A Comparative Study of Parental Knowledge, Attitudes, and Practices (KAP) Influencing Immunization Dropout Among Children Aged 1–5 Years in Rural and Urban Rajasthan

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BRIEF HISTORY AND DESCRIPTION ABOUT THE ORGANIZATION

The two sub-missions that make up the national health mission (NHM) are national rural health mission (NRHM) and national urban health mission (NUHM). It includes strengthening of healthcare with respect to reproductive, maternal, neonatal, child, and adolescent health (RMNCH+A), as well as communicable and non-communicable diseases. The NRHM was launched on 12 april 2005 and NUHM was launched on 1st May 2013.

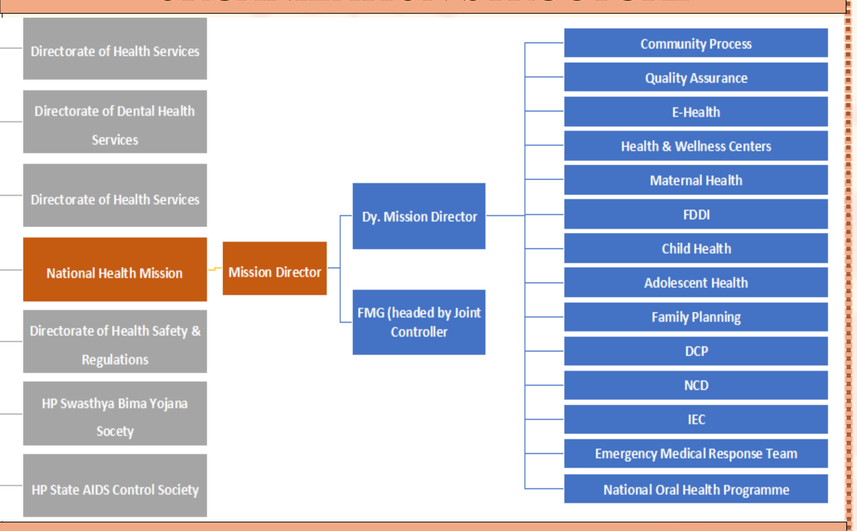
ORGANIZATION VISION

The NHM envisages the achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

ORGANIZATION MISSION

With a focus on marginalized communities, a reduction in newborn and maternal mortality rates, the promotion of illness prevention and management, the building of healthcare systems, and the prioritization of vulnerable groups, NHM's mission is to provide everyone with inexpensive, high-quality healthcare services.

ORGANIZATION STRUCTURE



ROUTINE IMMUNIZATION

The Expanded Program on Immunization was launched in 1978. Since its establishment in 2005, the National Rural Health Mission has placed a strong emphasis on the universal immunization program.

•One of the biggest public health initiatives, the Universal Immunization Programme (UIP) aims to immunize almost 2.67 crore babies and 2.9 crore pregnant women each year.

•Nationwide campaign against nine illnesses: severe childhood tuberculosis, hepatitis B, meningitis, pneumonia brought on by Hemophilus influenza type B, pertussis, polio, measles, rubella, and severe form of tuberculosis in children eVIN rollout:

•The Electronic Vaccine Intelligence Network (eVIN) system, which has been implemented by the Indian government, digitizes the entire process of managing vaccine stocks, logistics, and temperature monitoring at every stage of vaccine storage.

OBJECTIVES

Primary Objective:

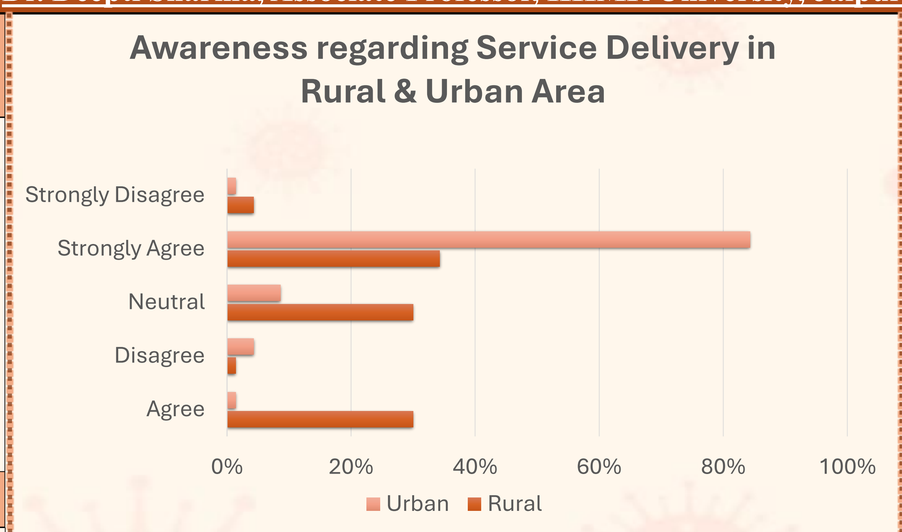
To assess parents' knowledge, attitude and practices (KAP) related to childhood vaccination and examine the relationship between their attitude and actual vaccination behavior.

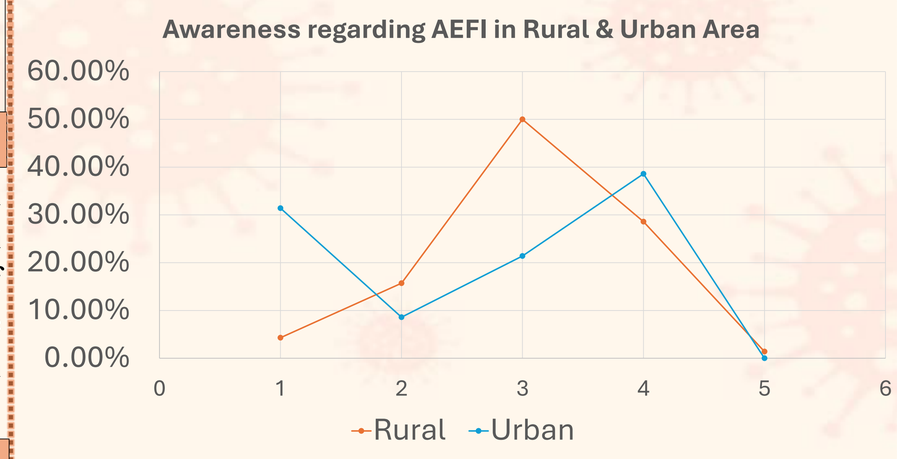
Secondary Objective:

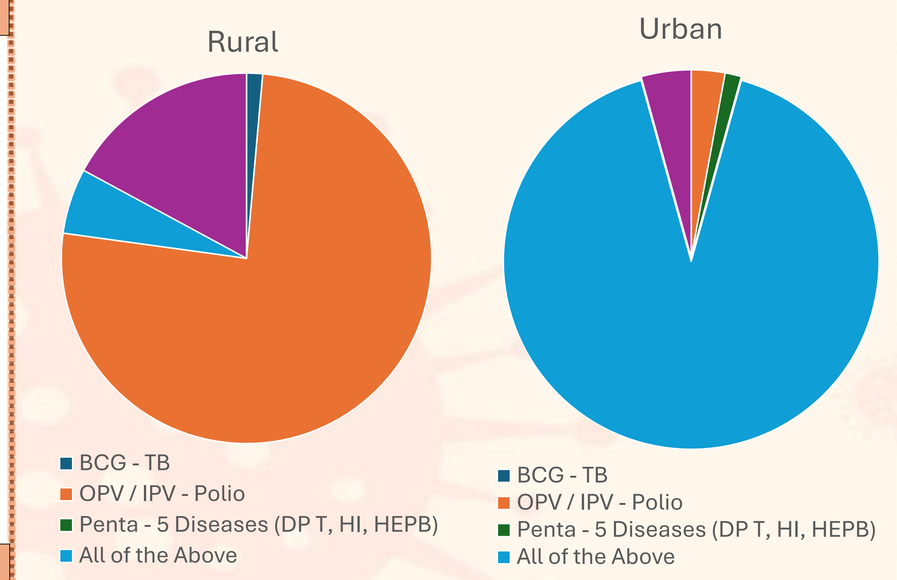
•To evaluate the impact of socioeconomic status on immunization status of children.

•To assess the impact of caregiver's literacy level on childhood immunization status.

•To analyze how caregiver's occupation affect immunization status of their children







METHODOLOGY

Study Type: Population based comparative cross sectional descriptive study.

Study Design: Cross sectional type

Study Population: The target population for this research includes parents (either mother or father or guardian) of the children aged 0 to 5 years who are covered under Universal immunization programme in both rural and urban area in Jaipur district.

Sample Size: $SS = Z^2 (P) (1 - P)/D^2$

Using above formula, sample size comes to 55 per group. To accommodate attrition rate of 20%, our sample size comes to 70 for each group.

SWOT

S - STRENGTHS

- WELL-STRUCTURED UIP UNDER NHM.
- FIELD EXPOSURE TO BOTH RURAL AND URBAN PHCS.
- STRONG ACADEMIC LINKAGE WITH REAL-WORLD DATA AND PRACTICES.
- TRAINING AT SIHFW ENHANCED OPERATIONAL UNDERSTANDING.
- EFFECTIVE SECONDARY DATA USE (NFHS, HMIS).

W - WEAKNESS

- LOW DATA COLLECTION FROM URBAN AREA DUE TO LACK OF MANPOWER
- AREA IS NOT WELL DEMARCATED.
- NO PROVISION OF ANGANWADI CENTRES IN MANY WARDS OF URBAN AREA.
- DIFFERENT GEOGRAPHICAL CONDITIONS IN OVERALL RAJASTHAN.
- PUBLIC DON'T KNOW THE IMPORTANCE OF VACCINATION & ITS BENEFITS.

O - OPPORTUNITIES

- LEVERAGE DIGITAL TOOLS (UVIN, MOBILE APPS).
- COMMUNITY-BASED IEC CAMPAIGNS TARGETING MYTHS.
- DEVELOP STANDARDIZED KAP TOOLKITS.
- ENGAGE INTERNS IN IEC/BCC AND CAMPAIGN PLANNING.
- POLICY INPUTS FOR LOCALIZED, BEHAVIOR-DRIVEN STRATEGIES.

T - THREATS

- PERSISTENT VACCINE HESITANCY AND MISINFORMATION.
- CHALLENGES IN SLUM AND REMOTE AREA OUTREACH.
- OVERWORKED FIELD STAFF AND LOGISTIC CONSTRAINTS.
- LACK OF REAL-TIME FEEDBACK LOOPS IN PROGRAMS.
- DATA PRIVACY RISKS WITH DIGITAL EXPANSION.

CHALLENGES FACED DURING STUDY

•Short field visits restricted in-depth observations
•Manual records & low digital adoption at PHCs
•Language barriers & low health literacy in rural areas
•Lack of behavioral indicators in dashboards

LEARNING FROM INTERNSHIP

•Applied public health theory to real-world immunization gaps
•Designed & piloted a bilingual KAP questionnaire
•Analyzed NFHS/HMIS data & coded qualitative responses
•Gained field insights on vaccine hesitancy & outreach challenges
•Strengthened skills in research, data visualization & stakeholder engagement

USEFULNESS OF INTERNSHIP

•Bridged classroom learning with on-ground public health practice
•Developed hands-on skills in data collection, analysis, and reporting
•Improved understanding of immunization logistics and field realities
•Enhanced communication and behavioral assessment skills
•Gained exposure to NHM structure, monitoring tools, and cold chain systems
•Strengthened ability to design evidence-based, policy-relevant interventions

SUGGESTIONS

•Extend field visit durations for deeper observation
•Provide access to anonymized real-time data for analysis
•Standardize KAP assessment tools within immunization programs
•Strengthen digital data systems and dashboard integration
•Promote localized IEC materials to counter vaccine myths
•Encourage male involvement and community-based follow-up mechanisms