



UNIVERSITY OF MALAWI
KAMUZU COLLEGE OF NURSING

A RESEARCH PROPOSAL
ON
A STUDY ON KNOWLEDGE, ATTITUDE AND PERCEPTION
OF MOTHERS TOWARDS CHILD IMMUNIZATION IN
KAWALE TOWNSHIP, LILONGWE.

BY
MONEKO B. ZOTO

SUBMITTED TO FACULTY OF NURSING

SUPERVISED BY MR. M.Y. MSISKA

JULY 2010

DECLARATION

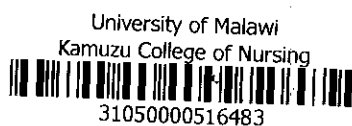
I hereby declare that the research Proposal is as a result of my hard work and effort.

Candidate: **Moneko B. Zoto**

Signature.......... Date.....29/06/10.....

Supervisor: **Mr. M.Y. Msiska**: lecturer, Department of Basic studies, University of Malawi

Signature.......... Date.....30-06-10.....



ACKNOWLEDGEMENT

The success of this proposal would not have been possible without the help and support of many people.

First and foremost, thanks should go to the Almighty God for the good health throughout the time I was writing this proposal.

I would like to express my deep sincerely gratitude to my supervisor Mr. M.Y Msiska for greatest guidance, supervision and encouragement in the process of developing this proposal.

My special gratitude should also go to Mr. W. Manda, Mr. U. Manda, Mr. W.M Msosa and Mr. G. Chiwala for their support, guidance and encouragement throughout the time of developing the proposal.

Special recognition extends to EPI especially Mrs. Kasulukuta for helping me with information on child immunization in Malawi and library staff for their support throughout the time I was developing this proposal.

Finally, I would like to express deep appreciation to my parents, sisters, brothers and in-laws for their consistent support and encouragement. Mr. and Mrs. Mbawa you are more less like my parents. Your daily support is greatly appreciated.

May the good Lord bless you all!

ABSTRACT

This is a proposal to conduct a study on knowledge, attitude and perception of mothers towards child immunization in Lilongwe district. The findings of this study will help stakeholders, policy makers and government in designing appropriate interventions that will help in changing the attitude and perception of mothers towards child immunization hence more women will show up for child immunization. This would in turn increase the immunization coverage rate which will lead to a decrease in under five mortality rate hence helping the nation to achieve MDG4. In this proposal literature review on studies done worldwide, in Africa and Malawi relating to this study to be conducted are included. The conceptual framework to be used in the study is the Health Belief Model that looks at why some people take specific actions to prevent a disease or condition and some do not. The methodology to be used in this research study is the qualitative method and a sample of 10 will be used where each one will be giving his views subjectively relevant to the questions that will be used since an interview guide will be used. In order to conduct the study in respect of human dignity, integrity and authority, ethical considerations will be taken into account.

TABLE OF CONTENTS

<u>CONTENTS</u>	<u>PAGE</u>
DECLARATION-----	i
ACKNOWLEDGEMENT-----	ii
ABSTRACT-----	iii
TABLE OF CONTENTS-----	iv
LIST OF ACRONYMS-----	v
GLOSSARY-----	v
 CHAPTER 1	
1.0 INTRODUCTION-----	1
1.1 BACKGROUND-----	1
1.2 PROBLEM STATEMENT-----	4
1.3 SIGNIFICANCE OF STUDY-----	4
1.4 BROAD OBJECTIVE-----	4
1.5 SPECIFIC OBJECTIVES-----	4
 CHAPTER 2	
2.0 LITERATURE REVIEW-----	5
2.1 INTRODUCTION-----	5
2.2 WORLD WIDE-----	5
2.3 AFRICA-----	6
2.4 MALAWI-----	7
2.5 CONCLUSION-----	8

CHAPTER 3

3.0 CONCEPTUAL FRAMEWORK-----	9
3.1 HEALTH BELIEF MODEL DIAGRAM-----	10
3.2 APPLICATION OF THE FRAMEWORK IN THE STUDY-----	11
3.3 DIAGRAMMATIC PRESENTATION-----	12

CHAPTER 4

4.0 METHODOLOGY-----	13
4.1 INTRODUCTION-----	13
4.2 RESEARCH DESIGN-----	13
4.3 SETTING-----	13
4.4 SAMPLING-----	13
4.5 DATA COLLECTION-----	13
4.6 PILOT STUDY-----	14
4.7 DATA ANALYSIS-----	14
4.8 ETHICAL CONSIDERATION-----	14
4.9 LIMITATIONS OF THE STUDY-----	14
5.0 DISSEMINATION OF THE STUDY-----	15

REFERENCE-----	16
-----------------------	-----------

APPENDICES

A. INFORMED CONSENT-----	18
B. QUESTIONNAIRE-----	20
C. TIME TABLE-----	31
D. BUDGET-----	32
E. CLEARANCE LETTER-----	34

F. PERMISSION LETTER TO VILLAGE HEADMAN(ENGLISH)-----	35
G. PERMISSION LETTER TO VILLAGE HEADMAN(CHICHEWA)-----	36
H. PERMISSION LETTER TO THE DHO-----	37
I. PERMISSION LETTER TO THE IN CHARGE-----	38

LIST OF ABBREVIATIONS

AEFI- Adverse effects following immunization

BCG- Bacillus Calmette Guenin

DPT- HepB+ Hib- Diphtheria, Pertusis, Tetanus and Hepatitis type b.

EPI- Expanded programme on immunization

KCN- Kamuzu College of Nursing

MDG- Millennium Development Goals

MDHS- Malawi Demographic Health Survey

OPV- Oral Polio Vaccine

UNICEF-United Nations Children Fund

WHA- World Health Assembly

WHO- World Health Organization

GLOSSARY

Immunization: Is the process of introducing some form of disease-causing organism into a persons system to cause the development of antibodies that will resist that disease.

A vaccine: Is a preparation made from killed, living attenuated or living fully virulent organisms that is administered to produce or artificially increase immunity to a particular disease.

AEFI: A medical incident occurring after an immunization that appears to be associated with the immunization.

A fully immunized child: Is the one who has BCG,DPT-HepB+Hib3, Polio3 and Measles vaccination.

UNDER FIVE CHILDREN: Are children less than five years of age.

CHAPTER ONE

1. INTRODUCTION

Child immunization protects children from the six killer childhood diseases such as measles, tuberculosis, whooping cough, diphtheria, poliomyelitis and tetanus. These diseases are some of the leading causes of under five high mortality in developing countries, Malawi inclusive. Every year approximately 10 million children under five years of age die throughout the world mostly in developing countries (WHO, VOL 87, 2009).In Malawi, the under five mortality rate is 133 per 1000 live births (MDHS, 2004). Vaccination services in Malawi are delivered either through static or outreach clinics. The major purpose of establishing outreach clinics is to bring vaccination services as close as possible to clients so that distance should not be the reason for the non - immunization of children.

1.1 BACKGROUND

The World Health Organization (WHO) established the expanded programme on immunization (EPI) in May 1974. It is one of the most powerful and cost effective methods against what was identified as the six killer childhood diseases. According to WHO (1994), The World Health Assembly (WHA) in 1977, adopted a goal of immunizing all children in the world by 1990 and some five years later when UNICEF identified immunization as one of its four child survival strategies, significant collaboration between WHO and UNICEF in the area of immunization began. The UNICEF/WHO partnership expanded rapidly as WHO provided technical leadership and UNICEF provided over 4.4 million doses of vaccines. Globally it was reported that the goal of fully immunizing 80% of the world's children was reached in 1990; however coverage in Africa for that year was 55%. With success of improving immunization coverage, the WHA set the following four goals to be achieved in the 1990s:-

- Maintenance of high level of immunization coverage (at least 90% of children under one year age vaccinated against diphtheria (DPT1, DPT2, DPT3), pertussis, tetanus, measles, poliomyelitis, tuberculosis).
- Reduction by 95% in measles deaths and 90% in measles cases by 1995 as a step towards global eradication of measles.
- Elimination of neonatal tetanus by 1995.
- Global eradication of polio by the year 2000.

In Africa, WHA in 1980s instituted a number of regional and global immunization initiatives, which increased tremendously immunization coverage. In 1990, a regional peak in immunization coverage of 82%-BCG, 58%- DPT3, and 35%- measles was achieved. By 1991, however, immunization coverage rates began to level off such that by 1992 approximately one third of the

countries showed decreases in immunization coverage of at least 10% and by 1993, 50% of the countries accounting for 67% of the regional population reported a decline in immunization coverage. The most severe declines were seen in the most populous countries including Zaire (now Democratic Republic of Congo), Nigeria and Ethiopia.

The EPI was launched in Malawi in 1979 and is fully integrated in the preventive health services. Prior to 1973, only small pox vaccination was given on a large scale while BCG and DPT vaccinations were provided only in few health centers (Chilowa & Munthali, 1999) as cited in EPI manual of 2002. The Malawi policy regarding EPI is to immunize all children under 12 months old with a goal of reducing morbidity and mortality due to six preventable diseases highlighted in introduction, in addition to six diseases, the EPI also included HepB and Hib. Malawi national programme exceeded the universal child immunization goal of 80% coverage for all antigens in 1989. But after that, a mid-decade survey in 1995 and the 1996 Malawi knowledge Attitude and practices in Health survey results showed no improvement compared to 1992.

Childhood immunization in Malawi is of four types, there is BCG, Polio, DPT-Hep B+Hib (Pentavalent) and Measles. BCG is given once at birth or at any other time before 5 years if missed on birth at the dose of 0.05ml to children less than One year and 0.1ml more than one year intra-dermal in the right upper arm, Polio is given four times at the interval of four weeks starting from birth. The first one is called Polio 0, the second is called Polio 1, the third one is called polio 2 and the fourth one is called polio 3. The dose is 2 drops orally in the mouth. DPT-HepB+Hib is given three times at the interval of four weeks starting from the administration of polio 1. The first one is called DPT 1, the second one is called DPT2, the third one is called DPT3. The dose is 0.5ml, intramuscularly in the lateral side of the thigh. The last vaccine is Measles given once at 9 months at the dose of 0.5 ml, the route is deep subcutaneous in the lateral side of the thigh.

Below is the summary for under five immunization schedule:

Vaccine	Dose	No. of doses	Minimum interval between doses	Administration		Minimum Age for Vaccination
				Mode	Site	
BCG	0.05ml < 1year 0.1ml > 1year	One	-	Intra-dermal	Right upper arm	At birth
POLIO	2 drops	Four	Four Weeks	Orally	Mouth	At birth and 6 weeks
DPT-HepB+Hib	0.5	Three	Four Weeks	Intra-muscular	Lateral side of the thigh	6weeks
Measles	0.5ml	One	-	Deep sub-cutaneous	Lateral side of the thigh	9 Months

In 2004, 64% of Malawian children 12-23 months were fully vaccinated against the six childhood illnesses. More than nine in ten of these children had received the BCG vaccine, and the first dose of polio and DPT vaccines, while about eight in ten had been vaccinated against measles. Vaccination coverage with all recommended vaccines has declined steadily from 82% in 1992 to 70% in 2000, to 64% in 2004 (MDHS, 2004). Among the oversampled districts, vaccination coverage ranges from 53% or lower in Kasungu, Salima and Lilongwe to 84% in Blantyre while nationally 4% of children aged 12-23 months have never received any vaccination, the percentage varies substantially across districts. Lilongwe shows the highest percentage of children who have had no vaccinations (10%) (MDHS,2004).

According to the study which was conducted in Malawi by Munthali (2007) on determinants of immunization coverage. A lot of factors determine immunization coverage which includes sex of the child, birth order, and education of the mother. He noted that in 1996 and 2004 there were more male children who were fully vaccinated at 84% and 66% compared to female children at 78% and 63%, respectively. While vaccination coverage seems to be decreasing, vaccination coverage among those who are first born children is higher than those who are born later. For example in 2000 79% of the first born children aged 12-23 months were fully vaccinated compared to 58% of children who were sixth or above in the birth order. In 1996 89% of the first born children aged 12-23 were fully vaccinated compared to 74% of children who were sixth or above in the birth order. In 1992, 1996, 2000 and 2004, the percentage of children who were fully vaccinated in urban areas was higher than in rural areas. For example, only 69% of children in rural Malawi were vaccinated fully at the time of study while in urban areas the percentage was much higher at 79%. In 2004 64% of the children in rural areas were fully vaccinated at the time of the study compared to 71% in urban areas. The study also found that more children in the southern and northern regions were vaccinated compared to the central region. For example, in 2004, 73% of the children in northern region and 69% of those in southern region were fully vaccinated at the time of the survey compared to only 57% in the central region. The study showed that the higher the level of education attained by mothers, the higher the like hood that their children will be vaccinated. In 2004, 84% of children whose mothers had secondary school+ level of education were fully vaccinated at the time of the survey compared to 55% of children whose mothers had no education. In addition the study found that the BCG coverage is higher than Polio 3, DPT 3 and measles possibly because it is given at birth and in Malawi it is estimated that more than half of the pregnant women deliver in health facilities. Hence, children have the opportunity of receiving this vaccine soon after birth. For example in 2004, 91% of children received BCG compared to 78%, 82%, and 79% of Polio 3, DPT 3 and Measles respectively. This study therefore aims at exploring the knowledge, attitude and perception of mothers towards child immunization.

1.2 STATEMENT OF THE PROBLEM

The immunization coverage rate is decreasing despite government efforts and the EPI functioning for nearly 31 years in Malawi. The fourth MDGs is to reduce child and infant mortality rate in the world by two thirds by 2015 and this can not be achieved if the immunization coverage rate is still going down instead of increasing. The researcher would therefore like to explore the knowledge, attitude and perception of mothers towards child immunization so that appropriate interventions should be taken to alleviate the problem.

1.3 SIGNIFICANCE OF THE STUDY

The findings of this study will help stakeholders, policy makers and government in designing appropriate interventions that will help in changing the attitude and perception of mothers towards child immunization hence more women will show up for child immunization. This would in turn increase the immunization coverage rate. Increasing immunization coverage rate will lead to a decrease in under five mortality rate hence helping the nation to achieve MDG 4.

1.4 OBJECTIVES

1.5 BROAD OBJECTIVE

To explore the knowledge, attitude and perception of mothers towards child immunization.

SPECIFIC OBJECTIVES

- To asses knowledge on child immunization
- To find out the availability of immunization services at their health facility.
- To find out barriers in accessing immunization services.
- To determine myths and misconception in relation to child immunization.

CHAPTER 2

2. O LITERATURE REVIEW

2.1 INTRODUCTION

This chapter discusses the available literature relevant to the topic under study. The focus being on written literature published by other authors and related studies conducted world wide, in Africa and in Malawi relating to knowledge, attitude and perception of mothers towards child immunization.

2.2 WORLD WIDE

A qualitative study on perception of childhood immunization in a minority community of the Orthodox Jewish community in North East London by Lesley, Christopher & Nicki (2008) showed that feelings of both danger and safety contribute to low uptake of immunization.

Evans, Angela, Miriam, Joan, Neus and Antoni (2008) conducted a retrospective cross- sectional study with the aim of investigating the influence of parental knowledge of vaccines and vaccination in Catalonia, a region in the northeast of Spain with seven million inhabitants. The study revealed that higher vaccination coverage is associated with older maternal age and greater knowledge of vaccination hence vaccination coverage could be raised by improving information on vaccines and vaccination.

A study was done in Pakistan in 2002 by the undergraduate medical students of Ziauddin Medical University with the aim of improving awareness and knowledge of mothers regarding vaccine preventable diseases and immunization status of under five children through health education messages at Gulshan – e Silkanderabad, adjacent to Ziauddin Medical University. The study found that EPI vaccination coverage rates are higher in the intervention group than the national coverage for EPI and increasing maternal knowledge regarding vaccines improve immunization status. In addition, it has also reflects the inadequacy of current health education strategy.

Manjunath & Pareek (2003) conducted a cross sectional study on maternal knowledge and perceptions about the routine immunization programme in a semi urban in Rajasthan, India. Most mothers were unable to identify diseases other than poliomyelitis and the reasons for non immunizing their children were obstacles, misconception or beliefs, the child being sick during the scheduled time and lack of information on immunization.

A study was also done in Olmsted County Inn in 2000 by Yawn, Xia, Edmonson, Jacobson and Jacobsen with the aim of determining the parent reported barriers associated with under immunization of infants in a relatively affluent Midwestern population. They found that waiting too long, inconvenient office hours, children being sick, fear of reactions, trouble remembering

appointment and transportation problems were some of the reasons for under immunization of their children.

A similar study was done in north Caroline in 2001 by Lannon, Brack, Stuart, Caplow, Mcneill, Bordley and Margolis with the aim of developing a more thorough understanding of the factors that impede poor parents' utilization of health care services for their children and refining interventions to improve immunization rates revealed that lack of flexibility in scheduling and long waiting times, lack of reliable transportation, chaotic home environments employment conflicts, lack of knowledge regarding the timing of childhood immunizations and misperceptions about the safety of immunizations were factors that impede mothers from utilizing health care services.

2.3 AFRICA

Leach & Fairhead (2005) conducted a study on factors shaping immunization delivery and acceptance in contemporary African health system. The findings showed that most mothers have culturally- grounded active demand for vaccination based on non - biomedical concepts of the body and vaccine actions preventing and chasing out diseases, promoting strength and weight and complementing Islamic and herbal protection. There is strong social demand for vaccinations manifested in group clinic attendance, social networking and singing but some poorer immigrant mothers feel excluded.

Misconception exists about when a child is completely vaccinated, exacerbated by mistaken counting of National immunization days as part of schedule completion. The study also found that there is a rumor that vaccines cause sterility, violence and paralysis. The vaccination coverage problems largely reflect interactions between supply and demand ;mothers are put off by walking long distances only to find no vaccines available or by being berated by frontline workers for late or missed appointments and lastly a proliferation of private providers is undermining already weak, decentralized state vaccination services by competing for curative services and thus undermining health centers financing, practices for informal vaccination exclude the poorest. This shows that rumors associated with immunizations, long distances and health workers attitude and misconception about when a child is fully vaccinated affect immunization delivery and acceptance.

A study was done in northern Nigeria by Kabir et al (2006) which examined the knowledge, attitude and perceptions regarding vaccination. A severe lack of knowledge regarding the causative agent of poliomyelitis and immunization schedule was observed. The reasons that were given for not immunizing their children were fear of side effects, no faith in the vaccines, the vaccine is unnecessary, the vaccines contain HIV or contraceptive and is contrary to their religion.

Another study was also done in Nigeria by Adeyinkha, Oladimeji, Adeyinkha and Aimankhu (2009) which aimed at determining the awareness and attitude of mothers of under five towards immunization and proportion of children fully immunized in the 12-28 month age. Almost all women interviewed were aware of immunization. More mothers believed that immunization is for healthy babies and some believed that immunization is for a well breastfed baby. Some mothers believed that immunization prevents HIV and others diarrhea.

2.4 MALAWI

EPI comprehensive review was conducted in 2003 using cross section survey aimed at determining the progress of the EPI programme in Malawi.

On immunization practices the survey found that five out of the six district hospitals were observed conducting immunization services at district level. All of the observed district hospitals did not inform mothers about the vaccines they and their children were receiving, the next dose and date for the next visit. It was also observed that most health workers did not inform mothers during vaccination about the vaccines that were being given, dose, next dose and date of next visit.

On mothers' knowledge, attitudes and practices on immunization, out of the 210 women interviewed, 89% (187) indicated that they got information about EPI target diseases from health workers while 1.5% stated that they heard about EPI information from community leaders, 65% of the mothers (137) mentioned measles as a target disease that is prevented by vaccination. 55% mentioned polio, 40% mentioned Tetanus, 25% mentioned Tuberculosis, 20% mentioned pertussis, 6% mentioned Diphtheria, 4% mentioned Bacterial pneumonia and 2% Bacterial Meningitis. Knowledge on immunization schedule was high for BCG (74%) followed by TT (71%) and Measles (67%), the lowest was for DPT (36%) and OPV (39%). On clients' impression on immunization services, the results showed that more clients expressed satisfaction when vaccinations are administered as scheduled with reduced waiting time. Not informing mothers about vaccination and long waiting hours in receiving immunization affects immunization coverage as more mothers do not turn up for immunization.

According to MDHS (2004) showed that 91% of children aged 12-23 months had been vaccinated against tuberculosis, 82% received DPT3, 78% received Polio 3 and 79% received Measles vaccine. Those who received all the recommended vaccine at the age of 12-23 months had a percentage of 64 and 4% of children received none.

Vaccinations are most effective when given at the proper age. Though it is like this of the 79% of children age 12-23 months who have been vaccinated against measles, only 63% were vaccinated before their first birthday, indicating that some children were late in receiving their measles vaccination. The findings show that the immunization coverage rate has gone down from 82% in 1992 to 64% in 2004.

CONCLUSION

The Literature review has shown that mothers' knowledge, attitude and perceptions has a great impact on the immunization status of their children. Therefore, this study is very important here in Malawi as no study has been done on mothers' knowledge, attitude and perception towards child immunization.

CHAPTER 3

3.0 CONCEPTUAL FRAME WORK

In this study the Health Belief Model (HBM) will be used. It was created in the 1950s by Rosenstock following the initial study devised by researchers in the U.S. Public Health Service which served as an explanatory model to explain the widespread failure of people to participate in programs to prevent or detect disease (Stretcher, Rosenstock, 1974). It is also known as “single model with components that interact to explain health behavior” see figure I and is an attempt to explain the use of preventive health services such as child immunizations (Clemen-Stone, McGuire, Eigsti, 2002).

HBM was originally a disease-oriented model that looked at why some people take specific actions to prevent a disease or condition and some do not. More recently, the HBM has been adapted for a much broader use to explain a variety of health behaviours and to design interventions that would improve client access to preventive measures (Clemen-Stone, McGuire, Eigsti, 2002).

The major concepts of the HBM include perceived susceptibility, perceived severity, perceived benefits and costs, motivation, and enabling or modifying factors. Becker (1974) modified the HBM and grouped the components as follows:

Individual Perceptions

Individual perceptions include the following:

- Perceived Susceptibility: in a family where there is history of certain hereditary diseases such as diabetes may make one feel at high risk of developing the disease.
- Perceived Seriousness: In the perception of the individual, does the illness cause death or have serious consequences? For example, concern about the death of children due to immunization preventable diseases reflects the general public perception of the seriousness of these diseases.
- Perceived threat: According to Becker (1974), perceived susceptibility and perceived seriousness combine to determine the total perceived threat of an illness to a specific individual (Kozier et al 2008) e.g. a mother who perceives that many children in the community die from vaccine preventable diseases may not necessarily perceive it to be a threat however if the mother has not vaccinated her children, the perceived threat of diseases is likely to increase because the susceptibility is combined with seriousness.

Modifying Factors

Factors that modify a person's perceptions include the following:

- Demographic variables: demographic variables include age, gender, race, and ethnicity. An adolescent may perceive peer approval as more important than family approval and as a consequence may participate in hazardous activities or adopt unhealthy eating and sleeping patterns.
- Sociopsychological variables: social pressure or influence from peers or other reference groups may encourage preventive health behaviours even when individual motivation is low. Expectations of others may motivate people e.g. not to drive whilst drunk.

- Structural variables: knowledge about the target disease and prior contact with it are structural variables that are presumed to influence preventive behavior.
- Cues to action: cues can be either internal or external. Internal cues include feelings of fatigue, uncomfortable symptoms, or thoughts about the condition of an ill person who is close.

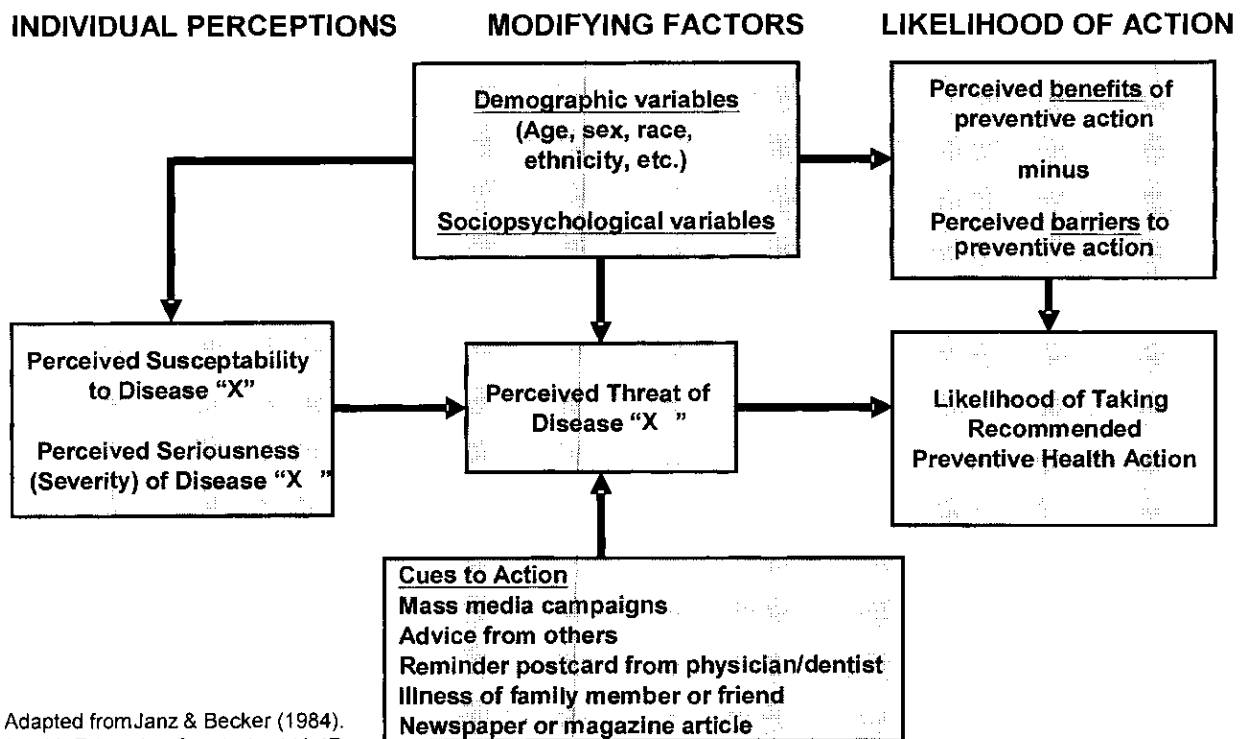
Likelihood of Action

The likelihood of a person's taking recommended preventive health action depends on the perceived benefits of the action minus the perceived barriers to the action (Kozier et al 2008).

- Perceived benefits of the action: if the mother perceives immunization to be very important, the likelihood of vaccinating her children is high.
- Perceived barriers to action: examples include cost, inconvenience, long distance, side effects and negative attitude of health providers.

3.1 Health Belief Model

(Becker, 1974, 1988; Janz & Becker, 1984)



Adapted from Janz & Becker (1984).
Health Education Quarterly, 11, 1-47.

Figure 1

3.2 APPLICATION OF THE HEALTH BELIEF MODEL IN THE STUDY

In the HBM Becker was trying to predict which individuals would or would not use preventive measures. Usually a person would go for a preventive measure if he/she perceives something being the problem and feels that he/she is susceptible to contracting the disease or the infection. The same applies to mothers with under five children; they are likely to vaccinate their children when they perceive immunization to be very important see figure 2.

They might also immunize their children if they have knowledge about childhood immunization i.e. if mothers have knowledge about availability of immunization services, how they protect their children from diseases and its benefits. Having the knowledge about immunization services and its benefits is a modifying factor that will modify perception of mothers with under five children towards child immunization.

The likelihood of the mothers vaccinating their children will also depend on the perceived benefits of the actions and the perceived barriers to the action. If the benefits are more than the barriers they are likely to continue vaccinating their children.

3.3 DIAGRAMMATIC PRESENTATION

Health Belief Model

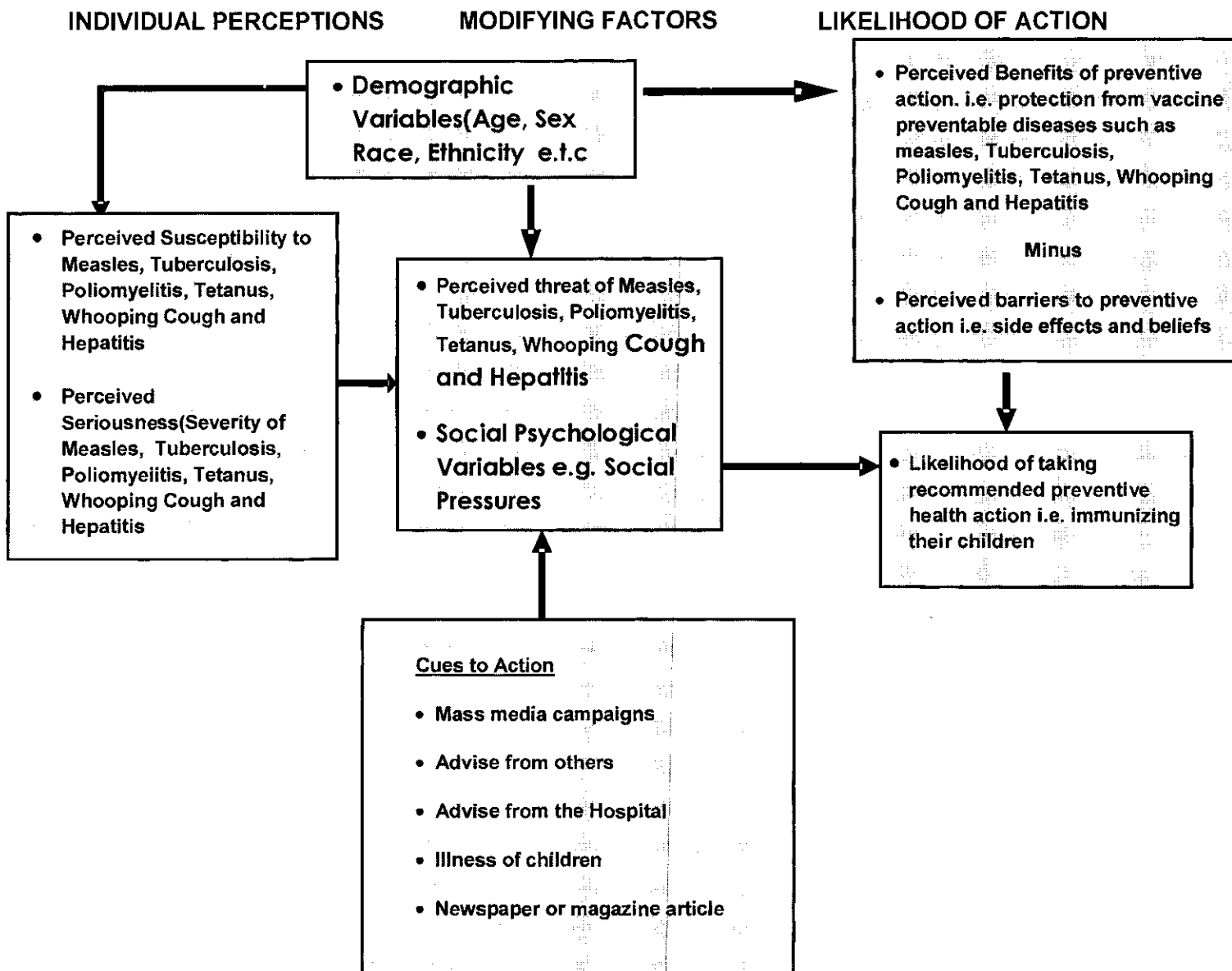


Figure2

CHAPTER 4

4.0 METHODOLOGY

4.1 INTRODUCTION

This section describes the research design, setting, sampling, and plan for data collection, analysis and ethical consideration.

4.2 RESEARCH DESIGN

In this study a qualitative research design which is a systematic, interactive, subjective approach used to describe life experiences and give them meaning will be used. A qualitative research design will be used so as to explore the knowledge, attitude and perception of mothers towards child immunization. Qualitative research design will also be used because it is a method of understanding the unique, dynamic and holistic nature of human beings (Burns & Groove, 2005, p24).

4.3 SETTING

The study will be conducted in Lilongwe district in Kawale Township because Lilongwe is the one with the highest percentage of children who had no vaccination or completed the vaccination according to MDHS of 2004 and Kawale has been chosen for convenience sake hence it will be easy for the researcher to collect data.

4.4 SAMPLING

A sample of ten mothers with under five children who have not immunized their children or completed the immunization will be chosen and purpose sampling will be used in addition two people responsible for immunization at Kawale health center will be interviewed. Purpose sampling sometimes referred to as judgmental or selective sampling, involves the conscious selection of subjects whom the researcher feel will provide information relevant to the study (Burns & Grooves 2005). In qualitative research, this sampling method seems to be the best way to gain insight into a new area of study to obtain in-depth understanding of a complex experience or event as compared to other sampling methods.

4.5 DATA COLLECTION

In-depth interviews using an interview guide for ten subjects will be conducted in this study. This type of interviews helps to explore issues from the participants that would not be spoken out if simple ended questions were used. They also have an advantage in their ability to produce additional data through observation. Observation gives additional and more accurate information on behavior of people than interviews (Burns & Grooves, 2005). This information can be used in

interpreting the responses. Data collected through the in-depth interviews will be recorded using a tape recorder.

4.6 PILOT STUDY

A small scale version or trial run designed to test the methods to be used in larger, more rigorous study, will be performed because it helps in the evaluation of the adequacy of study methods and procedures, appropriateness and quality of instruments. Pilot study ensures validity and reliability of test measurement. Validity refers to the ability to obtain needed data. It tells the investigator whether the tool will measure what a person wants to measure while reliability indicates accuracy and consistence. For this study, a pilot study will be conducted at Mchesi Township in Lilongwe district. Four mothers will be involved in the pilot study.

4.7 DATA ANALYSIS

Data analysis involves the synthesis of the pieces of information obtained in the course of a study. Data will be analyzed manually and through a computer using Microsoft excel software.

4.8 ETHICAL CONSIDERATIONS

The permission to conduct the study will be sought from concerned authorities. A letter will be collected from the village headman for Kawale Township and sent to research and publications committee of Kamuzu College of nursing as an evidence for the researcher to conduct the study in the township.

An informed consent form will be formulated and given to participants seeking permission for their participation in the study. Participants will be informed about the purpose of the study why they have been chosen as subjects, methods of data collection, use of the data, study duration, procedures to be done and what is expected of them. They will be assured of confidentiality and their rights to participate or withdraw at anytime regardless of the benefits of the study, self determination and self respect.

Any risks that participants will encounter during the study will be disclosed to them before their participation. The participants will also be informed in advance that there is no promise of medical or monetary benefits for participating in the study.

Following this, all participants will be requested to sign a consent form after willingly accepting to participate in the study.

4.9 LIMITATIONS OF THE STUDY

The time to develop the proposal and carry out the research is limited since the study takes place in an academic setting along with other courses of study. Thus it does not provide the researcher time to prepare for the larger study. The study will be conducted in one of the townships of

Lilongwe. This will limit reliability and generalization of findings at national level. The sample size of 10 mothers has been proposed in response to finance and time availability.

5.0 DISSEMINATION OF RESULTS

A copy of dissertation in a form of paper will be placed in the libraries of Kamuzu College of nursing and other results will be disseminated to EPI which deals with issues of immunization in Malawi and Ministry of Health so that issues of knowledge, attitude and perception of mothers should be addressed in order to increase immunization coverage in Malawi.

REFERENCES

Adeyinkhu, D.A, Oldimeji, O, Adeyinkha, F.E & Aimankhu, C (2009). *Uptake of childhood immunization among mothers of under five children in SouthWestern Nigeria*. The internet Journal of Epidemiology ISSN 1540-2614 2009/Vol7 number2.

Allender, J.A. & Spradley B.W. (2005). *Community Health Nursing: Promoting and protecting the public's health*. Lippincott Williams & Wilkins.

Becker, M.H, Radius S.M. & Rosenstok (1978) *Compliance with a medical regimen for Asthma: a test of the Health Belief Model*, public Health Reports, 93, 268-77

Burns, N. Groove S. (2005). *The Practice of Nursing Research* (5th ed.). St Louis. Missouri

Clemen-Stone, S.M. (2002). *Comprehensive Community Health Nursing: Family and Aggregates & Community Practice*, (2nd ed.). Mosby; St Louis.

Lilongwe (2002) *Expanded program on Immunisation Malawi field operational manual*. Republic of Malawi. Ministry of Health.

Munthali, A.C (2007) *Determinant of vaccination coverage in Malawi: Evidence from the Demographic and Health Surveys*. Malawi Medical Journal, 19(2):79-82

Phoya, A. & Kang'ombe, S (2005) *Maternal and Child health*. MDHS 2004. Zomba: National Statistical Office.

Polit D.F., Beck C.T. (2008). *Nursing Research, Generating and Assessing Evidence for Nursing Practice* (8th ed.). Lippincott Williams & Wilkins, Philadelphia

<http://eurpub.oxfordjournals.org/cgi/content/full/17/4/348>

UNICEF (2003a). Routine immunization. Trends over decade.

<http://www.childinfo.org/eddb/immune/trends.htm> (accessed on May 12 2010)

UNICEF (2004). Global and regional trends in immunization coverage

<http://www.childinfo.org/eddb/immune/trends.htm> (accessed on May 12 2010)

<http://www.jstor.org/pss/4029198> (downloaded on 17th June 2010)

http://jpma.org.pk/full_article_text.php?article_id=515 (downloaded on 17th June 2010)

<http://www.biomedcentral.com/1471-2458/9/154> (downloaded on 17th June 2010)

[http://www.indianjmedsci.org/article.asp?issn=0019-](http://www.indianjmedsci.org/article.asp?issn=0019-5359;year=2003;volume=57;issue=4;spage=158;epage=163;aulast=Manjunath)

[5359;year=2003;volume=57;issue=4;spage=158;epage=163;aulast=Manjunath](http://www.indianjmedsci.org/article.asp?issn=0019-5359;year=2003;volume=57;issue=4;spage=158;epage=163;aulast=Manjunath) (downloaded on 17th June 2010)

<http://www.savic.ac.za/backend/docs/Immunization%20Knowledge,%20Practice%20and%20Coverage%20Survey.pdf> (downloaded on 17th June 2010)

WHO/AFRO (1994). EPI in the African Region in the 1990s

WHO/AFRO (1997).EPI Progress report

WHO Bulletin volume 87, Number3, March 2009, 161-244.

APPENDIX A

CONSENT FORM

TO WHOM IT MAY CONCERN

I am Moneko B Zoto, a fourth year student from Kamuzu College of Nursing studying a Bachelor of Science degree in nursing. In a partial fulfillment in the attainment of the degree, I am supposed to conduct a research study. My study is on knowledge, attitude and perception of mothers towards child immunization.

You are one of the participants being requested to take part in the study. You are not forced to participate in the study, it is voluntary. You have the right to participate or withdraw from the study any time you feel like when you have already started participating and the withdrawal will not affect you in anyway. The study is important because it will help government in designing appropriate interventions that will help in changing attitude and perception of mothers towards child immunization, hence more women will show up for child immunization. This would in turn increase the immunization coverage rate which will lead to decrease in under five morbidity and mortality rate.

Your participation into this study does not put you at any risk and there is no direct benefit. Confidentiality will be strictly observed as the information given will be anonymous i.e. code numbers in place of names will be used to identify the responses to the interview guide. The findings of the study will be accessible only to the researcher and the supervisor.

I the undersigned, having fully understood the contents of consent form, freely give consent to participate in the study.

Participant signature.....

Date.....

Researcher's signature.....

Date.....

CHILOLEZO CHOTENGAPO MBALI MU KAFUKUFUKU

Dzina langa ndine Moneko B. Zoto, wophunzira wa pa sukulu ya ukachenjedwe ya unamwino yotchedwa Kamuzu College of Nursing ndipo ndili kalasi yomaliza ndikofunika kuti ndichite kafukufuku ngati gawo limodzi lokwanilitsa maphunziro anga ndipo mutu wa kafukufuku wanga ndi kuzindikira, chikhalidwe ndi maganizidwe a mayi pa nkhani ya katemera wa ana.

Ndipempho langa kuti mutenge nawo mbalimukafukufuku ameneyu chifukwa inu ndiye muli oyenera. Simuliokakamizidwa kutenga nawo mbali koma muli ndi ufulu wokana, otenga mbali kapena otuluka mkafukufukuyu atayamba kale kutenga nawo mbali. Kutuluka mkafukufukuyu mutayamba kale kutenga nawo mbali gawo sikudzakhala ndi chiopyezo chilichonse kwa inu.

Ubwino wakafukufukuyu ndiwokuti zotsatira zake zidzathandiza a unduna wadza umoyo kukhazikisa ndondomeko zabwino za katemera ndi cholinga choti amayi ambili azipita ndi ana awo kuchipatala kokalandira katemela choncho ana ambiri azakhala otetezedwa kumatenda opewedwa ndi katemera.

Kutenga nawo mbali kwanu mukafukufukuyu siikani inu pa chiopyezo chilichonse ndipo chilichonse chomwe mudzatiuze chidzakhala cha chinsinsi kupatula kwa ine mwini ndi wondiyang'anila. Ndipo sindidzafunanso kuti inu mulembe dzina lanu pa chikalata chomwe mudzayankhilapo mafonso omwe ndidzakufunsani.

Kutengapo mbali kwanu chidzakhala chothokozedwa koposa.

MWINIKAFUKUFUKU.

SIGNATURE:.....DATE.....

Ine ndasayina pansipa, ndawerenga kalatayi, ndamvetsetsa, ndipo ndapanga chisankho chovomereza pempho lanu kuti nditengapo mbali mukafukufukuyu.

SIGNATURE:.....DATE.....

APPENDIX B

AN INTERVIEW GUIDE ON A STUDY OF KNOWLEDGE, ATTITUDE AND PERCEPTION OF MOTHERS TOWARDS CHILD IMMUNIZATION

INTRODUCTION

(Self introduction-name, confidentiality. Duration of the interview, conduct of the interview).

Participant code number-----Date-----

Time interview started-----Date-----

SECTION A

PERSONAL DATA

(1) Age in years

(a) 15 -25 []

(b) 26 -35 []

(c) 36 -45 []

(d) Others []

(2)Marital status?

(a) Single []

(b) Married []

(c)Divorced []

(d)Widowed []

(3)Number of children

(a)None []

(b)One []

(c)Two []

(d)Three []

(e)Four and above []

(4) Educational level?

(a)None []

(b)Adult literacy []

(c)Primary school []

(i) Standard 1 -4 []

(ii) Standard 5- 8 []

(d)Secondary school []

(i) form 1-2 []

(ii) form 3-4 []

(e)Tertiary level []

(5)Tribe

(a)Chewa []

(b)Ngoni []

(c)Tumbuka []

(d)Tonga []

(e)Lomwe []

(f)Other specify []

(6)Denomination

(a)CCAP []

(b)Pentecost []

(c)Catholic []

(d)Islam []

(e)Other specify []

(7)What is your occupation?

(a)Farmer []

(b)Business []

(c)Student []

(d) Employed []

(e)Others []

(8)Spouse occupation

(a) Farmer []

(b) Business []

(c) Employed []

(d) Other []

(1)KNOWLEDGE

(a)What information concerning child immunization do you have?

(b)Why is it important for children to get vaccinated?

(c)Do you know the recommended schedule for child immunization? If yes explain. []

(d)Do you know the adverse events following immunization? If yes explain. []

(2) AVAILABILITY OF VACCINES AT THE FACILITY

(a)Are vaccines always in stock at your facility? If no explain? []

(b)How many times are immunization services provided at your facility?

(c)Do you provide outreach clinics? If no explain? []

(3) BARRIERS

(a)How far do you travel to get the vaccines?

(i)Within one kilometer from the facility. []

(ii)Kilometers from the facility []

(iii) 3 kilometers from the facility. []

(iv)4 kilometers from the facility. []

(v)Others specify []

(b)What type of transport do you use when going to the clinic?

(i)Minibus []

(ii)Bicycle []

(iii)Walk on foot []

(iv)Others specify..... []

(c)What time of the day does the clinic open to offer the vaccines?

(i)Morning []

(ii)Afternoon []

(d) Is the time convenient for you? Explain your answer. []

(e)Health worker inform you about side effects of immunization?

(i)Every time []

(ii)Sometime []

(iii)Never []

(f)Your child get some side effect when get some vaccine injection?

(i)Ever []

(ii)Never []

(g)What types of vaccine get the side effect?

(i)BCG []

(ii)OPV []

(iii)DTP-HEPB []

(iv)Measles []

(v)Don't know []

(h)What side effect occur then?

(i)Fever []

(ii)Abscess []

(iii)Rash []

(iv)Other specify..... []

(v)Don't know []

(i)If get the side- affected what do you do?

(i)Go to the hospital []

(ii)Go to the traditional hillers []

(iii)Go to the drug store []

(iv)Stay at home []

(v)Other specify..... []

(vi)Don't know []

(j)What other factors prevent you from accessing the vaccines?

(4) MYTHS AND MISCONCEPTIONS

(a)Are there any cultural or religious beliefs associated with child immunization? []

(b)What are they?

(c)Do you believe in such issues? []

(d)Have you heard of any misconception related to child immunization? []

(e)Do you have anything to add on the information provided? []

Thank you for your participation in this study.

May God bless you

CHICHEWA INTERVIEW GUIDE

KAFUKUFUKU WOFUNA KUDZIWA KUZINDIKIRA, CHIKHALIDWE NDI MAGANIZO A MAYI PA NKHANI YA KATEMERA WA ANA

Code numbed..... Date.....

GAWO LOYAMBA

ZA IWE MWINI

(1)Zaka zanu ?

- | | |
|------------|-------|
| (a) 15 -25 | [] |
| (b) 26 -35 | [] |
| (c) 36 -45 | [] |
| (e) Zina | [] |

(2)

- | | |
|----------------|-------|
| (a) Osakwatira | [] |
| (c) Okwatira | [] |
| (c) Osiyidwa | [] |

(3)Muli ndi ana angati?

- | | |
|------------------------|-------|
| (a)Palibe | [] |
| (b)Mmodzi | [] |
| (c)Awiri | [] |
| (d)Atatu | [] |
| (e)Anayikupitamtsogolo | [] |

(4) Maphunziro anu

- | | |
|-----------|-------|
| (a)Palibe | [] |
|-----------|-------|

(b) Yakwacha	[]
(c)Pulayimale	[]
(i) Standard 1 -4	[]
(ii) Standard5- 8	[]
(d)Sekondale	[]
(i) form1-2	[]
(ii) form3-4	[]
(e)Tertiary level	[]
(5)Mtundu	
(a)Chewa	[]
(b)Ngoni	[]
(c)Tumbuka	[]
(d)Tonga	[]
(e)Lomwe	[]
(f)Zina	[]
(6)Chipembezo	
(a)CCAP	[]
(b)Pentecost	[]
(c)Catholic	[]
(d)Islam	[]
(e)Zina	[]
(7)Ntchito	
(a)Mlimi	[]
(b)Malonda	[]

(c)Ophunzira []

(d) Olembedwa []

(e)Others []

(8)Ntchito ya amuna anu

(a) Mlimi []

(b) Malonda []

(c) Olembedwa []

(d) Zina []

(1)KUZINDIKIRA

(a)Mumadziwa chiyani za katemera ? []

(b)Ndikofunika bwanji kuti mwana alandire katemera? []

(c)Mumadziwa ndondomeko yoyenera ya katemera wa ana ? ngati mumadziwa fotokozani []

(d)Kodi mumadziwa zotsatira zomwe zimakhalapo mwana akalandira katemera? Ngati eya fotokozani []

(2) Kupezeka kwa katemera pa chipatala

(a)Katemera amapezeka nthawi zonse ?ngati ayi fotokozani []

(b)Katemera amaperekedwa ka ngati? []

(c)Do you provide outreach clinics? If no explain? []

(3) ZOKHOMA

(a)Ndikotalika bwanji komwe mumakalandira katemera?

(i)Ochepera mlingo umodzi []

(ii)Mlingo umodzi []

- (iii) Mlingo itatu []
- (iv) Mlingo inayi []
- (v) Zina []
- (b) Mumayenda bwanji popita kuchipatala?
- (i) Minibus []
- (ii) Njika yakapalasa []
- (iii) Wapansi []
- (iv) Zina..... []
- (c) Kodi chipatala chimapeleka katemera nthawi yanji?
- (i) Mmawa []
- (ii) Masana []
- (d) Nthawiyo ndi yoyenera kwa inu? Ngati ayi fotokozani []
- (e) Kodi a za umoyo amakuuzani zoopsa za katemera?
- (i) Nthawi zonse []
- (ii) Nthawi zina []
- (iii) Samatiuza []
- (f) Kodi mwana wanu anapezekapo ndi vuto atalandira katemera?
- (i) Eya []
- (ii) Ayi []
- (g) Ndi katemera uti anapezeka nayo vuto?
- (i) Wa chifuwa cha chikulu []
- (ii) Wa polio []
- (iii) Wa kafumbata []
- (iv) Wa chikuku []

- (v) Sindikudziwa []
- (h) Vuto lanji?
- (i) Kutentha thupi []
- (ii) Chotupa []
- (iii) Dziwengo []
- (iv) Zina..... []
- (v) Sindikuziwa []
- (i) Munapanga chiyani?
- (i) Ndinapita kuchipatala []
- (ii) Ndinapita kwa asing'anga []
- (iii) Ndinakagula mankhwala []
- (iv) Palibe []
- (v) Zina..... []
- (vi) Sindikuziwa []
- (j) Ndi zinthubzina ziti zomwe zimakulepheletsani ku kabayitsa ana katemera? []

(4) ZIKHULUPILIRO NDI KUSAMVETSETSA

- (a) Pali zikhulupiliro za makolo kapena chipembezo zokhuzana ndi katemera wa ana []
- (b) Ndi ziti? []
- (c) Mumadzikhulupilira? []
- (d) Ndikusamvetsetsa kuti komwe kulipo pa nkhani yakatemera? []
- (e) Muli ndi zowonjezera? []

Zikomo kwambili potenga nawo mbali mukafukuyi.

Mulungu akudalitseni.

APPENDIX C

TOPIC : A STUDY ON KNOWLEDGE, ATTITUDE AND PERCEPTION OF MOTHERS TOWARDS CHILD IMMUNIZATION

TIME TABLE FOR RESEARCH PROCESS

YEAR: 2010

Task to be done	January-March	April-June	June-July	July-September	October-November	December
Identify Research Title						
Literature review						
Proposal writing, submission of proposal						
Waiting for approval of the proposal						
Piloting, Data collection						
Data analysis						
Report writing						
Dissemination of results						

APPENDIX D**PROPOSED BUDGET**

QUANTITY	ITEM OF EXPENDITURE	UNIT (MKW)	COST	TOTAL (MWK)
----------	---------------------	------------	------	-------------

STATIONERY

1	Ream	900.00		900.00
5	Pens	25.00		125.00
4	Large Envelopes	50.00		200.00
3	Large Envelopes	20.00		60.00
1	USB Flash (2GB)	3,500.00		3,500.00
	Tape recorder	10,000.00		10,000.00
	SUBTOTAL			10485.00

SECRETARIAL SERVICES

3	Printing proposal	500.00		1500.00
12	Photocopying interview guide	20.00		140.00
6	Binding 3 proposal & 3 dissertation	500.00		3000.00
5	Printing dissertation	600.00		3000.00
	SUBTOTAL			7640.00

COMMUNICATION

Blantyre to Lilongwe x2 trips @ k1500	Travelling	1500.00		6000.00
	Internet	1500.00		1500.00
	Phone	2500.00		2500.00
	SUBTOTAL			10,000.00

	Meals	3000.00		3000.00
	Allowance	5000.00		5000.00
	SUBTOTAL			8000.00

	GRAND TOTAL			36,125.00
--	-------------	--	--	-----------

JUSTIFICATION OF THE BUDGET

STATIONERY

Plain white papers will be needed for printing and photocopying the research proposal and the Questionnaires. Large envelopes will be needed for carrying papers and during data collection and also for keeping information for any correspondence.

Pens and pencils will also be required for data collection, and analysis.

TRANSPORT BILLS

Money will be needed by the researcher for transport i.e. when travelling from Blantyre to Lilongwe to collect data.

PHOTOCOPYING AND PRINTING COSTS

Money as stipulated on the budget will be needed for photocopying and printing the questionnaires, research proposal and dissertation.

APPENDIX E

University of Malawi
Kamuzu college of Nursing
Private Bag 1
Lilongwe
28th June 2010

The Research and Publication Committee
Kamuzu College of Nursing
Private Bag 1
Lilongwe

ATTENTION: The Chairperson

THROUGH: Mr. M.Y Msiska

The Research Supervisor
Kamuzu College of Nursing
Lilongwe Campus
Private Bag 1
Lilongwe

Dear Sir/Madam

APPLICATION FOR COLLEGE CLEARANCE TO CONDUCT A RESEARCH STUDY

I am a fourth year student of Bachelors of Science in nursing. In a partial fulfillment for the award of this degree, I am expected to conduct a study.

I am hereby writing to seek permission to conduct a research study on knowledge, attitude and perception of mothers towards child immunization at Kawale Township.
Attached is my research proposal.

Your consideration is greatly appreciated.
Yours faithfully

Moneko B. Zoto (Miss)

APPENDIX F

University of Malawi
Kamuzu college of Nursing
Private Bag 1
Lilongwe
28th June 2010

The Village Headman,
Kawale.
Lilongwe.

Dear sir/madam.

PERMISSION TO CONDUCT A RESEARCH STUDY IN YOUR AREA

I am a fourth year student pursuing Bachelor of Science degree in Nursing at Kamuzu College of Nursing. In a partial fulfillment in attainment of the Bachelors degree, I am requested to conduct a study and my study topic is on knowledge, attitude and perception of mothers towards child immunization in Kawale Township in Lilongwe District.

The purpose of writing this letter is to request for the permission to conduct a study in your area i.e. in Kawale Township in Lilongwe district. The study will involve in-depth interviews with the Mothers of under five children.

Looking forward to your favourable consideration,

Yours faithfully
Moneko B. Zoto (Miss)

APPENDIX G

University of Malawi
Kamuzu college of Nursing
Private Bag 1
Lilongwe
28th June 2010

The Village Headman,
Kawale.
Lilongwe.

Wokondedwa A Mfumu,

KUPEMPHA CHILOLEZO CHOPANGA KAFUKUFUKU MDELA LANU.

Dzina langa ndine Moneko B. Zoto, wophunzira wa pa sukulu ya ukachenjedwe ya unamwino yotchedwa Kamuzu College of Nursing (KCN) ndipo ndili kalasi yomaliza ndikofunika kuti ndichite kafukufuku ngati gawo limodzi lokwanilitsa maphunziro anga ndipo mutu wa kafukufuku wanga ndi kuzindikira, chikhalidwe ndi maganizidwe a mayi pa nkhani ya katemera wa ana.

Cholinga cholemba kalatayi ndi kupempha chilolezo chopanga kafukufukuyu mdera lanu. Kafukufukuyi udzapangidwa kwa a mayi 10 omwe ali ndi ana osaposerera zaka zisanu.

Ndizakhala wosangalala ngati ngati pempho langa litavomerezedwa.

Ine mwana wanu
Moneko B. Zoto (Miss)

APPENDIX H

University of Malawi
Kamuzu college of Nursing
Private Bag 1
Lilongwe
28th June 2010

The District Health Officer,
Bwaila District Hospital,
P/Bag ?
Lilongwe.

Dear sir/madam

PERMISSION TO CONDUCT A RESEARCH STUDY IN YOUR AREA

I am a fourth year student pursuing Bachelor of Science degree in Nursing at Kamuzu College of Nursing. In a partial fulfillment in attainment of the Bachelors degree, I am requested to conduct a study and my study topic is on knowledge, attitude and perception of mothers towards child immunization in Kawale Township in Lilongwe District.

The purpose of writing this letter is to request for the permission to conduct a study in your area i.e. in Kawale Township in Lilongwe district. The study will involve in-depth interviews with 10 Mothers of under five children and two people responsible for immunization at Kawale Health Center.

Looking forward to your favourable consideration,

Yours faithfully
Moneko B. Zoto (Miss)

APPENDIX I

University of Malawi
Kamuzu college of Nursing
Private Bag 1
Lilongwe
28th June 2010

The In charge,
Kawale Health Center,
P/Bag?
Lilongwe.

Dear sir/madam

PERMISSION TO INTERVIEW TWO PEOPLE RESPONSIBLE FOR IMMUNIZATION AT KWALE HEALTH CENTER.

I am a fourth year student pursuing Bachelor of Science degree in Nursing at Kamuzu College of Nursing. In a partial fulfillment in attainment of the Bachelors degree, I am requested to conduct a study and my study topic is on knowledge, attitude and perception of mothers towards child immunization in Kawale Township in Lilongwe District.

The purpose of writing this letter is to request for the permission to interview two people responsible for immunization at Kawale Health Center.

Looking forward to your favourable consideration,

Yours faithfully
Moneko B. Zoto (Miss)