

Child Immunization Coverage In Kiandutu Slums, Thika District, Kenya.

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ABSTRACT

Immunization is a cornerstone of public health that has seen diseases like small pox completely eradicated worldwide, poliomyelitis and measles eradicated in many regions of the world. Immunization has been seen as one of the most cost effective public health interventions in most regions of the world. This, however, may not apply to slum settings due to certain prevailing conditions. A cross sectional study was carried out in Kiandutu slums, Thika District, Central Province between March and May 2009. The slum has an approximate population of 50,000 people most of whom have limited access to health services. This study aimed at determining immunization coverage and associated factors in Kiandutu slum. The primary sampling units were households within the slum that were covered by the Thika District Hospital Outreach Team. 189 households were randomly selected from a list of 560 households covered by the outreach team. One child aged 12-23 months whose mother or guardian gave consent to participate in the study was selected from each household.

The mean age of the children was 17.3 months with a range of 12-23 months, while the mothers' mean age was 25.5 years. Of the mother's interviewed, 35.4% had completed primary education while 40.2% started primary education but dropped out. Mothers who completed secondary education were 10.1%, and those that had incomplete secondary education were 7.9%. Those who had attained tertiary education were 2.6%. The immunization card retention rate among parents/guardians was 79.9%. Children who had received the BCG vaccine were 94.7%. Those who received the pentavalent vaccine constituting of BCG, 3 doses of DPT and OPV vaccines were 79.8%. Children who had received the pentavalent vaccine plus the measles dose were 77%. Therefore, infants who received full immunization by virtue of having received the complete pentavalent vaccine and measles vaccine were 77% of the total sample, 18% were

partially immunized and 5.3% were not immunized at all. The DPT1-DPT3 drop out rate was 15.6%. Reasons given as to why children had not been immunized included distance to the health centre and forgetfulness due to preoccupation with family activities. From this study, there was no significant association at 95% confidence level between, immunization status of child and marital status of the mother ($P=0.232$), immunization status of child and mother's education level ($P=0.128$) and between immunization status and immunization card availability ($P=0.285$). There was however a significant association between the age of the mother and immunization status of the child ($P=0.006$).

In comparison to other slums in Kenya and other countries, the immunization coverage of 77% in Kiandutu slum among households covered by the district hospital outreach team was close to the district's target of 80%. The drop out rate was however high and it was recommended that incentives to reduce the drop out rate be introduced.