

E-ISSN: 2663-0435 P-ISSN: 2663-0427 IJMNP 2018; 1(1): 01-02 Received: 01-01-2018 Accepted: 05-02-2018

Dr. Bhagyashree Jogdeo

Bharati Vidyapeeth College of Nursing, Pune, Maharashtra, India

Swati Ghadge

Bharati Vidyapeeth College of Nursing, Pune, Maharashtra, India

Chetana Jadhav

Bharati Vidyapeeth College of Nursing, Pune, Maharashtra, India

Priyanka Kathale

Bharati Vidyapeeth College of Nursing, Pune, Maharashtra, India

Correspondence Dr. Bhagyashree Jogdeo Bharati Vidyapeeth College of Nursing, Pune, Maharashtra, India

International Journal of Midwifery and Nursing Practice

A study to assess the knowledge regarding immunization among mother's residing in urban areas of Pune city

Dr. Bhagyashree Jogdeo, Swati Ghadge, Chetana Jadhav and Priyanka Kathale

Abstract

Research Statement: A Study to assess the knowledge regarding immunization among mothers residing in urban areas of Pune city.

Objectives: 1) To assess the knowledge regarding immunization among mothers. 2) To associates the findings with selected demographic variables.

Methodology: A non-experimental research design was adopted to conduct the study. A total of 100 samples was selected by using non-probability convenient sampling technique. Study instrument was self-structured questionnaire used by the researcher, section 1 consist of demographic variables and section 2 consist of structured knowledge questionnaire to assess the knowledge of mother regarding neonatal jaundice. The tool was content validated by expert and translated in to Marathi which was again validated. The value is 0.72 which is highly reliable.

Major Findings of The Study: Maximum sample 52% were in the age group of 19-25 years Majority of samples 65% were housewife. Maximum sample 50% gratuated. Maximum samples 65% are Primigravida. Majority 56% of the sample had good knowledge. Followed by 34% was in excellent knowledge score, 10% of the people had poor knowledge about immunization.

Keywords: Knowledge, immunization, mother

1. Introduction

India was one of the first countries to adopt the world health organization expanded programmer of immunization on (EPI). The program globally in 1974 and was initiated in India in 1978. Since its inception considerable progress has been made in terms of education in disease burden. Immunization it the most effective known intervention to reduce the childhood morbidity and mortality. In India though the coverage levels of immunization are in increasing in trends, but lot of deficiencies still remain according to the recent estimates of national family health survey (NFHS) 2015-16 report, percentage of children aged 12-32 months full's immunized was 68.1% in Telangana. State and in regarded district. In district level household and facility survey (DHAS4) 2012-13 report form Telangana percentage of children received full vaccination was 47.5%. 3, 4 many newer vaccines have been added recently in the national immunization schedule some of which are being implemented in phased manner throughout India. 5 some of the new vaccine (IPV) Rota virus vaccine, Rubella vaccine as MR vaccine replacing the measles containing vaccine first dose, (MCV) and few orders in the pipeline. 6. With addition of new vaccine, certain changes have been made in the existing schedule including addition of second dose of measles vaccine at 16-24 months and total 9 dose of VIT A every six monthly starting 9 month of age.

It is extreme important that the caretakers especially the mothers should be educated regarding these new vaccine and changes in the immunized completely appropriate to the age. Knowledge regarding immunization is key factor for immunization coverage regardless of other demographic characteristics including socio economic status hence the current study has been designed with an objective to assess immunization status of the children and to determine the knowledge regarding new vaccine and changes in the immunization schedule among the mothers.

2. Methodology

A non experimental research design was adopted to conduct the study. A total of 200 samples was selected by using non probability convenient sampling technique.

Study instrument was self structured questionnaire used by the researcher, section 1 consist of demographic variables and section 2 consist of structured knowledge questionnaire. The tool was content validated by expert and translated in to Marathi which was again validate. The value is 0.89 which is highly reliable. The samples were selected by using non probability convenience sampling method. The collected data were analyzed by using descriptive and inferential statistics.

3. Results

Table 1: Demographic description of sample by frequency and	
percentage of demographic data, No =200	

Sr. No	Demographic Variables	Frequency	Percentage		
	Age:-				
1)	a) 19 - 25 year	109	54.5%		
	b) 26 - 30 year	051	25.5%		
	c) 31 -35 year	035	12.5%		
	d) 36 -40 year	005	07.5%		
	Education: -				
2)	a) Up to 12 th standard	122	61%		
2)	b) Graduation	056	28%		
	c) Post- graduation	022	11%		
	Occupation: -				
3)	a) House wife	130	65%		
	b) Job	70	35%		
	Gravida: -				
4)	a) 1 st gravida	109	54.5%		
	b) 2 nd gravida	91	45.5%		
	No of the child: -				
5)	a) 1 st child	93	46.5%		
5)	b) 2 nd child	84	42%		
	c) More than 2	23	11.5%		
	No. of dose:-				
0	a) 1 st dose	63	31.5%		
6)	b) 2 nd dose	73	36.5%		
	c) More than 2	64	32.0%		

The above data Shows that majority 54.5% of the mother 19-25 of age group and 61% mother had educated up to 12^{th} standard, the majority of the house wife and primipara mother are 54.5% and majority of 45.5% mother had more than 1child

Table 2: Showing knowledge score of knowledge regarding

 immunization among mothers residing in urban areas of Pune city.

S. No	Knowledge	Frequency	Percentage
1	Poor (0-4)	017	8.5%
2	Average (5-9)	110	55%
3	Good (10-14)	065	32.5%
4	Excellent	008	04%

The above table shows that majority (55%) mother are having average knowledge is 55%, mothers having excellent knowledge is 4%, mother are having good knowledge is 32.5%, and mothers are having poor knowledge is 8.5%.

Table 3: Mean, standard deviation values of knowledge score regarding immunization among mothers No = 200

S. No	Categories	Mean N=200	
1	Mean knowledge score	8.715	15

The data represents in table-3 shows that the mean and

standard deviation is 8.715 and 15 respectively.

 Table 4: Association between Knowledge Score with Selected

 Demographic Variable:

Demographic Data	Degree Of Association	Tab Value	P Value
Age	9	13.2357	0.10
Education	6	18.2880	0.01
Occupation	3	0.7079	0.90
Gravida	6	7.64977	0.25
No of children	9	7.6545	0.50
No of immunization	6	9.6428	0.10

The above data depletes Age, Education, Gravida No of children are associated with the knowledge of mother as per value is less than 0.05. The data represents in table-3 shows that the mean and standard deviation is 8.715 and 15 respectively.

4. Conclusion

The purpose of the present study was to assess the knowledge regarding immunization among mothers residing in urban areas of Pune city. The 200 sample were selected from selected area of Pune city. i.e. from Padmavati area, Pune and other selected areas. Descriptive research design was used for the study. The content validity and reliability of the tool was done, which suggested that the tool was reliable. The pilot study was conducted on 20 samples and the feasibility of the study was established. It was found that the tool had no major flaws and was used for the final study with the changes as per the experts and Guide.

Based on the objectives, the collected data was analyzed by using descriptive statistics.

In this that majority (55%) mother are having average knowledge regarding immunization is 55%, mothers having excellent knowledge is 4%, mother are having good knowledge is 32.5%, and mothers are having poor knowledge is 8.5% regarding immunization.

6. Recommendation

The same study can be conducted in different cities to compare the result. The same study can be repeated on large sample so as to generalized the result. The short-term training programme its effectiveness can be analysed through the pre-& post-test method. Similar kind of study can be conducted among different population.

7. References

- 1. World health organization (WHO), United Nations children funds (UNICEF).
- 2. World Bank. State of the world's vaccines & immunization, 3rd Ed., Geneva; WHO, 2009.
- 3. Polit Hungler. Nursing research: Principles & method, Lippincott's Williams & welkin's, 1999.
- 4. Practice on immunization of children in slums urban of Bijapur city, Karnataka, India.
- 5. Angadi *et al.* The knowledge & attitude towards childhood immunization among mothers attending antenatal clinic in Lagos university teaching hospital. Journal home. 2010; 12(3):1-8.
- 6. Park K. Park's text book for preventive & social medicine, 2005.
- 7. GIVS Global immunization vision & strategy, 2006-2015.