A study on immunization status of children of migrant brick kiln workers

Summer training at urban health resource centre, INDORE

INTRODUCTION-

Immunization Programme is one of the key interventions for protection of children from life threatening conditions, which are preventable. Under the Universal Immunization Programme, Government of India is providing vaccination to prevent eight vaccine preventable diseases nationally, i.e. Diphtheria, Pertussis, Tetanus, Polio, Measles, severe form of Childhood Tuberculosis and Hepatitis B and meningitis & pneumonia caused by Haemophilus influenza type B, and against Japanese Encephalitis in selected districts. Complete immunization poses challenge, particularly among children of lower socio-economic status, migrant families.

OBJECTIVES-

To assess immunization status of under 10 years children of Bhangarh brick kiln migrant workers

To identify reasons behind incomplete immunization

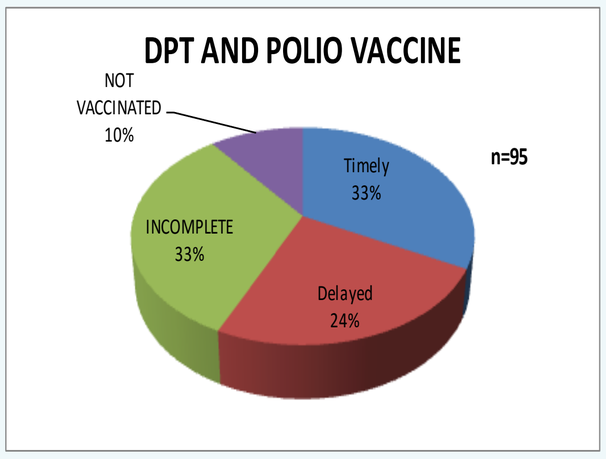
RESEARCH METHODOLOGY-

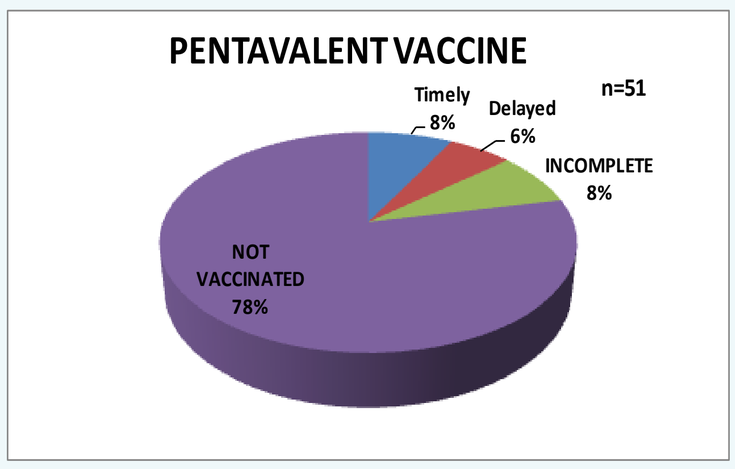
Study Design: Descriptive cross-sectional study

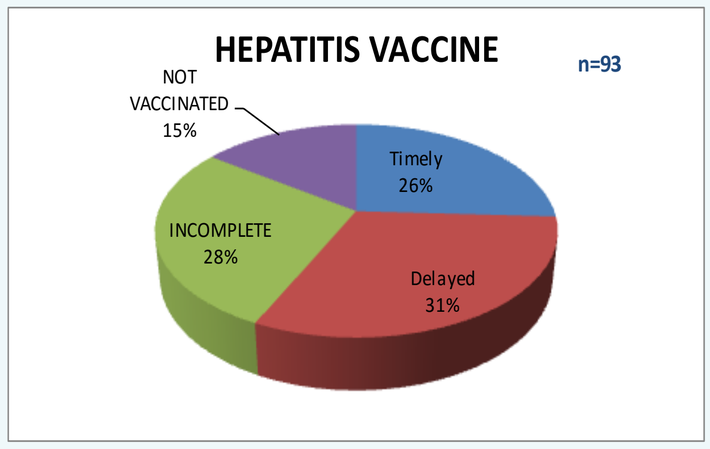
Study Population - Parents of children age below 10 years.

Study Period: 2 Months (1st April to 31st May, 2015)

Data Collection: Interview method

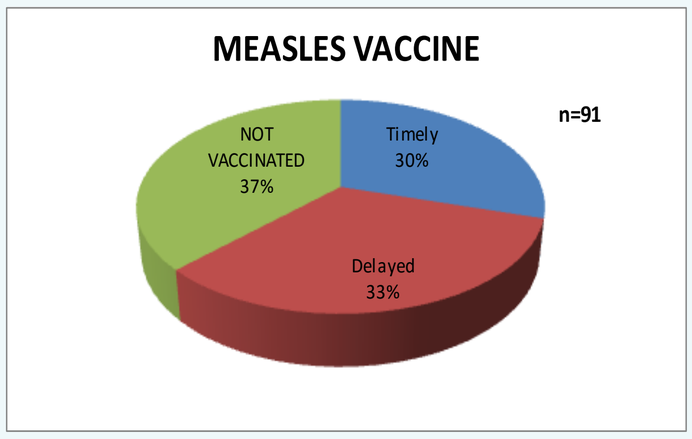


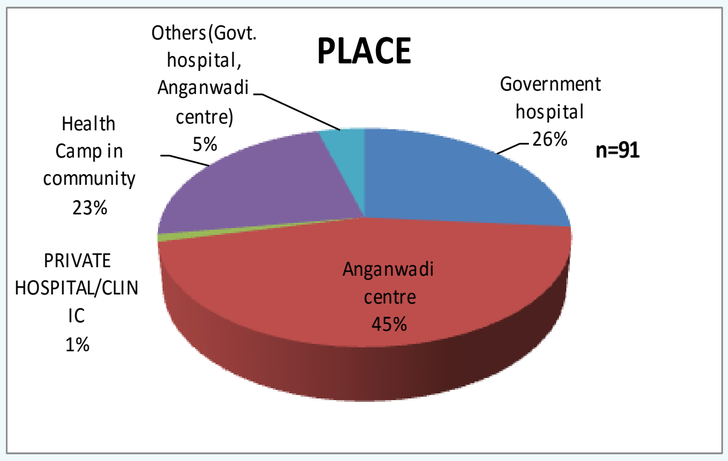


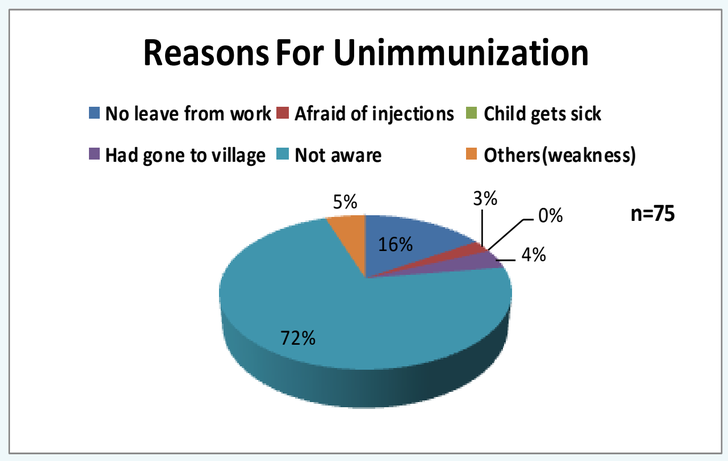


ANALYSIS AND FINDINGS

- Only 33% children were timely and completely immunized in DPT and polio vaccine
- 78% children were not immunized for pentavalent vaccine
- Only 26% children were timely immunized for hepatitis vaccine
- 37% Children were not vaccinated for measles vaccine
- 45% Children immunized in anganwadi centre
- 1 % children immunized in private hospital
- 72% families delayed or for immunization of awareness







OBSERVATIONAL LEARNINGS

- Team work enhancing activities
- Awareness rally on clean drinking water
- Hygiene and hand washing activities
- Stimulating education activities for disadvantaged children
- Strengthening mobile library and encouraging use of library

SUGGESTIONS

- Mobile immunization teams comprising ANMs and ASHAs to cover widespread brick kiln migrant clusters.
- Interventions such as counselling of parents, prelisting of migrant children with the help of local brick kiln managers/contractors at construction sites
- Incentivizing ASHAs for these activities could be considered
- Mechanisms to track dropouts and supervision needed to be strengthened to improve the coverage
- Providing resources (e.g., information, pamphlets, websites, hotline numbers) to patients/ parents who have questions or concerns about vaccine safety or who want more vaccine information
- Contacting all patients who are due for vaccinations with a reminder (e.g., by phone or mail) and those who are past due with a recall (e.g., using computerized tracking or a simple tickler system).

PRESENTED BY-

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