

ASSESSMENT OF NATIONAL PROGRAMME ON IMMUNIZATION CAMPAIGN AND ATTITUDE CHANGE IN UYO LG A OF AKWA IBOM STATE

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Abstract

This study investigated the effectiveness of National Programme on Immunization Campaigns and attitude change in Uyo Local Government Area of Akwa Ibom State, Nigeria. The sample size of 300 respondents, representing 10% of the population of Uyo Local Government Area (397,702), was selected proportionately from the eleven wards that make up the local government. Survey was the research design while questionnaire served as instrument for data collection, with agenda setting and diffusion of innovation as theoretical base. Findings showed that media campaigns on the programme were effective on attitude change, but religious and traditional beliefs such as preference for herbal and traditional medicine, the notion that sicknesses are caused by witches and evil spirits, and so do not require injection for treatment and the refusal of chiefs and community leaders to endorse and support the exercise impeded high coverage for the exercise. And that healthcare providers used “immunization plus” as strategy to draw out children for immunization. It is recommended that campaign messages should be structured in a way that clearly inform and educate mothers and caregivers on the importance of immunization, intensive and aggressive campaigns should be maintained to sustain the awareness and enlightenment on the programme as well as the acceptance and goodwill, all stakeholders should be involved in campaign planning and execution. Also, campaign messages should be designed and channeled to reflect the rural-urban composition of the local government for the benefit of some rural wards in the local government area and health posts should be built in the communities where there are none to bring healthcare services nearer to them.

Key Words: Immunization, Diseases, Media Campaign, Attitude Change and Care-Givers

Introduction

Child survival in developing countries has been given a prominent place in the world agenda, in the last decade. The realization that, out of 20 million children born each year, 4 million will die before their fifth birthday, has led to the creation of African Child Survival Initiative Project by UNICEF, so that no child dies or suffers disability arising from immunizable diseases. More so, the fact that, over half of these deaths are directly attributable to one or more diseases, explains why so much attention is given to infant and maternal health.

Nwamouo (1995, p.116), describes health as the general condition of well-being which manifests itself through physical fitness, color, vision and application of rational thinking and judgment in meeting bodily needs and exercising a measure of control in individual lifestyle. It implies the absence of disease, illness, sickness and bodily disorders through personal hygiene and care of the environment. Health involves physical and mental vigour, freedom from disease, weakness and disorder. It emphasizes normality in physical, mental and environmental wellbeing. It may also, include the emotional and spiritual wellbeing of individuals. Therefore, health can be said to be synonymous with being alive.

The global and national standard in this regard, translate to the expectation that the budget for health should be a minimum of five percent of the annual total budget; that health for all is non-negotiable, that immunization against the six childhood killer diseases is a right for every child, and that adequate nutrition is guaranteed while waging a desirable battle against micro-nutrient malnutrition. These among others, explain the concern for eradication of poverty not just in Nigeria but globally. Health is ultimately, one of the beneficiaries of the poverty reduction campaign. The logic is that, while health is wealth, ultimately, wealth is health or should assure health, (Oso 2002, p. 230).

The focus on health underpins the primacy of health challenges and the relationship between communication, health and development in response to problems posed by incidents of infant mortality and morbidity common in third world countries. It was in realization of this objective that the United Nations Children Education Fund (UNICEF), sponsored immunization programme with the provision of all that was needed for it.

Today, over half of the world's children are protected to some extent by immunization. The effort is based on a simple premise that the benefits of safe, effective and inexpensive vaccines, long adopted in advanced countries as standard practice be extended to children of developing countries. These vaccines are meant to ensure that such diseases as measles, whooping cough, polio and tetanus are no longer feared as killers, (WHO Fact Sheets, 2008, p. 180).

Though, Immunization activities in Nigeria started in 1956 prior to the small pox eradication campaign, it was reintroduced as Expanded Programme on Immunization (EPI) in 1978, and the actual implementation commenced with the provision of immunization services to children 0 – 23 months of age against the six childhood killer but immunizable diseases, (Kabir et al 2006, p.5). The Federal Government of Nigeria relaunched the National Programme on Immunization (NPI) in July 1996 to reflect national commitment and ownership with eradication of poliomyelitis as its major objective with WHO, UNICEF, United State Agency for International Development (USAID), Rotary International and Non-Governmental Organizations (NGO) as partners.

The National Programme on Immunization, as a national health policy and a comprehensive healthcare system is hinged on a primary health care delivery that is health promoting, protective, preventive, restorative and rehabilitative to every citizen within the available resources so that individuals and communities are assured of productive social well-being and enjoyment of good life as a major programme of the Federal Government.

But the picture is different, as nearly 3.5 million children die every year from six vaccineable diseases because of attitude and belief system such as taking paralysis as a shameful disease caused by evil spirit or witchcraft, hiding children with acute flaccid paralysis (AFP), reliance on herbal and traditional medicine, refusal to take the child for immunization, rejection of injection, seeing sickness as a natural growth process in a child and seeing diarrhea as a form of purgative. Others are, attitude in feeding and preferences towards health practices, products and services, children and family size, denial of support and endorsement of the programme by political and opinion leaders and traditional rulers.

Despite aggressive campaigns, it seems not much has been achieved as the programme still suffers serious setbacks in terms of coverage and acceptance, compared to what was achieved in 1990 when Nigeria attained Universal Childhood Immunization (UCI) with the coverage of 81.5% for all antigens, (Kabir et al 2006, p.3)

Understandably, an effective communication strategy should create awareness and educate the people on the importance of immunization to child's health, enlighten them on the misconceptions that discourage its use or acceptance and explain why and where immunization services are available. The overall importance of health demands effective campaign strategy that would surmount negative perceptions and attitudes that impede acceptance and high coverage for the programme.

Statement of the Problem

Statistics show that Nigeria is the most populous country in Africa, with a

population size of about 200 million. Women of reproductive age and children under 5 years of age make up over 40% of the nation's total population, and deaths among these population sub groups account for about 60-70% of death in the country and are among the highest in the world. Equally, Infant Mortality Rate (IMR) of 96 per 1,000 live births and an under five mortality rate (U-5 Mortality Rate) of 186 per 1,000 children aged 1-5 years as provided by (UNICEF Report 2018) are high. These outcomes have serious consequences for the overall development of the nation. Sadly, most of these deaths and illnesses are preventable or easily cured if good preventive medical care is sought early enough during pregnancy and in the first few years of life of the child. Immunization initiatives of the Federal Government are some of the preventive strategies employed to arrest childhood morbidities from the six killer diseases. But, available statistics show that health services utilization level is low in some places, especially in rural communities.

The fact that attitude still denies humanity the benefits of development and modernity in the field of medicine and health care delivery is very worrisome, and ignoring this serious impediment in the health care system is to the detriment of society or against natural course. Against the fact that, health is the most important human resource and without good health not much could be done, as everything depends on it, that this study examined the performance of the National Programme on Immunization (NPI) embarked upon by the Federal Government and UNICEF to ensure that children under ages 0-5 years are safe from the six killer diseases or deformity. Available indices showed that, despite efforts by the media to create awareness, win support and acceptance for the programme to enable it attain coverage target, it is uncertain how successful was the programme in Uyo Local Government Area. This is the thrust of this study.

Objectives of the Study

The study was guided by the following objectives:

1. To ascertain the coverage level of the programme in Uyo Local Government Area.
2. To determine the effectiveness of the campaign strategy on attitude change for the programme in Uyo Local Government Area.
3. To determine the factors that impeded high coverage level for the programme in Uyo Local Government Area.
4. To ascertain the strategies adopted by health care providers to achieve high coverage target for the exercise in Uyo Local Government Area.

Literature Review

Mass Media Campaign

Media campaign or media advocacy is an instrument used by various governments, groups or organizations the world over, especially in developing

countries like Nigeria to reach target audience for the purpose of educating and enlightening, mobilizing and sensitizing the people to accept certain innovations, programmes or policies put forward by the organization involved. Its main goal is to ginger acceptance and promote participation by the people. In Nigeria, for instance, there have been many media campaigns over the years like, the Literacy campaign, Tree Planting campaign, Expanded Programme on Immunization (EPI) campaign, Political Participation campaign and lately, the National Programme on Immunization campaign (NPI) which is the focus of the study.

Whatever, maybe the objectives, for a campaign goal to be achieved, it must be communicated through the most suitable and effective channels understood by the audience. Research has confirmed the media as valuable, reliable and alternative sources that people rely on for health information and for shared understandings of health and health related issues. The media are major sources of information about health issues for both the public and health professionals and such information have influence on decisions about health policies and medical care. Equally, the media serve as a forum in which consideration and presentation of public health issues take place and are recognized as powerful mechanisms to create awareness and promote education in public issues. It is a truism, that how the media construct shared understandings of health problems and what health issues are presented and made more salient and newsworthy to the public can promote awareness, and understanding of the issues, and probably influence decisions and attitude about the policy or programme.

In Nigeria, well designed mass media campaigns have shown their ability to increase the use of family planning in the cities, and research in other African countries confirm strong association between exposure to family planning messages and contraceptive use. Also, the mass media were used extensively by USAID and WHO for the expanded programme on immunization campaign in transmitting information and messages, and were found to be effective in reaching a large population.

Though, some of these campaigns have achieved some degree of success in getting the people involved, but the government and campaign planners often face the problem of knowing the effectiveness of these campaigns in achieving their goals and how to improve upon them, if the outcomes were not satisfactory. This further emphasizes the role of the media in projecting as well as promoting the attainment of development goals for the benefits of the society as a social responsibility. Wilson (1997, p.138) opines that the media act as the eye and ear of the society and as mobilizers, informers, educators, entertainers and channels for disseminating information, propagating culture, correlating the environment and promoting the general well-being of the society and their owners

Diri (2002, p.25) views the psychological power of the media as that which stems from the selection of credibility and the trust that different media organizations have succeeded in building a bond with members of the audience. This bond, according to him, is based on the fulfillment of audience expectation and the non-violation of past trust relationships which are legitimized and institutionalized routines of information presentation evolved over time by the media. Also, Nwuneli (1986, p.51) in their contribution assert that the attitude and understanding of people whom they do not have first-hand information about them are gotten from the media. From the above, it should be noted that an objective media report is instrumental to good human relations, and above all national development

It is incontrovertible that the media's dissemination of health information is important in shaping public beliefs and desired behavior or empowering people to act, think, interpret and view health issues through critical, accurate and clear news presentation and interpretation. Today, the National Programme on Immunization (NPI) Campaigns on the six killer diseases eradication do not seem to alter people's values and belief system much, so that no child dies or suffers disability arising from these killer but immunizable diseases. It is against this background that media campaigns stands assessed in terms of its effectiveness in attitude change, as it is believed, that new information can unsettle existing attitudes and effect social realignment.

National Programme on Immunization (NPI)

Immunization is the introduction of special medicine into a person's body to make his or her resistance stronger and prevent sickness or death from the disease the immunization is meant for (WHO 2001, p.5). Apart from Poliomyelitis for which the global target for the certification of eradication has been set for 2005, other diseases for which immunization is given in Nigeria include tuberculosis, diphtheria, whooping cough (pertusis), tetanus, measles, hepatitis B and yellow fever.

In Nigeria, the National Programme on Immunization activities started in 1956 prior to the smallpox eradication campaign, while the Expanded Programme on Immunization (EPI) started in 1978 with the aim of providing essential services to all children 0 - 23 months of age against the six killer but immunizeable diseases. It is estimated that about 70% of death occur in children under the age of five years in developing countries such as Nigeria, in contrast to about 5% in developed countries, (Azubuike and Nkanginieme,1999, p. 8). To control and eradicate these diseases, the National Programme on Immunisation has proved the most effective scheme, (Audu 1996 p.6).

The three long term objectives for the National Programme on Immunization are:

1. To reduce death and disability from the six target diseases; tuberculosis,

- diphtheria, whooping cough, tetanus, polio myelitis and measles by making immunization available to all children (0 to 24 months old)
2. To promote the delivery of immunization services as integral part of each States/ National Health Services
 3. To increase production and improve quality control of vaccines to be used for immunization programme, (Agbor, 1998, p.13)

Like other government programmes, it became obvious to mobilize support for the programme through the mass media. Government has tried to communicate the messages created on the programme to appeal to the different groups of receivers successfully through the media. Despite confidence placed on the ability of the media to make for better understanding and appreciation of the relevance of the new programme to their everyday living conditions not much has been achieved in terms of coverage for the programme in Uyo Local Government Area of Akwa Ibom State.

Attitude and Programme Acceptance

The word 'attitude' crops up quite often in everyday conversation. We speak of having an attitude about someone or something. In this usage, attitude usually implies feelings that are either positive or negative (Eyo & Obi-keguna 2004, p. 318). We also speak of someone who has a bad attitude, implying some personality traits, characteristics or behavioral patterns that offend us. Allport, an early attitude theorist defined Attitude as a mental and neural state of readiness organized through experience exerting a directive or dynamic influence upon individual's response to all objects and situation with which it is related, (Allport, 1935) as cited in Smith (1998, p.268). This is a rich and comprehensive definition, although there have been many definitions over the years, but Allport's definitions still capture much that is essential about attitude.

The definition could be broken into several parts each with some important implications. First, attitudes are mental or neural state of readiness, they are necessarily private. Scientist who study attitude cannot measure them directly in the way that medical doctors can measure blood pressure, only the person who holds an attitude is capable of having direct access to it.

Second, if attitudes are organized through experience, they are presumably formed through learning from a variety of experiences and influence. Our attitudes about, say, an appropriate rules for men and women are shaped by the attitude passed on by our culture especially by parents friends and other agent of socialization such as school and mass media. The notion that, attitudes arise only from experience is too limiting. There is increasing evidence that some attitude also have genetic element, (Smith 2002, p. 201).

Coleman (2003, p. 92) defines attitude as an ending pattern of affective, cognitive and conative, and behavioral responses (or feelings thinking and behaving) towards a psychological objects, but the consistency implied by this definition is the supposition that is frequently un-marched by reality, and it is possible to have an attitude towards something without ever having the opportunity to express it in behavior. Since attitudes exert a directive or dynamic influence upon the person's response to objects, people and situations, then attitudes are directly related to our actions or behavior.

According to McQuail (2005, p.95) attitudes are primarily valuations and attributions made by individuals, although, it is possible to speak of public attitude as an assessment of the predominant tendency in a group or aggregate. He further notes that attitude once effectively inculcated, intrudes in the cognitive, emotional and social processes of the individual. This, perhaps explains, why attitude is strongly associated with the process of perception, judgment, memory, learning and thought. And, same also informs why attitude assumes such an intrusive and pervasive role in the life of every individual to the extent of impeding high coverage level in immunization exercise. If an individual holds a positive attitude towards a given object, he is presumed to be disposed to help, reward or be supportive of the object. Equally, if he holds a negative attitude, he is presumed to be disposed to harm, punish or destroy the object. In the day-to-day living, direct links are made between attitude and behavior

The initial helplessness of the human organism underscores his need for attitude and without that gardening attitude transmitted in the process of socialization the complexity of both the physical and social worlds will bring only confusion and bafflement to the human organism un-endowed with the ways of approaching phenomena in such worlds. However, some kind of preparation through the acquisition of this, is essential before man can make a satisfactory observation, pass a suitable judgment make any response to his environment beyond the most primitive type. Generally, attitudes engender meaning upon the world, draw lines about and segregate an otherwise chaotic environment. They are also, our methods for finding way in an ambiguous universe.

Attitude Change

Attitude change as defined by Colman (2003, p. 29) is a process whereby an attitude towards a person, object or issue becomes more or less favorable, usually as a consequence of persuasion. All of sorts of individuals and groups are constantly trying to change our attitudes. Politicians, anti and pro-abortion groups, health advocates, advertisers and significant others all want us to adopt their views. The fact that attitudes are not always good predictors of a person's behavior does not stop others from trying to change those attitudes.

Eyo and Obi-keguna (2004, p.323) observe that despite describing attitudes as enduring, persistent, resistant, etc., that change in attitude must take place if the welfare of individual and groups are to be ensured against the consequences of maladaptive or outmoded attitudes. And that, change in the midst of relative stability is also made inevitable by the fact that human beings have to change physically, emotionally, and psychologically, as they advance in age. They point to the fact that attitude which serves certain functions at one stage of development may require modification or outright jettisoning at another.

Thomson (2004, p.665) uses an event of imaginary morning to illustrate the process of attitude change; you may not even be out of bed before you start hearing radio advertisement intended to influence your attitude about specific mouthwashes, computers, athletes, shoes, and telephone companies when you unfurl your newspaper, you find out not only more ads but quotes from government officials and special interest carefully crafted to, shape your opinion. When you arrive at school, you encounter a group passing out leaflets that urge you to repent from sin and join them in worship. In class your lecturer champions the wisdom of free press. At lunch, your love bird argues the merit of an “open relationship”. Your discussion is interrupted by someone who wants both of you to sign a petition. Then, you think how you can free yourself from all these.

Thomson, however, observes that strong attitudes may be tough to alter because they are embedded in networks of beliefs and values that might also require change, and that they also generate more bias and selective processing of persuasive arguments. He further identifies prior knowledge about the issue at hand as the cause of difficulty experienced in trying to change someone’s attitude, and that people who have more issue relevant knowledge tend to scrutinize arguments more carefully and are more resistant to persuasion.

Theoretical Framework

According to Udoakah (2009), theories provide the latitude for analysis aimed at predicting phenomena of any research. As media uses and effects study, this work is anchored on the following relevant and applicable theories; Agenda Setting and Diffusion of Innovation.

Agenda Setting Theory

The term, ‘agenda setting’ was coined by Mccombs and Shaw (1993, p. 5) to describe a phenomenon which had long been noticed and studied in the context of media campaigns. The core idea is that the media indicate to the public what the main issues of the day are and this is reflected in what the public perceive as the main issue.

McQuail (2005, p. 512) defines the theory as an ongoing competition among

issues protagonists to gain their attention of the media professionals, the public and policy elites, and the power to structure issues. McQuail observes that politicians seek to convince voters that the most important issues are those with which they are closely identified, as essential part of advocacy and attempt at influencing public opinion. Agenda setting, he notes seems to adopt the principle of persuasion as it has to do with opinion shaping. He, however also notes that, the hypothesis offers a way of connecting the finding with the possibilities of behavioral effects; since what is basically proposed is the enlightenment function of the mass media

Mccombs and Shaw (1993, p. 56) opine that the audience not only learn about public issues and other matters through the media, they also learn how much importance to attach to an issue or topic from the emphasis the media place upon it. For instance, the media set agenda for campaigns and other enlightenment programmes to create public awareness. The ability to effect cognitive change among individuals is one of the most important powers of the media.

In a bid to give treatment and preventive measures to childhood health issues, there is need to adequately inform the people to the point of response to achieve compliance and the resultant attitude change that would ensure effective coverage for the immunization exercise. The agenda setting hypothesis expedient in this study because it suggests a way the media can effect change in the society. In creating awareness on the six killer but immunizeable diseases, the media provide information on the cause, symptoms, treatment, and prevention of these diseases which make parents and care givers to attach importance to childhood health issues from the emphases the media place on them.

Diffusion of Innovation Theory

Okunna (2003 p.23) defines diffusion as the process of spreading a given idea or practice overtime via specifiable channels, through a social structure such as neighborhood, clan or tribe. Okunna says for an idea or innovation to spread, there must be awareness, interest, evaluation, trial and adoption stages. Bitner (1989, p.386) explains that, we are exposed to information that both informs and persuades, information about new discoveries in technology, products designed to make our life easier , innovation in medicine (such as immunization) and the role of the media in conveying to us the worthiness and benefits of these various innovations is imperative.

Baran and Davies (1995, p. 171) note that, the significance of this theory lies in the fact that frequently distributed information promotes the adoption of the innovation. Diffusion occurs when an idea spreads from a point of origin to the surrounding geographical areas, from

person to person within a single area. Innovation in childhood health care diffuses from health experts to educators who in turn pass the information to opinion leaders who after finding the message on childhood care issue useful, encourage others especially parents and guardians to adopt the innovation.

This theory finds relevance in this study because information on childhood health issues reach the people through the media and their socializing and supportive agencies such as churches, youth and women organizations, elders forum, opinion leaders, ministry of health, ministry of education, health and medical workers and their voluntary agencies. The media and these channels by the process of diffusion encourage parents, care-givers and friends to adopt and exhibit behaviour that agree with the message.

Methodology

This study employed survey as research design and questionnaire as instrument for data collection. 10% of the population of Uyo Local Government Area (397,702) ie three hundred (300) subjects were selected as population of study. This was to ensure representativeness because of the smallness of the population of study. This is acceptable as emphasis is based on representativeness and not on size, (Wimmer & Dominick 2006, p. 72). Availability sampling technique was adopted in selecting samples proportionately from the 11 wards in Uyo local government for the study. See table on sample distribution below;

No of Wards	Name of Wards	No of Subjects Selected
1	Uyo Wards 1	30
2	Uyo Ward 2	30
3	Uyo Ward 3	30
4	Etoi Ward 1	30
5	Etoi Ward 11	25
6	Offot Ward 1	30
7	Offot Ward 11	25
8	Ikono ward 1	25
9	Ikono Ward 11	20
10	Oku Ward 1	20
11	Oku ward 11	25
Total	11 Wards	300 subjects

Data Presentation and Analysis

Table I: On the Coverage Level of NPI in Uyo L.G.A

Units	No. Of Respondents	Percentage
Very High	240	80
High	60	20
Don't know	0	0
Total	300	100

Table 1: Shows that the exercise recorded high coverage level in Uyo Local Government Area

Table 2: On the Effectiveness of Campaign Strategy on Attitude Change

Units	No. Of Respondents	Percentages (%)
Made mothers and care givers to bring their children for immunization	20	6
Helped to discourage over dependence on herbal and traditional medicine	15	4.5
Educated mothers on the possible causes of the six killer diseases and how to prevent them	10	3
Helped to correct the belief that sicknesses are caused by withes and evil spirit and so do not require injection for treatment	10	3
All of the above	245	83.5
Total	300	100

Table 2: Shows that the campaign strategy was highly effective in attitude change in Uyo Local Government Area, with 245 (83.5 %) respondents affirming all the above options as benefits.

Table 3: On Attitudes that Impeded High Coverage Level for the Programme n Uyo Local Government Area

Units	No. Of Respondents	Percentages (%)

Refusal of chiefs and opinion leaders to endorse the programme seeing it as an affront to their culture	60	12
Believe in the efficacy of herbal and traditional medicine.	100	30
The notion that diseases and ailments are caused by witches and evil spirit and therefore do not require western medicine for treatment.	90	27
Rejection of immunization because of church doctrine/religious belief and preference for assignment and Ifa (Soothsayer) consultation instead off immunization	30	9
The unfriendly attitude of health workers at the health centers and clinics	20	
Total	300	100

Table 3: Shows that believe in the efficacy of herbal and traditional medicine (100 respondents) impeded high coverage for the programme most followed by the notion that disease and ailments are caused witches and evil spirit and therefore do not require western medicine for treatment (90 respondents). Others were the refusal of chiefs and opinion leaders to endorse programme, but see it as an affront to their culture (60 respondents), Rejection of immunization because of church doctrine/religious beliefs and preference for spiritual assignments and Ifa (Soothsayer) consultation instead of immunization (30 respondents) and the unfriendly attitudes of health workers in the health centres and clinics (20 respondents) respectively.

Table 4: On Strategies/Techniques Adopted by Health Care Providers to Surmount Attitudes

Units	No. Of Respondents	Percentages (%)

Visiting house to house, schools, churches, social groups and organizations to inform and create awareness on the programme in addition to jingles and announcement on radio and television.	210	73
Giving ‘Immunization Plus’ like mosquito treated nets, rubber baby mat, umbrella. T-shirts and caps, cups, plates soaps, footballs, key holders, exercise books and pens free to mothers and care givers when they bring their children for immunization.	50	15
Performed general health practices that reduced incidents of friction between them and health care providers, which included ensuring the best hygienic condition for both the child and mother as well as teach how best to take care themselves and their babies to prevent illness.	20	6
Solicited the consent, support and co-operation of chiefs, religious and opinion leaders for the programme.	20	6
Total	300	100

Table 4 above shows that house to house visits, visits to schools, churches, social groups and organizations to inform and create awareness on the programme in addition to jingles and announcement on radio and television (73%) and giving ‘Immunization Plus’ like mosquito treated nets, rubber baby mat, umbrella. T-shirts and caps, cups, plates soaps, footballs, key holders, exercise books and pens free to mothers and care givers when they bring their children for immunization (50%) helped immensely in attaining high coverage level for the programme. Others were, performed general health practices that reduced incidents of friction between them and health care providers, which included ensuring the best hygienic condition for both the child and mother as well as teach how best to take care themselves and their babies to prevent illness (20%) and soliciting the consent, support and co-operation of chiefs, religious and opinion leaders for the programme (20%).

Discussion of Findings

Research Question One: What is the Coverage Level of NPI in Uyo Local Government Area?

The results of the findings in Table I, provide answers to this question. Two hundred and forty (240) respondents (80%) said the coverage level was very high (80%), while sixty (60) respondents (20%) said it was high. This collaborates with the primary health care report in Uyo Local Government which confirmed that by DPT indicator, the local government has recorded 129% coverage level by February, 2022, more than the state and national targets of 100% and 80% respectively. From the afore-going, the programme has recorded a very high coverage level in Uyo Local Government Area.

Research Question Two: How Effective were the Campaign Strategies/Techniques on Attitude Change in Uyo Local Government Area?

Answers for the above research question are computed in Table 2; twenty (20) respondents (6%) said the campaign strategy was effective in making mothers and care givers to bring their children out for immunization, fifteen (15) respondents (4.5%) said it discouraged over reliance on herbal and traditional medicine, ten (10) respondents (3%) said it educated mothers and care givers on the causes of mortality and how to prevent it. Also, ten (10) respondents (3%) said the campaign helped in correcting the belief that sickness and disease are caused by witches and spirits, and so do not require injection for treatment, while two hundred and forty-five (245) respondents (83.5%) agreed that the campaign strategy was effective in all of the above.

These findings align with that of an earlier work in Eyoh (2020, p.164) which posits that the media are capable of redefining and enacting a new social reality and inspiring action. It can shift public perceptions and help create new meanings, images and stories that help change attitudes and influence behavior. This means they are responsible for most adjustments in the behavioral pattern of people in the society. Alluding to this fact, Bashir and Gapsiso (2008) state that the newspaper, radio and television all contribute to the background information

crucial in shaping both attitude and practices related to development. And, this seems to endorse the view that the media are indispensable in development as they serve as key elements in helping development partners such as health care providers to bring their messages to the general public.

Research Question Three: What Attitudes Impeded High Coverage of the Programme in Uyo Local Government Area?

Answers to this question are provided in Table 3. They were; (1) the notion that diseases and ailments are caused by witches and evil spirit, and so do not require western medicine for treatment (90 respondents) (2) rejection of immunization because of church doctrine/belief system but prefer assignments and Ifa consultation for solution (30 respondents) (3) strong belief in the efficacy of herbal and traditional medicine (30 respondents)(4) refusal of the chiefs and opinion leaders to endorse the programme, seeing it as an affront to their culture (60 respondents) and (5) the unfriendly attitudes of health workers at the clinic and health centers (20 respondents).

These findings agree with Colman (2003, p. 92) as he avers that attitudes exert a directive or dynamic influence upon the person's response to objects, people and situation, and are directly related to our actions and behaviours. According to him, the attitudes we hold presuppose us to act in positive or negative ways towards the objects of those attitudes.

In the same vein, McQuail (2005, p. 95) posits that attitudes are primarily, valuations and attributions made by individuals, although it is possible to speak of public attitudes as an assessment of the prominent tendency in a group or aggregate. He further notes that attitude once effectively inculcated, intrude in the cognitive, emotional and social processes of the individual. This perhaps; explains why attitude is strongly associated with the process of perception, judgment, memory, learning and thought.

On the effects of attitudes on opinion leaders and pressure groups, Smith (1998, p. 637) opines that attitudes are formed in the course of interaction with people especially significant others who have in a sense become masters in solving problem within their environment, and that exposure to attitude objects, like kind and just individuals, on the other hand cruel and prejudiced individuals will induce the learner to acquire a state of preparedness to response to such objects in certain ways, such as impeding high coverage of the immunization exercise.

Research Question Four: What Strategies/Techniques were used to Surmount the Attitudes?

Answers to this question are contained in Table 4. (1) House to house visits by health care providers, visit to schools, churches, social groups and organizations to create awareness and educate people on the importance and benefits of immunization, in addition to jingles and announcement on radio and television. (2) Using 'Immunization Plus' which consist of giving mosquito treated nets, rubber baby mat, umbrella, t. shirts and caps, cups, plates, soaps, ball, key holders, exercise books and pens free to mothers caregivers when they bring their child for immunization. (3) Performing general health practices to reduce friction between mothers and care givers and health care providers in clinics and health centers by ensuring the highest hygiene condition is attained for both mother and child, as well as teach them how to take care of themselves and their babies to prevent illness and (4) Solicited the approval, support and cooperation chiefs, religious and opinion leaders.

These findings collaborate an earlier work by Akpan (2012) who posits that communication involves people who are the drivers of their development and takes into consideration the needs of all players, respect local context, values and cultures, and facilitates participatory processes to address negative components as it targets the ultimate beneficiaries of a development package; thus increasing support among the people of influence, bringing about desired changes in behavior and sustaining practices over time. He states that the media mobilize public support for a programme such as immunization and empower them to make informed decisions and take effective action in their social development.

Eyo and Obi-keguna (2004, p.323) note that despite describing attitudes as enduring, persistent, resistant, etc., that change in attitude must take place if the welfare of individual and groups are to be ensured against the consequences of maladaptive or outmoded attitudes. And that, change in the midst of relative stability is also made inevitable by the fact that human beings have to change physically, emotionally, and psychologically, as they advance In age. They point to the fact that attitude which serves certain functions at one stage of development may require modification or outright jettisoning at another. However, Thomson (2004, p. 667) observes that strong attitudes may be tough to alter because they are embedded in the networks of beliefs and values that might also require change,

and that they also generate more biased and selective processes of persuasive arguments.

In line with this, Eyoh (2020, p. 164), states the media are responsible for most adjustments in the behaviour pattern of people in the society and that its influence extends to almost every segment of the society that is exposed to its contents. Generally, the press serves as agent of change in the hands of all sorts of individuals and groups, politicians, health advocates, advertisers and significant others to persuade people to change attitude or adopt their views. The information and awareness created by the media on childhood health issues reached the people through their socializing and supportive agencies such as churches, youth and women organizations, elders' forum, opinion leaders, health and medical workers and voluntary, brought about change of attitudes and perceptions about immunization

Conclusion

Findings from this study indicate that the National Programme on Immunization (NPI) Campaign was successful in attitude change in Uyo Local Government Area, resulting in an impressive 129% coverage level for the exercise in the local government area at December 2021, far beyond the state and national target of 100% and 80% respectively. It also surmounted certain traditional practices, habits and notions about immunization that denied the people opportunities for good and meaningful life.

Recommendations

Based on the findings of this study, it is recommended that:

1. Chiefs, community and opinion leaders should be involved in both the planning and implementation stages of the campaign to gain their support and cooperation as well as eliminate conflict of interest.
2. Since immunization is an ongoing health programme, intensive and effective campaign should be sustained to re-enforce awareness and enlightenment created on the exercise and the acceptance and high coverage level maintained.
3. Health Posts should be built in communities where there is none or located very far away from them to bring the services nearer to the people.
4. The role of nurses in ensuring a decent and healthy living condition for all should be appreciated. It is in their duty to discourage mothers and

caregivers from indulging in attitude that impedes expert's intervention in the primary healthcare system.

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