CHAPTER 5

CONCLUSION, DISCUSSION AND RECOMMENDATION

1. Conclusion

This is cross sectional survey research describes to the factors related to maternal behavior on receiving child immunization in Mueang Fuang District, Vientiane Province, Lao PDR. The independent variables are included socio-demographic factors, health accessibility, knowledge about immunization, perception of immunization and cues to action. In this research, the relationship between the independent variable and maternal behavior on child immunization service was investigated. The target samples were 212 mothers who have children under one year in Mueang Fuang district, Vientiane Province Lao PDR. Data was collected on 1 April to 30 June 2013 by district health officers and using questionnaire and received questionnaire back 208 forms of all questionnaires (98.11 %). Data analyzed using descriptive statistics with frequency, percentage, mean, standard deviation, minimum, maximum to descript personal information and the correlation between socio-demographic factors, health service accessibility, maternal knowledge, perception about child immunization, cues to action with maternal behavior on receiving child for immunization by using Chi-Square test. The result of analysis, researcher had showed on the table with explanation and the conclusion is as follows:

1.1 Social demographic characteristics data showed that the majority of respondents (36.0%) were aged between 26-30 years old, the minimum and maximum ages were 18 and 40. Married (88.4%), Main ethnic group is Lao Loum (55.3%), number of children 3–4 (47.6%), sex of children is girl (51.2%), education level completed high school (25.0 %), occupation famer (47.7%) and average income per month more than 700,000 Kip (37.0 %).

1.2 Maternal behavior on receiving child immunization service and health accessibility found that mainly there were bring children to receive immunization service (81.7%) and receiving with mobile outreach team (49.0 %). Distance of traveling is less than 1 Km (41.1%); the main traveling was use the private as bicycle, motorcycle, car etc. (54.9%) and time spending between 15-30 minutes (50.5%).

1.3 Mothers' knowledge about immunization on taking children to received immunization services was at a low level (94.7%). The knowledge that tested is knowledge about vaccination BCG, HepB, Polio, Diphtheria, Tetanus, Pertussis and Measles and the test found that the correct answer in top 5 had like this (1) Immunization mean, the giving vaccine to stimulate body build immune (63.9%), (2)The important purpose of immunization was to make children were not sick with preventable diseases (53.4%), (3) Tuberculosis transmitted by mucus, saliva and phlegm of patient (51.9%), (4) Symptoms found after vaccination was fever and pain at the area injection (48.1%) and (5) Advantage of immunization was it made children were not cripple or were not die by preventable disease (51.8%), respectively.

For the top 5 answers that respondents answered incorrect as follows: (1) Immunization can have many vaccines in the same time (80.3%), (2) Children less than one year should have polio vaccine 3 times every 2 months (79.3%), (3) Vaccination to prevent tuberculosis can give by oral (75.5%), (4) Poliomyelitis transmitted by touching hand or contamination food and water with germs (75.5%) and (5) Diphtheria transmitted by coughs and sneeze (75.5%), respectively.

1.4 Perception towards immunization services, the research found that mothers had level of perception in a moderate level (89.4%). The top 5 level of mean maximum as (1) Immunization is child right and all children have to receive. ($\bar{x}$ = 2.69, S.D. = 0.557, (2) Children who had polio vaccine based on schedule won't be crippling by polio disease. ($\bar{x}$ = 2.53, S.D. = 0.651), (3) Poliomyelitis can causes permanent paralysis resulting to death of some cases. ($\bar{x}$ = 2.43, S.D. = 0.692), (4) Main of all disease happened with children had vaccination ($\bar{x}$ = 2.47, S.D. = 0.605) and (5) Taking children for immunization based on schedule it made children healthy. ($\bar{x}$ = 2.28, S.D. = 0.749) , respectively.

1.5 Cues to action on taking children for immunization the research found that the mothers had received information about immunization (99.5%). Most of them received information from TV, Radio, Poster, Brochure, Newspaper (22.6%) and health worker (21.1%). Main source of information that received was health worker (26.9%). Moreover the most likely to get information was health worker (39.9%).

1.6 The analysis were tested the relationship between the factors of socio-demographic, health accessibility, knowledge about immunization, perception towards immunization service and

cues to action with maternal behavior on receiving child immunization. The results found that the distance, method and time of travel and cues to action including main sources of information and most liked information were statistically significant relation with the level of maternal behavior on receiving child immunization in Mueang Fuang district (p-value < 0.05).

2. Discussion

This study is aimed to investigate factors related to maternal behavior on receiving child immunization in Mueang Fuang District Vientiane Province Lao PDR with 208 mothers who have children under one year. From the result of this research there were many important issues that should rise for discussion as follows:

2.1 The majority of respondents age between 26-30 years old, the minimum and maximum ages were 18 and 40, main ethnic group is Lao Loum, number of children 3-4 people, occupation is famer and average income per month is more than 700,000 Kip all these are related with the research of Masaharu Maekawa1, Somthana Douangmala2, Kayako Sakisaka3, Kenzoh Takahashi4, Anonh Xeuatvongsa5, Chushi Kuroiwa in 2007 (Factors affecting routine immunization coverage among children aged 12-59 months in Lao PDR after regional polio eradication in Western Pacific Region).

2.2 The knowledge of mothers on immunization found that mothers had low knowledge and misunderstand about vaccination BCG, HepB, Polio, Diphtheria, Tetanus, Pertussis and Measles that related with the final report of Swiss Centre for International Health, Swiss Tropical and Public Health Institute in November 2010. Mothers' knowledge is the most frequently mentioned factor affecting children's immunization. Studies frequently report an overall lack of understanding by the population of an immunization program such as the general benefit of vaccination for the child's health (Maekawa), or the use of the vaccination card (Katz), the target diseases of immunization, the vaccination schedule (Maekawa, Tokizawa) or the place of vaccination (Mayxay).

2.3 Perception of mothers on taking children for immunization service the research found that mothers had level of perception in moderate level (69.4%) which related with the study of Kongxay Phouphenghack 2007 (The study on Knowledge and Perception of Mothers about

Immunization of Children under 3 Years of Age in Saythany District, Vientiane, Lao PDR). The research found that the mothers had moderate level of perception (61.11 percent). But the mothers with high and low level of each type of independent variables like perceived susceptibility, severity, benefits and barriers for immunization, most of the mothers could perceive it positively. But some of the mothers still had negative perception about vaccine preventable diseases and immunization programme.

2.4 Cues to action on taking children for immunization the research found that mothers had received information about immunization and received information from Health worker, TV, Radio, Poster, Brochure and Newspaper. Main source of information that received was Health worker and most likely to get information is Health worker which related with the study of Kongxay Phouphenghack 2007 (The study on Knowledge and Perception of Mothers about Immunization of Children under 3 Years of Age in Saythany District, Vientiane, Lao PDR). Found that, sources of information on immunization and side effects of vaccines were mostly received by the respondents from health centers and health volunteers.

2.5 The analysis study, the factors related to maternal behavior on taking children for immunization service found that the distance, method of traveling and time of traveling were statistically significant with receiving immunization service which it related with the final report of Swiss Centre for International Health, Swiss Tropical and Public Health Institute in November 2010 mentioned that about the geographical and physical accessibility factors, distance has been identified as a factor impacting the status of child immunization. Spatial factors were expressed in terms of zone of residence proximity to a health facility and access to the immunization site. The mode or costs of travelling to the vaccination place were also associated with the utilization of immunization services by mothers. Fixed health centres are positively associated with a higher and more complete immunization status of children. But in Maekawa's study, the sites of immunization as well as the means of transport to immunization site are not associated with the immunization status. Only in Masumo's study was distance not associated with immunization status but this may be explained by the geographical location of the study, in the capital province where health facilities are accessible by car/bus. Maxay reported that the second most frequent reason for not taking children to vaccination was the inaccessibility of medical staff to the village.

2.6 Knowledge and perception of mothers about immunization had relation with taking children for immunization service which related with the study of Kongxay Phouphenghack 2007 (The study on Knowledge and Perception of Mothers about Immunization of Children under 3 Years of Age in Saythany District, Vientiane, Lao PDR). It was found the percentage of mother' knowledge about diseases transmission with their children immunization status, the result showed that the percentage of good level of mothers' knowledge in the completely immunized group was higher (60.78 %) than the incompletely immunized group (60.42 %). This difference in maternal knowledge was significantly correlation to the immunization status of their children (p-value<0.035). The percentage level for mother's perception in the completely immunized group was lower (40.70 percent) than incompletely immunized group (51.81 percent). These were not significantly relationship between mothers' perception and immunization receipt (p-value > 0.05).

3. Recommendation

Based on the findings of this research, the following recommendations are suggested.

3.1 Recommendation for implementation

3.1.1 Recommendation for health administrators

The results of the study showed that the mothers most likely the Information about immunization from health workers. Therefore the budget should be appropriate to the scale of the task of providing mobile immunization units, instrument and information through the mass media.

3.1.2 Recommendation for health center staff

1) The majority finding of this study revealed that mothers had little knowledge about taking child for immunization (94.7%). Therefore mothers should be educated about immunization as individual or in group by health workers.

2) From these findings it can be concluded that the mothers' perceptions of taking children for immunization were at a moderate level. Therefore health workers should encourage mothers to think more positively about vaccination and taking child to receive immunization,

3) According to the research findings. It was found that there was a significant association between health service accessibility (e.g. distance, method of travel and time of travel) and maternal behavior on receiving child immunization . Therefore mobile immunization units in rural communities should be used to a greater extent. It is important to raise awareness of these mobile units as they are more convenient for the mothers.

4) The results showed that the main source of information was health worker. They were also the most likely to get information for mothers. Therefore the health workers should be regularly providing immunization information to mothers.

3.2 Recommendation for further study

3.2.1 To aware deeply, researcher should do quality research by conducting group discussion.

3.2.2 Researcher should prepare and fix the team to collect data and don't change the team members.

3.2.3 Researcher should study more factors that will influence the mother such as social support, the mother's experiences in bringing the child for immunization and benefic received.

3.2.4 There should be research on other factors that will influence the mother to bringing the child in for vaccination, such as the support from the community, the mother's experiences in bringing the child to the health centers, stress condition, or mother's concerns, and traveling allowance.

3.2.5 Researcher should set up the plan clearly and follow because of long distance communication with advisor. Researcher have enough time and communication with advisor. Moreover researcher should consider about the way to communication with advisor.