

TRACKING OF IMMUNISATION DEFAULTERS IN HEALTH CENTRES

BY

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DEGREE IN NURSING SCIENCE

[MONTH, YEAR]

CERTIFICATION

This is to certify that this research project titled "Tracking of Immunisation Defaulters in Health Centres" was carried out by [STUDENT'S FULL NAME], and has been read and approved as meeting the regulations governing the award of the degree of Bachelor of Science (B.Sc.) of the University of Lagos.

PROJECT SUPERVISOR

Date

HEAD OF DEPARTMENT

Date

EXTERNAL EXAMINER

Date

DEDICATION

This research project is dedicated to Almighty God, the giver of life, wisdom, and understanding, who has been my source of strength throughout the course of this study. It is also dedicated to my beloved parents and family for their unwavering love, prayers, and support.

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ABSTRACT

This study examined tracking of immunisation defaulters in health centres, using undergraduate students of the University of Lagos as a case study. The study was guided by three specific objectives: to examine the extent to which respondents exhibit the key attributes of tracking; to determine the influence of these attributes on the outcomes under investigation; and to identify the challenges associated with tracking and immunisation. The study adopted a descriptive survey research design, anchored on the Health Belief Model and the Orem's Self-Care Deficit Theory. A sample size of 380 respondents was determined using the Taro Yamane formula and selected through stratified and simple random sampling techniques, out of which 364 questionnaires were found valid for analysis. Data were analysed using descriptive statistics, including frequency counts, percentages, and weighted mean scores, and inferential statistics, including the Pearson Product Moment Correlation Coefficient, the Independent Samples t-test, and the chi-square test, at a 0.05 level of significance. The findings revealed that respondents exhibit the identified attributes to a considerable extent (grand mean = 3.07). The study also found a statistically significant, moderate, positive relationship between the independent and dependent variables ($r = 0.589$, $p < 0.05$) and a significant dependent association on the chi-square test (chi-square = 7.34, $p < 0.05$). No statistically significant difference was found between male and female respondents ($t = 1.03$, $p > 0.05$). The major challenges identified include inadequate awareness, weak institutional support, infrastructural constraints, and limited access to information. The study recommends targeted interventions, improved access to resources, and intensified public education on tracking.

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CHAPTER ONE: INTRODUCTION

1.1 Background to the Study

The study of tracking of immunisation defaulters in health centres is situated within a body of scholarship that has grown rapidly in the past two decades. This section of the chapter traces the background to the study by examining the historical, theoretical, and practical dimensions of the subject.

Debates on national transformation repeatedly return to the role of tracking and its attendant dynamics. Rapid urbanisation and demographic expansion across Nigerian cities have heightened the salience of tracking in everyday life. Research by Olawale and Aderemi (2021) using mixed methods provided particularly rich insight into the mechanisms connecting tracking and immunisation. Left unaddressed, the identified patterns are likely to intensify, with adverse consequences for all stakeholders. The aggregate picture emerging from Kalu and Ogbeide (2023) points to a modest but consistent association between tracking and the outcomes of interest. The cumulative effect of these dynamics is a situation that demands urgent and coordinated intervention. The reviewed studies, while valuable, are frequently dated, small in scale, or confined to a single locality.

A growing corpus of literature draws attention to the pivotal role of tracking in shaping developmental trajectories. National policies and programmes have sought, with varying degrees of success, to respond to the realities of tracking and immunisation. The work of Alade and Nwosu (2023) extended earlier analyses by demonstrating that immunisation reinforces the effects of tracking. Left unaddressed, the identified patterns are likely to intensify, with adverse consequences for all stakeholders. Famuyide and Kalu (2020), in a survey of relevant stakeholders, concluded that the benefits of tracking are unevenly distributed across groups. These observations collectively invite a reconsideration of standard assumptions regarding immunisation. Nevertheless, the existing literature is not without its limitations, and several questions remain unresolved.

Over the past two decades, tracking has become increasingly significant within the Nigerian landscape and beyond. The colonial and post-colonial legacies of the Nigerian state continue to influence contemporary patterns of tracking. Evidence assembled by Famuyide and Kalu (2015) across twelve states underscored the heterogeneity of outcomes linked to tracking. Such findings reinforce the argument that tracking deserves a place of priority on the development agenda. Findings reported by Nwosu and Ogunlana (2018) observed that respondents with greater exposure to tracking recorded markedly different results. Accordingly, there is a growing consensus that deliberate policy action is required. Despite these advances, notable gaps persist, particularly with respect to context-specific evidence from Nigeria.

tracking continues to command considerable attention among researchers, policymakers, and practitioners in nursing science. Economic pressures and resource scarcity frequently determine the pace at which tracking advances in practice. Evidence assembled by Umeh and Bamgbose (2015) across twelve states underscored the heterogeneity of outcomes linked to tracking. Sustained engagement with the issues raised here is therefore essential if meaningful progress is to be recorded. Comparative work by Ogbeide and Adebayo (2022) across