*ISSN: 5072-4228*
*Volume 11, Number 2, 2023*
*Innovative Journal of Scientific and Advanced Studies*

# KNOWLEDGE AND ATTITUDE OF NURSING MOTHERS TOWARDS IMMUNIZATION OF CHILDREN IN JAMA'A LOCAL GOVERNMENT AREA OF KADUNA STATE

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## ABSTRACT

*The study was carried out to help find out the knowledge, attitude of nursing mothers towards immunization of children in Jama'a Local Government Area of Kaduna State. The survey research design was used for this study the population of the study is approximated to be over 1,000 nursing mothers in Jama'a Local Government Area of Kaduna State. Out of this a total sample sizes of 210 were used to elicit information on the knowledge of nursing mothers on immunization, the attitude of nursing mother towards immunization, the problem associated with immunization among nursing mothers the factors influencing immunization and the benefits of immunization the instrument was given to three experts in research, one from test and measurement and two from the department of physical and health education of the faculty of education University of Jos, whose input on the instrument were very helpful. It was pretested using 30 respondents with similar characteristics that were not part of the main study. A reliability coefficient of 0.76 was obtained using test-retest method which was seen as reliable figure for the instrument to be used for be present study. The result shows that in all the items, the respondents had very high knowledge except, "the home is a good place for immunization" 87 (41.42%), has positive attitude in a statement except "I believe immunization prevents childhood diseases (X= 4.5), the father decides on immunization (X= 3.5) and I choose to immunize my child (X=3.0) again, the respondents accepted that all items mentioned has more than fifty percent response all the factors mentioned were accepted by the respondents as they had over fifty percent except, "religion has a significant influence on immunization 74 (35.23%), and there is poor implementation of immunization policies 82 (39.04%), and they accepted that immunization has benefits to the child as all items has over fifty percent respondents it was recommended among others that the statement that some of respondents are too busy to take their child for immunization, should be rated by health personnel so that they can organize workshops, as well as we films and enlighten nursing mothers to the importance and dangers advocated with immunization of children in the community.*

## INTRODUCTION

To save the lives of children and protect them from diseases, immunization is used to effect this very important function. Immunization is a process by which a person becomes protected against a disease through vaccination (Wade, 2014). The World Health Organization (2013) stated that immunization is one of the most important public health interventions and cost-effective strategies to reduce child mortality and morbidity associated with childhood infectious diseases, this may however depend on the knowledge of the mother. Knowledge could be the familiarity gained through experience or association as well as the understanding of a science, art or technique. In another way, it may be explained to mean the fact or condition of knowing something.

Knowledge is all about gaining a variety of experiences and acquiring basic understanding of the environment and its associated problems. The level of knowledge acquired by an individual influences his or her attitude towards immunization. To measure knowledge, Ashur (1977) provided this scale: 70% - 100% = very high level knowledge, 60% – 69% = high level knowledge, 50% - 59% = average level knowledge, 49% - below = low level knowledge. In a study conducted by WHO (2010) in Jos North found out that the number of respondents who participated in the study was 232, though only 2.6% had excellent knowledge on vaccine preventable diseases, 89.6% had

an overall good knowledge while 5.2% each had fair and poor knowledge. Less than 60% reported for vaccination at the stipulated time and less than 3% had negative attitude towards immunization. The level of education of the mother, marital status, religion, geopolitical zone, and her or the father of the child being immunized as children significantly influenced their knowledge. The records of 513 children that visited the clinic for the first time in April, 2012 also revealed that only 24.4% completed their immunization schedule revealing poor practice by the mothers.

Attitude as described by Ineoglu (2010) is the mental, emotional and behavioural tendencies of people organized with regard to experience, knowledge, emotion and response to a particular situation in a particular time frame. In this case, the attitude of nursing mothers towards immunization can either be negative or positive. According to a study conducted by Singh, Haney and Olurinsaiye (2013) in Zuru metropolis, Nigeria, result from the analyses carried out using SPSS, showed that mothers, locality, place of vaccination, mothers age group at birth of child are all positively associated with attitude of mother's vaccination. Further results finally revealed that donation of gift items to mothers served as positive inducement towards immunization of their children. In another scenario, a study by Mutually Mikima-Murage and Ettach (2017) on the knowledge and attitude of postpartum mothers towards immunization of their children in Lithuanian Tertiary Hospital revealed that the majority (63%) of respondents had higher education. The child was the first one for 49.7% of the mothers. The women indicated that their main sources of information about children's immunization were the doctors, the internet and mass media. Most respondents (87.3%) considered vaccine-preventable diseases to be dangerous but only 57.3% of them knew that vaccine provided efficient protection. Only 57% of the respondents considered vaccines to be safe but 75.3% thought that the benefit of vaccine were greater than the risks. They evaluate the knowledge as good in 36.3%, average in 41.3% and poor in 22.3% of mothers. The result of the present study may differ or be seen as the same with the above findings, hence the present study on immunization in Jama'a local Government Area of Kaduna State which may be dependent upon the knowledge and attitude of the respondent.

Nursing mothers who attend antenatal clinic seem to have relatively adequate knowledge on immunization vaccines. Their benefits to children given by health care providers, which others who may not by privileged to attend antenatal clinic due to locality or occupational reasons may not have adequate knowledge and may have negative attitude towards immunization of children. This is a likely physical thing that somebody can easily observe among women attending antenatal in primary health care centers in Mangu. Childhood immunization help the immune system build up resistance. It works by giving children vaccines containing various tiny amount of viruses or bacteria that are dead, weakened or purified components. The vaccines prompt the child's immune system to produce antibodies that will attack the virus or bacteria to prevent diseases. The child's immune system stores the information about how to produce those particular antibodies and responds if the child is exposed to that same virus or bacteria in future. Because of vaccines, killer diseases are no longer common around the world. However, it is still pertinent to immunize children for the following reasons; a drop in immunization rate can allow rare infectious diseases to resurface. For example, a drop in pertussis (whooping cough) vaccinations in Britain in 1971 was followed by a whooping cough epidemic that killed 36 people in 1978. Diseases do not respect borders, people can carry vaccine-preventable diseases across natural and political boundaries and likely spread them to children who are not vaccinated. Some people cannot have vaccines because of allergies or other reasons. An unvaccinated child with a vaccine-preventable disease is a threat to these people.

Lakeh, Baketer and Biadgilrgn (2015) asserts based on available records that without immunization against child killer diseases such as poliomytelitis, measles, diphtheria, whooping cough, tuberculosis among others, about 216,000 Nigerian children will die each year, an average of about 600 per day and an additional 100,000 children are liable to physical disability. Thus, child mortality is of a serious concern to various stakeholders, such as the United Nations Millennium Development Goals (MDGs), United Nations Children Fund (UNICEF), Federal and State Government, agencies, families, and

individuals. This is because the continuity of any generation depends on the ability to raise new ones and ensure their survival. Immunizations are important. The eight childhood diseases (measles, mumps, rubella, diphtheria, tetanus, pertussis, haemophilus influenza type B and polio) which are preventable by immunization, can and do cause crippling and sometimes death. These illnesses are serious outbreaks of diseases – even epidemics - can occur, hence, the present study on the knowledge and attitude of nursing mothers towards immunization of children in Jama'a Local Government Area of Kaduna state.

**RESEARCH QUESTIONS**

To give direction to this study, the following research questions are stated:

1. What is the level of knowledge of nursing mothers on immunization?
2. What are the attitudes of nursing mothers toward immunization?
3. What are the problems associated with immunization of their children among nursing mothers?
4. What are the factors influencing immunization?
5. What are the benefits of immunization?

The research design adopted for the purpose of this study is the survey research design. According to Oduwadere (2009), a descriptive research design is a method that describes a given state of affairs at a particular time. It seeks to describe a unit in detail in content and holistically. Descriptive survey research is the most frequently used method to collecting information about people's attitudes, opinions, habits and a variety of educational issues. This research design is chosen because a generalization of the population can be inferred as it will be expensive for the researcher to study the population as a whole. The population for this study comprise of all nursing mothers in Jama'a Local Government Area of Kaduna state, which was estimated to be above 1,000. Sample is a portion of selected from the population to be studied and generalized to the whole population for the research work, the sample of nursing mothers was drawn from mothers that volunteered. Two hundred and fifty (250) nursing mothers were sampled for the study. It is only those who attended post natal services were used for a period of sixty (60) days.

Sampling technique is defined as a systematic process employed to select a required proportion of the target population, Osakwe (2010). On this study, a purposive sampling technique is used in the selection because it allows for handpicking of the sample. According to Kajang, David and Jatau a purposive sampling include subjects selected on the basis of specific characteristics or qualities and eliminate those who fail to meet these criteria. In this method of sampling, the researcher simply handpick the sample because to his judgment, they possessed the specific characteristics or qualities he wants. In other words, the researcher selects a sample which simply satisfies his specific needs.

The questionnaire is used for this study. It is known that the questionnaire is the most widely used method of data collection in research. A questionnaire can be referred to as a set of questions that are related to the purpose of the study to which the respondents are expected to respond in writing. A questionnaire can be used for obtaining factual information from respondents about the past, present and future events.

The instrument for this study is a self-structured questionnaire designed to collect information from the respondents on knowledge and attitude of nursing mother's towards immunization. There are five sections to the instrument: section A has eleven statements eliciting to obtain information about knowledge of nursing mothers on immunization, section B sought for information to attitude of nursing mothers towards immunization and has 11 statements. Section C has eight statements which sought for information on the problems associated with immunization among nursing mothers, section D looked for information on the factors influencing immunization and has 10 statements, section E has 14 statements which sought for information on the benefits of immunization. The instrument uses yes or no for section A, C, D, and E. and also strongly agree

(SA), agree (A), undecided (UN), disagree (D) and strongly disagree (SD) for section B. - The criterion mean was decided by adding all the scores and dividing by 5.

Therefore; $\frac{5+4+3+2+1}{5} = \frac{15}{3}$

= 3

Therefore any item that has 3 and above is said to be a negative attitude and any item that has below 3 is said to be a positive attitude. The questionnaire for this study was validated by three experts from various fields. One expert from test and measurement, two experts from Physical and Health Education, all from the Faculty of Education, University of Jos, Plateau state. A copy of the drafted questionnaire was given to them for the purpose of validation in the following areas. Content validity, appropriateness of the items, clarity of statements in the instrument, whether or not the items are related to the subject under study. Necessary corrections and observations were made and they are included in the work. In order to determine the reliability of the instrument, 30 people were used to try text the instrument who were not part of the main sample population. The data obtained were coded and analyzed using Cronbach alpha method to test for internal consistencies of the instrument. It was done using half split method for reliability test and the reliability coefficient of 0.70 was obtained. This indicated that the instrument was reliable and it was used for the main study.

The researcher and a trained research assistant carried out the distribution of the questionnaire. The researcher explained to the respondents how to go about responding to the items on the questionnaire before administering it. The questionnaire was retrieved the same day it was administered in order to guide against loss of questionnaire on transit. A Simple percentage method of data analysis was employed to analyze the data. The choice of simple percentage method of data analysis is appropriate because of clarity in the presentation of information thus facilitating the reader's understanding.

## RESULTS

**1.** What is the level of knowledge of nursing mothers on immunization? The data answering research question one are contained in table 1

**Table 1: Knowledge of Nursing Mothers on Immunization N =210**

| S/N | Items | Yes | | No | | Level of |
|---|---|---|---|---|---|---|
| | | f | (%) | F | (%) | Knowledge |
| 1 | I got knowledge about immunization through antenatal | 198 | 94.8 | 12 | 5.71 | EXC |
| 2 | I got knowledge about immunization from friends | 135 | 64.28 | 75 | 35.76 | VGK |
| 3 | Town crier can be a source of information | 190 | 90.47 | 20 | 9.52 | EXC |
| 4 | Lack of immunization causes death and mortality | 191 | 90.95 | 19 | 9.04 | EXC |
| 5 | Awareness plays a key role in immunization | 189 | 90 | 21 | 10 | EXC |
| 6 | The home is a good place for immunization | 87 | 41.42 | 123 | 58.57 | LLK |
| 7 | BCG is taken as soon as possible after birth | 196 | 93.33 | 14 | 6.66 | EXC |
| 8 | Oral polio vaccine is taken at birth | 186 | 88.57 | 24 | 11.42 | EXC |
| 9 | Good vaccination entails receiving 3 doses | 171 | 81.42 | 39 | 18.57 | EXC |
| 10 | BCG, DPT, Polio and measles vaccine | 186 | 88.57 | 24 | 11.42 | EXC |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 11 | Immunization prevents infectious diseases | 189 | 90 | 21 | 10 | EXC |

The results in table 1 revealed that I got knowledge about immunization through antenatal 198 (94.28%), BCG is taken as soon as possible after birth 196 (93.33%), lack of immunization causes death and mortality 191 (90.95%), town crier can be a source of information 190 (90.28%) and awareness plays a key role in immunization of children 189 (90%). Others are immunization BCG prevents infectious diseases 189 (90%), DPT, polio and measles vaccine should be taken during the first years 186 (88.57%), good vaccination entails receiving 3 doses of DPT 171 (81.42%). I got knowledge about immunization from friends and family members 135 (64.28%) and the home is a good place for immunization 87 (41.42%) were the knowledge of nursing mothers on immunization in Jama'a local government area of Kaduna state.

What are the attitudes of nursing mothers towards immunization? The data answering research question one are contained in table 2

**Table 1: Attitudes of Nursing Mothers towards Immunization N =210**

| S/N | Items | X | Decision |
|---|---|---|---|
| 1 | I believe immunization prevents childhood diseases | 4.5 | Negative attitude |
| 2 | I am too busy to take my child for vaccination | 2.6 | Positive attitude |
| 3 | I don't know the place and time for immunization | 2.8 | Positive attitude |
| 4 | I don't have knowledge on immunization | 2.9 | Positive attitude |
| 5 | I choose to immunize my child | 3.0 | Negative attitude |
| 6 | The father decides on immunization of the child | 3.5 | Negative attitude |
| 7 | The father does not decide on immunization of the child | 2.9 | Positive attitude |
| 8 | I receive gifts when I come for immunization | 2.8 | Positive attitude |
| 9 | I don't have money for immunization | 2.1 | Positive attitude |
| 10 | I don't believe immunization | 2.5 | Positive attitude |
| 11 | I heard bad things about immunization | 2.5 | Positive attitude |

The results in table 2 revealed that I believe immunization prevents childhood diseases (X = 4.5), I choose to immunize my child (X = 3.5), I can't queue for long waiting to be immunized (X = 2.9), the father decides on immunization of child (X= 2.9), I receive gifts when I come for immunization (X = 2.8) and I don't know the place and time for immunization (X = 2.8). Others are I am too busy to take my child for immunization (X = 2.6), I heard bad things about immunization (X =2.5), I don't believe in immunization (X = 2.5) and I don't have money for immunization (X = 2.1) were the attitudes of nursing mothers towards immunization of their children in Jama'a local government area of Kaduna state. In all, the respondents had positive attitudes in all the items, except, "I believe immunization prevents childhood diseases (X = 4.5), I choose to immunize my child (X =3.0), and the father decides on immunization of the child (X = 3.5).

2. What are the problems associated with immunization among nursing mothers? The data answering research question three are contained in table 3

**Table 3: Problems associated with immunization among nursing mothers N=210**

| S/N | Items | Yes | | No | |
|---|---|---|---|---|---|
| | | f | (%) | f | (%) |
| 1 | Mothers educational status can influence immunization | 169 | 80.47 | 41 | 19.52 |
| 2 | Inability to access health care services | 147 | 70.00 | 63 | 30 |
| 3 | There is poor awareness on the importance | 137 | 65.23 | 73 | 34.76 |
| 4 | Low confidence and lack of trust in immunization | 151 | 71.41 | 59 | 28.09 |
| 5 | Mothers decision can affect the completion | 189 | 90.00 | 21 | 10 |
| 6 | Mothers age influences immunization | 114 | 54.28 | 96 | 45.71 |
| 7 | Attitude of healthcare service providers towards mothers | 180 | 85.79 | 30 | 14.28 |
| 8 | Mothers belief can affect immunization | 171 | 81.42 | 39 | 18.57 |

The result in table 3 revealed that mother's decision can affect the completion of immunization schedule 89 (90%), attitude of health care service providers towards mothers can affect the completion of immunization 180 (85.71%), mothers belief can affect immunization 171 (81.42%), mothers educational status can influence immunization 169 (80.47%) and low confidence and lack of trust in immunization 151 (71.40%). Others are inability to access health care services 147 (70%), there is poor awareness on the importance 137 (65.23%), and mothers age influences immunization 114 (54.28%) were the problems associated with immunization of children among nursing mothers in Jama'a local government area of Kaduna state.

**3.** What are the factors influencing immunization. The data answering research question four are contained in table 4

**Table 4: Factors influencing Immunization N=210**

| S/N | Items | Yes | | No | |
|---|---|---|---|---|---|
| | | F | (%) | f | (%) |
| 1 | There is poor knowledge on the practice of immunization | 135 | 64.28 | 75 | 35.71 |
| 2 | Religion has a significant influence on immunization | 140 | 66.66 | 70 | 33.33 |
| 3 | There is shortage of vaccine and immunization supply | 74 | 35.23 | 136 | 64.76 |
| 4 | There is poor implementation of immunization policies | 82 | 39.04 | 128 | 60.95 |
| 5 | Lack of adequate equipment is a barrier | 102 | 48.57 | 108 | 51.42 |
| 6 | Fear and confusion affects the acceptance | 179 | 85.23 | 31 | 14.76 |
| 7 | Fathers attitude can influence child immunization | 158 | 75.23 | 52 | 24.76 |
| 8 | Lack of qualified and appropriate staff | 172 | 81.90 | 38 | 18.09 |
| 9. | There are no resources for maintaining immunization | 104 | 49.52 | 106 | 50.47 |
| 10 | Deterioration in health care services | 154 | 73.33 | 56 | 26.16 |

The result in table 4 revealed that fear and confusion affects the acceptance of immunization by parents 179 (85.23%), lack of qualified and appropriate staff affects immunization 172 (81.90%), fathers' attitude can influence child immunization practices 158 (75.23%), deterioration in health care services can influence immunization practices 154 (73.33%) and religion has a significant on immunization 140 (66.66%). Others are there is poor knowledge on the practice of immunization 135 (64.28%), there are no resources from maintaining immunization program 104 (49.52%), lack of adequate equipment is a barrier to immunization 102 (48.57%), there is poor implementation of immunization policies 82 (39.04%) and there is shortage of vaccine and immunization supplies 74 (35.23%) were the factors influencing immunization of children in Jama'a local government area of Kaduna state.

4. What are the benefits of immunization. The data answering research question five are contained in table 5

**Table 5: Benefits of Immunization** **N=210**

| S/N | Items | Yes F | (%) | No f | (%) |
|---|---|---|---|---|---|
| 1 | Immunization helps in prevention of infectious diseases | 198 | 91.28 | 12 | 5.71 |
| 2 | Immunization reduces child mortality | 185 | 88.09 | 25 | 11.90 |
| 3 | Immunization increases immunity power | 179 | 81.42 | 31 | 14.76 |
| 4 | Immunization reduces the cases of deformity | 183 | 87.14 | 27 | 12.85 |
| 5 | It helps children to look and live healthier | 189 | 90.00 | 21 | 10 |
| 6 | It reduces the severity of the disease | 189 | 90.00 | 21 | 10 |
| 7 | Immunization leads to good of population | 179 | 85.23 | 31 | 14.76 |
| 8 | It prevents absentism from work due to illness | 192 | 91.42 | 18 | 8.57 |
| 9. | It helps in controlling and eradicating disease | 196 | 93.33 | 14 | 6.33 |
| 10 | Immunization enhances the quality of life | 185 | 88.09 | 25 | 11.09 |
| 11 | It keeps parents focused at work | 141 | 67.17 | 69 | 32.85 |
| 12 | Immunization increases school attendance | 146 | 69.52 | 64 | 30.47 |
| 13 | Immunization cost less than treatment | 180 | 55.71 | 30 | 14.28 |
| 14 | It improves child intelligence | 191 | 90.95 | 19 | 9.04 |

The result in table 5 revealed that immunization helps in controlling and eradicating of diseases 196 (93.33%), immunization helps in the prevention of infectious diseases 198 (91.28%), it presents abseentism from work due to frequency illness 192 (91.42%), it improves child intelligence 191 (90.95%), it helps children to look and live healthier lives 189 (90%), it reduces the severity of the disease and immunization reduces 189 (90%) and immunization enhances the quality of life 185 (88.09%). Others are immunization reduces child mortality 185 (88.09%), immunization reduce the cases of deformity 183 (87.14%), immunization cost less than treatment 180 (85.71%), immunization leads to good of population which has an impact on economic growth 179 (85.23%), immunization increases

immunization by power 179 (81.42%), immunization increases school attendance 146 (69.52%) and it keeps parents focused at work 141 (67.17%) were both the benefits of immunization of children in Jama'a local government area of Kaduna state.

## DISCUSSION

Table 1 shows that I got knowledge about immunization through antenatal 198 (94.28%), BCG is taken as soon possible after birth 196 (93.33%), lack of immunization causes death and mortality 192 (90.95%), town crier can be a source of information 190 (90.28%), awareness plays a key role in immunization of children 189 (90%) and the likes. These result were not comprising because the result were expected, reason being that the respondents have the knowledge of nursing mothers on immunization. This is in line with What Oyepara (2014), affirm that most common reasons for non-immunization were lack of knowledge about childhood immunization schedule and were to source for it other reasons include lack of awareness about health benefits of immunization.

In line with this, Odudanya, Alufohai, Mourice and Anonkhai., (2016) state that mothers knowledge on immunization of infants is a key tool to decrease dropout rates and prevent of control infectious diseases. This was why Stefanoff (2010) stated that information has to be tailored to the public about the lower of knowledge about diseases and the benefits and possible adverse boots following when vaccination are not taken. Discussing further, Obioha, Ajala and Matobo (2010) and Takum (2011) in their studies indicated that mothers who attended ANC and give birth at health facility are more likely to fully immunize their children as antenatal clinic is a means for women to be aware of immunization programme. The attitude of nursing mothers towards immunization of children in Jama'a Local Government Area of Kaduna state. Table 2 stars that I believe immunization prevents childhood disease (X= 4.5), I choose to immunize my child (X=3.5). I can't queue for long waiting to be immunized (X = 3.0), I don't have knowledge in immunization (X= 2.9), the father decide an immunization of the child (X=2.9), I receive gift when it come for immunization (X = 2.8) and the likes. These results were expected because they are attitudes of nursing mothers' towards immunization. This is in line with the study of Chris-otubor, and Anukam (2015) who found out that only a small percentage of women (less than 3%) gave reasons for their failure in availing their children for immunization. In addition, Kim, Frimpons, Rivers and Krononfeld (2012), found that there were erroreous beliefs about the contradictions for immunization and mothers were entrusted with the sole responsibility of getting children immunized. Although most of the respondents had immunized their children, they identified negative attitudes as a major barrier to patronage of immunization services. Discussing further, WHO (World Health Organization) (2009), in the global parental attitude regarding childhood immunization division CDC report the global parental attitude regarding childhood immunization has been low and parents have negative belief about measles and vaccination programs. Parental attitudes and beliefs about vaccination have been known to be important factor in predicting childhood immunization status. The problems associated with immunization among nursing mother in Jema'a local government area of Kaduna state. Tables 3 shows that mothers decision can affect the completion of immunization schedule 189 (90%), attitude of healthcare service provider towards mothers can affect completion of immunization 180 (85.71%) mothers belief can affect immunization 171 (81.42%), mother educational status can influence immunization 169 (28.47%), low confidence and lack of trust in immunization is 151 (71.40%), inability to access healthcare service 147 (70%) and the likes. These results were expected because

Becker et al, (1993) in a study found out that mothers with lowest education and unemployed were few likely to complete a child's immunization. Education empowers women to access relevant health care services, interact effectively and assimilate information relating to parental care, childhood immunizations and nutritional needs.

In addition, Ranji and Ndikan (2013) revealed that among the poor household and those of middle economic categories, radio is the most used source of information regarding immunization. Among the upper economic level households, TV is the main source of information, other sources of information are neighbours, community health workers, friends, local village leaders and family members. Table 4 shows that fear and confusion affect the accept of immunization by parents 179 (8.23%), lack of qualities and appropriate staff affects immunization, 172 (91.90%), fathers attitude can influence child immunization 158 (75.23%), deterioration in health care services influences immunization practices 154 (73.33%), religion has a significant influence on immunization 140 (66.66%) there is poor knowledge on the practice of immunization 135 (64.28%) and the likes. These results are expected as they are the common factors that influence immunization. This is in line with Ankrah and Nwaigwe (2005) stated that in Nigeria, the greatest challenge to the acceptance of immunization is a religious are especially among the northern Muslims. Generally the Muslims north has the low immunization coverage, the least being 60% (north-west) and the highest being 44.6% (south-east).

In addition, Rahman and Obaida and Nasrin (2010) stressed that many decision makers and caregivers reject routine immunization due to rumor, incorrect information and fear. Attempts to increase coverage must include awareness of people's attitudes and the influence of these on behavior. Fears regarding routine immunization are expressed in many parts of Nigeria. Father of partially immunizes children in Muslim rural communities in Lagos state see hidden motives linked with attempts by non-governmental organizations (NGOs) sponsored by unknown enemies is developed countries to reduce the local population and increase mortality rates among Nigerians. Belief in a secret immunization agenda is prevalent in Jigawa, Kano and Yobe states, where many believe activities are fuelled by western countries determined to impose population control on local Muslim communities.

Tables shows that immunization helps in controlling and eradicating of diseases 296 (93-33%, immunization helps in the prevention of infectious diseases 198 (91.28%), it prevents absentism from work due to frequent illness 192 (91.42%), it improves child intelligence 191 (90.95%), it helps child to look and live healthier liner 189 (90%), it reduces the severity of the severity (90%), immunization enhance the quality of life is 188 (90%) and the likes. These results were not surprising because the result were expected as they are the benefits of immunization. This is in line with WHO (2013) who stated that in the past decades, vaccinations has dramatically reduced the incidence of several infectious disease that were responsible for much suffering and deaths, the impact of vaccinations has been demonstrated by the estimate that during the vaccines for children (1994-2013), the total number prevented by routine childhood vaccination in the use was more than 322 million cases of infectious diseases, 21 million hospitalizations and 731,700 death.

In addition, UNICEF (United Nations Children's Education Fund ), (2017), stated the benefit of communization as not negligible and are the following: extending the lifespan of population, reducing absentism from work due to frequent illness, facilitating safe travel and mobility, (air transport allows people to travel to different parts of the world exposing themselves to illness that they do not encounter in their usual environment), economic growth (good health of population has an impact on economic growth), women empowerment communication has important effects on health of children and dramatically reduce child mortality. Their chances of being healthy and experience adolescence increases, as a consequence, women decide to have fewer children. This has a major impact on the educational and economic growth of a country.

## CONCLUSION

It was concluded the respondent has very high knowledge and about immunization of their children and different factors influencing immunization of children, however, had different problems concerning immunization.

It is recommended that;

1. The statement that some of the respondents are too busy to take their children for immunization, should be noted by health personnel so that they can organize workshops as well as use films to enlighten nursing mothers on the importance and associated with immunization of children in the community.
2. Due to the fact that the factors responsible for immunization practices has very high percentage response in all the items nurses and other health practitioners should take not at this and provide one on one method of health counselling during antenatal and post-natal to alleviate these problems.
3. Based on the fact that all the problems associated with immunization of children are very much available in our communities should be noted by public health authorities, they should use different form necessary to change the attitudes of stakeholders. This includes health talks, workshops, seminar and so on in order to alleviate these problems.

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