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Child Right to Health: Review of Immunization Importance and Applicability

Ambreen Jamali
Assistant Professor,
Dept. of Social Work,
Central University of Himachal Pradesh,
Himanchal Pradesh, India

Abstract

According to World health Organization Constitution Health is defined as the state of complete physical, mental and social well-being and not merely absence of diseases. United Nations Convention on the Rights of the Child (CRC) ensures Right to health as one of the basic Human Right and also a fundamental right to every child. But in reality if this right is secured and protected is to be analyzed. Our government of India ensures free and access to health services to every child. Since our society is so strongly knitted with the cultural practices and tradition which sometimes hinders in good health to the children. The traditional harmful caring and rearing practices of the society hampers child health and make them more vulnerable. This is also one of the major reasons for infant and child mortality and morbidity.

Therefore this paper will attempt to analyze the Immunization practices of A small village "Patwaai" of District Rampur Uttar Pradesh. This area is on border of Rampur City and has a section of Slum Population.

Keywords: Child, Health, Rights, Immunization.

Introduction

The primary instrument for protecting and fulfilling child right internationally is United Nations Convention on the Rights of the Child (CRC). In India Part III of our Constitution ensures right to health to our children. Globally, In USA Committee on Child and Adolescents Health increasingly uses the Convention for rights to child as a normative and legal framework for addressing infant and young child feeding, and child survival newborn and child health. A rights-based assessment tool for child health laws, policies and programs are being developed, in collaboration with the Harvard School of Public Health which will provide a valuable contribution to country situation analyses in the context of child survival. No doubt all the stake holders like Government, NGO's and other health organizations are working efficiently to ensure wellbeing of child but still there is huge gap in t he policy making and implementation. This Gap can be bridged only if Society as a prime stake holder intervenes in the process of ensuring healthy practices to their children. Indigenous people of India are strongly knitted with their cultures, traditions and societal Norms. They follow their rituals and practices which are culturally accepted by them. Despite of its numerous efforts into the health related interventions still NFHS failed to cover the important aspect of societal behavioral practices and traditions which impact child health. Immunization is also a very important aspect which is neglected by society which in result led to child morbidity and mortality.

Immunization for mothers and children is always been an important part of health services provided in our country. Immunization forms the major focus of child survival programmers throughout the world.

Immunization Program

As per WHO Immunization is the process in which through administration of vaccine a person is made is made protected or opposed to contagious disease. The Vaccines which are monitored stimulate the body's own immune system to protect the person against subsequent infection or disease. It is proven for eradication of deadly diseases and morbidity. Therefore, Immunization saves lives.

Globally 132 million infants need to be fully immunized each year but almost 34 million children (26%) do not have access to immunization services. Universal Immunization Program was also launched by

Government of India in year 1985 to fight against Six Killer but preventable diseases namely: tuberculosis, diphtheria, pertuses, tetanus, poliomyelitis and measles. Further this as merger with Reproductive child health program in 1997 and Pulse Polio Immunization program in year 1995.

In India immunization showed steady increase coverage in immunization. The World Health Organization (WHO) acclaimed that two major public health interventions like access to clean drinking water and immunization through vaccines have greatly enhanced the health of all around the world quoted by (Mahdi et al., 2007).

National Immunization Schedule

Vaccine	Time of Administration	Dose	Method	location
For Infants				
BCG	At birth or as early as possible till one year of age	0.1ml (0.05ml until 1 month of age)	Intra -dermal	Left Upper Arm
Hepatitis B Birth dose	At birth or as early as possible within 24 hours	0.5 ml	Intramuscular	Anterolateral side of mid thigh-LEFT
OPV Birth dose	At birth or as early as possible within the first 15 days	2 drops	Oral	-
OPV 1,2 & 3	At 6 weeks, 10 weeks & 14 weeks	2 drops	Oral	-
IPV (inactivated Polio Vaccine)	14 weeks	0.5 ml	Intramuscular	Anterolateral side of mid thigh-RIGHT
Pentavalent 1,2 & 3	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intramuscular	Anterolateral side of mid thigh-LEFT
Rota Virus Vaccine	At 6 weeks, 10 weeks & 14 weeks	5 drops	Oral	-
Measles 1st Dose	9 completed months-12 months. (give up to 5 years if not received at 9-12 months age)	0.5 ml	Subcutaneous	Right Upper Arm
Vitamin A, 1st Dose	At 9 months with measles	1 ml (1 lakh IU)	Oral	-
For children				
DPT 1st booster	16-24 months	0.5 ml	Intramuscular	Anterolateral side of mid thigh-LEFT
OPV Booster	16-24 months	2 drops	Oral	
Measles 2nd dose	16-24 Months	0.5 ml	Subcutaneous	Right Upper Arm
Vitamin A (2nd to 9thdose)	16 months with DPT/OPV booster, then, one dose every 6 month up to the age of 5 years)	2 ml (2 lakh IU)	Oral	-
DPT 2nd Booster	5-6 years	0.5 ml.	Intramuscular	Left Upper Arm
TT	10 years & 16 years	0.5 ml	Intramuscular	Upper Arm

Benefits of Immunization

Creese.et.al in 1980 highlighted the benefits of immunization into mojor five main domains: "(1) savings in treatment costs following reduced incidence of disease; (2) reductions in mortality; (3) reductions in morbidity; (4) avoidance of "intangible "costs e.g., suffering, to children and their families; (5) "external" or spill over benefits." (Creese et al., 1980). The 4th goal of Millennium development goal was to reduce childhood mortality. The target is to reduce the under-five child mortality rate by two thirds, between 1990 and 2015. The Sustainable development goal launched in 2015 also emphasizes on child vaccination. 14 out of 17 SDG focuses on the importance of child immunization.

About Study

Explanatory research & Descriptive research studies was done to analyze the immunization status of small village. Primary data was collected (100 sample of children along with their caregivers) by semi structured Interview guide in the pockets of Patwaai, district Rampur, .U.P.. Children below the six year age were included in the study and those who were residing there since more there six months. Purposive random sampling was used.

Objectives of the Study

1. To understand the immunization acceptance in the area.
2. To determine the perspective if caregivers for immunization.
3. To analyze immunization health care services.

Limitations of the Study

1. Limitation of time and resources may have narrowed the scope of study
2. The time of cutting wheat was going on so the farmers were very busy in their work so it was

really a challenge to take information in such a busy time.

3. The sample size of 100 is limited hence the results may not be generalized with the other section of population.

Results

Table No. 1 Age and Gender Distribution of the Study Children

Age	Male	Female	Total
<6 weeks	10	12	22
6-10 weeks	6	7	13
10-14 weeks	9	3	12
14-9 month	8	5	13
9-18 month	12	9	21
>18 month	10	9	19
TOTAL	**55**	**45**	**100**

Table No. 2: Immunization Status Of The Studied Children

Age	Immunization Status			Total
	Complete	Incomplete	Unknown	
<6 weeks	14	0	2	16
6-10 weeks	8	2	0	10
10-14 weeks	8	5	0	13
14-9 month	18	4	0	22
9-18 month	14	6	5	25
>18 month	7	3	4	14

Table No. 3 Caregiver's Attitudes Towards Immunization

The following questions were asked by the caregivers for understand their attitude towrd immunization:

S.N.	Questions	Yes	No	Unsure
1.	If immunizations help to keep child healthy	85	10	5
2.	Under medication/ child is sick if vaccination should be given child should be given	90	7	3
3.	If child missed an immunization, can she still receive at later stage	80	10	10
4.	If they keep children's immunization cards safely	87	9	4
5.	If they make any enquiries to health care workers who administer immunizations to their child	95	0	5

87.4 % of caregivers had a favorable attitude towards immunization.

Table No. 4

Caregiver's Responses to Questions about Immunization Health Care Services Delivery

S.N.	Questions	Yes	No	Unsure
1.	If immunization is easily accessible clinic to you?	46	52	2
2.	If ever you found non availability of health worker for immunization	37	60	3
3.	If ever you are denied by health professional for giving help?	19	78	3
4.	Have you received information and explanation about the immunizations form the Health Care Worker?	35	61	4
5.	If the behavior and concern of health care worker is favorable to you and towards your child health?	31	65	4

Half (50%) of the caregivers perceived immunization service delivery is good.

Discussion

The results from our research show that nearly 60-65%% of the children above 18 months of age are actively attending the immunization clinic. Children between six and 10 weeks of age were the lowest in number, accounting for less than 2% of the study population.

Even though knowledge of immunization amongst the care givers was not so good but the fact is that that they believed that immunization is helpful for their child health. Thereby through awareness results could be better. It is significant that caregivers should have awareness and understanding about the preventive diseases and the available vaccination to curb them. Health care workers should impart correct information and educate them on immunization and other health care measures. For effective and successful immunization, health care workers should also be made educated and aware about the usage and all other related aspects of vaccines and its applicability including storage and handling.

Conclusion

Childhood immunization services in Indian scenario can be more effective if there is more awareness among parents or caregivers about the benefits and importance of immunization. The lack of sensitivity towards the issue sometime becomes hindrance in getting hundred percent results for immunization. Advocacy and outreach program can be fruitful. a holistic model of intervention needs to be

applied. Awareness and sensitization programs about the importance of immunization should be actively undertaken by the local organization after seeking community participation. Identification of prominent points of location should be identified for administration of immunization and awareness generation. Community participation and involvement of local NGOs in educating, informing and advising the public on issues of immunization should be the part of execution for better bridging the gap.

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