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CHILDREN'S IMMUNIZATION: EDUCATING TO VACCINATE

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ABSTRACT

The main objective of the National Immunization Program (PNI) is to guarantee the appropriate immunization of the population, which demands constant updating and implementation of strategies to maximize the benefits of immunization. Essas estratégias são essenciais especialmente nos primeiros años de vida, onde a desão ao calendário vacinal é crucial. In addition to the impacts on health, no vaccination of minors also has significant legal implications in Brazil. In accordance with Art. 14 of the Statute of Child-Rearing and Adolescence (ECA). In the year 2023 or National Immunization Program (PNI), completed 50 years and with this we can see such an evolution of this policy as important and necessary for the Brazilian population, which guarantees vaccine safety for children, or which is distributed to the Health Care Networks (RAS) free of charge thanks to the Unified Health System (SUS).

Palavras-chave: Imunização. Benefits. Calendário Vacinal Educação em Saúde. Prevenção.

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INTRODUCTION

The introduction of vaccination in Brazil dates back to 1804 with the application of the Jennerian vaccine, a method developed by Edward Jenner, marking the initiation of organized efforts to control infectious diseases in the country (Gazêta, 2014). The formalization of these efforts in 1811 with the creation of the Vaccinic Board of the Court by Dom João, aiming to disuse the smallpox vaccine. Later, in 1832, the Code of Positions of the Municipality of Rio de Janeiro instituted the first legislation on the obrigatoriedade of the vaccine in Brazil, specifically for children (Gazêta, 2014).

In 1973, the PNI was instituted, regulated two years after the Federal Law No. 6,259 of 1975, configuring itself as a crucial government initiative for the coordination of immunization campaigns aiming to reduce morbidity and mortality associated with immunization campaigns (Brazil, 2014). The PNI offers free vacancies for doenças such as catapora, caxumba, coqueluche, diphtheria, among others, being these interventions distributed primarily through primary health care (Vieira et al., 2020).

The main objective of the National Immunization Program (PNI) is to guarantee the appropriate immunization of the population, which demands constant updating and implementation of strategies to maximize the benefits of immunization. Essas estratégias são essenciais especialmente nos primeiros años de vida, onde a desão ao calendário vacinal é crucial. In addition to the impacts on health, no vaccination of minors also has significant legal implications in Brazil. In accordance with Article 14 of the Statute of Child-Rearing and Adolescence (ECA), the vaccination and protection of cases recommended by the health authorities is carried out. O não compprimento dessa obrigação, conforme o Art. 249 do ECA, pode result em penalidades que variam de três a vinte salários de referência, com penas dobradas en casos de recidência. Essas medidas legais sublinham a seriedade da adesão vacinal no contexto nacional (De oliveira et al., 2022).

The distribution of false news, which frequently alleges that voids cause deaths, are means of population control or toxic substances, together with religious dogmas, cultural costumes, beliefs and socio-economic factors, have contributed significantly to the reduction of vaccinal coverage. This reduction has, for the same time, been carried out in the course of previously controlled or eradicated diseases, such as measles (Santos et al., 2020).

In this context, this research aims to develop and implement integrated activities in the Primary Health Care (APS) of the municipality of Capanema to promote child

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immunization, opening the collection of data on the reasons that raise caregivers to no initiate or conclude the empty scheme.

MATERIAL AND METHODS

The research follows the ethical principles established in the Declaration of Helsinque, the Nuremberg Code and the Resolution 466/12 of the National Health Council (CNS), with the approval of the Research Ethics Committee (CEP) on protocol nº 6,802,980. The responsibilities of the children were previously clarified about the objectives and procedures of the study and, after reading and assinaturing the Termo de Consento Livre e Esclarecido (TCLE), voluntarily participated in the research.

It is a longitudinal, descriptive study, with a quantitative and qualitative approach, carried out by means of data collection through an ativa search. They were included in the country or responsibilities that frequentavam basic health units of the municipality of Capanema and possuíam crianças na faixa etária de 0 a 15 años. A coleta de dados ocorreu entre maio e agosto de 2024. Como critérios de inclusão, participam responsáveis de crianças que não haviam iniciado, não concluíram ou abandonam o esquema vacinal. They were excluded from those children who had completed the vaccinal calendar or did not have a link with the Primary Health Care (APS) of Capanema.

As informações foram coletadas por meio de entrevistas estruturadas, com a aplicação de um questionário dividido em duas seções principais. The first research was carried out on socio-economic data, such as sex, education, occupation and income from responsibilities, family composition, number of non-household residents and contribution to income. They were also given on the hourly load of work of responsibilities and participation in the Bolsa Família program. The second session addressed the knowledge of the responsibilities on infant vaccination, including the guidance received from the nursing team, perception of the importance and efficiency of the vaccinates, knowledge of the vaccinal obrigatorieda, adverse reactions, and possíveis influências culturalis e religiosa na adesão ao o calendário vacinal. Perguntas específicas trataam da adesão calendário de vacinação, preenchimento da caderneta de vacinação e experiências de intercorrências pós-vacinação.

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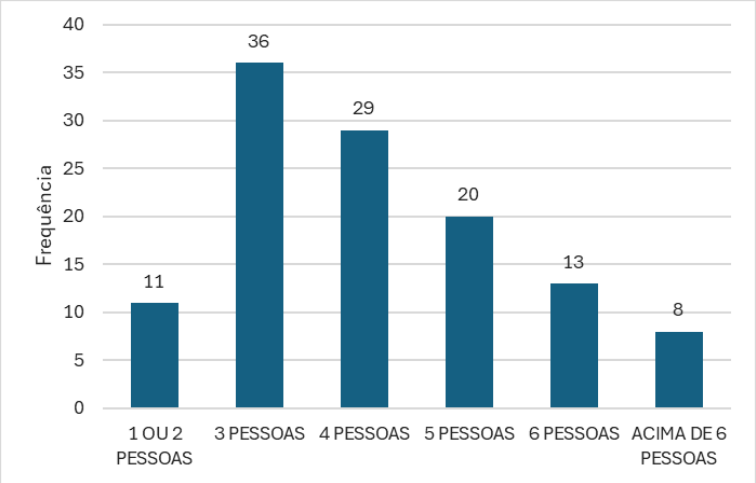
RESULTS

The results obtained in this research, conducted with a sample of 117 children investigated, provided robust data on the socioeconomic profile of the responsibilities and their perceptions in relation to child vaccination, contributing to the existing literature on collective health and immunization strategies.

The sample was composted by 117 children, 53 of whom were female (45.3%) and 64 male (54.7%), with a mean age of 2.3 years. The goal of the participating children was between 7 months and 3 years, ranging from 7 days to 12 years. The profile of the responsible, mostly composted by women (83%), reveals an average of 32 years old, while about 50% of the responsible people are aged 25 to 36 years.

Regarding family composition, 31% of the households were 3 residents and 25% were 4 residents (Figure 01). These data corroborate with the studies on family dynamics in urban areas and their implications for public health.

Figure 01: Family Composition



Source: Prepared by the authors, 2024.

In relation to the educational level, approximately 48% of the students were responsible for their schooling or Secondary Education, and 17 did not complete Fundamental Education, or that reflected a limitation that did not have access to educational opportunities and its potential relationship with health services (Figure 02).

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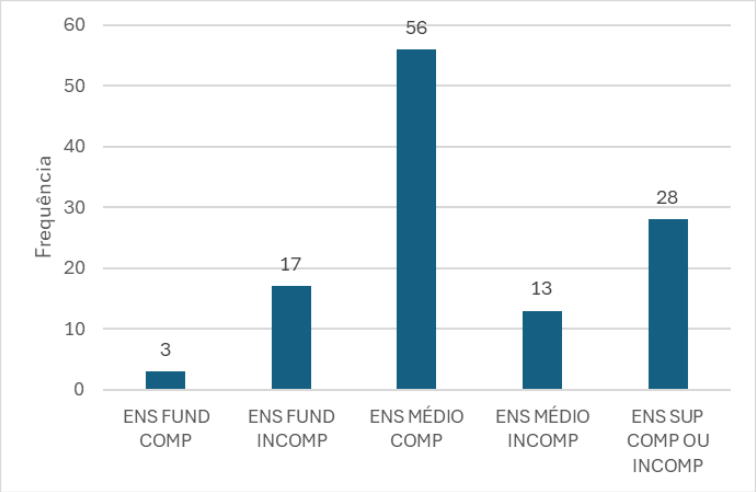
Figure 02: Educational level of responsibilities

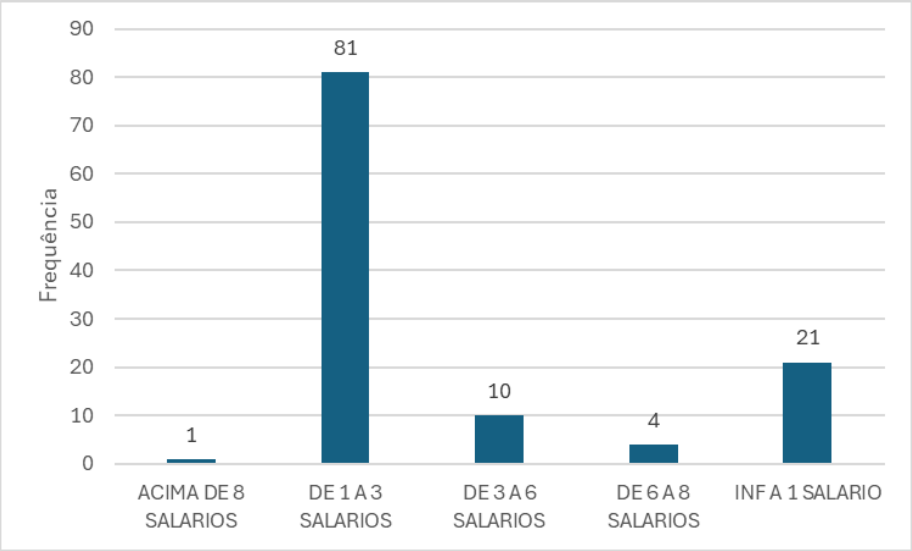


Source: Prepared by the authors, 2024.

The occupation of responsibilities was varied, with the majority of professionals such as professors, freelancers, public servants and domestics. The predominant hourly workload was between 6 and 8 hours a day, with 36% of the interviewees reporting depending on the Bolsa Família Program, and 7.7% were unemployed.

Not that it refers to family income, 69% of the responsible declare that they receive between 1 and 3 minimum wages, and 18% live with less than 1 minimum wage (Figure 03). In addition, 88% of the lares count on the contribution of just 1 or 2 members for the total income of the family. These results indicate a reality of economic vulnerability that can affect these children's health programs, in particular the vaccination campaigns.

Figure 03: Family performance



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Although 93.2% of the interviewees reported knowledge about the importance of the infant vaccination, 67.5% indicated that they had not received guidance from the nursing team in response to the calendar of vacancies, evidencing a lack of communication between the health services and the population. Such a lacuna is worrisome, considering that education in health is one of the main factors to improve the practices of immunization.

The perception of the efficiency of the voids was positive among most of the responsibilities: 87.3% accredited that the vaccine strengthens the immune system, and a semi-native plot affirmed that they trusted the efficiency of the vaccines. Even, 26.5% dissatisfied with the vacuum obrigatorieda, suggesting the need for greater information dissipation on current legislation and its implications for public health.

Additionally, 88.9% of the interviewees demonstrated that they were aware of adverse adverse potential events to vaccination, and 14 respondents reported that some family members experienced post-vaccination intercorrências. The vaccination calendar is high, with 71% of the responsibilities rigorously following the pre-established dates, and 106 of the 117 participants understand the importance of the vaccination card. In addition, 71% affirm that preenchem regularly a caderneta de vacinação da criança, or that it is fundamental for the continuous monitoring of vacinating status.

DISCUSSION

Vaccination is widely recognized as one of the interventions of public health with better custody-benefit, being essential for the prevention of infectious diseases and the reduction of infant mortality. However, in Brazil, about 30% of children did not complete the recommended vaccination schedule, evidencing a worrying lack of child vaccination coverage (Braga & Reis-Santos, 2023). This scenario contributed to the resurgence of previously eradicated diseases, such as measles, which was considered eliminated in the country in 2016, but returned to the list of endemic diseases in 2018 (Medeiros, 2020).

Continuous immunization is one of the most effective methods to reduce morbidity and infant mortality, in addition to being a strategy of high custo-benefit relationship, especially in contexts of epidemial outcomes. Studies show that vaccination plays a crucial role in the prevention of hospitalizations and in the reduction of cases related to the treatment of infectious diseases (Shukla & Shah, 2018). These benefits are evidenced both in the course and in the long term, to provide protection against diseases such as measles,

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polyomyelite and rubella, which can cause severe complications, permanent disabilities or deaths in children who are not vaccinated.

Meanwhile, insufficient vaccination calendar in several regions of Brazil raises concerns about the effectiveness of communication between health services and the population. In this study, in the municipality of Capanema/PA, it was observed that 67.5% of those responsible for children had not received adequate guidance from the nursing team on the calendar calendar, evidencing critical failures in communication and no informative support offered to the populace (Oliveira, 2019). This is committed to the availability of vaccines, due to the lack of information and inadequate access to health services that contribute directly to the low vaccinal coverage.

The education in health, in this context, emerges as a central strategy to increase the children's vaccination scheme. The sensitization of health professionals is the importance of providing clear information and access to the population is fundamental. Segundo Oliveira (2019), the implementation of continuing education programs for nursing teams can improve the care during the immunization process and, consequently, improve the rates of vacinal coverage. Além disso, a adoção de abordagens que envolvam a comunidade e a articulação com políticas públicas pode ser determinante para enfrentar essa crise de saúde pública.

Therefore, it is imperative to strengthen communication between health services and the population, using health education strategies that sensitize countries and caregivers to the benefits of vaccines, at the same time that they address positive receivables and misinformation. Continuous training programs for health professionals and awareness campaigns together with government spheres are measures that can increase population support and, thus, guarantee child health maintenance, prevention or return of eradicated diseases and serious complications. As evidences suggest that effective educational interventions have the potential to reverse the current quadro of low vaccinal coverage, reinforcing the importance of immunization in the promotion of collective health.

CONCLUSION

This research has evidenced the need for more studies on the subject, in which the objective of this study was to analyze the relevance of vaccination for the prevention of diseases and promotion strategies for the promotion of general form immunization. It was observed that some responsible people are unaware of the vaccination activity and do not

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accredit the effectiveness of the vaccine, as soon as they seek to meet the requirements of the Family Grant Program or that it is motivation to vaccinate their children, because it is necessary to check the gaps and weight of the children for the program, and the means of expressing their opinions and losing access to that benefit is evident, o que leva à omissão de dados relevantes. These are just some of the various difficulties faced throughout the history of the National Immunization Program, making it evident that education in health is fundamental for conscientization, not the process of immunization.

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