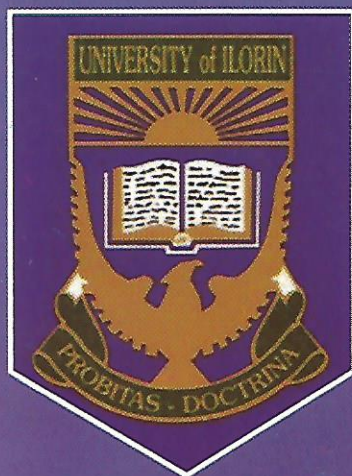




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INFLUENCE OF DEMOGRAPHIC FACTORS ON CHILDREN IMMUNIZATION AMONG NUPE PEOPLE IN KWARA STATE, NIGERIA

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Abstract

This study examined the influence of demographic factors on children immunization among Nupe people in Kwara State. The research design of the survey method was used for the study. The population used for the study comprised all mothers residing in Edu and Patigi Local Government Areas who have children between ages 0 – 1 year. Stratified Sampling Technique was used to pick four routine immunization centres from each district and twelve routine centers were selected from each Local Government. Simple random sampling procedure was used to select twenty five mothers from each of the routine immunization centers and three hundred participants were selected from each local government., Six hundred mothers therefore participated in the study. Content validity of the instrument was established by giving the drafts of the questionnaire to three experts in the related fields. The test re-test method was used to establish the reliability of the instrument, using Pearson product moment correlation, the co-efficient for reliability was 0.80r. Three research hypotheses were formulated for the study and tested at 0.05 alpha levels. Inferential statistic of variance (ANOVA) and Tukey honest significant post-hoc test were used to analyze the result of data collected from the respondents. The result showed that, demographic factors have influence on children

immunization as a result of differences in mothers' educational background, religious affiliation and occupation in the area. In view of this findings, the researchers recommended among others that, Social Mobilization Committee. (SMC) should carry out enlightenment campaign on immunization so as to enable mothers appreciate why immunization is important and benefit of doing away with ignorance, myths and rumors they have against immunization programme, traditional rulers and religious leaders should be involved in planning and executing of health education programme so as to improve the knowledge and attitudes of mothers towards immunization of their children.

....

Keywords: immunization, demographic factors, communicable diseases, Social Mobilization

Introduction

Immunization against communicable diseases has been one of the most important public health interventions discovered to date. It is second to provision of clean water in terms of lives saved and the benefits include reduction in morbidity and mortality rate due to tuberculosis, measles, polio, diptheria, pertusis and tetanus. Immunization is not only a cost-effective disease control strategy, it has been adjudged as one of the most cost-effective health interventions (Osagbemi & Olu, 2005 and Oyerinde 2009).

Olajide (2008) defined immunization "as the process of introducing protective agents into a person's body to protect it against communicable or infectious diseases". Immunization is therefore an important way of controlling, eliminating and eradicating childhood diseases. Akande (2006) defined immunization as the "act of protecting individuals from a particular disease by giving them potent vaccines". A person who is immune to a disease is one who is protected against that disease by means of antibodies circulating in his blood or present in the cells of the tissues of his body.

The Expanded Programme on Immunization (EPI) was launched in Nigeria in 1979 and was placed within the Department of Public Health and Communicable Disease Control within the Federal Ministry of Health. The immediate goal of the programme then was to achieve 60% immunization coverage of the target population (0 – 24 months) by 1987. The ultimate goal was to achieve 80% immunization coverage by 1990 (Sofoluwe, Schram & Ogunmekan, 2006). This Expanded Programme on Immunization (EPI) was

later carved into an agency named National Programme on Immunization (NPI) by decree Number 12 of August 1997 as a parastatal of the Federal Ministry of Health and charged with the responsibility of controlling, through immunization the occurrence of the following deadly diseases such as tuberculosis, polio, diphtheria, pertusis, tetanus, yellow fever, hepatitis B (National Programme on Immunization, 2007).

In Nigeria, children under five years of age constitute a significant 20% of the total population. Common childhood diseases like malaria, acute respiratory infections (Particularly Pneumonia), diarrhoea, malnutrition and Vaccine Preventable Diseases (VPDs) especially measles are the leading causes of mortality and morbidity in Nigeria. These diseases are estimated to contribute to over 70% of deaths in children less than five years of age. In addition, they are the reasons for three out of four visits to health facilities by sick children and their mothers (National Primary Health Care Development Agency, 2007).

The study was carried out by Sebanhat & Nadi (2012) among 221 respondents in a district of Istanbul, Turkey on the reasons for non-vaccination and the effects of socio-demographic factors on parents. The study revealed that immunization coverage was associated with educational level of the father and the mother. Children whose mothers' education level was at least primary school were more likely to fully immunize than those whose mothers had no education.

Mudasiru (2010) pointed out that, immunization of children and pregnant mothers is a priority activity in many countries particularly the developing countries. Immunizing children and pregnant mothers at appropriate time with appropriate and potent vaccines is one of the most outstanding ways by which infant morbidity and mortality rates can be grossly reduced.

Parents are very important in the determination of the success or failure of immunization programme. This is stemmed from the fact that their level of awareness and perception with respect to the susceptibility of their children to infectious diseases, and parents believe about these immunization would influence their willingness or otherwise to patronize or release their children for immunization programme (Oyerinde 1998). The same author and Brandth (2009) opined that, poor attitude of parents towards National Programme on Immunization was one of the factors contributing to increase in morbidity and mortality of children to vaccines preventable diseases. Children between the ages of 0-5years are dying at an alarming rate while some are married for life to exposure to one or more of the vaccines preventable childhood killer

diseases.

Mothers play an important role in immunization of their children. A target of 95% immunization coverage is necessary for the sustained control of vaccine preventable diseases. Partial immunization coverage against vaccine preventable diseases is a significant public health problem especially in developing countries like Nigeria (Odusanya, Ewan & Francois, 2008).

Ogunmekan (2007) pointed out that, immunization coverage is low in developing countries and this low level is higher among illiterate than literate parents. There are many reasons why parents refuse to collect immunization for their children, one of the most important reasons which to date has received little attention is lack of understanding by parents of both the concept and practice of immunization. Understanding of the concept of immunization was found to be at a low level, vaccination cards particular were understood by few literate mothers, and illiterate mothers found them quite incomprehensible. Allison, Cedric & Deborah (2005) observed that, literate mothers have positive attitude towards immunization than illiterate, because mothers with secondary and higher levels of education as expected, understand scientific information more easily than those with lower level of education. The high level of knowledge may be attributed to the quality of information provided to mothers at the health facilities.

Oyerinde (1997) and Nwankwor (2004) pointed out in their studies that, major obstacles to full immunization coverage were ignorance, religious believes, long distance to immunization points and the resulting of lack of motivation of the mothers. According to Odusanya et al, (2008) in a research carried out on 339 mothers at Sabongidda-Ora in Edo State, it was shown that mothers care and give positive attention toward immunization, more than half of them were generally knowledgeable about symptoms of vaccine preventable diseases and almost all (99.1%) felt that immunization was beneficial to their children. The knowledge and positive attitude of mothers towards immunization was significantly higher with belonging of Christian faith and possessing at least secondary school education.

Mudashiru (2010) explained that the nature of parents' occupation sometimes affect immunization of their children. Women in rural communities are essential contributors in kind or cash to the family income and hence patronage of health services cannot be permitted to interfere unduly within this role. If attendance is required too often, or the time spent at visit for immunization programme is too long, the repercussion on the family income will

lead to the mother defaulting from further attendance.

Statement of Problem

The problem of the study was to examine the influence of demographic factors on children Immunization among Nupe people in Kwara State, Nigeria. The Number of children affected by vaccine preventable diseases among Nupe people in Kwara State continues to increase every day while causes of this problem is yet unknown. Therefore, this study intends to find out the demographic factors that influence mothers' acceptance of immunization for their children. Failure of parents to collect/complete their children immunization can expose the affected children to the risk of developing vaccine preventable diseases later in life. Parker, Staggs & Dayan (2006) explained that, out of 66 cases of measles reported in the United State in 2005, slightly over half were attributable to one unvaccinated individual who acquired measles during a visit to Romania. This individual returned to a community with many unvaccinated children. The resulting outbreak infected 34 people, mostly children and virtually all unvaccinated. 9% were hospitalized; a major epidemic was averted due to high rates of vaccination in the surrounding communities.

Some mothers in the study areas do not know what immunization entails. Those who know the meaning of immunization do not complete doses of their children vaccines and majority do not even get immunized. The study examined whether differences in mothers education, religion and occupation have influence on their children's immunization.

Research Questions

The following questions were raised to guide the study:

- ◆ Is there any influence of demographic factors on children immunization based on educational background of mothers?
- ◆ Is there any influence of demographic factors on children immunization based on religious affiliation of mothers?
- ◆ Is there any influence of demographic factors on children immunization based on occupational background of mothers?

Research Hypotheses

The following hypotheses were formulated to guide the study

1. There is no significant influence of demographic factors on children

immunization based on educational background of mothers.

2. There is no significant influence of demographic factors on children immunization based on religious affiliation of mothers.
3. There is no significant influence of demographic factors on children immunization based on occupational background of mothers.

Methodology

To meet the objective of this study, the descriptive survey research design was used for the study. The study population comprised all nursing mothers residing in Edu and Patigi Local Government Areas who have children between the ages 0 – 1 year. Each Local Government comprised three districts, Stratified sampling technique was used to pick four routine immunization centres from each district and twelve routine centres were used from each local government. Simple random procedure was used to select twenty five mothers from each of the selected routine immunization centres and three hundred participants were selected from each Local Government, six hundred nursing mothers participated in the study. Based on the laid down rule for research that involve large target population; the sample size must not be less than 384 where the total population is more than 10,000 (Fisher, Laing, Stocked & Townsend, 1998).

The instrument used for the study was a structured questionnaire made up of sixteen (16) items based on demographic factors influencing children immunization due to differences in mothers' educational background, religious affiliation and their occupation. Content validity of the instrument was established by giving drafts of the questionnaire to three experts in the related field, two questionnaires were given to experts in the Department of Health Promotion and Environmental Health Education in University of Ilorin and the remaining questionnaire was given to experts in the Department of Epidemiology and Community Health also in University of Ilorin. The test re-test method was used to establish the reliability of the instrument. Forty (40) questionnaire forms were administered on nursing mothers in Afon and after two weeks of the first administration the questionnaire was re-administered. Using Pearson product moment correlation, the co-efficient for reliability was 0.80r. The researcher with the aid of six trained research assistants administered the instruments on the respondents. Inferential statistics of variance (ANOVA) was used to analyze the data collected and Turkey honest significance difference (THSD) post hoc test was also used to show the direction of differences in the study.

Findings and Discussion

The results obtained from the three hypotheses tested for the study were shown on the tables below;

Table 1A: ANOVA table investigating influence of demographic factors on children immunization based on educational background of mothers

Source	Sum of square	Df	Mean square	Calculated F-value	Critical F-value
Between Groups	11.13	3	3.71	15.142	2.60
Within Group	146.02	596	0.245		
Total	157.15	599			

$P < 0.05$

Table 1A shows that the calculated F-value was 15.142 while the Critical F-value was 2.60 with 3 and 596 degrees of freedom at alpha level of 0.05. Since the Calculated F-value is greater than the Critical F-value, the hypothesis was rejected and the alternative hypothesis was accepted, that is, there was a significant influence of demographic factors on children immunization due to differences on the educational background of mothers.

To ascertain where the significant difference lies, Tukey Honest Significant Difference post-hoc Test (THSDPT) was carried out as stated below.

Table 1B: Tukey HSD Post-hoc test showing influence of demographic factors on children immunization as a result of differences in educational background of mothers

Variables	Mean	Number	Mean Difference	Tukey Grouping
Primary	3.9459	171	$2.8300 - 3.9459 = -1.1159$	A
Secondary	3.0000	111	$2.8300 - 3.0000 = -0.17$	A
NCE/Diploma	2.0978	42	$2.8300 - 2.0978 = 0.7322$	B
None	4.0000	276	$2.8300 - 4.0000 = -1.17$	A
Total	2.8300	600		

Table 1B shows that respondents with the NCE/Diploma educational background was the most significance in accordance with post-hoc test carried out in the above table and these respondents fell into B group. NCE/Diploma had mean difference of 0.7322 while other variables with negative numbers fell into group A (Primary = -1.1159, Secondary= -0.17 and None= -1.17).

Table 2A: ANOVA table investigating influence of demographic factors on children immunization based on religious affiliation of mothers

Source	Sum of square	Df	Mean square	Calculated F-value	Critical F-value
Between Groups	11.72	2	5.86	25.581	3.00
Within Group	136.71	597	.229		
Total	148.43	599			

$P < 0.05$

Table 2A shows that Calculated F-value was 25.581 while the Critical F-value was 3.00 with 2 and 597 degrees of freedom at alpha level of 0.05. Since the Calculated F-value was greater than Critical F-value, the hypothesis was rejected and the alternative hypothesis upheld, that is, there was a significant influence of demographic factors on children immunization due to religious affiliation of mothers

To determine where significant difference lies, Tukey HSD Post-hoc test was carried out as shown below.

Table 2B: Tukey HSD Post-hoc test showing influence of demographic factors on children immunization as a result of differences in religious affiliation of mothers

Variables	Mean	Number	Mean Difference	Tukey Grouping
Islam	2.1422	369	$2.8300 - 2.1452 = 0.6848$	A
Christianity	1.0000	186	$2.8300 - 1.0000 = 1.830$	B
Traditional	3.3984	45	$2.8300 - 3.3948 = 0.5684$	A
Total	2.8300	600		

Table 2B shows that respondents that have affiliation with Christian religion were the most significant among the three groups. This designated B.

Table 3A: ANOVA table investigating influence of demographic factors on children immunization based on occupational background of mothers

Source	Sum of square	Df	Mean square	Calculated F-value	Critical F-value
Between Groups	66.524	4	16.631		
Within Group	256.45	595	.431		
Total	322.974	599			

$P < 0.05$

Table 3A shows that Calculated F-value was 38.587 while the Critical F-value was 2.37 with 4 and 595 degree of freedom at alpha level of 0.05. Since the Calculated F-value was greater than Critical F-value, the hypothesis was rejected and the alternative hypothesis upheld, that is, there was a significant influence of demographic factors on children immunization based on occupational background of mothers.

To determine where significant difference lies, Tukey HSD Post-hoc test was carried out as shown below.

Table 3B: Tukey HSD Post-hoc test showing influence of demographic factors on children immunization as a result of differences in occupational background of mothers

Variables	Mean	Number	Mean Difference	Tukey Grouping
Fishing	4.0000	72	$2.8300 - 4.000 = -1.17$	A
Farmers	2.1667	144	$2.8300 - 2.1667 = 0.6633$	A
Traders	3.0000	171	$2.8300 - 3.0000 = -0.17$	A
Art and Craft	3.3529	102	$2.8300 - 3.3529 = -0.5229$	A
Civil Servant	1.2083	111	$2.8300 - 1.2083 = 1.6217$	B
Total	2.8300	600		

Table 3B shows that respondents that engaged in civil service occupation were the most significant of all the variables under consideration and these respondents fell into B group.

Discussion

The result obtained in table one showed that, there was a significant influence of demographic factors on children immunization as a result of differences in mothers educational background. This was due to the fact that,

level of mothers' education in the area have much influence on their knowledge on immunization, and the higher the level of mothers education in the area, the better were their knowledge and understanding of immunization. The result of this finding agreed with the finding of Allison et al, (2005) who observed that, literate mothers have positive attitudes towards immunization than illiterate, because mothers with secondary and higher levels of education as expected, understand scientific information more easily than those with lower level of education. The high level of knowledge may be attributable to the quality of information provided mothers at the health facilities.

The finding obtained from table 2 shows that, there was a significant influence of demographic factors on children immunization based on differences in mothers' religious affiliation. The result of this submission could be carved around the fact that, mothers affiliated with traditional religion and some Muslim in the area have disbelieve in orthodox medicine, and these people prefer to nurture their children with local herbs. The result of this finding fell in line with the finding of Odusanya et al, (2008) in a research carried out on 339 mothers of Sabongidda-Ora in Edo State, which showed that, mothers give positive attention towards immunization. More than half of them were generally knowledgeable about symptoms of vaccine preventable diseases and almost all (99.1%) felt that immunization was beneficial to their children. The knowledge and positive attitude of mothers towards immunization was significantly higher with mothers in the Christian faith and possession at least secondary school education.

The result obtained from table 3 shows that, there was a significant influence of demographic factors on children immunization due to differences in mothers' occupation. This finding could be attributed to the fact that, majority of mothers in the area earned low income as a result they are faced with serious financial difficulties. Most of the mothers spent 76 percent of their income on food and a consequence of this situation is a reduced quality of life and decrease in chance of child survival. This finding supported the finding of Mudashiru (2010) who explained that, the nature of parents' occupation sometimes affect immunization of their children. Women in rural communities are essential contributors in kind or cash to the family income and attendance on health services cannot be permitted to interfere unduly with this role. If attendance is required too often, or the time spent at visits for immunization programme is too long, the repercussion on the family income will lead to the mother defaulting from further attendance.

Conclusion

Based on the findings of this study, the following conclusions were established:

1. There was a significant influence of demographic factors on children immunization based on differences in mothers' educational background.
2. There was a significant influence of demographic factors on children immunization as a result of differences in mothers' religion affiliation.
3. There was a significant influence of demographic factors on children immunization due to differences in mothers' occupation.

Recommendations

From the conclusions, the following recommendations were proffered:

1. Social Mobilization Committee (SMC) should carry out enlightenment campaign on immunization so as to enable mothers appreciate why immunization is important and the benefits of doing away with ignorance, myth and rumours they have against immunization programme.
2. Traditional rulers and religion leaders should be involved in planning and executing of Health Education Programme so as to improve the knowledge and attitudes of mothers towards immunization of their children.
3. The local government health department should establish more adhoc immunization centres so as to ensure easier access of mothers to immunization centre and give monthly financial assistance to all routine immunization centres in their area in order to enable them carry out their outreach services effectively.

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