



To Assess Knowledge Regarding Immunization Among Health Care Workers.

Ms. Chetna Kumari (MSc.Nursing, Maharishi Markandeshwer College of Nursing Mullana, Ambala, Jyoti Sarin, Phd, Maharishi Markandeshwer College of Nursing Mullana, Ambala Dinesh Pal (B.Sc. Nursing), Divyanshu Saini (B.Sc. Nursing) Gagandeep Kaur, (B.Sc. Nursing), Gaganpreet Kaur (B.Sc. Nursing), Gaurav Dhiman (B.Sc. Nursing), Gurubachan Singh (B.Sc. Nursing), Harleen Kaur (B.Sc. Nursing), Harman Preet Kaur (B.Sc. Nursing) & Harpreet (B.Sc. Nursing)

ABSTRACT

Timely immunization can prevent mother as well as child from vaccine preventable disease. **Aims:** The main aim of the study was to assess the knowledge of health care workers regarding immunization at selected districts of Haryana. **Materials and methods:** A non - experimental descriptive research design was used to conduct the study among 105 health care workers. Convenience sampling technique was used to assess the knowledge level of health care workers through Google form. **Results:** Data was analyzed using SPSS 16. All the hypotheses were tested at 0.05 level of significance. The overall mean score is 21.18, median is 18, standard deviation is 6.11 and range is 5–34. The knowledge level of ANM is described as, 4(15%) of ANMs have poor knowledge, 16(62%) of ANM have good knowledge regarding immunization. Majority of level of Knowledge of ASHA, ANM and AWW worker were found good 11(35%). Overall F value is 4.178 and p value is 0.018. As p value is <0.05, the results are significant. **Conclusion:** The study findings conclude that ANM have good knowledge of immunization as compared to ASHA worker and Anganwadi worker.

Key words: Immunization, knowledge, ASHA worker, AWW, ANM.

INTRODUCTION

Immunization is one of the most proven public health interventions for preventing, eliminating, and even eradicating life threatening vaccine preventable diseases, by which children's morbidity and mortality can be minimized.^{1,2}

Immunization is a global health and development success story, saving millions of lives every year. We now have vaccines to prevent more than 20 life-threatening diseases, helping people of all ages live longer, healthier lives. Immunization is the foundation of the primary health care system and an indisputable human right. The COVID-19 pandemic has reminded the world of the power of vaccines to fight disease,

save lives, and create a healthier, safer, and more prosperous future. Moving forward, strong immunization systems will be needed to ensure that people everywhere are protected against COVID-19 and other diseases.³

The World Health Assembly, with the support of countries and partners, has endorsed a new global vision and strategy, called the Immunization Agenda 2030 (IA2030), to address these challenges over the next decade and save over 50 million lives.³

In the year of Intensification of Routine Immunization (2012-13), the Government of India has supported the training of approximately 12,50,000 frontline workers (ANMs, LHVs, Anganwadi workers and ASHAs) in 9 high priority states – UP, MP, Rajasthan, Bihar, Chhattisgarh, Jharkhand, Haryana, Gujarat and West Bengal.⁴ The objective is to motivate and strengthen the capacity of frontline workers to reduce dropouts and left outs and improve the quality of services.⁵

A descriptive study was conducted to assess knowledge and practice of primary health care providers with regard to immunization in Riyadh city. The main objective of this study was to assess the knowledge and practice of primary health care providers regarding immunization. Experience in dealing with vaccination, and a formal training in vaccination were not significantly associated with the responses of both physicians and nurses.⁶

MATERIAL AND METHODS

Non experimental descriptive Research design was used to assess the knowledge of health care workers regarding immunization Among Health Care Workers at Selected Districts of Haryana. Total 105 sample were collected from various districts of Haryana by using convenient sampling technique which allowed the research to select the participants who are willing to participate. A structured questionnaire was used to collect the Sample characteristics and Knowledge of health care workers regarding immunization. Data was analyzed by using descriptive and inferential statistics. Permission was taken to conduct the study from ethical committee of Maharishi Markandeshwar Deemed to be University and also administrative permission was procured from respective health center. List of health care workers are obtained from their respective health centers. Consent form was taken from them for approval to conduct the final study. Self-introduction and introduction of the topics was given to the participants. The final study was conducted on 3 June to 10 June 2021. Data was collected using Structured knowledge questionnaire. We choose a selected districts of Haryana to choose a Health workers as a sample. After that we send structured knowledge questionnaire method with the help of Google form and give a time (40 min) to fill it. We get 105 responses from various districts (Yamunanagar, Ambala, Karnal). Then we evaluate the level of knowledge of Health workers regarding immunization in natural setting as they exist without manipulating or imposing the effect of intervention or treatment.

RESULT: -

Sample characteristics of health care workers comprises that maximum health care workers (49.5%) were in the age group of 29-37 years [ANM(46%), ASHA(42%), AWW(65%)]. Maximum health care worker involved in this study as a sample were Anganwadi workers (45.7%). Most of the health care workers (55.2%) were working in sub center. Most of the health care worker(48.6%) were studied up to 10th standard. Most of the health care workers (58%) have experience of working about 1-5 years.. Only few (41%) of health care worker attended current immunization related programme. Most of the health care workers (41.9%) attended meetings at their working area to get knowledge about immunization. level of knowledge score of health care workers regarding immunization which is assessed through structured knowledge questionnaire comprised that majority 16(62%) of ANM have good knowledge regarding immunization, half of the 16(52%) of ASHA worker have average knowledge and nearly half of the 23(48%) of AWW have average knowledge. Table. No 1 describes about the significant difference between the mean score of overall knowledge of ANM, ASHA and AWW. The F value was found 4.178 and p Value was found statistically significant (0.018), that means there was a significant difference between the mean score of ANM, ASHA and AWW

TABLE NO.1- Association of level of knowledge of health care workers.

Overall Knowledge	Mean	Median	SD	ANOVA	
				F	P Value
ANM	24.35(69.6)	25	9.286	4.178	0.018*
ASHA Worker	21.52(61.5)	23	7.206		
Anganwadi Worker	19.08(54.5)	20	6.652		

Table 2 shows about the association of level of knowledge of Anganwadi workers with demographic variables. The p value for age and previously attended program was found to be significant that is 0.04 and 0.00 at 0.05level of significance. Hence, it can be inferred from findings that anganwadi worker were not homogenous with regard to age and previous attended any workshop on current immunization program. Other then this ANM and ASHA workers was found statistically not significant.

Table No 2: Association of level of knowledge score of AWW with demographic variable

Demographic Data	Levels of Scores			Chi Squar e Test	df	P val- ue
	Poor Knowledg e	Average Knowledg e	Good Knowledg e			
Age in years						
20-28 Years	3	5	3			
29-37 Years	6	18	7	9.87	4	0.04*
38-46 Years	1	0	5			
Working Area						
Subcenter	0	1	1			
PHC	1	5	2	1.59	4	0.81
CHC	9	17	12			
Working experience in year						
Fresher	1	4	1			
1-5 years	7	11	8	2.28	4	0.68
6-10 years	2	8	6			
Qualification						
10 th class	10	19	11			
12 th class	0	4	2	6.61	4	0.16
ANM	0	0	0			
GNM	0	0	2			
Previously attended any workshop						
Yes	0	9	11	13.39	2	0.00*
No	10	11	6			

The present study is limited to ASHA, ANM, Anganwadi worker of selected district of Haryana. The study was conducted on small group which limits the generalization of finding. The sample for the knowledge of health care workers was taken from the different population.

Discussion

Immunization is the process of giving vaccine to a person to protect them against disease. Health care workers have main role in providing immunization to children. Especially ANM, ASHA and AWW have a major contribution toward coverage of immunization. In present study, maximum health care workers (49.5%) were in the age group of 29-37 years [ANM (46%), ASHA (42%), AWW(65%)]. Most of the health care workers (55.2%) were working in sub center. Most of the health care worker (48.6%) were

studied up to 10th standard. Most of the health care workers (58%) have experience of working about 1-5 years. These results are partially consistent with the study conducted by **Sulakshna Shridhar Baliga and Padmaja R. Walvekar** which conclude that out of 76 anganawadi workers, 33 (43.4%) were in the age group 31- 40 years, 37 (48.7%) anganawadi workers had studied up to secondary school and 34 (44.7%) had experience less than 5 years.⁷

In this study the ASHA worker has poor level of knowledge, 16(52%) This study was consistent with the other study conducted by **Ujjwal pathnayak and samir kumar ray, kishore . P. madhwani**. In this study all the sample comprised of 100 ASHA. Majority of ASHA worker and health functionaries (70%) have poor knowledge regarding the schedule of immunization.⁸

CONCLUSION

The conclusion drawn from the findings of the study is that ANM have more knowledge regarding immunization as compared to ASHA and Anganwadi workers we found a significant difference between the mean score of ANM, ASHA.

REFERNCES: -

1. World Health Organization. Immunization. World Health Organization; 2018. Available from: [http://www.who.int/topics/immunization/](http://www.who.int/topics/immunization/en/) en/. [Last accessed on 2018 Nov 25].
2. Galazka AM, Lauer BA, Henderson RH, Keja J. Indications and contraindications for vaccines used in the expanded programme on immunization. Bull World Health Organ 1984;62:357-66.
3. <https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030>
4. <https://main.mohfw.gov.in/sites/default/files/5628564789562315.pdf>
5. Onprasonk Widsanugorn¹, Onprasonk Suwattana², Md. Harun-Or-Rashid³ And Junichi Sakamoto³ nagoya J. Med. Sci. 73.2011: Page No. 177 ~ 185 .
6. *Sulakshana Shridhar Baliga, Padmaja R. Walvekar* <http://dx.doi.org/10.18203/2394-6040.ijcmph20173829>
7. Manjunath S. Kamble¹, Maheshkumar M. Shindhe¹, R.G. Viveki¹, Smith Godse². Annals of community health. Jul-Sep 2020. Vol 8. Issue 3. Published online. Page no: 37-47.
8. Md Zabir Hasan a*, Shiva Gupta a, Lorraine T. Dean b, Caitlin E. Kennedy a, Akshay Ahuja c, Krishna D. Rao a. SSM- Population Health 10 (2020)100545. Published by Elsevier. Page no 12-20.
9. Jayita Pal, Suvendu Roy, Swagata Nandi, Sankalpa Satapathy. International Journal of Research in Medicine Sciences October 2019. Vol 7. Issue 1010. Published online. Page no: 3672-3678.