



## Awareness on Immunization Schedule among Nursing Students

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### ABSTRACT

**Introduction:** Immunization is the process of including the immunity in an individual against an infection organism or agent, through the vaccination. It stimulates immune system (either humeral or cell mediated) to generate specific protection against an infection agent. Vaccine may be prepared from live modified organism, inactivated or killed organism, toxics, or combination of these. The immune system protects an individual against invasion by foreign bodies, specifically microbial agent and their toxoid product.

**Design:** The analysis of data was done by descriptive and inferential statistics.

**Tool:** using a simple random sampling technique.

**Sample size:** The sample size was 45.

**Result:** That between age and knowledge level 21 to 22 years of students had adequate (100%) knowledge, between source of information and knowledge level family member has adequate (57.14) knowledge, between area of residence and knowledge level are English language had adequate (50%) knowledge, between parents education and knowledge level 12<sup>th</sup> pass has adequate (44.74%) knowledge, between course of study and knowledge level GNM students had adequate (66.67) knowledge on immunization schedule. The study result show that knowledge score on immunization for average mean is 12.62 and standard deviations is 5.18.

**KEYWORDS:** Immunization, 1st year students of nursing, Vaccination.

### BACKGROUND OF STUDY

Shots for children Programmers have significantly changed the world of child morbidity and death. When the World Health Organization (WHO) established the extended immunization programme for children in 1974, a global initiative to increase vaccine coverage for all children (EPI).

Expanded Program of Immunization for the Prevention and Control of Six Killer Children's Diseases was the name of the global immunization programme that the World Health Organization formally introduced in 1974. In order to reduce mortality and morbidity and to become self-sufficient in the production of vaccines, the Indian government established EPI in 1978..

The schedule was changed to become the "Universal Immunization Programmer" on November 19, 1985, in honour of the late Prime Minister Mrs. Indira Gandhi.

To combat poliomyelitis, the Pulse polio immunization campaign was introduced in 1995. Vaccination programmes have been a significant part of the national policy for reproductive and children's health since 1997.

The vaccination schedule was revised in 2005, with two doses of hepatitis vaccine and JE vaccine in selected endemic areas, the first for 9-12 months, the second for 16-24 months, and two rashes. Vaccine, first vaccination for 9-12 months, second vaccination for 16-24 months under the National Rural Health Mission (NRHM) In 2010-2011, the Indian government issued hepatitis B vaccination throughout the country Made universal to the state / UT. In April 2016, India introduced the use of split dose (5) IPV in its Throutine program. In 2012, the Government of India declared 2012 a "year of regular immunity enhancement".

I in 2014, India was certified as a "polio-free country". On February 5, 2017, the Ministry of Health and Welfare launched a measles and rubella (MR) vaccination campaign in Japan.



On May 13, 2017, the Federal Minister of Health and Family announced the launch of the pneumococcal conjugate vaccine (PCV) at UIP.

**METHODOLOGY**

The investigation was conducted in objective method and Nootan College of nursing, visnagar was the location of study. The study research design is descriptive design. The college and sample was chosen using a simple random sampling technique. For this trial, 45 students of first year were chosen, and they were given objective type question paper to student for assess and improve the knowledge regarding immunization. Pre test were done and determine the level of knowledge on immunization. The data was evaluated with descriptive and interstitial statistic like mean, SD, and the chi-square test.

**RESULT**

The result have been organized and presented in following headings

**Table 1:** Sample frequency and percentage distribution based on demographic characteristics.

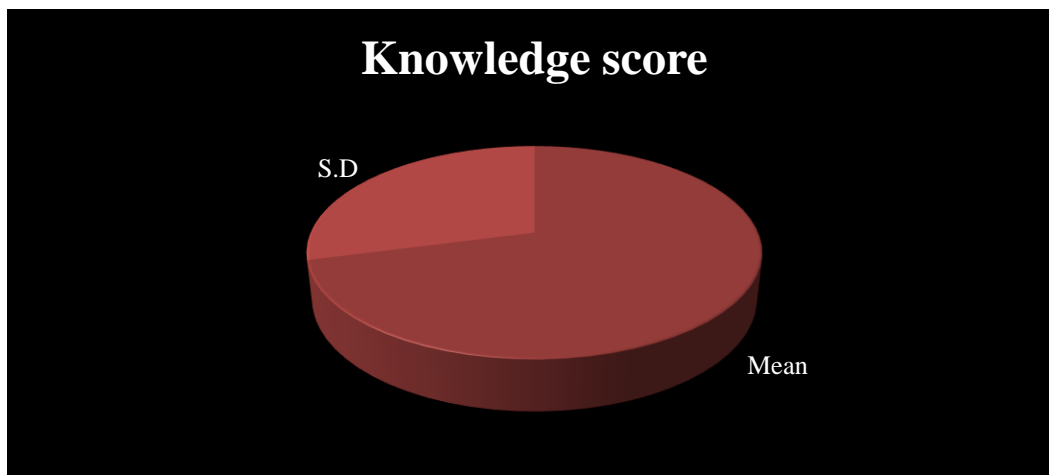
(N-45)

S. no	Variable	Category	Frequency	Percentage
1	Age in year	A) 17-18yr.	12	26.67 %
		B) 18-19yr	27	60 %
		C) 19-20yr	2	4.44 %
		D )Above 22 Year	4	8.89%
2.	Source of information	A) Mass media	8	17.78%
		B) Family member	15	33.33%
		C) Health care provider	12	26.67%
		D )Others resources	10	22.22%
3.	Area of residence	A) Rural	35	77.78%
		B )Urban	10	22.22 %
4.	language	A) Gujarati	41	91.11 %
		B) Hindi	1	2.22%
		C) English	3	6.67 %
5.	Parents education	A) graduation	8	17.78 %
		B) 12 <sup>th</sup> pass	37	82.22 %
		C) 0 <sup>th</sup> & below	0	0
		D) Illiterate	0	0
6.	Course of study	A) Bsc nursing	19	42.22 %
		B) GNM	18	40%
		C)ANM	17.78	17.78 %

**Table 2:** Analysis of knowledge score on current immunization schedule. (N-45)

Knowledge score	Statement	Maximum score	Average mean	Standard deviation
24		24	12.62	5.18

This table is shows the analysis of knowledge score on current immunization schedule the results indicate that average mean is 12.62 and standard deviation is 5.18.



**Fig: 1** Analysis of knowledge score on current immunization schedule.

**Table 3:** To Find Out Association Between Knowledge Score and Selected Demographic Variable. Association between age and knowledge on immunization

Demographic Variable	Level of Knowledge						X <sup>2</sup> Value
	Adequate		Inadequate		Total		
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	
Age(in year)							
17 to 18	3	25	09	75	12	100	
19 to 20	10	37.04	17	62.96	27	100	
21 to 22	2	100	00	00	02	100	
Above 22	03	75	01	25	04	100	
Combined	18	40	27	60	45	100	
Source of Information	Level of Knowledge						6.32
	Adequate		Inadequate		Total		
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	
Mass media	01	12.5	07	87.5	08	100	
Family Member	08	57.14	06	42.86	14	100	
Health Care Provider	03	25	09	75	12	100	
Other	06	54.55	05	45.45	11	100	
Combined	18	40	27	60	45	100	
3) Area of Residence	Level of Knowledge						3.71
	Adequate		Inadequate		Total		
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	



Rural	16	48.48	17	51.52	33	100	
Urban	02	16.67	10	83.33	12	100	
Combined	18	40	27	60	45	100	
4) language	Level of Knowledge						7.64
	Adequate		Inadequate		Total		
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	
Gujarati	16	40	24	60	40	100	
Hindi	00	00	01	100	01	100	
English	02	50	02	50	04	100	
Combined	18	60	27	40	45	100	
5) parents Education	Level of Knowledge						1.18
	Adequate		Inadequate		Total		
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	
Illiterate	00	00	00	00	00	100	
10 <sup>th</sup> below	00	00	00	00	00	100	
12 <sup>th</sup> pass	17	44.74	20	55.26	37	100	
Graduation	2	25	6	75	8	100	
Combined	19	42.22	26	57.78	45	100	
6) Course Of Study	Level of Knowledge						7.96
	Adequate		Inadequate		Total		
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	
B.sc	04	21.05	15	78.95	19	100	
GNM	12	66.67	06	53.33	18	100	
ANM	03	37.5	05	62.5	08	100	
Combined	19	42.22	26	57.78	45	100	

## DISCUSSION

The findings of the study have implication on the field of nursing education, nursing practice, nursing administration and nursing research

The nursing curriculum is concerned with the preparation of the nurses. The present study would the help the nurses to understand level of knowledge of immunization schedule. The awareness on current immunization schedule is a part of curriculum in paediatric subject. In service education should be conducted to improve knowledge of health professional and nursing personals.

Nursing education on current immunization schedule is help to nurses for prevention of vaccine error. From the present study the investigator felt the need that nurse should act as a facilitator to educate first year of all courses B.sc nursing, GNM, ANM.



Regarding immunization schedule. Misconception related to immunization schedule can be eliminated based on the findings to improve students' knowledge for better care of students.

Nursing administration should implement outreach programmers to make the students aware about the immunization schedule and prevention of untoward effect within and outside the hospital. They should make aware the student nurses about the immunization schedule related to vaccine error and improve the knowledge regarding immunization schedule.

An experimental study can be carried out to find out the knowledge of immunization schedule in first year of all courses B.sc nursing, Gnm, Anm.

Information booklet is prepared to educate the first year of all courses B.sc nursing, Gnm, Anm. Regarding immunization schedule. Knowledge of first year of all courses B.sc nursing, GNM, ANM. Can be studied as they are responsible

## CONCLUSION

The study was conducted to assess the knowledge regarding immunization schedule among first year of B.sc nursing, GNM, ANM. Students of Nootan College of nursing, visnagar in the present study 45 students were selected using purposive sampling method.

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