

ABSTRACT

Background. Childhood mortality and morbidity remains a global challenge. This is more so in developing countries where immunization coverage remains low. The study was set to assess the immunization coverage and its associated factors among children aged 0-9 months in Bwaise II parish, Kawempe Division.

Objectives. The main objective of the study were to determine the immunization coverage, and the child, caregiver and health system factors influencing the immunization coverage among children aged 0-9 months in Bwaise 11 Parish, Kawempe Division.

Methodology. The study utilized a descriptive cross-sectional design involving quantitative data. The data was collected from a total of 384 caregivers to children aged 0-9 months and thereafter descriptive and inferential statistics were processed using SPSS version 20.0.

Results. The results showed the immunization coverage among children aged 0-9 months in Bwaise II parish, Kawempe Division at 61.4%. It found the birth order of the child (AOR=6.38; 95%CI=2.48-16.37; $p = 0.000$) and the place of birth (AOR=0.167; 95%CI=0.06-0.45; $p = 0.000$) as the child factors that independently influenced immunization coverage among children aged 0-9 months. The study also found the attitude of the caregivers towards immunization (AOR = 5.98; 95%CI= 2.49-14.39; $p= 0.000$) and their religious affiliation (AOR = 4.25; 95%CI= 2.36-7.64; $p= 0.000$) as the only caregiver factors that significantly influenced immunization coverage among children aged 0-9 months. None of the health system factors influenced immunization coverage among the children.

Conclusion. The study based on the results to conclude that the immunization coverage among children aged 0- 9 months in Bwaise II parish, Kawempe Division was below the desired national and global targets. It further concluded that although considered imperative by most caregivers the birth order, place of birth, caregiver attitudes and their religious affiliation were pertinent factors that need to be addressed if relevant interventions were to be feasible.

Recommendations. It is therefore recommended that health care systems should design mechanisms that track mothers from their homes within the community to ensure that they receive skilled delivery of health care services. The study also recommended that the Ministry of health in collaboration with religious leaders of the different religious sects should jointly design and implement initiatives aimed at increasing immunization coverage among children.