

RESEARCH REPORT ON “VACCINE HESITANCY AMONG PARENTS OF CHILDREN BETWEEN 0-5 YEARS OF AGE IN INDIA”

MADE BY:
AKANSHA GUPTA
UNDER THE GUIDANCE OF:
DR. J.P.SINGH

INTRODUCTION

- ▶ Vaccine hesitancy defines as, according to WHO “refusal or delay in acceptance of vaccines despite of availability of vaccination services.”
- ▶ World Health Organization and UNICEF report 2019 has announced vaccine hesitancy one of the top 10 threats to global health in 2019. Ten countries account for 11.7 of the 19.4 million under and unvaccinated children in the world (60%), and India is one of them.
- ▶ The coverage of vaccination in India has remained average to low throughout the years. Several factors have been said to influence vaccine hesitancy including religious beliefs, socio-cultural context, traditional values and mistrust, beliefs and attitudes, and lack of knowledge/awareness about vaccines.



Following table gives the data of neonatal mortality rate and under five mortality rates in India during 2014 - 2018

<u>YEAR</u>	<u>Neonatal mortality rate (per 1000 live births).</u>	<u>Under five mortality rates (probability of age 5 per 1000 live births).</u>
2014	36.1%	63.1%
2015	37.29%	62.71%
2016	37.64%	62.36%
2017	38.02%	61.98%
2018	38.33%	61.67%

OBJECTIVE

- ▶ To find the reason of vaccine hesitancy among parents of children between 0-5 years of age in India.
- ▶ To find the parents knowledge/awareness and their attitude and beliefs towards their traditional values regarding the vaccine

METHODOLOGY :-

Research area decided - age group



Objectives are Framed



Research tool prepared -Questionnaire

```
graph TD; A[Research tool prepared -Questionnaire] --> B[Sample size selected]; B --> C[Final implementation of the tool done];
```

Sample size selected

Final implementation of the tool done

Data compiled in excel and analysis done

RESULT :-

VARIABLES	SUBGROUPS	N (%)
Gender	Female	75%
	Male	25%
Marital Status	Married	98%
	Unmarried	-
	Divorced	2%

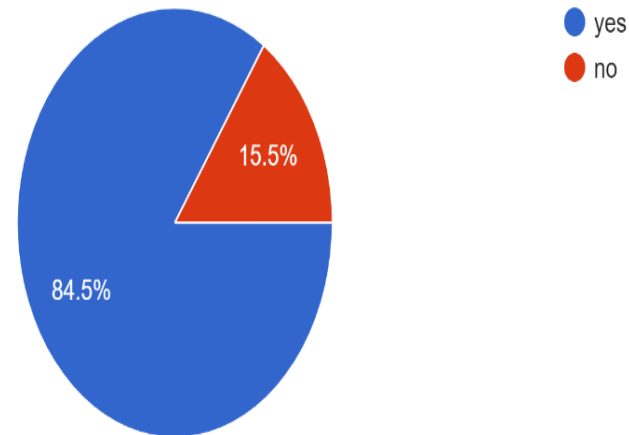
SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

State	Madhya Pradesh	35%
	Rajasthan	15%
	Uttar Pradesh	12%
	Delhi	9%
	Bihar	7%
	Maharashtra	6%
	Uttarakhand	6%
	Kerala	4%
	Himachal Pradesh	3%
	Jammu & Kashmir	2%
	Telangana	1%

No: of children's have under 5 years of age	1	72%
	2	28%
	3	-
	none	-
No: of girl child have under 5 years of age	1	33%
	2	22%
	3	-
	none	45%
No: of boy child have under 5 years of age	1	31%
	2	14%
	3	-
	none	55%

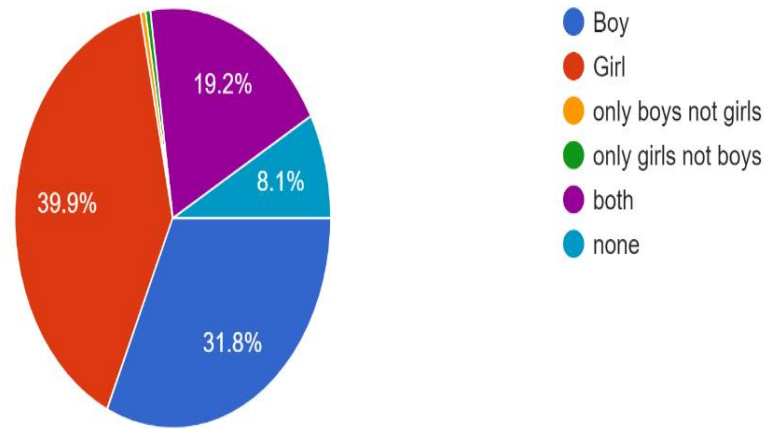
➡ Attitude, traditional beliefs and awareness towards vaccination among parents: -

your children got vaccinated till the age of now?
220 responses



If yes , who all got vaccinated till the age of now?

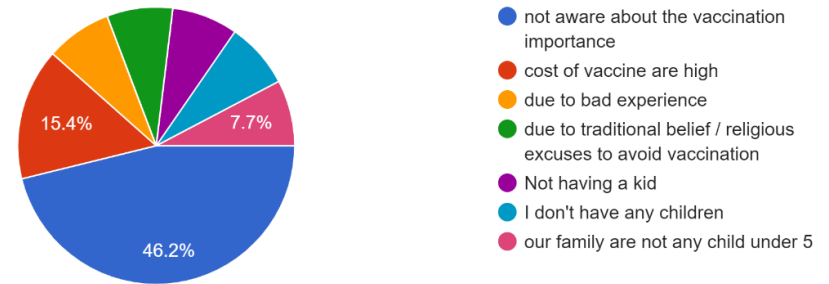
198 responses



Approx. 40% girl child got vaccinated and about 32% boy child got vaccinated. And only 1% can be seen discrimination between boys and girls as they only got vaccinated to their boy child and not girl.

- It indicates that 8% of children not got vaccinated, and the pie-chart shows the reason for that. Approx. 46.2% parents are does not aware about the vaccination importance and its benefits. Approx. 15.4% parents do not afford vaccine.

If NO " what are the reason"?
13 responses

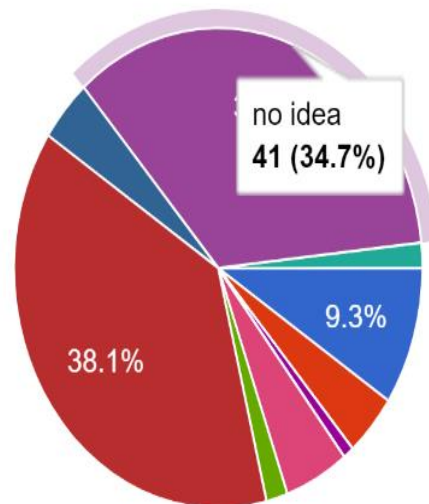


Do you think vaccination is important for the children?	YES	90.5%
	NO	7.3%
	MAY BE	2.2%
Do you consider that some vaccine are important and some are not?	YES	51%
	NO	27%
	MAY BE	22%
Do you know of a child with a serious disease/ disability because they were not vaccinated?	YES	67%
	NO	33%
Do you think vaccine overloaded the immune system?	YES	75%
	NO	25%
Would you prefer to receive more information on vaccination at your health centre?	YES	92%
	NO	8%

Do you know the name of the vaccine and its benefits, you got injected to your child till now?	YES	53%
	NO	48%

If YES, choose the vaccine?

118 responses



- BCG
- Hepatitis A-2 , Hepatitis B-3
- OPV - 0,1,2,3
- Pentavalent Vaccine - 1,2,3
- PCV- 1,2 and Booster
- MCV 1,2/ MR 1,2
- Measles
- Booster of typhoid

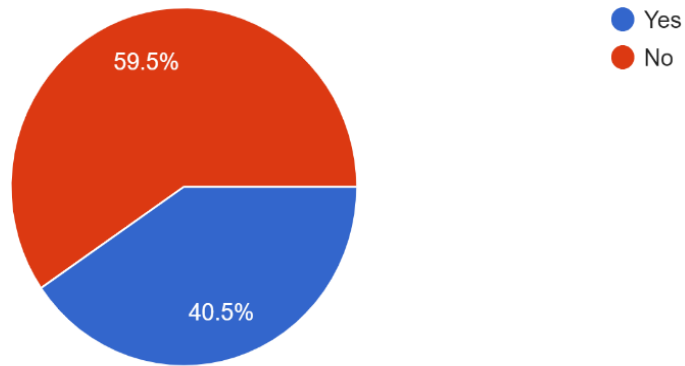
▲ 1/2 ▼



Awareness of health mission regarding vaccination of children.

Do you know about the health mission " Mission Indradhanush" held by the government of India?

220 responses

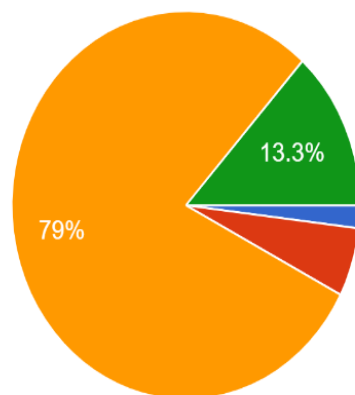


It's a health mission which was launched on 25 December 2014 by the health minister J.P. Nadda in India. It is to target diphtheria, whooping cough, tetanus, polio, tuberculosis, measles and hepatitis B.

This mission's target is to get vaccinated the unvaccinated children, almost up to 5% of the country every year.

If YES , for what this mission is launched for?

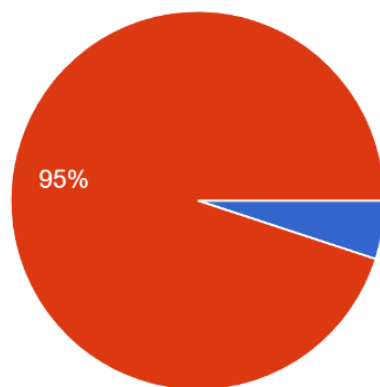
105 responses



- to ensure full immunization with all available vaccines for children up to two years of age and pregnant women.
- It aims to immunize all children under the age of 2 years, against eight vaccine preventable diseases.
- both
- none

Do you believe that there are other (better) ways to prevent disease which can be prevented by a vaccine?

220 responses



- yes
- No

DISCUSSION OF THE FINDINGS

- ▶ This study shows that in India, about 91% of parents think that vaccination is important for the children in their early age, but they hesitate for getting their children vaccinated.
- ▶ AND THE REASONS ARE AS FOLLOWS:-
 - ▶ 1) Unaware of the consequences if not vaccinated
 - ▶ 2) Vaccinators doesn't provide sufficient information
 - ▶ 3) 25% of the parents think that vaccination overload the immunity
 - ▶ 4) Lack of knowledge and awareness about the mission, held by the government.
 - ▶ 5) And only 1% of parents think that getting boys vaccinated is more important than girls

CONCLUSIONS AND RECOMMENDATIONS

- ▶ In order to maintain the positive attitude of the parents to get their child vaccination shot without any hesitancy.
- ▶ AND THE FOLLOWING THINGS CAN BE DONE ARE :-
- ▶ 1) Proper education should be given
- ▶ 2) Communication campaigns need to be conducted for the parents.
- ▶ 3) The need to implement Government incentive mechanism including information campaigns, to help the parents to get the know about the health mission made for their awareness and for their benefits.
- ▶ 4) Information is one of the most widely implemented approach for promoting the necessity of vaccination in the child life. Information can increase the vaccination awareness, which reduces the no: of disability of children's in India.



Online Course Report

“HEALTHCARE ORGANISATIONS AND DELIVERY MODELS”

By
Akansha Gupta

Under the guidance of
Dr. J. P. Singh

COURSE DESCRIPTION:

- ▶ In this course, I will analyse how delivery systems improve and disruptive innovation are the key guidance of the topics in healthcare. Recognizing the structure of the organization, and its current delivery systems help leaders to understand why there are poor results and the need to change. Exposure to other more structured and cost-beneficial systems in all parts of the world permits the opportunity for leaders to include these ideas into the next renewal of their own healthcare delivery.
- ▶ I will examine the structures of the U.S., and other global healthcare systems and how healthcare is provided worldwide, their effect on health outcomes, and comparative analysis of their strengths and weaknesses.

- ▶ To examine the U.S. and other global healthcare systems.
- ▶ To differentiate the healthcare delivery systems across the globe.
- ▶ To analyze the healthcare delivery systems part on patient health outcomes.
- ▶ To prepare a plan to incorporate revolution into high performance healthcare delivery systems.

OBJECTIVES:

METHODOLOGY

In this course, a combination of videos, PPTs, Case Studies, Reading Material and Discussion was done.

KEY LEARNINGS:

▶ 1) US AND GLOBAL HEALTH COMPARISON

IN US:-

- ▶ Healthcare system is complex and expensive.
- ▶ Healthcare spending per capita is highest (\$9892 in 2016).
- ▶ Medicare (provides health services to people above 65 years and individuals with documented disabilities), and Medicaid (provides health services to low income population) are present.
- ▶ Strengths include Advanced State of Technology, High Life Expectancy after 80, and World leader in Pharmaceutical Innovation.
- ▶ Major disadvantage of US healthcare system is that more than 42 million people are not assured and cost of treatment is very high

In Canada-

- => Healthcare system is called Medicare (different from US).
- => Canada has NHI (National Health Insurance) Program i.e., govt. runs health insurance system for entire population.
- => Health Insurance System is universal and single payer.
- => In 1984, Canada Health Act was passed according to which Health coverage is accessible to all the citizens with not out of pocket charges. For uncovered services such as dental services and prescription drugs, private insurance was done.

In Switzerland-

- => Mandatory Medical Health Insurance is universal, and resident are legally required to buy insurance within 3 months of entrance in the country.
- => Decentralized Health Care, so Health Care System governments exist mainly at the state level.
- => Dental care is excluded from the insurance.

2) THE ROLE OF HEALTHCARE LEADERS:

=> Healthcare Leaders have double roles

a) In a bottom-up role, they encourage innovative results as they support the ideas and initiative coming from teams and teams.

b) In a bottom-up role, they encourage innovative results as they support the ideas and initiative coming from teams and teams

=> Teamwork intentions have become popular in healthcare organizations.

=> Learnt about Positive Deviance

3) HEALTH DISPARITIES AND HEALTH LITERACIES :

=> Acc. To Margaret Whitehead in the early 1990s Health disparities/ inequities are different in health that are “avoidable,” “unjust, and “unfair”.

=> To measure Health disparity, we use “RATE RATIO”.

=> Also learnt about Health Literacy and its alliance with physical health.

4) FACETS OF PATIENT AND HEALTH OUTCOME-



3 MAIN PLAYERS OF THE SERVICE TRIO :-



5) HIGH PERFORMING HEALTH SYSTEMS IN THE US AND ABROAD:

10 recommendations for Designing a High-Performing Health Care System for Patients with Complex Needs-

1. Make care coordination a high priority.
2. Identify patients in greatest need of proactive, coordinated care.
3. Train more primary care physicians and geriatricians.
4. Facilitate communication between providers—for example, through clinical record integration.
5. Engage patients in decisions about their care.
6. Provide better support for caregivers.
7. Redesign funding mechanisms to meet patients' needs.
8. Integrate health and social services, and physical and mental health care.
9. Engage clinicians in change and train and support clinical leaders.
10. Learn from experience and scale up successful projects.

6) STRATEGIC PLANNING FOR INNOVATION:

Based on analysis, research and field experience, ten best practices in healthcare strategic planning are as follows :-

- ▶ 1. Accomplished a Unique, Far-Reaching Vision.
- 2. Attack critical issues.
- 3. Make clear strategies and develop focused.
- 4. Differentiate from competition.
- 5. Obtain real benefits.
- 6. Establish preplanning.
- 7. Forming effective participation.
- 8. Think strategically.
- 9. Managing implementation.
- 10. Conducting strategically.



THANK YOU