

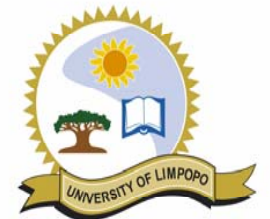
Immunization Knowledge, Practice and Coverage Survey: Gauteng Province

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Introduction

- Knowledge and practices regarding vaccines in general has a potential **impact on the vaccination status** of children.
- The **value of immunization** cannot be overemphasized, while there are many studies published investigating the issue of knowledge, practice and coverage,
 - **LOCAL** in depth studies on the knowledge and practices of mothers and healthcare givers are needed.



Introduction. Cont'

- Immunization is vital, it **protects nearly 3/4 of children** against major childhood illness.
- However, Vaccination programs should be **effectively managed**.
- Vaccine-preventable diseases (**VPDs**) includes:
TB, Measles, Polio, Diphtheria, Tetanus,
Pertussis, Hepatitis B, Haemophilus influenzae.

Introduction. Cont'

- Vaccines administered under 1 yr are:
- One dose **BCG** at birth, 3 doses **OPV** and 3 doses **DTP-Hep** given at 6, 10, 14 weeks. **Measles** vaccine given at 9 months.
- **Fully immunized**- all above vaccines were given at scheduled time.
- **Partially immunized**- missed one/more vaccines.

Study Objectives

- To determine childhood immunization knowledge and practice of the **mothers** and **healthcare providers** in Gauteng Province (GP).
- To determine level of fully immunized **coverage of children under 1 yr** in GP
- To determine the **missed-opportunities** of children under 1 yr in GP.

Objectives. Cont'

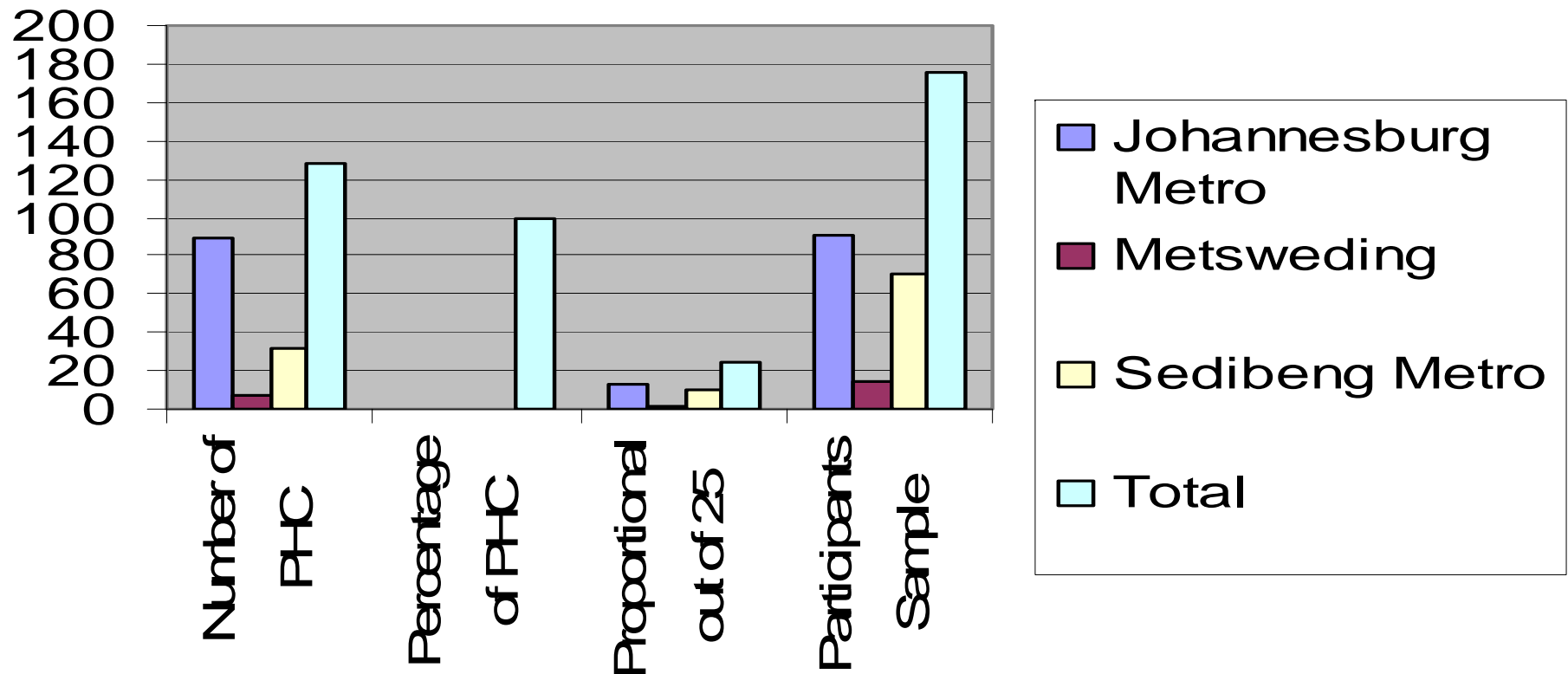
- to assist in the identification and prioritization of problems that exist within the project area
- as well as to guide the EPI team to write the Detailed Implementation Plan
- Collect, analyze, and use information for decision-making.

Methodology

- Descriptive **cross sectional survey- Multi-stage Cluster Sampling** technique was employed.
- Study setting- **GP** (3 out of 6 districts were selected proportionally according to size.
- Sampled Clinics from **3 selected districts** namely: Joburg Metro (21 clinics), Sedibeng (7 clinics) and Metsweding (2 clinics).

PHC Distribution in the 3 selected districts in Gauteng Province.

PHC Distribution in 3 Districs, GP



Methodology Cont'

- A **random number was chosen** (using the Random Number Table) to identify the starting point on the list to begin selecting facilities.
- After selecting the first cluster of 21 PHC facilities using the random number,
- the second cluster of 7 facilities and third cluster of 2 facilities were selected using the methodology applied for selecting the first cluster and
- finally a total of **30** clinics were obtained.

Methodology. Cont'

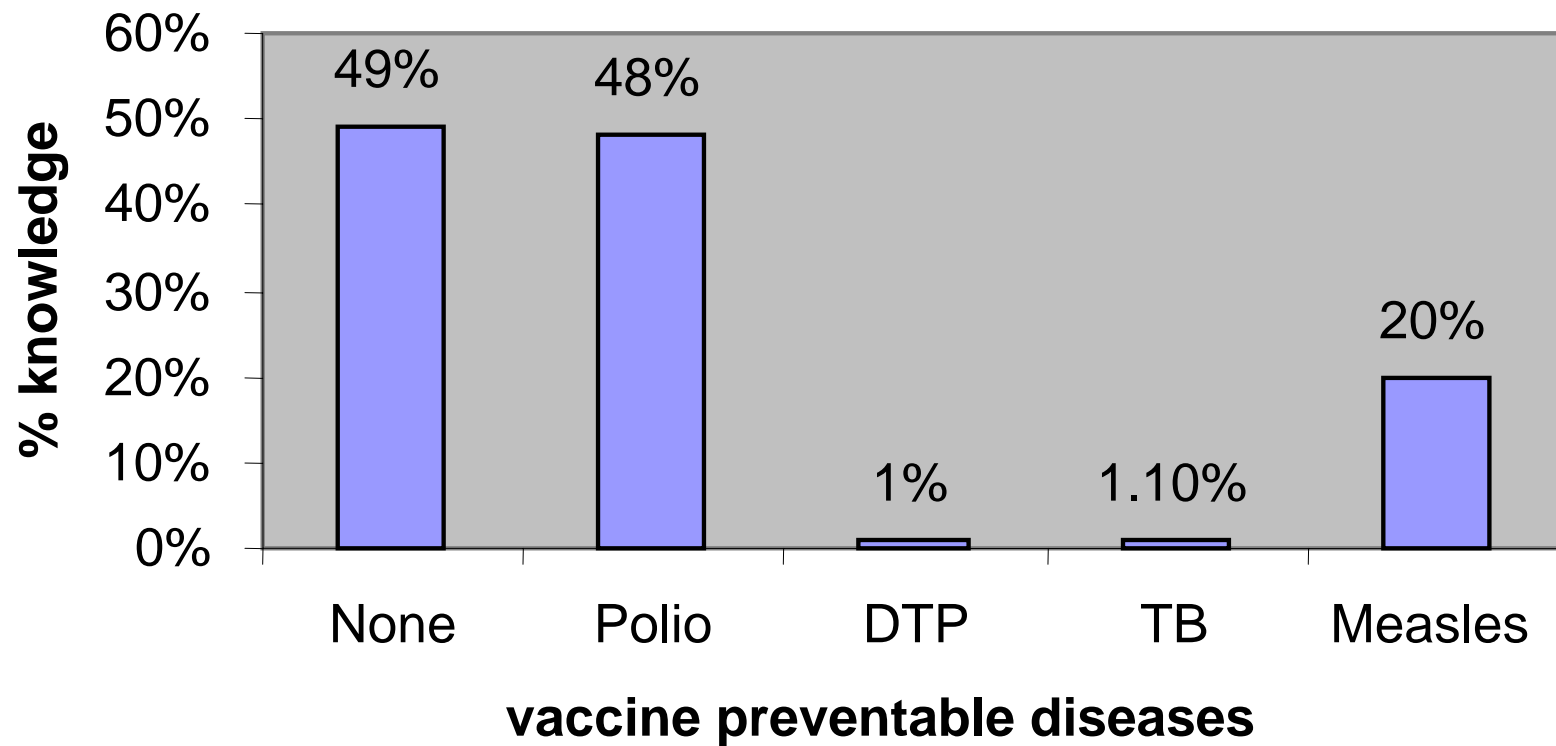
- Study **tools**- Road to Health Charts (**RTHC**) and Clinic Kept Records (**CKR**) 2005/6 records.
- and structured **questionnaire** for mothers and healthcare providers.
- A total of **36 healthcare workers** involved in childhood immunization on daily basis were interviewed.
- Data **extraction form** was adopted from WHO Immun. Coverage 2005, modified to meet the project needs.

Methodology. Cont'

- The **questions were read out or explained** to the mothers while the responses the mother gives is then ticked in the questions.
- Data analysis- **Epi info**, MS Excel- Graphs and tables.
- **Ethics Approval**- MEDUNSA- REPC and Provincial Research Committee (GP NoH)

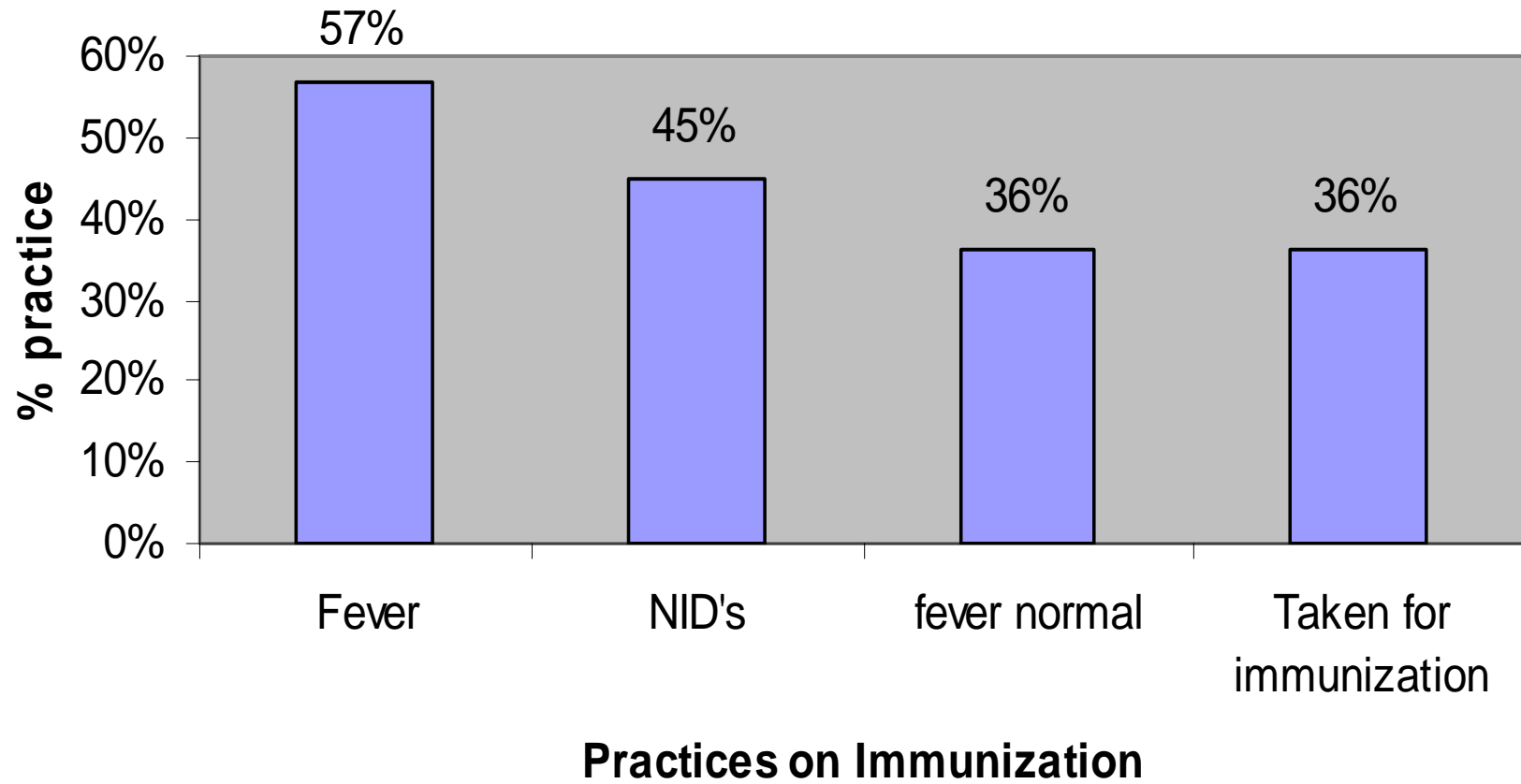
Results

maternal knowledge of vaccine preventable diseases



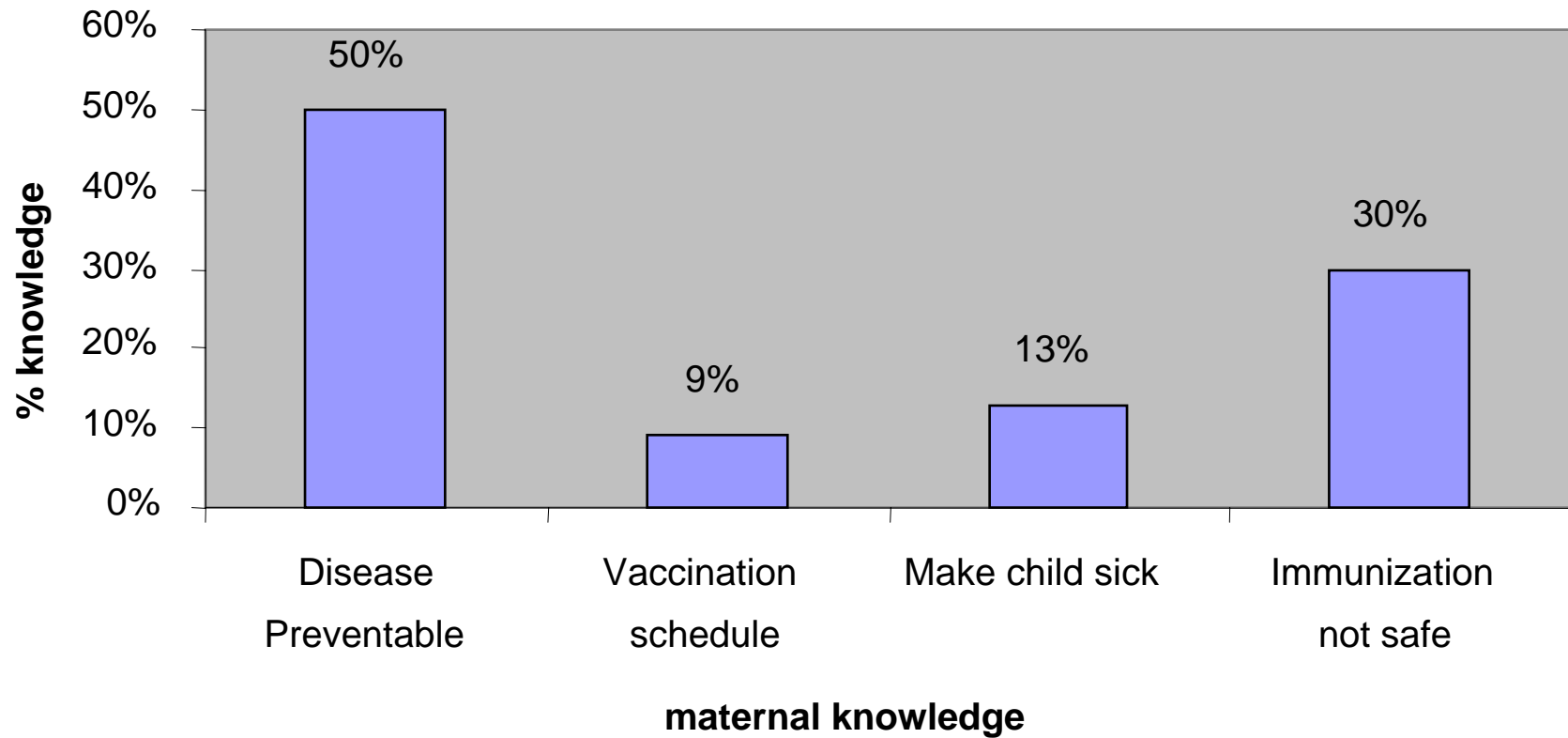
Results. Cont'

maternal practice on immunization



Results. Cont'

maternal knowledge on immunization



Results. Cont'

- Collected data from 25 clinics; n=175.

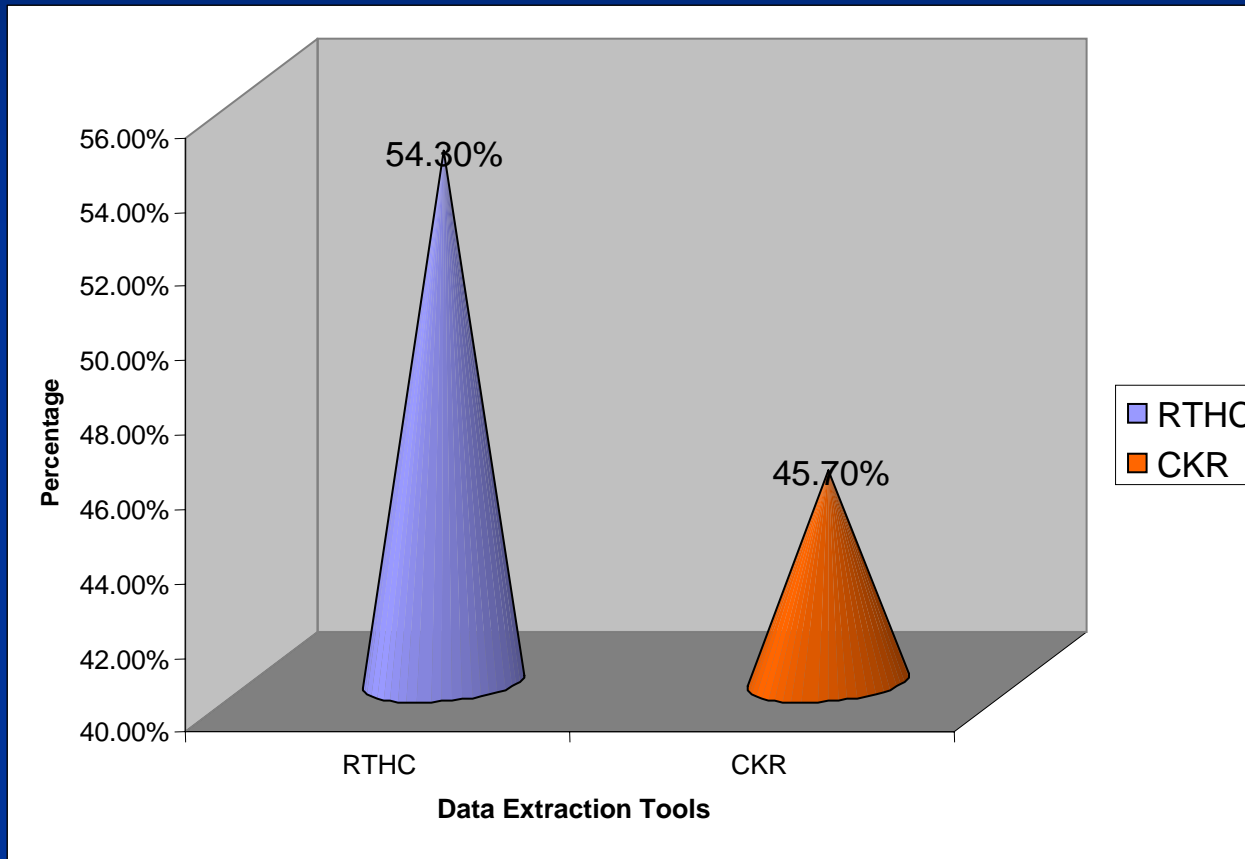


Fig.1 Percentage of data extraction tools used in study.

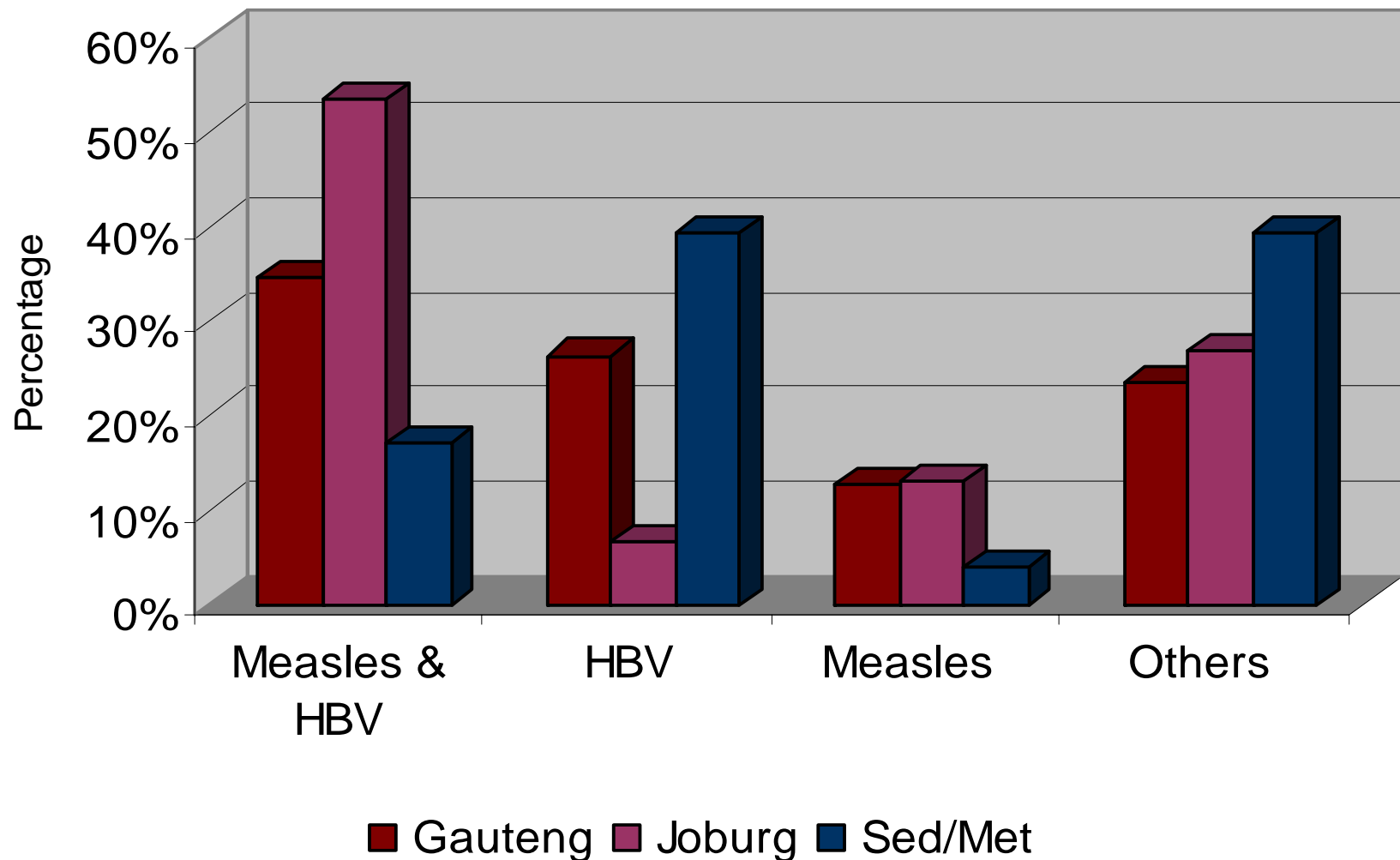
Discussion

- The results of this survey show that, the level of immunization knowledge among mothers was **limited**.
- About 68% of respondents stated that **children who are sick** should not be immunized.
- About (50%) of the mothers had a fair knowledge regarding **VPDs** but poor knowledge regarding the disease prevented by immunization.

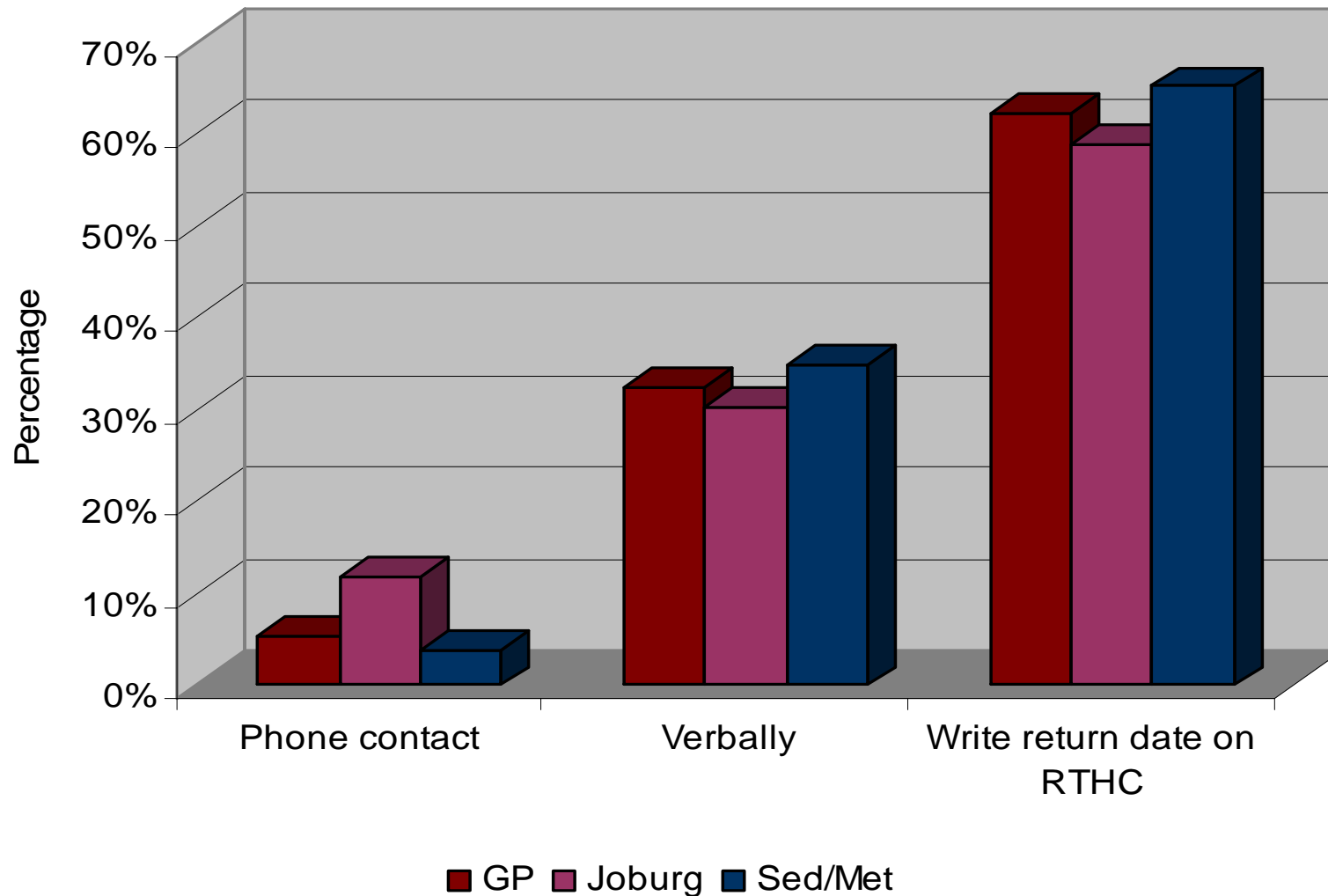
Discussion. Cont'

- About 50% of mothers reported having taken their children for immunization during National Immunization **days (NIDs)**;
- however **36% of mothers** stated that children who are already immunized should not be taken for NIDs.

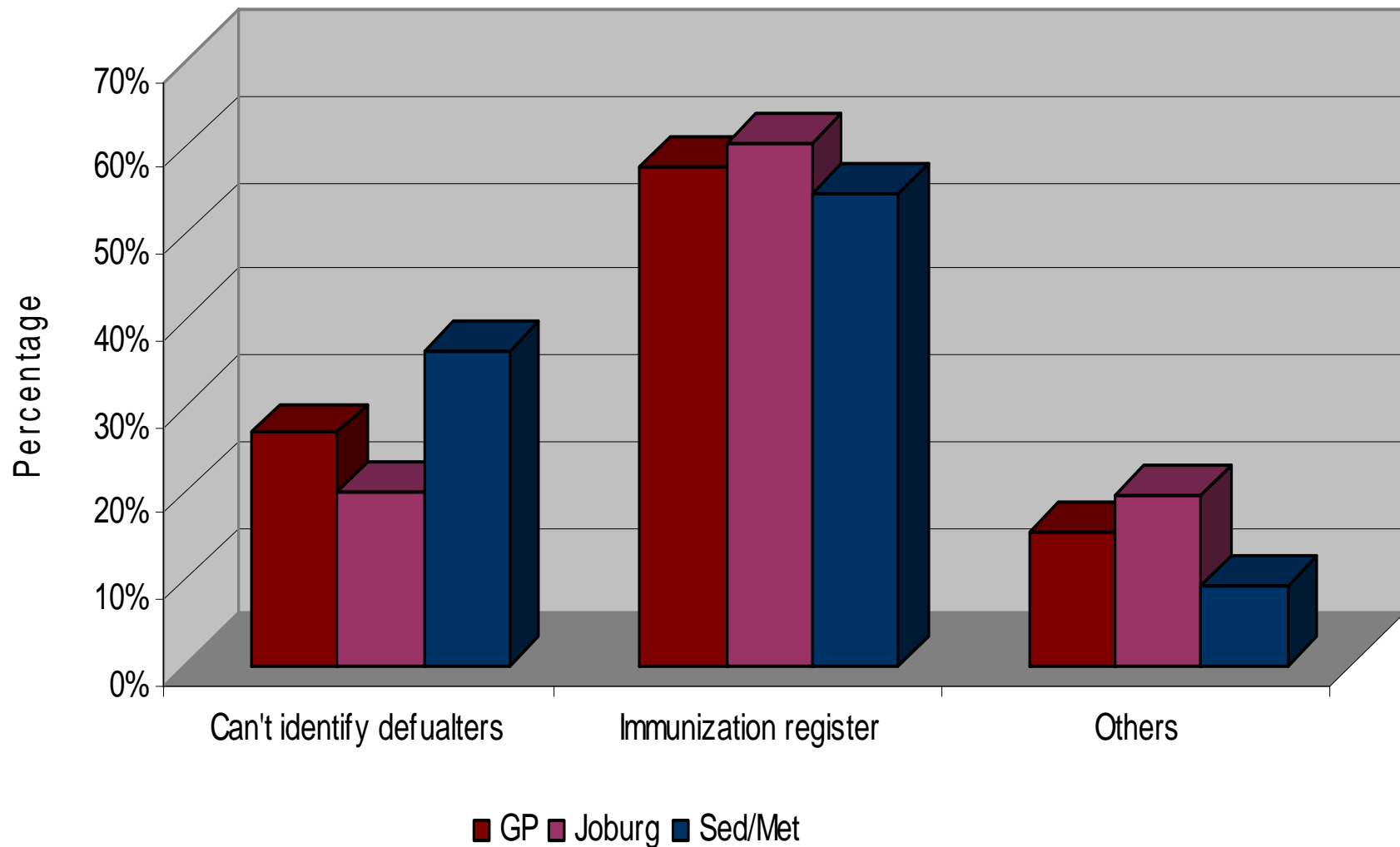
Which immunization is due to an 11½ month old child who received all doses of Combact Hip x3, OPVx3 and HBVx2?”



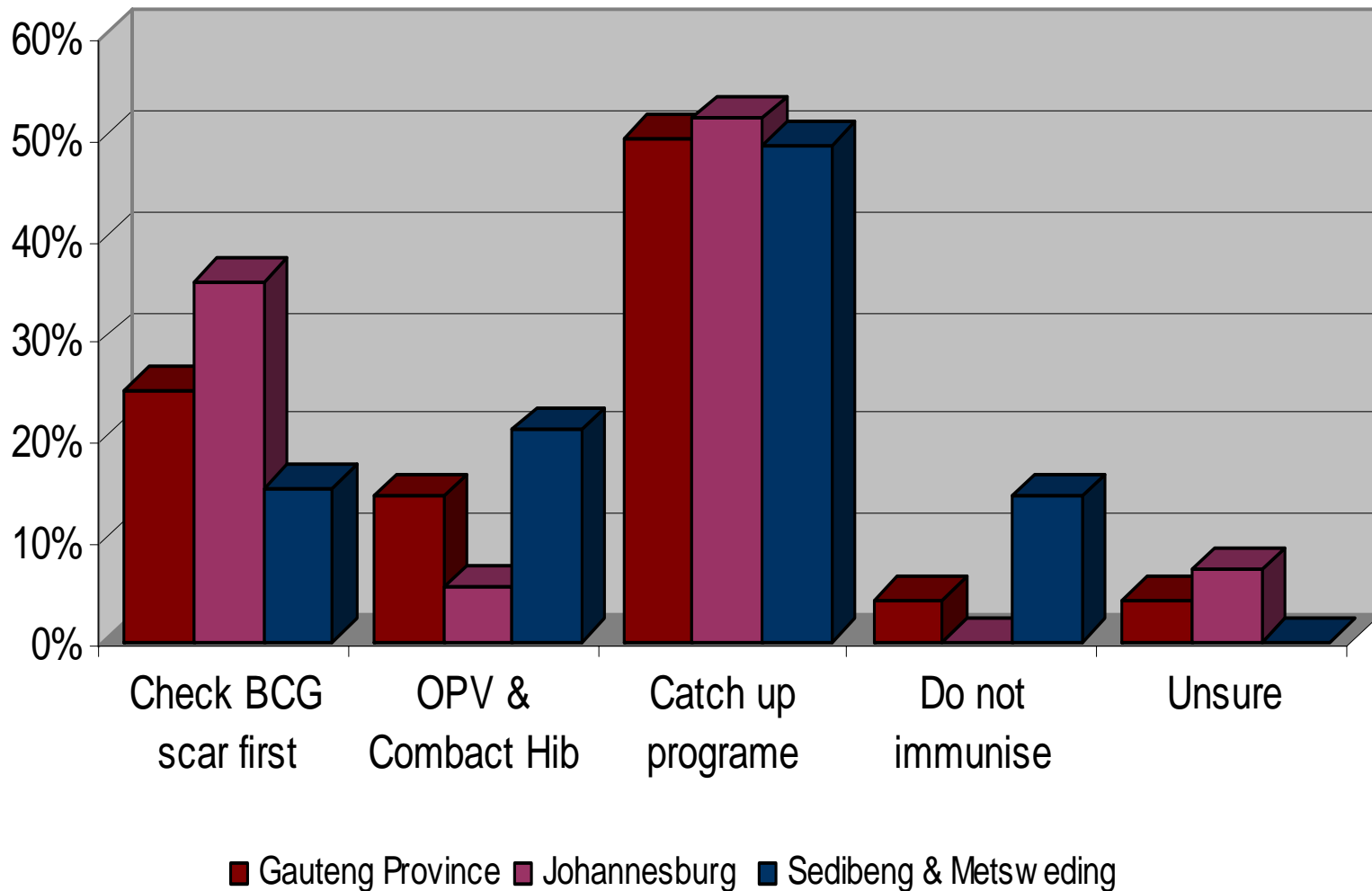
Health facilities' strategies used to remind parents about their next visit



Health facilities' method of identifying defaulters



“What immunization will you give an 8 month old child with no immunization records?”



Response to the question on contra- indications

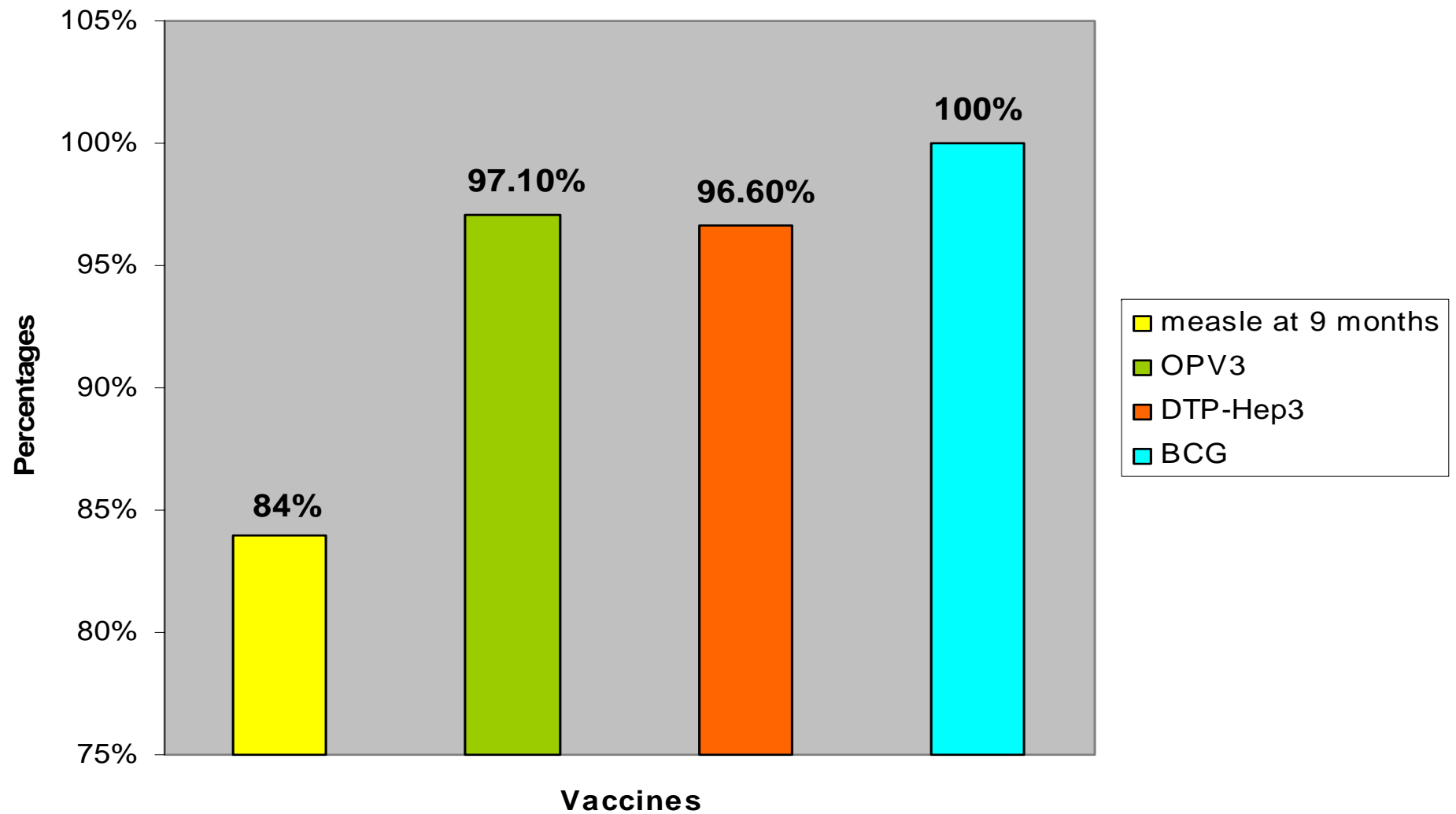
Question: Does the clinic routinely immunize when the child has	Gauteng Province	
	Yes	No
1.A cold		
2.Low grade fever	88.5%	11.5 %
3.Recently been exposed to infectious illness	80 %	20 %
4.Mild diarrhoea	68 %	32 %
5.Convalescing from an acute illness	82 %	18 %
	68 %	32 %

Immunization Coverage in GP

Gender:

- Females (102/175) 58.3% immunized.
- Males (73/175) 41.7% immunized.

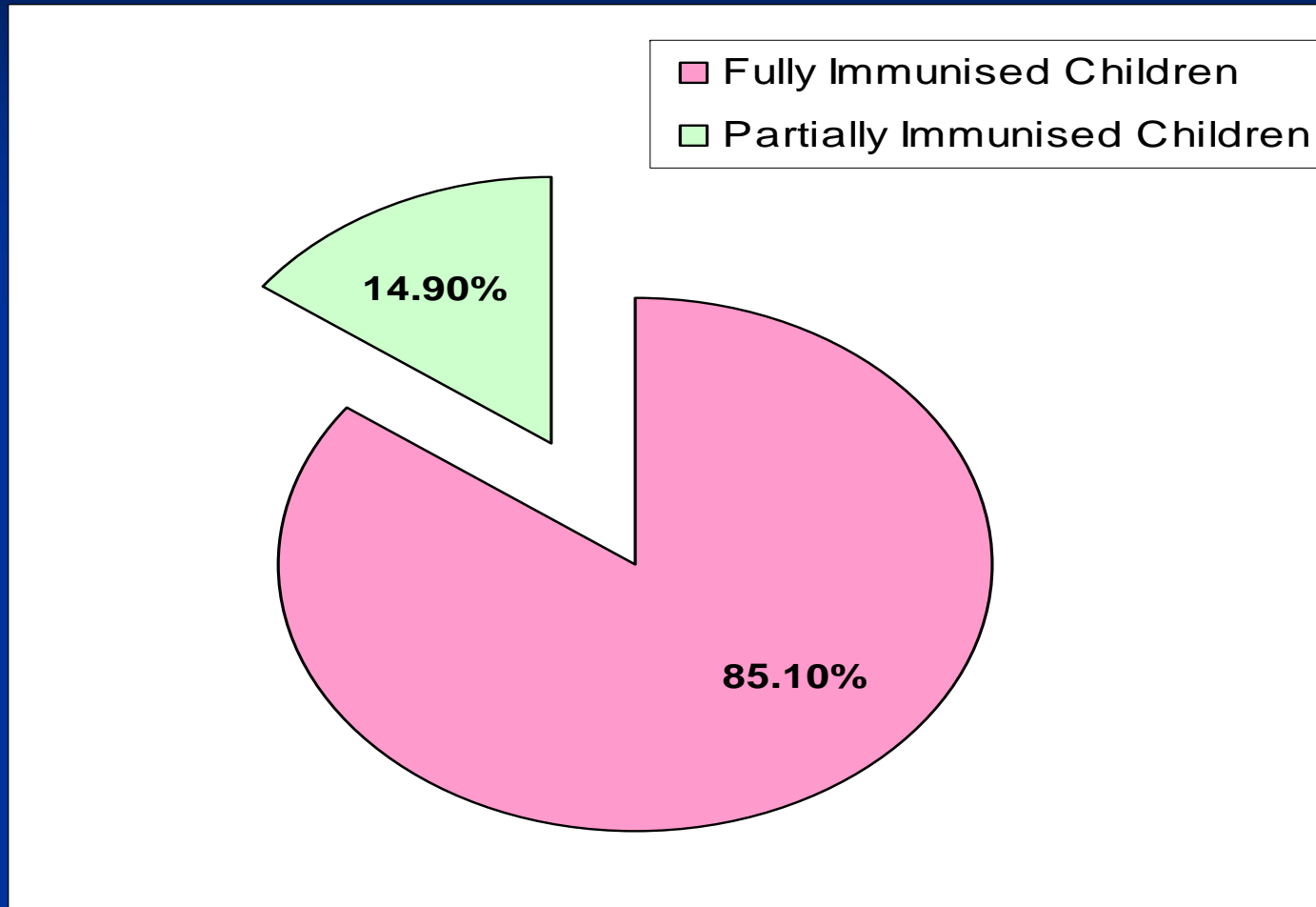
Percentage of various vaccines received



continues

- BCG = (175/175) **100%**.
- OPV3 = (170/175) **97.1%**.
- DTP-Hep3 = (169/175) **96.6%**.
- Measles = (147/175) **84 %**.

GP Coverage Status



■ Fig. 3 Immunization coverage status of children under yr in GP

Missed-Opportunities

- OPV3 = (5/175) **2.9%**.
- DTP-Hep3 = (6/175) **3.4%**.
- Measles at 9 months = (28/175) **16%**.

Discussion

- The study results in general suggested that the VPDs knowledge of **healthcare providers is very limited**.
- There was a marked **difference in providers immunization knowledge** when Johannesburg metro is compared with both Sedibeng and Metsweding districts.

Discussion and conclusion:

- The study results suggests that **immunization practices** are almost identical in all the three districts.
- It is therefore important to emphasize more on the **education of healthcare providers/givers** in a attempt to improve immunization coverage towards the national target of 90%.

Discussion and conclusion:

- The findings suggested that because **mothers play an important role** in their children's vaccination,
- it is therefore important to address maternal knowledge and possible **barriers** to childhood immunization
 - when developing **public health interventions** for promoting childhood vaccination.

Conclusions

- Immunization coverage of **females was higher** than that of their male counterparts.
- High Percentage (>95%) of OPV3 and DTP-Hep 3. Showing **excellent improvement** of these vaccines.
- Low percentage (<90%) of measles vaccine. Oscillates (77-84%) triggers **measles outbreaks** around South Africa.

Recommendations

- Since the level of knowledge and practice of mothers on childhood illness management was insufficient and therefore in need of improvement, the programmatic implication is to inform mothers on **symptoms of childhood illness**.
- **Communication materials** should communicate in local **languages** in order to effectively convey the information needed to identify disease symptoms.
- **Fathers, siblings, grannies and housemaids** are also playing a role by bringing children for immunizations,
 - it is therefore important to **educate them** so that they can be knowledgeable about VPDs

Cont'

- Need to have **continuous outreach programs** at the regional level to sensitize the population on immunization activities and
- **Improve social mobilization** by collaborating with community health agents, local religious leaders, and women group representatives etc, as well as using rural radios. (**Promote Community Participation**)
- The new **UNICEF SASDE strategy** (the Accelerated Strategy for Child Survival) may also be implemented as part as the overall strategy to reach more children and their mothers for vaccination.

Recommendations

- The competence of health workers in EPI should be ensured through training and regular supervision.
- Continuous professional development (CPD) for the healthcare workers.
 - Workshops, refresher courses for healthcare workers at the facility level.
- Harmonization and evaluation of healthcare training at the training institutions.
- Dissemination of newly revised guidelines and
- Evidence based practice.

Recommendations

- **Clinic records** should be kept for longer periods (5 years) at the clinics as in most clinics some records are discarded earlier.
- **Mass campaigns for measles must be implemented frequently** as most children tend to miss the 1st dose of measles vaccine at 9 months.
- **Missed opportunities can be avoided if vaccinators keep a register** whereby they can be able to identify a child that has missed the vaccine and they can follow it up.

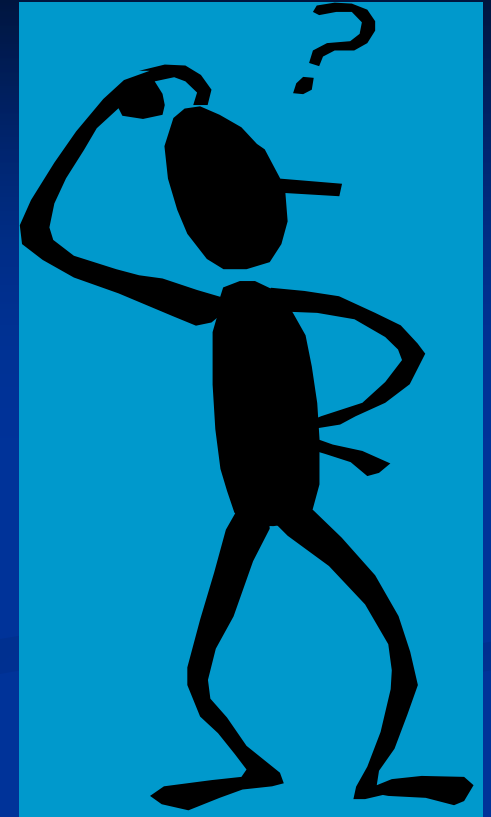
Acknowledgements

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- **Facility** managers and the participants.



End

- Thank you for listening
- I welcome your questions
and comments



SAVIC

