

## Immunisation Coverage and the Effect of Maternal Knowledge & attitude Towards it

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### Introduction

Immunisation remains one of the most important public health interventions and a cost effective strategy to reduce both the morbidity and mortality associated with infectious diseases. Over two million deaths are delayed through Immunisation each year worldwide. Despite this, Vaccine preventable diseases remain the most common cause of childhood mortality with an estimated three million deaths each year. Uptake of vaccination services is dependent not only provision of these services but also on other factors including knowledge and attitude of mothers, density of health workers, accessibility to vaccine clinics and availability of safe needles and syringes. Assessing Immunisation coverage helps to evaluate progress in achieving programme objectives and in improving service delivery. With this perspective the above survey was conducted for assessing vaccination coverage for childhood vaccines and maternal factors impacting coverage in a Rural and urban communities of Bellary, Karnataka.

### Methodology

**Study Settings:** This study was conducted in a village Veniveerapura, Bellary district and in the Urban slum (Golaretti) of Bellary district, Karnataka, India. **Study Subjects:** Included Mothers of children aged between 1-3yrs of Veniveerapura village and Golaretti area of Bellary district, Karnataka, India.

### Exclusion criteria

The subjects who did not give their consent and the migrants were excluded from the study.

### Study Design

A Cross Sectional Study. Sample Size : 200.

### Sampling Technique

All the households in the village Veniveerapura and Golaretti area of the Bellary district were surveyed using a pretested questionnaire. Study Period: March 1st, 2012 to June 15th, 2012.

### Method of data collection

After obtaining informed written consent, data was collected using pretested, semi structured questionnaire by interview technique and all the relevant information was gathered.

### Statistical analysis

Data was entered in Microsoft excel and analysed using SPSS 17.0 version. The statistical test used were Proportion, Mean, Chi-square test and Independent T test.

### Ethical consideration

Permission was taken from the respective authorities of the institution and written informed consent was taken from study subjects.

### Results

The study included 200 Mothers and their Children, among them 100 were from rural and 100 from urban areas. Among the children 51.5% were males and 48.5% were females and 22.5% aged 1yr, 70% aged 2yr, 7.5% aged 3 yr. 42% of child belonged to 1st birth order, 38.5% to 2nd, 18.5% to 3rd. Among the children 78% were Hindus and 22% were Muslims. The mothers age was in a range of 18-42 yrs, among them 41% completed their primary schooling, 25.5% secondary, 2.5% graduated, 31% illiterates and coming to occupation 16.5% of mothers were employed while 83.5% were housewives. 84% mothers had undergone their delivery in hospital compared to 16% mothers who delivered at home where in 60% of these home deliveries were done by trained dai and 40% by untrained dai. 81.5% mothers had immunization card with them. Only 0.5% children were not immunized with BCG with the BCG scar absent in them while 24% children were not immunized for Measles. 73.5% of children were fully immunized and 26.5% of them were partially immunized. In rural areas, 72% of mothers had poor knowledge compared to urban areas where only 36% of mothers had poor knowledge. 84% of rural mothers had negative attitude towards immunization compared to urban areas which was 21%, this difference was found to be statistically significant. Knowledge (p-0.03), attitude (p-0.001). In rural areas 80% of children are fully immunized compared to urban which is 67% while 20% of rural children are partially immunized compared to 33% of urban, this difference was found to be statistically significant (p-0.03).

### Conclusion

The Immunisation status of children is better with most of the children being fully immunised. The rural mothers had poor knowledge and negative attitude towards immunisation when compared to urban mothers. In spite of this drawback, the Immunisation coverage is better in rural areas when compared to urban areas, which is a significant outcome of the study.