

Regular Health Education Sessions on Routine Immunization in Public and Private Schools.

Aftab Ahmed, Hanna KhairTunio

Problem Statement: Engagement of the Education department along with health department in arranging Health education session focusing parents regarding routine immunization of their children to save 400,000 lives of Pakistani children annually from the preventable diseases

Background: Expanded Program of Immunization (EPI) in Pakistan was introduced in 1978 with the aim of providing routine immunization to every child less than 1 year of age.¹

In spite of efforts by the government of Pakistan and partners to improve immunization coverage and introduction of new vaccines free of cost to the community, significant gaps remain as witnessed by Pakistan Demographic Household Survey (PDHS) 2012-13 which depicted the overall national full child vaccination coverage to be only 53.8%.

At its commencement, the EPI provided protection against 6 diseases of childhood, tuberculosis, poliomyelitis, diphtheria, pertussis, tetanus and measles.²

In 2001 Hepatitis B vaccine was introduced in Expanded program on immunization in Pakistan. Penta 3 coverage in 1980, in Pakistan was only 2%, but after wards efforts being done to improve coverage up to 54% in 1990, which was very encouraging. But onwards the data showed fluctuations and in 2000 its reached to only 58%.^{3,4}

There are many determinants of vaccine utilization. Some of the factors are related to the social, cultural educational and economic status of our society and some are related to the barriers to the access to immunization. There are no any doubts in benefit of immunization to the child^{5,6}

but in socioeconomic deprived country like Pakistan parents perception is that there child will not get infected of the communicable

diseases or they are concern about the AEFI (Adverse events following Immunization).⁷

Landscape: The issue of Low Routine Immunization may be resolved by taking some steps towards educating parents regarding importance of routine immunization for their children. To encourage engagement of parents for strengthening Routine Immunization, it is important to arrange health education sessions by teachers and doctors at schools and health facilities.

Department of Education: As the Secretary of Education, may help in this regards by sending notifications to regularize health sessions at privates, semi-government and government elementary schools for parents specially focus on routine immunization and vaccine preventable disease among children below the age of five years. It can further help and encourage vaccination teams and health care providers to cover those communities that are refusal due to reasons like religious, misconceptions, adverse events etc.

Department of Health: Their role is to further enhance service at units and may also extend the outreach activities to the meet the needs for vaccination within communities. By assigning focal person at District health office, who can regularize health education session at Basic health units by medical officers, Community support groups by Lady health workers and during vaccine outreach activities by vaccinators.

Policy Options:

There are few policy options that may support routine immunization coverage in school going children.

Strong Communication Mechanism in schools with parents: Create strong communication among parents and staffs through the health education sessions once in a month during parents meeting will help in

striving the change of perception and attitude towards vaccination.^{8,9}

Education department may play a proactive role in providing forums for educating parents on vaccination benefits.¹⁰

Linkage between School, Health Care Center and Community: by creating a linking between schools, health care units and community and engaging teachers' doctors and community health workers to promote vaccination program and organize health education sessions in communities. A system to be developed to help family linking with health care providers and teachers to understand routine immunization program and to arrange social service resources, events and health related activities.¹¹

Volunteers to Support Health Education Sessions in Communities: Primary school teachers Lady health visitors (LHVs), Lady health workers (LHWs) and Community health workers (CHWs) can voluntarily participant in community engagement and may help in conducting education session focusing routine immunization in their work jurisdictions. This will help in better understanding of the communities especially parents to take decisions timely to vaccinate their children.⁸

Recommendations: By taking the opportunity to avail these options may help in improve vaccination rates and will ultimately help in decrease in under five child mortality. These three policy options further can be evaluated for the best choice or the most important choice to be taken as per need.

Though all the given options are reliable source for changing perceptions and attitudes of parents and may encourage routine immunization coverage. Preferred option as a public health specialist will be linkage between all three units/ forum for support to increase status of immunization. The use of these tools will support routine immunization program. Keeping in mind the increasing

burden of preventable diseases its cost and risk may become intolerable to the society and may put communities in trouble. Currently vaccines are given free of cost and we should value this privilege and encourage this nation to decrease the risk of disease. Healthy children are the better future of nation and will help improve the productivity of country with disease free status. "There can be no keener revelation of a society's soul than the way in which it treats its children." *Nelson Mandela, Former President of South Africa. ("Famous Quotes About Children,")*

Correspondence authors

Hanna khairtunio

Assistant professor

Community health science, PUMHSW,SBA

Email: drhanna.khair@yahoo.com

REFERENCE:

1. Ali, S. (2000). Health for all in Pakistan: achievements, strategies and challenges.
2. Henderson, R. (1989). World Health Organization Expanded Programme on immunization: progress and evaluation report. *Annals of the New York Academy of Sciences*, 569(1), 45-68.
3. Mangrio, N. K., Alam, M. M., & Shaikh, B. T. (2008). Is Expanded Programme on Immunization doing enough? Viewpoint of health workers and managers in Sindh, Pakistan. *JPMA. The Journal of the Pakistan Medical Association*, 58(2), 64.
4. Organization, W. H. (2002). *The world health report 2002: reducing risks, promoting healthy life*: World Health Organization.
5. Topuzoğlu, A., Ay, P., Hidiroglu, S., & Gurbuz, Y. (2006). The barriers against childhood immunizations: a qualitative research among socio-economically disadvantaged mothers. *The European Journal of Public Health*, 17(4), 348-352.

- 6 Torun, S. D., & Bakırcı, N. (2006). Vaccination coverage and reasons for non-vaccination in a district of Istanbul. *BMC public health*, 6(1), 125.
- 7 Xie, J., & Dow, W. H. (2005). Longitudinal study of child immunization determinants in China. *Social science & medicine*, 61(3), 601-611.
- 8 Epstein, J. L. (2018). *School, family, and community partnerships: Preparing educators and improving schools*: Routledge.Famous Quotes About Children.
- 9 Vercruyse, J., Chigurupati, N. L., Fung, L., Apte, G., Pierre-Joseph, N., & Perkins, R. B. (2016). Parents' and providers' attitudes toward school-located provision and school-entry requirements for HPV vaccines. *Human vaccines & immunotherapeutics*, 12(6), 1606-1614.
- 10 Lynfield, R., & Daum, R. S. (2014). The complexity of the resurgence of childhood vaccine-preventable diseases in the United States. *Current Pediatrics Reports*, 2(3), 195-203.
- 11 Berg, A. C., Melaville, A., & Blank, M. J. (2006). Community & Family Engagement. Principals Share What Works. *Coalition for Community Schools*.