International Journal of Advance Research in Community Health Nursing

E-ISSN: 2664-1666
P-ISSN: 2664-1658
www.communitynursing.net
IJARCHN 2022; 4(1): 54-56
Received: 11-01-2022
Accepted: 15-02-2022

Popy Das
Department of Nursing, Assam Down Town University, Guwahati, Assam, India

Smita Sarmah
Department of Nursing, Assam Down Town University, Guwahati, Assam, India

Prastuti
Department of Nursing, Assam Down Town University, Guwahati, Assam, India

Purashmita
Department of Nursing, Assam Down Town University, Guwahati, Assam, India

Queen
Department of Nursing, Assam Down Town University, Guwahati, Assam, India

Binoya
Department of Nursing, Assam Down Town University, Guwahati, Assam, India

Rnji
Department of Nursing, Assam Down Town University, Guwahati, Assam, India

Ruki
Department of Nursing, Assam Down Town University, Guwahati, Assam, India

Sheetal
Department of Nursing, Assam Down Town University, Guwahati, Assam, India

Shabhia Majhong
Department of Nursing, Assam Down Town University, Guwahati, Assam, India

Lakhimi Gogoi
Department of Nursing, Assam Down Town University, Guwahati, Assam, India

Runogi Semp
Department of Nursing, Assam Down Town University, Guwahati, Assam, India

Corresponding Author:
Lakhimi Gogoi
Department of Nursing, Assam Down Town University, Guwahati, Assam, India

A study to assess the level of knowledge regarding Universal immunization schedule among the mothers residing in selected areas of Panikhaiti, Guwahati, Assam, India

Popy Das, Smita Sarmah, Prastuti, Purashmita, Queen, Binoya, Rnji, Ruki, Sheetal, Shabhia Majhong, Lakhimi Gogoi and Runogi Semp

Abstract
Immunization becomes an important cost effective weapon for combating child mortality associated with infectious diseases. Immunizing a child significantly reduces cost of treating diseases, thus providing healthy childhood and reduces suffering. Revised immunization is a new immunization that use for the purpose of updating and improving our immune system. Over 2millon deaths are delayed through immunization worldwide. Without immunization an average of 2out of every100 children will die from measles, another two from whopping cough, one more will die from tetanus. And out of every 200, 1 will from polio. Children can be protected from other diseases by vaccines. It is there for essential that all parents know why, when, where and how many times their infants should be immunize. According to UNICEF, immunization programs can protect the lives of nearly 4 million children. In 2002, 7out of every 1000 children in industrialize countries died before they are 5. In South Asia, 97 of 1000 children die before they were 5years. And in sub-Saharan African that number is 174 of every 1000 children.

Objectives of the study
1. To assess the knowledge of mothers having under 5 children regarding Immunization.
2. To find out the association between knowledge with selected demographic variables of mothers of under 5 children.

Keywords: Universal immunization schedule

Introduction
Immunization refer to the induction of an immune response, this response may be manifested through predominantly humoral immunity or both. The Expanded Program of Immunization was the first global initiative of immunization organized under the banner of World Health Organization in 1974 with the focus to immunize children below 5years and pregnant women. The Universal Immunization Program was introduced in 1985 to improve the coverage of immunization within the country. Revised immunization which include changes to recommendation for influenza, Hepatitis A, Tetanus, Diphtheria, and acellular Pertussis vaccines.

In 2020 17.1 million infants did not receive an initial dose of DTP vaccine pointing to lack of access to an immunization and other health services and an additional 5.6 million are partially vaccinated. Of the 23 million more than 60% of these children live in 10 countries: Angola, Brazil, the Democratic Republic of the Congo, Ethiopia, India, Indonesia, Mexico, Nigeria, Pakistan and the Philippines. Monitoring data at sub national levels is critical to helping countries prioritize and tailor vaccination strategies and operational plans to address immunization gaps and reach every person with life-saving vaccines.

Thus there is an urgent need to find ways to increase vaccination coverage, particularly encourage parents to have their children vaccinated and to increase awareness about the revised immunization

Material and Methods
In this study Descriptive research design was adopted and the study was conducted in selected village of Thakurkuchi, Chandrapur, sample consists of 40 samples. Selection of

sample was done by using Purposive Sampling Technique. The instrument used for data collection includes 2 tools. Tool 1- Demographic Performa consisted age of the mother, religion, educational status, occupation, monthly income of the family, age of the child.

Tool 2- consisted of structured knowledge questionnaire. The analysis of the data was done by using Descriptive and I

Table 1: Frequency and percentage distribution of demographic variables such as age, religion, educational status, occupation, monthly income, age of child for main study

n=40

Sl. no.	Demographic variables	Frequency (F)	Percentage (%)
1	**Age**		
a.	18-22 years	23	57.5
b.	23-28 years	15	37.5
c.	29-35 years	2	5
2	**Religion**		
a.	Hinduism	39	97.5
b.	Islam	1	2.5
c.	Christian	-	-
3.	**Educational status**		
a.	Primary/Secondary	22	55
b.	b. Graduate	8	20
c.	No formal education	10	25
4.	Occupation		
a.	Government employee	5	12.5
b.	Private employee	4	10
c.	Housewife	31	77.5
5.	**Monthly income of the family**		
a.	<10,000	28	70
b.	10,000-20,000	12	30
c.	>20,000	-	-
6	**Age of the child**		
a.	0-1 year	18	45
b.	2-5 years	10	25
c.	>5 years	12	30

Table 2: Association between level of knowledge regarding immunization and the selected variables for main study

n=40

Sl. No	Demographic variables	Knowledge Level		x^2	df	p-value	Inference
		Adequate	Inadequate				
1.	**Age of mother**						
a.	18-22 years	9	1	22.22	2	5.99	SIG
b.	23-28years	27	-				
c.	29-35years	3	-				
2	**Religion**						
a.	Hinduism	39	1	1	2	5.99	NS
b.	Islamic	-	-				
c.	Christian	-	-				
3	**Educational Status**						
a.	Primary or secondary	39	1	2.64	2	5.99	NS
b.	Graduate	-	-				
c.	Illiterate	-	-				
4	**Occupation**						
a.	Government employ	-	-	25.82	2	5.99	SIG
b.	Private employ	-	-				
c.	Housewife	39	1				
5	**Monthly income of the family**						
a.	<10,000	12		25.78	2	5.99	SIG
b.	10,000-20,000	27	1				
c.	>20,000	-	- -				
6	**Age of the child**						
a.	0-1 years	7	1	92.1	2	5.99	SIG
b.	2-5years	32	-				
c.	>5years	-	-				

Result and Discussion

In the findings, there is significant association between knowledge of the mothers with the selected demographic variables like age of the mother, occupation, monthly income of the family and age of the child, hence the research hypothesis stated that there will be association of knowledge with demographic variable is accepted. There is a no significant association between knowledge of the mothers with the selected demographic variables like religion and educational status, hence the research hypothesis stated that there will be association of knowledge with demographic variable is rejected.

The findings of the study reveal that 1.97.5% of the mothers of under 5, were having adequate knowledge regarding immunization. 2. 2.5% of the mothers of under 5, were having inadequate knowledge regarding immunization.

Out of the 40 participants, 39 of them had adequate knowledge regarding immunization and one (1) of them had inadequate knowledge regarding immunization. It can be assumed that these participants are having adequate knowledge regarding immunization and vaccine preventable diseases.

References

1. Nicoll A, Elliman D, Begg NT. Immunization: causes of failure and strategies and tactics for success. BMJ. 1989;299(30):808-12.
2. Farag MK, Al-Mazrou YY, Al- Jefry M, Al-Shehri SN, Baldo MH, Farghali M. National immunization coverage Saudi Arabia. Journal of Tropical Pediatrics. 1995;41:59-67. Med Pregl. 2005 Jul-Aug;58(7-8):333-41.
3. Petrovic V, Seguljev Z, Gajins B. Maintaining the cold chain for vaccines. Med Pregl. 2005;58:333-41.
4. Immunization Handbook for Medical Officers; Dept. of Health & Family Welfare, Govt. of India, page 10, 15. available on nihfw.org.
5. World Bank, World Development Indicators (www.google.com/publicdata as accessed on), 2010 05 13. httph://www.google.com/publicdata.
6. What do parents think? Knowledge and awareness about newer vaccines: a cross-sectional study in South Indian city https://www.ncbi.nlm.nih.gov/pmcint J Contemp Pediatr. 2016;3(4):1301-1306.
7. Health-immunization schedule, children. Why Vaccinations Are Important. Retrieved on November 10 th 2005. http://www.eMedicineHealth.com.
8. Annual Report Expended Programme on Immunization. Retrieved on 1998 Nov 10 th 2005. http://spinelli.1 hebergeur.com.
9. Ahmad N, Akhtar T, Roghani M, Ilyas H, Ahmad M. Immunization coverage in three districts of North East Frontier Province (NWFP) J Pak Med Assoc. 1999;49:301-5.
10. Deady J, Thornton L. Parents knowledge of an attitude towards the primary childhood immunization. Ir Med J. 2005;98:7-8.
11. Guo WS, Zhang YY, Kang K, Diao LQ, Feng DX, Zhao S. Study of the authenticity of parents memory on their children immunization status. Zhonghua Liu Xing Bing Xue Za Zhi. 2004;25:229-31.
12. Shaikh S. Immunization status and reasons for vaccination in children, attending O.P.D. at Liaquat University Hospital. Pak Ped J. 2003;27:81-6.
13. Park K. Park's text book of preventive and social medicine 21 st edition, published by Banarsidas Bhanot, 1167, Prem Nagar, Jabalpur, 482001 (M.P.) India, 2011, 231-232.
14. Sharma K Suresh. Nursing Research and Statistics, 2 nd edition, Reed Elsevier, India private Limited, 289-290.
15. Willium Lippincott's and wilkin's 'Manual of nursing practice, 9 th edition, Published by; Wolter's Kluwer (INDIA) Pvt. Ltd, New Delhi, 2011, 674p.
16. Pillitteri A. Maternal child health nursing: 3 rd edition. Phillladelphia: Lippincott Williams and Wilkins, 1998.