

# Knowledge and Attitude among Mothers on Immunization of Children in Urban Slums under GMCH, Guwahati, Assam

Dr. Rinku Borah

<sup>1</sup>Specialist, Community Medicine, National health Mission, Assam, India

Corresponding Author Email: [drrinkuborahredhouse\[at\]gmail.com](mailto:drrinkuborahredhouse[at]gmail.com) Ph No:9864532864, 9706535634

**Abstract:** Background: Immunization is one of the most significant, cost effective & stimulatory public health intervention. It forms the major focus of child survival programs throughout the world. Though immunization services are offered free in public health facilities, the immunization rate is not uniform both in the rural and urban areas. Materials and Method: A community based cross sectional study was conducted among 155 mothers from August to October 2019 using a semi structured questionnaire to elicit the information about knowledge and attitude regarding immunization of children of age group 12 to 23 months. The age of the mother, education and socioeconomic status were taken into consideration. Results: 40% of the total respondents were fully immunized and the rest were incomplete. 58% of the respondents knew that disease could be prevented by immunization. Only 8% of the respondents knew 1 or 2 disease that could be prevented by immunization. 80% were in favour of vaccination and 78% were in favour to follow vaccination schedule. Conclusion: Immunization coverage for children is still lagging behind significantly, mainly because of poor knowledge, social and economic reasons. Hence there is a scope of improvement by generating awareness which will in turn lead to complete immunization coverage and safe childhood.

**Keywords:** Immunization, Knowledge, Attitude

## 1. Introduction

Immunization is one of the most significant, cost effective & stimulatory public health interventions to prevent child hood morbidity and mortality due to communicable disease in 0-5 year's age group. It is one of the best indicators to evaluate the health outcomes and services distributed across social and economic groups. It forms the major focus of child survival programs throughout the world. Though immunization services are offered free in public health facilities, the immunization rate is not uniform. There is evidence of inequalities in immunization in India, despite the fact that childhood immunization has been an important part of maternal and child health services since the 1940s. Given the extensive social benefits of immunization, any inequities in the knowledge, attitude and practices that leave out large sections of the most deprived populations are a cause for serious policy concern. In Assam except for few districts most of the districts have poor coverage. The situation in the urban slums, are increasing at an unprecedented rate, accompanied by the problems of poverty, ill health and under- nutrition .Therefore a study was conducted in urban slums of Guwahati, to know the mothers Knowledge and Attitude related to immunization.

## 2. Materials and Method

A community based cross sectional study was conducted in all the slums under Urban Health Centre, Ulubari, Gauhati Medical College and Hospital (GMCH) among 155 Mothers of children in the age group 12 to 23 months were interviewed from August to October 2019 using a semi structured questionnaire to elicit the information about knowledge and attitude regarding immunization of children of age group 12 to 23 months. Beneficiary list was collected from Urban health centre, after that house to house visit was

done with the help of link worker. From the total of 168 beneficiaries of the 3 slums 13 was excluded. The age of the mother, education and socioeconomic status were taken into consideration. All mothers of children with the age group of 12 to 23 months were included. Locked houses and those mothers who did not give consent were excluded. Data was calculated and analyzed manually. Ethical Approval was taken from Institutional Ethics Committee.

## 3. Results

Out of the total participants 40% of the respondents had their children fully immunized while the rest were incomplete. 58% of the respondents knew that disease could be prevented by immunization on the other hand only 8% of the respondents could name 1 or 2 disease that could be prevented by immunization. Majority of them were in favour of vaccination (80%) and to follow vaccination schedule (78%).

**Table 1:** Distribution of participants based on socio demographic factors

| Socio Demographic Factors | Number n=155 | Percentage |
|---------------------------|--------------|------------|
| Age                       | <20          | 19         |
|                           | 21-30        | 135        |
|                           | 31-40        | 1          |
| Education                 | Illiterate   | 19         |
|                           | Primary      | 84         |
|                           | Secondary    | 52         |
| Occupation                | Housewife    | 152        |
|                           | Employed     | 3          |

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**Table 2:** Distribution of subjects based on knowledge and attitude on immunization

| Knowledge   | Yes       | No       |
|---|-----------|----------|
| Do you know about childhood immunization?             | 155(100%) | 0%       |
| Is immunization important for prevention of disease?  | 90(58%)   | (65)42%  |
| What is the age of 1st vaccine administration?        | (121)78%  | (34)22%  |
| Name 1 or 2 disease against which child is immunized? | 13(8%)    | (142)92% |
| Are there any problems related with it?               | 14(9%)    | (141)91% |
| ATTITUDE-   |           |          |
| Are you in favour of vaccination?                     | 124(80%)  | (31)20%  |
| Is it important to follow the schedule?               | 121(78%)  | (34)22%  |
| Preferable place to receive vaccination- Government   | 144(93%)  | (11)7%   |
| Why on schedule?                                      | 155(100%) | -        |
| Are side effects dangerous?                           | 12(8%)    | 143(92%) |

**Table 3:** Distribution of subjects based on Immunisation status

| Immunization Status | Number (%) |
|---------------------|------------|
| Complete            | 62(40%)    |
| Incomplete          | 93(60%)    |

#### 4. Discussion

Proportion of incomplete immunized children remain quite high (60%) despite of efforts by GOI & International agencies. Mothers mostly belonged to the age group of 21-30 years, housewife and had primary education. 100% of the mothers had knowledge on immunization which is similar to the study done by Hamid S Andrabi SAH. Its role in disease prevention, time of administration of 1<sup>st</sup> vaccine, naming of disease against which children is immunized and problem related with vaccination were known by 58%, 78%, 8% and 9% respectively which was in contrast to the study by the same author which stated that 100% had knowledge regarding the above questions. Though majority were in favour of vaccination (80%), to follow the schedule (78%) and preferred Government institution to receive vaccination (93%) it was less compared to study done by Hamid S Andrabi SAH which stated 100% in all the above mentioned questions.

#### 5. Conclusion

Immunization coverage for children is still lagging behind significantly mainly because of poor knowledge, social and economic reasons. Hence there is a lot of scope of improvement by spreading awareness and improving the living standards and providing better healthcare facilities which will in turn lead to complete immunization coverage and safe childhood. Both knowledge and attitude were found to be low in the study, so health education regarding immunization is essential to increase the immunization coverage. Efforts on the part of health professionals & policy makers to plan & execute IEC initiatives. Health education campaigns including VHND should specifically target mothers.

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