ACCESS AND UTILIZATION OF IMMUNIZATION SERVICES BY CHILDREN AGED BELOW 5 YEARS IN MATETE DIVISION, LUGARI DISTRICT

BY

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ABSTRACT:

Background of Study:

Immunization process in Kenya follows the DVI schedule against 8 target diseases. Preventable diseases are still common and 5% of all the under-5 year childhood death is due to measles complications (WHO-2000). Childhood immunization has remained low with Western Province coverage for fully immunized children estimated at 50% .

Methodology:

The study was cross-sectional aimed at determining the extent of immunization coverage in Matete and factors that influence access to immunization and completion of immunization schedule. Factors analysed were mother's knowledge, mother's age, family income, child birth-order, child gender, Adverse Events Following Immunization, Out-of-pocket costs and distance to health facility used. Matete Division was purposively selected due to its poor state of health indicators, the four sub-locations were randomly selected; stratification was done to allocate sample size according to their population and multi-stage systematic method used to select sample units. A questionnaire was the main tool in data collection and data analysis was done using SPSS version 13.

Results:

A house-hold sample of 197 generated a study population of 230, a ratio of 1.15 per house-hold. Response rate was 99.6%. Of the 230 children, 51.74% were female. DPT-HepB-Hib1 immunization rate was 86%, measles immunization rate was 70.87% with a drop-out rate of 17.7%. Only 64.3% were fully immunised. Factors that were strongly associated with access to immunization were maternal knowledge and costs of immunization while those strongly associated with completion of immunization schedule were maternal knowledge, costs, house-hold income and birth order. Maternal age, child gender and distance to health facility were not associated with immunization. Occurrence of vaccine side effects does not affect child immunization.

Conclusions:

Access to immunization in Matete Division is high while completion rates through a fully immunized child is very low. Measles immunization coverage is still low despite frequent Supplementary Immunization Activities. Most mothers don't know diseases prevented by administration of DPT-HepB-Hib vaccine. They also do not know when particularly pentavalent 1 is given. The cost of transport is a major hindrance to immunization. Febrile illness and injection abscess are the most common Adverse Events Following Immunization and DPT-HepB-Hib1 is the common vaccine antigens responsible.

Recommendations:

a) *The ministry of Public Health and Sanitation should strengthen routine immunization program especially on completion rates and involve all vaccine preventable illnesses during immunization campaigns instead of targeting specific outbreaks such as measles or polio*
b) *Lower the cost of travel by establishing more closer Health facilities*
c) *Strengthen health education on vaccination so that mothers can understand vaccine administration schedule especially timing of DPT-HepB-Hib.1.*
d) *Service providers at health facility level should undergo frequent updates on infection control to strengthen injection safety procedures and prevent occurrence of injection abscess following immunization*