

Knowledge, Attitude and Practises Regarding Routine Immunization Among Mothers of Under Five Children Attending A Primary Health Centre in Chennai



Medical Science

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ABSTRACT

Objective: To study the Knowledge, Attitude and Practises regarding Routine Immunization among mothers of under-five children attending a Primary Health Care centre.

Methodology:

Study design: Cross-sectional study

Study setting: Immunization clinic of Primary Health Centre, Mugalivakam, Chennai

Study period: July 1st to July 31st 2013

Sample size: 150 mothers of under-five children

Results:

A total of 150 participant mothers of under-five children were included in the study. With regard to decision about immunization, majority of the decisions were taken by the mothers (61.3%). Percentage of fully immunised children was 98%. Health worker (89.3%) was found to be the main source of information for Immunization. 32.7% of the mothers had no knowledge about any of the vaccines used in the programme. The knowledge regarding Hepatitis B vaccine was high (46%) when compared to other vaccines.

Conclusion:

Results of this showed high knowledge and practice of Routine Immunization among the mothers which can be attributed to the training and efforts of the personnel involved in the immunization activities and facilities offered by the PHC. Lack of awareness regarding individual vaccines used can be improved with effective Information Education Communication strategies

INTRODUCTION:

Edward Jenner demonstrated the value of immunization against smallpox in 1792. Nearly 200 years later, in 1977, smallpox was eradicated from the world through the widespread and targeted use of the vaccine¹. Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease. Immunization is one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations². The Expanded Programme on Immunization (EPI) was established in 1974 through a World Health Assembly resolution, to build on the success of the global smallpox eradication programme³. The first diseases targeted by the EPI were diphtheria, whooping cough, tetanus, measles, poliomyelitis and tuberculosis. Eradication of poliomyelitis is now within reach. Maternal and neonatal tetanus has been eliminated in 20 of the 58 high-risk countries⁴.

India was one of the first countries to adopt the WHO's Expanded Programme of Immunization (EPI) in 1978⁵. Later, on November 19, 1985, the Universal Immunization Program (UIP) was introduced in India with the objective to cover at least 85% of all infants by 1990⁶. Further, a national socio-demographic goal was set up in National Population Policy (NPP) 2000 to achieve universal immunization of children against all vaccine-preventable diseases by 2010⁷.

In a developing country like India, the sheer logistics of the numbers of the target population that stretches across geographically diverse regions make universal immunization of children a difficult task⁸. All vaccines under the Routine Immunization programme are provided free-of-charge. However, the current level of coverage of 'fully-immunized' children under the national immunization programme is quite low, as pointed out by several studies⁷. The main reasons identified for poor coverage include inadequacy of community participation in RI and Information, Education and Communication (IEC) activities⁶.

The current study seeks to determine the knowledge, attitude and practises regarding Routine Immunization among mothers of under-five children and to more fully identify risk groups and

reasons for under-immunization.

METHODS:

A cross sectional study was carried out in Primary Health Centre, Mugalivakam, Chennai for a period of one month from July 1st to July 31st 2013. A sample size of 150 was calculated taking the knowledge regarding immunisation as 70% based on previous studies. All mothers of under-five children attending the immunisation clinic held on Wednesdays in the PHC, were interviewed using a pre-tested self structured questionnaire after obtaining written informed consent from them. The questionnaire included questions on socio-demographic variables, mother's knowledge, attitude and practices regarding immunization of the child. Information regarding the administration of vaccine was obtained from immunization card or on the basis of recall by the respondents in case of unavailability of the card. The immunization status of the child was categorized into three groups as fully immunized/completely immunized up to age, partially immunized defined as those who missed any one vaccine out of the programme and those not immunized. Data entry and analysis was done using the statistical package SPSS 19 version. Ethics approval for the study was obtained from the Student's ethics committee in Sri Ramachandra Medical College.

RESULTS:

A total of 150 participant mothers of under-five children were included in the study. The mean age of children was 20.97 months. This included 64 (42.7%) infants. More than half of them 86 (57.3%) were female children. With regard to education status, 93 (62%) of mothers had completed high school, 27 (18%). It was noted that 83 (55.3%) births were conducted in Government Hospitals followed by 30 (20%) in Primary Health Centre (PHC), 15 (10%) in Private Hospitals, 8 (9.3%) in Private nursing homes and 8 (5.3%) in district hospitals. These percentages show an increasing trend of institutional deliveries which is encouraging. Majority of the decisions regarding immunization were taken by the mothers (61.3%).

Majority (86.7%) mothers had knowledge about childhood immunization. When asked about the importance of immunization, 113(75.3%) correctly answered that it protects from disease. Majority (93.3%) mothers said that immunization should be started at birth and 96% of mothers said that it is required

to follow the schedule correctly. There was awareness regarding side effects associated with immunization (62%) and majority of the mothers (81.3%) said that they would not stop immunizing their child in case of side effects related to immunization. The health worker/Village Health nurse (89.3%) was found to be the main source of information. The percentage of fully immunised children was 98% with 2% of the partially immunised citing financial reasons for not immunizing the child. Majority of the children (88.7%) received immunization at the Primary Health Centre.

The knowledge regarding timing of administration and importance of individual vaccines used in the programme was also assessed. 32.7% of the mothers had no knowledge about any of the vaccines used where as 11.3% had good knowledge about five to six vaccines. The knowledge regarding Hepatitis B vaccine was high (46%) when compared to other vaccines and was least for Haemophilus influenza B vaccine (86.7%).

DISCUSSION:

The study was conducted to assess the knowledge, attitude and practices regarding RI among mothers of under-five children. 86.7% mothers had knowledge about childhood immunization with 75.3% correctly saying that immunization protects from disease. Similar findings were seen in a study done in a rural area in North Kashmir⁹. Majority of the mothers obtained information from the health workers showing the importance of well trained personnel in health related activities and effective Information, Education and Communication (IEC) strategies. These results are consistent with other studies^{9, 10}. The proportion of fully immunised/completely immunized up to age was high (98%) which was high when compared to other studies^{8, 9, 11, 12}. The knowledge regarding individual vaccines being used in the programme was better when compared to other studies¹¹ with 56% of mothers aware about 1 to 4 vaccines being used. 32.7% mothers had no knowledge regarding any of the vaccines used and this shows the need to increase the IEC activities related Vaccine Preventable Diseases (VPD).

CONCLUSION:

In conclusion, the results of this showed high knowledge and practice of Routine Immunization among the mothers of under-five children. These results can be attributed to the facilities offered by the PHC and the training and efforts of the personnel (Village Health Nurse) involved in the immunization activities. There was lack of awareness regarding individual vaccines used in the control of Vaccine Preventable Diseases under the National programme. This can be improved with effective IEC strategies. It has to be mentioned that all the deliveries were institutional based which is a very encouraging trend.

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