

CHAPTER I

INTRODUCTION

1. Rationale and Justification

Today, almost 25,205 children under one year will die mostly from preventable or treatable causes. This is a loss of over nine million children each year. The immunization of children is the most effective way of preventing and controlling a number of diseases including tuberculosis, diphtheria, tetanus, pertussis (whooping cough), polio, hepatitis B and Haemophilus influenzae. Improvements in these indicators contribute to a decrease in childhood mortality and morbidity and contribute to the achievement of the Millennium Development Goals. Moreover, immunization recognized as one of most powerful and cost effective prevention measures against immunizable diseases. (National Health statistics Report FY 2009-2010, MOH)

Cost and impact; results of a study by WHO/UNICEF estimating the cost and financing of implementing GIVS in the 72 poorest countries were published in 2005. The study determined that with an additional US\$ 1 billion per year, immunization could save 10 million more lives in the following decade. (WHO/Global Immunization Vision and Strategy 2006-2015)

In September 2010 world leaders came together at the United Nations to create nine Millennium Development Goals (MDGs). These goals range from halving extreme poverty to providing universal education. The current focus of child survival and development advocates is Millennium Development Goal 4: Reduce child mortality. (The Millennium Development Goals in Lao PDR MDGs-UNDP Lao PDR 2010)

Global Immunization Coverage: In October 2012, WHO/UNICEF reported the immunization currently averts an estimated 2 to 3 million deaths every year in all age groups from diphtheria, tetanus, pertussis (whooping cough), and measles. In 2011, an estimated 83% (107 million) of infants worldwide were vaccinated with three doses of diphtheria-tetanus-pertussis (DTP3) vaccine. Three regions ' the

Americas, Europe and Western Pacific ' maintained over 90%. DTP3 immunization coverage. Number of countries reaching 80% or more immunization coverage with DTP3 vaccine in 2011: 162 countries compared to 158 in 2010. The number of countries reaching over 90% DTP3 coverage remained at 130 in 2010 and 2011.

Regional Immunization status in South East Asia: In 2007, UNICEF and WHO conduct and annual review of national or territorial immunization report to determine the most accurate level of coverage. The result estimates are based on reported (administrative) data, household surveys and government estimates as reported annually in the WHO/UNICEF Joint Reporting Form on Immunization. The National coverage rates (WHO/UNICEF estimates) in 2007 between the countries are surrounding Lao PDR.

Childhood immunization is widely recognized to be one of the 'best buys' in public health, dramatically reducing child mortality rates, illness and health care expenditure for the very low cost input of vaccines. In the Greater Mekong Sub-region, Lao PDR falls below other countries on childhood immunization rates. For the third round of diphtheria-pertussis-tetanus (DPT3) combination in 2007, countries in the region reported rates as follows: Thailand (98%), Viet Nam (95%), China (87%), Cambodia (82%), Myanmar (73%) and Lao PDR reported the lowest rate of 64%. In Lao PDR childhood immunization rates have continued to fall since the 1990s and are particularly low in rural, remote and ethnic minority areas. Efforts by the government to increase immunization coverage rates have had limited results, and consequently coverage rates have remained low.

Immunization status in Lao PDR: In the Lao People's Democratic Republic (Lao PDR), one in 10 children still dies before 5 years of age. About 10% die from vaccine preventable illnesses. Routine immunization coverage has stagnated since the mid-1990s and has declined since 2000.

Only about 50% of Lao children are fully immunized before 12 months of age. Unless current trends are reversed, Lao PDR cannot meet the 2015 Millennium Development Goal (MDG) target of reducing child mortality by two third. The Lao expanded program of immunization (EPI) is delivered through four vaccination campaigns each year, organized by each provincial team, in addition to static service delivery points at hospitals and some health centers. Eighty percent of routine immunization services must be delivered through mobile outreach teams. Low-paid health workers walk for days to

reach isolated villages often difficult to access during the rainy season which also limits people's access to hospitals.

Muang Fuang district is one remote and poor district that had population 42,018 people include 20,687 women, 2,812 children less than 5 years and 770 children less than 1 year. More than 65% is ethnic minority group. Most of women especially ethnic minority had limited knowledge and understand on immunization so it was effect to health provider had very difficult to provide immunization service. In 2011, immunization coverage for DPT3 was about 42% for the main ethnic group of Lao, but only 27% for both Hmong and Mon Khmer ethnic minorities. (District health office annual report 2011)

Studies of maternal behavior on receiving child immunization service used a systematic psychological conceptual model - The Health Belief Model (HBM) which is reviewed and found out to widen the conceptual model. HBM is being centered on the individual and neglects the dynamic, social introduction that shape behavior. But even on the individual level it takes into account cognitive elements only and neglects other psychological determinants of the ability to copy in situation of risks.

Cues to action like the way like a trigger of decision to make action. In the health belief model, cue to action leads a person to make a good action. For immunization service we have to change maternal behavior with cue to action like seeing children had sickness or death by prevention diseases. Another we can get information about immunization from mass media, our society, our family, non-government organization (NGO) in the community, peer group, friends or relatives for prevention of it in the community.

Therefore, it was possible to predict if an individual would engage in positive health behavior by determining the individual perception towards immunization service, perception preventive disease, illness, identification of modifying factors, and the likelihood that the individual will take some action, Health Belief Model is the best one in describing one's behavior to prevent against one problem or disease by perceiving oneself in susceptibility, severity, benefits of his good behavior and barriers to his behavior. Therefore the conceptual framework is based on Health Belief Model to assess maternal behavior on receiving immunization service of respondents in this study. The interest factors were socio-demographic factors, health accessibility, knowledge about immunization, perception towards

immunization services and cues to action may be related with mothers' behavior on receiving immunization service who had children less than one year is more important.

2. Research questions

2.1 What was maternal behavior on receiving child immunization service in Muang Fuang District Vientiane Province Lao PDR?

2.2 What factors were related to maternal behavior on receiving child immunization service in Muang Fuang District Vientiane Province Lao PDR?

3. Research Objectives

3.1 General Objective

To study the factors related to maternal behavior on receiving child immunization service in Muang Fuang District, Vientiane Province, Lao PDR.

3.2 Specific Objectives

3.2.1 To describe the socio-demographic factors, health service accessibility, knowledge, perception towards immunization and cues to action of maternal behavior on receiving child immunization service in Muang Fuang District, Vientiane Province, Lao PDR.

3.2.2 To assess maternal behavior on receiving child immunization service in Muang Fuang District, Vientiane Province, Lao PDR.

3.2.3 To identify the relationship between maternal behaviors on receiving child immunization service with the socio-demographic factors, health accessibility, knowledge, perception towards immunization and cues to action respectively of maternal in Muang Fuang District, Vientiane Province, Lao PDR.

4. Research Hypothesis

4.1 The relationship between socio-demographic characteristics and maternal behavior on receiving child immunization in Mueang Fuang district, Vientiane Province, Lao PDR.

4.2 The relationship between health service accessibility and maternal behavior on receiving child immunization in Mueang Fuang district, Vientiane Province, Lao PDR.

4.3 The relationship between the factors of knowledge, perception and cues to action and maternal behavior on receiving child immunization in Mueang Fuang district, Vientiane Province, Lao PDR.

5. Scope of the study

5.1 Scope of samples: To be representative for mother who had children under one year old in the whole district and to ensure the accuracy and reliability of research result so this research will select 212 sample mothers from the population 371 mothers who had children less than one year and take their children for immunization service in Muang Fuang District, Vientiane Province Lao PDR by simple random sampling were the scope of sample.

5.2 Scope of contents: using the Health Belief Model with independent variables such as socio-demographic data, health accessibility, knowledge, perception towards immunization service (as perception of susceptibility, severity, benefits and barriers) and cues to action as Mass Media Information and Influence of person and maternal behavior on receiving child immunization service.

5.3 Scope of study area: there were six sub-district areas for study as district capital, Phoneyeng, Phonsavath, Phasang, Par-Gnour and Phonebang.

6. Conceptual Framework

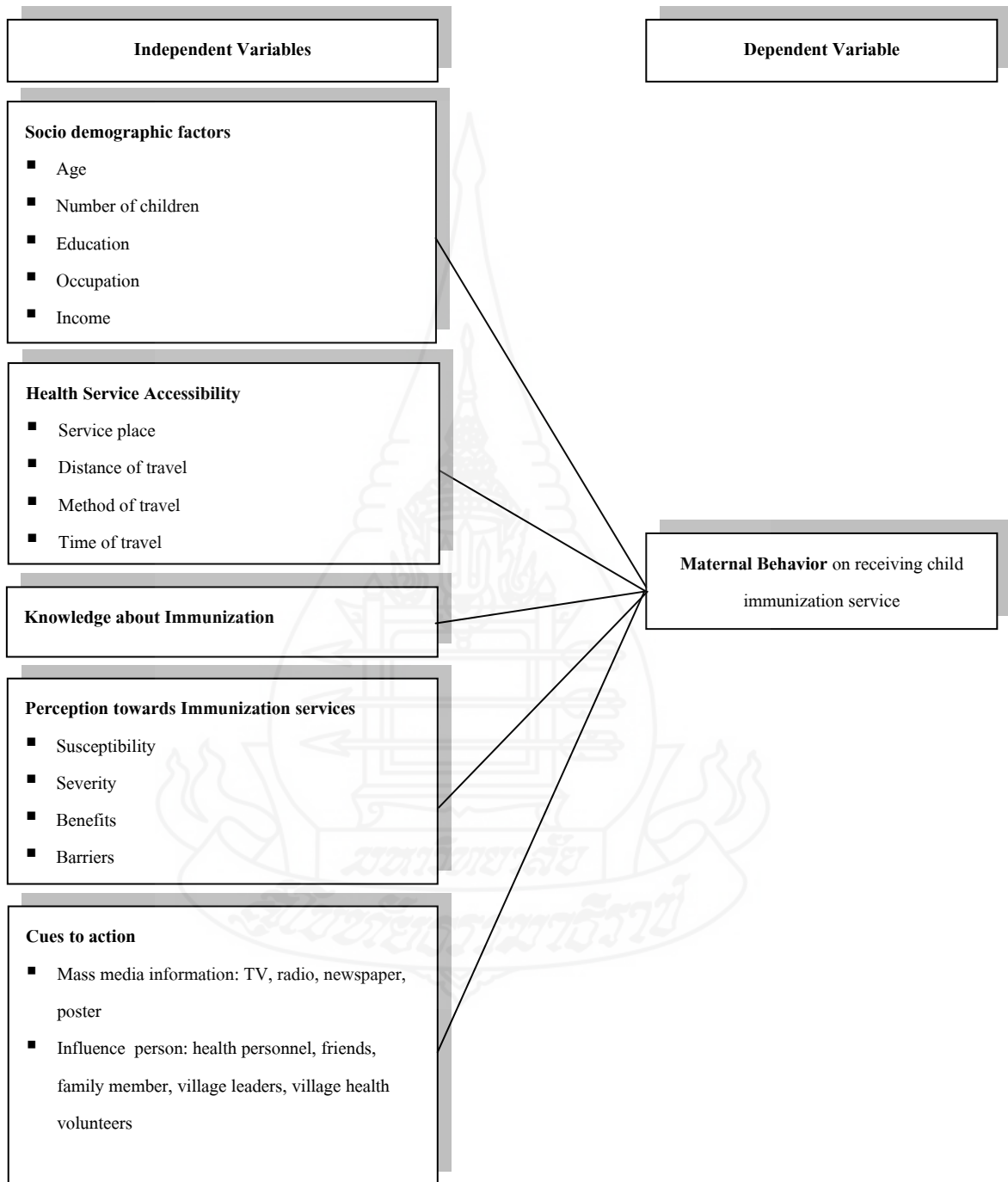


Figure 1.1 Conceptual Framework

7. Limitation

The data collected in this study was provided by a randomly selected sample of mothers who had children under one year. Therefore the results cannot be generalized and may not represent of all mothers in Lao PDR.

8. Operational Definitions

8.1 Maternal Behavior on receiving child immunization services means the practice of mother to bring their children for immunization in health facility.

8.2 Health accessibility means the available access to receive health facility by service place, distance of travel, method of travel and time of travel.

8.3 Socio Demographic factors mean the affected thing to mother decision on receiving child immunization service. These factors consist of age, number of children, education and income as the following

8.3.1 Age refers to the present age of mothers who had children less than 1 year.

8.3.2 Number of children refer to a derived that identifies the number of children in a family nucleus

8.3.4 Education refers to the educational standard of the respondents like no education, primary school, secondary school, high school, college or university.

8.3.5 Occupation refers to the present job that the respondents are now working.

8.3.6 Income refers to monthly income from the job that the respondents get each month

8.4 Knowledge about Immunization means the understanding of mother an immunization such as mother will know and understand what benefit that they will get from child immunization, they will know how many disease can prevent by vaccine, how many time that they should bring their children

for immunization and when they should bring.

8.5 Perception towards immunization services means the perceived susceptibility and severity of diseases that can be prevented by immunization as well as the perceived benefit, barrier of the immunization work and also perceived the side effects of vaccine. This perception divides in 4 aspects as follows:

8.5.1 Perception of susceptibility means the mother's opinion of her child's chance of getting diseases preventable by vaccine.

8.5.2 Perception of severity means the mother's opinion of how serious a condition and consequences for her child when infected with diseases preventable by vaccine.

8.5.3 Perception of benefits means the mother's belief in the efficacy of vaccination to reduce infection or the seriousness of diseases preventable by vaccine to her child.

8.5.4 Perception of barriers mean the mother's opinion of the practical and psychological costs of receiving child immunization services.

8.6 Cues to action means the activators that provide information or promote awareness to the mother to bring her child for immunization. This cues to action consists of 2 aspects as follows:

8.6.1 Mass Media Information: Mass media refers to the sources of media about child immunization services e.g. TV, radio, newspapers, poster, brochure etc. that the respondents get information from.

8.6.2 Influence of person refers to the person with the most influence on the respondents who provides guidance about child immunization services.

9. The Benefit of this study

9.1 The researcher intends to achieve with all the aims and objectives of this study. The finding from this study will help the District Health Office, Provincial Health Department and other stakeholder better understand the reasons why the immunization coverage in Muang Fuang district is lower than others. It could be also representative for mothers in the whole district to share with other part in Lao PDR.

9.2 The district health officers and the provincial health officers can use this information to develop strategic plan for improvement immunization service.

