# Study on Determinants of Low Immunization Coverage in Four VDCs of Humla Districts

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**Background**

Humla is the district with lowest EPI coverage in Nepal. Frequent outbreak of measles is reported in the district. This study is carried out to identify reasons for lower utilization of immunization services in Humla district and estimate current EPI coverage in the study area.

**Methods**

It was a cross-sectional, descriptive, quantitative study based on non-experimental design. The study site was based on 4 VDCs of Humla district -Dandafaya, Hepka, Khangalgaun and Muchu, which have lower coverage of immunization. Only 81 children were studied though nearly 91 children of target group (13-24 month) were estimated in sample clusters. Structured and semi structured questionnaire for mother or caretaker were developed. Secondary data was also analyzed from District Health Office for the collection of information regarding coverage of vaccine, no of clinic run, etc. Data entry, processing and analysis were done in SPSS statistical software.

**Results**

It was found that the immunization coverage of the community was BCG- 83%, DPT1-74%, DPT2-62%, DPT3-48%, and Measles-59%. NID coverage - 102%. In the same way completely immunized children were 43%, partially immunized children were 40% and not immunized children were 16%. Dropout is higher- 28% for BCG vs Measles and 35% for DPT1 vs DPT3. However no one in the community was able to show immunization card of their children, as it was not provided to them. No any socio-demographic variable is associated with immunization though coverage is higher for female than male and more farmers have immunized their children than that of other occupation. Nearly all have listened about immunization in general. But more than 90% don’t know about specific immunization BCG, DPT, Measles, Polio and proper age for immunization. More than 95% belief that immunization protects from all diseases. There is no fixed date and time for clinic. Only 35 % people get information on time however time of clinic is perceived convenient for majority of respondent. Clinic run irregularly for 53% of respondent and even very irregularly (*Kahile Kanhi matra*) in 30% clusters. Entire people perceived behavior of health worker and counseling after immunizationis either good or medium but not poor. More than 95% respondents had access to EPI clinic in their own residential village or within the walking distance of 1 hour (one way). In these aspect clinics are accessible but during rainy season (Jestha to Asoj) people especially mother of infant migrate to high altitude “*Lekha*” and clinics become inaccessible. Nearly 47% children suffered from high fever or severe pain or abscess for prolonged period (more than one week) after immunization. Odd Ratio is high for timely information not provided (6.91), clinic irregularity (6.57), distance of health institution more than one hour (4.69) and perceived side effect present (3.82). Main reason for non-immunization is given seasonal migration in the same VDCs in warm season, date not known and fear of pain/adverse effect.

**Conclusions**

Health care service is the major factor for the low coverage of immunization

**Keywords:** coverage; determinants; expanded immunization programme; immunization.