To Assess the Knowledge Regarding Care of Post Vaccinated Child Among Primi Para Mothers

Bibin Kurian, Akashy Ingale, Pooja Kolhe, Lalrinnungi, Sukalp Moon and Kanchan Nakshane

Department of Child Health Nursing, SRMM College of Nursing, Datta Meghe Institute of Medical Sciences (DU), Sawangi (M), Wardha, India

Smt. Radhikabai Meghe Memorial College of Nursing, DMIMS (DU), Sawangi (M), Wardha, Maharashtra, India

ABSTRACT

Immunization rate is one of the best public health outcome and service indicators. However, the adverse effect of immunization often occur which can lead to serious complication. Awareness of the background rates of possible adverse events will be a crucial part of assessment of possible vaccine safety concerns and will help to separate legitimate safety concerns from events that are temporally associated with but not caused by vaccination. Because of the side effect of vaccination, many countries have begun mass education programmes regarding vaccination and post care. Specially to post vaccinated child, there occur a lot of side effect. This complication can be treated easily if we have the knowledge regarding post vaccinated care. Knowledge and practices of primi para mothers regarding immunization leads the major factors that contribute to effectiveness of vaccination. They are the one who are newly exposed to the post vaccinated care condition. So, it will be effective Objectives: 1. To assess the knowledge regarding care of post-vaccinated child among the primi para mothers. 2. To associate the knowledge score with selected demographic variables. Material and methods: 100 samples were selected from AVBRH, Wardha by non-probability convenient sampling technique and in this study descriptive research design was used. Tool: A structured knowledge questionnaire was used for collecting data. Data was collected within 3 weeks. Descriptive and inferential statistics were used to analyze data. Result: The level of knowledge was seen in 5 categories: poor, average, good, very good and excellent. 16% of the mothers had poor, 60% had average, 23% had average and 1% had very good knowledge score. Findings reveals that mean percentage of knowledge score was 34.70% regarding care of post vaccinated child. Conclusion: It is concluded that the primi para mothers do not have adequate knowledge regarding care of post vaccinated child and demographic variables were not associated with the knowledge of primi para mothers.

KEY WORDS: KNOWLEDGE, CARE, POST VACCINATED CHILD, PRIMI PARA MOTHERS.

INTRODUCTION

Vaccinations greatly reduced the prevalence of diseases and continue to be important for global health today. The low price of vaccines made them especially attractive as a way to improve global health and vaccines reached billions of people around the world. A vaccine is a biological preparation that provides active acquired immunity to

a particular disease. Vaccination is the most effective method of preventing infectious diseases; widespread immunity. Vaccination is largely responsible for the worldwide eradication of smallpox and the restriction of diseases such as polio, measles, and tetanus from much of the world. The terms vaccine and vaccination are derived from Variolaevaccinae (smallpox of the cow), the term devised by Edward Jenner to denote cowpox. In 1881, to honor Jenner, Louis Pasteur proposed that the terms should be extended to cover the new protective inoculations then being developed.

Vaccination protects children from serious illness and complications of vaccine-preventable diseases which can include amputation of an arm or leg, paralysis of limbs, hearing loss, convulsions, brain damage, and

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death. Vaccine-preventable diseases, such as measles, mumps, and whooping cough, are still a threat. Many studies showed that parents' knowledge regarding child immunization and post care varies according to the family physician and other medical staff. Although parents would like to know about the adverse effects, the benefits and other information about vaccines, many physicians include vaccine risk in their discussions with parents without comparing it to the risks involved in infectious disease.

Table 1. Demographic characteristics

Demographic Variables	No. of primi para mothers	Percentage (%)
Age(years)		
18-22 years	40	40
23-27 years	36	36
28-32 years	18	18
≥ 33 years	6	6
Type of family		
Nuclear	26	26
Joint	10	10
Extended	63	63
Single Mother	1	1
Education		
Illiterate	9	9
Primary	8	8
Secondary	29	29
Higher Secondary	46	46
Graduate and above	8	8
Religion		
Hindu	61	61
Christian	3	3
Muslim	15	15
Buddhist	16	16
Others	5	5
Occupation		
Housewife	73	73
Government Service	6	6
Private Service	11	11
Self Employed	10	10
Area of Residence		
Rural	50	50
Urban	50	50

MATERIAL AND METHODS

A descriptive research design is used in the present study. Samples are primi para mothers. Inclusion criteria include primi para mothers who are willing to participate in the study, who are able to read Marathi/English and who are available at the time of the study. Exclusion criteria includes primi para mothers who have attended programme on the same topic, who are health personnel and who are having some complication. 100 samples were selected from AVBRH, Wardha by non-probability convenient sampling technique. A structured knowledge

questionnaire was used for collecting data. Data was collected within 3 weeks. Descriptive and inferential statistics were used.

RESULTS

Table 1 show that majority of the primi para mothers were in the age group of 18-22(40%) years and most of them belongs to extended family (63%). Maximum primi para mothers studied up to higher secondary (46%) and were belong to Hindu family. Most of them were housewives (73%) and 50% were from rural and another 50% were from urban. Table 2 shows that 16% of the primi para mothers had poor level of knowledge score, 60% had average, 23% had good and only 1% of the primi para mothers had very good level of knowledge score. The minimum score was 2 and maximum score was 13, the mean knowledge score was 6.94 ± 2.33 and mean percentage score was 34.70 ± 11.69 .

This table shows the association of knowledge scores with age in years of primi para mothers. The tabulated 'F' values were 2.68(df=3,96) which is much higher than the calculated 'F' i.e. 1.24 at 5% level of significance. Also, the calculated 'p'=0.29 which was much higher than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that age in years of primi para mothers is not associated with their knowledge score. This table shows the association of knowledge scores with educational level of primi para mothers. The tabulated 'F' values were 2.45(df=4,95) which is much higher than the calculated 'F' i.e. 2.08 at 5% level of significance. Also the calculated 'p'=0.089 which was much higher than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that educational level of primi para mothers is statistically not associated with their knowledge score.

Table 2. Assessment of knowledge regarding care of post vaccinated child among primi para mothers

Level of score	Percentage score	Knowledge Score	
		Frequency	Percentage (%)
Poor	1-4(0-20%)	16	16
Average	5-8(21-40%)	60	60
Good	9-12(41-60%)	23	23
Very Good	13-16(61-80%)	1	1
Excellent	17-20(>80%)	0	0
Minimum score		2	
Maximum score		13	
Mean score		6.94 ± 2.33	
Mean %		34.70 ± 11.69	

This table shows the association of knowledge scores with religion of primi para mothers. The tabulated 'F' values were 2.45(df=4,95) which is much higher than the calculated 'F' i.e. 1.10 at 5% level of significance. Also the calculated 'p'=0.35 which was much higher than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that religion of primi para mothers is statistically not associated with their knowledge score. This table shows the association of knowledge scores with area of residence of primi para mothers. The tabulated 't' values were 1.98(df=98) which is much higher than the

calculated 't' i.e. 1.20 at 5% level of significance. Also the calculated 'p'=0.23 which was much higher than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that area of residence of primi para mothers is statistically not associated with their knowledge score.

DISCUSSION

Assessment of Knowledge on Immunization among primi para mothers: The mean value of knowledge on post vaccinated child among primi para mothers was 34.7 which falls in the level of inadequate knowledge. This finding contradicts with the findings of the study conducted by Angelillo, Ricciardi on assessment of

knowledge, attitude and behavior of vaccination among mothers from Italy which stated that the mothers had inadequate knowledge but favorable attitude. Sangamesh Nidagunni conducted a study to assess the knowledge and practice of mothers of primi gravid mothers regarding universal immunization programme. The results showed that overall mean knowledge score among respondents was found to be 42.72 % which coincides with the findings of the present study. Based on the present study findings revealed that 16% of the primi para mothers had poor knowledge on immunization, 60% have average knowledge, 23% have good knowledge, 1% have very good knowledge. No one score the excellent rate in the study.

Table 3. Association of knowledge score of primi para mothers with age.

Age (years)	No. of Primi para mothers	Mean knowledge score	F-value	p-value
18-22	40	7.30±1.98	1.24	0.29 NS, p>0.05
23-27	36	6.50±2.64		
28-32	18	6.66±2.27		
≥ 33	6	8±2.60		

Table 4. Association of knowledge score of primi para mothers with education.

Educational Level	No. of Primi para mothers	Mean knowledge score	F-value	p-value
Illiterate	9	6.55±2.06	2.08	0.089 NS, p>0.05
Primary	8	6.62±2.50		
Secondary	29	6.34±1.91		
Higher Secondary	46	7.10±2.44		
Graduate and above	8	8.87±2.64		

Table 5. Association of knowledge score of primi para mothers with religion.

Religion	No. of Primi para mothers	Mean knowledge score	F-value	p-value
IHindu	61	7.31±2.43	1.10	0.35 NS, p>0.05
Christian	3	6.33±2.08		
Others	5	5.80±1.92		
Muslim	15	6.60±1.99		
Buddhist	16	6.31±2.33		

Nursing Implications

Nursing Education:

- The nursing student develops an insight about post vaccinated care and implement this knowledge in daily practices and also educate the primi para mothers regarding the care.
- Findings of this study will help the nursing students to understand about the necessity of care regarding

post vaccinated child since there are a lot of complication after vaccinated a child.

Nursing Practice:

- The study findings will help nursing personnel to know the care of post vaccinated child and how to assess the knowledge level of primi para mothers.
- The study findings will help nursing personnel to

raise their insight regarding care of post vaccinated child.

Recommendations: On the basic of the findings of the study, it is recommended that the following studies can be conducted:

- The study can be repeated by taking more samples

of primi para mothers.

- The study can be repeated by assessing the effectiveness of planned teaching.
- A similar study should be done by using control group.
- A comparative study to assess the knowledge of urban and rural primi para women can be done.

Table 6. Association of knowledge score of primi para mothers with area of residence.

Area of residence	No. of Primi para mothers	Mean knowledge score	t-value	p-value
Rural	50	6.66±2.07	1.20	0.23 NS, p>0.05
Urban	50	7.22±2.56		

CONCLUSION

After the detailed analysis, the study leads to the following conclusion that there was a lack of knowledge among primi para mothers regarding care of post vaccinated child.

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