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The relationship between the parents' knowledge, attitude and practices on immunization and the immunization status of their adolescent children in the out patient department of a tertiary hospital

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Objective: To determine the relationship between the knowledge, attitude and practices of parents and the immunization status of their children aged 11 to 18 years old.

Design: It was a prospective cross-sectional study.

Subjects: 70 guardians of patients aged 11 to 18 years were called for follow up at the St. Luke's Medical Center QC (SLMC) Pediatric Out-Patient Department (OPD). Then, with them purposive sampling was done.

Methodology: Interviewer-administered questionnaire/face to face interview and review of immunization records were conducted from December 2016 to February 2017 among parents of adolescent patients who followed up at the Pediatric OPD of SLMC QC.

Results: Patients were most often partially or non-adherent to their recommended adolescent vaccination schedules. About 93% received at least one dose of the Hepatitis B vaccine, but none received any booster or catch-up dose. Hepatitis A and Td/Tdap vaccines were given to 17% and 10% of adolescents, respectively. The coverage rates for annual influenza (5.7%) and HPV (2.9%) were the lowest among all vaccines recorded. More than 90% of respondents correctly replied to items on seriousness of the diseases targeted by MMR, varicella, and hepatitis A and B. In contrast, only half recognized the possibility of a serious sequelae of HPV infection. The cost of getting immunized was the leading barrier (87%) to avilment of this service.

Conclusion: No significant associations were found between parents' range of knowledge scores and the actual immunization status of their adolescent children. However, score of $\geq 75\%$ appeared to be associated with increased MMR and lower hepatitis A and influenza vaccination rates. In these findings we can conclude that availability of the vaccines in the health center can increase the adherence to adolescent immunization. The top 3 identified barriers in availing immunization were: financial problems, lack of knowledge and lack of vaccines in the health center.

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