DIFFICULTIES REPORTED BY PARENTS/GUARDIANS FOR THE FULFILLMENT OF THE BASIC IMMUNIZATION OF CHILDREN FROM A NURSERY

ABSTRACT
Objective: to understand the difficulties reported by the parents/guardians for the fulfillment of the basic immunization of children from a nursery. Method: this is a descriptive and exploratory study with a qualitative approach and analysis through the Collective Subject Discourse (CSD) technique, carried out in a public nursery in the city of Recife, Pernambuco, Brazil, with a sample of six parents/guardians of children with vaccine delay, through the recorded interview technique, following a semi-structured script. The research started after the approval by the Research Ethics Committee of Centro Integrado de Saúde Amaury de Medeiros, under the CAEE number 5649.0.000.250-10. Results: the profile of the guarderias delay consisted of young mothers, with a mean of three children, and low socioeconomic level. Among them, knowledge with regard to the immunization of children is superficial; one realizes a detachment between the health professionals and the parents/guardians of the children, something which leads to lack of information. Forgetfulness, superstitions, and fear influence negatively the adherence. The access to the vaccination services is an ease. Conclusion: the study showed the existence of two categories, one that turns the decision of vaccinating more difficult to the parents/guardians, and the second is related to the easiness. There still exist issues which were not demystified: the "pity" of vaccinating, false contraindications, and fear of application errors. There's a need for understanding these difficulties, in order to implement effective policies of vaccination encouragement. The inclusion of the nurse in the nurseries as a health educator is a feasible possibility to guarantee the right of children to vaccination. Descriptors: nurseries; immunization; pediatric nursing; primary health care.

RESUMO
Objetivo: compreender as dificuldades relatadas pelos pais/responsáveis para o cumprimento da imunização básica das crianças na creche. Método: estudo descritivo e exploratório com abordagem qualitativa e análise pela técnica do Discurso do Sujeito Coletivo, realizado numa creche pública da cidade do Recife-PE, Brasil com amostra de seis pais/responsáveis por crianças em atraso vacinal, mediante técnica de entrevista gravada, a partir de roteiro semiestruturado. O estudo teve início após a aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa do Centro Integrado de Saúde Amaury de Medeiros, sob o CAE nº 5649.0.000.250-10, com o Protocolo nº 086/10. Resultados: o perfil dos pais/responsáveis pelas crianças em atraso vacinal foi constituído por mães jovens, com media de três filhos e baixo nível socioeconômico. Entre elas, o conhecimento quanto à imunização das crianças é superficial; percebe-se distância entre os profissionais de saúde e os pais/responsáveis pelas crianças, acarretando desinformação. O esquecimento, superstições e medo influenciam negativamente a adesão. O acesso aos serviços de vacinação é uma facilidade. Conclusão: o estudo demonstrou a existência de duas categorias, uma que dificulta a decisão de vacinar pelos pais/responsáveis, e a segunda está relacionada às facilidades. Ainda existem questões que não foram desmistificadas: a "pena" de vacinar, falsas contraindicações e medo de erros na aplicação. É necessário compreender essas dificuldades, para instituir políticas efetivas de incentivo à vacinação. A inserção do enfermeiro nas creches como educador em saúde é uma possibilidade viável para garantia do direito da criança à vacinação. Descriptores: creches; imunização; enfermagem pediátrica; atenção primária à saúde.

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INTRODUCTION

Women have been gaining their place in society by working out of their homes, contributing to the household budget, or even taking the responsibility of householder; then, the need to find a safe place to leave their children while they work emerges, so they resort to nurseries.1

Nursery is a social institution which, besides enabling a secure and safe environment for children, provides hygiene, feeding, education, and health care, encouraging children’s health promotion.2

Despite the benefits, nursery is a place where many children with different lifestyles get together in the same environment, thus, one may regard children in a nursery environment as a risk group for the disease.3

This way, the unquestionable importance that vaccines have on health protection and prevention of vaccine-preventable diseases presents itself, especially during childhood. Depriving a child from immunization according to the basic vaccination schedule, besides denying a child’s right, can cause serious problems for her/him and her/his family, as it increases the risk of illness and death.4

The Ministry of Health (MH), through the National Immunization Program (NIP), established the vaccination schedule for each age group, where vaccines are applied at public health services, on a systematic and free basis. The strategies developed by NIP aim to achieve its basic operational goal, which is 100% vaccination coverage of children under 1 year old, according to the vaccines provided for in the children’s basic vaccination schedule.5,6 To achieve this aim, NIP, along with the municipal, state, and national health councils, uses health promotion plans to provide the society with a greater understanding on the benefits of vaccines for individual and public health.5

To promote immunization, MH develops encouraging campaigns, many of them divulged through the media, contributing to the work of family health teams, which are strong promoters of this benefit.6,7 However, despite a public policy is already implemented in the various regions of the country, many children still fail to be vaccinated due to many reasons, thus increasing the risk of death and sequels of diseases which could and should be prevented.6,8

The study is justified by the need of understanding why a group of children in a nursery environment still fail to achieve the vaccination goals proposed by the basic vaccination schedule, despite an active network already exists in the children’s health policy. These results allow us to know the reality and weaknesses of these families, and they may provide a basis for the creation of effective action strategies to overcome such difficulties with regard to the correct fulfillment of children’s basic immunization.

Given the above, this study aims to:

- Understand the difficulties reported by parents/guardians for the fulfillment of basic immunization of children from a nursery.

METHOD

Exploratory descriptive research with a qualitative approach. The study site was a public nursery in Recife. Pernambuco, which assists 101 children aged from 0 to 4 years. Data collection was carried out between August and September 2011.

The selection to participate in the study sample was based on a survey of enrolled children who were in vaccination delay; it’s regarded as delay the lack of any vaccine provided for in the children’s basic schedule by NIP. A total of six children in immunization delay was found. The stage of data collection consisted of individual interviews, previously scheduled, applying a semi-structured script to children’s parents and/or guardians.

For organizing and analyzing the material produced in the interviews, it was taken into account, initially, the transcription of interviews, and then the reading of material for identification of key expressions (KEs), central ideas (CIs), and the collective subject discourses (CSDs). The discourses represent the thought of a collectivity with regard to a certain theme. To proceed with ordering, KEs were used as speech excerpts, revealing the main content of the answer, through the set of KEs the CIs emerged, showing in a more synthetic way the meaning of each testimony and each testimony category. From similar KEs and CIs the CSDs were identified, in the first person singular, adding isolated pieces of testimonies in which the thought of a group or collectivity emerges as if it was an individual discourse, where each party recognizes itself as a constituent part of a whole.8,9

The development of this study met the requirements from Resolution 196/96, from the Brazilian National Health Council (NHC), with approval by the Ethics Committee of CISAM/UFPE, under the CAAE 5649.0.000.250-10, according to the Protocol 086/10. All
participating subjects signed the free and informed consent term, after receiving information on the goals, risks, and benefits of the study, becoming aware of secrecy and confidentiality.

RESULTS AND DISCUSSION

The profile of children’s parents/guardians was predominantly made up of mothers, with an average age of 27 years, and the average number of children was three, with low income and education (complete Elementary School) and unemployment. Analyzing the issue, two ICs and their respective DSCs emerged. In the study, two categories emerged, classified with regard to the positive aspects, comprising the easies and benefits reported by mothers to obtain the vaccines, and the negative aspects, related to the difficulties reported by them.

- CI 1 – Eases and benefits to obtain the vaccines reported by mothers

Vaccination is an instrument of control for many diseases, requiring a more active participation of the child’s parents or guardians, in an attempt to comply with the correct enforcement provided for by NIP.5 This will be possible only if parents know how to recognize the importance and purpose of vaccines. The first discourse (CSD 1) addresses the perception of parents or guardians with regard to the importance of vaccination, their level of awareness with regard to the difficulty between a vaccinated and unvaccinated child, the ease of access to vaccination and how they get to know the time to vaccinate their children, as one can see below:

Immunizing is a right to prevent diseases, if a vaccine is lacking, there’s no health. I believe that a child who isn’t vaccinated gets sick more easily, because of low humanity [immunity]. With the vaccine there’s less chance to get sick, it’s like mother’s milk, the person who didn’t nurse gets sick more easily than those who were breastfed. With the vaccine, the child gets coated with bodies [antibodies]. It’s easy to vaccinate, the health unit is close, if I’m passing in front of it and remember that some vaccine is being distributed, then I enter and my child receive it. If I can’t go, I ask my sister or my mother. Where I live, a bicycle with a sound system goes through the street informing the facilities providing vaccination during the campaigns, it’s informed on television, sometimes I see advertisements, pamphlets, but, for instance, these [indicated in the basic schedule] aren’t informed on television. Then, I always look at the card to see if there’s some vaccine. When I take him to vaccinate, the vaccination girl always tells me when I’m gonna give the next one, and she notes on his card the date when he’s gonna be vaccinated again. If it wasn’t this way, I would never be aware […]. (DSC 1)

The discourse reveals that mothers are aware that there’s a need to vaccinate in order to prevent diseases, and also to promote children’s health, confirming that they know the benefits of immunization and the possible risks to their children’s health in case of not obtaining it.10 The act of vaccinating is a preventive action responsible for the decrease of many infectious diseases, ensuring the reduction of child mortality due to diarrheal and respiratory diseases. These are the vaccine-preventable diseases which cause the most severe problems to the health of children, and, when associated to malnutrition, they pose a risk to their lives.4,5 Vaccines prevent the illness and death of millions of people each year, representing the most cost-effective intervention.7

It’s also interesting to highlight that the parents/guardians referred to immunization as a right of children, a fact confirmed by the Brazilian Statute of Children and Adolescents (ECA), article 14, single paragraph: “It’s compulsory to vaccinate children in cases recommended by health authorities”.11,12 As MH is the magnum health authority, it establishes, in its Portaria 1,602/2006, article 4, § 2: “The vaccines that make up the vaccination schedules for children and adolescents, adults, and elderly people, and their respective certificates, will be freely provided by the health units from SUS”.12,1

In 1994, the Family Health Program (FHP) stood out as the main strategy for expansion of primary care, with promotion to family health and, among other goals, it aims to ensure a better access to vaccination.13 Although the program still faces some difficulties and limitations, it was possible to observe the ease of access to vaccination due to the closeness of family health units (FHUs) to the households.14 Thus, the factor “access” is excluded as a difficulty to fulfill the basic vaccination schedule.

Regarding the time to vaccinate and the media used to provide information on vaccination, there was reference to information passed on by the media through advertisements on television networks and outdoor, as well as information contained in the child’s health notebooks. Currently, the child’s health notebook includes, besides immunization, sections such as the graphs to evaluate growth and development, status of the administration of vitamin A and iron, and
guidance to the mother/family/caregiver on the care to the child.4

One observes that the advertisements aired by MH in the mass media have a great influence on the vaccination campaigns and the encouragement to be vaccinated6, but there’s still a deficient media coverage with regard to the vaccines from the basic vaccination scheme. It’s still possible to observe that the child’s health notebook has proven to be an effective tool not only for monitoring children’s health through health professionals, but also as a guide and source of information for parents/guardians, as it could be seen in the first CSD. It’s known that, despite the media coverage and the information contained in the child’s notebook, professional guidance is still a determinant factor to lead the children’s parents/guardians to follow up the vaccination schedules15, especially when it comes to vaccines which aren’t divulged through campaigns in the media. It was observed in CSD 1, which highlights the guidance from the “vaccination girl” with regard to receiving the next vaccines provided for in the vaccination schedule.

In the nursery where the study was carried out, at the time of enrolling students, a copy of the updated vaccination notebook is asked, however, there’s no regular inspection to verify whether the vaccinations are being updated. The nursery professionals are lay people with regard to this issue and they aren’t trained to encourage parents to keep up with the immunization schedule of children. To solve this deficiency, the work of a nursing professional is of paramount importance to the nurseries. From this perspective, children’s parents/guardians rely only on the information received from the FHUs, which are sometimes insufficient and/or not understood by them, as, for instance, information regarding contraindications, delayed doses, potential vaccine reactions, and action to face them, being these some of the difficulties found by parents/guardians to update the vaccination schemes.6,7

♦ C12 – Difficulties related to vaccine adherence reported by mothers

In the analysis, several difficulties were reported by parents/guardians to achieve coverage, highlighting the insufficient guidance from health professionals regarding vaccination and vaccine contraindications, forgetfulness, and the existence of the “pity” to vaccinate, evidenced by CSD 2:

Every week he gets sick, usually he gets flu, and he had a fever on the day of vaccination, then he didn’t take. When I vaccinate him I feel sorry for him, sometimes I ask someone else to get into the room with him, but I’ve never avoided taking him because of it, I know it could damage him. I’m also a little afraid of the vaccine […] People say that if the person applies the vaccine in a wrong way or even out of date it can cause a paralysis in the boy’s leg, he gets a lump in the leg and becomes unable to move. There’s another thing, sometimes I forget […] I’m more forgetful, because I’m going through some personal problems, and I have many boys to care for, then some of them gets sick and you forget about who’s good. (CSD 2)

Initially, one observes in the discourse the account of non-vaccination due to a flu during the vaccination period, but an usual flu is classified as a false contraindication, because it constitutes a mild acute illness when the fever is low.18 These mild illnesses are major causes for missed opportunities to immunization and, as a consequence, for delay in the children’s vaccination scheme.17 The vaccine contraindications top the list of mothers’ doubts, and they may be classified as true or false. One regards as true contraindications: immunosuppression, presence of moderate to severe febrile illness, and severe hypersensitivity reaction to any previous dose.18,9

One may also highlight the detachment between health professionals from the FHU and parents/guardians as a factor for delayed vaccination; there should be a bond between them in order to improve health care. The trust established between them would allow the sharing of personal and/or social information among parents, providing a more integral action in children’s health.15

Another difficulty faced by mothers concerning immunization consists of forgetfulness, as observed in the second discourse. Clearly, the act of vaccinating children depends directly on the decision of parents/guardian to take the child to the basic health units.5 It was also observed that the number of children per family can interfere with a satisfactory action with regard to children’s health.

The existence of the “pity” to vaccinate appears in the discourse, but this didn’t constitute a decisive obstacle to receive the vaccines. The “penalty” seems to arise from the addition of fear to the beliefs, myths and popular superstitions. Mothers still relate fear to adverse effects, misapplication of techniques, and validity of vaccines, but
these information aren’t a source of a connected knowledge, they constitute information that mothers communicate from one to the other, in the “mouth-to-mouth” style.14,20

In face of the discourses, it was possible to verify that, despite their socioeconomic limitations, parents and/or guardians show to have some knowledge with regard to the importance of immunization, both from past experiences and due to some guidance received from professionals at the health units. However, this knowledge is so superficial that it hinders the proper management of the child’s immunization schedule by the family.

CONCLUSION

The study showed that mothers of children in a nursery with delayed immunization present low socioeconomic status and low education, compromising the level of understanding on the aspects of children’s immunization and the knowledge on the immune system physiology, however, they have a superficial and fragmented knowledge, often referring to statements in which they merely reproduce information received in a vertical manner, without establishing an educational action, connected to popular knowledge.

Most of the obstacles leading these families to fail to fulfill the children’s basic vaccination schedule are directly related to detachment in the relationship between community and health professionals, which generates misinformation and/or decontextualized information, and, therefore, noncompliance with vaccination. Although there’s closeness between the basic health units and the households of the study participants, ensuring easy access to vaccination, this still isn’t a guarantee of the coverage recommended.

There’s a clear need to establish a greater bond and confidence in the relationship between health professionals and the community, such an attitude could remedy the difficulties known through this study, superficial knowledge of parents/guardians with regard to immunization, doubts concerning the vaccine contraindications, the “pity”, fear, and superstitions at the time of vaccination. Therefore, the need to propose effective public policies emerges, especially in primary care, focusing on the health care to children, among them immunization As an example, it would be possible to establish a dialogic educational activity based on active listening along with parents and/or guardians, which could be performed by nurses. The work of a nurse as health educator would be crucial in the attempt to solve specific vaccination issues, and, in a broader perspective, with regard to children’s integral health.

The lack of a nurse who engages with issues of child’s health in the nursery leads the guidance concerning immunization to be partially received at basic health units. The inclusion of a nurse in the nurseries would enable a systematic monitoring of children’s growth and development, as well as benefits for their families, the community, and other professionals from the education sector who work there, being undisputed her/his role as health educator. Establishing a favorable attention to a healthy children’s growth and development consists in increasing the possibilities of children to enjoy their rights to health and citizenship.4,21

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REFERENCES
