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Original Research Article

Qualitative Analysis of Barriers of Immunization among Mothers of 12-23 Months Children in Rural Areas of Area Nuh

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Abstract:

Introduction: Immunizations are usually considered as the most fruitful public health intervention employed today. apart from the vaccine availability the accessibility of vaccines, it is predictable that nearly 3 million children die annually throughout the world by vaccine-preventable diseases. Despite the government's best efforts, immunisation rates in the district of Nuh were significantly lower than the remainder of Haryana. Various national immunization surveys conducted from time to time had shown sub-optimal vaccination coverage in Mewat (Nuh) district. This qualitative study was expected to identify the barriers to achieve full immunization of 12-23 months children in a timely manner as perceived by mothers in rural areas of Nuh district.

Material and Methods: Focus group discussions (FGDs) took place among mothers of 12-23 months children to tackle the region's obstacles to child immunisation. Participants were chosen by purposive sampling. The note-taker recorded their observations and insights from the FGDs in writing and also photographed each session for later transcription. When the primary sources were translated into English, the researchers went back and clarified some of the claims.

Results: Majority of mothers did not get all vaccines for their children because of fear of adverse events following immunization. Other barriers to achieve full immunization were that mothers did not know the importance of immunization and did not get their child all vaccines because of sickness of child. It was also found that mothers did not get their child all vaccines because of non-availability of anyone to take child for immunization. The study found that mothers did not get their child all vaccines because of no support of family. Because according to them, immunization is not good for health of child. Fishbone diagram was used to group barriers of immunization as perceived by mothers in rural areas of district Nuh, Haryana. The sources of variance were traced back to their respective groups throughout the fishbone diagram.

Conclusion: In rural areas, vaccination rates were generally high, but there were still pockets of under-coverage that needed to be addressed through improved methods of information and education dissemination (IEC) and interpersonal contact.

Keywords: Immunization, Mother, Children, Vaccine, Barrier, Inter Personal Communication.

Introduction

Immunizations are commonly considered the most fruitful Currently used public health interventions. A vaccine is an immunobiological agent that stimulates the body to make protective antibodies and other immunological systems to fight off a specific threat. As stated by WHO, It is estimated that vaccination might prevent 2–3 million lives annually by preventing the spread of life-threatening infectious illnesses. The Centre for Disease Control (CDC) has positioned vaccination as one of the top ten achievements in the area of public health in the twentieth century. Through herd-effect, it not just shelters individual but also offers protection to the community and thus delays the motion of the infectious agent.[4] Despite the availability of vaccinations, it is estimated that up to 3 million children die annually from illnesses that are easily avoidable with immunizations.

Multiple studies have found that a lack of vaccine availability in hospitals, a lack of mother's understanding as to the advantages of immunization, a lack of confidence in immunization, a lack of experience with the necessity for immunization as well as the prerequisite to revert back for the next dose, as well as a lack of faith in immunization were all factors in the vaccination dropout rate.

District Nuh (Mewat) was elucidated children below the year of six made up 22.29 % for overall total population in this part of the province of Haryana throughout India in 2011, making them a disproportionately large group of recipients for vaccination programmes. Despite the government's best efforts, immunization rates inside the district of Nuh were significantly lower compared to the majority of Haryana.[7]

Various national immunization surveys conducted from time to time had shown sub-optimal vaccination coverage in Mewat (Nuh) district. The coverage had always been historically low as compared to the other districts of Haryana State. District Level Domiciliary and Facility Surveys-3 (DLHS-3) conducted in 2007-08 had 11.0% full vaccination (rural 9.6%) and DLHS-4 in 2012-13 had 27.3% full vaccination (rural 20.8%). According to the most recent National Family Health Survey (NFHS-4) data (2015–2016), just 13.1percent of total of Nuh district's child aged 12–23 months are fully vaccinated.[8]

This qualitative study was expected to identify the barriers to achieve full immunization of 12-23 months children in a timely manner as perceived by mothers in rural areas of Nuh district.

Material and Methods

Study design and Study tool

Focus group discussions (FGDs) happened among mothers of 12-23 months of children to eliminate any potential roadblocks to routine childhood immunisations. These stakeholders were invited to the FGD if they were willing to actively fully participate.

The FGDs were mediated and guided by the researchers involved. For FGDs, using open-ended argumentation guide was used to elicit responses from participants, sustain a focused conversation, and reveal a comprehensive picture of societal obstacles. Purposive sampling was used to choose participants, and preliminary steps included confirming a suitable location for the FGDs and contacting the participants via multifunctional health supervisors/ASHA facilitation (ASHA coordinators)/MO I/C, etc. After translating the careful observations into English, the remarks could be understood.

Study area

This study took place in district Nuh in the area assisted by Primary Health Center Nuh.

Study period

The recent study took about a year to complete and was qualitative in nature.

Data management and analysis

The acquired data was compiled and evaluated by hand to draw conclusions.

Ethical considerations

Participants' individual replies remained confidential. Some individuals gave their written informed permission (in Hindi) to take participation throughout the study freely.

Results

Barriers to childhood vaccination as perceived by mothers of 12-23 months children

1. Fear of AEFI

It was found that majority of mothers having partially or un-immunized children did not get all vaccines for their children because of fear of adverse events following immunization.

One of them said, “Bacche ko mere bukhar hone ke dar se mai usko teeka lagwane nahi jati. Kabhi kabhi to do din tak bukhar nahi utarta. Humko dar lagta hai.

2. Don’t know its importance

It was found that many mothers did not know the importance of immunization.

“Ye teeka lagaya kyu jata hai, jab tak humko pata nahi chalega, fir kyu lagwaye hum apne bacche ko teeka”

3. Don’t know time and place of immunization

Many mothers were not found to be aware of time and place of immunization.

“Jab teeka laga to mujhe pata hi nahi chalta ki kaha aur kab lekar jana hai. Kuch pata nahi chalta to teeka reh jata hai kayi baar mere bacche ka”

4. Non availability of anyone to take child for immunization

It was also found that mothers did not get their child all vaccines because of non-availability of anyone to take child for immunization.

One of them said,” Mere ghar me koi rehta nahi hai, jab teeka lagta hai. Mera pati kaam par jata hai, mai jungle me jati hoon lakdi lene ko aur baccha saath le jati hoon, aise me bacche ko teeka lagwane kaun jayega, pata nahi”

5. No support of family

"Mere ghar wale koi bhi madad nahi karte meri, unko koi fark nahi padta ki teeka laga ki nahi".

The study found that mothers did not get their child all vaccines because of no support of family.

6. Sickness of child

Mothers did not get their child all vaccines because of sickness of child.

"Maine isliye teeka nahi lagaya kyunki baccha bimaar tha mera"

7. Immunization is not good for health of child

Out of all mothers, 1(0.4%) mother did not get their child all vaccines because according to them, Immunization is not good for health of child.

"Teeka lagne se mera baccha bimar pad jayega"

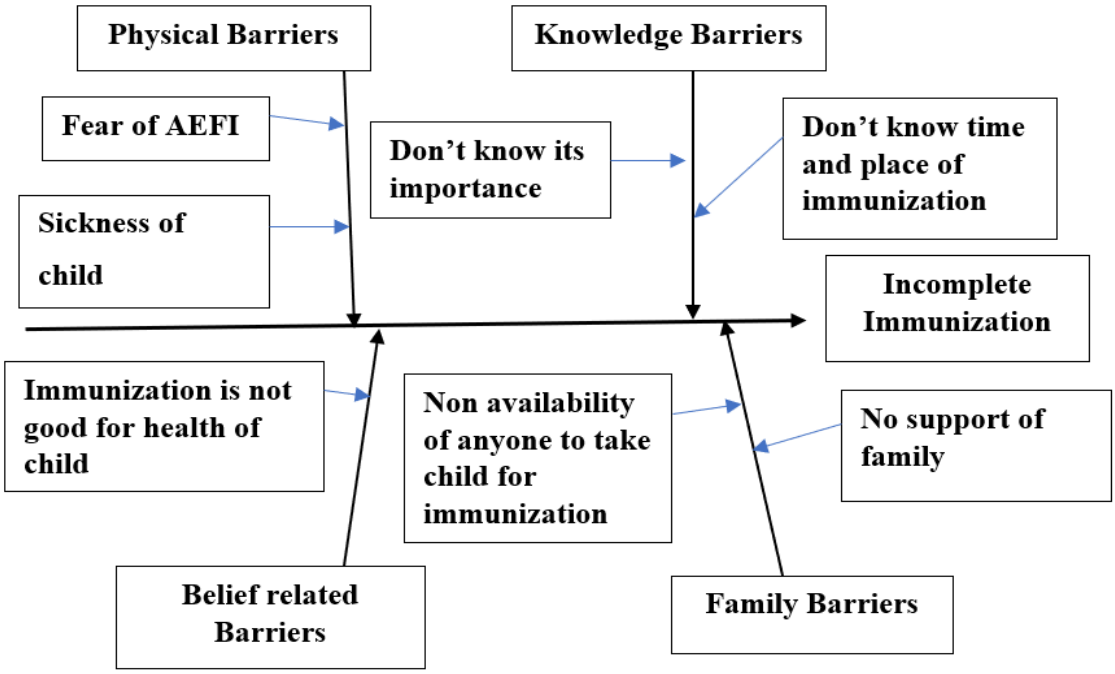

Figure 1: Fishbone diagram showing barriers of immunization as perceived by mothers in rural areas of district Nuh, Haryana. The causes of the observed differences may be pinpointed by using the fishbone diagram, which organised the potential causes into broad classes. Some examples of these groups are: Physical barriers, Knowledge barriers, Belief related barriers and Family barriers

Discussion

It was found in the study that mothers went to immunization site but still their child were not immunized due to some reasons. Parmar R et al (2020) in their study found that mothers could not get their child immunized because worker was not present.[4] A research by revealed similar outcomes by Khan MF et al (2019) in which mothers reported that they went to immunization site but still their child was not immunized due to vaccinator not present, or session not held.[9] Mothers were positive about house visits done by health worker, of which, majority visited their house within previous week. In a study by Mehta K et al (2017), it was found that all health workers mobilized mothers to session site for immunization.[10] In majority of them ASHA worker visited their house. However, It was discovered in a research by Karir S et al (2018) wherein mothers reported that Sahiyya came to their homes to diagnose and refer children with health problems.[11] It was found that mothers were informed about date, time, and place of immunization. In a related research by Sarfaraz M et al. (2017), Anganwadi, namely the Asha health care professionals, were shown to be the most reliable source of information regarding immunisation.[3] Kaur H et al (2019) found that majority mothers received reminders of immunization from health workers.[12]

However, Mishra B et al (2018), Across both rural as well as urban regions, Anganwadi workers were always the primary sources of information regarding vaccinations and vaccination-related behaviors.[13] It was found that most of mothers acted for fulfilment of immunization. Majority of mothers were informed about AEFI before immunization. Suman et al (2020) found in their study that most of the Healthcare providers informed carers to watch for signs of infection, such as redness as well as soreness at the injection site, fever, as well as edoema.[14] Majority of them were advised for AEFI management. In a study conducted by Mehta K et al (2017), it was found

that health workers advised mothers for AEFI management.[10] Majority of mothers agreed that child was properly immunized at session site while some refused for same, and did not know. Mothers were inspired for next immunization. The study came to similar conclusions conducted by Khan MF et al (2019) in which most of the mothers were inspired to come for next visit.[9] Mothers were told about importance of immunization at session site. Mothers did not think that there were any other better methods for providing vaccine to them.

Conclusion

Majority of mothers did not get all vaccines for their children because of fear of adverse events following immunization. Other barriers to achieve full immunization were that mothers did not know the importance of immunization and did not get their child all vaccines because of sickness of child.

It was also found that mothers did not get their child all vaccines because of non-availability of anyone to take child for immunization. The study found that mothers did not get their child all vaccines because of no support of family. Because according to them, immunization is not good for health of child.

Steady follow up of children in the susceptible age group and suitable tracking system aids in lowering the dropout rate and safeguarding full immunization coverage. Establishing regular immunisation as a communal requirement is urgently needed if universal vaccination is to be achieved. Although vaccination coverage was high in rural areas as a whole, more attention has to be paid to figuring out why some areas still need to be vaccinated.

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