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A STUDY TO ASSESS THE KNOWLEDGE ON IMMUNIZATION SCHEDULE AMONG PRIMI GRAVIDA MOTHERS VISITING OUT PATIENT DEPARTMENT DHIRAJ HOSPITAL WITH THE VIEW TO DEVELOP AN INFORMATION BOOKLET

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ABSTRACT

Background: The study was conducted to assess the knowledge of Immunization Schedules among Primi gravida Mothers at Dhiraj Hospital's outpatient department. The aim was to develop an informative booklet. The chapter covers the study's findings, discussions, conclusions, implications, suggestions, and recommendations related to maternal immunization knowledge.

Aim: The main aim of the study is to assess the knowledge regarding the Immunization Schedule among primi Gravida mothers in Dhiraj Hospital, Vadodara. **Material and Method:** The samples of the study were selected using the Purposive Sampling Technique, there was a total of 60 samples selected according to the Inclusion criteria as well as the availability of samples. Data was analyzed by using Descriptive and interferential statistics were applied to analyze the data by using SPSS-20 Software. **Result:** In regard to the Immunization Schedule among Primi Gravida mothers, 60 samples were collected to assess the knowledge. According to their Informative Media, the maximum frequency and percentage is 25 (41.7%), and the

minimum is 1 (1.7%). As per Education, the maximum frequency and maximum is 29 (48.3%) and the minimum frequency and percent is 3(5%). According to the Age group, the maximum frequency and percentage is 27 (45%). According to the monthly family income, the maximum frequency and percent is 26 (43.3%). According to the sources of information, the maximum frequency and percentage is 29(31.7%). Demographic variable educational status of Primi gravida mothers had a statistically significant association with the knowledge level regarding immunization schedule. Age, family monthly income, and source of information had shown no statistically significant. P<0.05. **Conclusion:** The study was undertaken to assess study to assess the knowledge of Immunization Schedules among Primi gravida Mothers visiting the outpatient department of Dhiraj Hospital with the view to developing an information Booklet. The study involves 60 samples of primi gravida mothers who were selected on the basis of inclusion and exclusion criteria. Analysis of obtained data was planned based on the objectives and hypothesis of the study, both descriptive and inferential statistics were used for the analysis of the data. The data is interpreted in the form of tables and graphs.

Keywords: Primi gravida mother, Immunization Schedule, Knowledge, Effectiveness

INTRODUCTION

Immunization is a global health and development success story, saving millions of lives every year. Vaccines reduce the risks of getting a disease by working with your body's natural defenses to build protection **[1]**. When you get a vaccine, your immune system responds. We now have vaccines to prevent more than 20 life-threatening diseases, helping people of all ages live longer, healthier lives. Immunization is a key component of primary health care and an indisputable human right. It's also one of the best health investments money can buy. Vaccines are also critical to the prevention and control of infectious disease outbreaks. They underpin global health security and will be a vital tool in the battle against antimicrobial resistance **[2]**. Maternal vaccination is that maternal levels of pathogen-specific antibody are boosted and provide protection to the infant until the infant is able to mount an effective immune response to immunization **[3]**. Vaccines administered to women during pregnancy can provide protection against serious infectious diseases for the mother, for the newborn, or both. Childhood Immunization boosts the concentration of maternal antibodies that can be transferred across the placenta to directly protect infants too young to be immunized **[3]**. In addition, indirect protection through the prevention of maternal infection and through breast milk antibodies can be achieved through maternal immunization. In general, inactivated vaccines are considered safe for pregnant

women and their fetuses, whereas live vaccines are avoided owing to the theoretical potential risk to the fetus. However, the risks and benefits of vaccination must be carefully weighed and whenever possible, protection to the mother and her infant should be prioritized. Influenza and tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (T dap) vaccines are routinely recommended for all pregnant women in the United States **[5]**. Seasonal inactivated influenza vaccine is recommended for all pregnant women in any trimester of pregnancy, mainly to protect the mother, but there is growing evidence that infants benefit from passive antibody protection against influenza complications. The T dap vaccine is recommended during the third trimester of each pregnancy to provide optimal protection to infants who are at particularly high risk of pertussis complications and mortality in the first 3 months of life **[4-18]**. The effects of maternal immunization on the prevention of maternal and infant disease have been demonstrated in observational and prospective studies of influenza and pertussis disease in the United States and worldwide. Maternal immunization has the potential to improve the health of mothers and young infant. Pregnancy and early infancy are periods of relative immune suppression and increased vulnerability to infection **[5-26]**.

MATERIAL AND METHODS

The data gathering was done over the course of two weeks. Using the Purposive Sampling Technique, the investigator selected 60 samples of the primi mothers who met the inclusion and exclusion criteria for the data collection. Dhiraj General Hospital in Vadodara are place from the investigator gathers information. The subject was chosen by the investigator to establish the report by stating the study's goal. Questionnaire began with a demographic tool, Multiple choice question.

RESULTS

Table 1 Reveals frequency and Percentage distribution of primi gravida mothers according to their socio-demographic data. The result shows that the majority of mothers 22(36.7%) were between 26-29 years and 17(28.3%) of mothers were found between the age group 22-25 years, 11(18.3%) between 18-21years and 10(16.7%) were age group above 29 years. With regards majority of mothers 27(45%) were primary education, 22(36.7%) were secondary education 8(13.3%) were higher secondary education and 3(5%) were graduation and above. Regarding monthly income maximum numbers of mothers 22(36.7%) were <5000, 20(33.3%) were 5000 to 10,000, 13(21.7%) were family income 10,000-15,000and only 5(8.3%) were income more than 15,000-20,000.With regarding source of information of the

mothers regarding immunization majority of mothers 19(31.7%) were getting information from health care provider, 16(26.7%) were getting information from internet source,13(21.7%) were getting information from newspaper and 12(20%) were getting information from television.

Table 1: Frequency and percentage distribution of the demographic variables of primi gravida mothers (N= 60)

Demographic variables		Frequency	Percentage (%)
Age in years	18-21	11	18.3
	22-25	17	28.3
	26-29	22	36.7
	>29	10	16.7
Educational status	Primary	27	45.0
	Secondary	22	36.7
	higher secondary	8	13.3
	Graduation and more	3	5.0
Monthly Income(In Rupees)	<5000	22	36.7
	5000-10000	20	33.3
	10000-15000	13	21.7
	15000-20000	5	8.3
Source of information	Internet	16	26.7
	News paper	13	21.7
	Health care provider	19	31.7
	Television	12	20.0

Table 2: Association between levels of knowledge of mothers regarding Immunization schedules and demographic profile or characteristics

Variables		Knowledge level			Total	Chi square df	P value
		Poor	Average	Good			
Age in years	18-21	0	7	4	11	3.034 6	0.805 NS
	22-25	1	10	6	17		
	26-29	0	13	9	22		
	>29	1	6	3	10		
Educational status	primary	1	18	8	27	3.205 6	0.003* S
	secondary	1	13	8	22		
	higher secondary	0	3	5	8		
	Graduation and more	0	2	1	3		
Monthly Income(In Rupees)	<5000	0	13	9	22	7.227 6	0.300 NS
	5000-10000	2	9	9	20		
	10000-15000	0	10	3	13		
	15000-20000	0	4	1	5		
Source of information	Internet	0	8	8	16	4.837 6	0.565 NS
	News paper	1	7	5	13		
	Health care provider	0	13	6	19		
	Television	1	8	3	12		

*** P<0.05.*indicates significant S-Significant NS-non significant**

DISCUSSION:

The research tried to find out the perception of primi gravida mothers regarding the immunization Schedule of Dhiraj General Hospital, Vadodara. Data were collected using demographic and multiple-choice questions. There are a total of 60 samples collected from the selected Dhiraj General Hospital. The sampling technique in this study was the Purposive Sampling Technique.

CONCLUSION

The study was undertaken to assess study to assess the knowledge of Immunization Schedules among Primi gravida Mothers visiting the outpatient department of Dhiraj Hospital with the view to developing an information Booklet. The study involves 60 samples of primi gravida mothers who were selected on the basis of inclusion and exclusion criteria. Analysis of obtained data was planned based on the objectives and hypothesis of the study, both descriptive and inferential statistics were used for the analysis of the data. The data is interpreted in the forms of tables and graphs.

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