

ABSTRACT

Introduction:

Improving child health outcomes has been central to global development efforts over the last four decades. Vaccine-preventable diseases are the most common cause of childhood mortality, with an estimated three million deaths each year. The Ghana Demographic Health Survey 2014 report established a 76.0% coverage in the urban and in the rural a coverage of 78.6% among children aged 12-23 months who received all the basic needs of vaccination. It is therefore essential that child immunization service is equitable in order to achieve Sustainable Development Goal 3- Ensure healthy lives and promote wellbeing for all at all ages.

Objective:

The study sought to determine equity in access to child immunization services and the barriers associated with all eligible children having access to the service in urban Ga South Municipality.

Methods:

A cross-sectional explorative design using quantitative method approach was used. A total of 200 mothers with children 12 to 59-month-olds residing in the Ga South Municipal were enrolled to respond to questionnaires for this study. Multi-stage cluster sampling technique was used in the selection of participants. For the data analyses process, STATA Version 15 software was used for the descriptive and statistical analysis.

Results:

The results of the study revealed that 144(71.3%) children who participated in the study were fully vaccinated, 34(26.7%) were partially vaccinated and 4(2.0%) had never received a vaccination. Pentavalent 3 vaccine coverage in urban Ga South Municipality was also recorded as 85.2%. Birth order of the child and monthly income of the mother contributed to disparities in the coverage of Pentavalent 3. Factors that influenced access to immunization service among

children included a higher education, vaccine availability at the immunization centers, a mother being employed, monthly allowance, and distance to the immunization centers.

Conclusion:

Access to immunization services among children in urban Ga South Municipality was good but equity in the service was not achieved. Availability of vaccines at all child immunization outreach points in the municipal, distance to immunization and monthly income of mothers were significantly associated with reaching all eligible children for immunization.

Recommendation:

More outreach points for child immunization must be cited close to homes by the Ghana Health Service in the Ga South Municipality in order to improve coverage by the Ghana Health Service. Vaccine must be made available by Ghana Health Service.