

Role of Pro-Polio Education, Attitude and Belief among Muslim Community and its Relation to Health Issues

Md. Afsar Ali ^{1,2} and Deb Prasad Sikdar¹

¹ Department of Education, University of Kalyani, Pin – 741 235, West Bengal, India

² Acharya Jagadish Chandra Bose College, 1/1B, A.J.C. Bose Road, Kolkata-700020, West Bengal, India.

*Corresponding author: dps_kalyaniuniversity@yahoo.com

Abstract

Human beings are the most important resources. In order to develop the human resources, the pre-condition is to ensure their good health. Polio is a threat to it. The disease thrives primarily among the Muslim community. Human's decision is guided by his /her attitude and belief. Comparison between different educational status groups of Muslim community people's attitude towards polio was significant at 0.01 level, except that between the primary and secondary educated ones. The attitudinal difference between male and female Muslim community people towards polio was also significant at that statistical level. The female possess better attitude than their male counterpart. No definite relation was found between the educational level and belief in polio among the Muslim community people.

Keywords: Pro-Polio education, Attitude, Belief and Muslim community

Out of all the resources, human beings are the most important resource. Because, only a certain amount of benefits can be drawn out from other resources, not beyond that; but there is no limit regarding how much benefit can be derived from a human being, if his / her potentials are manifested / developed properly (Hatcher, 2015 and Saikia, 2013). So, human resource development should be of major importance. In order to develop the human resource, the pre-condition is to ensure their good health, i.e., Health Education should be paid its due importance (Silva, 1997). Children are our future, future of human race. So, their health must be ensured first. It is true that every parent wants their children to be disease free and healthy. Our activities are guided by our attitude and belief (Orlick, 2005). These are the products of quantity and quality of knowledge possessed by the person. Hence, ignorance is the root cause of all evils; so, many a times this plays a vital and damaging role here to. Out of many deadly / incurable child diseases polio is one of them (Anonymous, 2009). If, this is not prevented

before it's infection, child's whole life become cripple and almost meaningless. In this situation, the children become burden to the society, instead of benefitting / serving it as an important human resource. So, polio which is an incurable fatal disease, if not prevented in time, can shatter our aim and objectives of education, and can bring all sorts of miseries and sorrow in our society. Polio thrives primarily among the Muslim community. Hence, proper study is required to be carried out on it to find our parents' attitude and belief towards this disease and we should prepare a proper policy in order to achieve our set aim of polio-free India – a "Healthy Nation". The objectives of all round development and prosperity rest on the good health of the generation to come.

Objectives of the study

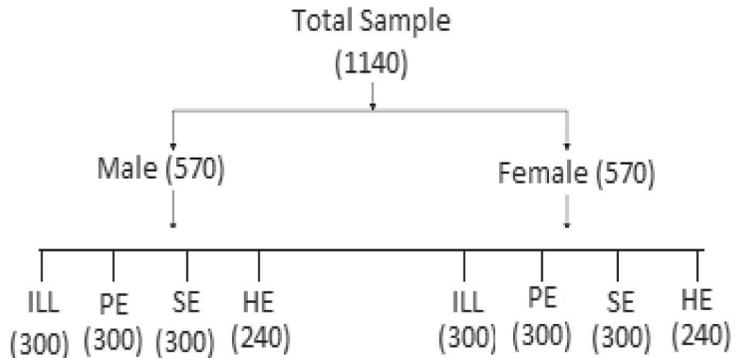
The following objectives were constructed for carrying out the investigations :-

1. to find out the relation, if any, between educational level and attitudinal difference towards polio of the Muslim community people.
2. to find out the relation, if any, between gender variation and attitudinal difference towards polio of the Muslim community people.
3. to find out the relation, if any, between educational level and belief in polio of the Muslim community people.

Materials and Methods

Sample

The population for the sample was 1140 Muslim community people residing in rural and urban area of Malda district, West Bengal. The sample was grouped in accordance to educational status (illiterate, primary educated, secondary educated and higher educated) and gender (male and female). Random sampling method was adopted for data collection in June – September, 2014. The detail breakup of the sample is given in Figure 1.



ILL = Illiterate,
 PE = Primary Educated,
 SE = Secondary Educated,
 HE = Higher Educated

Fig. 1: Schematic depiction representation of the sample

Tools

A self prepared and standardized tool for attitude and belief were used for the present study. Attitude scale consisted of thirty one items of three point Likert type. Each attitude statement was provided with three alternative responses viz. Agree (A), Undecided (UD) and Disagree (D). There were fifteen favorable and sixteen unfavorable items. The belief scale consisted of sixteen items covering two dimensions (religious beliefs and other beliefs). Each belief statement was provided with a three point Likert type of summative ratings viz. Agree (A), Undecided (UD) and Disagree (D). There were five favourable items and eleven unfavourable items in the belief scale. . The scale has good content validity. Its reliability was calculated by test-retest method and found to be of high value +0.94 on attitude and +0.95 on belief scale.

Procedure

Purposive random sampling method was employed for the present study. The subjects were approached personally in their residential area and after establishing rapport, attitude and belief scales were administered in convenient groups of 20 people at a time. The scoring was done with the help of scoring key of the attitude and belief scale.

Results

Comparison among different educational level of Muslim community people’s attitude towards polio: Analyses of the raw scores were done to make them meaningful and draw some results after proper statistical treatment using t – test and Analysis of Variance (ANOVA) as per requirement.

Table 1: Comparison between different educational status groups of Muslim community people’s attitude towards polio

Sl. No.	Comparison Between Groups	Sample No.	Mean	S. D.	Df	t-value
1	Illiterate	300	74.19	9.90	598	5.02*
	Primary Educated	300	78.13	9.31		
2	Illiterate	300	74.19	9.90	598	5.81*
	Secondary Educated	300	78.66	8.89		
3	Illiterate	300	74.19	9.90	538	11.69*
	Higher Educated	240	83.68	8.67		
4.	Primary Educated	300	78.13	9.31	598	0.70
	Secondary Educated	300	78.66	8.89		
5.	Primary Educated	300	78.13	9.31	538	7.08*
	Higher Educated	240	83.68	8.67		
6.	Secondary Educated	300	78.66	8.89	538	6.60*
	Higher Educated	240	83.68	8.67		

*Significant at 0.01 level

Table 1 depicts the comparison among different educational level (viz. illiterate, primary educated, secondary educated and higher educated) of Muslim community people’s attitude towards polio. The mean attitude score for the illiterate was 74.19 ± 9.90 as compared to 78.13 ± 9.31 of the primary educated group. This difference was statistically significant at 0.01 level. Statistical comparison between illiterate (74.19 ± 9.90) and secondary educated (78.66 ± 8.89) groups was also found to be significant at 0.01 level. Similarly, the difference between illiterate and higher educated (83.68 ± 8.67) was also found to be significant at 0.01 level. The same trend of statistical significance at 0.01 level was observed in case of the attitudinal difference between primary educated (78.13 ± 9.31) and higher educated (83.68 ± 8.67), and that between secondary educated (78.66 ± 8.89) and higher educated (83.68 ± 8.67). However, a non-significant statistical difference was observed at 0.01 or 0.05 levels regarding the attitude between primary educated and secondary educated Muslim community people.

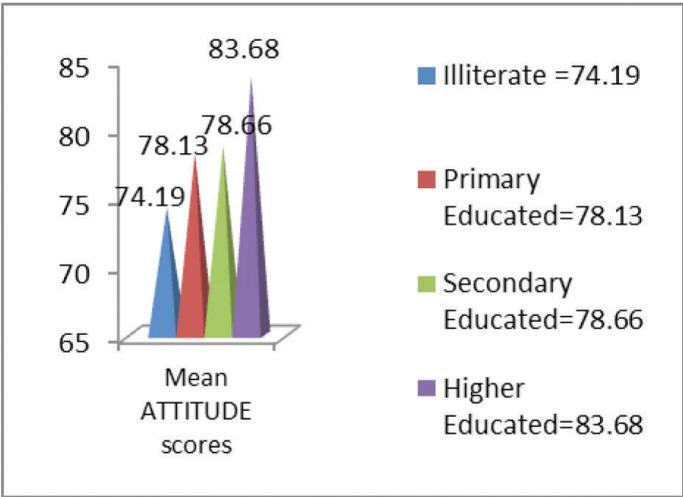


Fig. 2: Histogram of mean attitude scores towards polio among Muslim community people.

Table 2: Comparison between male and female Muslim community people’s attitude towards polio

Comparison between groups	Sample no	Mean	S. D.	Variance	df	F-value	t-value
Male	570	77.19	9.79	95.84			
Female	570	79.61	9.62	92.54	1138	17.81	4.22*

***Significant at 0.01 level**

The mean overall attitude score of the Muslim community male population towards polio was found to be 77.19 ± 9.79 , whereas, that for the female counterpart it was 79.61 ± 9.62 . This difference was statistically significant at 0.01 level, which was checked by both F-value and t-value calculation. Hence, the attitude towards polio between male and female Muslim community people of Malda district, West Bengal differs significantly.

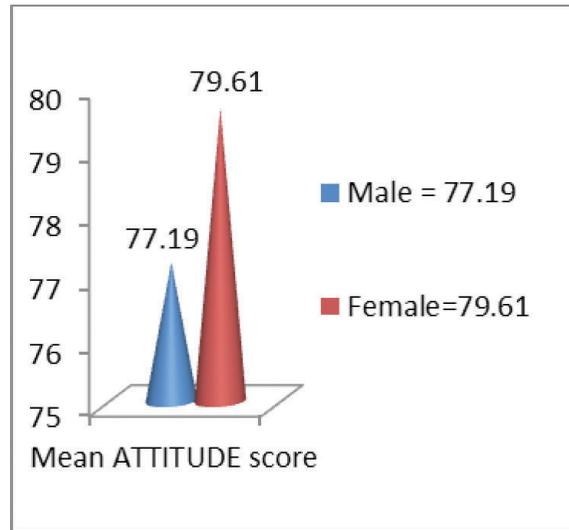


Fig. 3: Histogram of mean attitude scores towards polio for the male and female Muslim community people.

Table 3: Analysis of belief on polio among illiterate Muslim community people

Sl. No. of Item in Belief Scale	Frequency of Responses		
	Agree	Undecided	Disagree
1.	133	66	101
2.	184	42	74
3.	81	81	138
4.	192	54	54
5.	92	110	98
6.	46	172	82
7.	48	173	79
8.	139	86	75
9.	61	38	201
10.	192	37	71
11.	46	53	201
12.	54	82	164
13.	52	79	169
14.	94	42	164
15.	79	56	165
16.	41	30	229

Table 4: Analysis of belief on polio among primary educated Muslim community people

Sl. No. of Item in belief scale	Frequency of Responses		
	Agree	Undecided	Disagree
1.	99	57	144
2.	208	61	31
3.	88	76	136
4.	192	73	35
5.	75	99	126
6.	33	154	113
7.	27	146	127
8.	163	68	69
9.	34	38	228
10.	210	56	34
11.	54	65	181
12.	42	78	180
13.	19	82	199
14.	54	59	187
15.	74	66	160
16.	36	34	230

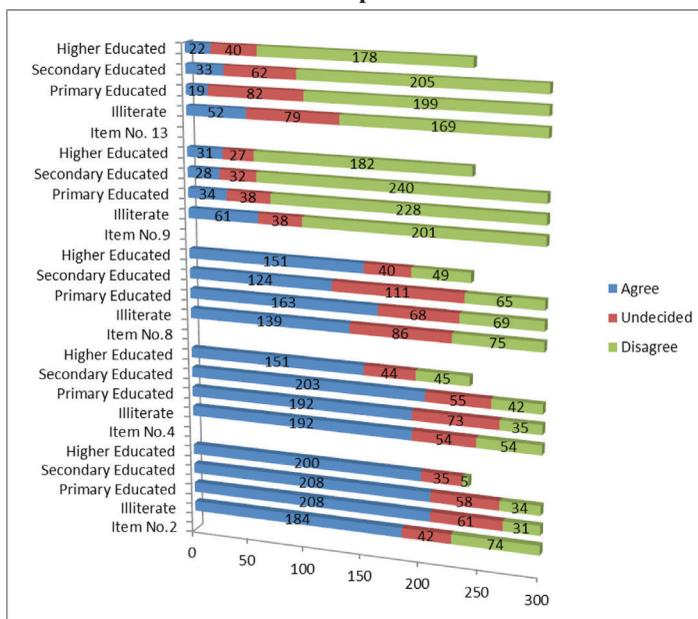
Table 5: Analysis of belief on polio disease among secondary educated Muslim community people

Sl. No. of Item in Belief Scale	Frequency of Responses		
	Agree	Undecided	Disagree
1.	79	51	170
2.	208	58	34
3.	74	103	123
4.	203	55	42
5.	92	74	134
6.	37	129	134
7.	37	138	125
8.	124	111	65
9.	28	32	240
10.	231	46	23
11.	32	65	203
12.	32	97	171
13.	33	62	205
14.	38	75	187
15.	37	51	212
16.	28	32	240

Table 6: Analysis of belief on polio among higher educated Muslim community people

Sl. No. of Item in belief scale	Frequency of Responses		
	Agree	Undecided	Disagree
1.	76	35	129
2.	200	35	5
3.	62	62	116
4.	151	44	45
5.	80	71	89
6.	27	133	80
7.	5	81	154
8.	151	40	49
9.	31	27	182
10.	182	36	22
11.	40	49	151
12.	22	58	160
13.	22	40	178
14.	22	49	169
15.	31	40	169
16.	18	31	191

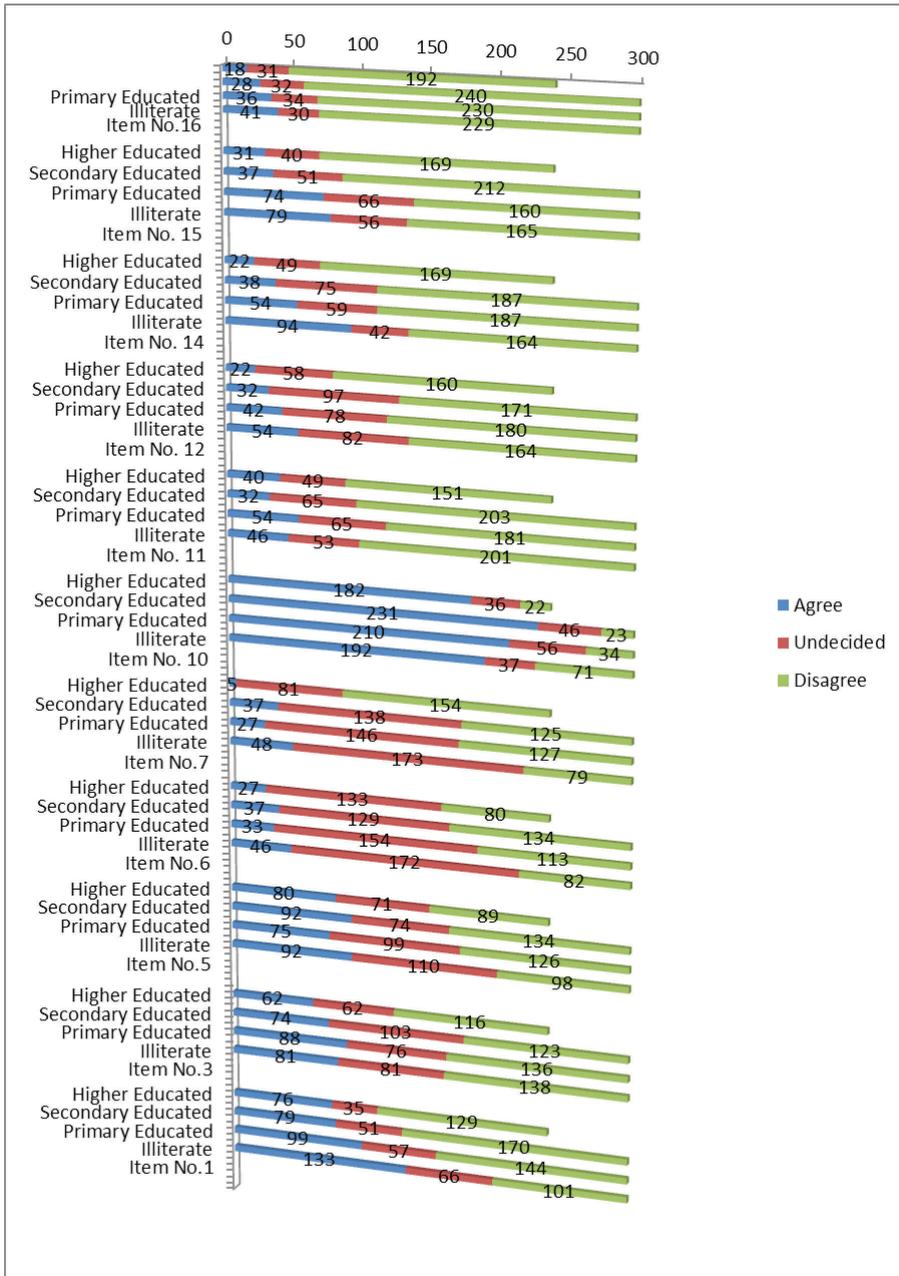
Positive Response Items



Frequency and Nature of Response

Fig. 4: Comparative graphical representation of the frequency of occurrences of responses in case of positive response items in the belief scale of polio

Negative Response Items



Frequency and Nature of Response

Fig.5: Comparative graphical representation of the frequency of occurrences of responses in case of negative response items in the belief scale of polio

The belief scores of Muslim community on polio are presented in Table - 3 to Table – 6, corresponding to the four educational status independent variables, viz. illiterate, primary educated, secondary educated and higher educated respectively. Figures 4 and 5 above, graphically presents the community's belief on polio. The first figure is for the positive response items and the second one for the negative response items. There is no definite pattern that the scores follow with the variation of the respondent's educational qualification.

Discussion

Attitude scores in the Muslim community people in Malda district, West Bengal exhibited rising scores in accordance with the educational status, irrespective of gender variation, with a significant difference with each hierarchy of educational levels was observed (Table 1). This result is in conformity with the general expectation that the increase in educational level helps to form positive attitude also. This is also confirmed by a study of Baghianimoghadam, *et. al.* (2012) and Upadhyay and Sikdar (2009). Similar result was also shown by Spinelli, *et. al.* (2003).

The female sample possesses slightly better attitude than their male counterpart (Table 2). This can be explained by the fact that our female are more conscious about child-care and they are benefited much from the large scale mass polio awareness campaigning and door-to-door polio vaccination drive taken by the authority (Ogwumuke, *et. al.*, 2012). This result is presented in the figure above.

From the figure 4 and that from 5 (above) it is clear that the intensity of belief on polio among Muslim community people does not depend upon their educational achievements. Belief being a complex socio-cultural and religious aspect is not directly influenced by one's educational level. Hence, the belief on polio among the Muslim community people of Malda district, West Bengal is not influenced by their educational status.

Belief is a mental state dominated by old habits. These habits may be based on scientific reasoning or completely devoid of any reason. So, expectedly, no clear cut dependency or relationship could be there between one's belief score and his/her educational achievement. Ogwumuke, *et. al.* (2012), has confirmed this result with their study conducted in Nigeria. But, according to Fien *et. al.* (2002) belief plays important role in forming one's attitude. We also observed that there is very low correlation between knowledge and attitude of the Muslim community. Hence, very low or no dependency of the belief scores with the respondents' educational achievements, as found here; - is at par with these observations. Although it is undeniable that right type of education helps to evaporate many unscientific habits, at least to a limited extent.

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