

EFFECTS OF IMMUNIZATION ON THE CITIZEN AND A STUDY
OF MAGAMA LOCAL GOVERNMENT AREA OF NIGER STATE,
NIGERIA

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Abstract

Reduction of morbidity and mortality rate among children is the main reason behind health prevention policy. The success of immunization programme depend on the utilization the preventive services. This research examine the efficiency of immunization programme in Magama Local Government Area, The data were collected through in-depth and interview to supplement quantitative data (questionnaire). The policy Option on Health Intervention Theory and its modification was used as a theoretical guide while purposive, stratified and systematic sampling procedure were applied in the study. The study revealed positive awareness about immunization and utilization of immunization services⁽¹⁾ .in magama local government area however .There is high degree of fear and suspicion about immunization. (2) The beneficiaries confirmed that vaccination helps a child to grow well. Logistics, unqualified staff, poor monitoring are the major problems confronting immunization services in the Local Government Area. The study recommends re-modification of the programme to integrate other common diseases in immunization service, eradication of fear and suspicion through mass media, community dialogue and campaign. State should integrate special committees on immunization. There should be uniforms for vaccinators as an identity. State and Local Governments of Nigeria should give much surveillance, re-intensify mass mobilization, and effective monitoring and evaluation and also make provision for effective transport, physicians and logistics to sustain the success of the immunization services.

Introduction

Immunization remains one of the most important public health interventions and a cost effective strategy to reduce both morbidity and mortality associated with infectious diseases (Odunsanyan et.al 2008). Immunization against childhood preventable diseases in Nigeria is a National Health Scheme under the National Immunization Programme [NIP]. The major childhood preventable diseases are Polio, Measles, Whooping Cough, Cerebrospinal Meningitis (CSM), Hepatitis B, Yellow Fever etc. While pregnant women are immunized to prevent neonatal tetanus among children, the overall objective of the

service was to reduce morbidity and mortality rates among children. Prevention against infectious diseases has become one of the scientifically accepted methods of controlling the spread of diseases. Many countries in the world have adopted immunization services to achieve these goals in health care delivery. Nigerian Government inherited curative measures from her former British colonial masters. The emphasis then was mainly transplanting western model of health care delivery, profession, creation of hospitals, training of doctors as opposed to provision of basic health facilities and personnel in the rural centres (Jegade 2002). At a International conference jointly organized by United Nations Children Emergency Fund (UNICEF) and World Health Organization (WHO) in 1978 at Alma Ata, Nations were encouraged to work towards eradicating and preventing communicable diseases rather than Curative Health Management (Umar 2006).

Chinese and Indians, before (200 BC), were the first to experiment vaccination through the process of "Virolation." Virolation simply means injection of the virus taken from a pustule or scab of a small pox eviction into superficial layer of skin, on the upper arm. The idea came from the Turks. The Turks had a habit of deliberately inoculating themselves with fluids taken from mild case of small pox. Montagu inoculated her own children using this method (Lombard et.al, 2007). In 1796, Edward, a British Physician tested the possibility of using cowpox vaccine to immunize human against smallpox epidemic for the first time. Others, who tested this method before Edward, includes Benjamin (1770), Jensen Germany (1772), Randall, England 1774 and Platt Germany in 1791. Edward Jenner in 1796 was the first to use the word "Vaccination" and provided proof of perfect and security of violated cowpox (Lucy and Judd 2006). The emergences of Germ Theory of Human Disease in the late nineteenth century as human vaccines were developed after 80 years of Jenner seminal studies. The work of Louis Pasteur, a microbiologist, influenced Jenner's to develop the concept of vaccine to vaccine (Lombard et al., 2007).

immunization is considered essential in African countries. In 1996 when Polio disease was rampant, about 75,000 African children were paralysed. In 2003 WHO and UNICEF set up Global Immunization Vision and Strategy (GIVS) in response to challenges in global immunization in order to reduce morbidity and mortality rate among countries to at least two thirds by 2015. The Task Force on immunization in Africa (TFI) was expected to speed vaccination cover age (Atai 2010).

In August, 1987, the Federal Government of Nigeria launched Primary Health Care (PHC) "which advocates practical, scientifically sound and acceptable methods made universally to individuals and families in the community through their full participation at the cost that the community can afford to maintain at every stage of their development in the spirit of self reliance and determination"(Umar 2006:21). The Primary Health Care (PHC) became the cornerstone in the health policy of preventing and controlling infectious diseases especially in rural areas. The plan was to cover the entire Nigerian population with provision of health care personnel, collection and monitoring of health data and provision of drugs in the rural areas. In the revised National Health Policy 2004, PHC became a major concern of health development with main objective of prevention and control of infectious diseases and out break of epidemic and diseases (WHO 2003).The Expanded Programme on Immunization (EPI) was introduced in 1974-1979. In 2007, the National Immunization Programme (NIP) blue print was fully implemented with routine immunization. Since the commencement of the Programme, there have been a lot of controversies, fear, suspicion and resistance towards Immunization especially in the Northern part of Nigeria. In the rural areas, the level of awareness of immunization programme is very low. The poor attitude and negative perception about the nature and the safety of the programme may have adversely affected its successful implementation in Nigeria. It is against this background that this research seeks to examine the attitude of people towards immunization programme as well as factors affecting its utilization, in Magama Local Government Area Niger State

Methodology

The Research adopted questionnaire and interview techniques. The population of the study comprise of women with children under five years old. The total female population in the local Government Area is (88, 96) and 25% of this population is 22,240 between 15 to 45 years. Questionnaires were used to collect the data from mother and children. Similarities an in- depth interview was conducted on member with children E P I manager for local government immunization focal officer, immunization team supervisor, vaccinators, independent observer.

The data collected through questionnaires were coded and subjected to the statistical package of social science (SPSS) which summarized the demographic and factors responsible for utilization of immunization services and attitudes towards the immunization for testing the hypothesis, chi square value was used to ascertain the association between variables

The Expanded Programme on Immunization (EPI)

The Expanded Programme on Immunization (EPI) was initiated in 1979 to cover only five years during serious outbreak of infectious diseases including CSM, Yellow fever, Measles, Guinea worms and Cholera in the years between 1980 and 1986 when the epidemics claimed many lives. According to Ekerete (2011), in 1984, Nigeria re-launched two programmes to protect children from childhood infections and immunization was renamed National Immunization Programme on Immunization (NPI). The aim of the programmes was to immunize at least 80% of all pregnant women targeted to be vaccinated against tetanus. Among other diseases included for vaccination, were Measles, Poliomyelitis Whooping cough, Tuberculosis and Diphtheria.

The other programme was Oral Dehydration Therapy (ORT) designed to teach at least 50% of parents on how to prevent death from diarrhea in children aged 0-5 years with simple home-made salt-sugar solution and to rehydrate children. The Federal Government strategy was to educate, convince and motivate mothers, pregnant women and the community at large to utilize the service. According to Ekerete (2011), people are easily mobilized concerning immunization only during epidemic or diseases outbreak.

Since the inception of immunization programme, a lot of challenges had surrounded it. There is lack of proper health information which generated suspicion and fear. People's cultural values, faith and belief were not integrated into immunization programme. Amzat (2009) indicated that immunization was seen as a new innovation which came into conflict with religion and cultural norms of the society. Suspicion became very high in 2001 when Pfizer Pharmaceutical Company sampled 200 children in Kano for immunization vaccine trial as remedy for meningitis, which resulted in the death of 11 children and 100 children, who have been afflicted with permanent disabilities. (Saidu, 2001). There were also controversies during immunization catch up campaign in the northern part of Nigeria in 2003. Immunization was suspected to contain anti fertility pills. Kassem et al. (2008). Many people rejected the exercise, especially in the Northern part of the country.

Nigeria is still behind other world nations in immunization coverage (NDHS 2008). North Western part of Nigeria recorded only 6%. North-eastern part 8%, North-central part 26%, South-Western part 43%, South-Southern part 36%, while South-Eastern part recorded 43%. Nigeria has introduced measures to meet the Millennium Development Goals (MDGs) before 2015 by intensifying immunization campaign, routine immunization and immunization plus days.

The Agencies for immunization in the country include United State Agency for International Development (USAID), Community Participation Force in the Social Sector Project (COMPASS), European Union (EU) and United Kingdom Department for International Development (UK, DFID), (UNICEF 1991).

Factors Affecting the Utilization of Immunization Services

In {2008}Adesanya et al. Conducted a study on vaccination utilization and its determinant in a rural community. Survey method was adopted with interview and questionnaires technique. The findings were that maternal education has a strong association with awareness about immunization, vaccine dosage at the right age, identifying symptoms of preventive diseases, completion of vaccination. This study, when applied in remote rural areas that lack health facilities, basic infrastructures, and low level of illiteracy, may not produce a similar result. Adeyinka et al. (2009) used survey method to assess mother's awareness and attitude toward immunization. The research recorded positive attitude and reasons for underutilization of immunization services that include: long waiting on queues during routine immunization, ignorance of antenatal services, payment for immunization services when delivered at home and inefficient health workers. The researcher does not include socio-cultural factors like religion and cultural norms among other factors militating against vaccination up take. The study was conducted in a semi urban area therefore findings may not be applicable to rural or remote areas.

Atai (2010) researched on migration and child immunization, at community level in Nigeria. The likelihood of full immunization was higher for children of urban migrant mothers. Utilization of vaccines was also affected by migration, demographic and socio-economic characteristics, and adaptation to health care utilization as well as community characteristics, region of residence and proportion of mothers who had hospital delivery. This study could be applicable in rural areas especially where the characteristics of the population are pastoral nomadic, and areas with insufficient health facilities. The study also indicated the problem of missed children as a result of home delivery.

UNICEF (2006) survey identified factors affecting immunization among families in Nigeria. The key factors are beliefs in some forms of religion and reasons, ignorance and lack of credible source of health information. All the factors have influence on family decision on acceptance or resistance to immunization service. The survey suggested community dialogue with traditional leaders, community health workers and audience to settle questions and provide answers concerning the issue of immunization. This method was conducted, and it produced a desirable result in 2007.

The 2008 (NDHS) indicated low immunization coverage in Nigeria. The identified factors for under utilization of immunization services include lack of proper health information among the mothers in rural areas, fear of side effects and distance from immunization post. These factors are manifest in remote and semi urban areas in Nigeria especially the fear of side effect and ignorance.

Theoretical Frame work.

In 1998, Irwing in Umar (2006) developed a model called Health Interventions ,policy based on these assumptions.

It is unlikely (health) intervention does more good than harm in a setting

It is uncertain whether (health) intervention does more good than harm. "Good" is the possible benefit while "harm" means "unwanted negative consequence".

On the recipient of health intervention the model can be applied to preventive health medical in culture where immunization is seen as a new medical innovation. The components of (POHI) are:

Whether really the intention is good in a setting given the social, economic and cultural diversities. Whether it is not likely the intervention would be superior to the alternative intervention in use.

Or whether the intervention is applicable or is not cost-effective.

(POHI) health intervention would be discouraged when there is considerable level of harm, even though there is goodness in it. It is also likely that it is uncertain health intervention, does more good than harm.

Umar (2006) noted that wide uncontrolled application of new interventions of uncertain benefit is rarely justified even though policy-makers, planners and providers may feel under pressure to make the intervention available implementation with out strong evidence. The efficacy of this model is that it critically examined usefulness viability of immunization, examined the intervention of unproven value resources effectively elsewhere. It has also addressed causal path ways between events, intention and final outcome. The main weakness of POHI is that it only took account of effective health care service without considering whether the use of vaccines is safe and will not do more good than harm. The POHI does not link HBM of the mother neglecting cultural perception and concentrate on general policy that affects the state and 'other institutions.

The policy option on Health intervention model has adequately explained how the Federal Government of Nigeria intervened in public Health to reduce morbidity and mortality rate among children. The policy is to suitable for Heterogeneity nature of Nigerian society base on the assumptions that intervention would provide disenable result Despite the Efficacy of this policy cultural factors, system of belief and safety of the vaccines are still the challenging issues to this programme.

The study area.

The study was conducted in Magama Local Government Area of Niger State in Nigeria. Magama LGA was created in 1991 along with the other 25 Local Government Areas in Niger State. It is located at the western part of the state, covering an area of approximately 4,107km² (1,585.7sqml) with total population of 181,65399, National Population Census (2006) .

The major occupation of the people is farming, 80% of the population are peasants. The major ethnic groups in the Area are Kambari and Hausa, others are Fulani, Nupe, Gwari, Dakarkari, Igbo, Yoruba, Edo, Etsekiri and Ijaw. There are Muslims, Christians and African traditional believers living in the Local Government Area.

The Health Care Service in the L.G.A is provided by public and private individuals. The L.G.A has a total of Fifty-two Health Care centres with two General Hospitals located at Auna and Nasko. Each district has a Basic clinic and one health centre. There is one maternity clinic located at Salka. Other villages and remote areas obtained their services through P.H.C clinics. Majority of remote areas and hamlets are very close to P.H.C clinics.

The LGA has a total 180 Health Care personnel consisting of 23 Nurses, 27 Midwives, 60 Junior Community Health Extension Worker JCHEW, Senior Community Health Extension Worker SCHEW 40, Traditional birth attendants (TBA) and 30 voluntary health workers. People also seek for health service from traditional herbalist, shrines, and spiritual and faiths healers (Adenuga 2002).

Research Design

This research was designed in descriptive method for the purpose of interpretation and analysis of data to reflect the existing attitude, perception, belief, utilization and problems of immunization service in the study area. It was also designed to reveal some events or issues that have association with the frequencies of such occurrence. Data were obtained from both primary and secondary sources, Explanatory design was also used to identify why some events occur. The design adopted questionnaire and interview techniques.

Population of the Study

The population of the study comprises of women with children under the age of 5 years. According to 2006 population census, Magama Local Government area has a total 88,962 females. Based on National

Health Demographic and World Development Report of 1994 estimation, 25% of the female population constituted the women of child bearing age, between 15 to 45 years, then, 22,240 constituted the population of the study.

Method of Collecting Data

Four hundred and forty five (445) questionnaires distributed, three hundred and ninety three (393) the response rate was 88.3 %. The respondent in the age group of 21 years were 57.8% and age group of 31 years and above were 21.9 % the marital status of the correspondent were 71.25% and 6.11% were widowed, while 22.64% were divorcee. The art artisans were 27.5% 47% of the house wives while 12% and 13.5% were civil servant and farmers. On level of education 12.5% have no education, those with Islamic education were 23.4%, respondent with the primary education were 33.1%, secondary education were 22.9 % those with the post secondary education were 8.1% on the age of immunized children, 41.0% immunized were children less than 1 years, 34.4% were children of 2-3 years old. While 24.7% were children of 4-5 years on house head occupation, 27.5% were artisan, 13.5% were unemployed hose head 16.0% were civil servant while 43.0% are into farming occupation.

Table 1
Respondents Demographic Information

Age	Frequency	Percentage
Less than 20 years	180	20.3
21 – 30 years	227	57.8
31 and above	86	21.9
Total	393	100.
Marital Status	Frequency	Percentage
Married	280	71.25
Widowed	24	6.11
Divorced	89	22.64
Total	393	100.
Occupation	Frequency	Percentage
Artisan	108	27.5
House wife/ unemployed	185	47.0
Civil servant	47	12.0
Farming	53	13.5
Total	393	100.
Level of Education	Frequency	Percentage
No education	49	12.5
Islamic Education	92	23.4
Primary Education	130	33.1
Secondary School Education	90	22.9
Post Secondary School Education	32	8.1
Total	393	100.
Ages of immunized children	Frequency	Percentage
Less than 1 year	161	41.0
2-3 years	135	34.4
4-5 years	97	24.7
Total	393	100.
Religious	Frequency	Percentage
Islam	237	60.3
Christianity	101	25.7
Traditional	55	14.0
Total	393	100.
House Head occupation	Frequency	Percentage
Artisan	108	27.5
Unemployed	53	13.5
Civil servant	63	16.0
Farming	169	43.0
Total	393	100.

Thematic Analysis – This process involved familiarising with the data through transcribing and reading and re- reading the responses after the interviews techniques. Systematic code was generated across the entire data collected. The themes were checked hundred generating clear the meanings which produced a clear report. The study arranged themes into the simple clear analysis of the results. The study

conducted eighty interviews with the mothers with under five years children, local government immunization officer (L10) team supervisor of immunization services, communities leaders, immunization services independent observer, immunization focal officer. Team vaccinator, assistance team vaccinator (adhoc staff)

S/N	CODE	THEMES
1	MUF (01)	Mother with under five years child
2	L.1.0 (02)	Local government immunization officer
3	T S O (03)	Team supervisor of immunization services
4	C T L (04)	Immunization independent leader
5	I S I (05)	Communities independent observer
6	I F O (06)	Immunization focal officer
7	I T V (07)	Immunization team vaccinator
8	A T V (08)	Assistant team vaccinator (adhoc staff)

On the in depth-interview technique, the informant were selected during routine immunization day. Most mothers with children below the age of 5 years attend clinics for vaccination of their children. Therefore, the researcher selected the respondents with level of education in immunization centres. Mothers with no education were selected and interviewed at their respective homes through the permission of their spouses. The adhoc-staff or team vaccinators were interviewed at home; the team supervisors were interviewed in the clinics with some team vaccinators that were health personnel. The researcher experienced tape recorder failure on the first interview trip. The interview was rescheduled, the researcher introduced replay and writing responses at the same time.

The independent observer was interviewed after the completion of immunization exercise at home, after several missed schedule. The key informant on focal officer and team supervisors were drawn through the local government area list of immunization workers. The workers were interviewed in their respective clinics. The EPI manager was interviewed in Nasko the Local Government Headquarter after several postponements of schedules. The recorded interviews were later transcribed and written and subjected to the researcher analysis.

Method of Data Analysis

The data collected through questionnaire were coded and subjected to Statistics Package of Social Sciences (SPSS) which summarized the demographic and factors responsible for utilization of immunization services and attitudes toward the immunization. For testing the hypothesis, Chi-square Value was used to ascertain the association between variables. For instances, in establishing relationship between people's attitude and utilization of immunization services, the qualitative data from In-depth Interview and Key Informant Interview were used for clear understanding and critical analysis for validity result.

Data Presentation, Analysis and Discussion Of Findings.

Out of four hundred and forty five (445) questionnaires distributed, three hundred and Ninety Three (393) questionnaires were successfully retrieved. The response rate was about 88.3%. The analysis of the data collected was based on the 393 questionnaire retrieved.

The respondents in the age group 21 – 30 constituted 57.8% while only 20.3% were less than 20 years and 21.9% were aged 30 years and above.

In terms of marital status of the respondents, 71.25% were married, 6.11% were widowed, while 22.64% were divorced.

27.5% of the respondents were artisans, 47% were unemployed/house wives, while 12% and 13.5% were civil servants and farmers, respectively. .

The educational level of the respondents indicated that respondents with no Education were 12.5%, those with Islamic Education were 23.4% while those with primary level of education were 33.1%. Respondents with secondary school education were 22.9% and those with post secondary education were only 8.1%. The results thus indicated that the greatest percentage of the respondents had acquired basic literacy.

The marriage type of the respondent's family that indicated monogamy were 43.3% while polygamy were 56.7%. Most of the respondents were from polygamous families. Polygamy has a significant relationship with culture and religion of the study area, because most of the people in the study area are Muslims.

The age of the last child of the respondents shows that mothers with child below one year child were 41.0%. Those with 2-3 years old children were 34.3% and mothers with 4-5 years were 24.7%. The immunization target population are children of these categories because they are prone to infectious diseases. 60.3% of the respondents were Muslims, 25.7% were Christians while 14.0% were adherents of traditional religion.

On the occupation of the respondents' spouse artisan were 27.5%, unemployed spouse were 13.5%, the civil servants were 16.0% and farmers among the spouse were 43.0%. The result indicated that most spouses of the respondents are Peasant farmers and farming is the major occupation in the study area.

Awareness about immunization services is very important particularly to Mothers should have relevant information concerning the completion dose of immunization. Majority of the respondents were aware of immunization, it was indicated that those that were aware constituted 97.2% while those not aware were 2.8%. The study has indicated that awareness about immunization is very high. Similarly in an In-depth Interview conducted with immunization focal officer in Ibeto Dispensary on 14 August 2011. The Male Focal officer, age 58 years revealed that: Immunization awareness is mostly created through Mass media, campaigns and traditional town crier. (Field work, 2017)

The respondents were asked about the participation of community leaders in immunization and 97.2% of the respondents indicated yes while 2.8% of the respondents indicated 'no'. Community leaders played significant roles in mobilization and aiding the service provider and the beneficiary. In Key Informant Interview with local government immunization officer, Male age 55years in the immunization office Nasko on 17 August 2017 stated that: We do involve the communities or traditional leaders to create awareness and also during house to house Immunization most of the cases of non compliances are resolved by these leaders without interference. (Field work, 2017..)

91.6% of the respondent indicated "Yes" they usually took their children for immunization while 8.4% of the respondents rejected immunization services. The In-depth Interview conducted in the study with eight mothers at different locations and at different routine immunization days, two respondents from Ibeto, female age 20 and 35 respectively interviewed on 14th August 2017. Also two respondents from Salka, female age 20 and 32 interviewed on 21st August 2017. Similarly one female respondent from Auna age 22 and one respondent from Nasko female age 31 interviewed on 28 August 2017 were all of the view that they immunize their children during house to house immunization and routine immunization is fast in the completion of the immunization rounds. As one literate mother, age, 25 years among the respondents from Ibeto stated that: I always immunize my child during house to house immunization; I also complete their immunization rounds during routine immunization days. (Field work, 2017.)

In a Key Informant Interview conducted on 17th August 2017 with the EPI manager male, age 35 in Nasko. The EPI manager stressed that:

Routine immunization has improved immunization coverage. There is significance improvement in immunization coverage due to routine immunization. In a district last month we covered 13,460 children compare to 13,640 last exercises...

In the local government area alone we are able to covered 117,330 children in June 2017 compared to July 2017 with 119,427 children (Field work, 2017)

The perception of the respondents on the usefulness of immunization indicated that about 77.1% of the respondents perceived the usefulness of immunization and indicated "yes" while only 22.9% indicated "No". Similarly based on In-depth Interview conducted with five respondent, age 20 and 32years with mothers on 21st august 2011, in Auna and the one conducted in Auna with a literate mother age 22 interviewed 25th August 2017 and another interview with two mothers age 19 and 31 interview on 28th August 2017 at Nasko all agreed that immunization is very important in which one respondent from Salka clearly stressed that: Immunization is very important because it prevents children from infection (Field work, 2017.)

36.1% indicated the choice of Immunization service by the father while 19.9% indicated the choice of mother and 44.0% indicated both parents, it is very important for parents to unanimously decide to immunities their child. It may also influence the mother to complete the Immunization rounds.

In In-depth Interview conducted during routine immunization day on 14th August 2017, two respondents age 20 and 35, Literate and non literate mothers testified that: It was the father who takes decision on immunization

While 3 literate mothers in which, one each from Salka, Nasko and Auna respectively testified that the spouses unanimously decided to accept immunization for their children.

Similarly in another interview conducted during routine immunization day in Auna on 25th August 2017 with a non literate mother aged 36 and the one conducted in Nasko on 28th August 2017 also a non literate aged 31 testified that: They immunized their children based on their own decision alone. (Field work, 2017._

6.7% of the respondents prefer traditional preventive measures, 75.3% prefer immunization while 18.0% prefer both traditional and immunization measures. This has indicated that people in the study area prefer immunization than any other form of preventive measures.

78.4% of the respondents knew the recommended dose a child is supposed to have for a complete immunization while 21.6% shows ignorance about immunization complete dose.

69.2% receive immunization service in the hospital while 30.8% did not receive any immunization service when they gave birth at home. .

On necessity to complete immunization rounds, 72.5% of the respondents indicated "Yes" while 27.5%'indicated "No". This shows that awareness about the importance of immunization service is very high which indicated the utilization pattern in the Local Government Area. .

88.0% benefited from house to house Immunization, 1.3% of the respondents received their Immunization through routine Immunization process while about 10.7% received their immunization at Fixed post Immunization. The result has indicated that a house to house immunization is the most successful method of immunization.

80.7% of the respondents fear the vaccines used in immunization service. While 19.3% indicated that the vaccine is free from harm. Fear and Suspicion have surrounded the Preventive Programme. There are controversies about Immunization vaccines. It was alleged to have contained anti fertility pills. People assume Immunization to have more harm than good. The introduction of Routine Immunization to speed up immunization coverage is perceived as neglecting other common diseases, in pursue of Polio and other childhood diseases. Similarly, in- depth Interview conducted on 14th August 2011 at the basic clinic Ibeto with immunization team supervisor female age 30 concerning fear and suspicion about immunization services, the team supervisor stressed that: People still express that the vaccine used in immunization contain anti fertility pills..... (Field work, 2017.)

In another in-depth Interview conducted on 14th August 2017, in Ibeto with team vaccinator, female 25years concerning routine immunization. The team vaccinators stressed that: People always complain when we visit their houses why polio, why frequent immunizations there are other diseases, you are disturbing us... (Field work, (2017).

Similarly in an In-depth interview, a team vaccinator male, aged 25 at basic clinic Salka on 21st August 2017 testified that: Some mothers expressed their fear as a result of high body temperature whenever their children were administered with the vaccine.....

Whenever the body of the child is hot we asked the mothers to give paracetamol tablets to cool the body temperature and DPT Vaccine which temporary prevent child from walking we resolve to give it to a child under 1 year....

In a Key Informant Interview conducted with EPI Manager male age 55 at Nasko on 17th August 2017 concerning the successes of immunization and the category of people involve. The EPI manager stated that: We integrated the traditional leaders, Imams and Pastors in our immunization team to resolve the issue of non compliance and promote awareness. (Field work, 2017.)

Community and Religious leaders played vital role in Immunization Services.

Many cases of noncompliance are resolved through the efforts of Traditional rulers, Imams and Pastors. These leaders helped the Service provider in promoting Immunization awareness.

4.2 Evaluation of the Hypotheses

In order to test the hypothesis, chi-square value of Pearson C was employed to show the relationship between the Immunization and attitude of people in the study. The researcher assumed that people of Magama Local Government Area are likely to have positive attitude towards immunization services. Religion may likely influence the decision to reject immunization.

Discussion of findings .

Child Immunization and utilization

Child immunization is receiving complete doze of immunization service, as one of the significant objectives of the study, the finding indicated that 91.6% of the respondents utilized immunization service against only 8.4% of the respondents rejected the exercise, similarly 72.5% of the respondents completed all the immunization rounds for their children, Only 27.5% respondents were unable to complete immunization rounds, for their children. The interviews conducted also revealed increase in the immunization coverage about 13,460 children in may were immunized within 4 weeks against 13,040 children of the in March 2011. In June 2011, about 117,330 children were immunized. In July 2011, also 119,427 children were immunized. These figures clearly indicated that the people in the Area of study had significant progress in Immunization coverage and utilized immunization services.

The Problems of Immunization Services

One of the objectives of the study is to investigate the problems of immunization service in Magama Local Government Area. The Key Informant interview and In-depth Interview conducted revealed some the problems and the researcher categorised them into the problem of the service provider and the problem of the beneficiary. As revealed by key immunization officers', the programme face the following problems logistics, transportation, lack of qualified and dedicated personnel as well as proper and adequate health information. Most of team vaccinators are ad- hoc-staff. This also indicated that, there is lack of qualified female health workers and enough female personal to resolve the problem of purdah in the area of the study.

Problems on the part of the beneficiaries include fear and suspicion; and non- compliance. The study revealed that 48.7% of the people in the Local Government Area fear immunization and suspicion of its side effects. Only 39.5% indicated immunization has no any side effect. On non-compliance 23.1% of respondents in the study area do not comply with the service providers because of religious reasons, 46.2% indicated the fear of side effect 17% indicated group influence while only 1.7% indicated other personal reasons. In Key Informant Interview conducted in the same study it was clearly stated by the EPI manager on 17 August 2011 at Nasko stated that “we always face the problem of non compliance from the Muslim dominated areas”. This as clearly shows how religion influences people decision about immunization.

In In-depth Interview conducted with an independent observer, age 40 during the routine immunization days at Ibeto on 14 August 2011, the respondent mentioned inter boundary migration between one Area to another created the problem of areas not cover with vaccines.

Level of Awareness about Immunization Programme

The level of awareness about immunization programme. There is high level of awareness about immunization programme in the Area of the study, with 85.8% acceptance, with intensive campaign and active mobilization. The participation, of community and religion leaders in the programme was 80% which resolved most of the non compliance cases.

The health believe model is a psychological model which tries to explain individual attitude or behaviour. The model tries to explain individual attitude at the rise of infection, prompt an individual to cultivate pro-health behaviour. Despite high degree of fear and suspicious of the vaccine, people choose to accept immunization in order to avoid the consequences of deformity and death the health intervention policy model tries to explain federal government intervention to control epidemic and scourge of diseases.

Recommendations

The Federal Government, State and Local Government should eradicate fear in the minds of mothers through education and enlightenment. Government should try to sustain the tempo by discouraging any counter information or misinformation by mischief makers, using the mass media, community dialogue and sanitization campaign.

Routine Immunization should be maintained to broaden Immunization coverage.

Federal Government should redesigned immunization programme to integrate people's beliefs and cultural value.

Federal Government of Nigeria should introduce the vaccines of other diseases in immunization services.

State Governments should motivate immunization programme with effective transportation, qualify manpower especially female health personnel, logistics with storage facilities.

Uniform for vaccinator will help to give them an identity as well as security and motivation. To avoid recent happening in some parts of the country immunization workers should be with security agents to guide against terrorist attack.

Limitation and guide for further studies

This work is only limited to Magama local government Area if the same method is used in a different environment the findings may not be the same.

The study need to be expand across the 3 senatorial zones in the state for a more findings.

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