

## INSIGHTS FROM SOKOTO: TRADITIONAL AND RELIGIOUS LEADERS' PERSPECTIVES ON PRE-MARITAL SCREENING FOR SICKLE CELL DISEASE

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### ABSTRACT

This study investigates the perspectives of traditional and religious leaders on pre-marital screening for sickle cell disease (SCD) in Sokoto, Nigeria. SCD is a significant public health concern in Nigeria, and pre-marital screening is a preventive measure to reduce its prevalence. Traditional and religious leaders play influential roles in shaping community beliefs and behaviors, yet their views on pre-marital screening for SCD remain underexplored. Through qualitative interviews and focus group discussions, this study explores the knowledge, attitudes, and perceptions of traditional and religious leaders towards pre-marital screening for SCD. The findings provide valuable insights into the factors influencing community acceptance of pre-marital screening initiatives and inform strategies for enhancing their effectiveness in combating SCD in Sokoto and similar settings.

### KEYWORDS

Sickle cell disease, pre-marital screening, traditional leaders, religious leaders, perspectives, Sokoto, Nigeria, public health, community beliefs, preventive measures.

### INTRODUCTION

Sickle cell disease (SCD) is a hereditary blood disorder characterized by abnormal hemoglobin production,

affecting millions of people worldwide, particularly in sub-Saharan Africa. In Nigeria, SCD poses a significant public health challenge, with high prevalence rates and considerable morbidity and mortality associated with

the disease. Pre-marital screening for SCD has emerged as a preventive measure to reduce the burden of the disease by identifying carriers and enabling informed reproductive choices. However, the success of pre-marital screening initiatives relies heavily on community acceptance and engagement.

Traditional and religious leaders hold influential positions in Nigerian society, serving as custodians of cultural values, moral norms, and community beliefs. Their perspectives on health-related issues, including pre-marital screening for SCD, are often pivotal in shaping community attitudes and behaviors. Despite their potential to promote public health interventions, the views of traditional and religious leaders on pre-marital screening for SCD remain relatively underexplored.

This study aims to fill this gap by examining the knowledge, attitudes, and perceptions of traditional and religious leaders towards pre-marital screening for SCD in Sokoto, Nigeria. Sokoto, located in northwestern Nigeria, has a predominantly Muslim population and is known for its rich cultural heritage and strong traditional institutions. By exploring the perspectives of traditional and religious leaders in Sokoto, this study seeks to elucidate the factors influencing community acceptance of pre-marital screening initiatives and inform strategies for enhancing their effectiveness in combating SCD.

Understanding the perspectives of traditional and religious leaders is essential for the development of culturally sensitive and contextually appropriate interventions to address the challenges posed by SCD in Nigeria. By engaging traditional and religious leaders as key stakeholders in the promotion of pre-marital screening, policymakers, public health practitioners, and community advocates can leverage their influence to foster greater awareness, acceptance, and uptake

of screening services. Ultimately, by working collaboratively with traditional and religious leaders, Nigeria can advance its efforts to reduce the prevalence of SCD and improve the health outcomes of affected individuals and families in Sokoto and beyond.

## METHOD

The research process for gathering insights from traditional and religious leaders on pre-marital screening for sickle cell disease (SCD) in Sokoto, Nigeria, involved a comprehensive approach aimed at capturing diverse perspectives and facilitating meaningful dialogue. Initially, a purposive sampling method was employed to select a varied group of traditional and religious leaders representing different communities and affiliations within Sokoto. This ensured a broad spectrum of perspectives and experiences relevant to the study's objectives.

Data collection was conducted through in-depth interviews and focus group discussions (FGDs), both of which were guided by semi-structured protocols tailored to elicit insights into participants' knowledge, attitudes, and perceptions regarding pre-marital screening for SCD. The interviews and FGDs were conducted in Hausa, the local language, to facilitate effective communication and cultural sensitivity. Participants were selected based on their willingness to participate and their perceived influence within their respective communities.

During the interviews and FGDs, participants were encouraged to express their views openly, and probing questions were used to explore underlying beliefs and motivations. Discussions were held in private settings to ensure confidentiality and to create a comfortable environment conducive to candid dialogue. Audio recordings and detailed field notes were taken to

capture the richness of the discussions and to facilitate data analysis.

Qualitative data analysis was conducted using thematic analysis, wherein transcripts were systematically coded and categorized to identify recurring themes and patterns related to participants' perspectives on pre-marital screening for SCD. Triangulation techniques were employed to compare findings across different data sources, thereby enhancing the validity and reliability of the results. Ethical considerations were paramount throughout the research process, with measures taken to obtain informed consent, protect participants' privacy, and ensure the ethical conduct of the study.

Despite potential limitations such as social desirability bias and the subjective nature of qualitative research, the insights gleaned from traditional and religious leaders in Sokoto provide valuable perspectives on the cultural, social, and religious factors influencing community attitudes towards pre-marital screening for SCD. These insights can inform the design and implementation of culturally appropriate interventions aimed at increasing awareness, acceptance, and uptake of pre-marital screening services in Sokoto and similar settings, ultimately contributing to the prevention and management of SCD in Nigeria.

The study employed purposive sampling to select traditional and religious leaders from Sokoto, Nigeria, representing a diverse range of backgrounds and affiliations. Traditional leaders, including village heads and community elders, were identified through local authorities and community networks, while religious leaders, such as imams and pastors, were recruited from mosques and churches. Snowball sampling techniques were also utilized to identify additional participants who could provide valuable insights into the topic.

Qualitative data were collected through in-depth interviews and focus group discussions (FGDs) with traditional and religious leaders. Semi-structured interview guides and FGD protocols were developed based on relevant literature and research objectives to explore participants' knowledge, attitudes, and perceptions towards pre-marital screening for sickle cell disease (SCD). The interviews and FGDs were conducted in Hausa, the predominant language in Sokoto, to facilitate effective communication and rapport building.

Interviews and FGDs were conducted in private settings to ensure confidentiality and encourage open dialogue. Participants were provided with informed consent forms outlining the purpose of the study, confidentiality measures, and their rights as participants. Interviews and FGDs were audio-recorded with participants' consent, and detailed field notes were taken to capture non-verbal cues and contextual observations.

Qualitative data analysis was conducted using thematic analysis, following the steps outlined by Braun and Clarke (2006). Audio recordings and transcripts were transcribed verbatim and translated into English for analysis. Transcripts were coded line-by-line to identify recurring themes and patterns related to participants' perspectives on pre-marital screening for SCD. Codes were organized into broader themes and sub-themes, and relationships between themes were explored to develop a coherent narrative.

To enhance rigor and validity, data triangulation techniques were employed, comparing findings from interviews and FGDs to identify convergent and divergent perspectives. Member checking was also conducted, whereby participants were provided with summaries of their interviews or FGDs to confirm the

accuracy and interpretation of their responses. Any discrepancies or disagreements were resolved through discussion and consensus among the research team.

Ethical approval for the study was obtained from the relevant institutional review board, ensuring adherence to ethical guidelines for research involving human participants. Informed consent was obtained from all participants prior to data collection, and measures were taken to protect their privacy and confidentiality throughout the research process. Participants were assured of their right to withdraw from the study at any time without consequence.

Despite efforts to ensure methodological rigor, the study faced several limitations, including potential social desirability bias, language barriers, and the inherent subjectivity of qualitative research. Additionally, the study's findings may not be generalizable to other contexts beyond Sokoto or representative of the views of all traditional and religious leaders in Nigeria. Nevertheless, the insights generated from this study provide valuable perspectives on the role of traditional and religious leaders in promoting pre-marital screening for SCD and inform future research and intervention efforts in similar settings.

## RESULTS

The exploration of traditional and religious leaders' perspectives on pre-marital screening for sickle cell disease (SCD) in Sokoto, Nigeria, revealed diverse viewpoints and considerations shaping community attitudes towards this preventive measure. Key findings include:

**Knowledge and Awareness:** Traditional and religious leaders exhibited varying levels of knowledge and awareness regarding SCD and pre-marital screening.

While some demonstrated a deep understanding of the genetic basis of SCD and the importance of screening, others held misconceptions or lacked awareness of the disease and screening programs.

**Cultural and Religious Beliefs:** Cultural and religious beliefs played a significant role in shaping attitudes towards pre-marital screening for SCD. Some participants expressed concerns about the perceived stigma associated with being identified as carriers of the sickle cell trait, while others emphasized the importance of religious faith and acceptance of divine will in shaping reproductive decisions.

**Perceived Effectiveness and Acceptability:** Participants generally recognized the potential benefits of pre-marital screening in preventing the transmission of SCD to future generations. However, concerns were raised about the practicality, accessibility, and acceptability of screening services, particularly in rural and remote areas where healthcare infrastructure is limited.

## DISCUSSION

The findings highlight the complex interplay of cultural, social, and religious factors influencing community attitudes towards pre-marital screening for SCD in Sokoto. While traditional and religious leaders play influential roles in shaping community beliefs and behaviors, their perspectives reflect a diversity of opinions and considerations, underscoring the need for culturally sensitive and contextually appropriate interventions.

Cultural norms surrounding marriage, fertility, and family honor intersect with religious teachings and beliefs, shaping individuals' attitudes towards genetic screening and reproductive decision-making. Addressing misconceptions and promoting accurate

information about SCD and pre-marital screening is essential to overcome stigma and increase community acceptance of screening services.

Practical considerations, such as the availability of screening facilities, affordability of testing, and accessibility of counseling services, are crucial for ensuring the effectiveness and sustainability of pre-marital screening programs. Collaborative efforts involving traditional and religious leaders, healthcare providers, policymakers, and community members are needed to address these challenges and promote the integration of screening services into routine healthcare delivery.

## CONCLUSION

Traditional and religious leaders play pivotal roles in influencing community attitudes and behaviors towards pre-marital screening for SCD in Sokoto, Nigeria. By engaging with these leaders as key stakeholders and advocates, public health interventions can leverage their influence to promote awareness, acceptance, and uptake of screening services. Culturally sensitive approaches that respect and incorporate local beliefs and practices are essential for enhancing the effectiveness of screening programs and reducing the burden of SCD in Nigeria. Moving forward, collaborative efforts involving multiple stakeholders are needed to address the multifaceted challenges associated with SCD prevention and management in Sokoto and beyond.

## REFERENCES

1. Isah BA, Yahaya M, Ibrahim MTO. Knowledge and attitude regarding pre-marital screening for sickle cell disease among students of state school of Nursing Sokoto. *Annals of International Medical and Dental Research*. 2016;2(3):29-34.
2. Odelola JO, Adisa O, Akintaro OA. Attitude towards pre-marital genetic screening among students of Osun state polytechnic in Nigeria. *International Journal of Educational Administration and Policy Studies*. 2013;5(4):53-8.
3. Precious KG, Seiyesa FB, Best O. Knowledge, attitude and uptake of pre-marital screening for sickle cell trait among married couples in a semi-urban community in South-South Nigeria. *European Journal of Preventive Medicine*. 2015;3(3):49-54.
4. Oyedele EA, Emmanuel A, Gaji LD. Awareness and acceptance of pre-marital genotype screening among youths in a Nigerian community. *International Journal of Medical and Health Research*. 2015;1(1):17-21.
5. Jemima AD, Simon D, Kwaku OF. Health care provision for sickle cell disease in Ghana. *Diversity in Health and Social Care*. 2008;5(4):241-54.
6. Ugwu NI. Pre-marital screening for sickle cell hemoglobin and genetic counselling: awareness and acceptability among under graduate students of a Nigerian university. *Int J Med Biomed Res*. 2016;5(1):43-9.
7. Gabriel OO, Mathew CO. Knowledge, attitude and Practice of pre-marital coun-selling for sickle cell disease among youth in Yaba, Nigeria. *African Journal of Reproductive Health*. 2013;17(4):175-8.
8. Said AH, Chia YC. Awareness, knowledge and practice of dyslipidaemia man-agement among postgraduate primary care trainees in Malaysia: a cross-sec-tional study. *BMJ Open*. 2017;7(3):e013573.
9. Adewuyi JO. Knowledge of and attitude to sickle cell carrier screening among graduates of Nigerian tertiary institutions. *Niger Postgrad Med J*. 2000;7(3):120-3.
10. Durosinmi M, Odebiyi A, Akintola N, Adediran LA, Aken OY, Okunade MA. et al. Acceptability of



prenatal diagnosis of sickle cell anaemia by a sample of Nigerian population. African Journal of Medical Science. 1997;26(1-2):55-8.

11. Olarewaju SO, Enwerem K, Adebimpe WO. Knowledge and attitude of secondary school students in Jos, Nigeria on sickle cell disease. The Pan African Medical Journal. 2013;15(1):127.

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