The Perception of the Expanded Programme on Immunization (EPI) In Egor Local Government in Edo State, Nigeria

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Abstract

The thrust of this paper is on the perception of the expanded programme on immunization in Egor Local Government Area in Edo state, Nigeria .The paper identified the origin of primary health care and its relevance in the sustenance of a good health institution and the eradication of child and infant killing diseases. The paper identified, among others problems that have affected the success of EPI programme in Egor Local Government which include; low patronage of Primary Health Care Centers by local populace due to inadequacies of these vaccines and inadequate qualified health workers. This paper adopted both secondary and primary data to get a broader knowledge of the research. Hypotheses were used to ensure the paper elicit data from the local government where the research

was focused, the variable from the formulated hypotheses tested were accepted based on their statistical significance. The paper adopted the System theory as a framework of analysis which reflects the literature on childhood diseases and preventive efforts by government or organization. This research adopted a survey research design and targeted at a total population of 339,899.00 as recorded by the National population commission which are inhabitants of Egor local Government Area .The sample size for this research is given at 300 which includes members of staff and political office holders in Egor Local Government Council Secretariat, Market women, house wives, nurses, Doctors, Pharmacists', teachers, traders and others within the covered areas of Egor Local Government Area. The paper observed that the expanded programme on immunization is generally accepted by the people of Egor Local Government Area and further recommends that government at all levels in Africa and in Nigeria in particular must ensure that everyone, and indeed, every mother, newborn child receives the health care he or she needs to enable the EPI programme achieve its aim of eradicating child and infant killing diseases. The paper further concluded that for Nigeria to record a commendable degree of success in the national effort towards actualizing the Millennium Development Goals (MDG) of reducing child mortality before 2025 there must be a visible success in health administration at the local government level.

Introduction

The Public health services in Nigeria originated from the British Army Medical Services in the colonial era (Okafor, 2003). Ahonsi (1992) observed that, after the integration of the army with the Colonial Government, the army offered first, to treat the local civil servants and their relatives, and later, the local population living close to Government stations. The Colonial Medical Service eventually developed, had a duty to

provide free medical treatment to the army and the colonial Service Officers. According to Anyanwu (1995), the medical treatment that the Government initially provided its officials was made available to the local population only as an incidental service. This explains why various religious bodies and private agencies established hospitals, dispensaries and maternity centers in different parts of the country (Bastian, 2000; Folasade and Oke, 2000).The first attempt at planning ahead for the development of health services in Nigeria was in 1946. This was as part of the exercise that produced the overall Ten-Year Plan for Development and welfare (1946-1956) covering all aspects of governmental activities in the country. In 1962, Professor Kuti discovered that there was no clearly defined policy by government either to prevent diseases that attacked Nigerian children or provide treatment for such diseases. With the Alma Ata Declaration, Primary Health Care is considered an essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community and through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination (Olawale, 2005). According to Olumuyi (2008) , it forms an integral part both of the country's health system becoming the central function, and government for the overall social and economic development of the community. The family and community with the national health system bring health care close to where people live and work, and this constitutes the first element of a continuing health care process. The Expanded Programme on Immunization (EPI) as a health program within Primary Health Care (PHC) service delivery system therefore, is the focus of this study.

According to the literature, between 1968 and 1976 Professor Kuti became "obsessed" with this project and successfully developed a community-based maternal, child health and family planning services (Okafor et al, 1994) with specific target population of 30,000 people each in

Lagos, Sokoto, Katsina, Calabar, Kano and other state capitals in mind. From 1989 to 1992, Professor Kuti's focus was to establish village and district structures in an attempt to convince the Federal Government to adopt Primary Health Care as the cornerstone of the National Health Policy in Nigeria. The local government councils as the grass root government were expected to act as custodians of the Primary Health Care System. Consequently, therefore, the Federal Government developed and approved a three-tier level of health care system to wit: the federal government taking care of tertiary health institutions, State government to be responsible for secondary health institutions such as state hospitals and local Government to handle primary health care services (Okafor, 2003). By June 2002, over 2000 health centers were officially commissioned at different times in 200 council areas nation-wide. it was planned that an additional 370 of such would be constructed that year with the federal government approving the sum of 5.6 billion naira for the project (Folasade, 2000). The Expanded Programme on Immunization in line with the Primary Health Care system among other things ,was expected to offer quick response to health problems within the neighborhoods, rural areas and some urban centers. Diseases, which essentially attack children, include malaria, measles, tuberculosis, convulsion, diarrhea,etc .This paper seeks to achieve the following objectives :to examine the role and impact of the expanded programme on immunization (EPI) in Egor Local Government Area of Edo State; to examine the problem and constraints facing the programme's success in Egor Local Government Area and lastly, to evaluate the general level of success of the EPI programme as it is on this above listed objectives this research is predated .

Statement of the Problem

For several decades now, there have been growing concerns regarding the general poor standard of living among the majority of the world's population, especially in the underdeveloped and developing nations. Some of the indices used to measure this standard of living are the

quality of child health, the quality of maternal health, the level of poverty and hunger among others. Childhood immunization is a cost effective public health strategy. Expanded Programme on Immunization (EPI) services have been provided in rural communities in Nigeria and Edo State at no cost to the community since 1998. These gestures have been through private donors and government financed vaccination project (World Health Organization, Government and Private Partnership).

The Nigerian National Programme on Immunization (NPI) has introduced the various vaccines to check diseases among children and some of which are BCG, OPVO, HBI (first dose) at birth; DPTI, OPVI, HB2 (second dose) at 6 weeks; DPT2, OPV2 at 10 weeks; DPT3, OPV3 HB3 (third dose) at 14 weeks; measles, and yellow fever at 9 months. Though this vaccines have been provided by both international bodies and national authorities in Nigeria , the health sector is still faced with challenges of inadequate number of primary Health Care Centers/Maternities; low patronage of Primary Health Care Centers by local populace due to inadequacies of these vaccines ;inadequate qualified health workers; lack of adequate monitoring and supervision of health care service delivery and lastly, poor mobilization/participation of the rural community in health programmes.

Research Hypotheses

The following hypotheses are formulated to guide the study. They include:

Ho: There is a relationship between child immunization and children surviving death threatening diseases in Egor Local Government area.

Ho: There is a relationship between expanded programme on immunization and increased life expectancy in children in Egor Local Government Area.

Conceptual Clarification

Health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. This is because disease

or infirmity impacts greatly on the completeness or lack of it, of the physical, mental and social well-being of the individual

World Health Organization –This is an organization mandate to promote health in all peoples. They sponsor measures for the control of epidemic or diseases and also, immunization campaigns. They assist in strengthening public-health programs in member nations. Its greatest success to date has been the worldwide eradication of smallpox in 1980.

Diseases: These are infections that affect people's health. The common disease that affects children includes Diarrheal, Rotavirus, Pneumonia, Pneumococcal, Polio, fever, among others.

Infant/Infancy-This is the period of life between birth and the acquisition of language usually one to two years. At birth, infants display a set of inherited reflexes involving such acts as sucking, blinking, and grasping.

Infant Morbidity:This is the number of newborns dying under a one(1) year of age divided by the number of live births during the year. The infant mortality rate is also called the infant death rate. It is the number of deaths that occur in the first year of life for 1000 live births.

Theoretical Framework

System theory as a framework of analysis reflects the literature on childhood diseases and preventive efforts of then by different organizations (both national and international) and governments at all levels for a common purpose and goal. David Easton is usually credited with pioneering the application of the system theory to the analysis of political, social and even economic processes of decision making and administration procedures of the decision made Essentially, David Easton defined political system as ''the system of interactions in any society through which binding or authoritative decision are made and interpreted (Easton, 1973). Easton

further considered the political system as existing within the environment of other systems to wit: physical, biological, social psychological,etc; and the inputs from the environment undergo a conversion process and come out as outputs, which are usually authoritative decisions such as government policies and programmes promulgated or formulated by the concerned authorities. The authoritative output that affects the environment excites some form of feedback, that is, changes in the intensity and volume of demands and support from the environment. The administration of expanded programme on immunization in rural areas of Egor Local Government Area Council in Edo State of Nigeria in the past suffered some setbacks as a result of some militating factors which borders on awareness, logistics, management culture, finance, among others. In northern Nigeria for example, vaccinations were carried out for the first time in January 2010. Mohammed (2009) did observed that the implementation status from the Governors' commitment as assessed using such criteria as: Personal involvement of each state Governor in public event to support polio eradication campaign like meeting the key stakeholders, flaging-off of ceremonies; at least one meeting should be held between a Governor or his representative with Local Government Area (LGA) chairman to discuss priority actions to improve Polio Eradication (PE) Routine Immunization (RI) each quarter. Secondly, at least one meeting should equally be held between a Governor or his representative with traditional leaders to review their involvement in PE/RI each quarter; and at least one of state task force or similar high level over-sight committee be established by a Governor of oversee the PE/RI activities each quarter.

National Primary Health Care Development Agency (NOHCDA) on Governors' Performance meeting in February 2009 in Abuja, shows high level of the governor's commitments to polio eradication in Bauchi, Ogun and Sokoto (12) while those of Abia, Anambra, Ebonyi, Ekiti, and Plateau were rated low (Adefaye, 2007). For example, in March 2010, over 85 million children under the age of five were targeted to be immunized against polio

in West Africa and Central Africa. According to joint Global Eradication Initiative and International Federation of the Red Cross report, nine countries in the region had active outbreaks of polio, a virus that has already been eliminated in most parts of the world. In complement, no fewer than 400,000 volunteers and health workers participated in the immunization campaign in 19 counties, under a $30 million (21 million Euro) operation funded by Rotary International (Obinna and Nwakaegbo, 2007). As a follow up, Health Ministers from 13 West African countries that met in Ouagadougou, Burkina Faso in October 2009 called for the mobilization of fund from the sub-regional fund for purposes of responding to epidemics and other disasters known as integrated disease surveillance and response strengthening through experts and partners. The partners will provide technical, financial and logistic support for implementing cross-border activities on disease control and surveillance. According to McDaniel, Antonio and Zulu, Eliya (2007), the ministers urged the World Health Organization (WHO) to co-ordinate all international support and the community to assist the sub-region. The essence is that, the health Ministers will use West Africa Health Organization (WAHO) as a tool to reach other organizations like the WHO, the WHO Africa Programme for Onchocerciasis control (WHO/APOC), United Nations Children Education Fund (UNICEF), the International Centre for Animal Husbandry Development and Research in Sub-humid Regions (CIRDES) and the Canadian International Development Agency (CIDA) towards the reinforcement of diseases surveillance and epidemic response.

Methodology

This research adopted a survey research design targeted at a total population of 339,899.00 as recorded by the National Population Commission which are inhabitants of Egor local Government Area .The sample size for this research is given at 300 which includes members of staff and political office holders in Egor Local Government Council Secretariat, Market women, house wives, nurses, Doctors, Pharmacists', teachers,

traders and others within the covered areas of Egor Local Government Area .The opinions of 250 recipients will be sampled while the views of 50 health workers at different centers within Egor Local Government Area were taken through interviews to ensure validity of data collected.

Table Summary Of Data To Be Calculated

Number of sampled group	300
Number of distributed questionnaires	300
Number of returned questionnaires	284
Number of invalid questionnaires returned	04 280
Number of working data	%
Technique for analyzing data	X2
Technique for Testing Hypotheses	

Source: Field work 2019

Method of Data Analysis:

The data collated from the field study was analyzed using the simple percentage, while **Chi Square X^2** was calculated for testing the association of the variable in the formulated
Hypotheses.

Table 1a

Rating Of Immunization Programmes In Egor Local Government Area

OPINIONS	USELU	UWELU	UGBOWO	TOTOAL	TOTAL%
GOOD/HIGH	61 (66.6)	37 (39.8)	93 (85)	191	72.35
AVERAGE	18 (17)	14 (10)	18 (22)	50	18.94
LOW	13 (8)	04 (4.8)	06 (10)	23	8.71
TOTALS	**92**	**55**	**117**	**264**	**100**

Source: Field Work, 2019.

Result: finally, Table 1 shows that 72.4% representing a total of 191 respondents of the sample group were of the opinion that immunization programme are rated high in Egor Local Government Area. 8.7% share a contrary view, while 18.9% were in between the two view

H_0: Immunization programmes in Egor L.G.A is rated high

H_1: Immunization programmes in Egor L.G.A is not rated high

$$X^2 = \frac{\sum(f0-fe)^2}{\sum fe}$$

Table 1b

Fo	**Fe**	**(fo-fo)** ^{2}	**$\frac{(fo-fe)^2}{Fe}$**
61	66.6	31.36	0.471
37	39.8	7.84	0.197
93	85	64	0.753
18	17	1	0.059
14	10	16	1.6
18	22	16	0.727
13	8	25	**3.125**
4	4.8	0.64	**1.1331**
6	10	16	**1.6**
TOTALS			**8.665**

Source: Field Work, 2019.

$X^2 = 8.665$

V = df = (3-1) (3-1) = 4

Table value = 9.488 (at 5% level of significance)

The decision rule is accept H_0 if the X^2 value is less than the table value, we accept H_0 and conclude that immunization programmes rating is high in Egor Local Government Area.

Table 2a

Immunization Exercise Prevents Children From **Diseases Infections**

OPINIONS	**15-25 YRS**	**26-35 YRS**	**36-45 YRS**	**46-x YRS**	**TOTALS**	**TOTALS%**
YES	24 (25)	103 (104)	72 (71)	59 (57.7)	258	97.72
NO	02 (0.6)	03 (2)	01 (1.7)	-	6	2.28
TOTAL	**26**	**106**	**73**	**59**	**264**	**100**

Source: Field Work, 2019.

Result: Table 2a above represents the sampled opinion of respondents on whether immunization of children prevents them from harmful diseases, a cumulative 97.72% representing 358 respondents across the age groups, affirmed to the above hypothesis while only 2.2% out of the studies group did not agree to the hypothesis. Respondents from age bracket 46 to X did not object at all.

H_0: Immunization exercise prevent children from diseases infections

H_1: Immunization exercise does not prevent children from diseases infections

$$X^2 = \frac{\sum(f0-fe)^2}{\sum fe}$$

Tables 2b

Fo	**Fe**	**(fo-fe)** ^{2}	**$\frac{(fo-fe)^2}{Fe}$**
24	25	1	0.04
103	104	1	0.00966
72	71	1	0.0141
59	57.7	1.69	0.291
2	0.6	1.69	3.26
3	2	1	0.5
1	1.7	0.49	0.833
TOTALS			**4.94776**

Source: Field Work

$X^2 = 4.94776$

V = DF = (2-1) (4-1) = 3

Table value = 7.815 (at 5% level of significance)

We accept H_0 since the X^2 value of 4.94776 is less than the table value of 7.815 and conclude that immunization exercise prevents children from diseases infections.

TABLE 3a

Immunization Exercise Prevents Children from Diseases Infections

OPINIONS	CHRISTIANS	MUSLIMS	TRADITIONAL	TOTAL	TOTALS
YES	168 (159.9)	19 (21.1)	19 (25)	228	86.36
NO	37 (45)	8 (5.9)	13 (7)	36	13.64
TOTALS	205	27	32	264	100

Source: Field Work

Result: The table 3 above shows that 86.4% representing a whopping 228 respondents of the studied group were of the yes opinion, that periodic immunization exercise prevents children from disease infections in Egor Local Government Area. Against only 13.6% respondents of both male and female that responded No

H_0: Immunization exercise prevents children from disease infections

H_1: Immunization exercise does not prevent children from diseases infections

$X^2 = \sum \frac{(f0-fe)^2}{\sum fe}$

Table 3b

Fo	**Fe**	**(fo-fo)** ^{2}	$\frac{(fo-fe)^2}{Fe}$
168	159.9	65.61	0.4103
19	21.1	4.41	0.2900
19	25	36	1.44
37	45	64	1.422
8	5.9	4.41	0.7475
7	7	1	0.1429
TOTALS			**4.42445**

Source: Field Work

$X^2 = 4.4529$

V = df = (3-1) (2-1) = 2

Table value = 5.991 (at 5% level of significance)

From the foregoing, the empirical X2 value of 4.4529 is less than the table value of 9.210 we therefore accept H0 and conclude that immunization exercise prevents children from diseases.

TABLE 4 a

Immunization Exercise Prevents Children From Diseases Infections

OPINIONS	**USELU**	**UWELU**	**UGBOWO**	**TOTOAL**	**TOTAL%**
YES	86 (84)	46 (50)	109 (106.8)	241	91.29
NO	06 (5.8)	09 (4.8)	08 (10)	23	8.71
TOTOAL	**92**	**55**	**117**	**246**	**100**

Source: Field Work

Result: Table 4:21a above shows that a total of 91.3% of the sample groups representing a 24 1 respondent was of the opinion that

immunization exercise prevent children from diseases infections, while only 8.7% representing 23 respondent hold a contrary view.

H_0: Immunization exercise prevent children from diseases infections

H_1: Immunization exercise does not prevent children from disease infections

$$X^2 = \frac{\sum(f0-fe)^2}{\sum fe}$$

Table 4b

Fo	**Fe**	**(fo-fo)** ^{2}	$\frac{\textbf{(fo-fe)}^2}{\textbf{Fe}}$
86	84	4	0.048
50	46	16	0.348
109	46	16	0.348
6	5.8	0.04	0.0069
9	4.8	17.64	3.675
8	10	4	0.092
TOTAL			**4.623**

Source: Field Work

$X^2 = 4.623$

V = df = (3-1) (2-1) = 2

Table value = 5.991 (at 5% level of significance)

The result shows that X^2 empirical value of 4.623 is less than the table/critical value of 5.991. We therefore accept the null hypotheses (H_0) and conclude that immunization exercise prevent children from disease infections

TABLE 5a
Immunization is Better Than Money Sharing

OPINIONS	15-25 YRS	26-35 YRS	36-45 YRS	46-X YRS	TOTALS	TOTALS%
YES	23 (23.7)	99 (96.7)	68 (66.6)	51 (53.9)	241	91.29
NO	03 (2.3)	07 (9)	05 (6.4)	08 (5)	23	8.71
TOTAL	**26**	**106**	**73**	**59**	**264**	**100**

Source: Field Work

Result: The table 5a above generally shows that a total of 91.29% representing 241 respondents as studies across the groups were of same view that, it is better to get their children immunized than sharing the money for the programme, but 8.7% were in favour of physical money benefit to them to the vaccines given to children against diseases.

H_0: Immunization is better than sharing money

H_1: Immunization is not better than sharing money

$$X^2 = \frac{\sum(f0-f1)^2}{\sum fe}$$

Table 5b

Fo	Fe	$(fo-fo)^2$	$\frac{(fo-fe)^2}{Fe}$
23	23.7	0.49	0.0207
99	96.7	5.29	0.0547
68	66.6	1.29	0.0294
51	53.9	8.41	0.1560
3	2.3	0.49	0.2130
7	9	4	0.4444
5	6.4	1.96	0.30625

8	5	16	3.2
TOTALS			**4.42445**

Source: Field Work

$X^2 = 4.42445$

V = df = (2-1) (4-1) = 3

Table value = 7.815 (at 5% level of significance)

We accept H_0 since X_2 value of 4.42445 is less than the table value of 7.815.

Hence we conclude that immunization is better than money sharing

Table 6a

Is Immunization Better Than Money Sharing

OPINIONS	CHRISTIANS	MUSLIMS	TRADITIONAL	TOTALS	TOTAL S%
YES	171 (163.1)	18 (21.5)	21 (25.5)	210	79.5
NO	34 (41.9)	9 (5.5)	11 (6.5)	54	20.5
TOTALS	**205**	**27**	**32**	**264**	**100**

Source: Field Work

Result: Table 6 above, shoe that a total of 210 respondents which represent a cumulative 88.2% of the studied group were of yes opinion that parents would have their children immunized, rather than having the money equivalent shared to them. And 11.7% of the total study group preferred money to the immunization

$$X^2 = \frac{\sum(f0-fe)^2}{\sum fe}$$

Table 6b

Fo	Fe	$(fo-fo)^2$	$\frac{(fo-fe)^2}{Fe}$
171	163.1	62.41	0.3826
18	21.5	12.25	0.5697
21	25.5	20.25	0.7941

34	41.9	62.41	1.489
9	5.5	12.25	2.227
11	6.5	20.25	3.115
TOTALS			**8.5774**

Source: Field Work

$X^2 = 8.5774$

V = df = (3-1) (2-1) = 2

Table value = 9.210 (at 1% level of significance)

From the foregoing, the X^2 value of 8.5774 is less than the table value of 9.210. The decision rule accepts H_0 if the X^2 value is less than the table value. In this case, the X^2 is less than the table value; hence we accept H0 and conclude that immunization is better than money sharing

Hypothesis 1: Reference Tables: 1, 2 and 3

There is a relationship between child immunization and children surviving death threatening diseases in Egor Local Government.

The result from the tables above referred to above shows that in the hypothesis formulated to guide the research focus was found to be statistically significant because of the confirmed associated of the variable used. This reflect that in table 1, the calculated $X^2 = 0.347$ is less than the table value X^2 of 3.814. table 2 confirmed that calculated X^2 value = 4.974 is less than the table value X^2 of 7.815. table 3 also confirmed that the calculated $X^2 = 4.4529$ is less than the table value of 9.210. Therefore, we accept the research hypothesis based on its statistical significance.

Hypothesis 2: Reference tables: 5 and 6

There is a relationship between Expanded Programme on immunization and increased life expectancy in children in Egor Local Government Area.

The result from the above referred table show that, in table 5, the calculated $X^2 = 4.3245$ is less than the table $X^2 = 7.815$; in table 6, the

calculated $X^2 = 8.5774$ is less than the table value $X^2 = 9.210$. Collectively, these results confirmed that there is a strong associational relationship in the variable in the formulated hypothesis tested and are hereby accept the research hypothesis based on its statistical significance.

Finding Of the Study:

From the data presented, the following findings were exposed:
The expanded programme on immunization is generally accepted by the people of Egor Local Government Area and it has drastically reduced childhood diseases and maternal morbidity in Egor Local Government Area, and lastly, the programme is well funded and managed in Egor Local Government Area of Edo State.

Recommendation:

To improve maternal health in Egor Local Government Area and indeed Edo State, newborn and child health in the state require an urgent need for a continuum of care that span life from preconception through pregnancy, childbirth, neo-natal period, to infancy and childhood. The continuum of care must go from the home (by empowering families) to the community through improving primary health care facilities by bringing care closer to home and to the referral facilities are needed. The objectives are to provide skill attendance during pregnancy, child birth and post-natal period, at all levels of health care delivery system, and to strengthen the capacity of the individual families and communities to improve maternal and newborn health. Therefore, the government at all levels in Africa and in Nigeria must ensure that everyone, and indeed every mother, newborn child receives the health care they need when they need it so that all levels of the health system including the community level is strengthened to achieve the aim of eradicating child and infant killing diseases.

Conclusion:

The line of success result in other parts of Nigeria on expanded programme on immunization is not so much conspicuous. Hence, the observation is that, for Nigeria to record a commendable degree of success in the national effort towards actualizing the Millennium Development Goals (MDG) of reducing child mortality before 2025 there must be a visible success in health administration at the local government level. Specifically, there must be a considerable, recognizable and measurable improvement in the general area of primary health care delivery at the local or grassroots level, especially in the area of preventable childhood diseases among children of 0 to 3 years of age.

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