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EXPLORING THE REASONS FOR INCOMPLETE IMMUNIZATION IN THE RURAL AREA OF HIGH-PERFORMANCE STATE OF INDIA

Community Medicine

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ABSTRACT

Introduction- Incomplete immunization among under five children is one of the major public health problems in India.
Objectives- To explore the reasons behind incomplete immunization among under five children.
Material & methods- It was a qualitative study conducted during May 2017-Oct.2017(6 months). In-depth interviews and Focus group discussions (FGDs) were conducted among parents of unimmunized and partially immunized children and healthcare workers (ASHAs and AWWs). Study tool was semi-structured interview guide. Analysis was done using thematic analysis. Ethical clearance and informed consent was obtained before conducting the study.
Results- A total of 15 in depth interviews (8 mothers,1 father and 6 key informants) and two FGDs were conducted. Major key areas came out to be lack of knowledge regarding benefits of immunization, side -effects due to immunization, rumors and fake videos, resistance from husband & in-laws, migration of mothers and loss of immunization card.
Conclusion- There is an urgent need of awareness regarding benefits, possible side effects and contraindications of immunization.

KEYWORDS

immunization, defaulters, community, rural area.

INTRODUCTION-

In low income countries, vaccine preventable diseases are widespread and is a major cause of childhood morbidity, mortality and life long physical and mental disabilities. According to Global immunization data 2012, the estimated number of deaths among under five children (0-59 months) was 8.8 million and 17% of these deaths were vaccine preventable. [1]

India has the largest number of births in the world – more than 26 million a year – which accounts for more than 20 per cent of child mortality worldwide. [2,3] Vaccine preventable diseases are one of the major cause of child mortality in India. According to National Family Health Survey (NFHS-IV), only 62% of the children are fully immunized. Therefore, there is high time to reconsider the strategies and assessing in-depth reasons for defaulters of this immunization program.

Delhi with estimated population of 18.6 million [4]one of the high performing state of the country, is having some rural areas where immunization coverage is still low. Therefore, the present study was planned to identify the reasons behind this low immunization rates.

METHODS-

Study setting-

The present study was conducted in one of the seven villages i.e. Chandanhola, which comes under Primary Health Care (PHC) Fatehpur beri area of South west Delhi, which was selected by simple random sampling.

Study design & duration-

A Phenomenological study paradigm[5] was used during May,2017-Oct,2017(3 months).

Study population-

The study population included parents of unimmunized and partially immunized children and healthcare workers (ASHAs and AWWs) after getting their informed consent.

Data collection procedure-

In -depth interviews and focus group discussions were used. Prior to data collection, semi-structured interviewer guide was designed. It was further face validated and reviewed frequently. In depth interviews were continued till that time at which data saturation was achieved.

Focus Group Discussions (FGDs)-

We conducted two FGDs with parents of children less than five years. Sunday was chosen being holiday and afternoon time was kept as most of the families used to complete their lunch by this time and they become free. The Anganwadi centre of this area was selected as it was the known place for all villagers. Each Focus group comprised of 8-12 participants, lasted for 60-75 minutes and a total of 15 mothers and 3 fathers participated. This FGDs were conducted in Hindi and moderated by Principal investigator (SK) with other researcher who took down notes. A sociogram was plotted to ensure equal participation from all parents. All discussions were audio-recorded after getting the consent of participants.

In depth interviews-

All interviews conducted in Hindi. Parent's interviews were conducted at their homes as it was convenient for them to participate in the study apart from taking care of their families and children. Health care provider's interviews were done at their workplace. On an average, each interview lasted for 30-45 minutes.

Data management & Data analysis -

The responses during in-depth interviews and FGDs were recorded and transcribed within 24 hours into English by Principal investigator(SK) and other researcher(GP).Expanded notes, transcripts, and all information sheet related to the data collection event were used for analysis.Emerging themes were identified and thematic analysis was done.

Ethical consideration-

Ethical permission was obtained from Institutional ethical committee(IEC)prior to the study. Informed consent was taken from every participant.

RESULTS-

A total of 15 in depth interviews (8 mothers,1 father and 6 key informants) and two FGDs were conducted. The mean age of mothers was 23 years and the mean age of children were 1.2 years. Common themes that emerged from the interviews and FGDs were-

1) Lack of in-depth Knowledge regarding benefits of immuniz ation and wrong beliefs prevalent in the community -

All parents were having the opinion that immunization was good for their children's health. But they didn't have any idea regarding how this would help for their children's growth and development. One mother said "*immunization is good but it is not essential"*. Other mother said "*it helps in children growth as their hands and legs would be straight otherwise it became twisted(tedha)*". There was lack of in-depth knowledge regarding benefits of immunization among parents.

Most of the parents were being afraid due to side-effects from vaccination. Most common side-effects mentioned by the parents were fever, excessive crying, irritability, low appetite, swelling and pain at the injection site, body ache, rashes etc. One of the mother told "*After getting immunization, children used to cry very much, having fever, they become complete restless*".

2)Effect of rumours regarding dis-continuation of immunization

Some mothers also informed that one year back, there was rumours in the form of some video spreading inside their community. One of the mothers said, "*It is Government conspiracy that we got immunized our children so that they become infertile".*

Health care workers (ASHAs, ANMs, AWWs) also informed that this rumour had posed a bad influence on some of the families that even after repeated motivation, they didn't want to convince.

3)Lack of family support & frequent migration-

Some of the mothers revealed that they had to face resistance from their husband and in-laws in getting their children immunized. One mother said "*if the child was having fever, pain after immunization then our husband refuses to get their children vaccinated*". One mother in-law said "We were healthy even without immunization so, why our children would be immunized? There was no need of immunization".One of the health care provider said "*husband and in-laws didn't want to talk regarding immunization, even they used to shut their doors in front of us*".

Some mothers revealed that they used to forget to carry immunization cards during their travel. One ASHA said "*We always reminded mothers to carry their immunization cards but they didn't take it seriously*". In this way, many children became defaulters.

4)Initiatives taken by health care providers to promote immu nization-

Study area is facing a downgrading in the immunization rate. All ASHAs and AWWs were making regular house to house visit in these defaulters families and tried to motivate them. Concerned health care providers also putting their efforts to increase immunization rate in this area in the form of puppet show, health talks. One ASHA said "*people used to remember message about immunization for a short time but after that, they used to forget all things*".

This area has a strong religious background so, health care providers also approached heads of different religion i.e.pradhan,maulwi to convince them for disseminating right information about immunization. Some has agreed and tried to promote this issue but some of them said "*It is not our business to spread such news*".

DISCUSSION-

In the present study, lack of knowledge of benefits of immunization is one of the important determinant for defaulter rate in immunization. Other National and international studies also reported similar findings[6-18].Most of the parents were being afraid of side-effects due to immunization so they did not get their children immunized. Most common side-effects encountered were fever, excessive crying, irritability, low appetite, swelling and pain at the injection site, body ache, rashes etc. Similar type of finding was seen in a study conducted at Bangalore[18].

Lack of support from husband and in-laws plays an important role in defaulting immunization. As in most of the houses, decision makers were husbands and in-laws and they were highly unsupportive for getting their children vaccinated. Other studies also reflected lack of women decision making power[19,20]. In the present study, maximum parents were influenced by the rumour that spread wrong information regarding immunization and it proved to be a major barrier in immunization services as was seen in Bangalore also[18].

Health care providers made several attempts to promote immunization through regular house to house visits, health talks, puppet shows, nukkad nataks, interacting with religious leaders. But they should disseminated complete information regarding benefits of immunization, dosing schedules, types of vaccines, possible side-effects etc.

CONCLUSION-

There is an urgent need of dissemination of effective Information, education and communication (IEC) services regarding the benefits of immunization, types of vaccines available, immunization schedule as per national immunization schedule, possible side effects and contraindications to vaccines in the community.

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