

**GAPS OF IMMUNIZATION COVERAGE AMONG  
12-23 MONTHS OLD CHILDREN IN  
FOUR PERI-URBAN TOWNSHIPS,  
EAST DISTRICT, YANGON REGION**

**TIN THITSA LWIN  
M.B.,B.S, MPH**

**PhD (PUBLIC HEALTH)  
UNIVERSITY OF PUBLIC HEALTH  
YANGON  
2018**

## ABSTRACT

Every year immunization deters 2 to 3 million infant deaths globally from deadly vaccine preventable diseases. Vaccines save lives, but 1 in 5 children, an estimated 21.8 million infants worldwide, still miss basic vaccines. A cross-sectional analytic study was conducted using quantitative and qualitative method, aiming to identify the gaps of immunization coverage among 12-23 months old children. A total of 680 caretakers were interviewed, using pre-tested, structured questionnaires. In-depth interviews using guidelines were performed among 20 caretakers and four FGDs were also undertaken among midwives from New Dagon; Seikkan, East, North and South Townships, East District, Yangon Region, during July 2017 to May 2018. The findings showed that among 12-23 months old children, there was 84.3% of children received complete immunization, 12.5% of them obtained incomplete immunization and 3.2% did not have any kind of vaccine. More than two third of respondents (74.6%) could show the immunization cards. Immunization drop-out rate was ranging from 6.6% to 12.2%, where BCG to MCV1 had the highest drop-out rates. Only 14.4% of caretakers had high level of overall knowledge of immunization though 97.6% had positive perception to immunization. The binary logistic regression showed that under 40 years old caretakers, index children age above 18 months, richer wealth quintile, more than four AN visits, institutional delivery, high knowledge and positive perception of immunization were the predictors of immunization completeness among 12-23 months old children. The qualitative findings revealed that the barriers for immunization completeness were communication barriers, migration factors, misbelieve on immunization, socioeconomic factor, birth attendant at delivery, family influences, ill child health condition at the time of immunization, difficulty in operating outreach post, community participation, inappropriate proportion of population and midwives, out of pocket expenditure, and difficult to trace the drop out children. Therefore, it is needed to raise the awareness of caregivers on keeping the immunization records and benefits of complete immunization and encourage service providers to immunize children leaving no one behind.