



## A STUDY OF IMMUNIZATION STATUS OF CHILDREN & HEALTH SEEKING BEHAVIOUR IN PARENTS

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### ABSTRACT

#### Background

IMMUNISATION is a process by which an individual's system becomes fortified against an immunogen.

The modern era of vaccines and immunization were eventually developed against most of the epidemic diseases like polio, diphtheria, measles, mumps, whooping cough etc. It is one of the most cost effective method for a healthy child. Despite of increasing coverage, immunization rate is low in many areas.

#### Objectives

To observe immunization status of children visiting tertiary care hospital. To study about knowledge, attitude and practice of parents regarding their understanding of immunization. And Factors responsible for vaccination drop outs.

#### Materials And Methods

It was a questionnaire based observational cross sectional study conducted at tertiary care center including 500 children between 1 month to 5 year of age group done by interviewing parents of children visiting our hospital either indoor or outdoor. And those children were categorized as full immunized, partially immunized, unimmunized on basis of vaccine received as per UIP schedule for that age. Immunization card was used to check the vaccination status. Those who could not show immunization card were excluded. Then data was compiled and analyzed.

#### Result

In this study, out of 500, 299(59.8%) number of children are less than 3 years of age. Partially vaccinated ratio is 35.5%. Out of 500, 79.2% children are from urban area for immunization coverage, out of which 78.5% children are fully immunized. Remaining 20.8% children are from rural area, out of which 49% are fully immunized. In this study, in spite of taking same number of male and females, we have observed that higher percentage of fully immunization coverage is more in males (80.7%) than females (61.8%). Females are more partially immunized (36.4%) and unimmunized (1.8%) than males (19.3%). Neither information from other people, advertisement or vaccination campaign contribute in the completion of immunization schedule. Also child sickness and lack of awareness of UIP schedule is important reason for not giving immunization.

#### Conclusion

Taking help of both health care facilities and multimedia to remove misconception regarding immunization.

### KEYWORDS : immunization, vaccine, UIP

#### INTRODUCTION

IMMUNISATION is a process by which an individual's system becomes fortified against an immunogen. The modern era of vaccines and immunization were eventually developed against most of the epidemic diseases like polio, diphtheria, measles, mumps, whooping cough. It is one of the most cost effective method for a healthy child. Despite of increasing coverage, immunization rate is low in many areas. To improve immunization coverage, Vaccine Preventable Disease surveillance provides vital information to help countries understand disease burden and epidemiology to inform vaccine policy and strategy.

It is important to extend the success of a endemic measles, rubella and polio to other vaccine preventable diseases.

Government immunization programs have been carried out 30 years, according to a January 2019 report of the Ministry of Health and Family Welfare (MOHFW). India's vaccination coverage grew from 35% in 1992-93 to 62% in 2015-16.

NFHS 2015-16 data of Gujarat has reviewed that the full immunization coverage of Gujarat is 50.4% which is very less than most of the states in India [1]. We are in phase of Polio eradication to maintain state of polio free India. For that we need good coverage against these diseases. In recent years,

the number of measles cases are in increasing trend which is a matter of concern. It can be controlled by immunization coverage.

Mission Indradhanush, launched in December 2014, aimed to ensure 90% of infants would be vaccinated by 2020. Under Intensified Mission Indradhanush 2.0, the second phase of the initiative launched on October 31, 2019, immunization is set to be carried out in 271 district across the country where fewer than 70% infants are currently vaccinated.

#### MATERIALS AND METHODS

It was a questionnaire based observational cross sectional study including 500 children between 1 month to 5 year of age group done by interviewing parents of children visiting our hospital either indoor or outdoor. During interview, each question was properly explained to parents in easy language. Children who had received all the vaccines as per UIP schedule for that age were considered as fully immunized. Children who had not taken one or more than one vaccine as per UIP schedule for that age were considered as partially immunized child. The parents who gave the history of not given any vaccination to the child were included in the study as a unimmunized child. Immunization card was used to check the vaccination status. Those who could not show immunization card were excluded. The data was compiled

and analyzed.

**RESULT**

**Table 1: Age And Sex Distribution**

| Age             | Number     |
|-----------------|------------|
| 1month - 1 year | 118        |
| 1 year - 2 year | 110        |
| 2 year - 3 year | 71         |
| 3 year - 4 year | 91         |
| 4 year - 5 year | 110        |
| <b>Total</b>    | <b>500</b> |

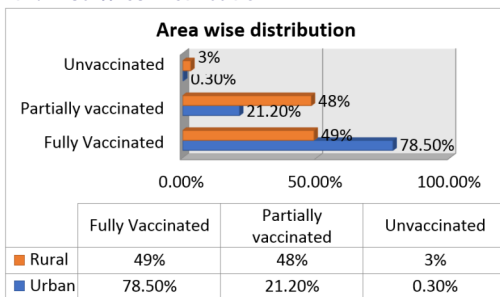
| Sex          | Number     |
|--------------|------------|
| Male         | 280        |
| Female       | 220        |
| <b>Total</b> | <b>500</b> |

In this study, out of 500, 299(59.8%)number of children are less than 3 years of age. Number of Male and female children almost equally added in this study.

We have observed that overall in all age group, 70 to 80% children were fully immunized. Thus, dropping of immunization due to various reason at any age is possible. Even in age group of 1 month- 1 year, partially vaccinated ratio is 35.5%. So, it shows urgency to strengthen immunization drop outs.

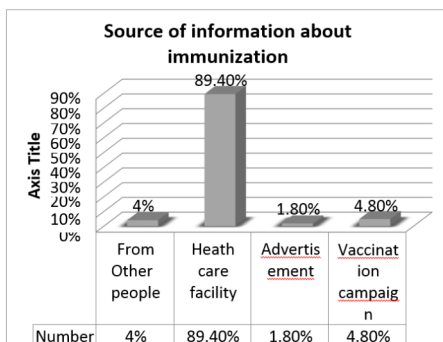
In this study, in spite of taking same number of male and females, we have observed that higher percentage of fully immunization coverage is more in males(80.7%) than females (61.8%). Females are more partially immunized(36.4%) and unimmunized(1.8%) than males(19.3%). This difference is statistically significant(p value is 0.024). So, female sex is one of the factor for immunization drop outs.

**Chart 1: Area Wise Distribution**



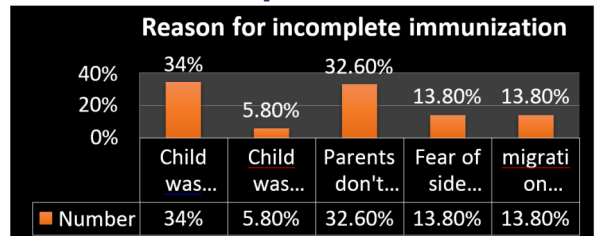
Out of 500,79.2% children are covered from urban area for immunization coverage, out of which 78.5% children are fully immunized. Remaining 20.8% children are from rural area out of which 49% are fully immunized.

**Chart 2 : Source Of Information About Immunization**



Despite wide availability and use of multimedia ,Still health care facilities are major source of information about immunization. Still it is a responsibility of Health care facility as far as information about immunization & completion of immunization schedule is concerned. Neither information from other people ,advertisement or vaccination campaign contribute in the completion of immunization schedule

**Chart 3: Reason For Incomplete Immunization**



On asking reason for incomplete immunization we have observed that still child sickness and lack of awareness of UIP schedule is important reason for not giving immunization.. Similar findings were observed in other urban and tribal area studies.[3]

**DISCUSSION**

Regular health education session with more use of multimedia and interpersonal approach should be done to improvise current scenario of immunization. Still it is a responsibility of Health care facility as far as information about immunization & completion of immunization schedule is concerned. Neither information from other people ,advertisement or vaccination campaign contribute in the completion of immunization schedule. More than 99% parents were using mobile irrespective of their economical status & forgetful was the major cause of vaccination drop out. So we felt that as system of regular reminder by text messages on mobile will be a very cost effective method of improving immunization status.

**CONCLUSION**

Taking help of both health care facilities and multimedia to remove misconception regarding immunization. And to encourage and educate parents to receive timely immunization.

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