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Research Article

ATTITUDES OF PARENTS REGARDING ROUTINE IMMUNIZATION PROGRAMME IN BORNO STATE

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ABSTRACT

This research study was carried out on the Attitudes of parents with regard to routine Immunization programme in Borno State. Research objectives were set up to guide the study on research topic to gather information require by this study. In this research awareness is noticing or realising something exist or having knowing something. (Encarta Dictionary, 2009) it appears that many parents are never told or aware or learn the name of vaccination they may asked to accept for their children, most of the emphasis in communication about immunization is on the 'when and where' with very little on the 'what is it' (Nichter, 1988). As a result, must parents have a poor understanding of immunization many do not know which diseases are prevented by which vaccine or how many doses of each are needed? In Indonesia, for example a study in Yogyakarta, province found parents believing incorrectly that, only one dose is sufficient against polio or for DPT (Singarimu, 1986).

In view of this finding a research recommended that A better understanding of immunization schedule and health educating people on the importance of routine immunization, and the NPI should conduct periodic health system research to identify hindrance to effective delivery of routine immunization exercise, lastly the use of advocacy visit to community and religious leaders to create awareness about immunization and its benefits so that they will be informed and mobilised the people around them.

KEYWORDS

Parents , Attitude , Regarding , Immunization , Programme , State , Routine , Borno.

INTRODUCTION

Immunization is a process of introducing specific antigen into the body to stimulate the body to produce specific antibodies corresponding to the antigen administered (WHO, 2003). Immunization is one of the most effective, safe and efficient public health intervention, as it estimated to save at least 3 million lives from vaccine preventable disease. The global burden constituted by vaccine presentable disease is immense. Globally speaking, 2.5 million children die every year from easily prevented infections disease. In fact, in the year 2000, measles resulted in 777, 000 deaths and 2 million disabilities (WHO, 2001). It is worthy of note that Latin America/Caribbean as well as other industrialized countries have achieved the 90% coverage against measles and are likely to sustain these levels. However Middle East and North Africa are likely to improve quickly enough to meet the target 2010 but east pacific will need to make the target 2010 but east pacific will need to make significant improvement. (WHO, 2001)

Financial commitment toward immunization would amount to 3 billion dollars per year in the next 10 years with UNICEF infesting 56% of its health fund. Thus as part of child survival programme the expended programme on immunization was created in 1974 by WHO with UNICEF and rotary international as partners, this has increased the level of immunization of the world children from 5– 80% in 30 years. Though effort at immunization have yielded highly beneficial result with most developed countries of the world having coverage of over 90% The situation is quite different for developing nation of the world especially in Africa. Where vaccine preventable diseases contribute mortality to children less than 5 years of age, Nigeria for instance has an under 5 mortality rate of 201/1000 (Immunization coverage of 13%). It remains one of the

polio hot zones along with India, Pakistan and Afghanistan and also one of the 11 countries that account for 66% of the world's measles death. While South Africa, Asia and Sub – Saharan Africa are substantially behind and would have improved by average annual rate of 3.2% points and 4.1% points respectively in order to reach 90% coverage by 2010 To the end, only 4 countries in the world are reported to have endemic poliomyelitis; Pakistan, Afghanistan, Nigeria and India. Global polio eradication has dramatically reduced polio transmission throughout the world with the eradication from western hemisphere in September, 1994, but this has suffered great set back in Nigeria especially the Northern part witnessing pandemonium and commotion with some citizen erroneously saying OPV vaccine causes infertility.

Concept of Immunization

Immunization is a process of introducing specific antigen into the body, to stimulate the body to produce specific antibodies corresponding to the antigen administered (WHO, 2003). Viewed globally, vaccines are the most cost-effective medical intervention to prevent death and diseases (World Bank, 1990). Children hood immunization represents the gateways to provision of comprehensive health care service to which all children ought to be entitled.

Moreover, paediatric immunization programme has eradicated many of the infectious diseases of childhood and have been one of the most remarkable public health accomplishments in the history of medicine (Edward, 2000).

In the developed world, the implementation and large-scale application of immunization program have been

remarkably successful in eliminating for reducing the prevalence of infectious disease worldwide, childhood immunization as a method of disease prevention has contributed to gain broad acceptance (Mark and Darden, 1999).

Overall worldwide immunization coverage in the developed world has improved considerably during the past decade. Despite these advances, however, many parent in many developing countries have a nonchalant attitude and perception toward immunization. As such, this remain a major public health problem poses a set back to the general goal of achieving immunization coverage (UNICEF, 2004).

Epidemiological study has shown that 2.5 million deaths every year as a result of vaccine preventable diseases, mainly in Africa and Asia among children less than five (5) years old (WHO, 2001). Immunization is a process of conferring increased resistance to an infectious disease by a means other than experiencing the natural infection. Typically, this involves exposure to an agent (antigen or immunogenic), designed to fortify the person's immune system against that agent or similar infectious agent (active immunization). Immunization also can be including providing the subject with protective antibodies providing the subject with protective antibodies developed by someone else or another organism (passive immunization) (Blackemore and Jennett, 2001).

Medical researchers have developed diverse immunization processes for a vast number of diseases, beginning on a large scale about a century ago. Immunization remains one of the most important public health interventions and cost effectives strategies to reduce both morbidity and mortality associated with infectious diseases (WHO, 2007) Childhood immunization is an act of including immunity

to a child by an act of vaccine that almost guarantees protection from many major diseases. Childhood vaccination is widely considered to be overwhelmingly good by the scientific community (Wright, 1995) vaccination coverage has now reach a plateau in many developing countries and even where good coverage has been attaining; reaching children not yet vaccinated has proved difficult. Previous studies have shown that up take of vaccination service is dependent not only on provision of these service but also on other factors including knowledge and attitude of parents (Matsumura, 2005; Torum and, Bakirci 2007), density of health worker (Anand and Banighausen, 2007); acceptability to vaccination clinic, availability of safe needle and the opportunity cost (such as cost, earning or time) incurred by parent. A good attempt to address that factor may go long way to improve vaccine utilization and subsequent protection of the children against childhood infectious diseases.

The fundamental question is whether or not resources should be invested in improving parent's knowledge of the attitude towards immunization. Although the evidence is unclear, it is commonly believed that strengthening advocacy, communication and social mobilization will enhance informed and willing participating in vaccination program and that vaccination strategies are likely to be more successful if they are based on an understanding of socio-cultural behaviour (WHO, 2003).

The Nigerian National Routine Immunization Strategic Framework (NNRIS) will be guided by the principles and immunization targets set in the NSHDP. It is further linked to the Nigeria EPI comprehensive Multi-year plan (cYMP) 2011-2015 which is aimed at reducing morbidities and mortalities related to vaccine preventable diseases. The NNRIS framework is focused on Routine Immunization, with emphasis on increasing

immunization access and utilization while reducing the number of unimmunized children, efficient logistics and supplies management, adequate engagement of stakeholders with holding each other accountable through an accountability framework that clearly delineates roles and responsibilities and performance monitoring with sanctions. These interventions are integrated within overall improvement of PHC system which and thus appropriately linked to the polio eradication initiative. Routine Immunization coverage the last decade ranged from 27% to 114% with a drop in DPT₃ from 74% in 2010 to 52% in 2012 (Figure 2). Findings from several reviews and studies refer to a wide range of issues hampering the proper implementation of the RI programme including weak governance,

inadequate funding, vaccine stock-out, lack outs of vaccine bundling, distribution challenges vaccines, non-maintenance of CCE, and poor staff performance at state and local government levels.

Vaccine Preventable Diseases

Vaccine have been frequently cited as one of the most equitable low – cost high impact public health measure saving millions of live annually when program is implemented on the national level. Over the last 40 years, the use of small pox, measles, diphtheria, tetanus, pertussis and poliomyelitis vaccines have eradicated small pox and eliminated disease in that population that have achieved and sustained programs with high implementation rate (WHO, 2013). Vaccine preventable diseases are infectious diseases for which an effective preventive intervention is needed. If a person acquires a vaccine preventable disease and dies from it, the death is considered a vaccine preventable death. (World Health Organization, 2002) assertive or stated that 1.4 million of deaths among children under 5 years of age were from vaccine preventable diseases,

with 100% immunization and 100% efficacy of vaccine one out of severe death among young children should have been prevented (WHO, 2010).

Vaccine preventable death are usually cause by a failure to obtain the vaccine in a timely manner. This may be due to financial constraints or lack of access to the vaccine. Additionally, a vaccine that is generally recommended may be medically inappropriate for a small number of people due to severe allergies or a damaged immune system (Agbeyegbe, 2007).

Parents Awareness about Routine Immunization

In this research awareness is noticing or realising something exist or having knowing something. (Encarta Dictionary, 2009) it appears that many parents are never told or aware or learn the name of vaccination they may asked to accept for their children, most of the emphasis in communication about immunization is on the ‘when and where’ with very little on the ‘what is it’ (Nichter, 1988). As a result, must parents have a poor understanding of immunization many do not know which diseases are prevented by which vaccine or how many doses of each are needed? In Indonesia, for example a study in Yogyakarta, province found parents believing incorrectly that, only one dose is sufficient against polio or for DPT (Singarimu, 1986).

(Oriol 19N87), in central Haiti many parents are not aware that, the red liquid given orally is polio vaccine most assume it is vitamin parents generally do not know how many vaccines or doses their children has left and some say a child need to be taken to get vaccine every month until five (5) years.

Likewise, in much of South Asia, little attempt has been made to explain what vaccination are, and how they function which illness they protect against, and for

whom they are or are not intended in many cases health workers explain that ‘Vaccination are good for health and prevent disease’ (Nichter, 1988).

In Nigeria a study in 1984 – 1985 showed that villagers had little idea as to the illness prevented by vaccines, they were asked to receive and have been little information about vaccination aside from the general ‘they are good for health (Njideka, 1988).

Also, professional responsible for immunization often lack basic knowledge about immunization for example, when a field staff responsible for immunization in India were asked to name the diseases covered by immunization program, less than half questioned could name even three (Enge and Harrison, 1998).

To improve awareness attention should be focused on involvement of religious, traditional rulers and political leaders to create more awareness among parents and allowances of health workers should be paid promptly, transportation should be provided to reach difficult terrain, this will help in creating awareness among parents (Ihekweazu, 2006). In view of this we need to identify acceptance and practice of routine immunization in Shehuri South of Maiduguri Metropolitan, Borno State, Nigeria.

Parent Perception about Routine Immunization

Perception is the process of using the senses to acquire information about surrounding environment or situation (Encarter, 2009). The parent’s perception about immunization is that too much attention given to immunization due to the fact that many did not know that immunization is for infectious diseases eradication. This is in agreement with the finding by (Erturk, 2003). another statement who reported that there was increased risk of non – vaccination in people who do not know the purpose of immunization.

Also, parent believed that the vaccine contains harmful pathogen, majority also said that they have rumour and misconception that vaccine contain HIV, contraceptive and other pathogens which were the major reasons for reluctance in releasing children for immunization exercise (Pareck, 2003).

Another report prepared for WHO by immunization basic project 2009, and presented at WHO’s strategic advisory group of expert (SAGA), examined the reason for drop out (Children begins immunization but did not complete their basic service) and those children that are left out (Children with no immunization). The factor responsible with non – immunization of children is:

Factors attributed to immunization system such as distance, health staff motivation, lack of resources, and other logistic, false contra – indication, baby too old.

Factors due to communication and information such as lack of promotion follow up of routine immunization health communication.

Family character such as parental practical knowledge, fear of side effect, conflicting priorities, religious/cultural/social belief and norms and rumours, perception about and acceptability of vaccines, autonomy of parents and care givers pressuring against husband refusal (Immunization, 2009).

Therefore, parent’s perception need to be looked into. In order to identify the parents attitude about immunization in Shehuri South of Maiduguri Metropolitan, Borno State,

Factors That Influence Routine Immunization

As in many other developing regions of the world, the core health problems in Bangladesh are related to high

fertility, malnutrition and communicable diseases, particularly those involving environmental sanitation and personal hygiene. Crowded into a country of only 55,598 square miles of land are some 107.9 million people making Bangladesh most densely populated country in the World? Every year, about 3.5 million developing countries “die” and many more are crippled blinded or otherwise disabled from six major diseases that are preventable through immunization. For all the six diseases, vaccines and the means to provide them are readily available, relatively inexpensive and of proven effectiveness in saving lives. These six vaccine preventable diseases are measles, pertussis (whooping cough), tetanus, polio, tuberculosis and diphtheria. The importance of immunization program can be understood better if we remember that about 3.7 million babies are born in Bangladesh every year. About 2400 young children die every day making for 100 deaths every hour. Four percent of under-1 deaths of the world occur in Bangladesh. (The daily star, Feb. 14, 1991). Of 107.9 million population of Bangladesh about 18 million are children below age five years. The risk of death is higher in these ages. Here, tetanus alone accounts for 223000 child deaths and measles accounts for 20000 to 40000 deaths every year (Govt. of Bangladesh, 1985s). Though immunization is more effective to reduce the infant mortality and the actual practice of immunization remains low. Government immunization service statistics for 1984 show that the national coverage for BCG was 1.5 percent, DPT (3 doses) was 14 percent, polio (3 doses) was 1.1 percent and measles was 0.9 percent (Government of Bangladesh, 1985 s). Now-a-days acceptability of immunization is higher but its coverage remains low.

Demographic studies of childhood immunization differential have often shown household socio-economic factors and parental education as important

factors in explaining different immunization levels among and within societies (Adekunle, 1978; Adjage, 1981; Akessode, 1982; Bachani et al., 1983; Bhuiya et al., 1987; Clark, 1983; Markland and Durand, 1976; Odebiyi and Ekong, 1982; Rahman et al., 1982; Sathe and Shah, 1985; Singarimbun et al. 1986; Chakraborty, 1987). Yet very little is known about the precise mechanism through which these factors operate to result in differentials in the immunization level.

The immunization technology is very effective in preventing illness which are potentially fatal and cause the major proportion of child deaths. So the study of utilization of immunization provides a useful model for the study of the personal illness control “proximate” determinants of mortality in the mostly and Chen framework. Moreover, in rural Bangladesh where the water supply and sanitation infrastructure is primitive and public curative health services are almost non-existent, the examination of the practice of immunization could provide an explanation of class differences in the level of infant and childhood mortality

Success of National Program on Routine Immunization

Success means achievement of an aim. Therefore, routine immunizations have succeeded up by 29 percent in the year 2013 according to the National Primary Health Care Development Agency (NPHCDA, 2010). In a chat with guardian Executive Director National Primary Health Care Development Agency Dr. Ado Gana Mohammed said in addition to the increase in routine immunization Nigeria also recorded 65% reduction in the number of polio cases.

He added that Nigeria has not recorded any case of type 3 polio and only one case of type 2 in 12 months

even as it has improved herd immunity in high-risk area of the country to 80 percent and we continue to improve on the quality of the immunization programme and campaigns. We have gone microscopic in-terms of deploying measures we have improved the programme in such a way that we reach every child (www.healthnews.ng.com, 2013).

Reason for Poor Performance in Routine Immunization

A number of assessments, evaluation and review conducted over past several years have identified and listed key challengers and bottlenecks impacting immunization performance in Nigeria include:

Fragmentation of planning and leadership and lack of clear accountability. The management of health system is fragmented with unclear linkage across and between different levels of government. In the current system five different government entities are involved in the planning and execution of primary Health Care Service, feedback and accountability are therefore limited and with Nigerian decentralization approach federal officials have no direct channel to influence state and local government.

Limited services delivery and outreach due to lack of funding

Unstable availability of vaccine and cold storage

Data quality: - data quality remain poor and there is no central venue to share and validate information

Inequality in coverage service delivery and monitoring

Poor co-ordination between routine immunization and National Polio Eradication Initiative.

Other includes; poor capacity building and training of health workers, security, constrain, lack of political commitment which result in poor and un-predicted allocation of domestic resources for immunization especially at the state level (GAVI Alliance, 2013).

Implication for Non-Acceptance of Routine Immunization

The following are the implications for non – acceptance of immunization:

There will be high morbidity and mortality rate among fewer than 5 years' children because of vaccine preventable disease.

The children may become blind due to infection and complication of measles.

The children will have low immunity and they are prone to some infectious disease like tuberculosis, Measles and others.

Therefore, the result of this study will serve as an educational literature for parents to have more knowledge and awareness about immunization and correct their negative attitudes towards immunization in Shehuri South of Maiduguri Metropolitan, Borno State.

Strategies for Successful Implementation of National Program on Immunization in Nigeria

National programme on immunization (2013) ascertains that routine immunization service were to be strengthened with focus on local government areas. The successful implication of National Program on immunization in Nigeria could be through the following.

Strengthening infrastructures and improving cold chain system

Improve service delivery through capacity building of workers and adequate logistic support for outreach service.

Improve community participation and ownership

Improving vaccine management through accurate forecasting to immunization delivery centre

Health education to parent on the importance of immunization.

Through routine immunization at the health facilities (FMOH, 2013).

CONCLUSION

This study is aimed at assessing the acceptance and practice of routine immunization in Shehuri South of Maiduguri Metropolitan, Borno State, Nigeria. It was found that, there was a high level of awareness about immunization, and also few of the respondent reluctance in releasing their children for immunization and it was found to be due to fear of side effect.

The reader will easily appreciate the fact that nonchalant attitude and perception of parents towards. Immunization makes it possible for the continued prevalence of diseases. Also, some parents still have poor understanding of the concept of immunization and this may go long way to affect the uptake of immunization and this may bring a setback in the millennium development goal.

In conclusion, the entire research project was aimed at changing the negative perception of parents towards immunization in Nigeria and result suggest the need for public enlightenment to create greater awareness

about safety of the vaccine and the goal of immunization programme.

REFERENCES

1. World Health Organization. Immunization, vaccines and biologicals.
2. Available from <http://www.who.int/immunization/en/vaccines> WHO; 2009.
3. Centre for Global Development. Making Markets for vaccines: from ideas to actions. Washington DC: Centre for Global Development; 2005.
4. World Health Organization. Measles. WHO Fact Sheet N°286. WHO; 2007.
5. NPI/UNICEF march, (2003). Assuring vaccine security in Nigeria. Report of NPI/UNICEF vaccine security mission.
6. Doctor HV, Bairagi R, Findley SE, HELLINGER S, Dahir T Northern Nigeria maternal, newborn and child health programme: selected analyses from population-based baseline survey. The Open Demography Journal 2011; 4: 11–21
7. UNICEF Fact sheet: situation of polio in Nigeria. June, 2006
8. Global Polio Eradication Initiative (GPEI). 2011.
9. Central Bank of Nigeria (CBN) Annual Reports and Statement of
10. Accounts. Lagos: Central Bank of Nigeria; 1991.
11. Central Bank of Nigeria (CBN) Annual Reports and Statement of Accounts. Lagos: Central Bank of Nigeria; 1993.
12. Ajala AS Cultural Factors Relating to Breastfeeding and their Influence on Maternal and Child Health in Ilobu, Nigeria. West African Journal of Archaeology 2002; 32: 98–109
13. UNICEF The State of the World Children. Geneva: UNICEF; 2002

14. Epstein JE, Tewari K, Lyke KE, Sim BKL, Billingsley PF, Laurens MB, Gunasekera A,
15. UNICEF Fact sheet: situation of polio in Nigeria. June, 2006
16. Global Polio Eradication Initiative (GPEI). 2011.
17. Central Bank of Nigeria (CBN) Annual Reports and Statement of Accounts. Lagos: Central Bank of Nigeria; 1991.
18. Central Bank of Nigeria (CBN) Annual Reports and Statement of Accounts. Lagos: Central Bank of Nigeria; 1993.
19. Ajala AS Cultural Factors Relating to Breastfeeding and their Influence on Maternal and Child Health in Ilobu, Nigeria. West African Journal of Archaeology 2002; 32: 98–109
20. UNICEF The State of the World Children. Geneva: UNICEF; 2002
21. Epstein JE, Tewari K, Lyke KE, Sim BKL, Billingsley PF, Laurens MB,

