

CHAPTER IV

Data exercise

4.1 Introduction

The purpose of the study is to increase the immunization coverage in the under five population of the Dang district of Nepal. An immunization services will be provided through the maternal and child health workers. They will be trained for EPI program and services in July 1998 and program will be implemented from Aug, 1998 to July, 1999.

Supervision and monitoring will be done trimesterly and impact evaluation will carried out after completion of one year of program. Focus group discussion, Survey questionnaire and official statistics will be used to evaluate the impact of program.

Impact evaluation will mainly answer the questions, such as how regularly maternal and child health workers are doing the house hold visits, is their any changes has occur in their attitude and behavior, are the clients are satisfied with the services provided by them, are mothers have gained the knowledge regarding merit of immunization , immunization schedule and minor side effects.

4.2 Technique of data collection

1. Official statistics
2. Focus group discussion with
 - a. Maternal and child health workers
 - b. Female community health volunteer
 - c. Mothers group (having child under five year of age)
3. Observation of the working skill of maternal and child health worker
4. Survey questionnaire

4.3 Objective of the data collection

Data exercise was done in Phahurat, Bangkok, to fulfill the following objectives:

- I. Refine data collection methods
- II. Develop data collection instruments

This will help to learn more about qualitative research techniques, as well as perception of the health workers and views of the mothers of the under five children.

4.4. Data collection procedure:

4.4.1. Field preparation

Phahurat is chosen for data exercise because sample population for data exercise were likely to same age and ethnic group as in Nepal. The necessary discussion and guideline for focus group discussion were prepared prior to visiting the field for data exercise.

I visited to Phahurat twice, the first visit on 31 Jan, 1998 and second visit on 8 Jan, 1998 for data collection. Many Nepali speaking people lives in this area. They have migrated from Burma.

For focus group discussion consent of the participant and prior information about time, date and venue is necessary. Therefore, I contacted and discussed with a mothers of under five child in Phahurat during my first visit. I took their consent and informed about thesis topic, purpose of the data exercise, place for gathering, number of participants needed for discussion and other facilities required for this procedures. After discussion with other familiar women to this area, I fixed time, date. venue and number of participants needed for discussion.

4.4.2 Sampling:

The required number of participants for the focal group discussion was selected purposively among the mothers of under five children . There were seven likely the similar sample population in the discussion

4.4.3 Duration:

I visited to Phahurat on 8 Jan, 1998 as fixed schedule for data exercise. Discussion started at 2.30 PM and concluded at 4.PM. Number of participants were seven.

4.5 General characteristic of participants:

Seven women, mothers of under five children, all Nepali speaking were participants in the focus group discussion. Age of the participants were between 18-32 years and all have the same Hindu religion. These peoples are living here in Thailand since last 5 to 20 years. Educational level was same, all had completed primary level of education but, no one had passed secondary level.

4.6 Field activities:

According to fixed schedule on Jan 8, 1998 we gathered in a Nepali hotel in Phahurat, Bangkok for focus group discussion. There were seven participants with their child, one female moderator, a note taker and myself attended the session from 2.30 PM to 4.00PM. The moderator was Nepali female, student of Msc Epidemiology at the Chulalongkorn University, Thailand. She holds the post of Nursing supervisor in the Tribhuvan University Teaching Hospital Kathmandu.

Discussion was started after brief introduction of participants. Moderator leads the discussion according to the guideline prepared for them. Atmosphere of discussion was friendly, two ladies were trying to dominate the other. Most of them seem to enjoy in sharing their own experience regarding immunization services and social beliefs.

At 4 PM discussion was completed and then snacks served, in the last conclusion remarks had given by moderator and finally, small gift had presented to the participant.

4.7 Limitations:

The study is aimed to provide immunization services to the rural community in the Dang district of Nepal, through the trained maternal and child health worker. After one year of program, impact evaluation will be carried out by using survey questionnaire and focal group discussion.

All the participants of the focal group discussion in the Phahurat represents the urban population, Therefore, findings of this discussion may not be like same as rural population of the Nepal. The proposed survey questionnaire technique of data collection could not be conducted here in Thailand, because it will be only carried out at the end of program. Similarly the proposed review of official statistics also could not be done in Thailand due to language problem and it assumed that similar data needed for the proposed study could not be available

The results of the focus group discussion could not be indicated distribution of responses because nature of the data collection technique, focus group discussion is qualitative. A small number of sample are taken for focus group discussion, so that representatives can't be ensured.

4.8 Findings:

I. Knowledge regarding immunization:

All the mothers attending in the focus group discussion were well known about immunization schedule and minor side effects of the vaccine. All had got experience of side effects of vaccines after first time attending the immunization clinic. Health workers were also explained about minor side effects during immunization session.

II. Source of information:

Most of the mothers were informed about immunization needed for their child, from their relatives, friends, neighbor and some were informed by health workers, news papers, radio and television as well. They got information about the age of the child to be vaccinated and where they have to approach for these services. All of them were obtaining immunization services from the Phahurat Health Center.

III. Health workers Behavior

They all visited to the Phahurat Health Center for vaccination to their child. Once a week immunization services are provided by this Health Center. They were dissatisfied with the health workers behavior. Because, health workers always tried to finish their work quickly. They are very reluctant to listen to the

clients problem. But during vaccination they give information about next schedule and minor side effects, that can occur after vaccination, like mild fever and crying of the child due to pain at injection site. They approached to the clinic in the group with the neighbors.

IV. Advantage and disadvantage of immunization

They all were well known about the name of vaccine that had be given to their child. They also explained that, these vaccine will protect their child from the infectious diseases. They told that side effects like fever and pain at injection site are disadvantages of the immunization.

4.9 Discussion:

The all mothers were very curious about discussion regarding the immunization for their child. The awareness about immunization were quite high. They all were well known about vaccines to be given to their child and that can protect them from infectious diseases.

It is found that main source of information about immunization they got from the relatives and friends. The other source of information were neighbors, health workers, news paper, radio and television. This suggests that the clients should be well informed through the health workers with house-hold visits. Although,

other IEC methods like news paper, radio and television has equal importance regarding the immunization message to the community.

Health workers spent less time with clients and behavior was rude in the immunization clinic. However, the client-providers relation is good but, not encouraging the mother to attend the clinic regularly. Therefore, time spending for the clients and behavior of the health worker are very important for completion of immunization course.

Information about advantage and disadvantage play a vital role in the immunization program. They were well known about the advantage of vaccination and that, leads them, to complete the course of immunization of their child. They were fearless about side effects like mild fever and pain caused by injection. Because, they were known to these symptoms which can occur after vaccinations.

4.10 Conclusion:

A clients willingness to take advantage of health services depends to a great extent on the social and cultural context into which they are introduced. since mothers are the primary child care providers in virtually all culture and community, there attitude and practices are likely to be a crucial factor in the optimal use of health services for children. It is not surprising, that, the level of female literacy,

behavior of the service providers, IEC materials and house hold visits by the health workers is a key factor not only in the adoption of modern health care but in child survival in general.

4.11 Lesson learned from focus group discussion:

It was learnt that the focus group discussion is essential for exploring the perception of clients and health care provides about immunization. Thus, focus group discussion technique was incorporated in the proposal which was not originally planned before data exercise. The information emerged from the focus group discussion will be helpful to refine the data collection methods and will strengthen the immunization program.

The competency of the health workers for services, waiting time, place for waiting learnt to be included in the survey questionnaire. The conclusion made from this focus group discussion is not applicable for the proposed study. Therefore, lesson learned from the focus group discussion is incorporated in the proposal.