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“Assessment Of Reasons For Drop Out And Left Out Of RI Program Among Children Aged 2 Years In Urban Areas Of District Bhavnagar, Gujarat”

Introduction

Immunization is process through which a person is made immune and resistive towards an infectious disease through administration of vaccine. Vaccines mainly stimulate the immune system and thus protects from infectious disease. Its is one of the most cost effective method which prevents the suffering caused due to disability or death or sickness

Goal of Universal Immunization Program:

To reduce the morbidity and mortality through vaccine preventable disease through high quality immunization services.

Objectives:

- Improve service delivery for equitable and efficient coverage.
- To reduce the barriers in the coverage of immunization and increase the demand through improved advocacy.
- To improvise and strengthen robust surveillance system for vaccine preventable disease (VPD) and adverse events due to immunization (AEFI).
- Introduction of new and underutilized vaccines and technology in UIP.
- Contribution in Global Polio eradication and elimination of maternal and neonatal tetanus elimination.
- Structure of Immunization service delivery in India

Literature Review

- Study on immunization coverage in urban slums of Ahmedabad city showed that coverage rate under routine immunization is slightly more in males than compared to females. Children in urban slums suffer more from vaccine preventable diseases.

- Study on Immunization perception and education shows that beneficiaries were more interested in getting education about immunization at physician's own clinic. If the place doesn't seems to be comfortable people are reluctant of getting information on immunization. Respondents prefer getting vaccinated at physician/s own clinic and not anywhere else.

- A study on strategies to improve immunization coverage in Orissa showed that poor education level of mothers, financial instability of family, wrong media rumours, temporary side effects of certain vaccines, shortage of vaccines in store leads to poor immunization coverage.

Rationale

- Immunization is a very important aspect to improve the health indicators especially focusing on maternal and child health. Timely use of vaccine provides safety and health life to both mothers and children. Immunization is one of the cheapest and most reliable way to prevent children from various vaccine preventable life threatening disease and thus improving their health status.
- Despite of lot of efforts by Government of India and launch of Intensified Mission Indradhanush also still immunization coverage has not exceeded the level of 65%.
- It is very much necessary to know the reasons which hinder the coverage especially the psychology of mothers regarding immunization and vaccines. Since mothers are the first person to be contacted to get a child vaccinated therefore it totally depends on the discretion of mother to get her child vaccinated or not. The status of knowledge, attitude and culture of mother is of great use and needs to be assessed on priority basis to improve immunization coverage. Along with this correct information is to be delivered to them if wrong conception exists regarding immunization.

Immunization Status of District Bhavnagar (Urban), Gujarat as per NFHS 4

Children (12-23 months) with 3dose of polio vaccine	**51.8%**
Children (12-23 months) with 3dose of DPT Vaccine	63.7%
Children (12-23 months) with Measles Vaccine	66.4%
Children (12-23 months) with 3dose of Hepatitis B Vaccine	30.3%
Children (9-59 months) with vitamin A dose in last 6 months	85.8%

Research question

- What are the reasons for drop outs and left outs among the children and challenges faced by Routine Immunization in Urban areas of District Bhavnagar, Gujarat?
- What are the lessons learnt to improve the Knowledge, Attitude and Practice among the caregivers regarding Immunization?

Objective of the study

- To assess the reasons for dropout and left out children of age upto 2 years under Routine immunization in urban areas of District Bhavnagar, Gujarat.
- To assess the Knowledge, Attitude and practice among the mothers regarding immunization in Urban areas of District Gujarat and do the SWOT analysis.

Research Design

- **Study area:** District Bhavnagar, Gujarat (Urban)
- **Study design:** Descriptive cross sectional
- **Data collection method**: Primary and Secondary
- **Sample size:** 98
- **Questionnaire:** Structured close ended
- **Primary data:** Interview was conducted from mothers of children aged up to 2 years using questionnaire consisting of close ended questions to assess the psychology of caregivers and reasons behind the poor immunization coverage.
- **Secondary Data:** Records maintained with the Immunization department CDHO and ANM register.

Fig 1 - % of left out and drop outs

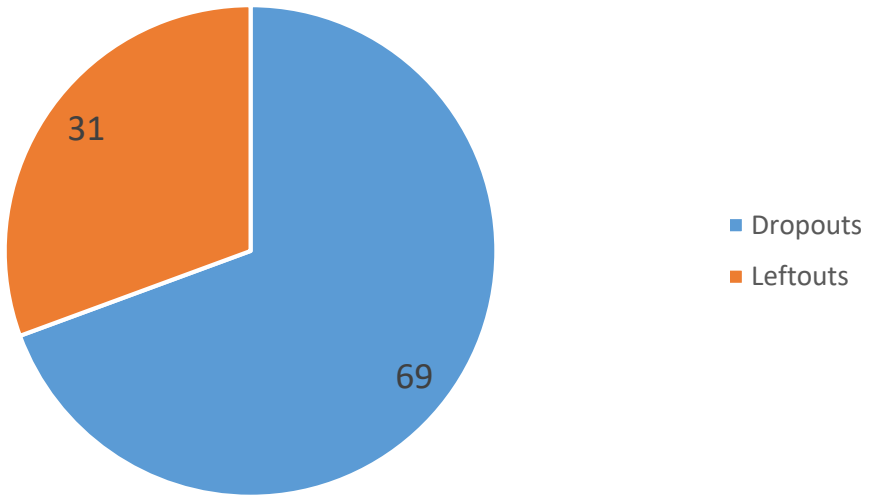
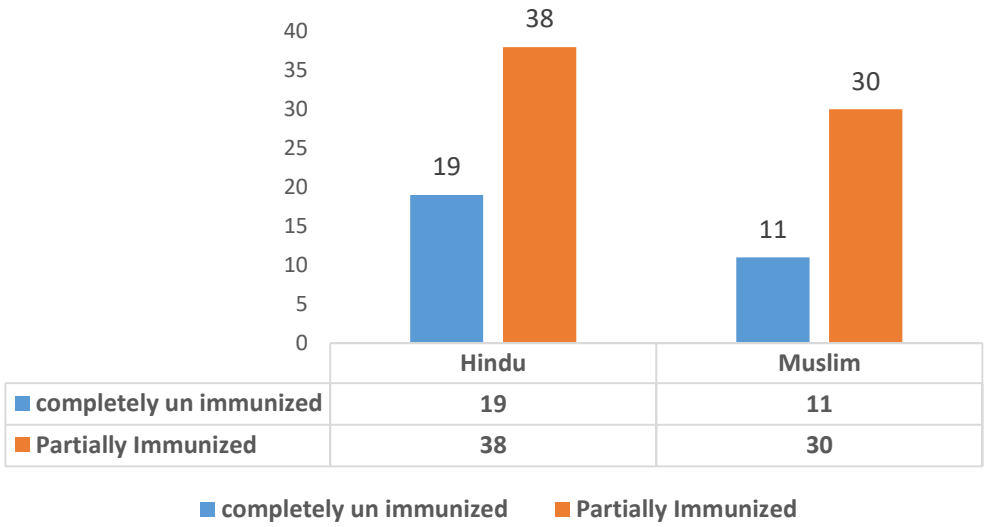


Fig 3 - Ditribution of religion among the Children



	Hindu	Muslim
completely un immunized	19	11
Partially Immunized	38	30

Figure 2 No. of children skipping particular doses

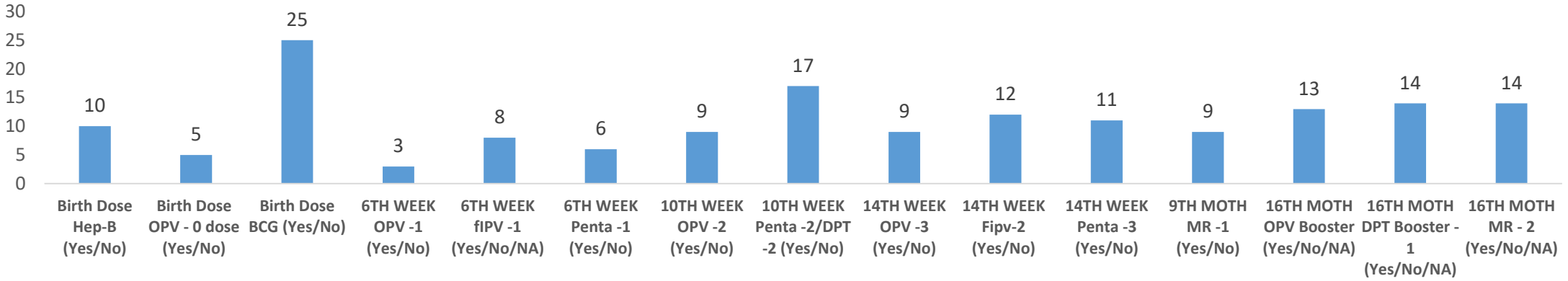


Figure 4 : Knowledge about Mamta Diwas, Trust level on H.Care provider and info.status from ASHA

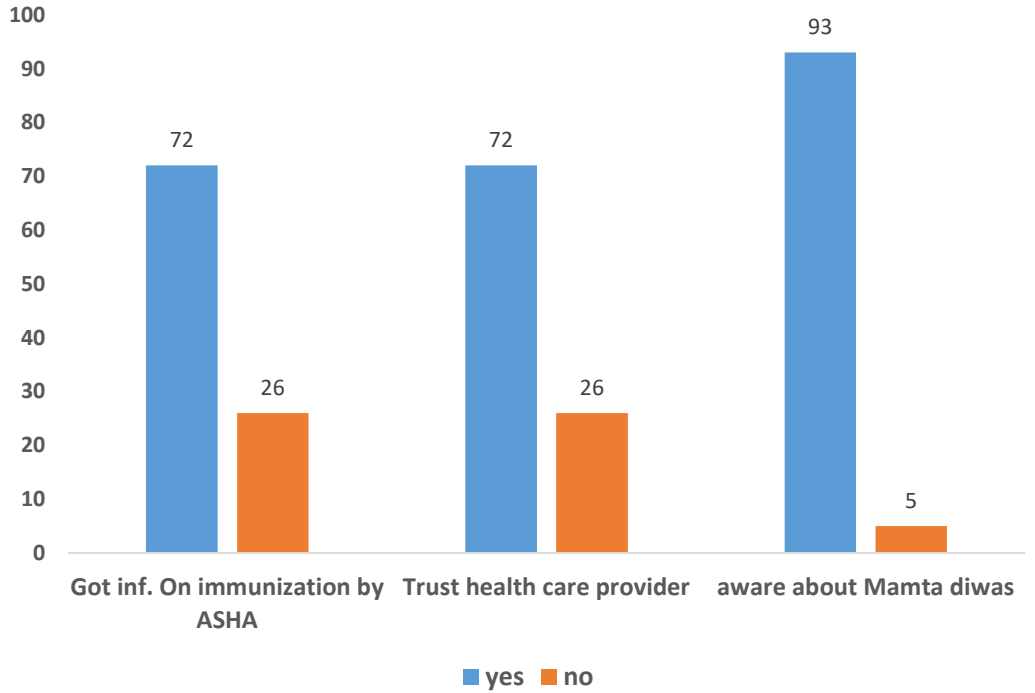


Figure 5- Immunization is essential for child

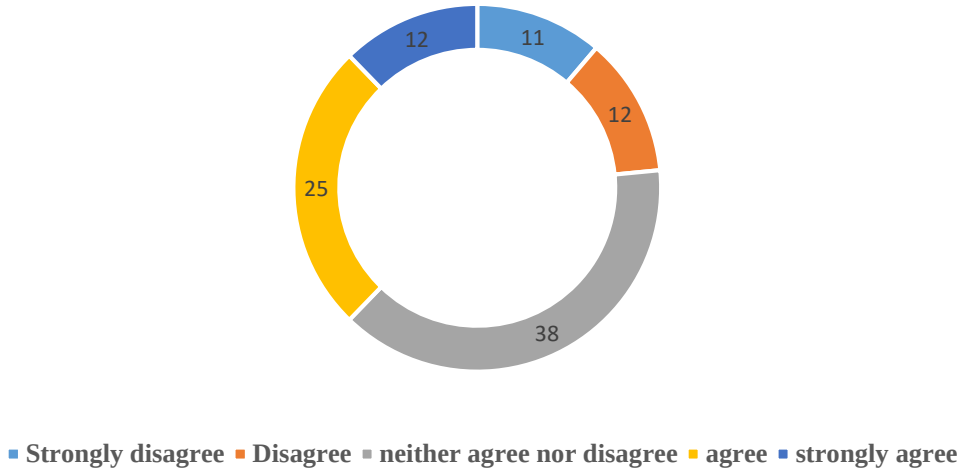


Fig 6 - Education level of mothers of children who are completely unimmunized (left outs)

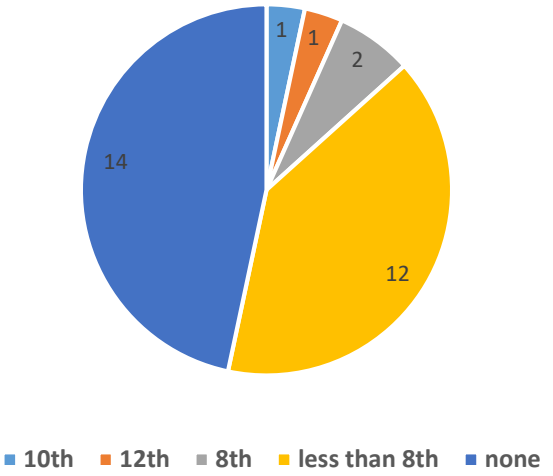


Fig 7 - Education level of mothers who partially immunized children (Drop outs)

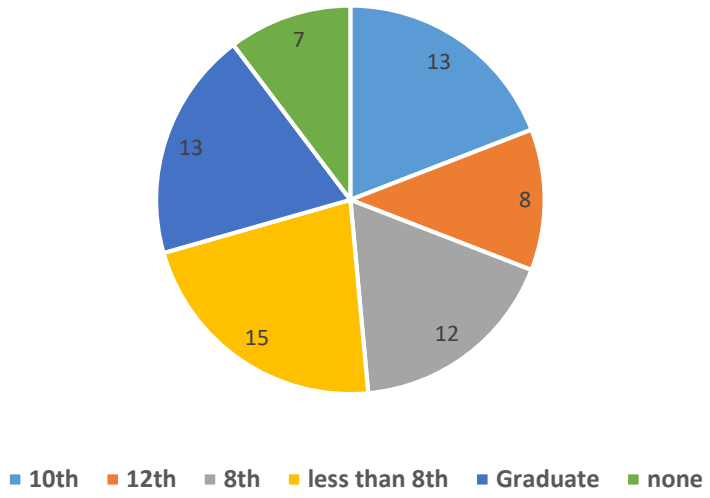


Fig 8 - Place of Delivery of Children who are not immunized

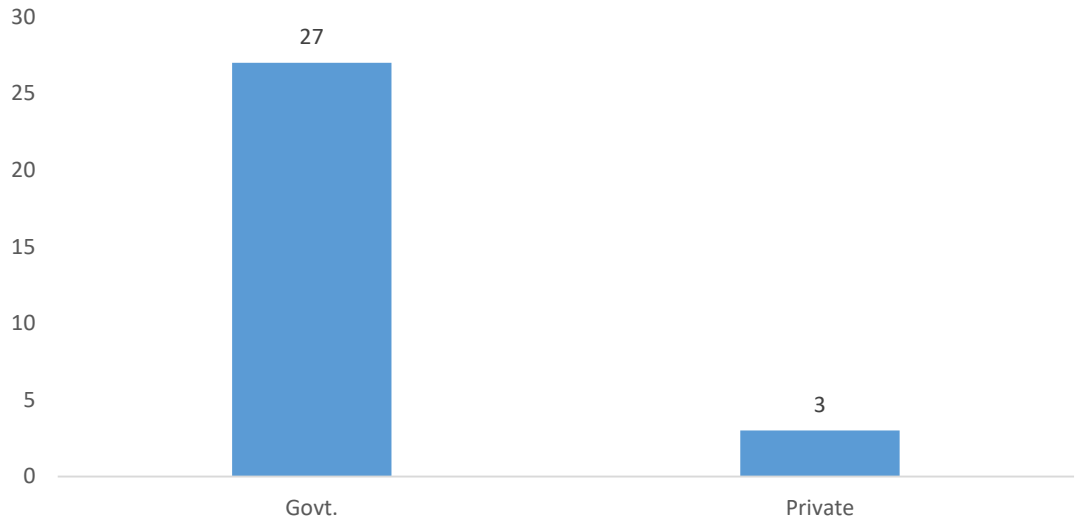
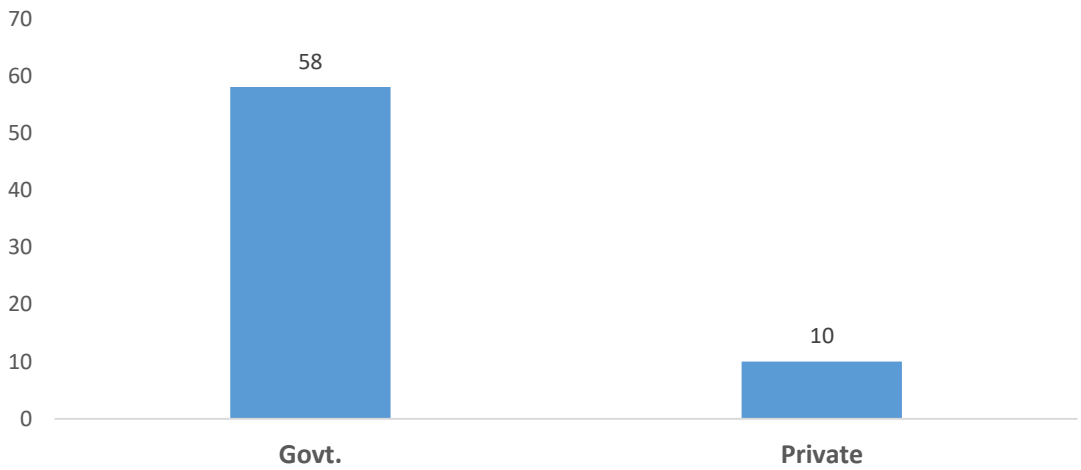


Fig 9 - Place of delivery of Children who got partially immunized



Reasons given by the mothers for not getting their children immunized

Reasons	Number
Session inconvenient	15
Concern for loss of work or wages	15
Religious Constraints	13
Vaccine shortage	11
Unaware of missed dose	10
Sick child- caregiver did not permit	9
Concern Session not held	8
Experienced pain, fever, swelling	6
Family has no definite reason	6
Child was away from home	5
Family is resistant	4

SWOT Analysis

- Precise and accurate guidelines
- involvement various Health partners
- Intensive Immunizatio ns held

- Illitracy among the parents of children.
- shortage of Vaccines.
- Poor communicatio n between beneficiaries and health care providers.

- Increased immunization sessions held and planned.
- improvised use of IEC material
- Improved monitoring with the help of various health partners

- Influence of Religious leaders.
- Increased rate of migration of population
- Lack of availabilty of health staff at sub centers and anganwadis

Interpretation

Beneficiaries

- Poor understanding of immunization and its benefits.
- Loss of work or financial instability hinders the coverage
- Religious /orthodox belives
- Temperory sideefects of vaccination
- Lack of trust on haelth care providers.
- Poor education status of mothers

Health Service Providers

- Poor interaction between PW and Health staff.
- poor availabilty of stock
- Ignorance at Anganwadi level or absence of ASHA at many points.
- Poor followup of partially or completely leftout children.

Challenges

- The poor economic status of people hinders them from attending session and their by resulting in poor immunization coverage as skip of wages is more serious problem for them
- Lack of proper communication between health care providers and beneficiaries leads in the lack of knowledge about date and time of Mamta Sessions held as well as the missed dose of the child.
- Poor education level of mothers leads to poor understanding of importance of immunization among the mothers and this results in ignorance of immunization sessions.
- Poor promotion of healthy life style practices and care-seeking behaviours among caregivers of Children. Government needs to conduct health programs to develop social awareness. .
- Lack of ASHA at various anganwadis hinders the follow up of left out children
- Increasing rate of migration of population especially in urban slums is one of the leading cause children being left unimmunized or partially immunized .

Suggestions

- Proper tracking and reporting of Migratory population should be done so as to track left outs as population migrate frequently in search of work.

- Counselling measures to be taken to improvise understanding about the benefits of immunization and develop trust among the beneficiaries
- Older women needs to be sensitized as they have a huge impact on young ladies and pregnant women.
- Need of behaviour change programs to change the old school ideology towards immunization.
- Religious leaders to be made aware about health benefits and sensitize then as in return they propagate the message more fluently.
- Follow up by ASHA/ANM of partially immunized or completely unimmunized.

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Thank you!
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