

Evaluation of immunization coverage status of Kota rural children (12-23 months) in Hadoti area

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Abstract

Background :- To evaluate the immunization coverage of the eligible population of rural area of Kota in year 2007.

Material And Method :- The study of immunization status was planned for villages in Kota district with adequate transport facilities, with atleast a primary school, and are within 6 km distance from the sub-centre.

The period of the study was divided into 3 phases. The first phase constituted the preparatory Phase. The next phase was devoted to the survey work and during the last phase data compilation was done.

Result:- Out of 210 children 85.7% were fully immunized while 12.3% and 1.9% children were partially immunized and unimmunized respectively. Lack of information was the major reason responsible for immunization failure.

Conclusion:- To increase vaccine coverage among children, parents' awareness about vaccination should be promoted, especially among working mothers. Efforts to enhance access to vaccination services and to communicate with the parents about changing vaccination schedules are necessary.

Key Words :- Immunization-Coverage-Rajasthan-Kota

Introduction

Protection through immunization against vaccine preventable diseases, disabilities and death is the

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birth right of every child. Immunization is one of the most effective health interventions known to mankind⁽¹⁾, but in the light of National Family Health Survey Report-3 published in Rajasthan Patrika ,Jaipur, 25January 2007⁽²⁾, the percentage of fully vaccinated children in Rajasthan increased from 17% to 27%. This figure indicates that 73% children of Rajasthan are deprived of vaccination. Official document of "District Reproductive and Child Health Officer –Kota", of vaccination under 20 Point Programme, show that target for year 2005-2006 was 48518. Eligible Children who received BCG were 55206 (113.75%), OPV/DPT - 3 were 47198(97.28%), Measles were 46550 (95.94%), and 54974(94.97%) pregnant women received TT against a target of 55885. The target for year 2005-2006 in Kota Rural area was 24321 children ,of which 22435(92.5%) received BCG,OPV/DPT-3 in 21314(87.64%),Measles in 20660 (84.55%).Among the target of 29041 women 22887 (78.81%) pregnant women received TT against 29041 target⁽³⁾.

The impact of the UIP is measured in terms of the vaccine preventable disease (VPD) burden. Over the past 15 years there has also been a general decline in the reported number of the six main VPDs⁽⁴⁾.

Following tables depicts current situation of VPD burden on national and Kota region,(table-1) & (table-2), reported under 20 point programme year 2006-2007 DRCHO KOTA(2).

The output of the UIP is measured in terms of antigen coverage rate. Antigen coverage rates are a measure of 'access' to immunization.(table-3)

Vaccination has been practiced in India since the early 1900s, especially against smallpox, and later against typhoid fever. In 1962,BCG inoculation was included in the National Tuberculosis Control Programme. The smallpox

eradication programme of the 1970s was so successful that disease control through immunization became an accepted practice of preventive medicine and public health⁽⁴⁾. Despite the improvement indicated above, the stated goals were not fully achieved. Thus, there was an urgent need to address deficiencies in the delivery of immunization services, and emphasis on the need for system strengthening, vigilant monitoring and surveillance. Vaccination activity should not be an end in itself. To understand the strengths and weakness of the immunization programme and to identify the further action needed to improve the coverage, timely evaluation of immunization status of the children is a must. Besides this, the evaluation survey also helps to give a true picture of the vaccination status of the target population, which may be different from the misleading and inaccurate information provided by health workers. It also helps to determine whether the vaccines are being given at the right age and outline the positive/negative factors affecting the programme.

Material and Method

The study of immunization status was planned for villages in Kota district with adequate transport facilities, with atleast a primary school, and are within 6 km distance from the sub-centre.

The period of the study was divided into 3 phases. The first phase constituted the preparatory Phase. The next phase was devoted to the survey work and during last phase data compilation was done.

1. Preparatory Phase:-

In the preparatory Phase, the complete list of villages, and population at various ages of the Kota district (urban+rural areas) were obtained from Jila Parishad Kota. As data available were for the year 2001, the expected population for 2007 was obtained by calculating the population of 2001 with the 10 years growth rate of Kota

(28.5) (5). Thus the expected population for 2007 was obtained by multiplying the population of 2001 with 13.613618⁽⁵⁾.

Kota district has a total population of 1782058 people, out of which 952737 live in urban, 829321 live in rural area. As the study was planned for immunization coverage of rural areas of Kota district which has 5 Panchayat Samities named i) Sultanpur, ii) Ladpura, iii) Kherabad, iv) Sangod and v) Itawa, we carried out simple random sampling, and Ladpura panchayat samiti was selected for the work.

This Ladpura Panchayat Samiti has 4 Primary Health Centre (PHC) – Mandana, Manas gaon, Kheda Rasulpura, Arand Kheda and one CHC Kaithoon. By the simple random sampling Mandana PHC was selected.

Mandana PHC has 9- sub- centre which serves 68 villages. Out of them 5 villages namely- Mandana, Kebal Nagar, Mandaliya, Gopalpura and Singhpura were chosen by simple random sampling. The total population residing in these five villages were 14,753.

2. Second Phase:-

All houses of the selected villages were visited by team of doctors, and randomly selected houses (where children from the age of 12-23 months were available) were included in the project. In such household, all children of the proposed age group, present in the house, joint families and their parents were assessed/interviewed for the immunization on the pretested performa.

3. Data Compilation:-

Finally, in the last phase of the study, all the information obtained during the survey was tabulated and analyzed. The tests of statistical significance were applied wherever necessary.

Result

Total number of children in 5 villages were 437. Out of them 210 were surveyed. 96 were male and 114 were female. 198 were Hindu while 12 were Muslims. Out of them 34 children belonged to General category, while OBC, SC and ST were

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