

**Assess Knowledge, Practice and Barriers in Immunization of Children
under Five years of Age**

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BSN 8th Semester

Declaration

The research project is submitted by “Faiza Ashraf, Farhat Gull and Sidra Khalid in partial fulfillment of the requirements for the degree of BSN, our study titled as “KNOWLEDGE, PRACTICE AND BARRIERS IN IMMUNIZATION” at Madinah teaching Hospital Sargodha Road Faisalabad. The study is conducted under the supervision of mam Mawera Babar.

To our best knowledge we hereby declare that except for references to other people’s work, which have been duly acknowledged, this proposal is a result of our own work and that it has not been presented either in whole or part in any university for award of another degree.

Student’s signature

Date

Dedication

Atfirst dedicating this research project to Allah Almighty, without His mercy and sympathy we were not able to accomplish this project. Allah gave us power and confidence to done our project. “Every challenging work needs self-effort as well as guidance of elders especially for those who were much closer to our heart.” This research paper is lovingly dedicated to our respected parents who always pray for us and support us to achieve our goals, also dedicated to respected teachers who have been a constant source of inspiration. Without their direction and support this project would not have been possible.



List of Synonyms / Acronyms

Word	Synonyms / Acronyms
EPI	Expanded Program on Immunization
NIPS	National Institute of Population Studies



Acknowledgement

In the name of Almighty Allah, the Merciful, the Beneficent. All praises (belong) to **Allah** alone, the Cherisher and Sustainer of the world. He is the First, He is the Last, He is the Hidden, and He knows about everything. He brings the night into the day and brings the day into the night, and He knows the thoughts of hearts (Al-Quran).

We have the pearls of our eyes to admire countless blessings of Allah Almighty because the words are bound, knowledge is limited and time of life is too short to express His dignity. It is the one of His infinite benedictions that He bestowed upon us with the potential and ability to complete the present research program and to make a meek contribution to the deep oceans of knowledge already existing.

We deem it our utmost pleasure to avail an opportunity to express our heartiest gratitude and deep sense of obligation to a very hardworking and personalized our honorable supervisors **Sir Sajid Iqbal, Mam Mamoonna Iram, Mam Chanda Riaz and Mam' Mawera Babar** for their kind behavior, generous knowledge, moral support, constructive criticism and enlightened supervision during the whole study period. Their available words will always serve as a beacon of light throughout our life.

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Abstract

Background

In Pakistan, only 59-73% of children 12-23 months of age are fully immunized. (Owais et al., 2011) History shows different barriers of immunization act differently in various region of the world throughout the time. The objective of present study was to determine the knowledge, practices and barriers in immunization of children under five years of age.

Material and Method

A cross-sectional survey was conducted, utilizing convenient sampling strategy. All mothers with at least one child under 5 years were considered eligible. After obtaining verbal consent, the mother was interviewed to assess her knowledge and attitudes towards EPI vaccination. Infant's coverage status was verified by checking EPI card, checking BCG scar and inquiring verbally. A knowledge score was developed by summing all correct answers.

Results

Out of 66 participants surveyed, only 26 (39.4%) participants have sufficient knowledge and 40 (66.6%) participants have insufficient knowledge. Whereas talking about practice 23 (34.8%) participants have scored good practice and 43 (65.2%) participants have poor practice. Gender of the child, misconceptions, monthly income of parents and mother's employment did not influence it. However, maternal education was significantly associated with the completion of child immunization, it is also believed that higher level of education, higher the proportion of children who were fully immunized. Educated mothers were more conscious about their children's vaccination as compare to the uneducated mothers.

Conclusion

Just over half of the studied population has full immunization. Although childhood immunization practices and attitudes are satisfactory, majority do not have specific knowledge on vaccines and the duration of protection they offer. Socio-demographic factors had a significant influence on the immunization status. Hence, efforts should be focused on improving them also and there is a dire need to increase the disseminating the benefits of immunization and this should be a Community commitment.

Chapter 1 Introduction

Vaccines are given specifically, to healthy individuals to prevent disease, they are most often given to children in first 5 years of life and frequently require for school aged children. The expanded program on immunization (EPI) began in Pakistan in 1976 on a pilot scale and was expanded by 1978. It targets around 5.8 million children aged below 1 year to protect against 8 vaccine-preventable diseases, through routine immunization services. Moreover, 5.9 million pregnant women and their newborns can be protected from tetanus. EPI target 8 diseases to reduce mortality and morbidity this is the overall objective of EPI (Hasan, Bosan, & Bile, 2010). The program introduced new vaccines and technologies, through which more interest and parental awareness of immunization is created in the recent past. This was reflected in a slow but steady rise in different coverage indicators assessed by independent organizations (Al-Lela et al., 2012).

Parents' knowledge and practices regarding immunization are also the major factors that contribute to their vaccination decisions. There are many barriers against immunization, including misinformation about vaccines, adverse effects of vaccines, vaccine-preventable diseases, and disease development after the administration of vaccines (Al-Lela et al., 2014). Other factors may include education of the parents, mothers' age at the time of delivery, mother's race, and number of preschool children, child order, and family income. In addition, immunization providers influence parental knowledge, practices, and decisions regarding immunization of children (Qutaiba et al., 2014).

Immunization concerns can translate into parents' decisions to decline vaccines for their children. Therefore, it is important for public health professionals to understand parent's characteristics who have doubts about vaccines and reasons for doubts, so that they can be effectively addressed (Gust et al., 2008). Healthcare providers (HCP) always reported trusted information source among parents holding varying attitudes towards vaccination. According to studies trust in providers was influenced by provision of balanced risk/benefit information and by parent-provider communication behaviors. Many report of obtaining vaccine information from spouses/partners, friends, and online sources (Chung, Schamel, Fisher & Frew, 2017).

Delayed vaccination increased the risk time between the loss of maternal antibodies and the protection from vaccine-induced immunity, which negatively affects the herd immunity and contributes to the outbreaks of vaccine preventable diseases (Ahmed &

Ahmed, 2014).Pakistan is a developing country in which Under-five child mortality rate is 89 deaths per 1000 live births and a high Infant mortality rate of 74 deaths per 1000 live births (National Institute of Population Studies, 2012). Immunization is an important topic under discussion because prevalence of polio and mismanaged child immunization in certain parts of Pakistan are not only a national emergency but also a threat to the whole world. Global uprooting of polio has almost been achieved, Pakistan is one of the only three countries in the world where this crippling virus still exists and its other neighboring countries already have a polio-free certification today (NIPS, 2012).

1.1 Aim

The aim of the study is to explore the knowledge and practice of mothers regarding immunization and to evaluate participating barriers.

1.2 Objectives

- To assess the knowledge of mothers regarding immunization status of their children.
- To measure practice of mothers regarding immunization status of their children.
- To evaluate barriers in immunization.

1.3 Research Question

- What is the knowledge of mothers regarding immunization?
- What is the status of immunization practice of mothers?
- Explore barriers anticipated in immunization?

Chapter 2 Literature review

A cross sectional survey was carried by Alenazi et al. showed that most of Saudi parents had good knowledge and practice (KAP) toward immunization and the higher KAP level was meaning fully linked with female gender, higher educational degrees. However, educational programs are still needed for illiterate and less educated parents living in rural areas to increase the parents' knowledge and practice. While Yu Hu, Qian Li and Yaping Chen explained that from 2011 the timeliness of immunization has been improved in China also. But still necessary steps were needed to achieve further achievements. Timelines of immunization should be added in Expanded Program of immunization (EPI) performance as an important part (Alenazi et al., 2017, Hu et al., 2017).

The above study tells about the level but these studies through light on risk factors or barriers in immunization. Different studies were conducted in Ghana and Georgia in 2016 and 2017 respectively. The studies showed that the most common reasons for not initiation and not completing vaccination included a low perceived risk of infection, vaccine safety concerns, and distrust of government and/or medicine. In addition, providers either not encouraged initiation of the vaccine series or had not explained the necessity of completing the series. Some parents also cited the believe concerns that vaccination would encourage sexual activity. Moreover, the study showed knowledge did not influence but parents' fear of vaccine-preventable diseases, awareness on the benefits of immunizations and sources of vaccine information were the main factors (Albright et al., 2017; Hagan et al., 2016).

While talking about studies of under developing countries the list of above stated barriers become lengthier. Such as a cross-sectional study directed by Joseph and fellows at in Bengaluru. According to this study knowledge and practice of mothers was satisfactory and authors catch out many factors that affects immunization status of children included , mothers' education, monthly income of parents, birth order and their beliefs knowingly affected the vaccination status while mother's employment did not influence it (Josphen et al., 2015).

A related study was directed by SaiKaja et al., in India to determine the mothers' knowledge towards childhood immunization and finding the reasons for incomplete vaccination. The study concluded that mothers' education and area of residence are associated with knowledge of immunization. Inapproachability of vaccine was reflected to the incomplete vaccination and gender discrimination was also observed in the study (Mugada et al., 2017).

Some local studies have also been done on the topic like: A study was conducted by Bukhari et al. in Lahore Pakistan. Study was conducted to determine the barriers of immunization among mothers attending Pediatric and Gynecological Department of the Sir Ganga Ram Hospital Lahore. Results of current study showed that barriers to complete vaccination course were lack of information, myths, un-availability, non-affordability, fear of side effects and fear of lack of safety of vaccination procedure/ dirty needles. Analysis revealed that there was a strong association between maternal education and barriers to complete vaccination course (Bukhari et al., 2019).

Additional study was conducted in Karachi, Pakistan by Gul et al. A cross-sectional survey was conducted to collect data. Mothers' education was found to be positively associated with a child's immunization status. Domestic work and distance to the health Centre were the most common barriers to complete immunization. Healthcare providers were the mothers' main source of information regarding vaccination. Mothers' knowledge about EPI vaccination was quite low but the vaccination rate was good. Healthcare providers need to communicate more effectively with mothers regarding childhood vaccination in order to increase vaccination rate (Gul & Khalil, 2016).

Chapter 3 Methodology

3.1 Study Design

A descriptive cross-sectional study design was selected to assess knowledge, practice and barriers in immunization of children.

3.2 Study Setting

Study was conducted in Madinah Teaching Hospital Faisalabad

3.3 Study Duration

Study duration was of 4 months from August to December 2019.

3.4 Data Source

Participants acted as data sources in the research.

3.5 Study Population

Study population was mothers having child admitted in Pediatric ward, Urology Ward, Eye Ward, ENT Ward, and Neonatal Unit.

3.6 Sampling Technique

For selection of participants, a convenient sampling technique was used.

3.7 Sample size

Sample size is 65 which was calculated by Rio Soft calculator by taking 90% confidence level and 10% margin of Error.

3.8 Population

3.8.1 Inclusion criteria

All mothers having at least one child of less than five years of age were included in the study.

3.8.2 Exclusion criteria

Mothers having children with major and life threatening diseases were excluded.

3.9 Data Collection Tool

Written permission consent was taken before data collection and a self-developed structured questionnaire was used to collect information from mothers of under five children. Tool

consists of 6 Demographic items, 10 items of knowledge part, 10 items of Practice domain and 7 Items to identify participating barriers.

3.10 Data analysis technique

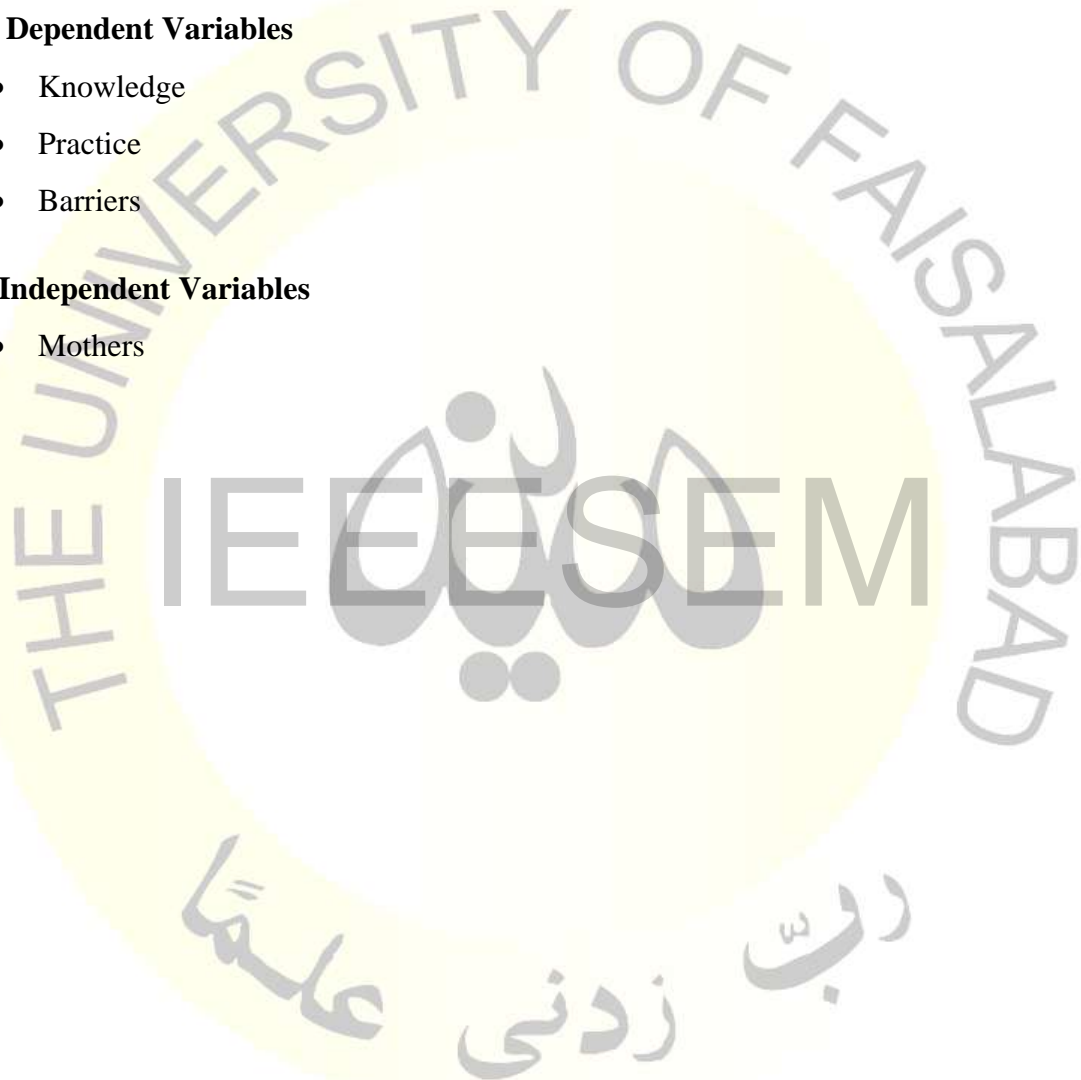
Data was processed by using the software Statistical Package for Social Science (SPSS) Version 20. Descriptive statistics were used to describe all variables like mean, median, mode, standard deviation, percentage.

3.11 Dependent Variables

- Knowledge
- Practice
- Barriers

3.12 Independent Variables

- Mothers



Chapter 4 Results

Table 1: Sociodemographic Characteristics

Variables	Frequency (n)	Percentage (n)%
1. What is your age?		
18years-24years	10	15.2
25years-34years	33	50.0
35years-44years	21	31.8
45years-55years	2	3.0
2. How much your Monthly family income is [in rupees]?		
less than 15000	32	48.5
15000-24000	22	33.3
25000-39000	2	3.0
60000	6	9.1
Refuse	4	6.1
3. What is your Education Level?		
0	12	18.2
5	8	12.1
8	11	16.7
10	15	22.7
12	9	13.6
14	10	15.2
16	1	1.5

4. What is your husbands' occupation?		
Labor	28	42.4
government service	5	7.6
private service	17	25.8
Driver	4	6.1
business man	8	12.1
Farmer	2	3.0
Late	2	3.0
5. What is your occupation?		
Housewife	54	81.8
government servant	1	1.5
Labor	1	1.5
private servant	10	15.2
6. In which type of area you lived?		
Urban	42	63.6
Rural	24	36.4

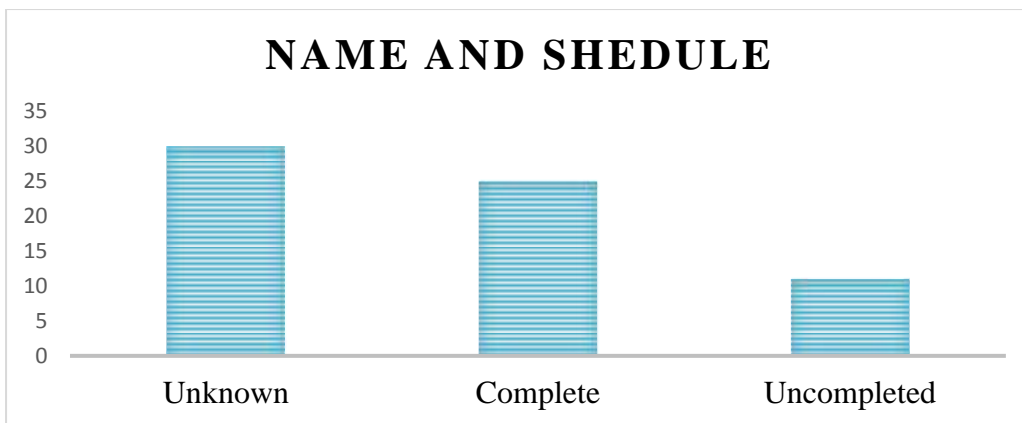
Table.1 shows the socio-demographic data of the participants. 10 (15.2%) mothers are 18-24 years old, 33(50%) are 25-34 years old, 21 (31.8) are 35-44 years old and 45-55 years old were 2 (3%) only. While taking income in account 32 (48.5%) participants have monthly income less than 15000, 22 (33.3%) have income 15000-24000rupees, 2(3%) participants have income 25000-39000 rupees, 6 (9.1%) participants have income 60000 rupees and 4 (6.1%) participants refuses to share their monthly income.

Knowledge

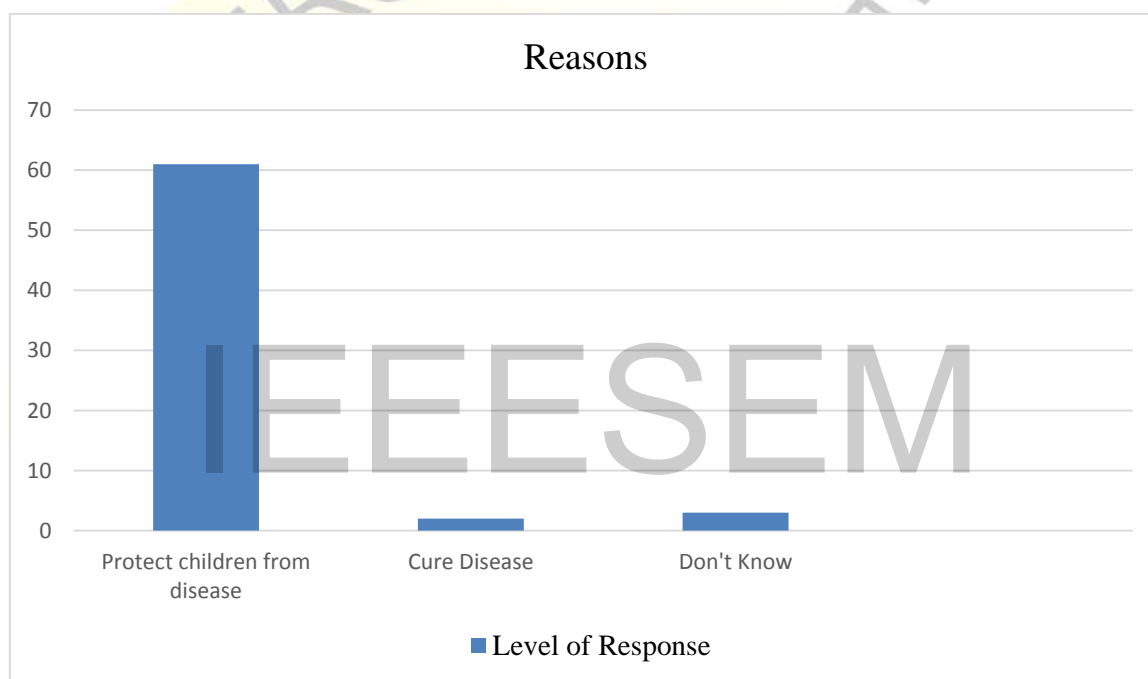
Variables	Frequency (n)	Percentage (n)%

1. Tell the name of vaccine and its schedule?		
Unknown	30	45.5
Complete	25	37.9
Uncompleted	11	16.7
2. State reasons to immunize children?		
Protect children from disease	61	92.4
Cure disease	2	3.0
Don't know	3	4.5
3. Do you know when the next vaccination date is for your child?		
Know	53	80.3
Don't-know	13	19.7
4. Name six common diseases of childhood?		
0	16	24.2
2	15	22.7
3	13	19.7
4	13	19.7
6	9	13.6

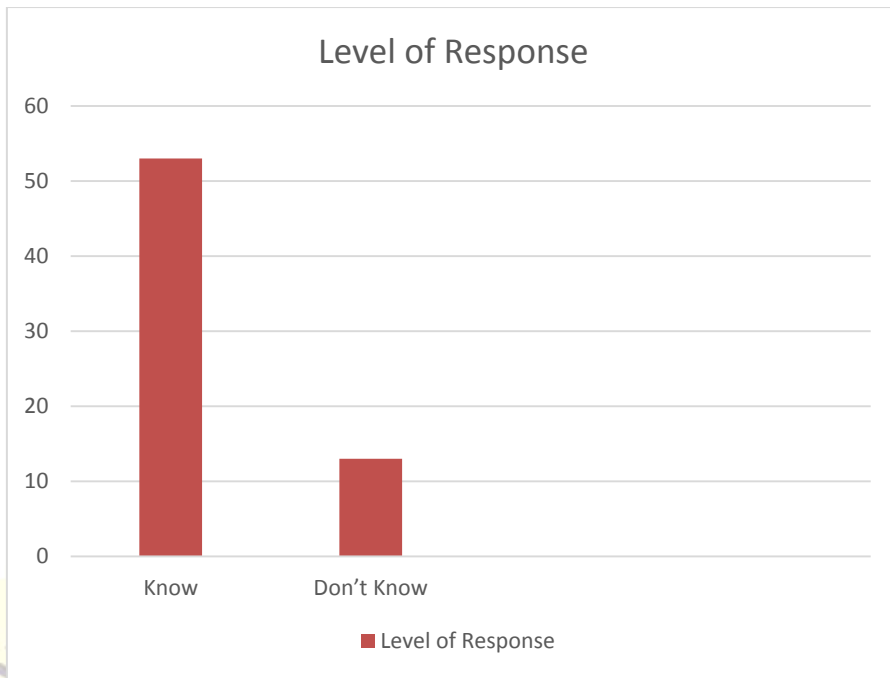
1. Name six common diseases of childhood?



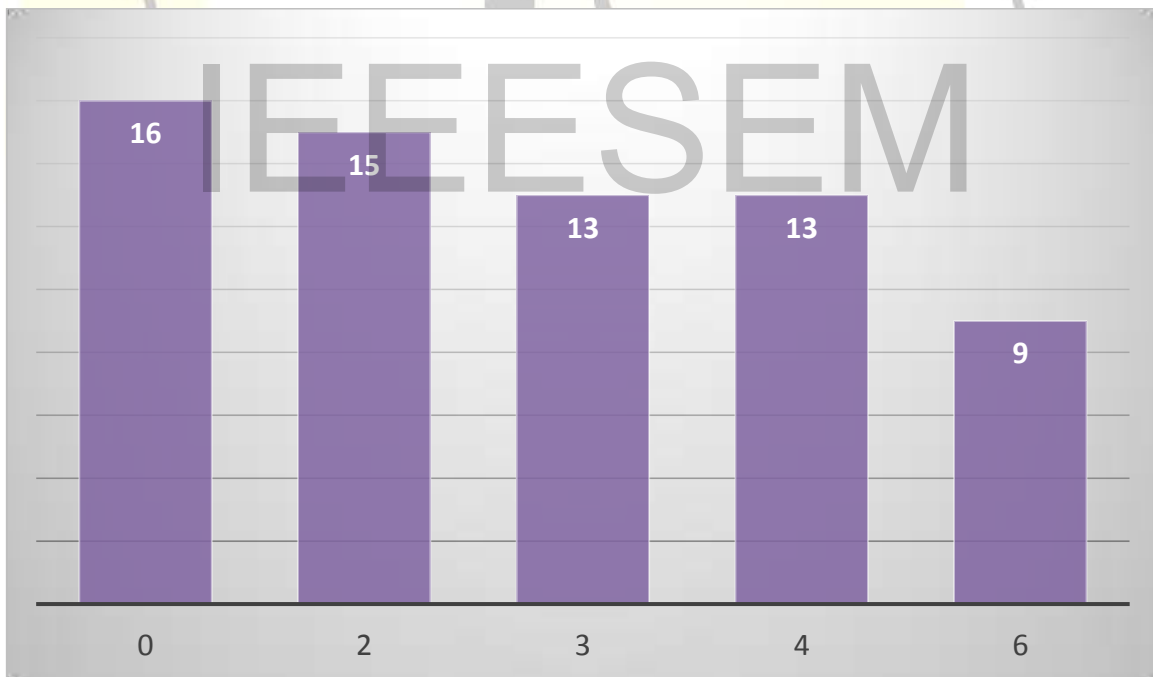
2. State reasons to immunize children?



3. Do you know when the next vaccination date is for your child?



4. Name six common diseases of childhood?



Practice

Variables	Frequency (n)	Percentage (n)%
1. Would you vaccinate with fever (>38°C)?		
Yes	24	36.4
No	42	63.6
2. BCG Scar present on children arm.		
Yes	58	87.9
No	8	12.1
3. Do you regularly immunize your children?		
Yes	55	83.3
No	6	9.1
some times	5	7.6
4. Are you maintaining a document for vaccination?		
Yes	62	93.9
No	4	6.1

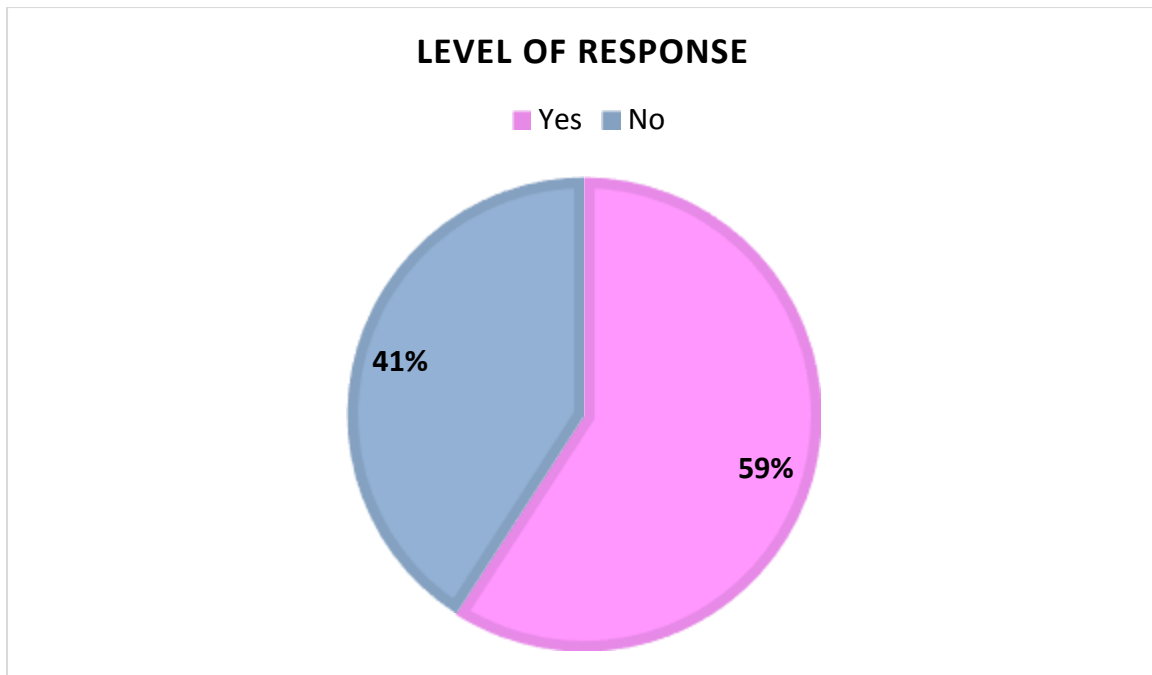
<p>5. Whether the child was vaccinated immediately after birth (BCG)?</p> <p>Know</p> <p>Don't know</p>	<p>58</p> <p>8</p>	<p>87.9</p> <p>12.1</p>
<p>6. Will you manage swelling by cold compress?</p> <p>Yes</p> <p>No</p>	<p>54</p> <p>12</p>	<p>81.8</p> <p>18.2</p>
<p>7. Will you advise your relatives and family to immunize their children?</p> <p>Yes</p> <p>No</p>	<p>61</p> <p>5</p>	<p>92.4</p> <p>7.6</p>

Risk Factors

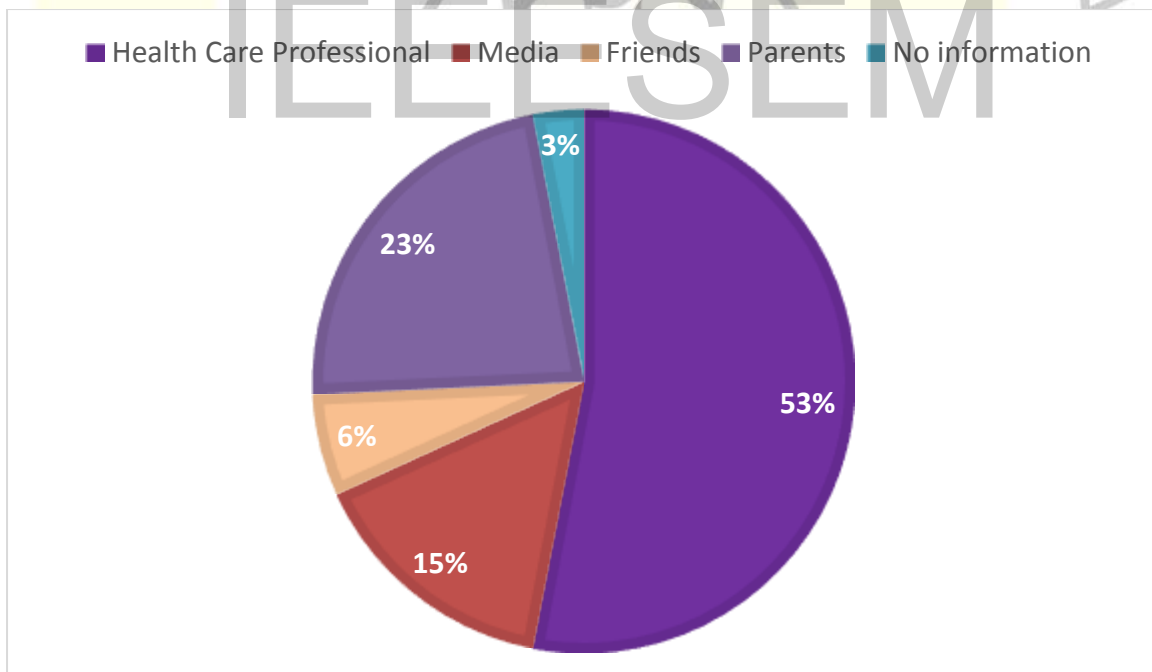
Variables	Frequency	Percent
1. Misconception about the side effects of EPI vaccines?		
Yes	39	59.1
No	27	40.9
2. Which of the following sources of information would you consider most influential to your decision making regarding vaccination?		
Healthcare Professional	35	53.0
Media: TV, radio, newspapers, magazines	10	15.2
Friend, family members	4	6.1
Parents	15	22.7
No information	2	3.0
3. Did you know that immunization cause infertility or brain damage?		
Yes	8	12.1
No	41	62.1
Don't know	17	25.8
4. Did you feel any difficulties in vaccination your child?		
Nothing	50	75.8
Center is far	12	18.2
Team does not visit	4	6.1

5. What do you feel when vaccinating your child?		
Safe	61	92.4
Fear	5	7.6
6. Is it easy for you to find time for vaccination?		
Yes	63	95.5
No	30	4.5
7. Your husband or family Discourage you?		
Yes	25	37.9
No	41	62.1
8. If you had a new baby girl, would you want to get all immunizations?		
Yes	59	89.4
No	2	3.0
Does not matter	5	7.6

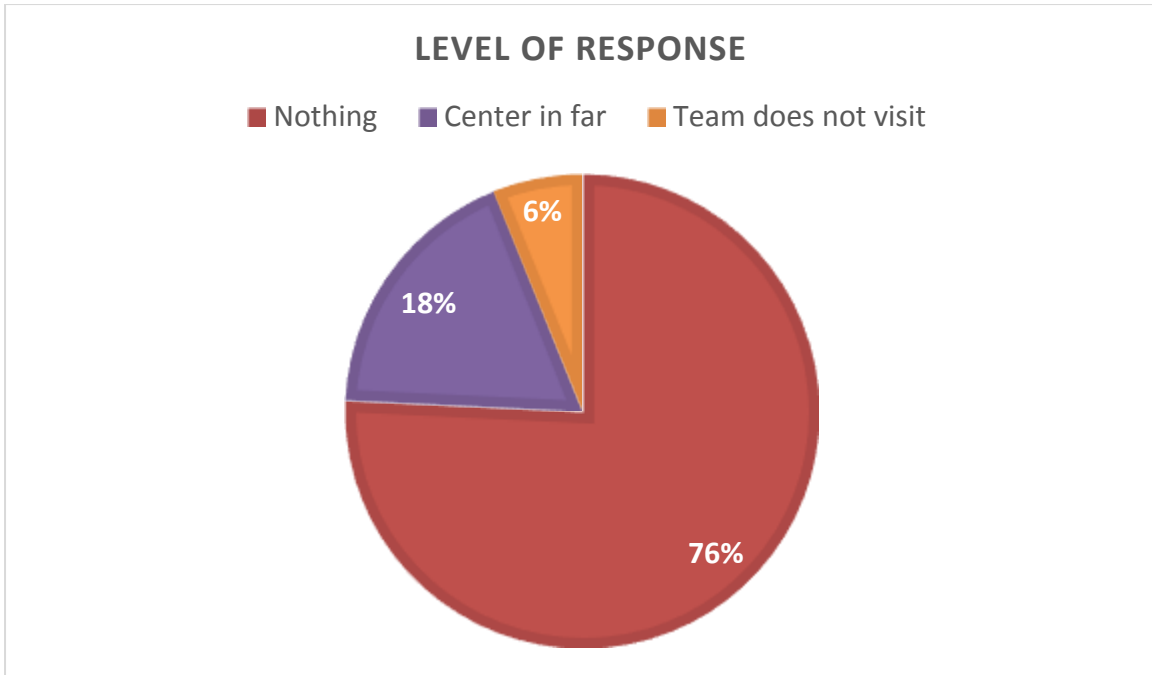
1. Misconception about the side effects of EPI vaccines?



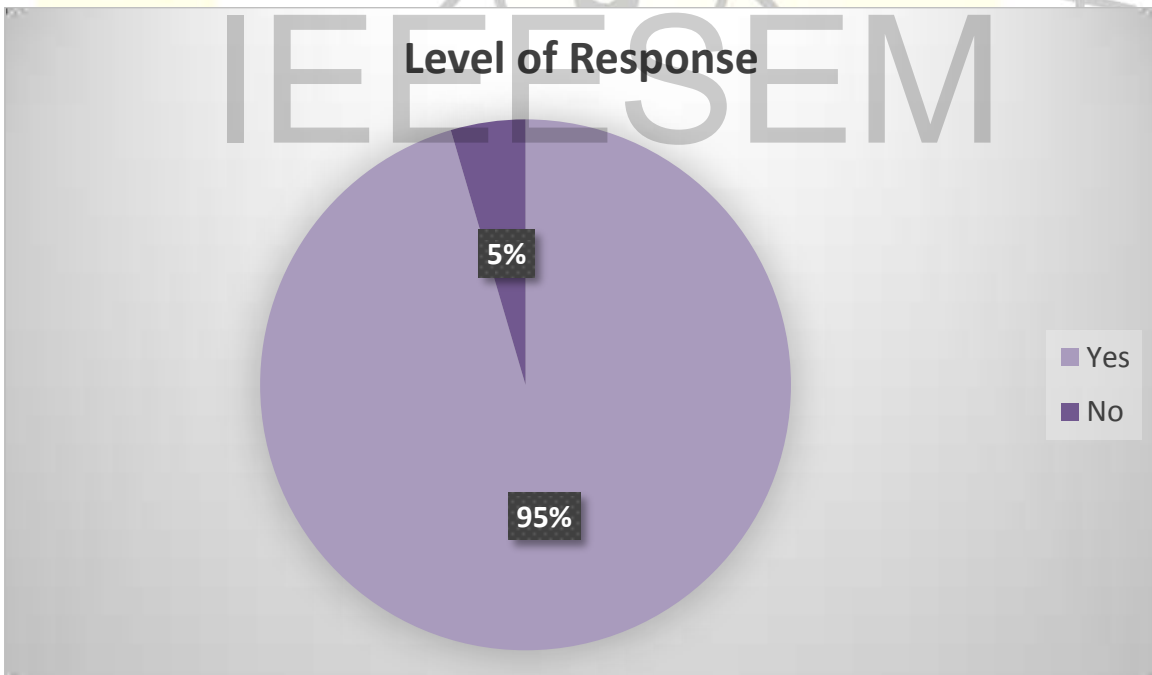
2. Which of the following sources of information would you consider most influential to your decision making regarding vaccination?



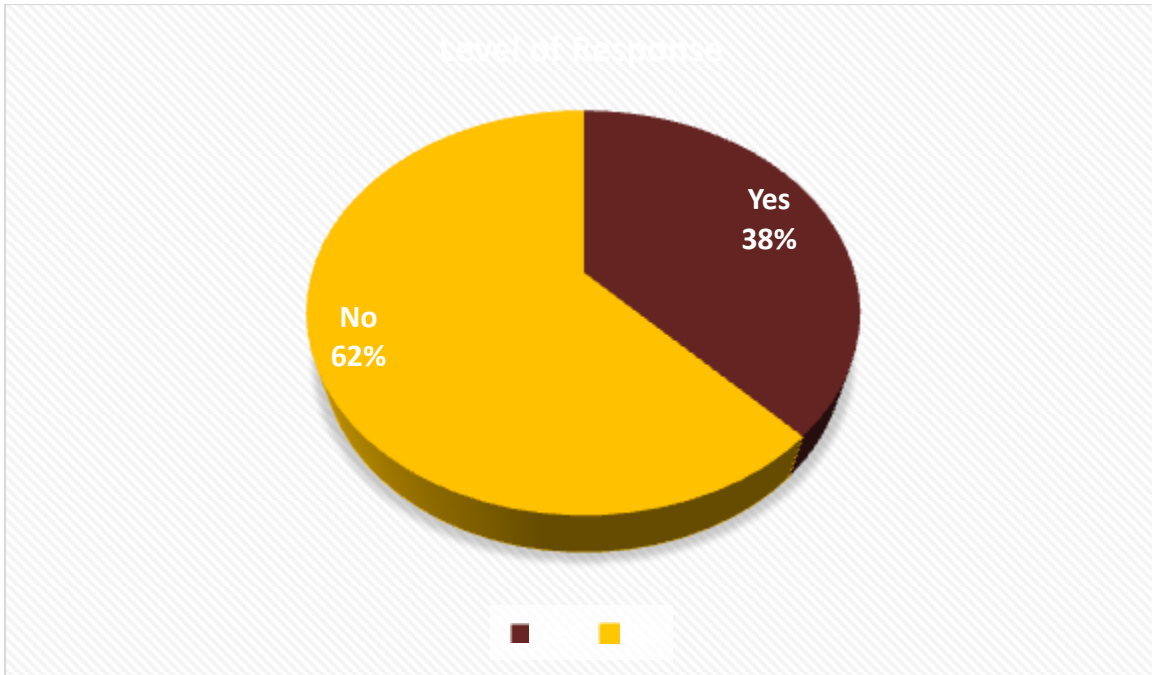
5. Did you feel any difficulties in vaccination?



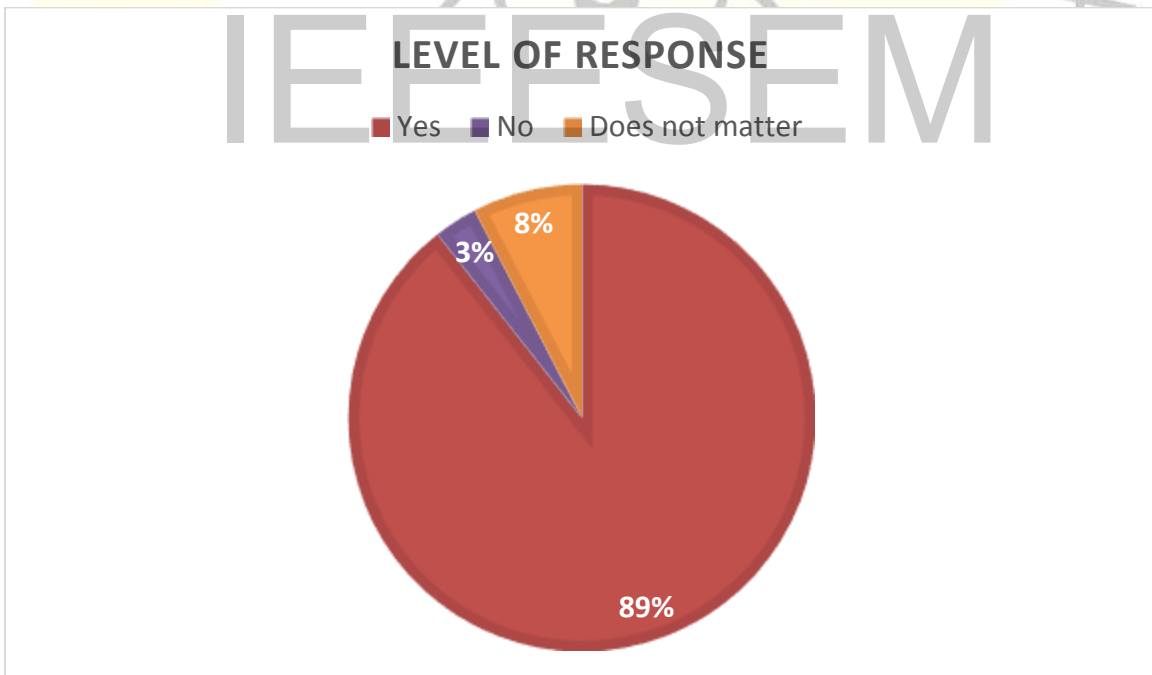
6. Is it easy for you to find time for vaccination?



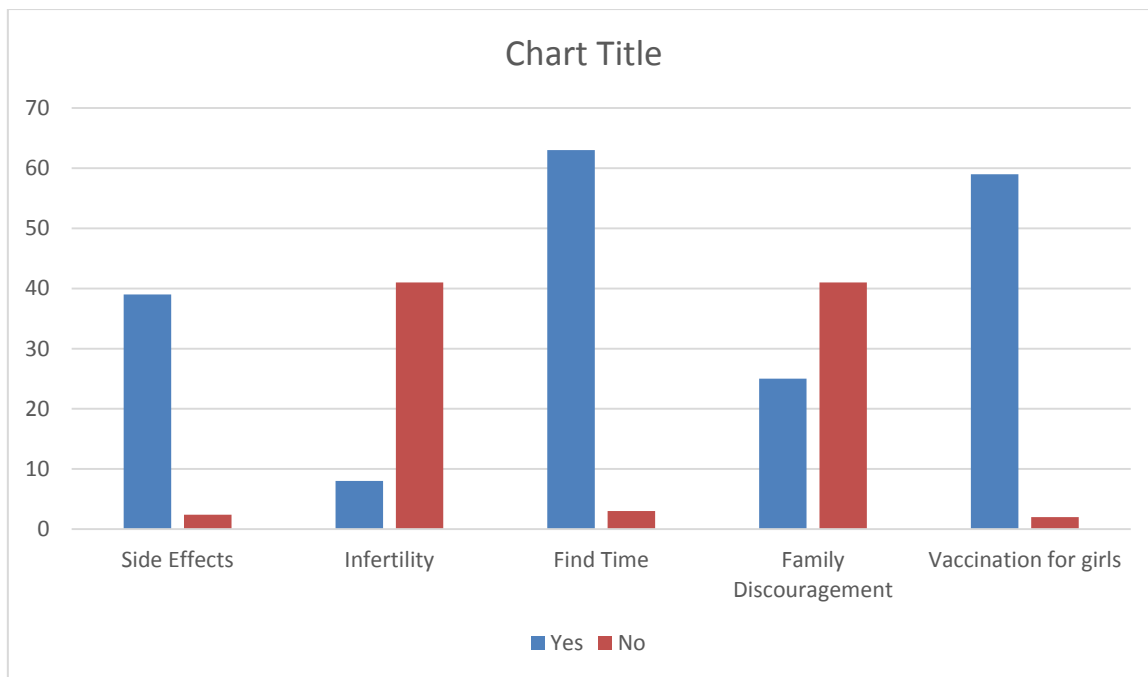
7. Your husband or family Discourage you?



8. If you had a new baby girl, would you want to get all immunizations?

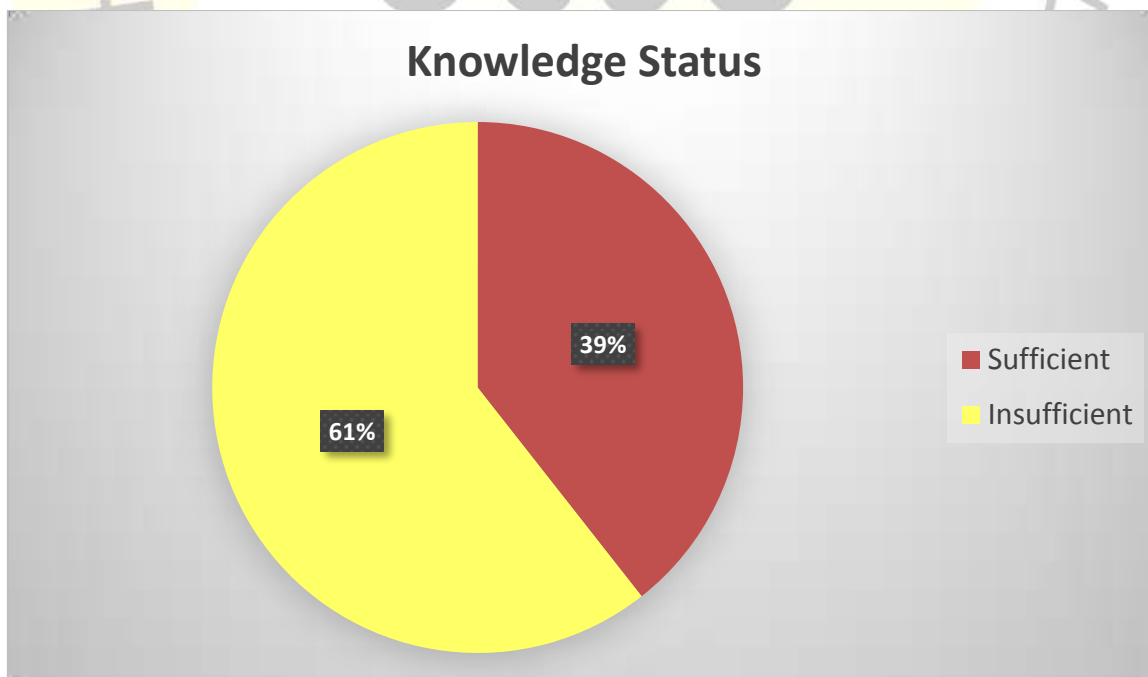


Combined Graph



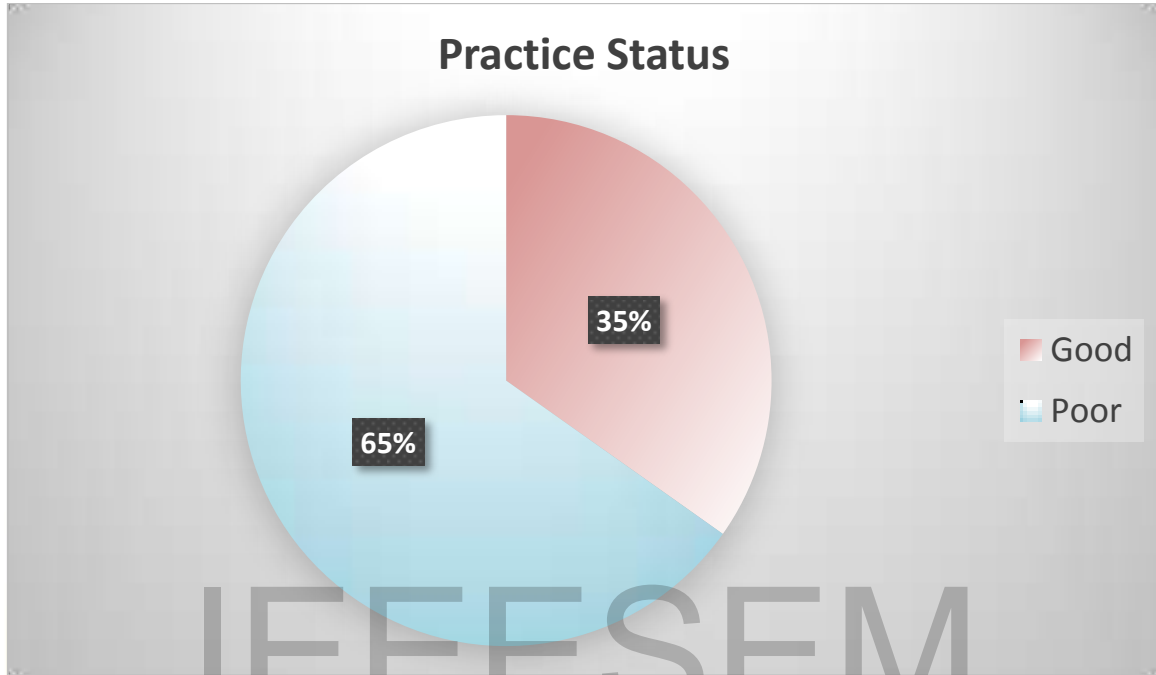
Knowledge Status

Variables	Frequency	Percent
Sufficient	26	39.4
Insufficient	40	66.6



Practice Status

Variables	Frequency	Percent
Good	23	34.8
Poor	43	65.2



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Chapter 5 Discussion

Present study findings revealed that although most of the mothers interviewed were not aware of all the EPI diseases, but immunization rate reported was not as poor as their knowledge.

According to this study 26 (39.4%) participants have sufficient knowledge and 40 (66.6%) participants have insufficient knowledge. 35 (53%) participants acquire information from health care professionals. 23 (34.8%) participants have scored good practice and 43 (65.2%) participants have poor practice. 62 participants (92%) mothers have child's vaccination card, and 58(87.9%) mothers have vaccinated their child immediately after birth and child have BCG scar while 8 (12.1%) mothers don't know about first vaccination of their child.

There are no barriers found but 39 (59.1%) participants talk about misconceptions regarding side effects of EPI vaccination however, maternal education was significantly associated with the completion of child immunization, it is also believed that higher level of education, higher the proportion of children who were fully immunized. Educated mothers were more conscious about their children's vaccination as compare to the uneducated mothers.

Education of participants of current study was; 12 (18.2%) mothers were uneducated, 15 (22.7%) participants were metric passed, 9 (13.6%) have done intermediate, 10 (15.2%) have graduated, 8 (12.1%), 11 (16.7%) mothers have passed primary and middle standards respectively. Moreover, mother's occupation was not associated with immunization status in current study. 54 (81.8%) women were housewife, 10 (15.2%) women were doing jobs in private sector, 1 (1.5%), 1. (1.5%) were labour and government servant respectively.

On the other hand, study conducted in India, revealed that 30% of mothers had poor knowledge, 43.4% of mothers had average knowledge, 23.4% mothers had good knowledge and 3.3% of mothers had excellent knowledge. Whereas 33.3% participants said that health care professionals as a source of information (Jose, Lobo, & GS, 2013)

Similarly, a study conducted in Guatemala's in 2014 shows mothers' positive attitude towards child vaccination, out of 1532 (96.2%) participants 831(95.8%) mothers had no vaccination card while 701(96.7%) mothers have their child's immunization card (Barrera, Trumbo, Bravo-Alcántara, Velandia-González, & Danovaro-Holliday, 2014). While talking about BCG scar another study conducted in Karachi that shows same results as this study 145 (87.8%) child have vaccinated immediately after birth (Gull & Khalil,2016).

Although study conducted in peri-urban Karachi previously revealed similar results regarding mothers education level and also their occupation, 117 (55.7%) of women were illiterate, 73 (34.8%) have completed their 1 to 10 years of schooling and 20 (9.5%) of mothers have done intermediate, graduation and others. This study also revealed same results in context of mothers' occupation 198 (94.3%) were housewives, 5 (2.4%) of females were doing government service, 6 (2.9%), 1 (0.4%) were skilled labour and labour respectively (Siddiqi, Siddiqi, Nisar, & Khan, 2010).

Some previous studies showed different barriers incorporated in vaccination such as gender discrimination, insufficient time, family discouragement, and unawareness (Joseph, Devarashetty, Reddy & Sushma, 2015). However current study revealed such barriers were no longer participatory except misconceptions about side effects of vaccinations.

Limitations

- One of the limitations of the study was that a self-developed questionnaire was used to assess knowledge rather than a more detailed tool.

Strength

- One of the major strengths of our study is that it is community based.
- As this study encompasses both vaccinated and unvaccinated subjects, it allows the comparison between two distinct groups and can therefore help in devising ways to improve coverage.



Conclusion

The study concluded that the knowledge of mothers regarding immunization is inadequate. However, their children's vaccination status is influenced more by their educational attainment rather than by their knowledge.

Recommendations

- Healthcare professionals should promote vaccination of children.
- Convincing and educating family members regarding immunization of children and follow-up with parents regarding a second shot for their children will further improve vaccination rates in Pakistan.
- Healthcare institutes should conduct educational sessions to overcome misconceptions about immunization.



Permission Letter



The University of Faisalabad

EMPOWERING THE YOUTH FOR A PROSPEROUS PAKISTAN

The AMS/ Director Nursing,

September, 2019

School of Nursing,

Madinah Teaching Hospital, FSD

Subject: Permission to conduct research at Madinah Teaching Hospital

Respected Madam,

We (Faiza Ashraf, Sidra Khalid, Farhat Gull) are students of 8th semester BS Nursing, going to conduct the research study "To assess the knowledge, practice and barriers in immunization of children under five years of age at Madinah Teaching Hospital, Faisalabad". The aim of this study is to improve the awareness and practice of mothers regarding immunization and to overcome barriers.

The data will be collected by questionnaire in two weeks after taking written informed consent from each participant. We humbly request your permission to conduct this study on nurses of Madinah Teaching Hospital. We shall be very grateful if an opportunity will be given to us for learning purpose.

Looking forward to your positive response.

Vice Principal, School of Nursing
Madinah Teaching Hospital, FSD
FSD

Deputy Director Nursing,
Madinah Teaching Hospital,

Consent Form (English)

Informed Consent for Research Study

Venue: Madinah Teaching Hospital FSD

I am student of BSN 8th semester working on a research project

“Assess the Knowledge and practice and barriers in immunization of children under five”

Purpose of Study:

You are being asked to participate in research study to ASSESS THE KNOWLEDGE AND PRACTICE AND BARRIERS IN IMMUNIZATION OF CHILDREN UNDER FIVE.

Study Procedure:

You are asked to fill questionnaire consist of 25 questions, this will take about your 10minutes

Probable Risk: No probable risks are involved in this study.

Benefits to the subjects:

I expect this research project will help you to improve knowledge and practice regarding nosocomial infection control measures.

Research Participant's Right:

You are indicating that you have read all of the above conditions and you voluntarily participating in this study. Sign below if you are agreeing to participate in the following research

Rights of Confidentiality

Withdraw from study at any time without any consequences

Signature: _____

Date: _____

Consent Form (Urdu)

ریسرچ کے لیے اجازت نامہ

جگہ: مدینہ ٹیچنگ ہسپتال

ہم بی ایس سی نرسنگ کی طالبات ہیں اور درجہ ذیل عنوان کے ساتھ ریسرچ پروجیکٹ پر کام کر رہی ہیں۔ "حفاظتی ٹیکوں کے متعلق والدین کے علم، تجربات اور ہونے والی متعلقہ روکاوٹوں کا جائزہ۔"

اس جائزے کا مقصد:

آپ کو اس جائزے میں حصہ لینے کے لیے درخواست کی جا رہی ہے تاکہ ہم حفاظتی ٹیکوں کے متعلق والدین کے علم، تجربات اور ہونے والی متعلقہ روکاوٹوں کا جائزہ لیں سکیں اور ان روکاوٹوں پر قابو پانے کے لیے حتمی اقدامات پیش کریں گے۔

جائزے کا طریقہ کار:

آپ کو بتیس سوالات پر مشتمل ایک فارم دیا جائے گا اس فارم کو آپ کے دس منٹ درکار ہیں۔

ممکنہ خطرے:

اس مطالعہ میں کوئی بھی ممکنہ خطرات موجود نہیں ہیں۔

جائزے کے فوائد:

ہم یہ توقع کرتے ہیں کہ ہمارا یہ ریسرچ پروجیکٹ حفاظتی ٹیکوں کے متعلق والدین کے علم، تجربات کو بڑھانے اور ہونے والی روکاوٹوں پر قابو پانے کے لیے فائدہ مند ہو گا انشاء اللہ۔

رازداری کے حقوق:

آپ کی تمام معلومات کو راز رکھا

جائے گا اور اگر آپ کو نیکو شہم محسوس کرینتو آپ کسی بھی وقت بغیر کسی نتیجے کے مطالعے سے دستبردار ہو سکتے ہیں۔

آپ رضامند ہیں کہ آپ نے مذکورہ بالا تمام شرائط کو پڑھ لیا ہے اور آپ اس مطالعہ میں رضاکارانہ طور پر حصہ لیتے ہیں۔ اگر آپ مندرجہ ذیل تحقیق میں حصہ لینے پر راضی ہیں تو نیچے دستخط کریں۔

دستخط:

فارم پر کرنے کی تاریخ: _____

Questionnaire (English)

Demographic

9. What is your age?

- 18–24 years
- 25–34 years
- 35–44 years

- 45–54 years

10. How much your Monthly family income is [in rupees]?

- <15,000 PKR
- 15,000–24,999PKR
- 25,000–39,999PKR
- 40,000–59,999PKR
- 60,000 PKR
- Did not want to share

11. What is your Education Level?

- Primary or less
- Middle
- High
- Inter
- Graduation
- others (please specify.....)

12. What is husbands' occupation?

- Unskilled labor
- Government service
- Private Service
- Driving
- Business man
- Farmer/agriculture

13. What is Your occupation?

- Housewife
- Skilled labor
- Government service
- Labor
- Private service

14. In which type of area you lived?

- Urban
- Rural

Knowledge

15. Tell the name of vaccine and its schedule?

- Not aware
- Partially aware
- Completely aware

16. State reasons to immunize children?

- Protect children from disease
- Promote child's growth
- Strengthen/improve child's health
- Treat/cure disease
- Don't know

17. Do you know when is the next vaccination date for your child

- Know
- Not know

18. Name six common diseases of childhood?

- None
- Two
- Three
- Four
- Six

Practice

19. Would you vaccinate with fever ($>38^{\circ}\text{C}$)?

- No
- Yes

20. BCG Scar present on children arm.

- Yes
- No

21. Do you regularly immunize your children?

- Yes
- No
- Partially

22. Are you maintaining a document for vaccination?

- Yes

- No

23. Whether the child was vaccinated immediately after birth (BCG)?

- Know
- Not know

24. Will you manage swelling by cold compress?

- Yes
- No

25. Will you advise your relatives and family to immunize their children?

- Yes
- No

Risk Factors

26. Misconceptions about the side effects of the vaccines?

- Yes
- No

27. Which of the following sources of information would you consider most influential to your decision making regarding vaccination?

- Healthcare Professional
- Media: TV, radio, newspapers, magazines
- Friend, family members
- The internet
- Other (please specify.....)
- Do not get knowledge

28. Did you know that immunization cause infertility or brain damage?

- Yes
- No
- Do not know

29. Do you feel any difficulty in vaccination of your child?

- Nothing
- Vaccination center is far.
- Team does not visit in my area.
- Something else

30. What do you feel when vaccinating your child?

- Safe
- Fear

31. Is it easy for you to find time for vaccination?

- Yes
- No

32. Your husband or family Discourage you?

- Yes
- No

33. If you had a new baby girl, would you want to get all immunizations?

- Yes
- No
- Dose not matter

Questionnaire (Urdu)

بنیادی سوالات

(1) آپ کی عمر کتنی ہے؟

1. 18-24 سال
2. 25-34 سال
3. 35-44 سال
4. 45-55 سال

(2) آپکی ماہانہ آمدنی کتنی ہے؟

1. 15000 سے کم
2. 15000-24000 روپے
3. 25000-39000 روپے
4. 40000-59000 روپے
5. 60000 روپے
6. میں بتانا نہیں چاہتی

(3) آپکی تعلیم کتنی ہے؟

1. پرائمری
2. غیر تعلیم یافتہ
3. مڈل
4. ہائی
5. انٹرمیڈیٹ
6. گریجویٹ
7. کچھ اور _____

4) آپکے شوہر کا پیشہ کیا ہے؟

1. ماہر مزدور
2. سرکاری ملازم
3. پرائیویٹ ملازم
4. ڈرائیور
5. کاروباری آدمی
6. کسان

5) ماں کا پیشہ کیا ہے؟

1. گھریلو عورت
2. ماہر مزدور
3. سرکاری ملازم
4. مزدور
5. پرائیویٹ نوکری

6) آپ کس طرح کے علاقہ میں رہتے ہیں؟

1. شہری
2. دیہاتی

معلوماتی سوالات

7) حفاظتی ٹیکوں کے نام اور شیڈول بتائیں؟

1. نامعلوم
2. مکمل معلومات
3. آدھی معلومات

8) حفاظتی ٹیکے کیوں ضروری ہیں؟

1. بچوں کو بیمار سے بچاتے ہیں
2. بچوں کی صحت بڑھاتے ہیں۔
3. بیماریوں کا علاج کرتے ہیں۔
4. نہیں جانتی

9) کیا آپ جانتی ہیں کہ آپ کے بچے کے حفاظتی ٹیکے کی اگلی تاریخ کونسی ہے؟

1. جانتی ہیں
2. نہیں جانتی

10) بچوں کو عام طور پر ہونے والی چھ بیماریوں کے نام بتائیں؟

1. کوئی نہیں
2. دو

3. تین
4. چار
5. چھ

11) کیا آپ حفاظتی ٹیکوں سے ہونے والے نقصانات کے بارے میں جانتی ہیں؟

1. ہاں
2. نہیں

12) آپ کے حفاظتی ٹیکوں سے متعلق فیصلے پر سب سے زیادہ کس کی دی ہوئی معلومات نے اثر کیا؟

1. ڈاکٹر اور نرسز
2. ٹی وی، ریڈیو، اخبار
3. دوست اور رشتہ دار
4. انٹرنیٹ
5. دوسرے ذریعے
6. کوئی معلومات نہیں
7. والدین

13) کیا آپ جانتی ہیں کہ حفاظتی ٹیکوں کی وجہ سے دماغی کمزوری یا خاندانی منصوبہ بندی ہوتی ہے؟

1. ہاں
2. نہیں
3. نہیں جانتی

عملی سوالات

14) آپ کو حفاظتی ٹیکے لگوانے میں کونسی مشکلات کا سامنا کرنا پڑتا ہے؟

1. کوئی نہیں
2. حفاظتی ٹیکوں کا مرکز دور ہے۔
3. ٹیم ہمارے علاقہ میں نہیں آتی۔
4. کچھ اور _____

15) کیا آپ 100 سے زیادہ بخار میں حفاظتی ٹیکے لگوانیں گی؟

1. ہاں
2. نہیں

16) (بی سی جی) حفاظتی ٹیکہ کا نشان موجود ہے؟

1. ہاں

2. نہیں

17) کیا آپ بچے کو باقاعدگی سے حفاظتی ٹیکے لگواتی ہیں؟

1. ہاں

2. نہیں

18) کیا آپ کے پاس حفاظتی ٹیکوں کا کارڈ ہے؟

1. ہاں

2. نہیں

19) کیا بچے کی پیدائش کے فوراً بعد اسے حفاظتی ٹیکہ لگوایا تھا؟

1. جانتی ہیں

2. نہیں جانتی

20) کیا آپ حفاظتی ٹیکوں سے ہونے والی سوجن پر برف کا استعمال کرتی ہیں؟

1. ہاں

2. نہیں

21) اپنے بچے کو حفاظتی ٹیکہ لگواتے وقت آپ کیا محسوس کرتی ہیں؟

1. محفوظ

2. خوف اور ڈر

22) کیا آپ بچے کو حفاظتی ٹیکہ لگوانے کے لیے باآسانی وقت نکال لیتی ہیں؟

1. ہاں

2. نہیں

23) کیا آپ کے بچے کا مدافعتی نظام اتنا مضبوط ہے کہ اُسے حفاظتی ٹیکوں کی ضرورت نہیں ہے؟

1. ہاں

2. نہیں

24) اگر آپ کے گھر بیٹی پیدا ہوئی ہے تو کیا آپ نے اس کو حفاظتی ٹیکے لگوائیں گی؟

1. ہاں

2. نہیں

3. کوئی فرق نہیں پڑتا

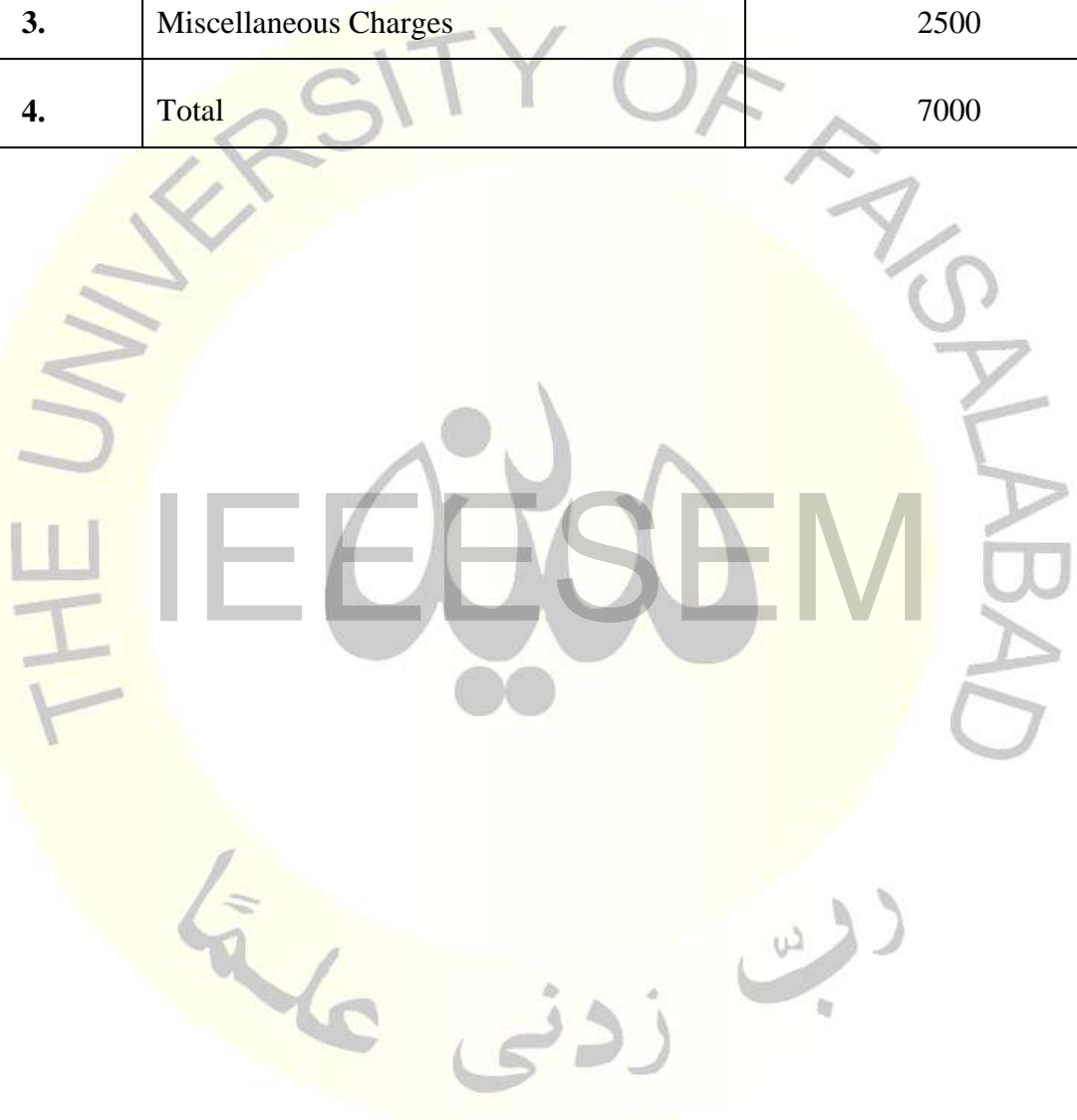


Work Plan

Project Procedure	August 2019	September 2019	October 2019	November 2019
Literature Review				
Questionnaire				
Data Collection				
Data Analysis				
Results				
Project Writing				
Submission of Project				

Budget

Sr. No.	Expenditure	Cost
1.	Refreshment	2000
2.	Stationary	2500
3.	Miscellaneous Charges	2500
4.	Total	7000



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