



Research Paper

## Perception and Health Seeking Behaviour towards Immunization among Mothers Attending Infant Welfare Clinic in General Hospital Ijebu-Ode, Ogun State

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### ABSTRACT

*This study examined the perception and health seeking behaviour of mothers attending infant welfare clinic for childhood immunization in Ijebu Ode General Hospital, Ogun State. This study specifically determined the perception of mothers attending infant welfare clinic about childhood immunization; identified the factors that promote positive perception about immunization among mothers; and assessed the health seeking behaviour of mothers towards immunization. This study adopted an non-experimental descriptive design which was used with the primary aim to objectively depict the perception and health-seeking behaviour of mothers attending infant welfare clinic. The study focuses on nursing mothers attending infant welfare clinic of the Ijebu Ode General Hospital. The estimated number of mother/babies attended to monthly at the clinic is about 250. The sample size of 106 was calculated using the standard formula of Taro Yamane while stratified sampling technique was used in selecting the sample for this study. The developed questionnaire was tested for face and content validity while internal consistency method was used to determine the reliability of the instrument which yielded coefficient value of 0.832. The data for this study was gathered through primary source and was subjected to descriptive and inferential statistics. The results of the study revealed that little more than half of the respondents had positive perception and good health-seeking behaviour regarding childhood immunization. Also, the factors influencing mothers' health-seeking behaviour were their place of previous delivery and perception about child immunization, which is in turn influenced by the level of education. It was recommended among others that women should be encouraged to deliver at health facilities so that their health-seeking behaviour about childhood immunization could be improved.*

**KEY WORDS:** Perception, Health Seeking Behaviour, Immunization, Mothers

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### I. INTRODUCTION

Immunization is one of the most important public health interventions to reduce disease burden in young children. Immunization currently averts an estimated 2 to 3 million deaths every year. An estimated 19.5

million infants worldwide are still missing out on basic vaccines. Global vaccination coverage has stalled at 86%, with no significant changes during the past year. Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine (WHO, 2018). There is no exaggeration to assert that vaccination is one of the greatest scientific discoveries ever made. It protects many children from getting sick and dead from dreadful diseases, thereby reducing the agony of many parents. So, there is necessity for the parents to develop unambiguous knowledge and perceptions about vaccinations.

Immunization is one of the most successful and cost-effective public health interventions worldwide, preventing several serious childhood diseases (Enwonwu, et al., 2018). In Nigeria, despite the effort to increase full childhood vaccination coverage, the situation over the years has not improved. For instance, the 1999 Nigeria Demographic and Health Survey (NDHS) found that full immunisation coverage had dropped to 17% from 30% in 1990 (National Population Commission (NPC) and ORC Macro, 2014). Itimi, *et al.* (2015) reported a dropout rate of above 70% in rural area of Bayelsa State, Nigeria.

According to Olumuyiwa et al (2020), some of these factors among surveyed mothers in a Southwestern region of the country is lack of knowledge on immunization schedule and finances. The major problem lies not in the prevention of the disease, but that the vaccines, by which the lives of millions of children worldwide could have been saved, are not fully embraced by many mothers. Nwokocha and Obioma (2016) noted that awareness is a key role in the adoption of new ideas towards solving problems, especially as they relate to health seeking behaviour. Access to health facilities like antenatal care and place of delivery are other factors that are associated with the immunization status of children Nigeria. In light of this, this study is carried out to find out the perception and health seeking behaviour of mother attending infant welfare clinic for childhood immunization in Ijebu Ode General Hospital, Ogun State. This study specifically:

1. determined the perception of mothers attending infant welfare clinic about childhood immunization;
2. identified the factors that promote positive perception about immunization among mothers; and
3. assessed the health seeking behaviour of mothers towards immunization.

### **Research Questions**

The following research questions were raised for this study:

1. What is the perception of mothers attending infant welfare clinic about childhood immunization?
2. What are the factors that promote positive perception about immunization among mothers?
3. What is the health seeking behaviour of mothers towards immunization?

### **Research Hypotheses**

These hypotheses were postulated for this study:

1. There is no significant relationship between perception and health seeking behaviors of mothers.
2. There is no significant relationship between mother's level of education, age and perception of childhood immunization

## **II. METHODOLOGY**

This study adopted non-experimental descriptive design which was used with the primary aim to objectively depict the perception and health-seeking behaviour of mothers attending infant welfare clinic. This design also enabled the description of the factors influencing the mothers' perception and health-seeking behaviour. The study focuses on nursing mothers attending infant welfare clinic of the Ijebu Ode General Hospital. The estimated number of mother/babies attended to monthly at the clinic is about 250.

The sample size (n) was calculated using the standard formula of Taro Yamane (1967)

$$n = \frac{N}{1 + N(e^2)}$$

When N = Total population  
When n = sample size

When e = the precision level (5%)

Applying this formula, n takes the form

$$n = \frac{250}{1 + [250 \times (0.05^2)]}$$

$$n = \frac{250}{1 + [250 \times 0.0025]}$$

$$n = \frac{250}{1 + [0.625]}$$

$$n = \frac{250}{2.625}$$

$$n = 95.23$$

To adjust for non-response rate, a 10% attrition, calculated as  $\frac{n}{1-10}$  was included

$$\frac{95.23}{1-0.1} = 105.8$$

Therefore, the sample size (n) = 106 respondents

Stratified sampling technique was used in selecting the sample for this study. Applying this technique, the mothers were divided into three strata, based on the age of the mothers' children. The three strata are mothers with children of: less than 9 months; 9-18 months and greater than 18 months. Half (53) of the sample size was allotted to the first stratum (less than 9 months) because these are the dominant children usually brought to clinics for immunization. The remaining half was gotten among the remaining two strata based on convenience sampling. This study employed the use of structured questionnaire with close-ended questions as instrument used for data collection. The developed questionnaire was tested for face and content validity and these are concerned with the extent to which the instrument measures the characteristics of interest (perception and health-seeking behaviour of mothers about child immunization). Internal consistency method was used to determine the reliability of the instrument which yielded coefficient value of 0.832.

The data for this study was gathered through primary source. The researchers administered copies of questionnaire on the respondents, required to provide responses to the questions therein. The respondents filled the questionnaires themselves and those who were unable to fill, perhaps for any reason, was guided by the researchers. The data was analysed using descriptive presentation of variables. Frequency count, percentages and graphical illustrations were used to answer the research questions while Pearson's Product Moment Correlation and Chi-Square were used to test the hypotheses at 0.05 level of significance.

### III. RESULTS

**Research Question 1:** What is the perception of mothers attending infant welfare clinic about childhood immunization?

**Table 1: Responses on the Perception of Mothers attending Infant Welfare Clinic about Childhood Immunization**

Question Statements	Responses				
	Strongly Agreed	Agreed	Undecided	Disagreed	Strongly Disagreed
Immunization prevents some diseases and brings up some worse diseases in children	14 (13.2%)	3 (2.8%)	25 (23.6%)	41 (38.7%)	23 (21.7%)
Polio is prevented by natural immunity in children, not through immunization	12 (11.3%)	14 (13.2%)	9 (8.5%)	38 (35.8%)	33 (31.1%)
Immunization is not good because it leads to complications in children	9 (8.5%)	12 (11.3%)	21 (19.8%)	44 (41.5%)	20 (18.9%)
Health workers only give immunization in order to justify for the money they receive, not to prevent diseases in children	15 (14.2%)	21 (19.8%)	35 (33.0%)	14 (13.2%)	21 (19.8%)
Vaccines given during immunization can lead to infertility when the child grows up	5 (4.7%)	11 (10.4%)	16 (15.1%)	36 (34.0%)	38 (35.8%)
Immunization is only meant for male children	2 (1.9%)	4 (3.8%)	21 (19.8%)	35 (33.0%)	44 (41.5%)
Immunization is only meant for first-borns because of their mothers' childrearing inexperience	2 (1.9%)	5 (4.7%)	11 (10.4%)	78 (73.6%)	10 (9.4%)
Natural immunity is strong enough to prevent children from diseases, so immunization is not necessary	25 (23.6%)	13 (12.3%)	28 (26.4%)	37 (34.9%)	3 (2.8%)
Vaccines given during immunization weaken natural immunity in children	12 (11.3%)	8 (7.5%)	14 (13.2%)	18 (17.0%)	54 (50.9%)
Immunization leads to other diseases not treatable with vaccines	12 (11.3%)	38 (35.8%)	9 (8.5%)	42 (39.6%)	5 (4.7%)
Immunization is the cause of many diseases/illnesses in children	19 (17.9%)	26 (24.5%)	41 (38.7%)	11 (10.4%)	9 (8.5%)
Immunization is given to control population by lowering the child's fertility	17 (16.0%)	16 (15.1%)	13 (12.3%)	44 (41.5%)	16 (15.1%)

**Source: Fieldwork 2020**

The results as presented in the Table 1 show that very few (2.8%) of the respondents held the notion that immunization prevents some diseases and brings up some worse diseases in children and 35.8% disagreed with the belief that polio is prevented by natural immunity in children, not through immunization. Similarly, only very few (4.7%) of the respondents believed that vaccines given during immunization can lead to infertility when the child grows up and 73.6% expressed disagreement with the belief that vaccines given during immunization can lead to infertility when the child grows up. About 24% believed that natural immunity is strong though, it is not enough to prevent children from diseases such that immunization would not necessary. In addition to these, 50.9% disagreed that vaccines given during immunization weaken natural immunity in children and 39.6% disagreed that immunization leads to other diseases not treatable with vaccines. However, some respondents, though few (16%), strongly agreed that immunization is given to control population by lowering the child's fertility.

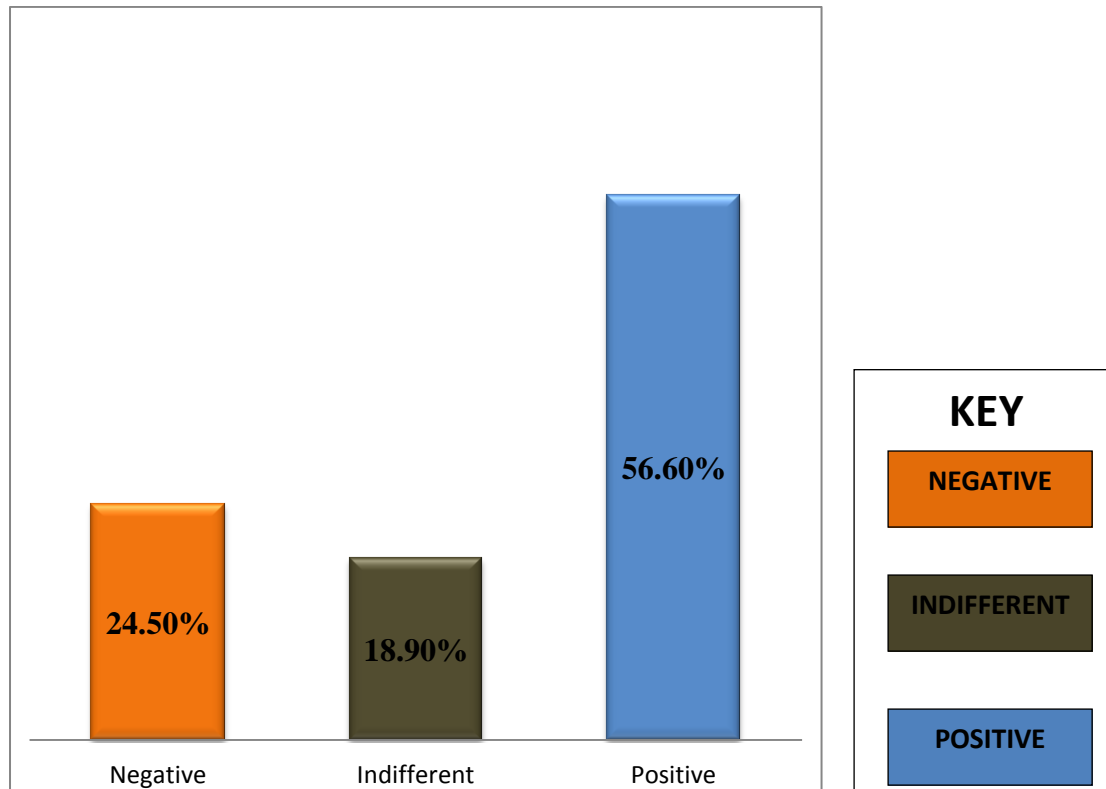


Figure 1: Perception of mothers attending infant welfare clinic about childhood immunization

The responses in the Table 1 were weighed such that a 'strongly agree' had a weight of '5', the choice of 'agree' had a weight of '4' up until 'strongly disagree' which was assigned a weight of '1'. These weights were applied to compute composite perception scores. From the perception score, the mean value was  $36.2 \pm 5.98$  and the maximum and minimum attitude scores were 60 and 12 respectively. Furthermore, the perception scores were grouped into three levels, such that scores from the mean with  $\pm$  standard deviation, i.e. from  $36.2 - 5.98$  (which equals 30.22) to  $36.2 + 5.98$  (which equals 42.18), were grouped as being indifferent. Below 30.22 were regarded as 'positive perception' while scores above 42.18 were grouped as negative perception. Therefore, the results as illustrated in the Figure i show that 56.6% of the respondents had positive perception towards childhood immunization. On the other hand, 24.5% had negative perception towards childhood immunization while 18.9% were indifferent.

**Research Question 2:** What are the factors that promote positive perception about immunization among mothers?

Table 2: Responses on the Factors that promote Perception and Health-seeking Behaviour of Mothers

Question Statements	Responses				
	Strongly Agreed	Agreed	Undecided	Disagreed	Strongly Disagreed
My husband emphasizes that we must fully immunize all our children	41 (38.7%)	32 (30.2%)	17 (16.0%)	11 (10.4%)	5 (4.7%)
I have the financial support from home to immunize my children	19 (17.9%)	59 (55.7%)	10 (9.4%)	13 (12.3%)	5 (4.7%)

*Perception And Health Seeking Behaviour Towards Immunization Among Mothers Attending ..*

I immunized my children because health workers told me that it is very important for child health	87 (82.1%)	12 (11.3%)	3 (2.8%)	4 (3.8%)	0 (0.0%)
The cost of immunization is affordable for me	72 (67.9%)	6 (5.7%)	11 (10.4%)	6 (5.7%)	11 (10.4%)
None of my children has had complications resulting from immunization	87 (82.1%)	7 (6.6%)	3 (2.8%)	5 (4.7%)	4 (3.8%)
Health centers/workers for child immunization are easily accessible for me because they are close to my residence	70 (66.0%)	14 (13.2%)	12 (11.3%)	4 (3.8%)	6 (5.7%)
I have good knowledge of the benefits of child immunization	83 (78.3%)	9 (8.5%)	4 (3.8%)	3 (2.8%)	7 (6.6%)
The length of time to stay for child immunization is not too long for me to bear	31 (29.2%)	18 (17.0%)	46 (43.4%)	4 (3.8%)	7 (6.6%)
I do not forget child immunization because someone in my family will always remind me	69 (65.1%)	12 (11.3%)	17 (16.0%)	5 (4.7%)	3 (2.8%)
My religion sees nothing wrong in child immunization	101 (95.3%)	2 (1.9%)	1 (0.9%)	2 (1.9%)	0 (0.0%)

**Source: Fieldwork 2020**

The results as presented in the Table 2 show that 38.7% strongly agreed their husbands emphasize that they must fully immunize all their children and 55.7% agreed that they have the financial support from home to immunize their children. Also, 82.1% strongly agreed that they immunized their children because health workers told them me that it is very important for child health and this was a factor influencing their health-seeking behaviour. Another factor influencing the behaviour of 66% of the mothers was that health centers/workers for child immunization are easily accessible for them because health facilities are close to their residence. In addition, good knowledge of the benefits of immunization (78.3%) and the opportunity to be reminded of child immunization within the family (65.1%) were some of the factors that promote health-seeking behaviour of mothers. Hence, it was concluded that place of previous birth delivery and perception about child immunization were significant factors influencing mothers' health seeking behaviour.

**Research Question 3:** What is the health seeking behaviour of mothers towards immunization?

**Table 3: Responses on the Health Behaviour towards Nursing Mothers**

VARIABLES	FREQUENCY	PERCENTAGE
<i>Do you give your baby herbal drug?</i>		
Yes	63	59.4
No	43	40.6
Total	106	100.0
<i>Do you give your babies self-medication?</i>		
Yes	37	34.9
No	69	65.1
Total	106	100.0
<i>What type of healthcare provider do you opt for first when your baby is ill?</i>		
Traditional	11	10.4
Religious Homes	8	7.5
Healthcare facility	87	82.1
Total	106	100.0

**Source: Fieldwork 2020**

The results as presented in the Table 3 show that 59.4% do give their babies herbal drugs. However, 65.1% never gave their babies self-medication. Asked on the types of healthcare providers they would opt for whenever their babies were ill, the highest proportion (82.1%) reported that they would take the babies to health facility. About 10% would take the babies to traditional birth homes while 7.5% would patronize religious homes.

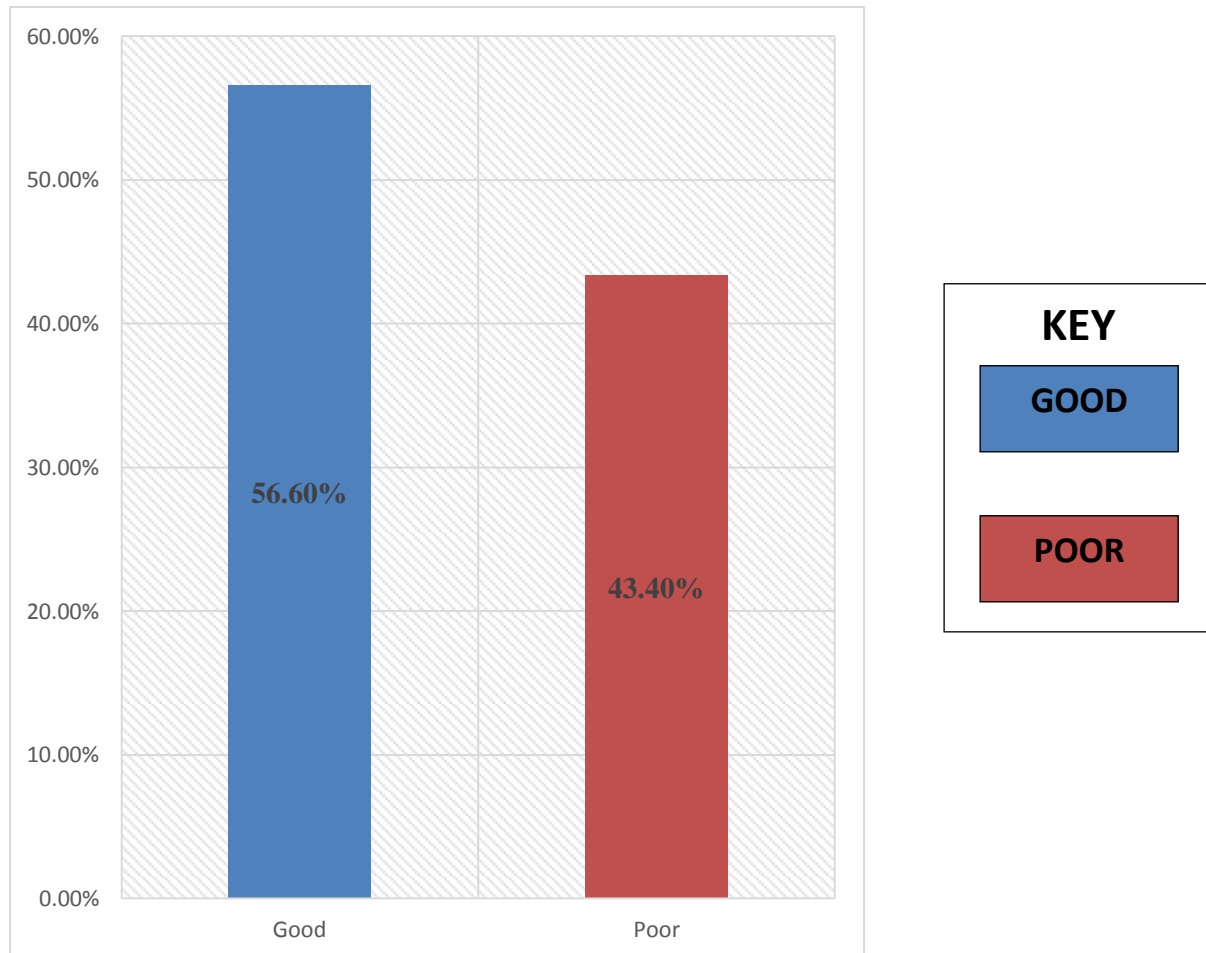
**Table 4: Responses on the health seeking behaviour about childhood immunization**

Question Statements	Responses	
	YES	NO
My child has been immunized against measles	87 (82.1%)	19 (17.9%)
My child has been immunized against polio	92 (86.8%)	11 (13.2%)
My child has been immunized against meningitis	54 (50.9%)	52 (49.1%)
My child has been immunized against tetanus	56 (52.8%)	50 (47.2%)

My child has been immunized against diphtheria	48 (45.3%)	58 (54.7%)
My child has been immunized against tuberculosis	39 (36.8%)	67 (63.2%)
My child has been immunized against hepatitis	19 (17.9%)	87 (82.1%)
My child has been immunized against pneumonia	25 (23.6%)	81 (76.4%)
My child has been immunized against diarrhea	22 (20.8%)	84 (79.2%)
My child has been immunized against measles, mumps and rubella	33 (31.1%)	73 (68.9%)
I delivered my baby in a health facility	91 (85.8%)	15 (14.2%)
My antenatal attendance was complete	88 (83.0%)	18 (17.0%)
I make myself available for regular postnatal care services	96 (90.6%)	10 (9.4%)
I conform to postpartum contraceptive use in order to ensure adequate child spacing	92 (86.8%)	14 (13.2%)

**Source: Fieldwork 2020**

The results as presented in the Table 4 show the health-seeking behaviour of the respondents about childhood immunization. It was shown that 82.1% have immunized their children against measles and 86.6% have immunized theirs against polio. On the women’s antenatal care visits during pregnancy, 83% reported that their antenatal care visits were complete. Similarly, 90.6% indicated that they made themselves available for regular postnatal care services and 86.8% conformed to postpartum contraceptive use in order to ensure adequate child spacing. The result pattern shows that immunization against hepatitis was the least taken while immunization against polio was the most taken.



**Figure 2: Health seeking behaviour of mothers attending infant welfare clinic about childhood immunization**



The Figure ii presents the summary of results on the health-seeking behaviour of mothers attending infant welfare/postnatal clinic about childhood immunization. It was shown that 56.6% had good health-seeking behaviour while the health-seeking behaviour of 43.4% of them was poor.

**Test of Hypotheses**

**Hypothesis 1:** There is no significant relationship between perception and health seeking behaviors of mothers. Hence the perception questions were collated to make a single variable, likewise the behavioral questions were equally combined in the same manner. The correlation analysis method was used to check between the variables. The results are presented in the table 5 below.

**Table 5:** Relationship between perception and health seeking behavior of mothers

	N	Mean	Std Dev	Pearson R	Sig	p value
Perception	106	4.87	2.31	0.249	<0.05	0.001
Behaviour	106	20.8	4.73			

Source: Fieldwork 2020

The outcome obtainable from above exhibited a positive but weak relationship in perception and mothers’ behavioral disposition to child immunization. However, the sig value of 0.001 < 0.05, therefore the null hypothesis is rejected and it can also be concluded that there is a statistically significant relationship between perception and health seeking behaviors of mothers.

**Hypothesis 2:** There is no significant relationship between mother’s level of education, age and perception of childhood immunization

**Table 6: Factors Influencing Mothers’ Perception about Childhood Immunization**

Factors	Perception about child immunization				Total	$\chi^2$ (sig.)	p value
	Negative	Indifferent	Positive	Total			
Highest Educational Level	None/Primary	10 (47.6%)	6 (28.6%)	5 (23.8%)	21 (100%)	92.02	0.001
	Secondary	11 (22.4%)	8 (16.3%)	30 (61.2%)	49 (100%)		
	Higher	5 (13.9%)	6 (16.7%)	25 (69.4%)	36 (100%)		
Age (in years)	Below 25	5 (21.7%)	7 (30.4%)	11 (47.8%)	23 (100%)	23.06	0.100
	25 – 35	5 (9.3%)	5 (9.3%)	44 (81.5%)	54 (100%)		
	Higher	16 (55.2%)	8 (27.6%)	5 (17.2%)	29 (100%)		
Total	26 (24.5%)	20 (18.9%)	60 (56.6%)	106 (100%)			

The results as presented in the Table 6 show the relationship between mothers’ socio-demographic factors and their perception about childhood immunization. The pattern of the results shows that the proportion of the respondents who had positive perception about childhood immunization consistently increased with educational levels. That is, 23.8% of the respondents who had no/primary education, compared with 69.4% of those who had higher educational levels, had positive perception about child immunization. The test of the relationship between perception and educational levels gave a chi-square value of 92.02 at p=0.001. Since this p-value is less than the 0.05 significant level, it was concluded that mothers’ educational levels had significant influence on their perception about childhood immunization. However, there was no significant relationship between mothers’ ages and their perception about child immunization ( $\chi^2 = 23.06$ ; p=0.100).

#### IV. DISCUSSION

This study also shows that about 56% of mothers have positive perception towards childhood immunization which could have been from experience or a degree of awareness through advocacy built on their current level education development and this agrees partially with the results by Yunus, *et. al.* (2015), who found that 75% of mothers were aware of the existence of RI (Relief International) services in their village (in Pakistan) and 68% had poor knowledge of the immunization schedule as well as knowledge on diseases prevented by vaccine. There is a positive correlation between mother's education and fully immunized child; nationally 31% of children of mothers with secondary education are fully immunized and only 3.9% of those with no education.

Immunization is erroneously believed to be a general preventive method for most childhood diseases. Knowledge about vaccine-preventable disease is moderately high with an average percent of 61% among mothers. By indication, this means that knowledge towards immunization and immunization status was expressively associated to the population of study (mothers in Ijebu-Ode). This agrees with the findings of Mugada *et al.* (2017) in a survey done in Adamawa (Nigeria), mothers demonstrate greater correct knowledge of both individual antigens and complete immunization schedule. In addition, despite observably greater poverty in Adamawa communities, mothers exhibit more willingness, to incur both monetary and opportunity costs to ensure their children's immunization. The primary reasons for this greater knowledge and commitment appears to be the presence of the Garkida community – based health programs (Regassa, Haque & Zahan, 2015). Another study in Urban Kano (Nigeria) on immunization, shows incomplete trust in the orthodox immunization as its being followed by the use of traditional/local herbs (Paudel, et al., 2013).

Knowledge about the number of times a child should receive vaccines for the vaccine – preventable diseases is also very high at 79% indication that there the participants that were knowledgeable about immunization. This agrees with the study of Osubor, Fatusi and Chuwuzie (2016) on maternal health-seeking behaviour and associated factors in Ologbo (Edo State, Nigeria) a rural Nigerian community. In rural Kano (Nigeria), most of the groups did not know the frequency of obtaining any of the relevant vaccines. The results showed the unusual finding that educated women were less likely to immunize their children when compared to uneducated (Ochako, et al, 2014). The data also surprisingly showed that respondents who reportedly heard any information on immunization from mass media or community sources were not more likely than other to report complete DPT coverage or full immunization for their children. While the reasons for this unexpected finding was not clear, it possibly related to the general wariness about immunization resulting from widespread unsubstantiated myths and rumours in the state in recent times (Paudel et al., 2013).

In Kano and Enugu, participants expressed the belief that a child that has been immunized may be affected by the same disease but the potency of the disease is greatly reduced (Kishor & Neitzel, 2017). More so, in a Nigerian study by Chimankar and Sahoo (2014), it was found that in the study states about 66% of the respondents were able to spontaneously and correctly name at least one vaccine – preventable childhood disease while less than half (48%) could name at least two. In general, awareness was highest for polio and measles (Bolaji et al., 2013). In Borno and Jigawa, only about a third (33%) of the respondents could name at least two vaccine preventable diseases. Knowledge about the number of times a child should receive the various childhood vaccines was generally poor.

This finding revealed that about 88% of the mothers are conscious of their attendance in the healthcare facility. Although, this is an encouraging figure, this gap still calls for serious attention as inconsistencies in the remaining percentage (12%) put the children at risk of immunization preventable diseases. This outcome corroborates with the study by Doctor *et al.* (2017) in three northern states (Katsina, Yobe, and Zamfara) which showed that 74.3% of women visited health facilities at least once for antenatal care. One fourth (25.7%) reported that they did not get antenatal care service throughout their pregnancy of the last children. Only 10% had four antenatal care visits. Sixty nine percent of women reported that they visited antenatal care clinics for the first time in second trimester of pregnancy. Less than one-third (28.7%) of women attended institutional delivery with skilled health professionals.

In another study by Bisiriyu and Ojewumi (2014) on mothers' health seeking behaviour and socio-economic differentials in Egbeda and Ibadan (in Oyo State), Sekona and Osogbo (in Osun State). Almost half of the mothers (48.8%) went for 1st antenatal care within the first trimester (1st to 4th months) of their recent pregnancy, while a little above half (52.2%) went for their 1st antenatal care outside the first trimester (5th month or more). Findings from the in-depth interview also corroborate this pattern as majority of mothers who are in parity 3 and above did not initiate antenatal care until they are at least within the fifth month of their pregnancy in the absence of any complaint or complications. This attitude according to some of them emanated from the fact that they do not attach much importance to seeking antenatal care at the early stage of their pregnancy since they are not new to pregnancy related issues (Bisiriyu and Ojewumi, 2014).

On the contrary in Oyo State, Bawa et al. (2015), conducted a study on maternal health seeking behaviour of nursing mothers, reported that a significant number (89.5%) of mothers had at least four antenatal



care visits while about one-tenth (10.5%) had less than four visits during their recent pregnancy. Adegoke and Van (2016) found that more than one-third (36.2%) of the mothers received antenatal care at home, while others, 30.7% and 26.2% received their antenatal care within the public and private health facilities respectively. In terms of delivery, Aremu et al. (2015) reported that about one-third (30.0%) of mothers delivered their last birth at home and 70.0% of them delivered within the health care facilities (35.0% in public health facilities and 35.0% in private health facilities, respectively). Bishari et al. (2016) observed that this pattern was not substantially different from what was observed during the in-depth interview in their study as majority of the mothers reported that they delivered at home.

A cross-sectional study using a mixed-method approach conducted in Bandarban District in the remote south-eastern part of Bangladesh revealed that 94% of the women did not utilize postnatal care services. From the qualitative results, the non-utilization of postnatal care services among the women was due to large distances to service centres, illiteracy, lack of awareness of health issues and language barriers (Islam & Odland, 2015). Using the 2014 Bangladesh Demographic and Health Survey (BDHS), Rahman (2018) identified different factors affecting postnatal care of mothers in the urban and rural areas. His findings revealed that there is a strong urban-rural differential in the utilization of postnatal care (PNC) among urban and rural mothers. He found that urban illiterate mothers were two times more likely to receive postnatal care from medically trained providers than rural illiterate mothers. On the contrary, receiving PNC from medically trained providers among highly educated mothers was almost same both in the urban and rural area.

It can be inferred that several factors contribute to perception and health seeking behaviour of mothers in infant welfare clinic towards immunization in general hospital, Ijebu-ode. They include age range, level of educational development, value attached to infant welfare clinic, level of immunization awareness, knowledge on immunization and development level of area of residence.

## V. CONCLUSION

A little more than half of the respondents had positive perception and good health-seeking behaviour regarding childhood immunization. The factors influencing mothers' health-seeking behaviour were their place of previous delivery and perception about child immunization, which is in turn influenced by the level of education.

## VI. RECOMMENDATIONS

Based on the results of this study and as ways of improving the health-seeking behaviour of mothers, the study makes the following recommendations:

1. The misconception about immunization as being a way of lowering the fertility of children when they grow up should be corrected through massive public sensitization and enlightenment drives targeted at nursing mothers.
2. Women should be encouraged to deliver at health facilities so that their health-seeking behaviour about childhood immunization could be improved;
3. Women's education had significant impact on their perception about childhood immunization. Hence, policies aimed at enhancing women education and empowerment should be prioritized by the government;
4. Women need to be sensitized on the dangers inherent in self-medication. It is a poor health-seeking behaviour.

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