

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/327156127>

# Media Utilization for Mobilizing Women for National Programme on Immunization (NPI)

Article · August 2009

CITATIONS

0

READS

6

3 authors, including:



**Ayotunde Owolabi**

Landmark University

19 PUBLICATIONS 10 CITATIONS

[SEE PROFILE](#)



**Olushola Fadairo**

University of Ibadan

34 PUBLICATIONS 65 CITATIONS

[SEE PROFILE](#)

Some of the authors of this publication are also working on these related projects:



Awareness of the health implications of the use of biomass energy sources among women in rural households of Jigawa State [View project](#)



Linking Maize Farmers to Market: A Case Study of Private Extension Service in Yewa North Local Government Area of Ogun State, Nigeria. *Journal of Agricultural Extension*, 2016, Vol. 20. No. 2, pp. 118 - 129 [View project](#)

## MEDIA UTILIZATION FOR MOBILIZING WOMEN FOR THE NATIONAL PROGRAMME ON IMMUNIZATION (NPI) IN OYO STATE

**Yahaya, M. K., Fadairo, O. S. and Abe, A. O.**

[mkyahaya@yahoo.com](mailto:mkyahaya@yahoo.com) [dairom2@yahoo.com](mailto:dairom2@yahoo.com)

Department of Agricultural Extension and Rural Development, University of Ibadan

### ABSTRACT

*Inappropriate or inadequate use of communication strategies to create a sustained awareness among stakeholders has been identified as a major obstacle to the attainment of the goals of primary health care delivery in Nigeria. The study thus examined media utilization for mobilizing women for the National Programme on Immunization (NPI) in Oyo State. Study was conducted in Iseyin, Oluyole and Akinyele local government areas and the population comprised of pregnant women and nursing mothers. Two wards were purposively selected from each local government area to make a total of six wards. Twenty respondents were randomly selected from each of the six wards to make a sample size of 120. Structured questionnaire was used to elicit information on respondents' sources of immunization messages, uptake of immunization services, problems encountered by respondents in accessing immunization services and their media preference. Data were analysed using descriptive statistics and chi square statistical tool was used to show the relationship in the stated hypothesis. A wide range of information sources were available to women but prominent among these were health workers (96.2), radio (93.3) and television (88.6). Majority of respondents (98.1%) preferred health workers as their source of immunization messages and least preference were indicated for neighbors (39.1%) newspapers (34.3%) and posters (14.3%). The most severe problems faced by women in accessing immunization services were tension due to delay in getting attention and long distance of immunization centers from their houses. On the other hand, shortage of vaccines, poor immunization facilities and inadequacy of trained health workers were ranked as less severe problems. Also, a significant relationship exists between respondents' location; their level of education on and their usage of immunization messages ( $X^2 = 8.9, 12.7 p \leq 0.05$ ). Interpersonal communication strategy involving the use of health workers was most effective in women mobilization for the NPI programme. In addition, utilization of media messages on NPI is affected by the level of education of respondents. It is recommended that priority attention be paid to the use of health workers in NPI information dissemination while the use of other communication strategies should be reinforced. Furthermore, media messages on NPI should be packaged and relayed with careful attention to the level of education of the vast majority of the pregnant and nursing women in the state.*

**Keywords:** National Programme on Immunization, Media utilization, Pregnant women, nursing mothers.

### INTRODUCTION

It is in an attempt to reduce the alarming rate at which children die annually especially in developing countries from the preventable killer diseases namely tetanus, measles, poliomyelitis, whooping cough, diphtheria and tuberculosis, that the United Nations Children's Fund (UNICEF) in 1974 devised an intervention programme to cover immunization against these diseases for children between one week and twenty four months and also provide for the immunization of pregnant women. The immunization programme therefore is very significant to the attainment of the millennium development goals of reducing child mortality and improving maternal health.

In Nigerian the immunization programme was tagged "the Expanded Programme on Immunization (EPI). The task of EPI was to make sure that about 80% of children below two years of age were fully immunized. Immediately after the introduction of the EPI programme (which later was reviewed in 1984), Nigeria took a giant step by initiating moves to implement the programme even to the grassroots in the early 80s. By 1991, there had been an increase in the vaccination coverage, which was put at 80% by the National Planning Commission in 1992.

This outstanding performance suffered a serious decline in 1992 (National Planning Commission, 1992) with pronounced effect in many states including Oyo. This situation therefore informed the need to change strategy and policy approach of information dissemination from Mobile Mobilization Approach (MMA) to the health outreach programme where immunization health workers move from house to house to immunize children and pregnant women.

Recent developments show that immunization programme has been accepted and vigorously executed in Nigeria as it is entrenched in the National Health Policy which has necessitated the declaration of some days as immunization days. According to Odunsi (1990), one major strategy that can help sustain immunization programme is the use of sustained communication and social mobilization intervention for immunization programme. He further stressed that awareness creation is critical in the initiation and implementation of any programme as it helps to build favourable attitude among the people for the programme, which will in turn determine the acceptability of the programme by the people in terms of practice. In essence, the knowledge of a programme determines the attitude attached to it and the practice accorded it.

Despite the concerted efforts made by past governments in Nigeria and non-governmental organizations at the national and state levels to eradicate killer diseases through formulation of policies on immunization of children and pregnant women, it is sad to note that these efforts have not yielded the desired and appropriate results as thousands of children still die easily every year from these preventable diseases (FMOH 2000).

By now, it would have been expected that the availability of communication strategies to mobilize and sensitize the intended beneficiaries to embrace immunization programme would have led to a near-total eradication of the childhood killer diseases as achieved in

developed countries but the reverse is the case. This ugly situation has been attributed to inappropriate or inadequate use of communication strategies to create a sustained awareness among stakeholders and as a result, a low coverage and low level of immunization services uptake at the various health centers (FMOH, 1996). It is against this background that this study investigated media utilization for mobilizing women for the national programme on immunization with the purpose of providing a future direction for policy makers and other stakeholders for effective mobilization of women to participate in the NPI.

The general objective of the study is to examine the utilization of communication media by women in national immunization programme in Oyo State. The specific objectives of the study were to:

- i. identify the personal characteristics of the respondents,
- ii. identify the various sources of information on immunization messages available to respondents,
- iii. investigate respondents utilization of immunization services available in the study areas,
- iv. determine the problems encountered by respondents in accessing immunization services,
- v. investigate respondents media preference for the National Programme on Immunization (NPI); and
- vi. determine the relationship between respondents' utilization of immunization services and their personal characteristics.

## METHODOLOGY

The study was conducted in Iseyin, Oluyole and Akinyele Local Government Areas of Oyo State. The population of the study comprised of pregnant women and nursing mothers in these areas. From each Local government area, 2 out of 10 wards were purposively selected because of their relative higher proportion of nursing and

pregnant women to make a total of six wards (OYMOH, 2005). Twenty respondents were afterward selected randomly from the six purposively selected wards to make a sample size of 120 respondents. The instrument used for data collection was structured questionnaire. Interview was also held with health workers to provide a back up for the information garnered through survey. Only 105 questionnaires were however processed.

Respondents sources of immunization messages were determined by providing a list of information sources and respondents were asked to indicate by ticking their sources of information. Uptake of immunization services was determined by generating a list of all NPI services starting from time of pregnancy till birth and respondents were asked to indicate their usage of these services on the basis of: Not at all, Slightly, and Total. Also, problems encountered by respondents in accessing immunization services was determined by providing a list of possible problems to which respondents awarded ranks; rank of 1 for a severe problem and 2 for less severe problems. Furthermore, respondents indicated their media preference by ticking from a list of media channels their 'most preferred', 'least preferred' and 'not preferred' media. Data were analysed using frequency counts and percentages while chi-square statistics was used to determine the relationship between variables in the tested hypothesis.

## RESULTS AND DISCUSSION

Table 1 show that a larger proportion of the women (38.1%) fell between the age categories of 26-30 years while only 6.7% were above age 35 years. The mean age of the respondents

was 28 years indicating that the women were still in their active reproductive years. Majority are married (96.2%) while 3.8% were singles with children. Nursing mothers account for about 63.8% while the remaining 35.2% were pregnant women. Also, the modal educational status was tertiary education (47.6%), followed by secondary education (35.2%), and 17.1% with primary education. Close to half of the women (43.8%) were traders while more than one third (37.1%) were civil servants. Only about 8.6% were full-time housewives while the rest 19.1% engaged in other types of occupations. About 65.7% of the respondents indicated their household size as between 1 and 4; 30.5% had household size of 5-8 while 3.8% had the largest household size of 8 and above.

Table 2 on respondents sources of immunization messages reveals that 96.2% of the respondents sourced for immunization information from health workers. About 93.3% indicated radio as their message source, 88.6% indicated use of television while 67.6%, 50.5%, 27.6% and 18.1% indicated friends and relatives, newspapers, posters and neighbors as their sources of immunization information respectively. This reveals that a wide range of information sources are available to women but prominent among these are health workers, radio and television.

Table 3 on respondents' uptake of immunization services reveals that majority of the respondents uptook the various immunization vaccines always: DPT (97.1%), Polio (95.2%), BCG (94.3%), Measles (94.3%) and TT vaccines (87.6%). This suggests a high level of awareness of immunization programmes and benefits among the pregnant and nursing women in the study areas.

Table 1: Distribution of respondents' personal characteristics (n=105)

Characteristics	Frequency	Percentage (%)
<b>1. Age (years):</b>		
<20	12	11.4
21-25	26	24.8
26-30	40	38.1
31-35	20	19.0
>35	7	6.7
<b>2. Marital status:</b>		
Single with children	4	3.8
Married	101	96.2
Separated	0	0.0
Divorced	0	0.0
<b>3. Status</b>		
Pregnant women	37	35.2
Nursing mothers	68	64.8
<b>4. Religion</b>		
Christian		
Islam	43	40.9
<b>5. Education</b>		
	<b>62</b>	<b>59.1</b>
Primary	18	17.1
Secondary	37	35.2
Tertiary	50	47.6
<b>6. Occupation</b>		
Civil servant	39	37.1
Trading	46	43.8
Full-house wife	9	8.6
Professional	6	5.7
Banker	3	2.9
Student	2	1.9
<b>7. Family size</b>		
Yes	12	11.4
No	93	88.6
<b>9. Social group</b>		
Not applicable	93	88.6
Society club	10	9.5
Co-operative	2	1.9

Table 2: Distribution of respondents by their sources of immunization information

* Sources	Total frequency	Percentage
Radio	98	93.3
Television	93	88.6
Posters	29	27.6
Newspapers	53	50.5
Friends & relatives	71	67.6
Neighbors	19	18.1
Health workers	101	96.2

Note: \*Many respondents indicated more than one sources.

Table 4 on problems faced by respondents in accessing immunization revealed that the most severe problems faced by women are tension due to delay in getting attention and long distance of immunization centers from the houses of respondents. On the other hand, shortage of vaccines, poor immunization facilities and inadequacy of trained health workers were ranked as less severe problems. Since the respondents indicated that inadequacy of trained health workers was not a severe problem to their accessing immunization, then the problem of delay before getting attention of health



workers could probably be associated with the bureaucracies often associated with public health programmes in Nigeria. It will therefore be expedient for the improvement of the NPI programme that such stiff bureaucracies be downplayed to further encourage more women's participation in the programme.

Table 5 on respondents' media preference in NPI shows that majority of the respondents (98.1%) preferred health workers compared to 89.5% and 84.8% that preferred radio and television respectively. Another high proportion (80.9%) preferred friends and relatives compared to low proportion that preferred neighbors (39.1%) newspapers (34.3%) and posters (14.3%). This result is in consonance with the earlier findings on respondents sources of immunization information which indicated health workers as the prominent source. This also corroborate the submission of Yahaya (2003) who argued that interpersonal communication produce a better result in terms of message clarity than other means of information dissemination.

Table 6 shows relationship between respondents' utilization of immunization messages and their personal characteristics. The table revealed that age, religion, marital status, occupation, family size, and group membership ( $X^2 = 6.7, 4.6, 0.2, 9.6, 0.5, 2.9; p \geq 0.05$ ) had no significant relationship with respondents utilization of immunization messages. A significant relationship however exists between respondents' location and education and their usage of immunization messages ( $X^2 = 8.9, 12.7 p \leq 0.05$ ). This result is consistent with earlier findings in this study that showed that long distance of respondents houses from immunization centers is a serious problem affecting women's access to immunization services. In addition, education might probably have effect on their utilization of immunization messages as it determines the respondents' value and understanding of messages transmitted. Therefore, it can be inferred that the level of education and location of the women play a major role in enhancing their participation in the immunization programmes.

**Table 3: Distribution of respondents' by their uptake of immunization services**

* Immunization Services	Frequency of Uptake		
	Always	Sometimes	Never
During pregnancy (TT)	92 (87.6)*	8 (7.6)	5 (4.8)
0-1 year (BCG)	99 (94.3)	5 (4.8)	1 (0.9)
6 wks-1year (DPT)	102 (97.1)	3 (2.9)	0(0.0)
6wks-2 years (Polio)	100 (95.2)	5 (4.8)	0(0.0)
9 Months-2years (Measles)	99 (94.3)	4 (3.8)	2 (1.9)

\* Respondents indicated more than one service.

\*\* Figures in parentheses are percentages

**Table 4: Distribution of respondents on the various problems faced in getting immunized**

Problem	Sum of Ranks	Position
Shortage of vaccines	268	5
Inadequacy of trained health workers	210	3
Long distance of immunization centers from home	120	2
Delay at immunization centers before getting attention	89	1
Poor immunization facilities	230	4

Table 5: Distribution of respondent's by their media preference for NPI messages

Media types	Preference		
	Most preferred	Least preferred	Not preferred
Radio	94 (89.5)*	10 (9.5)	1 (0.9)
Television	89 (84.8)	15 (14.3)	1 (0.9)
Posters	15 (14.3)	74 (70.5)	16 (15.2)
Newspapers	36 (34.3)	25 (23.8)	44 (41.9)
Friends & relatives	85 (80.9)	9 (8.6)	11 (10.5)
Neighbors	41 (39.1)	23 (21.9)	41 (39.1)
Health workers	103 (98.1)	2 (1.9)	0 (0.0)

\* Figures in parentheses are percentages

Table 6: Chi-square analysis of participation of women in NPI and some selected personal characteristics

Personal characteristics	X <sup>2</sup>	Df	P
Location	8.984	1	0.0027*
Age group	6.737	4	0.1504
Marital status	0.238	1	0.6258
Religion	4.593	2	0.2651
Education	12.672	2	0.0018*
Occupation	9.594	5	0.0876
Family size	0.5298	2	0.7673
Group membership	2.9343	1	0.0867

\* Significant, P < 0.05

## CONCLUSION

Based on the outcomes of this study, a conclusion that utilization of media messages on NPI is affected by the level of education of nursing and pregnant women can be made. In addition, a vast majority of respondents prefer interpersonal communication strategy involving the health workers as means of accessing immunization information than other media strategies. Based on the findings of this study, the following recommendations are important to improve the NPI among pregnant and nursing women in Oyo State:

\* The stiff bureaucracy involved in accessing health services in public health centers should be downplayed to further encourage more women's participation in the NPI.

\* Media messages on NPI should be packaged and relayed with careful attention to the level of education of the vast majority of the pregnant and nursing women in the state.

\* More priority attention should be paid to the use of health workers in NPI information dissemination while the use of other media methods should be continued.

## REFERENCES

- Federal Ministry of Health.[1996]. The technical report of federal ministry of health for Malaria in Nigeria. Abuja, Nigeria. Retrieved 13 November 2006 from <http://www.fmh.org.htm>
- Federal Ministry of Health.[2000]. Overview of the risk factors in immunization. Abuja Nigeria. Retrieved 13 November 2002 2006 from <http://www.fmh.org.htm>
- Federal Ministry of Health.[2002]. Fighting the menace of opportunistic infections in Nigeria.

- Abuja, Nigeria. Retrieved 13 November 2006 from <http://www.fmh.org.htm>
- Federal Ministry of Health.[2003]. Technical report on infants' mortality and morbidity rate in Nigeria. Abuja, Nigeria. Retrieved 13 November 2006 from <http://www.fmh.org.htm>
- Federal Ministry of Health.[2004]. A survey of maternal health and indices in Nigeria. Abuja, Nigeria. Retrieved 15 November 2006 from <http://www.fmh.org.htm>
- Odunsi, P.Y (1990): "Expanded programme on immunization" In Ransome-kuti, O et al. (ed.) *Strengthening Primary Health Care at Local Government level: The Nigerian experience*. Lagos. Academy Press LTD. pp 28-33.
- OYMOH (2005). Oyo State Ministry of Health: An Annual Report on Child Survival and Reproductive Health Care in Oyo State. pp 8-10.
- UNICEF.[2003]. Immunization prospects in Nigeria. Guidelines for treatment of sexually transmitted diseases. Vol. 647:1-118.
- Yahaya, M.K. (2003): "Lessons from change and social engineering projects". Textbook on *Development Communication*. pp.135-139.