need.

2.4.1 Policy Implementation Strategies

Strategies in the policy process are seen as the way and manner a given policy or programme is implemented. Policy implementation scholars have suggested various strategies for policy implementation. Scholars like Elmore (1979) and Faater (1999) proposed “forward and mapping” strategy for policy implementation. While others like Dyer (1999), Stensaker (2005), Lane (1993), Matland (1995), Sabatier (2005), Meter and Horn (1974) look it from “top-down” and “bottom-up” models.

The top-down and bottom up schools of thought are seen as providing the most effective methods for studying and describing implementation of a public policy (Dyer, 1999; Elmore, 1979; Gornitzka, et al 2005, Lane, 1993, Matland, 1994; Sabatier and 2005). These models focus on different aspects of the implementation process and strive to define implementation, how it should be studied and the conditions necessary for fulfilling the objectives of a particular policy (Meter & Horn, 1974).

Although the policy implementation theories have tried to give an elaborate explanations on which approach if adopted can produce best desired implementation outcome, they fail to go deep into examination of the environmental factors that are so critical to policy implementation. This is based on the fact that policy implementation does not take place in a vacuum; it takes place within the context of socio-cultural, political and economic environment.

2.4.2 Top-Down Strategy

Proponents of the top-down model assume that clarity of goals and control by the policy makers will lead to more effective implementation and greater success in addressing problems (Sabatier, 2005). To them, clear identification of the problems at the level of decision-making is the best way for achieving a desired objective of executing certain policy outcome. The implementation analysis advanced in this model tends to focus on factors that can be easily manipulated by policy makers at the central level (Elmore, 1979; Gornitzka et al, 2005; Sabatier, 2005). Top-down scholars, however, see policy makers as the central actors and concentrate on factors that can be controlled at a central level. Palumbo and Calista, (1994: 13) argue that “policy goals can be specified by policymakers and that implementation can be carried out successfully by setting up certain mechanisms”.

The essential feature of the top-down approach was developed by Pressman and Wildavsky (1973). They argue that policy implementation is a linear process that is characterised by a hierarchically ordered set of events, which can be centrally controlled. In this model, policy process is divided into sequential steps, each of which is treated as functionally distinct (Pressman and Wildavsky, 1973). Sani (1994) also argues in this regard that national policy can be developed where a broad national consensus is obtained over an issue. He, therefore, warns that approaching policy from top-down perspective may lead to over-centralisation of policy issues (Sani, 1994: 22). Over-centralisation of policy issues may usually lead to poor design of the policy and invariably affects its implementation like the National Policy on Immunisation that the Nigerian state has been trying to implement since 1979.

The top-down model has been greatly criticised for not taking into account the role of other actors and levels in the implementation process. Critics have emphasised, for instance, the complexity of interactions and negotiations in the implementation process, policy implementation environment, the multitude of actors and sometimes even conflicting political initiatives, as well as administrative nature of policies (Bardach, 1977). It is also criticized as ‘policy centered’ and represents the policy maker’s views not the general views of the masses (Younis and Davidson, 1990). Berman (1980) argues that choosing the top-down strategy can lead to resistance, disregard and violent reaction. The failure of the top-down perspective to give comprehensive explanation of problems of public policy and its implementation led to the emergence of another approach. This approach is called bottom-up approach to public policy making and implementation.

2.4.3 Bottom-Up Strategy

Bottom-up scholars have focused on participants and service providers, arguing that, problem statement of policy is made at the local level (Gornitzka, et. al., 2005). Implementation viewed through the lens of this perspective is regarded as the “rational administrative activity of a political neutral bureaucracy whose actions are directed at the achievement of the policy objectives (Clercq, 1997: 146). This view separates implementation from formulation, suggesting a separation between theory and practice (Sani, 1994). Supporters of this view describe implementation as the execution of policy. According to Sundquist, any problem that may require national attention is supposed to begin from local level before it passes through three phases (in Sani, 1994). He further added that;

As a major internal problem develops or comes to public attention, public attitude appear to pass through three phases. As the problem begins to be recognised, it is seen as local in character, outside the national concern. Then, it as it persists and as it becomes clear that the state and communities are unable to solve it unaided...the activists propose Federal aid, but on the basis of helping the states and communities cope with what is still seen as their problem. Finally, the focus of basic responsibility shifts: the problem is recognised as in fact not local at all but as a national solution that states and communities is mandated, by one means or another, to carry out-usually by inducements strong enough to produce a voluntary response but sometimes by more direct, coercive means.

This suggests that the problems must have been found at the local level and communicated to the national level through certain channel before reaching the stage of implementation. Supporters of the bottom-up approach start from a policy problem and then examine the strategies employed by relevant participants at different levels of the government as they attempt to deal with the issue consistent with their objectives (Sabatier, 2005). This approach considers implementation strategy very important in achieving any policy objective. In line with the bottom-up approach to policy implementation, a theory of 'Street-level bureaucracy' is propounded in the 1980 by Lipsky and to explain the problems faced while implementing a given policy.

The main focus of this theory is on the discretionary decisions made by the field workers while implementing certain policies. He calls field workers 'street-level bureaucrats' (Lipsky, 1980). This discretionary role in delivering services or enforcing regulations makes street-level bureaucrats the essential actors in implementing any public policy issue (Lipsky, 1980). He (1980), however, argues that street-level bureaucrats are the real policy-makers as well as the implementers of policy due to their proximity to the policy environment. The theory criticizes

the Top-down approach in that, its proposed central initiatives of policy issues are poorly adopted to local conditions. Therefore, the success of policies and programmes largely depends on the skills of individuals in the local implementation structure (Lipsky, 1980), who can adopt the policy to local environment.

Moreover, despite the efforts made by this approach to explain public policy making and implementation, the bottom-up approach is handicapped giving explanations that can solve the problems of public policy implementation. This has been discovered from its antagonists who have argued that, this perspective does not provide satisfactory solutions to the problems of implementation of public policy, as its rejection of the authority of policymakers is questionable in the light of standard democratic theory.

However, heavy criticisms of these models have emerged and recently attempts have been made to synthesise these approaches by developing coalition frameworks as an alternative approach for conceptualising the concept of policy implementation (Matland, 1995). The coalition framework (Sabatier, 2005) combines the two approaches. It begins with a bottom up unit of analysis which includes the many participants who are involved with the policy problem, as well as understanding the perspectives and strategies of all major categories of actors (Sabatier, 2005). It combines this with the top-down scholars' concerns regarding the manner in which socio-economic conditions and administrative issues constrain implementation. According to Berman (1980), Policy implementation takes place at two levels: macro and micro. At macro implementation level, centrally located actors devise a government programme; at micro implementation level, local organisations react to macro-level plans; develop and implement their own programmes. He, however, argues that most implementation problems stem from the

interaction of a policy with micro-level institutional settings (Berman, 1980). This approach explains the blending of both the top-down and the bottom-up perspectives for successful implementation of public policy.

2.5 Problems of Policy Making and Implementation in Developing Countries

Scholars, especially of third world extraction, have intensively debated on the various problems affecting the policy making and implementation in their countries. Some of these scholars attribute the problems to exogenous factors, arguing that the problems faced by policy implementers in developing countries can be understood within the context of colonial historical antecedence. It is also argued that political uncertainty is a barrier to policymaking and implementation (Pressman and Wildavsky, 1973). Political uncertainty refers to military threats, domestic violence, and frequent political regime change and so on. Uncertainty is likely to be more pronounced in developing countries than in developed countries due to severely limited resources, extensive demands for public services and investment, weak political institutions and limited capacities for policymaking and programme implementation amidst all other difficult conditions (Pressman and Wildavsky, 1973). According to Hanekom and Sharkansky (1999), extreme uncertainty is likely to affect the quality of policymaking and programme implementation in both types of countries, but in different ways that show the influence of each country's own traits (in Narendra, 2009).

Another barrier to policy implementation in developing countries is the issue of poverty. Poverty according to UNDP (2002) is defined “as a state of economic, social and psychological deprivation occurring among people lacking sufficient ownership, control or access to resources to maintain minimal acceptable standards of living”. Lane (1999) argues that the problems

connected with policy implementation in developing or Third World countries are intertwined with basic economic and political condition. He contends that political stability and economic development are closely interrelated. Low level of economic development leads to political instability and, on the other hand, political instability worsens poverty which has direct impact in the acceptance of a certain policy issue.

Focusing on the Nigerian context as one of the developing countries, Makinde (2005) sees corruption, lack of continuity in government policies, inadequate human and material resources as the major implementation problems. Similarly, Egonmwan (1971) asserts that implementation in these countries often turns out to be the graveyard of policy where the intentions of the designer of policies are often undermined by a constellation of powerful forces of politics and administration in cooperation with people. Little attention is, however, paid to the subject of policy implementation by policy decision makers while it is often taken for granted that once a policy is adopted by government, it must be implemented and the desired goals achieved. The above lapse has often resulted in poor policy implementation, which, in effect, gives rise to implementation gap.

From the foregoing, it can be observed that scholars have attempted to express their understanding on the problems of policy implementation in developing countries. Their explanations to the problems are limited to the common issues affecting the implementation process globally. This can be seen from the analysis of Pressman and Wildavsky (1973) that the problems of policy implementation in developing countries, are due to the uncertain political atmosphere, in terms of political violence and frequent regime change. Lane (1999) attributes the problems to political and economic conditions of the developing societies. Makinde sees

corruption, lack of continuity in government policies as well as inadequate human and material resources as the major factors hindering the implementation of public policy.

However, despite their explanations of the problems of policy implementation in the developing countries, they have failed to examine some basic environmental problems like social and cultural factors that are inherent in the public policy environment. It is on this premise that this study is designed.

2.5.1 Nigerian Policy Environment and the Problems of Policy Making and Implementation in Nigeria

Nigerian policy environment is seen as the context within which national policy is made and implemented (Ukoha, 2003). It is a complex process that is largely defined by the nature and character of the state and society which is underlined by its sophisticated political history (Ukoha, 2003). This complexity is characterised by different individual and groups struggling for inclusion in the control of the state power (Yohanna, 2011). This results from the multiplicity of policy actors who are majorly categorised into state and non-state actors (Yohanna, 2011). State actors are those occupying the formal structures of the state at the executive, legislative, judicial and bureaucratic institutions of government (Yohanna, 2011). Their occupation of these formal structure and institution of government is manifested at the federal, state and local government levels. They are responsible for making policy, implementation, interpretation and application (Ukiwo, 2004).

According to Ukiwo (2004), the non-state actors in policy environment are external to the formal state structures and include civil societies, political parties, organized private sectors, media and international agencies. In trying to influence policy implementation, most of the non-

state actors collaborate with state actors. The international non-state actors are also constantly working in collaboration with the state actors in the process of policy implementation (Ukiwo, 2004) That is to say; Nigerian policy environment can better be understood within the context of the historical evolution of the Nigerian state (Ukoha, 2003: 7).

Nigeria is characterised by the existence of various ethnic groups which is estimated to be over 350 (Otiye 1990). This diversity had been there before formal colonialism and based on that diversity, it was described as the possessor of natural democracy (Ukoha, 2003). The country was firstly divided into three regions by the Richard Constitution with the defunct northern region being the largest and the colonial government made the colonial Nigerian state to be the central actor in the economy (Ukoha, 2003). The dominant role of the state in the economic regulation consequently enhanced the political ambitions of various ethnic groups. Ethnicity, regionalism, and religion became important tools for mobilization in the struggle for dominance and often leading to violent conflicts (Ukoha, 2003).

The central role of the state in capital accumulation has made the policy environment a contested terrain in which different social forces and interest groups have been struggling for inclusion and control (Ukoha, 2003). This explains the multiplicity of actors that dominate the public policy arena. Ethnicity and religious diversity become highly politicized which influence policy environment (Ukoha, 2003).

Even at independence, the tripartite federal arrangement was maintained with each region dominated by one ethnic group. Political parties that emerged then were also dominated by the leading ethnic groups in each region, which generated fractious and unstable ethnic coalitions at the federal level during the politics of the First Republic (Ukoha, 2003).

Mukoro (2005) has established that policy implementation in Nigeria has been impacted by factors from policy environment. Environmental factors here connote socio-cultural, economic and political factors that are critical to implementing policy issues. The nature of socio-cultural exposure, economic advancement and political awareness of people has been considered significantly vital in accepting or rejecting any policy issue. These are what constitute environmental factors that pose challenges to policy implementation. The centrifugal and centripetal forces emanating from an environment are vital factors to be considered in implementing a given policy. Looking at the issue under consideration from broader perspective, it is argued that even the whole public administration let alone public policy is in causal relationship with its environment and is being determined by it (Mukoro, 2005: 117).

In analyzing the impact of environment on policy implementation, he further maintained that;

The impact of the environment on policy implementation consists of the pressures and influences emanating from the socio-cultural, political, pressure group, interest group, trade union, economic, national and international environment, which often constrain the structure, process and output of public policy implementation. These are factors which though are external to public institutions, but impinge upon administration thereby affecting the efficiency, effectiveness and goal attainment of policy implementation (Mukoro, 2005: 117)

Dividing the policy environment into external and internal, he argues that the external is the influence of the advanced nations which impacts on what is to be done in terms of policy implementation (Mukoro, 2005). He therefore looks at the internal environmental factors from political, economic and socio-cultural.

Considering the Nigerian state and its policy environment for instance, it is argued that the character of the political class influences the implementation process. This is due to the fact that the political class of the country has largely failed to deliver up to the people's expectation (Mukoro, 2005). Corruption, lack of vision as well as their dictatorial tendencies generates rancour on the policy implementation process (Mukoro, 2005). People's temperament always become on edge, pushing them into anger and agitation which result into violence, strife and crime (Mukoro, 2005).

The anomalies of the Nigerian political environment have permeated into the economic environment through the manifestation of corruption and bad governance that characterized the Nigerian state. Corruption and bad governance have caused extreme poverty among the citizenry, which makes them to be identified with their societies rather than the Nigerian state (Mukoro, 2005). The resultant effect of this is lack of willingness from people to accept and support implementation of governmental policies and programmes.

In terms of socio-cultural factors, Riggs (1964) asserts that most developing nations like Nigeria exist in an environment where the traditional and modern ways of doing things co-exist and clash. This results into problems of communication, political mobilization, ethical and ethnic confusion that affect policy implementation. Similarly, Mukoro (2005: 121) adds that "The fanatically religious groups in almost all the religious sect create problems and there is always conflagration over minute things that should not raise much dust. Tribal and clan allegiance still holds strongly in Nigerian polity. The end product is confusion in policy making and in its implementation".

Paki and Ebiefa (2011) raise question on whether public policy implementation cannot record remarkable success in Nigeria. Their conclusion is that lack of political will and attitudes

to policy implementation, poor implementation design, and lack of resources, corruption, sectionalism and ethnicity are among the obstacles hindering the successful implementation of public policy in Nigeria. They further argued that, “egocentrism and duality, multiplicity of public policies, cultural and religious factors, selective and non-implementation of budgets are the paradoxes of public policy implementation which have continued to militate against public policy success in the country” (Paki and Ebiefa, 2011: 1).

Similarly, Olaniyi (2003) argues that the problem of frequent changes of policy and conflicts arising from policy statement are among the problems confronting policy making and implementation process. The problems of Nigerian policy making and implementation are summarised into administrative, economic, political and evaluation problems (Olaniyi, 2003).

However, all the literature reviewed above on the problems of policy making and implementation in Nigerian state is very shallow and parochial. They ignore the most important factors from the policy environment that are critical to policy implementation. Within this parochial view of the problems of policy implementation in Nigeria, Paki and Ebiefa (2011) maintain that lack of political will and attitudes to policy implementation, poor implementation design and lack of resources among other things, are the major obstacles to successful implementation of public policy in Nigeria. Olaniyi (2003) argues that frequent policy changes and conflicts arising from policy statement are the major problems confronting Nigerian policy making and implementation process. This indicates a gap in the literature which this study intends to fill.

2.5.2 Impact of Socio-cultural Factors on Public Policy Implementation in Nigeria

In a related development, Nakamura and Smallwood (1980) argued that, among the environmental factors that affect the implementation of public policy are communication, resources, dispositions or attitudes, and bureaucratic structure. Makinde (2005) also adds that these four factors (communication, resources, attitudes and bureaucratic structure) operate simultaneously and they interact with each other to aid or hinder policy implementation. Expatiating more on communication as a factor affecting policy implementation, Makinde (2005: 63) asserts that;

Communication is an essential ingredient for effective implementation of public policy. Through communication, orders to implement policies are expected to be transmitted to the appropriate personnel in a clear manner while such orders must be accurate and consistent. Inadequate information can lead to a misunderstanding on the part of the implementers who may be confused as to what exactly are required of them. In effect, implementation instructions that are not transmitted, that are distorted in transmission, that are vague, or that are inconsistent may cause serious obstacles to policy implementation.

This suggests that effective communication is a prerequisite to successful implementation of public policy.

Resources as factors affecting policy implementation include both human and material, such as adequate number of staff, who are well equipped to carry out the implementation (Makinde, 2005). Without sufficient resources it means that laws will not be enforced, services will not be provided and reasonable regulations will not be developed (Makinde, 2005). In addition to resource endowments and communication facilities as factors affecting policy implementation, cultural dispositions and attitudes are critical factors that affect policy implementation as argued by Makinde (2005: 65);

Cultural disposition or attitude is another key factor that affects policy implementation. Most implementers can exercise considerable discretion in the implementation of policies because of either their independence from their nominal superiors who formulate the policies or as a result of the complexity of the policy itself. The way the implementers exercise their discretion depends, to a large extent, on their disposition toward the policy. Therefore the level of success will depend on how the implementers see the policies as affecting their organizational and personal interests.

In a related development, Anderson (1997) has identified value orientation as a factor affecting policy implementation. Historical background of a community also affects the policy implementation process. This has been buttressed by Karl Deutsch's analysis that, people's time orientation as well as their view of the relative importance of the past, present and future, has greater implications in policy implementation. He further argues that, "A political culture oriented more to the past than to the present or future may better encourage preserving monument than making innovations" (in Anderson, 1997). From the foregoing, it can, therefore, be concluded that, political culture comprising values, beliefs and attitudes informs, guides and constrains the action of both policymakers and policy implementers.

According to USAID (2010), the content of policy, the nature of policy process, the actors involved in the process, and the context in which the policy is designed and implemented as well as the factors from policy environment affect implementation effort. Similarly, Nakamura and Smallwood (1980) argue that the starting point for a policy implementation assessment is naturally, the policy itself. The policy's content, formulation process, and extent of its dissemination influence from policy environment, whether the necessary groundwork is in place to support effective implementation. Policy content should clearly frame the underlying problem area, the policy's goals and objectives, and the population to be benefited, along with the broad actions and strategies to address the problem.

Grindle and Thomas (1991) see environmental challenges to policy implementation from socio-economic and political contexts. The socio-economic and political contexts of policy environment influence the implementation process. They affect implementation processes positively or negatively as argued by Calista (1994: 37) that “environmental factors can provide both opportunities and constraints for effective policy implementation”. Policies are often formulated and implemented within a multi-year timeframe. Thus, achieving policy goals means that implementation must proceed through inevitable changes in political regimes, governmental structures, economic conditions, and social environments (Walt and Gilson, 1994).

Both Edward and Makinde have failed to view the environmental factors affecting policy implementation beyond the four they mentioned. Policy implementation is influenced by a variety of factors depending on the nature of the policy environment. It is against this failure that this study is carried out to examine the impact of social and cultural factors on the implementation of the policy of polio eradication in Sabon-Gari Local Government Area of Kaduna State.

2.6 Polio Disease in Nigeria

Medically, polio is defined as an acute infectious systemic viral disease affecting human beings (Okonko, 2008). Polio is bio-medically defined as a disease caused by a virus and is preventable through scientific method of immunisation (Yahya, 2006). This is what informed the controversial polio vaccination in Nigeria.

The concept of poliomyelitis was originally derived from three different phrases of the Greek language. According to Greek language, polio originates from *polio*’ which means grey, *myelos* being referred to as spinal cord and *ilis* which is conceived to be inflammation. It is,

however, seen as a highly contagious viral infection that leads to paralysis, breathing problems or even death (CDC, 2010). In their explanation of the scientific notion of the disease in question, Akinson et al (2009), contend that poliomyelitis is caused by infection with a member of the genus enterovirus which is popularly known as poliovirus (PV). Polio can be classified as symptomatic or asymptomatic. This view has been supported by Aylward et al (2003) that: “Poliomyelitis is a highly infectious disease that is caused by a virus and mainly affects young children”. In terms of the mode of transmission, they argue that poliovirus is transmitted and spreads from person to person through fecal-oral route and as a result of poor sanitation and hygiene standard (Aylward et al, 2003). The disease is being contracted from the dirt of hands cups and untreated water, That is why it is necessary for communities to put more efforts in sanitation programmes." (Gwarzo, 2012).

The argument being put forward is that there is no cure for poliomyelitis. This necessitates the vaccination campaign for polio prevention (Interview with Dr Garba, 2012). This has been substantiated by the CDC Director (2012: 16) that, “as long as polio remains in the world, vaccination will be necessary for full protection”

However, contrary to the modern scientific conception of polio disease, the dominant understanding of the disease, especially among the Hausa cultural setting, is *shan inna* conceived as an ailment of spirit world (Yahya, 2006).. Yahya (2006) further argues that “amongst Hausa communities, it remains as strong belief that *shan-inna* is a powerful female spirit that consumes the limbs of human beings. Traditional healers are greatly respected in the Hausa community and are believed to have special powers that enable them to interact with the spirit world. They are usually the first point of call when one has been affected by *shan-inna*”. This is the dominant

belief of the disease in traditional Hausa community, even though there are some elements of the encroachments of modernity in the conception of the disease.

The mythological belief of the disease among Hausas and other cultural groups in the northern Nigeria is the fact that poliomyelitis as a disease is beyond biomedical explanation and therefore, its prevention or cure is far beyond any scientific way. In terms of the disease prevention, the cultural beliefs hold that traditional healers (Bokaye) adopt a variety of challenging methods which normally begin with séances with the female spirit (Yahya, 2006). She further maintained that traditional healers try to appease the female spirit and eventually certain demands are made by her in return for a person's limbs (Yahya, 2006). This notion of polio as *shan-inna* completely negates the view of modern biomedicine.

From the foregoing discussions, Grange (2008) argues that about 85% of the Nigerian people rely on traditional healers for their usual health education and other normal healthcare. Renne (2006) in her part asserts that cultural and religious belief of people accounted for over 60% low acceptance of polio immunisation.

Since when the Global Polio Eradication Initiative (GPEI) made a declaration to eradicate polio disease in the world, the disease became a serious public health problem across the national governments. It is argued that the annual coverage on immunisation in Nigeria was very low with the estimated 21% in the early 1980s (Cooke and Tahir, 2012). Consequently, Nigeria reported the highest cases of poliomyelitis in Africa (Cooke and Tahir, 2012). The prevalence of the disease in the country has been in record for over two to three decades. In this regard, Adu et al (1996) maintained that in 1992 alone, Nigeria had reported to World Health Organisation

about 957 cases of poliomyelitis. This was due to the general decline of the routine immunizations coverage in the country, which was estimated to 30% (Cooke and Tahir, 2012).

The reform of the health sector by the Abacha's administration led to some changes in the structure and function of the sector, as Expanded Programme on Immunisation (EPI) was changed to National Programme on Immunisation (NPI) (Cooke and Tahir, 2012). Despite the alleged scandals of the vaccines procurement under the NPI, there was an improvement in the general routine immunizations and the reduction of the reported polio cases in the country (Cooke and Tahir, 2012). By 2012, only 77 cases of polio were reported in the country (Center for Strategic and International Studies, 2011).

Studies have revealed that poliovirus usually circulates undetected due to the fact that, in every 200 infections, only one can cause paralysis (Kaita, 2012). According to Kaita (2012), out of 1000 infections of the polio disease, only one can cause paralysis. However, with the reinforcement of the immunisation coverage in the country through a federal government agency known as National Programme on Immunisation (NPI) which coincided with the compliance of people, the cases of the disease became minimal in the country. When NPI was established as a parastatal of the Federal Ministry of Health in 1997, it adopted a fixed post strategy for vaccination activities (Akande, 2006). Even though this strategy recorded remarkable success, it was replaced with the house-to-house vaccination strategy for total elimination of the disease.

From 2002 and 2003, rumours about the validity of the polio vaccine resulted in massive rejection of the oral polio vaccine (OPV) in most of the northern states of Nigeria. Consequent upon this rejection, Akande (2006: 177) argues that there was 25% increase in the number of reported polio cases of wild poliovirus between January to July, 2003 compared to the same

period in 2002. Similarly, total of 75 cases of wild poliovirus have been confirmed between January to July 2003, with 45 cases being type 3 and 29 cases are said to be type 1 (Akande, 2006). The figure of the reported cases rose to 355 before the end of 2003 (Cooke and Tahir, 2012). The infection expanded to 15 states of the northern Nigeria against 12 states in 2002. In 2004, Nigeria reported more than 302 cases of wild poliovirus and became the biggest reservoir of the disease on earth with 20 infected states of varying levels of virus load (Akande, 2006).

As the intense transmission of WPV continues, Kano state accounted for 82% cases of WPV (Akande, 2006). Other states included Kebbi with 37 cases and Jigawa, Katsina, Zamfara, Kaduna, Sokoto and Bauchi among others reported significant number of polio cases (Akande, 2006).

2.6.1 Polio Eradication Strategies in Nigeria

The Nigerian state, through the National Primary Health Care Development Agency (NPHCDA), has designed and adopted a lot of strategies for polio eradication. According to Dr Garba (Interview, 2012), the initial strategy adopted for polio eradication in Nigeria was fixed-post campaign (i.e. Stationary Immunisation Point). The failure of this strategy necessitated the adoption of house-to-house vaccination campaign. This was aimed at reaching the target children and be vaccinated. In addition to these, other strategies adopted as contained in the Draft of the 2011 Emergency Action Plan. They include:

- 1) Closer alignment between intensified advocacy efforts at state and local government levels and the development of feasible state and local government emergency operational plans;

- 2) Establishment of an inter-agency working group on nomads and other migratory people;
- 3) Strategic focus on the implementation of a national mass media strategy for polio communications;
- 4) Additional focus on improving supplementary immunisation activities (SIAs) immunisation service delivery through:
 - a) Comprehensive review of micro-plans in the highest risk areas, including using GIS/Goggle map technology where appropriate and feasible;
 - b) Ensuring realistic workloads for vaccination teams;
 - c) Scaling up innovative strategies to improve selection, training and support of vaccination teams and supervisors;
- 5) Closer alignment between activities aimed at improving the quality of SIAs and improving the coverage of routine immunisation in the highest risk local government areas;
- 6) Engagement of a short term programme implementation consultant to be embedded in the office of the Executive Director of the NPHCDA to monitor implementation of priority activities on a day-to-day basis and institute appropriate corrective actions as appropriate;
- 7) Intensified monitoring of plans in the highest risk states and local government areas. High risk state teams to submit monthly monitoring reports on the implementation of identified priority actions included in the local governments' High Risk Operational Plans (HROPS) to national Inter-agency Coordination Committee (ICC) Core Group to provide monthly feedback to all high risk states. Bi-monthly monitoring and feedback will be undertaken for the non-high risk state (NPHCDA, 2011).

Despite the comprehensiveness of the aforementioned strategies, the executive summary of the 2012 polio eradication plan of actions has identified some problems encountered in polio eradication campaign. These problems include:

- a) Poor local leadership and accountability;
- b) Sub-optimal macro and micro planning;
- c) Poor motivation, performance and attitude of vaccination teams and supervisors;
- d) Sub-optimal acceptance and uptake of vaccination in some areas (NPHCDA, 2011).

In consideration of these problems, some modifications have been made and effected in the design of 2012 emergency strategic plan, which include:

1. Implementation of highest quality of supplementary immunisation activities (SIAs) with specific focus on high risk states and local government areas;
2. Deploying additional well trained and motivated personnel in the highest risk areas (NPHCDA, 2011).

Conclusively, the review of related literature is done thematically and different views of scholars are reviewed and brought out the strengths and weaknesses for the purpose of synthesis. The literature review covers the concept of culture and socio-cultural factors in the policy-making process, policy and public policy as well as the policy process. Also covered in the literature review is policy implementation in conceptual and theoretical terms, problems of policy making and implementation in developing countries in general and Nigeria in particular. An overview of Nigerian policy environment and policy implementation strategies are all considered in the review.

2.7 Theoretical Framework

As the name implies, theory is a set of logically related ideas that try to explain reality. On the basis of this, therefore, this study has adopted System Theory for theoretical explanations of the impact of socio-cultural factors on the implementation of the National Policy on Polio Eradication in Sabon-Gari Local Government Area of Kaduna State. The theory was an offshoot of General System Theory as propounded by one of the behaviouralist scholars, Ludwig Von Bertalanffy. Other proponents of the theory came from different field of studies. They include David Easton from the discipline of Political Science. Gabriel Almond and Talcott Parson are from sociology. Morton Kaplan, Karl Deutsch and Stanley Hoffmann are from the field of international relations. Sani (1994) and Sambo (1999) among others also apply system analysis in the field of public policy. Based on this therefore, the study adopted David Easton's System Theory as its Theoretical Framework.

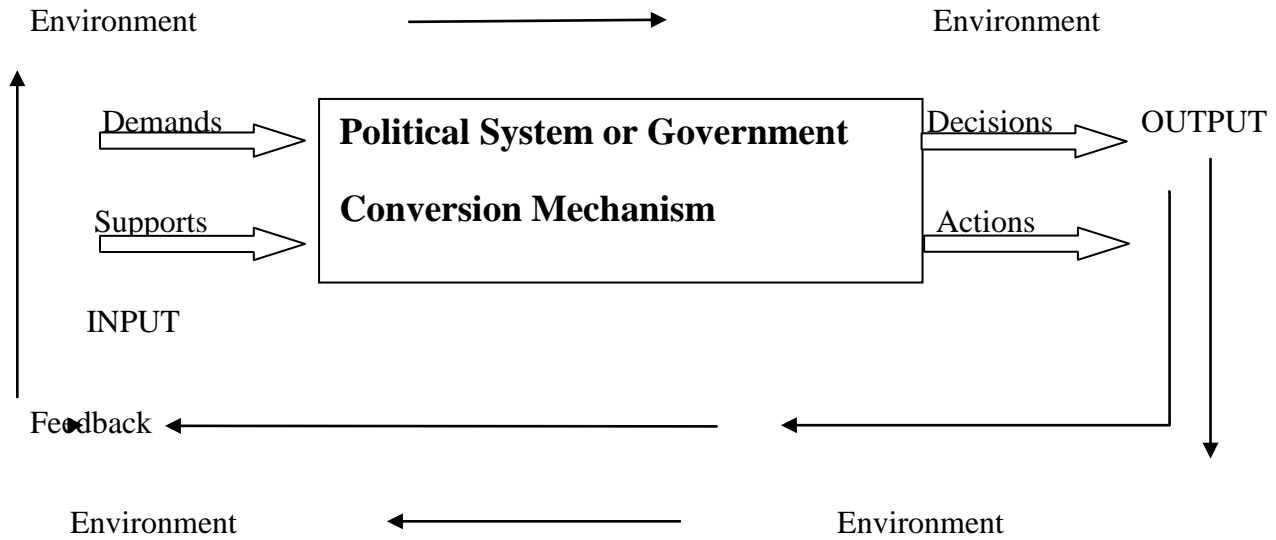
Easton (1965) wishes to construct an empirically oriented general theory of politics and to that end, seeks to define the kinds of functions and characteristics of any political system through a systematic framework for political analysis. The theory according to him is based on the following premises:

- i. That political life is viewed as a system of behavior;
- ii. That political system can be distinguished from an environment in which it exists and opens to influences from it;
- iii. That political system develops some structures and processes to contain any stress that may emerge from environment;
- iv. That political system is based on input-output relations.

Based on the above premises, Easton (1965:25), further asserts that the theory “takes its departure from the notion of political life as a boundary-maintaining set of interactions imbedded in and surrounded by other social systems to the influence of which it is constantly exposed”. System according to him does not exist in a vacuum. It is always immersed in a specific setting that is called boundary or environment. In the light of this point, Easton argues that “there is an enormous variety of influence coming from the environment of a political system capable of disturbing the way in which the system performs its tasks” (Easton, 1965: 108). The way in which a system works will be in a part and a function of its response to the total social, cultural, biological and physical environment (Easton, 1965). It is useful to conceive a political system as having a boundary in the same sense as a physical system. The boundary of a political system is defined by all those actions more or less directly related to the making of binding decisions for a society. It is further argued that every social action that do not partake of this characteristic will be excluded from the system and thereby will automatically be viewed as an external variable in the environment.

Political system is, however, based on inputs-outputs relationships. Inputs as Easton argues, constitutes “any event external to the system that alters, modifies or affects the system in anyway” (Easton, 1965). Political system exists in an environment which is divided into two parts as diagrammatically described below:

Diagram 2.2: Diagrammatic Description of the System Theory



Source: Adapted from Easton, (1965: 112)

The above diagram reveals that, after all, in its elemental form, a political system is just a means whereby certain kinds of inputs are converted into outputs (Easton, 1965). He divides the political system into two parts. The first part is the input which comprises demands and support. These demands and support are articulated by actors in the policy environment and channel them to political system. The nature of demands is determined by nature of the social and cultural settings of people that make input to the system. The other part of the system is the output where demands coming from environment are processed and converted into policies or programmes.

In line with the system theory, government (at federal, state or local levels) operates in an environment that is composed of inputs coming from masses, in the form of demands for, or support to an action of government. Demands that are translated as societal needs are processed and converted into outputs through conversion mechanism. Political system which serves as a processing unit processes the demands from the public and the output and feed back to the

environment. This process goes in a cyclical fashion. The theory shows how government reacts to people's plight in terms of the provision of basic necessities of life.

The theory highlights how demands of the public/masses are presented to the government, government's actions on these demands and the output/outcome being the programmes that will enhance the well being of the people. The theory argues that demands for policy actions emanate from problems and crisis in the environments and are channeled to the political system by groups and officials. At the same time, environment limits and directs what policy makers and implementers can effectively do (Anderson, 1997). The theory sees environment in terms of social and cultural elements and proposes the concept of universal environment which, according to Easton (1965) has been classified into intra-societal and extra-societal systems. Intra-societal environment which is the focus of this study is made up of social system comprising cultural and demographic variables that affect the workability of the whole system. In this regard, the theory goes further to argue that

A depression in the economy, a change of values and aspirations in the culture, or a shift in the class structure may each have consequences for a political system (Easton, 1965: 71).

The theory sees public policy as a response of political system to some factors and forces brought to bear on it from environment (Sambo, 1999). These forces generated from policy environment and which affect political system are regarded as inputs. The theory argues that the inflow of inputs into political system is regulated by what is called gatekeepers (Olaniyi, 2003). He further asserts that the gatekeepers include "interest groups and parties which collectively bias the system in favour of certain demands and against others" (Olaniyi, 2003). The inputs are divided into demands and supports which are channeled through conversion mechanism to the

political system. Outputs of the political system are authoritative value allocation in the form of government policies, programmes or projects.

The system theory, therefore, suggests that public policy is a product of the yearnings and aspirations of people that originate from policy environment as an input being channeled to the political system. In addition to this, Almond and Verba (1963) add that public policy cannot only be a product of people demands; it must also be in conformity to their culture and social values.

2.7.1 Relevance of the Theory to the Study

Despite the weaknesses of the system theory, it can still stand the test of the moment in explaining the dependent and independent variables of this thesis. The theory sees the patterns of interaction through values which are allocated for a society and accepted by most persons in the society (Easton, 1965). It views environment as an embodiment of so many aspects that include economy, culture, political and social structure (Easton, 1965). They argue that policy demand must emanate from the environment of the political system and be in conformity with the culture of people. From the angle of this theory, it can be understood that the pains of poverty and hunger, societal experiences and total way of life of a people determine how inputs are made to political system. Culture and ethnicity of people influence how people are linked with political system. The dominant socio-cultural values and general belief system largely determine the policy environment of a particular community.

Polio is an incapacitating disease that afflicts the society and requires government's action through the political system in terms of inputs, conversion and output processes. The theory further maintains that if public policy is not based on the people's yearning and

aspirations through demand of the input side, the success of the policy will be affected. This has been the case of the National Policy on Polio Eradication that the Nigerian state has been trying to implement since inception. The policy has not been the product of people's wishes neither being in conformity with their culture.

The policy is superimposed from without regardless of its adaptability to the environment where it is to be implemented. The real beneficiaries of the policy under study are not consulted in the process of formulation and implementation.

2.7.2 Weaknesses of the Theory

Fisher (2010) has identified three areas as the major weaknesses of the system theory. These include:

- i. Methodological weaknesses;
- ii. Lack of suitability for empirical research;
- iii. Political bias as embedded in its Eurocentric nature.

The theory lacks a rigorous method of analysis that can be adopted to explain empirically verifiable phenomenon in political science research, because it is not rigorous as the case of physical sciences (Fisher, 2010). It is also criticised for being Eurocentric in its analysis of political system. Another aspect of the criticism is that identifying boundaries and variables in the system are difficult, thus making it hard to formulate operational definitions and perform empirical research (Fisher, 2010). Furthermore, critics claim that the concept of equilibrium cannot be operationally defined except perhaps in terms of economic behaviour.

Although the inputs and outputs can be readily identified, they may not have been adequately studied. Fisher (2010) indicated that Easton's input-output' analysis is used very little in actual research, and when it is used, its contribution turns out to be more terminological than real. The problem is that it is practically impossible to study a system without looking at the past. Without understanding the system's development and its historical strengths and weaknesses, it would be difficult to tell whether an event is in crisis or not.

Some of these critics maintain that the assumptions put forward by the theory are too abstract and idealistic. Sambo (1999: 291) criticises the theory on the ground that the problem of system theory lies in its assumptions. He argues that the impression that is conveyed to the effect of policy making proceeds as a systematic way, beginning with input through output can hardly be substantiated in the real world of policy making and implementation (Sambo, 1999).

CHAPTER THREE

BACKGROUND: SABON-GARI LOCAL GOVERNMENT AREA, KADUNA STATE

3.1 Introduction

This chapter outlines the background of the Sabon Gari Local Government Area of Kaduna State, with special focus on geography, people, economy, health facilities and administrative structure.

3.2 The Evolution of Sabon-Gari Local Government Area

The evolution of Sabon-Gari as a local government can be understood within the context of Nigerian political development that took place during and after colonial conquest. According to Dhliwayo (1986), the idea of the creation of Sabon-Gari came up with the colonial conquest of northern Nigeria because there was no such name before the conquest. The settlement was formally created in 1903 by the British Colonial Administration as a rehabilitation centre for railway workers (Sabon Gari Local Government Gazette, 2001). This means that Sabon Gari as a settlement was not in existence prior to the advent of colonialism. In other words, there was no settlement called Sabon Gari before colonial conquest of Zaria emirate. As observed by the official gazette of the Zaria province, in 1911, a large native area for artisans and native foreigners of the southern Nigeria was established (Sabon Gari Local Government Gazette, 2001).

It was established as a result of the development of communication, commerce and military establishments in the area (Al-Bashir, 2011). On a general note, Sabon-Gari (strangers' quarters or literally known as a new town in the Hausa language), is a section of cities and towns

commonly found in northern part of Nigeria (Al-Bashir, 2011). This indicates that Sabon-Gari as a settlement and as a system was a product of colonial conquest.

The introduction of Indirect Rule and the Development of Native Authority system brought about some changes and as Kwanashie argues, these changes led to the creation of Districts as devolutionary source of powers of the NA as well as the appointments of the District Heads (Kwanashie, 2002:141). The way and manner the NAs were being managed arose demands for its reforms which was dramatized by a motion moved by Mallam Abubakar Tafawa Balewa in 1950 (Kwanashie, 2002:140). In 1954, there was a reform of the power relations in the northern region which led to the enactment of the Native Authority Law (Kwanashie, 2002:147).

However, the 1966 military intervention in the Nigerian political life affected the affairs of the NAs, the soldiers' background and training made them less committed to NA system (Yahaya, 1980). It is further argued that the early years of military rule was spent in solving the then pressing national political issues, which led to the creation of twelve states in 1967 (Yahaya, 1980). With this state creation, the northern Nigeria was divided into six states (Benue-Plateau, Kano, Kwara, North Central, North East and the North West) and the division aroused serious political interest in the role of local government in the new political order (Yahaya, 1980).

In 1976, when the General Murtala Mohammed Regime created seven new states in Nigeria, the then North-Central State, with capital at Kaduna, was renamed Kaduna State. It was made up of two defunct Provinces of Zaria and Katsina. When in 1987, the number of states in the country was increased; Katsina Province became Katsina State, while the old Zaria Province became the new Kaduna State. However, in the same 1976, the Mohammed administration introduced the local government area (LGA) system, through the Local Government Reforms,

which resulted in the creation of local governments from the old native authority system. The continued political development of Nigeria has led to the increase in the number of local government systems from the previously created local governments. This development came through several transformations of Sabon-Gari town which literally means “New Town” and its surrounding villages.

Sabon-Gari, being a District under the then Zaria Local Government, was removed from Zaria and merged it with the newly created Soba local government (Sabon Gari Local Government Gazette, 2001). The military regime in August 1991, under General Ibrahim Babangida carved out Sabon-Gari District from Soba Local Government Area to become a local government on itself.

This development led to the unification of the surrounding villages such as Sabon-Gari town itself, Dogon Bauchi, Jushin Waje, Tsugugi, Unguwan Kanawa, Muchia, Chikaji, Hanwa, Palladan, Jama’a, Basawa, Samaru, Bomo, Sakadadi, Gwanda and Zagon Danborno. Also amalgamated villages to have formed Sabon-Gari local government area include Zabi, Shika-Dam, Katanga, Tohu, Hayin-Ojo, Unguwar-Jaba, Daurawa, Kwangila, Unguwar-Mai-Gwado, GRA and Dogarawa being the Headquarters of the local government under study.

3.3 Land Area and Location of the Local Government

According the Gazette of the local government, the land area of the local government is approximately 600 kilometres square. It occupies a point defined by latitude 11’3 north and longitude 7’ 42 east. It is also located within the Zaria emirate, at a distance of more than 639km away from the Atlantic Ocean and on heights of about 670mt above the sea level (Al-Bashir,

2011). It is bordered by Zaria Local Government to the West-South, Kudan Local Government to the North, Giwa Local Government to the West and Soba Local Government to the South.

In terms of climatic features, the local government is an inselberg land, undulating landscape and in some places marshy and comfy soil are found. Some high hills are traced in some areas like Hanwa, Zabi, Palladan, Gwanda and Tsugugi.

3.4 People of the Study Area

The Local Government is unique among the 23 local governments of the state. Its uniqueness is due to the heterogeneous nature of the population. During the 2006 national population census, the Local Government had a population of 291,358 people (National Bureau for Statistic, 2007) and by 2013, its population rose to 352, 815 (Health Department, Sabon-Gari Local Government Area Kaduna State, 2013).

In terms of population composition, the Local Government is populated by different ethnic groups such as Hausa/Fulani with 40% (Sabon Gari Local Government Gazette, 2001). The local government is also made up of other ethnic groups such as Yoruba, Igbo, Tivs, Nupes, Kanuri, Ibibios, Igalas, Igbiras, Calabas, Kajes, Biranas, Tangales, Angas, Ijaws, Idomas, Bachamas, Margis and Jukun among other tribes. Other migrants from the neighbouring countries of Nigeria, such as Niger Republic, the Cameroun, Chad Republic, Ghana, and Benin Republic are among the inhabitants of Sabon Gari Local Government Area of Kaduna state (Dhiliwayo, 1986). In terms of the language spoken, the Local Government is dominated by Hausa and English with other Nigerian languages such as Yoruba, Igbo, Igbira and the rest. The people relatively live peacefully despite their differences in cultural and religious background.

The Local Government is multi-ethnic, multi-cultural and multi-religious with Hausa-Fulani sub-cultural group seems to be more dominant given their size, mainly due to polygamous marriage practices.

Culturally speaking, the people of the local government are characterised by mixed culture of religious and western types, though it has traditional values by the complexity of the ethnic groupings that form the population of the Local Government. Despite the multi-cultural nature of the Local Government, the Hausa-fulani sub-culture dominates and many more are acculturated into it. As part of the cultural activities; festivals are observed religiously and differently, depending on a group's cultural affinity. Some festivals observed by Moslems include Eid-El-Fitr, Eid-El-Kabir and Eid-El-Maulud. Christmas festival, Easter and New-year festivals are also observed by Christians. The arrangements and the celebrations of the festivals are however done in accordance with ethnic and cultural background of the people of the Local Government under study.

However, the dominant culture of the area under study is Hausa which, through inter-marriage and other shared practices such as religious practices assimilates some cultural groups. The conservative Hausa culture cherishes polygamy as the best form of family setting in order to have many children that can help the family to achieve economic fortunes. This polygamous belief of having more children is always in constant conflict with any idea that discourages polygamous arrangement of marriage for the reduction of number of children.

Moreover, the Hausa culture and their belief systems (especially Islam) encourage procreation and by implication, large family size (Akinfeleye, et al, 1998). The family size in Hausa society is viewed as a status symbol. This is captured by Akinfeleye, et al (1998: 58) who

posit that “A large family size is usually preferred since it is thought to be associated with higher status placement in the society. A large family size is thus, seen by most men (husbands) as a status symbol”. The number of children of a particular father in Hausa community determines his position in the society. He further maintains that “Having many children is a source of labour, protection, upward social mobility and, more importantly, a source of divine reward” (Akinfeleye, et al, 1998: 58). Consequent upon this belief of large family size, it is common to see co-wives competing to have more children. This attitude of having large family size is culturally endorsed, encouraged and portrayed in Hausa culture (Akinfeleye, et al, 1998). The implication of the cultural belief of this nature is the resistance to anything that is antithetical to the expansion of family.

3.5 Economic Activities of the People

The economic activities of the people of Sabon-Gari local government area can be seen from commercial, agricultural, industrial and civil service. Being an urban and rural settlement, the people of the Local Government are mostly traders with a large portion of the population who live in the rural areas involve in subsistence farming at the outskirts of the Local Government headquarters. This has been supported by Dhiliwayo, (1986) who argue that, because of the concentration of industries and educational institutions in the Local Government area, a significant number of the people are civil servants. Other people engage in farming both irrigation and during the rainy season.

The Local Government is well blessed with so many numbers of industrial settings, commercial activities and educational institutions. Based on these, it can be said that the

settlements of the local government are divided into two: urban settlements are mostly civil servants and traders, while the rural dwellers are mostly subsistence farmers.

Apart from the existing commercial banks in the Local Government, most of the established industries are located around Chikaji industrial estate. These industries include:

- i. Electricity Metre Company;
- ii. John Holt Agro-Engineering Company;
- iii. Premier Seeds Limited;
- iv. Arewa Poultry Farm;
- v. Comrade Cycle (Bicycle Assembly Plant);
- vi. Cotton and Agricultural Processing Company;
- vii. British-American Tobacco Company;
- viii. Harco Textile Factory;
- ix. Zazzau Ginnery
- x. Kaduna Chalk Manufacturing Company;
- xi. Cadbury Nigeria Limited;
- xii. Zaria Oil Mill among others.

The existing commercial banks and other establishments are located around G.R.A. which include:

- i. Leventis Stores, John Holt, Olivant, U.A.C. and Paterson Zhachonis (PZ);
- ii. First Bank, Union Bank, U.B.A, Afri Bank, Savannah Bank, Diamond Bank, Stanbic IBTC, ABU Micro-finance Bank Access Bank among others.

In terms of other business transactions, the Local Government is blessed with a number of flourishing markets where people from far and near conduct business on daily basis. These markets include: Sabon Gari Central Market, Samaru Central Market, *Kasuwan Mata* Market, Palladan market, Dogarawa Tomatos Market, Zangon Shanu Cattle Market and Kwangila Market among others.

3.6 Educational Institutions in the Local Government

Sabon Gari Local Government is the luckiest among the 23 local governments of Kaduna State. It is blessed with the establishment of so many educational institutions. Based on the existing record, there are 39 primary schools and more than 13 secondary schools in the Local Government.

In terms of the institutions of higher learning, the Local Government hosts a number of institutions, such as the prestigious and famous Ahmadu Bello University (ABU, main campus), School of Aviation Technology, Nigerian Institute of Transport Technology (NITT), Division for agricultural Colleges (DAC Samaru) and others.

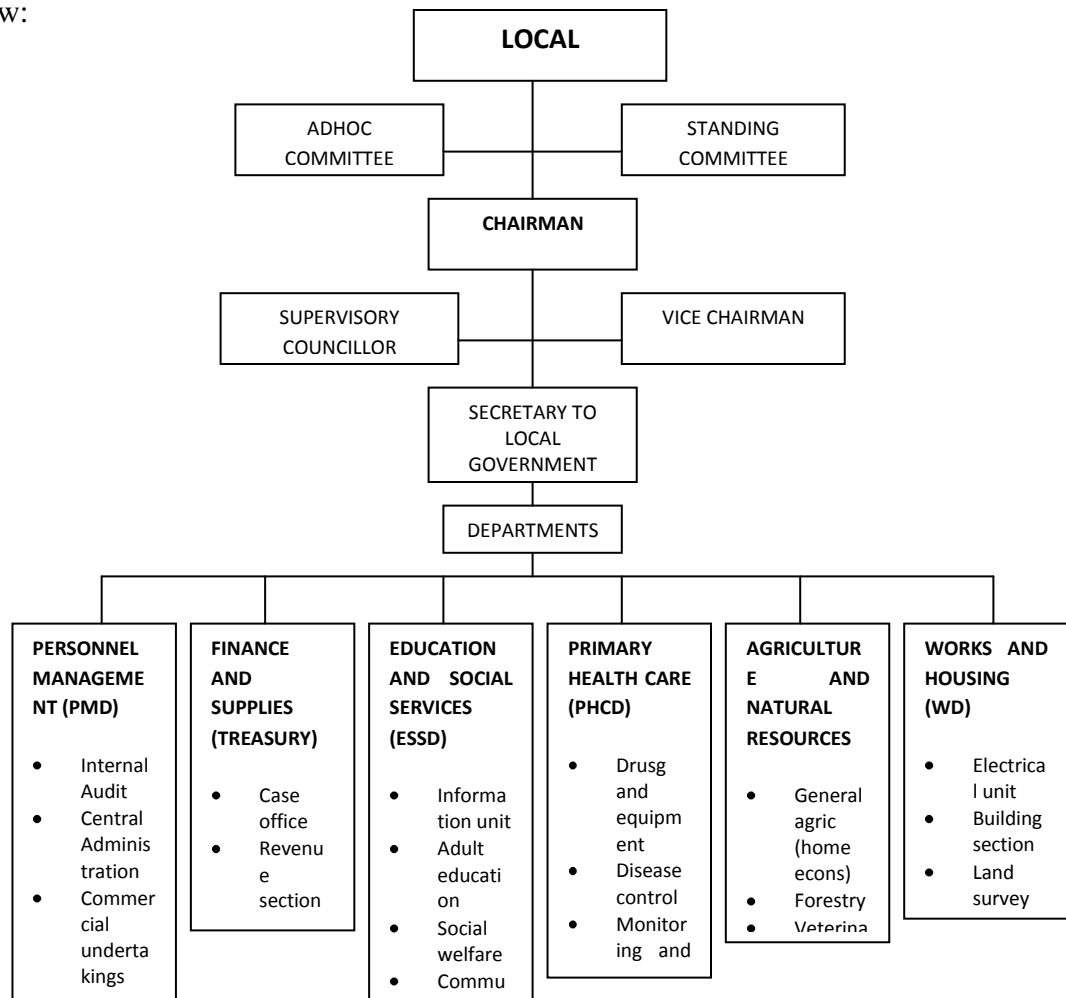
3.7 Health Facilities of the Local Government

As a result of the urban and the rural nature of the Local Government, it is blessed with both the modern and the traditional types of Healthcare systems. Under the modern healthcare system, there are about twenty-five health centres across the Local Government, which suppose to provide first aid, consultancy services and primary health care requirements of the people of the local government (Cold Chain officer of the LGA PHC, 2013).

However, medical operations and special cases among the people of the local government are referred to the Ahmadu Bello University Teaching Hospital (ABUTH), presently situated at Shika village of the Giwa Local Government Area of Kaduna state. The traditional medical care is delivered by herbalists and native doctors that are found among the diverse ethnic groups living in the local government.

3.8 Administrative Structure of Sabon Gari Local Government

Figure 3.1: The administrative structure of the Local Government under study is summarized on the chart below:



CHAPTER FOUR

IMPACT ANALYSIS OF SOCIO-CULTURAL FACTORS ON POLIO ERADICATION

4.1 Introduction

This chapter contains the presentation and the analysis of data collected through both secondary and primary sources on the subject under study in the light of which deductions or findings are drawn and verified against the propositions posed in chapter one. The analysis begins with data obtained from a document of the World Health Organisation of the reported polio cases from 1997 to 2012 in Nigeria. This is followed by analysis of field data. The study has done what is called data triangulation, where the data collected through questionnaire, interviews and focus group discussions were collectively presented and analysed.

However, there is no denying the fact that the polio disease is a reality in virtually every community in Nigeria. This becomes evident by some few visible victims that are disabled by the disease. The table below is evidence:

Table 4.1: Reported Polio Cases in Nigeria, 1997 to 2012

Year	Polio Cases	Percentage
1997	1	0.02%
1998	41	0.81%
1999	98	1.91%
2000	28	0.54%
2001	56	1.09%
2002	202	3.90%
2003	355	6.90%
2004	782	15.23%
2005	830	16.13%
2006	1122	21.82%
2007	285	5.52%
2008	798	15.52%
2009	388	7.54%
2010	21	0.44%
2011	58	1.13%
2012	77	1.49%
Total	5143	100%

Source: (Cooke and Tahir, 2012:)

The table above shows the rise and fall in the reported cases of the disease, mainly due to lack of vigorous and sustained policy implementation, aimed towards eradication of the disease, as a result of the controversies of segment of the society. As it indicates, there was an increase of the cases of poliomyelitis from 1997 to 1998 from 0.02% to 0.81%. In 1999, the cases of polio disease had increased to 1.91%. This increase of the reported cases were not unconnected with the general elections in the country, which as captured by Garba (interview, 2013) that, the attention of the Nigerian government is always diverted during general elections.

From 2000 to 2002, the reported cases had amplified from 0.54% to 3.90% and from 2003 to 2006, there was high and worrisome increase of the reported cases from 6.90% to 21.82%. This increase was basically due to serious resistance of the oral polio vaccine by the

people. From 2007 to 2012, the reported cases were unstable because there was a fluctuation of the reported polio cases. The resistance impacted negatively on the process of implementing the policy in the local government under study. Therefore, below is the interpretation and analysis of the factors that impacted on the implementation process within the period covered by this study.

4.2 Data Presentation and Analysis

Table 4.2: Administration and Retrieval of Questionnaire

S/N	Wards in the LGA	Questionnaire Administered	Questionnaire Retrieved	Valid Questionnaire
1	Basawa	47	42	41
2	Bomo	58	54	52
3	Chikaji	44	40	40
4	Dogarawa	51	49	48
5	Hanwa	49	45	43
6	Jama'a	37	36	36
7	Jushi	64	63	58
8	Muchia	61	61	57
9	Samaru	41	40	39
10	Unguwan Gabas	43	41	41
11	Zabi	55	51	50
Total	11	550	522	505

Source: Field Work, 2013

As the above table indicates, a total of 550 questionnaires were administered in all the wards of the Local Government, based on their respective population as calculated in chapter one (Table 2). Out of the 550 administered 522 (94.9%) were retrieved and only 505 were properly filled representing 91.8%, and therefore, were considered to be valid for data analysis.

4.3 Bio-Demographic Distribution

Table 4.3: Age Bracket of Respondents

Age Bracket	Frequency	Percentage
18-29	89	17.6
30-39	138	27.3
40-49	199	39.4
50 and above	79	15.0
Total	505	100.0

Source: Field Work, 2013

Table 5 above has shown the age bracket of the respondents. From the above, 89 of them representing 17.6% were between 18-29 years. 138 of the respondents representing 27.3% were from 30-39 age brackets, while 199 of the respondents representing 39.4% were between the age bracket of 40-49. Only 79 of 15.6% have fallen within the bracket of 50 years and above. This implies that the researcher obtained data from all the categories of adult population of the Local Government under study, in order to ascertain the impact of socio-cultural factors on the process of implementing the National Policy on Polio Eradication in the study area.

Table 4.4: Distribution of Respondents Based on Sex

Sex	Frequency	Percentage
Male	347	68.7
Female	158	31.3
Total	505	100.0

Source: Field Work, 2013

From the above table, the sex distribution of the respondents indicates that out of the 505 respondents, 347 representing 68.7% were males while 158 representing 31.3% were females.

This implies that, in most of the households chosen, men filled the questionnaires more than their female counterparts because they are the heads of households.

Table 4.5: Religious Affiliation of Respondents

Religious Affiliation	Frequency	Percentage
Islam	322	63.8
Christianity	152	30.1
Traditional	31	06.1
Total	505	100.0

Source: Field Work, 2013

The table indicates that 322 of the respondents representing 63.8% were affiliated to Islamic religion while 152 of them representing 30.1% were said to be affiliated to Christian religion. Only 31 of the respondents representing 06.1% claimed affiliation to traditional religion. This indicates that the majority of the respondents of this study are Muslims because Islam is the dominant religion of the study area. Nevertheless, the researcher was able to get data from the different people cutting across the whole major religions practiced in the study area.

Table 4.6: Distribution of Respondents by Marital Status

Marital Status	Frequency	Percentage
Married	314	62.2
Single	165	32.7
Others	26	05.1
Total	505	100.0

Source: Field Work, 2013

The above table shows that 314 representing 62.2% of the respondents were married men and women while 165 of them representing 32.7% were not married. Only 26 of 05.1% of the respondents indicated others. Even though they have not categorically specified, they were either widow/widower divorced or separated. This implies that the researcher was able to get data from people who are considered responsible in their respective families to express their views on the

impact of socio-cultural factors on the process of implementing the National Policy on Polio Eradication in Sabon-Gari local government area of Kaduna State.

Married people dominate because, early marriage is a common practice amongst the Hausa-Fulani, and they were the dominant ethnic group in the Local Government with average of 14-18 years for female and 18-20 years for male, especially in rural communities. Majority of the respondents were married and therefore directly or indirectly concerned with the polio issue.

Table 4.7: Distribution of Respondents by Number of Children below 5 Years

No of Children	Frequency	Percentage
None	60	11.9
1-3	184	36.4
4-6	143	28.3
7 and above	118	23.4
Total	505	100.0

Source: Field Work, 2013

On the table above, the respondents were required to indicate the number of their children in order to determine whether they had allowed them to be vaccinated or not. It shows that, out of the total of 505 respondents, 60 representing 11.9% have no any child. 184 of the respondents representing 36.4% have fallen within the category of people with 1-3 children, 143 of the respondents representing 28.3% have fallen within the range of 4-6 children. Only 118 of them representing 23.4% had children from 7 and above. This indicates that majority of the respondents to this study representing over 60% were married with either a child or many children. It implies that majority of people that responded to the questions raised by this study were those that had children ranging from 0-5 years of age, and who were the target of the policy under study. This shows that the researcher has been able to generate data from the majority of the parents whose children are the target of the policy.

Table 4.8: Highest Educational Qualification of Respondents

Educational Qualification	Frequency	Percentage
Primary	96	19.0
O/Level	123	24.4
Tertiary	157	31.1
Other	129	25.5
Total	505	100.0

Source: Field Work, 2013

As it is shown in the table above, 96 of the respondents representing 19.0% were holders of primary qualification. 123 of them representing 24.4% were holding ordinary level certificates. 157 of the study's respondents representing 31.1% have attained tertiary institutions and were therefore holders of higher institutions' certificates such as OND, NCE, HND and B.Sc among others. Only 129 of them representing 25.5% were holders of other certificates. This shows that, majority of the respondents to this research attend advanced level of their educational pursuit and might not be unconnected to the availability of tertiary institutions in the study area. And the majority of the communities in the study area, such as Samaru, Hanwa, Chikaji and Jushi among others were educationally based settlements compared to the other settlements of the Local Government under study.

This implies that efforts were made by the researcher to seek the opinions of people that possess the knowledge of western education and those that have not possessed in the areas under study because such people were considered enlightened enough to understand and appreciate the phenomena under investigation and hence offer correct views that could lead to reliable findings regarding the impact of socio-cultural factors on the process of implementing the National Policy on Polio Eradication in Sabon-Gari Local Government Area of Kaduna state.

Table 4.9: Distribution of Respondents by Occupation.

Occupation	Frequency	Percentage
Students	83	16.4
Civil Service	111	22.0
Business	112	22.2
Farming	121	24.0
Others	78	15.4
Total	505	100.0

Source: Field Work, 2013

Table 11 above presents the occupational distribution of the respondents in the study area whereby 83 of them representing 16.4% were students. 111 of the respondents representing 22.0% were civil servants. Business as occupation of the respondents had 112 representing 22.2%. 121 of the respondents representing 24.0% were farmers and indicated farming as their major occupation and only 78 of 15.4% were for other occupations. This indicates that over 40% of the respondents were civil servants and farmers. This might be due to the fact that, Sabon-Gari as a settlement was historically known to be a colonial creation for accommodating workers working in colonial establishments. This historical fact had made a significant number of the people of the local government to engage in civil service and another significant portion of the people to be engaged in farming activities at the outskirts of the local government.

4.4: Socio-Cultural Factors and Polio Eradication in Sabon Gari Local Government Area of Kaduna State

This section presents the respondents' views on the incidence and causes of socio-cultural factors on the implementation of National Policy on Polio Eradication in the study area. Divergent views are expressed by the respondents and the analysis was made from tables 12 to 18 below.

Table 4.10: Incidence of polio disease

Is there incidence of polio?	Frequency	Percentage
Yes	197	39.0
No	269	53.3
No idea	39	07.7
Total	505	100.0

Source: Field Work, 2013

The above table presents the respondents' views on the incidence of Polio disease in the study area. As can be seen from the table, 197 of the respondents representing 39.0% attested to the incidence of the disease by answering 'yes'. 269 representing 53.3 % of them maintained that they are unaware of polio disease in their various communities while 39 of them representing 07.7% had no idea.

The opinion of those that said 'No' corroborates with that of the Director, Centre for Islamic Legal Studies (CILS) who, during an interview in 2013 argues that the incidence of polio diseases has always been amplified because according to him;

Around 2004, I used to go to children's ward in the Ahmadu Bello University Teaching Hospital (ABUTH), I have never seen any patient of polio but I used to see several children suffering from malaria, typhoid and other related diseases. I even asked some doctors to show me some patients of polio; nobody was able to show me" (Interview, 2013).

This contradicts the wide range of media report about prevalence of the disease. Consequence upon the continued deliverance of the OPV in the study area, there is every tendency that the incidence of poliomyelitis would be rampant.

It is against this bedrock that the DG goes on to argue that even if the incidence of polio is now found among the people, the oral polio virus (OPV) is responsible to it (Interview, 2013). Similarly, the consensus reached during one of the FGDs is that, many of those that reject the

vaccine said that they do not usually see polio victims in their community but they see children suffering from malaria fever and the like (Respondent, FGD, 2013).It is further argued that “there is this polio virus but is not as serious as they make us to believe” (Interview, 2013). Another informant also maintains that, “There is a polio disease but it is not a killer disease. Even according to the explanation given by the US Center for Disease Control and Prevention, polio is not a killer disease” (Interview, 2013).In an attempt to ascertain the quest of the emphasis on polio rather than other diseases, a medical Doctor argues that the reason for the emphasis on polio is because it is at the edge of or verge of eradication globally (Interview, 2013). This is synonymous to the views of those who see the vaccination exercise from positive angle, saying that, only through vaccination that polio can be eradicated.

Table 4.11: The Presumed Causes of Polio Disease

Causes of Polio	Frequency	Percentage
Poverty	122	24.2
Virus	151	29.9
Spirits	167	33.1
No Idea	65	12.8
Total	505	100.0

Source: Field Work, 2013

The above table presents respondents’ views on the causes of polio disease in the local government under study. The table indicates that 122 of the respondents representing 24.2% regarded poverty as the major cause of polio disease. 151 representing 29.9% were of the opinion that, virus is the major cause of polio disease, while 167 of the respondents representing 33.1%, regarded spirit as the major cause of polio disease in the study area. This is the cultural justification of the polio resistance and “those that are opposed to polio vaccines on cultural ground view it as *shan-inna*, which is an ailment of the spirit world” (Yahya, 2006: 21). Only 65

of them representing 12.8% had no idea about the cause of polio disease. This implies that over 60% have attributed the causes of poliomyelitis disease to either poverty or spirits, rather than the virus. Therefore, there is still an indication that not all people have agreed with the scientific cause of poliomyelitis from poliovirus. Some still maintain the traditional belief of the cause of the disease and therefore, refuse to accept scientific method of eradication. Those who hold rigid beliefs about *Shan-inna* have also used it to further justify their fears around the alleged contamination of the polio vaccines (Yahya, 2006). However, this belief about spiritual cause of *shan-inna* is mostly found among Hausa/Fulani cultural group, even though the belief in *shan-inna* in some cases, also exists among non-Hausa/Fulani cultural groups in the study area due to their intermingling with the Hausa/Fulani cultural groups.

This implies that, it is not that people are ignorant about the disease, but they disagree about its causes and consequences of its treatment, using orthodox medicine. All is about the fear that polio vaccination campaign is a veiled ‘birth control’ device being imposed by the advanced countries (Interview, 2013). Another informant asserts that the OPV used for the eradication of polio is a strong cause of the disease, and it is not surprising to have found the victims of polio. According to this informant; “I am not surprised now if you get many patients of polio because OPV causes polio. Our children are being given and it is very dangerous especially in the mix of immuno-deficiency caused by lack of nutritious food” (Interview, 2013). To this people, the vaccine is fake and not safe for human consumption as argued by Kaita that “OPV is nothing but a fake drug” (In the Weekly Trust of March 4, 2004).

Table 4.12: Eligible children for vaccination against the polio disease

Responses	Frequency	Percentage
Yes	241	47.7
No	203	40.2
No Idea	61	12.1
Total	505	100.0

Source: Field Work, 2013

The table 14 above shows that 241 of the respondents representing 47.7% have admitted that their kids were given the vaccine against the disease under consideration. 203 of the respondents representing 40.2% have confirmed that their kids were not vaccinated and 61 of them representing 12.1% have no idea.

This indicates that more than 40% of the respondents' have not taken their children for vaccination against the disease and it is a clear indication that it affects the effort of government in implementing the National Policy on Polio Eradication in the study area due to resistance to OPV. This has been justified by the report of the IPDs in the Sabon-Gari Local Government that out of 98,768 target children to be immunised by the local government, only 84,771 representing 85.8% were immunized (NPHCDA Report of Sabon-Gari local government IPDs, 2012). It was observed from this report that 14.2% were left out, which was not the major aim of the policy under study. The major aim of this policy is to achieve total eradication of the disease within the stipulated time (NIP document, 2009) and with this kind of rejection from people; the implementation effort of the government is being undermined.

Table 4.13: The Most Common Disease Afflicting Child in the Study Area

Diseases	Frequency	Percentage
Measles	77	15.2
Whooping Cough	54	10.7
Malaria & Typhoid	249	49.3
Polio	69	13.7
Diphtheria	56	11.1
Total	505	100.0

Source: Field Work, 2013

As can be seen from the table 15 above, out of the total of 505 respondents, 77 representing 15.2% were of the opinion that measles was the commonest disease that afflicts children in the study area. 54 of the respondents representing 10.7% were of the opinion that whooping cough was the most disturbing child related disease in the area. 249 of the respondents representing 49.3% had argued that malaria and typhoid were the most serious diseases afflicting children in the study area. 69 representing 13.7% of the respondents said no, polio is the most common disease afflicting children in the study area and 56 of them representing 11.1% indicated diphtheria as the most common disease disturbing children in the study area.

From this analysis, it can be deduced that malaria and typhoid were the most serious related killer diseases of children in the study area as confirmed by this study's respondents in responses to the questionnaire administered. Polio disease which is the concern of the study was only regarded as the third common disease that disturbs children in the study area. The implication of this table to the problem studied is to measure the fears that the people usually have over the prioritization of polio at the expense of other child-related killer diseases. Even the 2008 report of the Nigeria Demographic and Health Survey confirms that polio is not the first child-related killer disease as indicated in appendix ... To this end, people have gone to the

extent of questioning the prioritization of polio vaccine over other child related vaccination as Yahya (2006: 30) quoted an interview she conducted in 2005 that;

Is polio our major health care problem in this country? No! Every day thousands of children are dying in Nigeria on account of malaria and other water borne diseases. They have been spending billions of dollars but nobody has ventured to say we are going to subsidise parents in the areas that are malaria infested to the tune of one kobo for medication of [sic] their children. A lot of seasonal diseases like measles and meningitis kill hundreds of thousands of people, but nobody is bothered about it. So why should they (Western Government) come and seek to order the priorities of our health care delivery system? (Yahya, 2006: 30).

This explains the extent to which people reject the polio vaccination on the account that it is not the major problem disturbing them.

Table 4.14: Respondents view on whether their culture is opposed to immunization against polio diseases

Is your culture opposed to immunization against polio disease?	Frequency	Percentage
Yes	245	48.5
No	209	41.4
No Idea	51	10.1
Total	505	100.0

Source: Field Work, 2013

In an effort to ascertain whether there is correlation between the rejection of polio vaccination and the cultural belief of the people under study, it has been shown in the above table that 245 of the respondents as represented by 48.5% have agreed that their culture is opposed to the on-going immunisation against polio disease. 209 of the respondents representing 41.4% argue on the contrary that, their culture is not opposed to on-going immunisation against polio disease and 51 of them representing 10.1% have no idea. This implies that religious belief system and other ways of life are hindrance to the polio eradication.

Although majority of the respondents attested to the fact that the polio vaccination is not in conformity with their cultural beliefs, a significant number of the respondents had disproved the view saying that their cultural beliefs are not opposed to polio vaccination. However, the cultural justification of the resistance is due to fears of the anti-fertility elements claimed to have been discovered in the vaccine. The dominant culture in the study area is Hausa/Fulani and the inhabitants are mostly Muslims. The Islamic religion does not welcome the western birth control because it believes in polygamous marriage in order to have more children (Interview, 2013). Some of the Muslims that reject the vaccine present their reasons with a slight difference, saying that anything that is doubtful should completely be avoided. They base their arguments on one of the traditions of the Holy Prophet (SAW) that “Leave what you are in doubt to that you are not in doubt” (Interview, 2013).

Furthermore, it is aimed at reducing the population especially the Muslim north of the country since polio vaccination is generally interrelated with population control (Interview, 2013). To those that hold this view, polio vaccination is a draconian measure in the reduction of the population. In this case, Robert McNamara was quoted to have said that, “One must use a draconian measure in the demographic reduction against the population” (Interview, 2013).

Moreover, those that hold this view continue to argue that the polio disease “is not a killer disease but they are making emphasis as if there is nothing except polio because they know what they are aiming at” (Interview, 2013). This position is based on scientific evidence of an experiment carried out in 2004. According to an informant; “A test has been conducted on this part of the country especially in 2004 and the test had shown a lot of contamination. This shows that there is a real politics and the politics is that of the US” (Interview, 2013). The USA

according to this view puts Nigeria in the fore front in its target list of the population control as argued by DG (CILS) that;

From my research, Nigeria now is the first target [sic] of the population control of the US, for being the fastest population growth in the World. According to their own research which I read in the Washington quarterly of spring 1989, they projected that the population of Nigeria, by the year 2035 will surpass that of United States and it will be the third largest country in the world. That is why we became the first target of their depopulation and they concentrate more on the Muslim north where they engage in polygamy (Interview, 2013).

This contributed to the low acceptance of the vaccination campaign which is the main tool for implementing the policy. This low compliance has actually impacted negatively on the implementation process of the policy under study.

In a related development, those that hold a religious view are of the opinion that the OPV is doubtful and better to avoid anything that is not clear. To support this view, an informant was quoted to have said that

....a lot of documents have come into our possession indicating there are grave doubts and concerns about the safety of the oral polio vaccine being used in Nigeria. We therefore called on the authorities to suspend the immunisation programme [sic] and investigate these fears (Yahya, 2006: 10).

As the fears continue as a result of the uncertainty of the vaccine, government's dream to eradicate the disease becomes unrealistic. These make many families to be unreceptive to the polio vaccine. These fears are embedded to the belief system of the people which shaped by the Islamic religion and which the majority of the people of the Local Government under study practice. This belief system is one of the cultural factors hindering the success of the policy implementation.

More often than note, poverty and hunger are seen as part of the social factors militating implementation of policy of polio eradication. The issue of poverty is so serious to the extent that children are not getting enough food that is nutritious. Lack of balance diet caused by poverty accelerates the rate of mortality of children, especially in the North-Western part of the country in which the study area is located as captured in the National Demographic and Health Survey that

41% of all children in Nigeria are stunted. Stunting is a form of malnutrition in which children appear too short for their age. This figure is even more in Northern Nigeria as it goes as high as 53% in the North-West, 49% in the North-East and only 22% in the South-East. This makes Nigeria one of the six countries that account for half of all child deaths from malnutrition Worldwide. This has profound implications for help and for human development, and presents a major obstacles to attainment of MDGs (especially goals 1, 4 and 5 in the country and globally) (DailyTrust, 2012).

The implication of this indentation to this study is that two factors can be deduced which are basically socio-cultural. These factors are poverty and hunger as statistically presented.

Emphasizing on the prevalence of poverty as the most disturbing phenomenon, Kaita (2012) argues that “poverty in the north-western zone is more visible than the polio disease”. However, others are opposed to it on different issues. For instance, in a focused group discussion with some polio workers, a story of a man was narrated, who, in their arrival to his house, considering his previous acceptance to oral polio vaccine, he said that, *Ina neman maganin cutar da ke damu na ne yanzu, ba rigakafin shan inna ba. Na tashi bani da ko sisi ga yara na ba su karya ba* (I am looking for a cure of the most disturbing disease at the moment not polio vaccination. My children have not eaten because I have no money) (Respondents, FGD,

2013). This indicates that poverty and hunger are among the critical factors militating against the implementation of the policy under study.

Table 4.15: Socio-cultural Factors responsible for the rejection of the polio eradication programme

Socio-cultural Factors	Frequency	Percentage
Belief System	43	08.5
Family Issue	51	10.1
All of the Above	394	78.0
None of the Above	17	03.4
Total	505	100.0

Source: Field Work, 2013

The above table presents the respondents' responses on whether any of the above listed factors is/are responsible for the massive rejection of the polio eradication programme in the study area. As can be clearly seen on the table, 43 of the respondents representing 08.5% were of the opinion that belief system of people is the responsible factor for their rejection to the programme. 61 of them representing 12.1% were for family issue due to the desire for a large family size. 17 Of them representing 03.4% have claimed that none of above socio-cultural factors are responsible for their rejection to the programme and 394 of the respondents representing 78.0% have regarded all of the above socio-cultural factors responsible for the rejection.

This implies that socio-cultural factors as assumed by the researcher are, responsible for the massive resistance to the programme under study. This is because the dominant culture in the local government under study cherishes large family size, which is in variance with the birth

control being promoted by the Western World. Based on this therefore, some the people see polio vaccination exercise as an attempt to reduce the fertility of their children.

Table 4.16: Reasons for the rejection of the polio vaccine

Why do you reject?	Frequency	Percentage
It prevents women from bearing children	87	17.2
Policy imposed by Europeans to ensure birth control	89	17.6
Government's excessive attention on polio at the expense of other diseases and the promotion of overall human development	82	16.2
All of the above	228	45.1
None of the above	19	03.9
Total	505	100.0

Source: Field Work, 2013

The above table presents divergent views of the respondents on the factors that contribute to the rejection of the polio vaccine in the study area. It was obvious that rumours about the validity of the vaccine as it is alleged that it is contaminated with anti-fertility elements, western countries' ploy to depopulate Muslim population and the total collapse of the health care system in the country were among the major factors that contribute to the rejection of the polio vaccination campaign in the study area.

This is due to the fact that 228 of the respondents representing 45.1% have attested to that. 87 of the respondents representing 17.2% considered the on-going rumours about the anti-fertility contaminants of the oral polio vaccine (OPV) while 89 of them representing 17.6 have seen it as a European conspiracy on population control. 82 of the respondents representing 16.2% argued that the government negligence to other child-related killer diseases and the decay of the

health care system were the factors that contributed to the rejection of OPV in the study area. Only 19 of them representing 03.8% considered neither of the above as the factors that contributed to the rejection of the polio vaccine in the study area.

It is apparent that those that reject the vaccine on religious ground argue that, it is a direct connivance with the Western countries to depopulate the Muslim community (Interview, 2013). Also the Director of CILS argues that “.....in a paper presented by Kaita in NIPSS Kuru, where he cited about six international journals that show WHO’s connivance with some pharmaceutical industries to contaminate various vaccines with anti-fertility agents” (Interview, 2013). The issue of contaminants in the polio vaccine has remained unresolved since 2004, when professor Kaita claimed to have found dangerous elements in the vaccine. Kaita argues that “some of the things we discovered in the vaccines are harmful, toxic; some have direct effect on human reproductive system” (Weekly Trust of 6 March, 2004).

In addition to this, some people reject the policy as a sign of a protest against government as capture by the focal person of the local government under study that “some people resist to polio campaign as a way for registering their grievances to government over some certain issues that are mostly political” (Interview, 2013). Furthermore, a youth leader of *Bauda village* in the *Dogarawa* ward argues that they reject polio vaccination because they are neglected in the area of education and road networking. According to him;

The main reason why we reject polio vaccination exercise in totality is that, we observe that it is not possible for one to be engaged in the polio exercise without education and our children are left behind in that aspect. Our leaders refuse to take our children’s education into consideration. The first primary school in this village was built through *aikin gayya* (community effort). When it collapsed, the former chairman of the local government started building one in 2004, but up to now, it has not been

completed. Another problem that we are faced with is road network linking us with our neighbouring villages, especially *Gwanda village*. The bridge that links us to that village is not passable, especially during raining season. They have refused to do all these but they disturb us with polio (Interview, 2013).

4.5 Likely Impact of the Socio-Cultural Factors on the Implementation of the National Policy on Polio Eradication in the Study Area

Generally, efforts were made by this study to ascertain the respondents' views on the impact of the socio-cultural factors on the policy implementation process as presented from table 19 to 25 below.

Table 4.17: The impact of the socio-cultural factors on the process of polio eradication in the study area

Do the socio-cultural factors affect the process of polio eradication?	Frequency	Percentage
Yes	371	73.5
No	115	22.7
No Idea	19	03.8
Total	505	100.0

Source: Field Work, 2013

The above table presents the respondents views on whether the socio-cultural factors have any impact on the process of implementing the policy under study. As it was shown that, 371 of them representing 73.5% have argued that socio-cultural factors have impacted on the process of the policy implementation while 115 representing 22.7% were of the opinion that the above mentioned socio-cultural factors have not impacted on the process of the policy implementation in the study area. Only 19 of the respondents representing 03.8% have demonstrated ignorance about the issue raised by choosing no idea. This implies that the implementation of the National Policy on Polio Eradication has been impacted by socio-cultural factors to a greater extent, as indicated by the majority of the respondents covering over 70%.

Majority of those who agreed reasoned that the impact was through boycotting the vaccination due to fear of anti-fertility contaminants while others argue that through attacking the vaccination workers, the implementation efforts of the government became undermined

Similarly, in an interview with the Director Primary Health Care of the Local Government under study, he asserts that one of the major impacts of this controversial polio vaccination campaign is the doubt it has cast in the mind of people over the general routine vaccinations that are under the purview of the national immunization policy (Interview, 2013). Also, a professor of pharmaceutical science added that the rejection of polio vaccination campaign on cultural or other basis has a drastic impact on the general routine immunizations of the child-related killer diseases (Interview, 2013) and parents who refuse to accept the vaccine constitute a barrier to immunisation campaign (GPEI, 2013:41).

Commenting on the impact of the socio-cultural factors, the District Head of Basawa argues that, "...we have some challenges from experts. People from pharmaceutical sciences and religious people from the faculty of law are saying that, the polio vaccine is mixed up of HIV/AIDS and other anti-pregnancy elements. They are therefore preventing people from taking it" (Interview, 2013). These people according to him create confusion in the implementation process (Interview, 2013). Kaita's video and audio lectures have of course created fear in the mind of many parents as supported by one of the informants that "Because of his involvement in the politics of polio eradication, Kaita's video and audio lectures have contributed immensely in instilling fear among the people. They resist the exercise on the ground that their children will be denied the chance to bear more children in the future (Interview, 2013).

Table 4.18: Additional factors affecting the implementation of the National Policy on Polio Eradication in the study area

Responses	Frequency	Percentage
Top-down nature of the policy under study	74	14.7
The implementation strategies adopted	66	13.1
People's attitude towards government's policy	62	12.3
All of the above	300	59.4
None of the above	03	00.5
Total	505	100.0

Source: Field Work, 2013

In an effort to ascertain the prevalence of other factors that have impacted on the process of implementing the policy of polio eradication in the study area, the respondents from the study's target population were required to express their views on the additional factors. As the above table indicates, 74 of the respondents representing 14.7% were of the opinion that the top-down nature of the policy under study was one of the additional factors that have impacted on the implementation process. 66 of them representing 13.1% argued that implementation strategy was one of the additional factors. People's attitudes towards government policies as additional factor attracted 42 respondents as represented by 15.4%.

The results on this table have shown that majority of the respondents opined that top-down nature of the policy under study, the strategy adopted by the government for implementing the policy and the attitudes of people towards policies of government were the additional factors that impacted on the process of implementing the policy. This was so due to the fact that 300 of the respondents as representing 59.4% attested to that, and only 03 of them representing 0.5% had no idea on the prevalence of additional factors impacting on the process of implementing the policy.

The policy is said to be imposed on the people, not based on their consent. The rationale of the policy is being questioned. People are not consulted in the design of the policy and therefore, is based on the professional advice given to government not on community felt need as captured by the Zonal Director of the NPHCDA that there are two things being considered by the government when it comes to policy making of this nature. They are community felt need and professional felt need and government always goes with that of professional not community (Interview, 2012).

In a related development, another informant adds that, ‘one of the major problems affecting this polio eradication was due to the negligence of the routine immunisation that was always taking care of other child-related killer diseases and statistically, the routine immunisation has drastically dropped from over 80% in the past to 23% at present (Interview, 2013). In her own part, Yahya (2006: 28) maintained that

The decline of the routine immunisation services over the last three decades thus reflects the gradual collapse of the Nigeria’s health care system. A closer look at local government primary health care services signifies a low capacity to carry out its function effectively. This partly has to do with internal factors such as the poor allocation of resources informed by poor judgment, or the familiar attempts of elected leaders to demonstrate service to the people by erecting clinic structures as symbols of accountability and commitment

Table 4.19: It is correct to say that, the more the incidence of socio-cultural factors in the study area, the more the difficulties encountered in the process of polio eradication

Responses	Frequency	Percentage
Yes	323	64.0
No	153	30.3
No Idea	29	05.7
Total	505	100.0

Source: Field Work, 2013

Hypothetically, an effort was made to ascertain whether the prevalence of the socio-cultural factors could increase the difficulties encountered in the process of polio eradication in the study area. The results on the above table show that 323 of the respondents representing 64.0% were of the opinion that the more the prevalence of the social and cultural factors in the study area, the more the difficulties encountered in the process of polio eradication. 153 of them representing 30.3% said ‘no’, despite the prevalence of socio-cultural factors, the government can still eradicate polio in the study area while 29 of them as represented by 05.7% had no idea, pertaining the issue under study. This implies that the prevalence of the social and cultural factors in the study area could hinder the success of the polio eradication as confirmed by the results on the table above.

Table 4.20: It has been alleged that polio workers camouflage during vaccination, exercise especially in highly resistant areas, does this apply to your area

Responses	Frequency	Percentage
Yes	162	32.1
No	304	60.2
No Idea	39	07.7
Total	505	100.0

Source: Field Work, 2013

Owing to resistance to polio vaccination, people go to the extent of beating the polio field workers and this makes them (polio workers) to be so skeptical about going to such areas and therefore camouflage. Based on this, the study sought to ascertain whether this problem occurs in the study area or not. As can be seen from the above table, 162 of the people that responded to the study’s questionnaires representing 32.1% had agreed that some polio workers camouflage during vaccination exercise. 304 of them representing 60.2% opined that they had never witnessed polio workers camouflaging during vaccination exercise in the study area and 39 representing 07.7% had no idea on whether the polio workers had ever camouflaged. This

testifies the fact that the problem of camouflaging was very rear in the study area as over 60% had not agreed to that allegation.

However, in an interview with one medical doctor, he argues that the major problem of this polio eradication is the vaccinators and the recorders, who, according to him, apart from jumping some households, they also lack requisite credentials to do the job. He further asserts that;

Most of those that are working as the vaccinators or recorders don't have the knowledge of the polio virus. They are just called on to administer polio vaccine. They don't know anything about the polio, so what they want is to get the money and they are after money not the programme (Interview, 2013).

Table 4.21: Low level of literacy (Low level of western education) is viewed as a strong cause of the polio vaccination boycott

Responses	Frequency	Percentage
Yes	167	33.1
No	325	64.4
No Idea	13	02.5
Total	505	100.0

Source: Field Work, 2013

Many people argue that lack of western education is the main reason why people refuse polio vaccination and this table presents the respondents' views on whether they have agreed to this or not. As it was presented on the table, out of the total of 505 respondents, 325 of them representing 64.4% have not subscribed to the view that low level of western education was the main reason why people refuse their children to be vaccinated while 167 representing 33.1% of them have agreed to the view that low level of western education was the main reason why people resist to have their children vaccinated in the area under study. Only 13 of the respondents representing 02.5% had demonstrated ignorance about the question raised by ticking no idea. This implies that the main reason for people's boycott of the current polio vaccination

was not due to lack of western education as the table showcased because over 60% of the people responded to the questionnaires had not agreed to that.

In spite of this, most of those who resist the polio vaccine are not literate in western education, even though there is a small portion of the educated people and yet resist. This is in collaboration with the consensus reached during FGD that people of low level education resist the vaccine more than their educated counterparts (Respondent, FGD, 2013).

4.6 Strategies for Effective Implementation of the National Policy on Polio Eradication in the Study Areas

Table 4.22: Respondents’ views on whether the following strategies helped in restoring confidence of the populace in accepting the polio vaccine after the 2003 controversy

Responses	Frequency	Percentage
Adoption of house-to-house vaccination campaign	47	09.3
Fixed post vaccination strategy	27	05.3
Establishment of the presidential emergency task force	33	06.5
Involvement of traditional and religious leaders in the implementation process	39	07.7
All of the above	261	51.7
None of the above	98	19.4
Total	505	100.0

Source: Field Work, 2013

In an attempt to get an in-depth knowledge on the effectiveness of the strategies adopted, four of the strategies adopted were also presented on the above table to comparatively ascertain which of them had helped in restoring confidence of the people after the 2003 polio controversy. The strategies adopted were house-to-house campaign, fixed post vaccination strategy, establishment of the presidential emergency task force as well as the involvement of traditional and religious leaders. 261 of the people responded representing 51.7% were of the view that

adoption of the above strategies contributed in restoring confidence in people after the 2003 polio controversy. 47 of them representing 09.3% opine that it was the adoption of the house-to-house campaign strategy. Fixed post vaccination strategy had attracted 27 of the respondents as represented by 05.3% and 33 of them representing 06.5% argued that it was the establishment of the presidential emergency task force. 98 of them as representing 19.4% were of the opinion that none of the above strategy has ever helped in restoring the confidence of the populace. This implies despite the continued resistance to polio vaccination, the above mentioned strategies had to a larger extent helped in restoring confidence in the populace to accept the vaccination exercise after the 2003 controversy.

Table 4.23: Respondents’ views on whether the current strategies adopted by the government are satisfactory for eradicating polio in the study area

Responses	Frequency	Percentage
Yes	239	47.3
No	252	49.9
No Idea	14	02.8
Total	505	100.0

Source: Field Work, 2013

The study sought to ascertain the views of the respondents on the various strategies currently adopted by the government for eradicating polio in the study area. As presented on the table above, 239 of them representing 47.3% were of the opinion that the current strategies adopted by the government for polio eradication in the study area are effective. 252 of the respondents representing 49.9% argued that the strategies were not effective enough for polio eradication and 14 of them representing 02.8% had no idea. This implies that there is a problem on the strategies that the government adopted for the implementation of policy for polio eradication in the study area.

Although the government claims to have reviewed the policy implementation strategy from fixed post to house-to-house method, people have still criticised the strategy as being ineffective due to its top-down nature as captured by one of the informants of the study that;“.....most of the policies of this nature are not made in Nigeria. They are either brought from America or elsewhere” (Interview, 2013).

Table 4.24: Respondents’ view on whether the involvement of traditional and religious leaders is a good strategy for eradicating polio in the study area

Responses	Frequency	Percentage
Yes	285	56.4
No	211	41.8
No Idea	09	01.8
Total	505	100.0

Source: Field Work, 2013

As pointed out by this study, one of the strategies adopted by the government in the implementation of national policy on polio eradication was the involvement of traditional and religious leaders and the study sought to know whether the strategy was good or not. The above table presents that 285 of the respondents representing 56.4% had agreed with the involvement of traditional and religious leaders as a good strategy for the policy implementation while 211 representing 41.8% argues it was not a good strategy for the implementation of the policy. Only 09 of them representing 01.8% had no idea. This implies that the involvement of the traditional and religious leaders as a strategy for the implementation of the policy was good due to the fact that over 55% of the respondents had attested to that.

Table 4.25: Respondents' view on whether the adoption of this multiple strategies can help in achieving the objectives of the polio eradication programme in the study area

Responses	Frequency	Percentage
Yes	301	59.6
No	185	36.6
No Idea	29	03.8
Total	505	100.0

Source: Field Work, 2013

An effort was made on the above table to ascertain the respondents' view on the common statement made by people on the multiple strategies adopted by government. It is clearly shown that the government has a lot to do before implementing the policy under study because majority of the respondents, almost 60% have argued that despite the multiple strategies adopted, the Nigerian government cannot achieve the objective of the policy of total eradication of polio disease in the study area. 185 of them representing 36.6% were of the opinion that with the multiple strategies adopted by the government, the objective of the policy is likely to be achieved, while 19 of them representing 03.8% had no idea. The implication of the results presented on the table is that people consider government's effort regarding polio eradication as a waste of time and money, and that the strategies adopted were not effective.

4.7 Discussion of Major Findings and Verification of the Research Propositions

From the relevant data presented and analysed above on the subject studied, the following deductions or findings can be drawn:

1. Polio disease is a reality in the study area but it is not as prevalent as other killer diseases like malaria, typhoid and diphtheria among others. This can be seen on table 4.13 above where over 75% of the respondents posited that malaria, typhoid and measles among others are more common than polio disease;

2. Government effort to eradicate the disease is both acceptable and resisted by various sections and groups in the society because some people believe in OPV while do not;
3. The Hausa/Fulani is the largest and dominant ethno-religious group in the area studied; who mostly resist or reject the polio vaccine, due to some traditional and religious beliefs as well as the fear that the vaccine is anti-fertility as posited by some academics and religious scholars;
4. The resistance is higher amongst the less educated and rural dwellers;
5. Beyond the socio-cultural constraints, other factors such as poverty and hunger as well as unemployment have negatively impacted on the process of implementing the policy within period under study;
6. The emphasis on the polio disease at the expense of other child-related killer disease and promotion of overall human development has created an impression and suspicion about the vaccine;
7. The implementation strategies are so poor and the approach is top-down rather than botton-up.

These findings conform to the proposition of this study that “Socio-cultural factors such as religious belief and the people’s general way of life militate against the implementation of the National Policy on Polio Eradication in Sabon-Gari Local Government Area of Kaduna State”.

CHAPTER FIVE SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1: Introduction

This chapter summarises the report of this study and concludes the work with a set of recommendations on the impact of socio-cultural factors on the implementation of National Policy on Polio Eradication in Sabon-Gari Local Government Area of Kaduna state.

5.2 Summary

The study examined the impact of socio-cultural factors on the implementation of the National Policy on Polio Eradication in Sabon-Gari Local Government Area of Kaduna state, 2003-2012. The variables investigated in the study included the socio-cultural factors such as poverty and hunger, belief system of people and other socio-cultural factors that impact on the process of implementing the National Policy on Polio Eradication in the study area and within the period under study.

Moreover, using documentary method of analysis of some of the existing materials relevant to the study, In-depth Interview (IDI), FGD and questionnaire, the study has come up with some major findings that polio disease is not the most common child related killer disease in the study area. Though some findings still maintain the prevalence of socio-cultural factors as hindrance to successful implementation of the policy, other findings reveal that poverty and hunger, government negligence over basic Primary Health Care (PHC) in general are among the factors impacted on the process of implementing the policy. Other factors that impacted on the implementation process included insufficient service delivery, especially at the rural areas of the

Local Government, lack of qualified manpower at the PHC and people's attitudes towards government policy basically due to its failure to perform up to the expectation.

5.3 Conclusion

Socio-culturally related factors are very paramount in determining the success or failure of policy implementation. Policy implementation does not take place in vacuum. It takes place within the context of policy environment. The Nigerian policy environment is characterised by many factors that centrifugal and centripetal in nature. These factors are very critical to the success of policy implementation. The implementation of the National Policy on Polio Eradication has been difficult over the years due to the fact that the policy is not in conformity with the norms and values of the people. Cultural and historical background of the people as well as the failure of the government at all the three tiers to respond to their constitutional responsibilities has been the factors hindering the successful implementation of the policy.

The rumour that the vaccine contains some anti-fertility elements has intensified the resistance due to the fact that the dominant culture in the study area encourages reproduction of children in large number. In addition to the socio-cultural factors responsible for the resistance, government negligence to the development issues has also contributed to the problem of low compliance to the OPV in Sabon Gari local government. Some people resist in order to demonstrate their grievances to the government. This led them to be constantly asking question so as to know the reason why polio eradication is given serious attention at the expense other diseases afflicting the society and the other social issues such as hunger and malnutrition among others.

5.4 Recommendations

Based on the findings revealed by this study, the following recommendations are offered:

1. Equal attention should be given to other child-related killer diseases so as to reduce their prevalence in the area studied. This can be done through the enhancement of the routine immunisation at the primary health care level;
2. The people that resist the vaccine should be motivated to accept it through enlightenment and sensitisation tours;
3. People especially in the rural areas should be supported to acquire western education by providing schools and facilities;
4. Empowerment of people especially at the rural levels should be prioritised;
5. More attention should also be paid to overall human development that can reduce poverty and hunger among people of the Local Government;
6. Proper training should be given to polio workers so as to make them learn how to approach people;
7. The implementation strategies should be reviewed and the approach should be bottom-up by involving the real beneficiaries in the policy making process.

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APPENDIX
Appendix “A” Questionnaire

Department of Political Science
Faculty of Social Sciences
Ahmadu Bello University
Zaria – Nigeria.

Dear Respondents,

SECTION A: INTRODUCTON

I am a post-graduate student in the above mentioned department and institution, conducting a research on **The Impact of Socio-Cultural Factors on the Implementation of Public Policy: A Case Study of the National Policy on Polio Eradication in Sabon Gari Local Government Areas of Kaduna State, 2003-2012.**

Please, kindly tick the appropriate options in the spaces provided against the questions overleaf. Meanwhile, you are to be rest assured that your responses will be treated with high level of confidentiality and used only for the purpose of this research.

Thank you.

MUSA AMINU
M.SC/SOC-SCI/07456/2010-2011

SECTION B: BIODATA OF RESPONDENTS

- 1) Age bracket: (a) 18-27 years (b) 28-37 years (c) 38-47 years (d) 48 years and above
- 2) Sex/Gender: (a) Male (b) Female
- 3) Religion: (a) Christianity (b) Islam (c) Traditional (d) Others (Please specify)
-
-
- 4) Marital Status: (a) Married (b) Single (d) Others (Please specify)
-
-

- 5) Number of children below 5
 (a) None (b) 1-3 (c) 4-6 (d) 7 and above
- 6) Educational Qualification:
 (a) Primary (b) Secondary (c) Tertiary
- 7) Occupation:
 (a) Student (b) Civil Servant (c) Business (d) Farmer

SECTION C: Socio-Cultural Factors and Polio Eradication in Sabon Gari Local Government Area of Kaduna State

- 8) Is there incidence of polio disease in your area?
 (a) Yes (b) No (c) No Idea
- 9) Which of the following do you think is the main cause of polio disease in Sabon-Gari Local Government Area?
 (a) Poverty (b) Virus (c) Spirit (d) No Idea
- 10) Do you allow your eligible children to be vaccinated?
 (a) Yes (b) No (c) No Idea
- 11) Which of the following do you think can be considered as most common disease afflicting children in Sabon-Gari Local Government Area?
 (a) Measles (b) Whooping Cough (c) Malaria & Typhoid (d) Polio
 (e) Diphtheria
- 12) Is your culture opposed to immunization against polio disease?
 a) Yes (b) No (c) No Idea
- 13) Which of the following socio-cultural factors is/are responsible for the rejection of the polio eradication programme?
 a) Belief system
 b) Family issue
 c) All of the above
 d) None of the above
- 14) Why do you reject polio vaccine?
 a) It prevents women from bearing children;
 b) It is a policy imposed by Europeans to ensure birth control;
 c) Government's excessive attention on polio at the expense of other diseases and the promotion of overall human development;
 d) All of the above;
 e) None of the above.

SECTION D: LIKELY IMPACT OF THE SOCIO-CULTURAL FACTORS OF THE IMPLEMENTATION OF NATIONAL POLICY ON POLIO ERADICATION IN THE STUDY AREA

- 15) Do you think the socio-cultural factors mentioned above have impacted on the process of polio eradication in Sabon-Gari Local Government Areas?

- (a) Yes (b) No (d) No Idea
- 16) Which of the following can be considered as an additional factor affecting the implementation of National policy on polio eradication in Sabon-Gari local government area?
- (a) Top-down nature of the policy under study
- (b) The implementation strategy adopted
- (c) People's attitude towards government policy
- (d) All of the above
- (e) None of the above
- 17) It is correct to say that the incidence of the socio-cultural factors in the study area, the more the difficulties encountered in the process of polio eradication?
- (a) Yes (b) No (c) No Idea
- 18) It has been alleged that, polio vaccination workers camouflage during vaccination exercise especially in high resistant areas, does this apply to your area?
- (a) Yes (b) No (c) No Idea
- 19) People view low level of literacy (low level of western education) as a strong cause of the polio vaccination boycott, do you subscribe to this view?
- (a) Yes (b) No (c) No Idea

SECTION E: LIKELY STRATEGIES FOR OVERCOMING THE CHALLENGES TO THE IMPLEMENTATION OF NATIONAL POLICY ON POLIO ERADICATION IN THE STUDY AREAS

- 20) Do you agree that the current strategies adopted by the government are satisfactorily for eradicating polio in the study areas?
- (a) Yes (b) No (c) No Idea
- 21) Do you think the involvement of traditional and religious leaders is a good strategy for eradicating polio in the study areas?
- (a) Yes (b) No (c) No Idea
- 22) Which of the following strategies do you think has helped in restoring the confidence of the populace in accepting the polio vaccine after the 2003 controversy?
- (a) Adoption of the house-to-house vaccination;
- (b) Fixed post vaccination strategy;
- (c) Establishment of presidential emergency task force;
- (d) Involvement of traditional and religious leaders in the implementation process;
- (e) All of the above;
- (f) None of the above.
- 23) Can the adoption of multiple strategies help in achieving the objective of the National Policy on Polio Eradication in the study area?
- (a) Yes (b) No (c) No Idea

Appendix “B” Interview Guides

Interview and FGDs Questions on the Impact of Socio-Cultural Factors on the Implementation of the National Policy on Polio Eradication in Sabon-Gari Local Government Area of Kaduna State

- 1) What is your role on the field for this exercise?
- 2) When have you started this polio eradication activity?
- 3) Have you ever come across any militating factors socially or culturally since you have started this assignment?
- 4) Mention some of the socio-cultural factors that you felt have militated against the success of the vaccination programme.
- 5) Being among the polio vaccination workers, how are you regarded by parents on arrival to their houses?
- 6) What kinds of utterances are normally made by parents?
- 7) How do people perceive the vaccine and the vaccination process?
- 8) It is alleged that, some parents reject you to vaccinate their children, what do you do to them and the children?
- 9) Are the nature and magnitude of the resistance the same in all places you have covered so far?
- 10) Can their rejection and resistance have any impact on the process of polio vaccination?
- 11) Can you mention at least one effect that their rejection to the vaccine will have to the success of polio eradication campaign?
- 12) How do you approach them when you reach to their house(s)?
- 13) How do you manage to overcome the challenges?
- 14) Based on your field work experiences of polio eradication, what do you think should be done to achieve the aim of the policy?

Appendix “C” Interviewees

S/N	Names	Venue	Date and Time
1	Dr Abdullahi Bulama Garba	Zonal Office, NPHCDA Lamidu Crescent, Kano	10/01/2013 11:30am- 12:37pm
2	Prof. Ibrahim Ahmad Aliyu	Centre for Islamic Legal Studies, Congo Campus, ABU Zaria	15/04/2013 1:21-2:09pm
3	Prof. Magaji Garba	Faculty of Parmaceutical Science, ABU Zaria	08/05/2013 21:24pm- 1:03pm
4	Dr Ahmad Lawal	Faculty of Medicine, ABU Zaria	18/04/2013 10:03- 10:56am
5	Alh. Sule Ishaq Mai Unguwan Bauda	Mai Unguwan’s Palace, Bauda Village Dogarawa ward	12/04/2013 10:05am- 10:31am
6	Mal. Tukur Musa Shugaba Matasan <i>Bauda</i>	Mai Unguwan’s Palace, Bauda Village Dogarawa ward	12/04/2013 10:35am- 11:06am
7	Alh Abubakar Ahmad (Dan Amaran Zazzau), the District Head of Basawa	Basawa District Palace, Basawa ward	25/03/2013 11:00am- 11:41am
8	Alh. Yusuf Abdulkarim Director, PHC Sabon-Gari LGA	Government Hospital, GRA, Zaria	21/05/2013 02:15pm- 03:07pm

Appendix “D” Names of Participants for Focus Group Discussions
The first FGD was conducted on Tuesday 5th March, 2013, from 3:05-3:32pm. The

participants were the polio field workers whose names are written below:

- | | |
|------------------------|----------------------|
| 1) Wasila Adamu; | 2) Maryam Bello; |
| 3) Sa’adatu G. Hassan; | 4) Ibrahim Suleiman; |
| 5) Hafsat Magaji; | 6) Marry Jonathan; |
| 7) Mercy Ayuba; and | 8) Hadiza G. Bello. |

The second FGD was on Thursday 4th April, 2013:

- | | |
|--------------------------|--------------------|
| 1) Arowosegbe Simbiat; | 2) Isiya Ibrahim; |
| 3) Fatima B. Abdulhamid; | 4) A’isha Bello; |
| 5) Amina Adamu; | 6) Marther Daniel; |
| 7) Wasila Abdulquadri; | 8) Amina Maiyaki |

The Third FGD was on Sunday, 12th May, 2013.

- | | |
|------------------------------|-------------------------|
| 1) Bashiru Musa; | 2) Umaru Ahmad; |
| 3) Aminu Musa Bauda; | 4) Amadu Ishaq; |
| 5) Ibrahim A Lawal; | 6) Yusufu Adamu; |
| 7) Bello Alasan Mai Bindiga; | 8) Sunusi Abdullahi; |
| 9) Nafi’u Muhammad Salisu; | 10) Mamuda Alhaji Sule; |

11) Aminu Ibrahim;

12) Sunusi Umar;

13) Sharehu Lawal;

14) Buhari Aminu;

15) Dauda Lawal;

16) Shehu Musa;

17) Tijjani Yahuza.