

Immunization Status of Children Admitted to A Tertiary Care Hospital of Rajkot: Reasons for Partial Immunization or Non Immunization.

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Abstract: Immunization is an integral component of mother and child health in India since adoption of primary health care. The UIP was introduced by govt. of India in 1985-86 to cover at least 85% of the infants against 6 vaccine preventable disease by 1990. With hope that in new millennium it will reach 100%. According to NFHS-III; we are still lagging in achieving 100% immunization.

A cross sectional study was done in KT Children Hospital Rajkot, a tertiary care centre on 300 children of age group 2 months to 5 year to assess the immunization status and reason for partial immunization or non-immunization. It was found that 58% were fully immunized while rest 42% were either partially or non-immunized. Amongst partial or non-immunized; the main reasons were unaware of need of immunization, educational status of parents, fear of side reactions, ill health of child and female child.

It was also found that as the age increases the coverage of vaccination decreases. BCG (85.6%) and OPV 0 (88.1%) have highest coverage, while Booster I (59.4%) and Booster II (52.3%) have lowest.

Keywords: NFHS, Immunisation status, tertiary care centre, vaccine.

Aim: To find out immunization status of children from 2 months to 5 years of age.

Objectives:

- 1) The immunization status of children admitted to a paediatric ward of tertiary care hospital in Rajkot
- 2) Reasons for partial immunization and non-immunization.

I. Methodology

The study was conducted at K.T.ChildrenHospital;a tertiary care hospital, Rajkot. All the children admitted to ward were included in the study. A pre formed questionnaire was filled. The information gathered from parents was cross verified with Mamta-card(if available). Children who received BCG, PENTA, OPV and Measles vaccine as well as booster as per age of children are classified as fully immunized. Those who missed any dose of vaccines or booster as per age and national immunization guidelines are labelled as partially immunized.

Table 1: Immunization Status

	Number	%
Immunized	174	58
Partially immunized	105	35
Non immunized	21	7

Table 2: Sex Wise Immunization Status

	Male	%(out of total male)	Female	%(out of total female)
Immunized	101	63.9	73	51.4
Not/partially immunized	57	36.1	69	48.6

Table 3: Status Of Different Vaccines

Vaccine	Percentage
BCG	85.6
OPV 0	88.1
OPV 1/IPV 1	86.8
DPT 1 / PENTA 1	83.7
OPV 2/ IPV 2	85.2
DPT 2/ PENTA 2	82.9
OPV 3/ IPV 3	84.9
DPT 3/ PENTA 3	81.0
MEASLES	71.8
BOOSTER-1	59.4
BOOSTER-2	52.3

Table 4: Mamta Card Status

	Available	Not available
Number	227	73
(%)	75.66%	24.33%

Table 5: Reason For Non/Partial Immunization

		Percentage
1	Education status of mother/ father	19.1%
2	Unaware of need of immunization	26.2%
3	Place and time for immunization not known	1.9%
4	Fear of side reaction	16.1%
5	Lack of motivation	1.8%
6	Cultural/Religious belief	3.7%
7	Rumours	7.9%
8	Place of immunization too far	2.8%
9	Time of immunization inconvenient	3%
10	Ill health of child	16.7%
11	Long waiting line	1.2%
12	Female child	4.76%
13	Socio economic status	12.8%
14	Family pressure	1.1%

II. Results & Conclusion

A study was conducted on 300 children of 2 months to 5 year age group. Information was gathered about their immunization status from the informant (mother in most cases). Data showed that 58% of the children were completely immunized and 42 % were partially immunized or not immunized.

Main reasons behind partial or non immunization of children were; unaware of need of immunization (26.2%), education status of parents (19.1%), and ill health of child (16.7%), low socio economic status (12.8%), female child(4.76%).

Study also proved that most of the children received BCG, OPV, DPT and Measles vaccine. Booster doses i.e. booster 1 and booster 2 were received by very few children in the study cohort.

We are still lagging behind in achieving targeted immunisation goals. Government should try to educate more and more people about the importance of immunisation through mass media or face to face communication and should provide more facilities in form of nearby immunisation booths and counselling centres.

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