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Socio demographic characteristics of infants who had received primary immunization

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Abstract

The goal of immunization is to protect the individual and the public from vaccine preventable diseases (VPDs). Vaccines are usually safe and effective. However, like any other pharmaceutical products, adverse events may occur occasionally following vaccination. The adverse events following immunization (AEFI) surveillance in India was started with the launch of Universal Immunization Program (UIP) in 1985 and intends to ensure the quality and safety of vaccines. A descriptive study was conducted at maternal and child health hospital involving infants and their mothers who delivered at the centre. The sample size was arrived by using the formula $n = \frac{4pq}{d^2}$ where prevalence “p” was taken as 55% (Measles vaccination at MCH hospital which is the least among all the vaccinations). With precision of 5%, using the above mentioned statistical formula which considers 95% confidence limits; the sample size was estimated to be 110. Most of the study subjects 60 (54.5 %) belonged to the nuclear family followed by 25 (22.7%) to three-generation family and 25 (22.8%) to joint family. Majority of subjects 47 (42.7%) belonged to lower middle class followed by 30 (27.3%) upper middle class, 22 (20%) upper lower class and 11 (10%) were upper class according to Modified Kuppuswamy socio-economic status classification 2016.

Keywords: Socio demographic characteristics, infants, primary immunization

Introduction

Immunization is one of the most cost effective public health interventions and largely responsible for reduction of under-5 mortality rate. However, vaccine preventable diseases (VPDs) are still responsible for over 5 lakh deaths annually in India. Today, India is a leading producer and exporter of vaccines, still the country is home to one-third of the world's unimmunized children [2].

There are wide variations in the proportion of unvaccinated and partially vaccinated children within states and districts in India. Recent evaluations have indicated that the major reasons for inability to reach with all vaccines to children in the entire country are lack of awareness among parents about the benefits of vaccination, fear of adverse events following immunization (AEFI) and operational reasons such as non-availability of vaccines or vaccinators during vaccination sessions. It is critical to identify the unvaccinated or partially vaccinated children and address programmatic issues with focused micro planning, provision of additional financial resources and systematic immunization drives to reach these children with all available lifesaving vaccines [3].

The goal of immunization is to protect the individual and the public from vaccine preventable diseases (VPDs) [4]. Vaccines are usually safe and effective. However, like any other pharmaceutical products, adverse events may occur occasionally following vaccination. The adverse events following immunization (AEFI) surveillance in India was started with the launch of Universal Immunization Program (UIP) in 1985 and intends to ensure the quality and safety of vaccines [5, 6]. However, the AEFI reporting remained suboptimal in the country. Therefore, national guidelines was further revised and updated in 2010 & 2015 [1]. An adverse event following immunization (AEFI) is defined as “any untoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the usage of the vaccine”. The adverse event may be any unfavourable or unintended sign, abnormal laboratory finding, symptom or disease (2015). “Immunization” as used in the definition means the usage of a vaccine for the purpose of immunizing individuals. “Usage” includes all processes that occur after a vaccine product

has left the manufacturing/ packaging site, i.e. handling, prescribing and administration of the vaccine [4].

Methodology

Study design

It was a descriptive study.

Sample size

$p = 55\%$ (measles vaccination at MCH hospital which is the least among all the vaccinations); $q = 1-p$ ($1-55\%$) = 45% ; $d = 10\%$; $\alpha = 5\%$

$$n = Z^2_{\alpha/2} pq / d^2$$

$$n = 1.96^2 \times 0.55 \times 0.45 / (0.1)^2 = 95$$

10% additional size: $95+10=105@110$

110 infants and their mothers.

Study subjects

Infants and their mothers

Inclusion criteria

- Infants receiving primary immunization as per National immunization schedule.
- Parents willing to give consent to participate in the study.
- Residents of Banashankari area for minimum of 6 months.
- Infants receiving newer vaccines introduced by the Government.

Exclusion criteria

- Infants contraindicated for immunization after birth.
- Infants not available for 1 year follow up.
- Infants receiving vaccines in private sector.

Sampling method

Purposive sampling

Results

A total of 110 infants were enrolled in the study and were followed for 1 year.

Table 1: Distribution of infants according to gender

Gender	Number
Male	55 (50.0)
Female	55 (50.0)
Total	110 (100.0)

Note: Figures in parenthesis indicate percentage

Among 110 infants, 55 (50%) were males and 55 (50%) were females (Table 1).

Table 2: Distribution of infants according to birth order

Birth order	Number
1	46 (42.0)
2	49 (44.0)
3	13 (12.0)
4	02 (02.0)
Total	110 (100.0)

Note: Figures in parenthesis indicate percentage

Majority 49 (44%) of the infants were of the birth order two,

followed by 46 (42%) birth order one, 13 (12%) birth order three and 2 (2%) birth order four (Table 2).

Table 3: Distribution of infants according to religion

Religion	Number
Hindu	89 (81.0)
Muslim	19 (17.0)
Christian	02 (02.0)
Total	110 (100.0)

Note: Figures in parenthesis indicate percentage

Majority 89 (81%) of subjects were Hindus, followed by 19 (17%) Muslims and 2 (2%) Christian by religion (Table 3).

Table 4: Distribution of infants according to birth weight

Birth weight	Number
<2.5 Kg	38 (34.5)
≥2.5 Kg	72 (65.5)
Total	110 (100.0)

Note: Figures in parenthesis indicate percentage

Majority 72 (65.5%) of infants had normal birth weight and 38 (34.5%) had low birth weight (Table 4).

Table 5: Distribution of parents according to their age

Age (in years)	Mother	Father
18-25	75 (68.2)	15 (13.6)
26-30	26 (23.6)	51 (46.4)
31-40	09 (8.2)	44 (40.0)
Total	110 (100.0)	110 (100.0)

Note: Figures in parenthesis indicate percentage

Among the parents of study subjects, majority of the mothers 75 (68.2%) were in the age group 18-25 years, followed by 26 (23.6%) in 26-30 years and 09 (8.2%) in 31-40 years. Among the fathers, majority of them 51 (46.4%) were in 26-30 years age group, followed by 44 (40%) in 31-40 years and 15 (13.6%) in 18-25 years (Table 4). Mean age of mothers was 24.18 ± 3.85 years, while that of fathers was 30.19 ± 4.32 years (Table 5).

Table 6: Distribution of parents according to their education

Education status	Mother	Father
Illiterate	06 (5.4)	07 (6.4)
Primary School	06 (5.4)	08 (7.3)
Middle School	19 (17.2)	17 (15.4)
High School	44 (40.0)	44 (40.0)
PUC	23 (21.0)	26 (23.5)
Graduate	11 (10.0)	07 (6.4)
Postgraduate	01 (1.0)	01 (1.0)
Total	110 (100.0)	110 (100.0)

Note: Figures in parenthesis indicate percentage

Among the mothers, majority 44 (40%) were educated till high school, followed by 23 (21%) pre university, 19 (17.2%) middle school, 11 (10%) graduate, 06 (5.4%) each were primary school and illiterates and 01 (1%) was a postgraduate. Similarly, majority 44 (40%) of the fathers of study subjects were educated till high school, followed by 26 (23.5%) pre university, 17 (15.4%) middle school, 08 (7.3%) primary school, 7 (6.4%) each were illiterates and graduates and 1 (1%) was a post graduate (Table 6).

Table 7: Distribution of parents according to their occupation

Occupation	Mother	Father
Unemployed*	86 (78.2)	02 (2.0)
Unskilled	06 (5.4)	18 (16.3)
Semi-skilled	03 (2.7)	25 (22.7)
Skilled	12 (11.0)	41 (37.2)
Clerical/shopkeeper	03 (2.7)	20 (18.1)
Semi professional	--	03 (2.7)
Professional	--	01 (1.0)
Total	110 (100.0)	110 (100.0)

Note: Figures in parenthesis indicate percentage, *Majority of mothers were housewives.

Majority of mothers of the subjects 86 (78.2%) were homemakers, followed by 12 (11%) skilled worker, 6 (5.4%) unskilled workers, 03 (2.7%) each were semi-skilled and clerical/shopkeepers. Similarly, the occupation of fathers of study subjects, majority 41(37.2%) were skilled workers, followed by 25 (22.7%) were semi-skilled workers, 20 (18.1%) were clerical / shopkeeper, 18 (16.3%) were unskilled, 3 (2.7%) semi-professional, 2 (2%) were unemployed and 1 (1%) was a professional (Table 7).

Most of the study subjects 60 (54.5 %) belonged to the nuclear family followed by 25 (22.7%) to three-generation family and 25 (22.8%) to joint family.

Table 8: Distribution of families according to modified Kuppaswamy SES classification (2016)

Socio economic status	Number
Upper	11 (10.0)
Upper middle	30 (27.3)
Lower middle	47 (42.7)
Upper lower	22 (20.0)
Total	110 (100.0)

Note: Figures in parenthesis indicate percentage

Majority of subjects 47 (42.7%) belonged to lower middle class followed by 30 (27.3%) upper middle class, 22 (20%) upper lower class and 11(10%) were upper class according to Modified Kuppaswamy socio-economic status classification 2016 (Table 8).

Discussion

In the present study conducted 50% of them were males and 50% were females. The findings were similar to study done by Nisarg D Joshi *et al.* where a total of 4320 children were involved amongst them 2234 were male (51.7%) and 2086 (48.3%) were female [7].

In the present study, 68.2% mothers were in the age group 18- 25 years and 81% were Hindu by religion. 40% were educated up to high school. 54.5% of them; lived in the nuclear family. Majority of mothers (78%) were house wife by occupation. They belonged to lower middle class according to Modified Kuppaswamy socio economic classification (2016). However, in a study by conducted by Ahmad Nadeem *et al.*, showed that majority of the mothers (45%) were less than or equal to 25 years of age and Muslims (53%) by religion. Nearly 48% of mothers were having education more than or equal to 12th Standard and were 53% of mothers belonged to nuclear families. Nearly 63% of the mothers were housewives. According to modified BG Prasad classification for socio-economic status, nearly 55% were of High class I [8]. Another study at Kashmir was conducted among the mothers; 80% were

illiterate or had only primary education and 93% were house wives [9].

Conclusion

- The present study included 110 infants of which 55 (50%) were males and 55 (50%) were females.
- Majority of 75 (68.2%) mothers of the subjects were in the age group 18-25 years 86 (78.2%) were homemakers and 47 (42.7%) belonged to lower middle class according to Modified Kuppaswamy SES.

References

1. Operational guidelines on Surveillance and Response to AEFI. New Delhi: Ministry of Health & Family Welfare, Government of India 2015.
2. Vashishtha VM, Kumar P. 50 years of immunization in India: progress and future. *Indian Pediatr* 2013;50:111-8.
3. Operational guidelines Mission Indradhanush. New Delhi: Ministry of Health & Family Welfare, Government of India 2015.
4. Definition and application of terms for vaccine pharmaco vigilance. Report of CIOMS/WHO Working Group on Vaccine Pharmaco vigilance. Geneva: Council for International Organizations of Medical Services 2012.
5. Introduction to vaccine safety. Vaccine safety basic learning manual. Geneva: World Health Organization 2013.
6. Vaccine safety institutions and mechanisms. Vaccine safety basic learning manual. Geneva: World Health Organization 2013.
7. Nisarg Joshi D, Hiren Prajapati K, Krupal Solanki C, Anupama Sukhlecha, Hiren Trivedi R, Maganlal Gajera V *et al.* Pattern of adverse events following immunization in an Indian teaching hospital. *Int J Med Sci Public Health* 2013;2(1):62-8.
8. Ahmad Nadeem Aslami, Athira TK, Ankitha Salim K, Athira Pillai V, Asha TJ, Bency S *et al.* Assessment of Knowledge about Immunization of Under Five Children among Mothers Attending Outpatient Department of Pediatrics in a Tertiary Care Hospital in Kollam, Kerala. *J Evid Based Med Health* 2015;2(29):4191-4200.
9. Hamid S, Andrabi SAH, Fazli A, Jabeen R. Immunization of Children in a Rural Area of North Kashmir, India: A KAP Study. *Online Journal of Health and Allied Sciences* 2012;11(1):1-3.