Determinants of immunization dropout status among children in Narok North District, Kenya

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Abstract:

Background: Several global immunization initiatives have been formulated and implemented by the WHO and its partners with the aim of reducing the under-five mortality rate worldwide. However, the immunization coverage for children below one year of age in Kenya (KDHS 2008-09) and in Narok North District (Narok North district HIS, 2011) was 77% and 64% respectively, both being below the internationally accepted targets. In Narok North district, high immunization dropout rates contribute to low immunization coverage in the district. This has led to occasional measles outbreaks and also rendered many children vulnerable to other vaccine-preventable diseases. Objective: To establish the factors that are associated with the immunization dropout status among children aged 12-23 months seeking health care services in Narok North District. Methodology: This was a cross-sectional study. Multi-stage sampling method was used to select 291 children aged 12-23 months brought to health facilities for services and whose mothers consented to participate in the study. Data were collected using pre-tested structured questionnaires, focus group discussions (FGDs) and key informant interviews (KIIs). Results: The pentavalent 1-to-pentavalent 3 and the pentavalent 1-to-measles dropout rates were 5.5% and 9.3% respectively. Maternal level of education, knowledge of immunizable diseases and the means of transport used to the health facility were found to have a statistically significant association with the immunization dropout status among children aged 12-23 months seeking health care services in the district. Cultural practices, beliefs, fear of side effects, illiteracy, lack of money and being too busy were the other maternal factors that were reported to contribute to the dropout status of children in the district. Long walking distances, inadequate number of health workers and vaccine stock-outs were the additional health system factors that were also reported to influence the dropout status of children in the district. Conclusion: It is important to strengthen health education programmes, offer sustainable immunization outreach services to populations living far from health facilities, avoid vaccine stock-outs and procure adequate cold chain equipment for all health facilities. Consultations and dialogue should be encouraged between cultural leaders, women leaders and other health stakeholders in order to arrive at practical and acceptable strategies of reducing the negative effects of culture. Recommendations: The DHEO should coordinate stakeholders to implement a health education programme at the community and household levels with emphasis on the importance of completing the routine immunization programme. A sustainable outreach programme needs to be put in place by the DPHN and the DPHO to take immunization services closer to the underserved community members. The KEPI manager should ensure availability of vaccines and the DMOH should facilitate timely collection of vaccine from regional stores. The DMOH should coordinate regular meetings with social development officials, education officials, cultural leaders and women leaders to formulate practical and acceptable ways of improving the literacy levels in the district, and reducing the effects of some of the negative cultural practices that contribute to the dropout problem.