A CROSS-SECTIONAL SURVEY TO EVALUATE KNOWLEDGE, ATTITUDE AND PRACTICE (KAP) REGARDING MEASLES VACCINATION AMONG ETHNIC MINORITIES

Objective: Vaccines have prevented the spread of many diseases. However, lower vaccination rates have been found among the minority nationalities of China. We carried out this research to assess the knowledge, attitude and practice (KAP) in Xunhua Salar Autonomous County, of childhood immunization, particularly in regard to vaccination to prevent measles.

Methods: A close-ended questionnaire was designed to evaluate KAP among 240 primary caregivers sampled by using the probability proportional to size method. The chi-square test and the logistic regression were used for statistical analysis to explore the potential risk factors associated with childhood under-immunization.

Results: We found the majority of primary caregivers (80%) did not know their children could be immunized for free under the Expanded Program on Immunization (EPI) when they left the permanent resident areas. More than 95% of caregivers believed vaccines were effective. However, 34.6% of the children missed opportunities for vaccination or delayed vaccination. Our results showed that the potential risk factors associated with the increasing likelihood of a child missing or delaying vaccination were: inadequate supplies of vaccine service; lacking information on immunization program; and lower educational level of caregivers. More than 70% of caregivers expected to acquire immunization information from village doctors or local religious leaders.

Conclusions: To increase immunization rates among minority children, more immunization services are strongly suggested. Local religious leaders were encouraged to play a vital role in improving caregivers’ awareness of the immunization program, especially for those without formal schooling. (Ethn Dis. 2015;25[1]:98–103)

Key Words: Attitude, Measles-Containing Vaccine, Immunization, Ethnic Minorities

INTRODUCTION

Measles, a highly contagious viral disease, which affects mostly children, is an important public health issue in China. Previous studies showed that measles incidence was higher in minority children than Han children in China. Furthermore, compared to school-aged children, preschool-aged children are at higher risk for measles' serious complications, including blindness, encephalitis, severe diarrhea, ear infection, pneumonia, and a higher risk of hospitalization and death from measles.

Measles is preventable by vaccine. Measles-containing vaccine (MCV) immunization is considered as one of the most cost-effective public health interventions to prevent and control measles among children. The World Health Organization (WHO) recommends that all susceptible children should receive MCV. Since 1980’s, MCV has been included in the Expanded Program on Immunization (EPI) of China, which recommends that all preschool-aged children are immunized with two doses of MCV. In 2006, China set a goal to eliminate measles, which requires that ≥95% of children receive two doses of MCV in every district. Yet, the MCV coverage rate varied from province to province and was documented to be lower in the western provinces than others, especially, among minority children compared to the Han majority. There is a paucity of literature regarding MCV coverage rates among minor ethnic groups, as well as their beliefs and behaviors concerning it. Our study was designed to explore knowledge, attitude, and practice (KAP) related to MCV immunization among the Salar people living in Xunhua County, Qinghai Province, China. Our goal was to gather data to plan future interventions and immunization strategies aimed at increasing MCV immunization rate among Chinese ethnic minorities.

METHODS

Our study was a cross-sectional survey conducted in Salar Autonomous County of Xunhua (Xunhua County), from August to November 2013. Xunhua County, comprising eight townships, is the only county in China where the Salar ethnic group resides. A probability-proportional-to-size sampling method was used. First, all eight townships were selected. Second, all the villages within each selected township were divided into three-level strata (near, intermediate, far) by distance from the selected township. Third, one village was randomly sampled from one level of strata. Finally, in each selected village, ten households with children...