PERCEPTION OF IMMUNIZATION INFORMATION BY MOTHERS OF UNDER FIVE CHILDREN IN GWANDA VILLAGE, SABON GARI LOCAL GOVERNMENT, KADUNA STATE

BY

ABDULLAHI, Salamatu Magaji

DEPARTMENT OF LIBRARY AND INFORMATION SCIENCE,
FACULTY OF EDUCATION,
AHMADU BELLO UNIVERSITY,
ZARIA

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BY

ABDULLAHI, Salamatu Magaji
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DEPARTMENT OF LIBRARY AND INFORMATION SCIENCE,
FACULTY OF EDUCATION,
AHMADU BELLO UNIVERSITY,
ZARIA, NIGERIA

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DECLARATION

The researcher hereby declares that this dissertation entittled "**Perception of Immunization Information by Mothers of Underfive Children in Gwanda Village, Sabon Gari Local Government, Kaduna State"** was been written by me in the Department of Library and Information Science.The information derived from the literature duly acknowledged in the text and list of reference provided. No part of this dissertation has been previously presented for another higher degree at any other institutionto the best of my knowledge.

ABDULLAHI, Salamatu Magaji **_____**
MLS/EDUC/47929/12-13 (P16EDLS8259) **Date**

CERTIFICATION

This dissertation entittled **"PERCEPTION OF IMMUNIZATION INFORMATION BY MOTHERS OF UNDERFIVE CHILDREN IN GWANDA VILLAGE, SABON GARI LOCAL GOVERNMENT, KADUNA STATE"** **by** ABDULLAHI, Salamatu Magaji meets the regulations governing the award of Master's Degree in Library and Information Science of Ahmadu Bello University, Zaria and approved for it's contribution to knowledge and literary presentation.

Dr Ezra S. Gbaje Chairman, Supervisory Committee	**Date**
Dr. Babangida Umar Dangani Member, Supervisory Committee	**Date**
Dr Habibu Muhammad Head, Department of Library and Information Science	**Date**
Prof. Sadiq Zubairu Abubakar Dean, School of Postgraduate Studies	**Date**

DEDICATION

To the memory of my beloved grandmother Late Hajia Salamatu Abdullahi,who gave me motherly love and so much to hold on for my entire life, May Almighty Allah forgive her and make her soul rest in perfect peace. (Ameen)

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ABSTRACT

This research work focuses on theperception of immunization information by mothers of under-five children in Gwanda Village Sabon Gari Local Government Kaduna State. The research work stemed from challenges faced in administering immunization in rural villages. To achieve the objectives of this research,four research questions were formulated: What is the perception of vaccine preventable diseases by mothers of under-five children?How do mothers of under-five children in Gwanda Village perceive immunization programme? What is the perception of mothers of under-five children on immunization information? And lastly how will Chatman's Theory of Normative Behavior explain the perception of immunization information by mothers of under-five children in Gwanda Village?The Chatman's Theoryof Normative Behaviorwas employed as the theoretical framework. Qualitative research method was used and case study design, purposive samplingtechnique was used to select the 5 respondents and semi-structured interview for data collection.The data collected was transcribed manually, which yielded (111) open codes, (14) sub-categories and (9) categories. The findings revealed thatparticipants perceived vaccine preventable diseases contacted by small children to be caused by Jinn and Witch Craftand with life time threats, it was also deduced that participants didn't believe in immunization programsand child death or physical deformity, they only perceived it to be destiny.Hence, not even immunization can cure or avertit.They alsofind information on immunization asirrelevant. Community based health services and mass media were their sources of information on immunization. It was concluded that, participants perceive immunization information as bogus that would not help them possitively. This is due to the fact that the information comes from outsiders (whitemen), also the participants confirmed to the Chatman's (2000) notions of small world context. This studyalso recommended that more measure shouldbe put in place in order to change the notion of the participants on the causes and cure of the vaccine preventable diseases.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Over the years, Immunization hasbeena major effect on child's death and physical deformity reduction and is one of the most powerful and cost-effective of all health interventions. It prevents debilitating illness, disability and saves millions of lives every year. It is also a key to achieving the Millennium Development Goals (MDGs) designed and agreed by world leaders in 2000 to reduce poverty and improve human development. The contribution of immunization isespecially critical in achieving the goal to reduce deaths among children of underfive years old (MDG, 2014). Immunization have the power not only to save, but also to transformlives; giving children a chance to grow up healthy, go to school and improve their life prospects. When vaccines are combined withother health interventions such as vitamin A supplementation, provision of deworming medicine and bednets to prevent malaria, immunization becomes a major force for child survival.

However, despite the importance of Immunization inrecent years, millions of children are not immunized, exposing them to physical defects or premature death., (UNICEF, 2008).Many researches has been carried out in order to examine immunization coverage and acceptance,having discovererd Nigeria has high underfive (5) child mortality rate, with Northern Nigeria having lowimmunization coverage of 30.7% and highimmunization coverage of 45% in Southern Nigeria by National Demographic and Health Survey (NDHS 2003). In a study Abdulrahman, (2011)noted that pressing emphasis on Partial immunizationcoverage against vaccine preventable diseases which is a significant public health problem especially in rural areas of Nigeria, the reasons for partial immunization and factors responsible for missed opportunitiesare poorly understood and little data is available to explain the phenomenon that could help support thedecision making of mothers.

Abdulrahman et al are of the view that Parentsobjection, disagreement or concern about immunization safety, long distance walking,and long waiting time at the health facility, are the most common reasons for missed immunization. Oluwadere (2009) also noted, for the poor immunization coverage are the salient issues which include ignorance and social cost of access to the service, the quality of the immunization service, availability to the remote areas, health personnel commitment, and consistent availability.He futher stated that the extended Programme on immunisationintroduced in 1979 with the aim of providingroutine immunisation to children less than the age of two, recorded initial but intermittent successes; The optimum level was recorded yearly 1990s with the country achieving universalchildhood immunisation of 81.5 percent coverage,meanwhile since that period of success,Nigeria has witnessed gradual but consistentreduction in immunisation coverage.

By 1996, theNational Coverage Data showed less than 30% coverage for the entire vaccines (NDHS 1999) from 1999 this has reduced to 16.8% for all immunizations and by 2003, it was 12.9% (Babalola and Olabisi2004). This figure is consistent with the 2003National Immunisation Coverage Survey figure,it is the lowest in the world and explains the poor health status of children in the country and the worst in west Africa.In another claim by The MICS (2007) for Nigeria it shows that there are real disparities in coverage of all types or levels of vaccination along rural-urban and North-South partitions of the country and along levels of education and wealth status. The coverage is low in rural areas, in the North, among children with mothers with less education and among children in the poorest wealth.

However, studies revealed distance and long waiting at the facility, inadequate awareness, educational status, concerns on immunization safety, health facility, ignorace and social cost of access to immunization services, quality of immunization service, health personel commitments are the contributory factors of limiting coverage on immunization. This suggests that, mother’s perceptionhas great influene on acceptance of immunization

program as well as rejection. All these researches did not look at the socio-cultural factors influencing mothers perceptions on immunization program, hence the premise of this reseach. The perception of mothers on immunization information is the militating foctor to immunization acceptance, allowing children to suffer from vaccine preventable diseases, increasing the number of deaths and physically deformed children within the age of five.

With the billions of dollars spent every year by Nigerian Government and other development partners to provide vaccines and create awareness for Immunization,the increased risks of diseases in children population is inpart because of increasing rates of vaccine refusal, which can mean that immune-deficient children are at bigger risk of being exposed to vaccine-preventable disease. In most situations, they are worried about vaccine complications from vaccinated kids.To avoid vaccine-preventable diseases, they talk about creating "a 'protective cocoon' of immunized persons surrounding patients with primary immunodeficiency diseases.

Immunization

Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease. Immunization is a proven tool for controlling and eliminating life-threatening infectious diseases and is estimated to avert between 2 and 3 million deaths each year. It is one of the most cost-effective health investment with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. It has clearly defined target groups; it can be delivered effectively through outreach activities; and vaccination does not require any major lifestyle change (WHO/Sergei Deshevoi, 2014).

When children are born, they inherit specific types of antibodies from their mothers. These antibodies help them fend off different diseases. The antibodies are also natural way of

protecting children when they are most vulnerable. However, starting around six months of age, these antibodies start to diminish, and almost completely disappear by the time a child is one year old. In the ideal situation, children should start to make their own antibodies i.e. the beginning of their immune system, as they increasingly become exposed to the diseases that the maternal antibodies had previously protected them against. Immunization replace through Vaccines which are either parts of the viruses or bacteria (called antigens) or weakened live viruses and bacteria. immunization are given to children before the mother's antibodies completely disappear. Most children get upto 20 vaccines before one year.

Immunization is one of the most cost-effective public health measures available. But although it is possible to manufacture vaccines against a wide variety of viruses and bacteria, it is important to ensure that the introduction of a particular vaccine will always confer a major benefit to the population receiving it. Therefore certain broad principles are followed before a vaccine is recognized as being suitable for general use.

(i) They should be a major risk of contracting the infection against which, the vaccine is intended to protect;

(ii) The vaccine should prevent an illness, complications and squealed which is regarded as serious, especially when it is fatal.

(iii) The efficacy of the vaccines should be sufficiently high

(iv) Any risk associated with the vaccine should be sufficiently low) the procedures and the number of dozes required for successful immunization should be acceptable to the public.

The Routine Immunization Schedule

- BCG (Bacilli Calmette Guerin)—at birth or as soon as possible after birth
- • OPV (Oral Polio Vaccine)—at birth and at 6, 10, and 14 weeks of age
- • DPT (Diphtheria, pertusis, tetanus)—at 6, 10, and 14 weeks of age

- • Hepatitis B—at birth, 6 and 14 weeks
- • Measles—at 9 months of age
- • Yellow Fever—at 9 months of age
- • Vitamin A—at 9 months and 15 months of age

Immunization Information

Immunization Information encompasses the study and use of communication strategies to inform and influence individual of all ages and community decisions, providing timely, accurate, and proven information about vaccines and the diseases they prevent (Immunization Action Coalition IAC 2013). Like prescription of drugs, vaccines are pharmaceutical products that carry two risks: a risk the product will not work and a risk the product will cause harm. It also provide ways to prevent vaccine injuries and deaths through public education advocates for informed consent in medical research and medical policies and public health laws, including flexible exemptions in vaccine policies and laws for health reasons and for religious and conscientiously held beliefs. It also supports adoption of the precautionary principle based on the Hippocratic "first, do no harm" approach to public health policymaking and in shared medical decision-making by doctors with patients (National Vaccine Information, 2013).

Immunization Information enables individual to seek medical care, reaching the health facility, and receiving appropriate case management by health workers such as provision of accurate, comprehensive and up-to-date information about childhood vaccines, and the diseases they prevent, when to have the vaccines to parent and healthcare professionalsand Uptake of reproductive health services. Immunization information aims to advocate vaccine risk awareness and the right to exercise voluntary, informed consent to immunization. Immunization Information works to increase immunization rates and prevent disease by creating and distributing educational materials for health professionals and the

public that enhance the delivery of safe and effective immunization services. It also facilitates communication about the safety, efficacy, and use of vaccines within the broad immunization community of patients, healthcare organizations, and government health agencies.

Immunization and Perception

An ideal vaccine should confer long lasting preferably lifelong protection against disease; it should be inexpensive enough for large scale use, stable enough to remain potent during transportation and storage, and have no adverse effect on recipient. Routine immunization are acceptable practices for residents in Northern Nigeria especially, the Muslim parents. For them, the main obstacle has been the lack of available vaccines (FBA 2005). For others, they are willing to take their children for immunization at local clinics and hospitals when diseases such as measles or meningitis threaten (Ejembi et al 1998). At such times, the fear of disease overshadow the perceived risk of immunization however, for some, immunization is unnecessary or even possibly dangerous undertaking for infants and children. For one parents fears is not only sufficient, but is the only real protection against disease which ultimately comes from God. Islamic children believe that for every disease there is a cure created by God which may consist of prayer alone or may be combined with specific medicinal substances, including western medicine (maganin boko) among others. Thus, as will be seen, Islamic scholars are Muslims in Northern Nigeria more generally, are not categorically opposed to western medicine.

In the first place, some people attributed the fear of injection and their association didn't know how to properly administer injections, leading to infections and possible nerve damage at the site of the injection (Fry 1965, Wall 1988). However, immunization which requires the injection or attenuated viruses) may be seen as unclean or harmful practice which threatens children health. In trying to follow Islamic precepts not to harm ones children,

parents need to assess the risks and benefits of immunization, as interviews and archival documents suggest that present day resistance by Muslim teachers to the distribution vaccine, is due to fears that, it may cause more harm than good.

Fears regarding routine immunization are expressed in many parts of Nigeria. Fathers of partially immunised children in Muslim rural communities in Lagos State see hidden motives linked with attempts by non-governmental organisations (NGOs) sponsored by unknown enemies in 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.Lack of confidence and trust in routine immunization as an effective health interventions appears to be relatively common in many parts of Nigeria. For many, immunization is seen to provide at best only partial immunity. The widespread misconception that immunization can prevent all childhood illnesses reduces trust because when, as it must, immunization fails to give such protection, faith is lost in immunization as an intervention, for any and all diseases.

1.2 Statement of the Problem

Immunization is among the most efficient tool for promoting individual and public health and it is one of the most powerful and cost-effective of all health interventions. It eradicates diseases completely, control mortality, morbidity and complications. Immunization programmes are estimated to prevent almost 6million deaths annually worldwide and greatly reduce the burden of infectious diseases (Andre, 2015). Immunization is one of the most cost-effective health investmentswith proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. It has clearly defined target groups; it can be delivered effectively through outreach activities and does not require any major lifestyle change(WHO/Sergei Deshevoi 2013).Immunization it is also a way of protecting individuals

against serious diseases. Once we have been immunised, our bodies are better able to fight these diseases if we come into contact with them.

However, the researcher as an auxilliary nurse observed that from 1999 to date, the rate at which under-five children in Gwanda Village, Sabon Gari Local Government, Kaduna State are dying is at an increase. This is evident by the Department of Health of the said Local Government in the year 2015, whichdocumented that the rate of children's death in the village is worrisome. Similarly Kabir (2012) and Sani (2013) indicated that the children death ranging from 1-5yrs of age in villages around Zaria are increasing, Gwanda Village is one of such villages and many of the children in the village suffer physical deformities such as deafness and dumbness, loss of limbs, brain damage among others.

Researchers such as Sunday (2009), Anas (2011) and Ghali (2012), conducted researches about child death and physical deformities from the perspective of access to good food, portable drinking water, environmental hygine respectively. To the best of the researcher's knowledge none of the previous studies looked at the above problem from the perspective of compliance to Health Care Information, particularly Immunization Information.

This study investigated the perceptions of mothers on immunization informationwith the aid ofChatman's Theory of Normative Behavior as a theoritical frameworkto explore the socio-cultural factors influencing mothers perceptions leading to immunization rejection.

1.3 Research Question

The following research questions guided this study:

1. What is the perception of vaccinne preventable diseases by mothers of under-five childrenin Gwanda Village,Sabon Gari Local Government, Kaduna State?

2. How do mothers of under five children in Gwanda Village, Sabon Gari Local Government perceive immunization programme as a preventive and control meassure to vaccine preventable diseases?
3. What is the perception of mothers of under-five children on immunization information and sources in Gwanda Village?
4. How will theChatman's Theory of Normative Behaviour explain the perception of immunization Information by mothers of under-five children in Gwanda Village Sabon Gari Local Government?

1.4 Objectives Of The Study

The following are the objectives of this study:

1. To examine the perception of vaccine preventable diseases by mothers nof under-five childrenin Gwanda Village of Sabon Gari Local Government.
2. To explore mothers of under-five children perception on immunization programme as a preventive meassure to vaccine preventable diseases in Gwanda Village of Sabon Gari Local Government.
3. To identify how mothers of underfive children perceive immunization information and sources in Gwanda Village of Sabon Gari Local Government.
4. To examine how Chatman's Theory of Normative Behaviorexplain the perception of mothers of under-five children on immunization Information in Gwanda Village of Sabon Gari Local Government.

1.5 Significance of the Study

This study will help check mate the increase in under five children's deaths and physical defects rate due to perception of Immunization Information based on socio-cultural practicesin Gwanda Village of Sabon Gari Local Government Kaduna State, using

Chatman's Theory of Normative Behavior to better understandthe Perception on Immunization Information among mothers.

The study will serve as a body of knowledge that can also be used by stakeholders such as; Government officials, information professionals, policy makers, international organization such as world Health Organization and UNICEF to design immunization programmes, strategies and plan of actions, thereby increasing acceptance of immunization which will in turn promote children's health.

Similarly, the work will also serve as a reference material or literature to those that embark on a similar research work to prevent child death because they are the leaders of tomorrow.

1.6 Scope and Delimitation

This study specifically investigated the efficacy of Chatman's theory of Normative Behavior in accounting for perception of immunization information behavior among illitrates mothers of under-five children and never allow them to be immunize in Gwanda Village a rural community of Sabon Gari Local Government, Kaduna state.

1.7 Operational Defination of Terms

i. **Immunization**: Is the process by which a child is made immune or resistance to any of the vaccine preventable diseases known to be deadly or cause physical defects to the child (infectious diseases).

ii. **Immunization information**: Refers to information that are produce to explain both the benefits, and risks how and where to get the services to the recipients, that is to the mothers.

iii. **Perception**: This are the ways mothers in gwanda village regards, understands and interpretes immunization information.

iv. **Vaccine preventable diseases**: They are diseases that can be controlled and prevented by vaccines (tablets, injectables, drops etc) through immunization.

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CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapterpresents the review of related literature based on the following sub headings:Research paradigm, social constructionism, theoretical framework, previous studies, vaccine preventable diseases, immunization and perceptions, immunization, and summary of the review.

2.2 Research Paradigm

Chalmers (1982) defined paradigm as "made up of the general theoretical assumptions and laws, and techniques for their application that the members of a particular scientific community adopt". A paradigm is thus a comprehensive belief system, worldview, or framework that guides research and practice in a field (Schwandt, 1994). Today, in the social sciences, there are several competing paradigms. Some discussions are organized around the idea that there are two paradigms, positivisms and interpretative. Positivisms paradigm believes in an objective reality, while interpretative paradigm assume that reality is socially constructed through language, consciousness, and shared meanings (Myers, 1997). One example of paradigm adopted for this study is interpretative paradigm.

Interpretative paradigm provides a means aimed at articulating and making visible the voices, concerns, and practices of individuals in particular places (Muas 2013; Schwandt, 1994). It also acknowledges the close relationship between the researcher and what he or she is exploring and the fact that knowledge is produced as researchers interact with participants of their studies (Klein and Myers, 1999). Interpretive research paradigm exists that knowledge is gained, or at least filtered, through social constructions such as language, consciousness, and shared meanings (Walsham, 1995). In addition to the emphasis on the socially constructed nature of reality, interpretive research acknowledges the intimate relationship between the researcher and what is being explored, and the situational constraints shaping this process (Cohen, Manion and Morrison, 2007).

Therefore, the role of the scientist in the interpretivist paradigm is to "understand, explain, and demystify social reality through the eyes of different participants" (Cohen et al, 2007). Researchers in this paradigm seek to understand and explain social phenomenon rather than predicts (Burrell & Morgan, 2006). The assumption of using this paradigm in this study is to understand the perception of underfive children mothers on immunization information in Gwanda Village, Sabon Gari Local Government, of Kaduna State, through ongoing conversations as well as discourses. Scholars adapting interpretative paradigm have many option of adopting interpretative, one way is social constructionism (Musa 2013; Orji, 2007; Agudelo,s 2004; Bawah 2002; Schwandt, 1994).

2.3 Social Constructionism

The processby which reality is created by the observers,the observers create reality, by giving meaning to what is observed; this process is called constructionism (Jonassen, 1991; Von Foerster, 1984). Constructivism excludes the effects of a dominant social reality that influences the creation of meaning (Held, 1990). Therefore, it needed to be expanded to include the role that the social and cultural context plays in the manner that a person

perceives or makes sense of his or her world. This led to the development of the postmodern theoretical stance known as social constructionism. Social constructionism refers to the "importance of language and social interaction in knowledge formation and in establishing social/power relationships" (Case, 2007). From this definition is indicated that social constructionist perspective, language is more than just a way of connecting people. People 'exist' in language. Consequently the focus is not on the individual person but rather on the social interaction, in which language is generated, sustained, and abandoned (Gergen & Gergen, 1991).

Furthermore, Berger and Luckman (cited in Speed, 1991, p. 400) state that people socially construct reality by their use of agreed and shared meaning communicated through language. Thus, our beliefs about the world are social inventions. Adopting a social constructionist worldview offers useful ideas about the 'truth' on how underfive childrensuffering from complications (deaths and physical defects) caused by vaccine preventable diseases will construct meanings. Social constructionists contend that knowledge must be created before it can be used. They consider knowledge as subjective, created through language and context. A central tenant of social constructionism is that beliefs,laws, social customs are the products of social interaction (Freedman & Combs 1996). Our shared versions of reality are shaped by the goings-on between people in the course of their everyday lives. Burr, (1995) states that the implication of this is that realities are historically and culturally relative. Therefore, "to understand the process of construction, the need exists for inquiry into the historical and "cultural bases" of various forms of world construction" (Gergen 1985). People's understandings of the world are shaped by culture, experiences, and histories.

Berger and Luckmann (1966) argued that reality is socially constructed. In construction of reality about perception ofimmunization information by underfive children

mothers in Gwanda Village Sabon Gari Local Government of Kaduna State, an approach to study the information use in social and cultural context emerged. This approach is referred to as social approach to information use, which is located within the human information behavior theory (Pettigrew et al. 2001). The social approach is informed by philosophies, theories and concepts. These theories and concepts provided frameworks to scholars in exploring social and cultural barriers to information practices (Musa 2013). Chatman (2000) Theory of Normative Behavior is concerned with social barriers to information. Chatman's theory explored the ways individuals interact with information in the context of social and cultural perspectives of the "small world" setting. Chatman (1999) define small world as a community of like-minded individuals who share co-ownership of social reality. Chatman asserted, "How people use information to reshape, to redefine, or to reclaim their social reality (Chatman 1996). The theoritical framework within the social constructionism perspective, guiding this research is Chatman's (2000) Theory of Normative Behavior.

2.4 Theoretical Framework

Chatman's (2000) Theory of Normative Behaviorwas adopted as a lens to guide the investigation. Chatman's earlier theories, the theory of information poverty (1996) and the theory of life in the round (1999) prepared the foundation for the development of the Theory of Normative Behavior. Chatman's (2000) Theory of Normative Behavior, is created to explain the common or routine events that characterize the everyday reality of people who share a similar cultural space. Theory of Normative Behavior is defined by Chatman (2000) as "that behavior which is viewed by inhabitants of a social world as most appropriate for that particular context". The purpose of Chatman's Theory is to explain the routine events that occur in a small world (Chatman, 2000). Small worlds have been described as "social environments where individuals live and work, bound together by shared interests and

expectations, informationneeds and behaviors and often economic status and geographic proximity as well" (Burnett, Jaeger, and Thompson (2008).

Chatman (1999) defines a small world as "a community of like-minded individuals who share co-ownership of social reality". Thus, its members reflect common language, customs, and mutual opinions and concerns; members know the status of each other and those who are trustworthy and information that are trivial or relevant; resources available to members, both intellectual and material are easily accessible and well known (Chatman, 1999).

Chatman's theory of normative behavior comprises four concepts, social norms, world view, social types and information behavior (Chatman, 2000).

Social norms: "Social norms are the standards with which members of a social world comply in order to exhibit desirable expressions of public behavior" (Burnett, Besant and Chatman 2001). The purpose of social norms according to Chatman (1999) is to provide a collective sense of balance, order and direction in a social world. It also establishes "acceptable standards and codes of behavior" (Chatman, 2000).

Worldview: Worldview is "a collective set of beliefs held by members who live within a small world" (Chatman, 1999). It is taken-for-granted attitude which determines what events members of a small world must ignore or pay attention to (Chatman, 2000). Goffman (cited in Burnett, Besant, and Chatman, 2001) also mentions that a worldview provides a sense of belonging and allows members to adopt a community approach to activities and events in their small world.

Social types: Social types "refers to the ways in which individuals are perceived and defined within the context of their small world" (Burnett and Jaeger, 2008). Chatman (2000) explained that this classification of persons is based on their behaviors and the roles they play within their small world. Chatman (1999) indicates that: We identify persons by types to

assist us in anticipating how they will behave towards us and how we can expect to act toward them. Most of us tend to reveal and exchange information among peers of "our own type". Conversely, the further removed persons are from our own typology, the less likely are they to become sharers of mutual interest or information.

The process of social typing according to Burnett and Jaeger (2008) occurs both within the boundaries of the small world and the society at large. They also suggest that the most important members of the small world are the insiders. The Normative Theory proposes that members in a small world would readily accept and disseminate resources (including information) from a social type whose behaviors and interactions within the small world are desirable (that is they conform to the worldview and norms within their world). The reverse is also true. Members of a small world would not readily accept or believe any information coming from a social type whose behaviors and interactions are deemed undesirable or whose behaviors are in conflict with their norms and worldview (Burnett et al., 2001).

Information behavior: Information behavior is defined as "a state in which one may or may not act on available or offered information" (Burnett, Beasant, and Chatman, 2001). Burnett and Jaeger (2008) explained information behavior as "the full spectrum of normative behavior (as regards information) available to members of a small world" including formal information seeking in the traditional library and information science context, such as presenting a query at the reference desk in a library; informal exchange of information among peers; distribution of fliers; and avoidance of information considered dangerous or inappropriate.

Chatman (2000) suggests five "prepositions" that emerge from TNB, these are general statements that describe the relationships among the four primary concepts (social norms, worldview, social types, and information practice). These prepositions can aid subsequent

researchers in describing the small worlds of their subjects. Five prepositions emerge from Theory of Normative Behavior.

- Social norms are standards with which members of a social world comply in order to exhibit desirable expressions of public behavior.
- Members choose compliance because it allows for a way by which to affirm what is normative for this context at this time.
- World-view is shaped by the normative values that influence how members think about the ways of the world. It is a collective, taken-for-granted attitude that sensitizes members to be responsive to certain events and to ignore others.
- Everyday reality contains a belief that members of a social world do retain attention or interest sufficient enough to influence behavior. The process of placing persons in ideal categories of lesser or greater quality can be thought of as social typification.
- Human information practice is a construct in which to approach everyday reality and its effect on actions to gain or avoid the possession of information. The choice to decide the appropriate course of action is driven by what members‟ beliefs are necessary to support a normative way of life.

2.5 Previous studies that adopted chatman's (2000) theory of normative behavior

This section discussed some of the previous studies that adopted Chatman'sTheory of Normative Behavior.

A study conducted by Markwei(2013) carried out a research titled:Everyday Life Information Seeking Behavior of Urban Homeless Youth in the market area of Accra, Ghana. Using Chatman's (2000) theory of normative behavior, the research investigated the information needs, sources of information, patterns and problems encountered in information seeking of urban homeless. It determines how libraries and other stakeholders can meet the information needs of urban homeless youth. The study used qualitative methodology; the

research questions asked was: What are the expressed everyday information needs of urban homeless youth? What sources do they use to satisfy their information needs? What challenges/barriers hinder their information seeking? What are the patterns in their information seeking behavior? How can the information needs of homeless youth be better satisfied by libraries and other appropriate agencies? The findings revealed eleven categories of needs comprising physiological, safety, esteem and self-actualization needs. Barriers to meeting information needs include cost, lack of education, lack of time, lack of access to relevant information and educational infrastructure, information poverty, powerlessness, and lack of confidence.

Another study conducted by Musa (2013) investigates the reason for resistance to polio immunization information in Kano, Nigeria. From a social constructionism perspective and Chatman's Theory of Normative Behavior as a theoretical framework the research asked the following questions: What are the reasons for resistance to polio immunization information in Kano State, Nigeria, and how do these compare to those identified by Renne in Zaria, Kaduna state, Northern Region Nigeria? How do Chatman'sTheory of Normative Behavior and her perspective on social norms, worldview, social type, and information behavior explain resistance to polio immunization information in Kano State, Nigeria? What human information behaviors exist that are associated with resistance to polio immunization information in Kano State, Nigeria? Findings indicated that Kano residents resisted polio immunization information for several reasons: 1) suspicion of Western nations; (2) they placed polio as a lower health priority; (3) suspicion of the polio vaccines; (4) distrust of the Western health care system; (5) concerns about the administration of polio immunization services; and (6) the negative perception of promoters of polio immunization services. The study suggests that for there to be a sustained acceptance of polio immunization information,

there must be change in the manner that information is communicated within the peculiarities of the social norms and worldviews of the discourse groups.

Oltmann(2009) this study analyzes the research area of information access within library and information science and significant relationship between information access and information ethics. The study reviews the theory of normative behavior developed by Chatman (2000). The study used qualitative methodology, and the finding of the study suggests that these concepts, comprising Theory of Normative Behavior, can usefully be applied to information access research. Because Theory of Normative Bahavior is a rare example of a theory developed in Library and Information Science research and directly applied to information access, the author finally concludes with a critical assessment of the conceptual, methodological, and theoretical state of affairs and suggests some future directions for additional research.

Furthermore, Landry (2014) study, determined how time pressure and emotion influence people's information behavior when engaging in high stakes decision-making within the home buying domain. The study tested Chatman's Theory of Normative Behavior. From theory testing, the study found that Chatman's Theory of Normative Behavior explains high stakes deciders' information behavior, but demonstrates limitations regarding the "information behavior" aspect of the theory. The study used qualitative methodology. The research questions asked was: 1) to what extent does the interaction of time pressure and emotion influence people's information behavior when engaged in high stakes decision-making? A) How do high stakes decision makers experience information when the decision is made under time pressure? B) How do high stakes decision makers experience information when a decision is emotionally charged? 2) How effectively does Chatman's Theory of Normative Behavior explain people's information behavior when making high stakes decisions? 3) How do Information Grounds (Fisher, Durrance, et al., 2004) emerge and

support people's information behavior when making high stakes decisions? Findings highlight the effectiveness of Chatman's Theory of Normative Behavior for explaining people's information behavior when engaged in high stakes decision-making while pinpointing the limitations of Chatman's Information Behavior Definition. The study also underscored the supportive nature of deciders' Information Grounds as well as instances in which information behavior went unsupported. The insights and recommendations arising from this study are potential benefits to the field, as systems can be developed to assist people's information behavior when decisions are emotionally charged or when deciders are compelled to make choices under severe time stress.

Worrall (2015) used the concept of social norms, social type and information behavior derived from the Chatman'sTheory of Normative Behavior to examine the roles digital libraries play, from a social perspective, as boundary objects within and across social worlds, information worlds, and communities.The purpose of the study is to increase understanding of the organizational, cultural, institutional, collaborative, and social contexts of digital libraries, contexts with important effects on users, communities, and information behavior. The study used mixed methods, qualitative and quantitative methods. The following two research questions satisfy the purpose of this study within this setting: 1) what roles do Librarything and Goodreads play, as boundary objects, in translation and coherence between the existing social and information worlds they are used within? 2) What roles do Librarything and Goodreads play, as boundary objects, in coherence and convergence of new social and information worlds around their use? The study presents findings on the roles that two digital libraries and virtual book club communities, Librarything and Goodreads, play in the existing and emergent communities of their users. Findings also identified more use of existing technology as a boundary object in most Librarything groups, while using the digital library as an emergent site and technology was more common in many of the Goodreads

groups. Many of the Goodreads groups also featured more emergent social norms, often enforced by moderators and active group members. Most of the Librarything groups featured more emergent social types, with greater social ties present. At least two different types of communities appear to exist and be supported: those bounded by common norms and technology, and those bounded by social networks and social ties.

Drawing on Chatman's (2000) work, Savolainen (2009) showed the importance of understanding small world in Chatman's Theory of Normative Behavior also compares and contrasts small world and information grounds as contexts of everyday information seeking and sharing. More specifically, the focus is on spatial and social factors constitutive of small world and information grounds. The study used qualitative methodology, the following research questions was asked in the study; 1) In which ways do the constructs of small world and information grounds specify the spatial and social factors constitutive of the context of everyday information seeking and sharing? 2) How are the relationships between spatial and social factors characterized in the above constructs? The findings of this study revealed that both approaches share interest in the various forms of corpulence of people as a basic factor that enables or constrains information seeking and sharing. Second, both Chatman and Fisher devote attention to the qualities of the locales as places that afford face-to-face conversation. Third, both approaches share interest in the social types as constructs that provide clues about the relevance of individual people as sources of information. However, the differences between the constructs of small world and information grounds seem to be more significant than their similarities. The construct of small world places the major emphasis on normative constraints of information seeking and sharing; the need to comply with the norms created by insiders is the major motivation. Similarly, the norm of face saving occupies a central place. Overall, small worlds are depicted as relatively closed places whose inhabitants are bound to

live there for a longer time. Because of the dominant influence of insiders' views, the inhabitants are suspicious of information provided by outsiders.

2.5 Summary of the Review

This chapter reviewed differnt literature on Chatman's Theory of Normative Behavior as a theoritical frame work for the study. It also reviewed previous studies that have adopted the theory in different part of the world and presents literature on people's information behavior on various fields, none of these studies reviewed focused on Immunization Information. Except Musa (2013) specific to only polio immunization. Hence,there is need for this study.

Previous studies that have adopted the Chatman's Theory of Normative Behavior as a lens were conducted outside Nigeria, based on this, except Musa (2013)Kano State; the researcher intends to bridge the gapby exploring the perception of mothers towards immunization information as a leading cause of many deaths and physical defectsamong children of under five in Nigeria Kaduna State, Sabon Gari Local Government, Gwanda Village.

This study uses qualitative reseach method help interpret and provides deeper understanding of the problem.Hence,the purpose of this study is to explain the socio-cultural practices of mother of under five children influecing their perceptionstowards immunization information.

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CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the research method, criteria for selection of participants, the sample and sampling technique, the instrument for data collection, the procedure for data collection and the procedure for data analysis.

3.2 Research Methodology adopted for the study

The research Methodology adopted for this study was Qualitative Research Methodology. This is because qualitative research method is geared towards understanding of the underlying reasons and motivations for actions and establish how people interpret their experiences and the world around them.Qualitative research relies on reasons behind various aspects of behaviour (Adam & Brace, 2006; Cooper & Schindler, 2003). It involves an in-depth understanding of human behaviour and the reasons that govern human behaviour. This study aimed to gather an in-depth understanding of the perception of immunization programme by mothers of under-five children in Gwanda Village, Sabon Gari Local Government, Kaduna State.

3.3 Research Design

Research Design is the master plan of a research. It connects research methodologies to the appropriate research method to address the reseach questions that were established to examine the social phenomena(Wayhuni, 2013).A qualitative case study Design was adopted for the study. According to Lincoln and Guba (2002) a qualitative case study is a design that uses conventions of narratives to explore insightfully issues with which the researcher has intellectually wrestled with, in order to challenge, empower and help reader vicariously understand a problematic case in new way. Therefore, qulitative case study as research

designallows for an in-depth examination of events, phenomena, or other observations within a real-life context for purposes of investigation, theory development and testing, or simply as a tool for learning (Merriam, 2009), this is in line with the qualitative methodology. This research design is deemed for this study because it allows alot of details to be collected that normally would not be easily obtained by other research designs.

3.4 Criteria forSelection of Participants

The following criteria were used in a purposive selection of small sample that would provide rich, in-depth information regarding the study:

1. participants should be mothers of under five(5) children
2. Participants should be mothers that have never allowed her child to be immunized.
3. Participants should be mothers with experience of their children being infected with vaccine preventable disease, died or suffered any of its complications.
4. Mothers that have never been to school.

3.5 Sample and Sampling Technique

Sampling is defined as selecting a proportion of an entity or a subset, (Rudolph, 2002). In qualitative researches, samples are not chosen to be statistically representative of the population, they are chosen for a purpose. All samples in qualitative research have some features in common (Curtis, Gesler, Smith & Washburn, 2000). The samples are often small, although that is not a fixed rule. Cases are studied intensively and each case typically generates a large amount of information. Generally, samples are not predetermined and selection is sequential, interleaved with data collection and analysis. Sampling strategies in qualitative research typically aim to represent a wide range of perspectives and experiences, rather than to replicate their frequency in the wider population (Ziebland & McPherson, 2006). This study used purposive sampling technique to select respondents. The chances of selection for each element are unknown but instead, the characteristics of the population are

used as the basis forselection. It is this feature that makes them well-suited to small-scale and in-depth studies. In this approach, the selection of participants, settings or other sampling units is criterion based or purposive (Mason, 2002; Patton, 2002). The sample units are chosen because they have particular features or characteristics which will enable detailed exploration and understanding of the central themes and puzzles which the researcher wishes to study. It involves selecting participants who are best able to help the researcher understand the problem and answer the research question (Creswell, 2009).

Participants were chosen based on the fact that they are Mothers of under-five children. Used 20 mothers, but only5 mothersweresampled for this study.

3.6 Instrument for Data Collection

In qualitative research, various methods can be applied, such as semi-structuredinterview, participant observation or focus group. In gathering data therefore, it is important to have access toand use the right instruments due to the importance placed on collecting the accurate data. Aina (2004) described instruments as the tools that are used to collect data. He further stressed that their primary function is to enable a researcher to collect reliable data which will later be analyzed.A semi-sructured interview was used for data collection for the study.

3.6.1 Semi Structured Interview

A semi structured interview is qualitative research tool that is meant to explore the indepth of a respondent's perceptions, understandings, feelings, and perspectives. Aina, (2004) added that, this process has the advantage of encouraging the researcher to explain confusing or ambiguous research phenomena in detail. Semi-Structured Interview is a more commonly used interview technique that follows a framework in order to address key themes rather than specific questions. At the same time, it allows a certain degree of flexibility for the researcher to respond to the questions of the interviewee and therefore, develop the

themes and issues as they arise. Based on these facts, the researcher decided to use semi structured interview to collect data for the study.

3.7 Procedure for Data Collection

The data necessary for archieving the objectives of this research was collected using interview by face to face contact. After drafting the interview, the researcher met with the village Head of Gwanda Village of Sabon Gari Local Government to inform him about the research work with an introductory letter from the researcher's department. The researcher briefed the District Headabout the procedure for data collection that is; interviewing mothers of under five children together with the criteria for selection of participants, nature and description of the study clearly explained, as well as the study benefits.All these were done because selected participants need to be awarebefore the fixed date of the interview. A datewas fixed by the researcher and the Village Head for the interview.

On the interview date, the researcher introduced herself,20 participants were selected from the large population, participants were informed about the commencement time and when the interview ends, they were also given participation consent form to sign, the interview commenced with the aid of tape recorder and jotter to take points during the sessions. Researcher collected the contacts information of the participants for appreciation purpose and for future update if the need arise.

3.8 Procedure for Data Analysis

Data analysis is defined as working with data, organizing them, breaking them into manageable units, coding them, synthesizing them, and then searching for a suitable pattern. Which aims at discovering new petterns, themes and meanings (Bogdan and Biklen 2003). The interviews were analyzed using a systematic method of thematic data analysis as informed by Clark and Brauwn(2015). This method allowed for systematic identification of participants' interpretations and constructs which were then layed with the researchers' own

understandings, interpretations and constructs. It is also stated by Thomas,(2003) that the method is simple and a straightforward approach for deriving findings (themes, concepts) from raw data through detailed readings of the data transcripts. Through this approach, the researcher determines the important themes and selects the data to support, describe and derive meaning from them. In this study, interview was recorded and transcribed, useful information that linked the perception of mothers of under-five children on immunization information then emerged.

The transcribed responses were analysed manually, compared and categorised using thematic data analysis. With the transcribed interview result interpreted and conclusions were drawn using the constructs of the theory adopted for the study.

3.9 Trust Worthiness

To ensure the validity of the research findings, the following ensured the rigor of the study.

Audit Trial: this ensures the proper ducumentation of all the process and procedures of research, which are all captured in the appendices of this work as the coding of data collected for the study. Tables showing categories and subcategories are also presented in the appendices.

Member checking: this include the verification of transcribed data by the interviwees to acertain the content of data. This was also carried out after the interviewing of the respondents as data analysis and data collection was done concorrectly.

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CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents the data collected, analysed anddiscussed in relation to the research questions raised for this study.

4.2 Interview Analysis

The interview average run time session was approximately 60 minutes each. It was conducted with 5 participants,which amounted to three hundred minutesi.e five hours as regard the issues related to the researcher questions for this study.Narrations from audio tape were transcribed manually into text. In line with thematic analysis of Clack and Brawn (2015), the researcher read through the narratives, looking for differences and similarities in the one hundred and eleven open codes derived from the narratives.The emerging categories summarised quotes and excerpts taken from the interviewsand then discusses the themes with pertinent (precise) quotes from the literature that follows. Hence, the table produced one hundred and eleven (111) open codes, fourteen (14) sub-categories and nine (9) categories. Based on these categories and sub-categories the analysis of findings of the study was done.

4.3 Description of the Emergent Categories

In response to the three questions asked on perception of mothers on vaccine preventable diseases, sixty one (61) open codes, five (5) subcategories and three (3) categories emerged, in response to mother's perception on immunization as a tool to control and reduce children's deaths and physical deformities caused by vaccine preventable diseases, thirty four (34) open codes, six (6) subcategories and four (4) categories.Lastly,in response to the perception of immunization information by mothers of under-five children, sixteen (16) open codes, four (4)subcategories and two (2) categories were also identified.

Sixty one (61) open codes related to how mothers of underfive children perceived vaccine preventable diseases in Gwanda village of Sabon Gari Local Government that emerged, the subcategories and the categories are dicussed below;

4.4 Perception of mothers of underfive children on vaccine preventable diseases in Gwanda village

Understanding vaccine prventable diseases will give a clear knowledge on their existance and how dangerous they are to child's well being. From the semi-structured interview conducted vaccine preventable disease happen to be a threat to children's total well being which affect them adversely, leading to deaths and physical defects. Three major categoris emerged:

- Diseases of smallchildren
- Diseases caused by Jinns and Witch Craft
- Diseases with life time threats

4.4.1 Diseases of Small Children

This category emerged from the narratives relating to the perception of mothers of underfive children on vaccine preventable diseases. Participants are of the view that vaccine preventable diseases are common among small children highly infectious and deadly.One of the participants said: "*I know they are diseases that affect small children for instance measles, polio, wooping cough and meningitis"*

4.4.2 Diseases Caused by Jinns and Witch Craft

This category emerged from the narratives relating to perception on the causes of vaccines preventable diseases by mothers of underfive children. Participants are of believe that, vaccine preventable diseases are caused by jinns and witch craft. one of the respondant remarked that, "*I just believe all these diseases are from Allah eventhough some of these diseases are attributed to jinns and witch craft, that subjected mothers and children in to*

*untold hardship"*In the same vein, another respondent said: *"these diseases are connected to jinns and witch craft but i belief they are all from Allah"*

4.4.3 Lifetime Threat

This category emerged from the narratives relating to complications of vaccine preventable diseases by mothers of underfive children in Gwanda Village Sabon Gari Local Government. Participants testified that children are prone to suffer any of the vaccine preventable diseases complication if not death after a long suffering from any of the diseases, thus: *"Some (children) will be left with some physical deformities ranging from deafness, blindness, loss of limbs and often psychological inbalanced"*

Discussin of findings for research question one

This study found out that, participants have very similar perceptions on vaccine preventable diseases. They are of the believe that, vaccine preventable diseases are for real and very dangerous to children's health.They also believe that these diseasesnormally affect only small childrenleading them to adversely either deaths or physical deformity which include deafness/dumbness, loss of limbs, brain damage. They are also of the believe that vaccine preventable diseases are not just caused by viral, bacterial infections or unhyginic environment but are caused by jinn and witch craft.Perticipants understand how infectious and dangerous vaccine preventable diseases are to their children but still, they attribute these diseases to Allah's will (predestination) or Jinns and Witch Craft. It is a believe that Aljanu (Jinns) spirits accounts for unexplained illnesses and mysterious complications like paralysis in children.Vaccine preventabled Disease burden is frequently indicated as point estimates, it is more appropriate to indicate the burden by a range of values to reflect uncertainty, sometimes by an order of magnitude or more for certain diseases according to Millan and John (2004). Participants are also of the view that, vaccine preventable diseases normally come as an epidemic diseases yearly, is very rare a child skip, unless he has done it before or

will do it in the later life stage, some children survived after long suffering with different kinds of physical deformities and some die. Participants belief are rooted to spirituality and this can be explaind using the social consructionism meta-theory, which postulates that people make meaning and construct realities using constructs like language, spirituality etc(Gergon, 2000). Participants make meaning of vaccine preventable diseases through their experience and spirituality; consequently, they do not take vaccine preventable diseases as issue that requires attention medically, since it is destined to happen.

4.5 Perception of underfive children mothers on immunization

In an attempt to answer research question on perception of underfive children mothers immunization programme in Gwanda Village, Sabon Gari Local Government, Kaduna. 4 main categories emerged:

- Disbelieve
- Destiny
- Suspicious
- Adverse effects of immunization

4.5.1 Disbelieve

This category describes the narratives related to disbelieving immunization programme by participants.Participantsdo not believe immunization can serve as preventive measure to vaccine preventable diseases in order to reduce and control children's deaths and defects; saying nothing can prevent a child not even immunization except Allah.

4.5.2 Destiny

This category emerged from the narrative related to mothers of under-five children's perception on immunization programme. Participants are of believe that all death and physical defects are caused by vaccine preventable diseases and that, they are from Allah. Nothing can stop or cure it not even immunization. According to a respondent:

> *Never, it is only Allah can save us from these diseases(vaccine preventable diseases), because everything comes from HIM, so only what HE decreases comes to you be it death or physical derformity, nothing can stop or prevent it not even immunization.*

4.5.3 Suspicious of Immunzation Programme

This category includes the narratives relating to how mothers of under-five in Gwanda Village, Sabon Gari Local Government, Kaduna State openly suspects immunization programmes, that is; immunization programmeto participants is entirely questionable. It has 3 subcategories:

The health workers don't immunize their own children: This subcategory emerged as part of the narratives related to how mothers of under-five children percieve immunization programme. Participant don't trust even the health workers, added by another respondent:"*Its only given to hausa people and it came to my notice that even the healthworkers dont immunize their children"*

Don't trust white people:as subcategory from the narratives showing how participants don't trust anything to do with white people (United Nations), believing that nothing good comes from them for free and that there must be a reason for it.Participantsbelieve immunization is harmful to child's health. The respondents similarly added that:*"I learned that it is another form of child spacing or to reduce child's fertility as another part of whiteman's plan to reduce our birth rate, because we give birth alot"*

Fear of perceived deceptive tendencies:this subcategory relating to the narratives emerged from perception of mothers of underfive children on immunization. Participants zoom the tendencies of being deceived by the programme while it is portrayedto be good for their children's health, fear to be taken unware of misleading falsehood and not sure if immunization is preventive control measure to vaccine preventable diseases. This goes with this:

Why does government and healthworkers force people into accepting immunization, especially polio, howexpensive the drugs are, but given to us for free where as even ordinary panadol is not given for free, you must buy. No doubt it is harmful.

4.5.4 Adverse Effect of Immunization

This category also emerged from the narratives of participants believeimmunization has complications based on experience. Participants question the safety of vaccines which are seen as possible introducing hazardours substances into the body. Similarly, added by another respondent:

"For those taking their children for immunization, youwill see a childcrying all day long with high fever, and that injection normally given at hand (BCG), the place gets swollen, pains and brings out pouse. if not lucky the one given on legs deformed a child

Discussion of findings for research question two

With all the benefits of immunization, mothers of under-five children in Gwanda Village, Sabon Gari Local Government, Kaduna State donot believe immunization can control and prevent children's deaths and physical deformities, they are of the believe that it happens according to destiny.Hence, the believe is thatAllah is sufficent in all deaths and physical deformities and He alone heals, nothing else not even the so called immunization.This goes with Renne (2010) "kariyan Allah" who said mothers' immunization is seen as unnecessary or even dangerous to undertake for children regardless of impending epidemic and for them, prayer is sufficient seeking ultimate protection from Allah. Cause what HE decreases be it death or physical deformity nothing can change it

Participants are also suspicious about the entire issue, they are of the view that health workers don't immunize their own children and they use force to immunize other children, suspicious about whiteman (United Nations) as the producers of vaccines used for

immunization, normally participants never trust them they believe nothing good comes from them for free except harmful,(the whitemen will never give anything good for free (Musa 2013) and is another form of reducing child's fertility as part of whiteman's plan to reduce birth rate of black race particularly Nigerians (fertility is a mojor social and cultural issues in kano because it tend to hold traditional values and prefers large families, thus parents are likely to fear anything that could increase sterility in their children (Musa 2013) colliding with mass media(radio) even the village head,participants also believed that vaccines are too expensive to be given freely whereas, even ordinary panadol is not given free when ever a child is sick and taken to the hospital. Participants also percieve tendences oflikely adverse complications of immunization as after fever, lost of limbs (legs usually) and wounds at vaccinated areas. According to Roy (2010), in most rural community, one family's negetive experience on immunization can affects the decision of other family in the community on immunition.

4.6 Perception of mothers of under-five children on immunization information and sourcesin Gwanda Village

Here the researcher sought to find out how mothers of underfive in Gwanda Village Sabon Gari Local Government Kaduna State perceive immunization information and how it get to them (sources). From the narratives, two categories emerged, irrelevant information and information sources with 2 sub-categories, community based health service and mass media. Participants consider and perceive all the information given on immunization as useless and irrelevant that ithasno bearing with the subject matter and very unsuitable. Most of the immunization information given to this set of mothers are inadequate and are considered irrelevant. The emerged categories are dicussed below:

- Irrelevant information
- Information sources

4.6.1 Irrelevant Information

This category emerged from the narratives of how mothers perceive information on immunization programme.Despite all attempts through the media and other stakeholders to influence participants to accepting information on immunization, they stillperceive the information to be irrelevant. A respondent added that:

> *We do hear them (stakeholders) often call for parentsto take their children for immunization, but they are justwasting their time, because they cannot change our mindset and thoughts unless they provide a convincingexplaination.*

On another account, the respondent added that:

> *They are just wasting their time, because what i saw was the adverse of immunization on my child, and i have never heard them saying a child may be prone to defects as a result of immunization, it is only with non immunization*

4.6.2 Information Sources

This category also emerged from the narratives relating to sources of immunization information of mothers of under-five in Gwanda Village, Sabon Local Government, Kaduna State.Participants revealed thesources through which they acquire information. These sources are divided into two main groups: community based health services and mass media. Thus a respondent added that"*Our sources of immunization information are, hospital when we visit for antinatal clinic, health worker for house to house campaign/social mobilizers, village head,lastly radio"*

Community based health service: This subcategory describes the narrative related to how information on immunization given to participants in Gwanda Village which is within, that is from the primary hospital during a visit, Village Head, Town criers/mobilizers and health workers.

Mass media: This is another subcategory from the narratives that discusses the routes in which participants get information on immunization apart from their own local based source mass media (radio broadcast).

Discussion of findings for question three

Mothers of underfive children in Gwanda Village Sabon Gari Local Government are of the view that, all the immunization information broadcasted often only constitute nuisance. Hence, their local understanding and believe on vaccine preventable diseases are ignored and this gives them a view of mass media(radio) healthworkers, Government, United Nations as outsiders. This fact made mothers of under-five children to ignore and resist information on immunization. Participants lamented lack of convincing explaination on how these drugs (vaccines) protect them and will not harm their children, they added that even if they were asked questions they don't get convincing response. The participants pointed out that radio programmes are always skewed to only pestering them to take their children for immunization without detailed explanation.

4.7 How the four constructs of Chatman's theory of Normative Behavior explains theperception of immunization informatio by mothers of under-five children, inGwanda Village

Chatman's theory of normative behavior addresses the norms and value system of the community govern behavior and information by chatman (2000),accompanying the recommended behavior of mothers towards immunization information.Moreover, the theory helped to influence an individual's approach on understanding, making sense and use of information. The four constructs of this theory can effectively explain factors affecting the perception of immunization information among mothers of underfive children in Gwanda Village Sabon Gari Local Government of Kaduna State resulting to children's deaths and physical deformities.

Social norms:Social norms are the standards with which members of a social world comply in order to exhibit desirable expressions of public behaviour" (Burnett, Besant and Chatman, 2001). It also establishes "acceptable standards and codes of behaviour" (Chatman, 2000). The findings in this study indicated that,mothers of underfiveliving within this local community highly perceive and attribute vaccine preventable diseases to Jinns and Witch Craft, which are deeply rooted to socio-cultural practices and religious beliefs. Mothers believe that Vaccine preventable diseases were caused by Jinns and Witch Craft and have no cure.Consequently,it affects children's destiny as such;nothig can stop it from happening, not even the so called immunization. These beliefs constitute factors leading to immunization informationrejcetion.

Worldview:Worldview is "a collective set of beliefs held by members who live within a small world" (Chatman, 1999). Worldview is a shared understanding of a group on specific issue and determines what events members of a small world must ignore or pay attention to (Chatman, 2000; Musa 2013). Findings from this study revealed that mothers of under-five'sbelieve that vaccines are not safe for children's health; could disrupt the natural processes of the child's body and create harm. More so, it is possible to create illness, permanent disability and infertility to children, infertility as another form of whitemen (United Nations) way to achieveits goal of limiting the number of children they can give birth to.The understanding of immunization informs the worldview of mothers, consideringimmunization information as irrelevant to their need in everyday life information seeking behavior. Chatman (1999) contended that members of a given small world would cross information boundaries only if "there is a collective expectation that the information is relevant".

Social types:social types "refers to the ways in which individuals are perceived and defined within the context of their small world". The process of social typing according to

Burnett and Jaeger (2008) occurs both within the boundaries of the small world and the society at large. They also suggest that the most important members of the small world are the insiders. Findings revealed that mothers of underfive children view mass media, sponsors (agencies) and healthworkers as outsiders, perceive them as agents of Western means of reducing the blackman population therefore, never to be trusted. Habitually, mothers are suspicious with the techniques adopted by mass media and healthworkers in disseminating information on immunization. They view the activities and the actions of mass media and healthworkers as synonymous mechanism with the white men. Similarly, they branded the mass mediaand healthwokers as partners in crime with Western-based agencies that create and support immunization programs. Even suspicious on why only vaccines aregiven freely, where as common paracetamol can't be given to them free of charge. They believe nothing good could come from them, therefore perceive it to be harmful. This opposition was voiced for many years and it has gained popularity with people.

The chatman's (2000) theory of normative behaviors proposes that members in a small world would readily trust, believe, disseminate and accept information from a social type whose behaviors and interactions within the small world are desirable (that is they conform to the worldview and norms within their world).

Information behavior: Information behavior is defined as "a state in which one may or may not act on available or offered information" (Burnett, Beasant, and Chatman, 2001). The findings also reveals that mothers of underfivechildren demonstrate negligence and pay no attentionto immunization information received through healthworkers and mass media (radio), even from their Village Head.

Similarly, during antenatal care visits at the clinic, healthworkers share information on the importance of immunization to child's health through healthtalk at the clinic.

However, mother's resists/avoid information on immunization communicated by the orthodox health workers, due to the mistrust.

Societies experiencing information avoidance are in a state of inappropriate, doubt, untrusted and unverified (Musa 2013). This is the stage in which relationship between the information seeker and information provider is awkward. This can be understood through the lens of Chatman's (1999) state that, information coming into a small world from the outside may, if it is at odds with the community's norms and worldview or if it comes from a source who is not trusted be dismissed as worthless, inaccurate, or even dangerous and, thus, ignored or avoid.

Burnett and Jaeger (2008) have pointed out that, generally Chatman's small world theories are very useful for examining information behaviors within specific social contexts or small worlds, but are not applicable to information behaviors beyond the boundaries of those small worlds. In the current study, immunization information among mothers of underfive children within the scope of the Normative theory include sharing of information about the prospects of living in a community, where as relatives, religious leaders, husband, everyday information seeking behavior such as seeking permission from their husband about everything's they want to do in the community,

Discussion of findings for research question four

With regards to information sharing, the findings indicated that mothers of underfive are aware of vaccine preventable diseases, they have experienced the signs/symptoms, severity and complications(death or physical deformity).Yet, based on their collective worldview, social norms, believeability and trust, disblieve on the entire immunization programme. Findings also indicate that immuinzation information coming from mass media, health workers result to its lable as agents of western means toreduce the blackman's

population; they rather utilize information on the dangers of accepting immunization communicated by their parents, relatives, husbands and religious teachers.

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CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMENDATION

5.1 Introduction

This chapter presents the summary, conclusion, and recommendation ofthis study.

5.2 Summary of the study

This study aimedat exploring the perception of Immunization Information by mothers of underfive Children in Gwanda Village Sabon Gari Local Government of Kaduna State, with the specific objectives of identifying how mothers perceive vaccine preventable diseases, immunization and immnization information with their sources, in order to control, reduce child's deaths and physical deformities.

To achieve these objectives, four(4) research questions were generatedwhich are: what is the perception of mothers of underfive children on vaccine preventable diseases? How do mothers of undrefive children perceive immunization? What is the perception of mothers of underfive children on immunization information and their sources? and how does Chatman's Theory of Normative Behaviour explain the perception of Immunization Information by mothers of underfive children.

The study adopted a qualitative research method, and a case study research design was used. The population of the study comprised of all the mothers in Gwanda Village Sabon Gari Local Government. Purposive sampling was used for this study. The researcher used semi-structured inerterview questions for collection of data. The researcher personally visited the site under study to conduct the interview. The data collected was organised, transcribed and translated manually. Subsequently sorted, examined, categorised and finally analysis of findings was done in chapter four(4)

5.3 Summary of the major findings

Based on the data collected and analyzed for this study, the following were the major findings:

1. Participants perceive vaccine preventable diseases as diseases of smallchildren, diseases caused by Jinns and Witch Craft, and diseases with lifetime threat to children.
2. Participants don't believe immunization can curevaccine preventable diseases, that it happens bydestiny, whilst also been suspicious and are affraid of the adverse effects of immunization.
3. Prticipants alsoperceive immunization information as irrelevant together with community based health service and mass media as participants sources of immunization information.
4. Participants are living within the chatman (2000) notions of small world context. Small world is a social environments where individuals live and work, bound together by shared interests and expectations, information needs and behaviors.

5.4 Contribution to Knowledge

Based on the findings of this study, the following are the contributions of this study to the existing body of knowledge:

1. Participants believe that deaths and physical deformities associated with vaccine preventable diseases are caused by Jinn and Witch Craft not lack of compliance to information on immunization.
2. The participants also tended to believe that the information coming from outside the village concerning immunization programme is irrelevant.Hence, they believe more on what is communicated from their fellows (small world).

5.5 Conclusion

Based on the findings, this study concluded that mothers of under-five in Gwanda Village, Sabon Gari, Local Government perceive vaccine preventable diseases as diseases of small children from experience and diseases with lifetime threats to children. Participants also believe Vaccine preventable diseases are caused by Jinns and Witch Craft and has no cure medically, happens according to destiny. Hence, Allah is sufficent in all deaths and physical deformities He alone heals, nothing else not even the so called immunization, little better with traditinal medicines. participants are also suspicious about immunization programs entirely, the use of forcein administering vaccines by health workers, mass media(radio), village head and the whitemen are also believed to be spreading irrelevant informationThis according to them did not tally with what they already known about vaccine preventable diseases and their cure. From these findings, participants are living within the chatman (2000) notions of small world context. Small world is a social environment where individuals live and work, bound together by shared interests and expectations, information needs and behaviors. They also suggest that the most important members of the small world are the insiders and attarched many possible values to community members. These socio-cultural practices and religious beliefs makes mothers ofunderfive childrento stereotype the entire programme asbogus.

5.6 Recommendations

Below are the recommendations

1. The mothers of underfive children in Gwanda Village, Sabon Gari, Local Government, Kaduna State should be enlightened more on vaccine preventable diseases and its dangers to child's well being, discouranging their traditional beliefs.
2. Health workers in Sabon Gari Local Government should be properly trained and be equiped with more persuation skills and strategies that will help influence attitudinal

change. And also introduce some palliatives in health care dilivery by the Local Government Authority.

3. There should be continous campaign by the Sabon Gari Local Government, through the public library and incorporation of more strategic Health commuincation approaches that can help shape mothers's perception positively in Gwanda Village and queries should also be address by qualified personels.
4. The gate keepers of the community should be involved in all aspects of the immunization program, eg. Iman, Village Head, influencial person among the community members, given the fact that, as a social type community they only accept information that comes from within.

5.7 Suggestions for Further Studies

Based on the outcome of the study, the following are suggested for further research:

1. An assessment of the effectiveness of campaigns within Sabon Gari Local Government on Vaccine Preventabe Diseases.
2. A study on approaches to make campaign on immunization more effective in Kaduna State, through the use of Public Libraries within the State.
3. The Non-Use of Immunization Information by parents in kaduna state.

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Appendix1:

Interview Guide

DEPARTMENT OF LIBRARY AND INFORMATION SCIENCE,
FACULTY OF EDUCATION
AHMADU BELLO UNIVERSITY,
ZARIA

TOPIC: PERCEPTION OF IMMUNIZATION INFORMATION BY MOTHERS OF UNDERFIVE CHILDREN IN GWANDA VILLAGE SABON GARI LOCALGOVERNMENT KADUNA STATE

This interviw guide will be use to gather information from underfive children mothers in Gwanda Village Sabon Gari Local Government Kaduna State. With the aim to view the perception of immunization information by mothers, responses will be treated in strike confidence and will only be use for academic purpose.

SECTION A: Perception ofvaccine preventable diseases by mothers of under-five children

1.What is your understanding on vaccine preventable diseases?

2.Share with me your experience with vccine preventable diseases.

3.Share with me vaccine preventable diseases complications.

SECTION B: Perception of underfive children mothers on immunization program as a preventive and control meassure to vaccine preventable diseases

4.What is your view on immunization programme as a tool to prevent and conrol child's deaths and physical deformities caused by vaccine preventable diseases?

5.What are your reasons for rejecting immunization programme?

SECTION C: How mothers of under-five children perceive immunization information and sources

6.What is your view on immunization information?
7.What are your sources of immunization information?

Appendix 2:

Summary of Coding

Table 1: Classification Themes and Categories

Classification of Themes and Categories	
Classification of Themes	
1.	Perceptions
2.	Experiences
3.	Suspicious
4.	Assumptions
5.	Sourses of information
Classification of Categories	
1.	Diseases of small children
2.	Diseases caused by Jinns and Witch Craft
3.	Diseases with life time threats
4.	Disbelieve
5.	Destiny
6.	Suspicious
7.	Adverse effects of immunization
8.	Irrelevant immunization information
9.	Sources of immunization information

Table 2: Classification Sub-categories

Classification of Sub-Categories	
1.	Diseases that affects small children
2.	Vaccine preventable diseases
3.	Attributes diseases to Jinn and Witch Craft
4.	Children died
5.	Children get physically deformed
6.	Dont believe in immunization
7.	Allah's will
8.	Afraid of adverse effects of immunization
9.	Health workers
10.	Whitemen
11.	Perceived deceptive tendencies
12.	Irrelevant information
13.	Community based health service
14.	Mass media

Appendix 3:
Summary of Coding

Table 3: Description of Nine Categories

S/N	Categories	Description
1	Diseases of small children	Vaccine preventable diseases are diseases that affect small children, most of which comes annually.
2	Diseases caused by Jinn and Witch Craft	They are diseases mostly attributed to be caused by Jinn and Witch Craft as part of mothers belief.
3	Diseases with life time threats	When a child get infected with any of these disease he/she died after a long time suffering or leave a child physically deformed such as deafness/dumpness, loss of limbs, blindness etc.
4	Disbelieve	Mothers dont belief in anyway immunization programme can have an effective preventive and control meassures to child's deaths and physical deformities caused by vaccine preventable diseases.
5	Destiny	Mothers are of the believe tha vaccine preventable diseases happend to child as destiny and nothing can stop it from affecting that child not even immunization.
6	Adverse effects of imunization	The fear for adverse complication of immunization to children hinders it's successfull administration to child and rejection of the entire programme due to past experiences or from a neighbour's child e.g after fever, wounds at injection side, loss of libms etc.
7	Suspisious	The entire immunization programme is questionable to mothers, and the are suspious ranging from health workers, whitemen as the producers of vaccines and percieved deception tendencies. Because of the nature followed in administering the drugs (vaccines).
8	Irrelevant information	Most of the immunization information shared with mothers, to them is not to their satisfaction, because their believe on the diseases are ignored telling them something different. So considered irrelevant information being a social type community.
9.	Information sourses	Mothers receive immunizaton information from two main sources community based health service that is Village Head, hospital for ANC visit, house to house campaing, town criers social mobilizers, and radio as mass media.

Appendix 4:
Summary of Coding

Table 4: Illustrative Quotes for Classification Sub-Categories

Classification	Illustrative Quotes
Diseases that affects small children	• I know they are diseases that affects small children • Diseases that affect kids and affect them adversely • This are diseases that mostly affects small children
Vaccine preventable diseaases	• Measles, polio, meningitis, wooping cough, deptheria. • Polio, measles, meningitis, and wooping cough
Attributes diseases to Jinn and Witch Craft	• Which some of them (diseases) are attributed to Jinn and Witch Craft, subjecting mothers and children to an untold hardship • Our parent attributes these diseases to Jinn and Witch Craft, but i believe they all from Allah • Is often said, polio is from Jinn and measles from Witches • Most of which are caused by Jinn and Witches • These diseases are connected to Jinn and Witch Craft
Children die	• Most at times children die • Its very had for a child to survive • 3 of my children die and i survived with deafness
Children survive with physical deformities	• Children will be left with different physical deformities e.g blindness, loss of limbs etc • It normally comes with different kinds of defects • Most of defects people you see on the street and home are products of these diseases • Its normal for as far as these diseases are concern a children survived with defects like brain damage, dumb/deaf, loss of limbs, blindness
Dont believe on immunization	• Never • No i dont • Frankly speaking no • No • To be sincere with you, no
Allah's will	• It only Allah can saves us, because everything is from HIM, not immunization • As far as these case is concern only Allah can help us • What ever happens to man comes from Allah, HE has both illness and death. • What ever happen to man is from Allah, nothing can stop it not even immunization
Health workers	• Even the health workers don't immunize their own children • I also notice that, even the health workers are not immunizing their own children • I notice, even the health workers don't give immunization to their own children.

White men	• I learned is another way of child spacing, as another form of reducing birth rate by white men • You know this white people that provide this drugs for immunization dont do any good thing for free • It came to my notice that, immunization weaken reproductive system • I learn just learn that is another way of reducing child's fertility, as part of white men plan to reduce our birth rate.
Perceive deceptive tendencies	• When a child is sick, you won't even be given free medication, except the so called immunization • All vaccines are free, where as even ordinary paracetamol is not given free, one has to buy.
Afraid of adverse effects of immunization	• To those that take their children, you will see that a child will cry for the whole day and with high fever • Always leaving a child with high temperature, that is for those who accepts. • If not lucky a child can get deformed by injectable especially legs.
Irrelevant information	• Just liten as the continue to waste their time, apart from take your child for immunization nothing else. • They are just wasting their time, because they can not change our mind set and thoughts, unless they provide a convincing explanation • They don't seem to view this diseases from our own perspectives. We are just listing, infact some time radio drama, after all repeating same thing. • They are just wasting their time, because what i so was the adverse of immunization, on my child and they did not say a child maybe prone to defect as a result of immunization
Community based health service	• Health workers, hospital when we go for ANC, house to house campaign by social mobilizer and village Head • Towncrier, Village head, when we go for ANC, and health workers going house to house • Social mobilizers from hospital, hospital when we go, Village Head, and health workers • House to house campaign, Village Head, and hospital • Village head, and hospital
Mass media	• Radio • Radio • Radio • Radio

	• Radio

Appendix 5:

Summary of Coding and Percentage

Table 1

Research Question 1	Themes	Categories	Sub-categories	Freq. of Categories	Percentage %
What is the perception of mothers of under-five children on vaccine preventable diseases?	**Perception**	1. Diseases of small children 2. Diseases caused by Jinns and Witch Craft	Diseases of Small children • Diseases that affects smallchildren • Vaccine preventable diseases Diseases caused by Jinns and witch craft • Attributes diseases to jinns and witch craft	3 2 5	2.7 1.8 4.5
	Experience	1.Diseases with lifetime threats (complications)	Diseases with lifetime threats • Children die • Children get deformed physically	3 4	2.7 3.6
	Others			**17**	**55.3**

Table 2

Research Question 2	Themes	Categories	Sub-categories	Freq. of categories	Percentage %
What is mothers of under-five children perception on immunization program?	**Perception**	1. Disbelieve 2. Destiny 3. Adverse effects	Disbelieve • Dont believe on immunization Destiny • Allah's will Adverse effects • Adverse effects of immunization	5 4 3	4.5 3.6 2.7
	Suspicious	1. Suspecious	Suspicious • Health workers • White men • Percceived deception tendencies	3 4 2	2.7 3.6 1.8
	Others			**21**	**18.9**

Table 3

Research Question 3	Themes	Categories	Sub-categories	Freq. of categories	Percentage %
What is the perception of under-five children mothers on immunization information and sources	**perception**	1. Irrelevant information	Irrelevant information • Irrelevant information	4	3.6
	Sources of information	1. Information sources	Information sources • Community base health service • Mass media	5 5	4.5 4.5
	Others			**14**	**12.6**