

VACCINAL PREVENTION AS A PROBLEM OF MEDICALIZATION IN PEDIATRICS

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The problem of the reasonableness, the volume and efficiency of medical intervention in the child's body, in this case, preventive vaccines acquires in the ratio of benefits and risks particular importance. Sociological survey on matters safety of the vaccine has revealed some problems: insufficient knowledge of parents and insufficient work of with the mass media about the security measures at carrying out preventive vaccinations, on the part of medical personnel insufficient skills on prevention of post-vaccination reactions and complications.

Keywords: vaccinology, infection prevention, child

Vaccination remains a powerful and highly effective method of influencing on child health at the population level [1, 4]. However, there are several problems associated with the contradictions in the understanding and perception of the problems of immunization by the participants in the process of vaccination [8]. Experience shows that the use of standardized approaches to vaccination (the only acceptable option for implementation massive uptake) cause hidden and explicit counteraction among the participants of the process.

Doctors and parents – the main social agents of infection prevention, managed by means of specific protection of children. If among them there is no effective interaction in this matter, doctors are forced to resort to additional medical impacts that harm the health of the child, and parents could to refuse to carrying out immunization, which is also insecure. Only competent distribution of roles and scientifically based interaction strategy can make their efforts of effective [2, 5]. The medicalisation of childhood is associated with increased risks in connection to the fact that the first minutes of life the child is under the supervision of a physician, regardless on whether he is sick or healthy, he passes obligatory immunoprophylaxis, which is also the medical intervention in a healthy body [6]. In addition, with respect of child as agents of medicalisation take part not only doctors, but also parents. Another risk factor is unpredictability the effects of certain medical interventions in children, therefore and possible pathology in adult life [9].

Materials and methods of research

To evaluate the «distribution of strength» of supporters and opponents of the immunization method there was used questionnaire by a specially developed and approved inquiry form, as well as observation method for assessing skills on vaccination and counseling of parents. In the questionnaire are reflected the questions evaluating the level of professional knowledge the health worker about immunization and the attitude to the problems of vaccination. Conducting this research has provided for the implementation of the rules of randomization (randomness) when forming of groups and comprehensive study of the problem. In the course of the analysis of data obtained from the questionnaires parents was paid particular attention to those aspects of the knowl-

edge of parents, who are directly reflected the estimate of their awareness about immunization and the quality of counseling children in introducing preventive vaccination. For a detailed the analyses were the questions that reflect the quality of the specific prevention with an estimate of risks and benefits of vaccination. The basis of probative statistic was a factor analysis – for highlighting common factors.

Target groups of research:

- Parents of children aged 2 months to 6 years (were surveyed 102 people – answered 100% of the mothers of children attending clinics).

- General practitioners and pediatricians, responsible for vaccination ($n = 52$).

- Nurses working in primary care and conducting vaccination ($n = 52$).

Results of research and their discussion

Given that most of the selected item on the questionnaire, reflecting the attitude of parents towards immunization and quality of services, knowledge of medical personnel in the vaccinal prevention, not performed by participants of this process, the decision was made to identify the most significant of them. A survey of parents of children receiving vaccinations revealed that attitude to vaccination in 22 (21,6%) of the parents surveyed – negative, and in 37 (36,2%) – alert (alertness of the population to vaccines production in developing countries, mainly to the DTP vaccine). From the point of view of parents assessment the quality of health of the child by medical personnel for vaccination in 19,6% of cases was low, i.e. examination of the child was not performed in full. However, 66,6% of parents rated the quality inspection before the vaccination of children as average, 13,8% – as high. 71,6% of respondents appreciated the professionalism local doctor performing the vaccination, as satisfactory, 28,4% – as unsatisfactory. Almost all parents of vaccinated children appreciated the professionalism of nurse-vaccinator as satisfactory (93,1%). Parents in 62,7% of cases said, that doctors were informed in detail about the care of their child during the vaccination at home, 19,6% – have found a lack of detailed information, and the remaining 17,7% were undecided. Most parents (60,8%) said, that the doctor told about the possible side effects when

administered vaccinations only when he asked the appropriate question. For more details about the possible kinds of postvaccinal pathology were not informed 40 respondents (39,2%). However, almost all interviewed parents of vaccinated children (94,1%) were notified of the action taken in the development of adverse events following immunization. According to the survey 77,5% of respondents prefer to vaccinate children in the clinic in the community, 22,5% – in a private institution, justifying this choice of vaccines. Source of information on vaccination and preventive measures of post-vaccination reactions (PVR), and complications (PVC) in 74,5% of health workers were maternity hospitals and clinics, 25,5% of parents received information from other sources (neighbors, relatives, the media (media)). At the end of the survey to parents of children receiving immunizations, was asked about the measures to improve the efficiency and safety of vaccinal prevention. In most cases, the responses to this question were several, but the most frequently encountered wishes parents an individual approach of vaccination to every children.

When analyzing the results of the interview medical personnel on the vaccine revealed the following facts. Knowledge about «special groups» or «at risk» for the development of the PVR and PVC was not sufficient at 60,6% of the surveyed doctors, only 39,4% knew which children are at risk with the vaccination. In 100% of medical personnel was concerned about the safety of immunization (this includes injecting vaccines). However, knowledge of monitoring vaccine PVR and PVC were inadequate at 69,2% of the surveyed physicians. In 52,9% of cases the health workers did not have enough knowledge about the main of clinical manifestations of PVR and PVC and their differential diagnosis, which is essential in the diagnosis and identification of a causative factor the development of AEFI. Assessing the knowledge of the rehabilitation activities to children who have suffered a PVR, and further tactics of their vaccination, it was determined that the majority of physicians surveyed (72,1%) had no idea of the the further tactics to carried over PVC. Interesting results gave a survey of physicians on measures to increase the effectiveness and the safety of the vaccination, all in all, which gave few answers. 100% of physicians believed that the key to the prevention of PVR and PVC are the hygienic and sanitary of measures in storage and the introduction vaccines. Only a third of respondents said that quality professional training for medical the personnel is an integral part in improving the safety of vaccinal prevention. Thus, 14,4% of the physicians were considered that immunization with vaccine of production of developed countries will increase safety of immunization.

Discussion

Vaccination is evaluated by the key participants the implementation of the national immunization program as positive in its results

in the manifestation of medicalisation of Pediatrics. Negative and cautious attitude towards vaccination in 57,8% of recipients at context of high levels awareness about the importance of immunization of children (97,1%) and confidence in the medico prophylactic institution (90,2%), is a reflection obvious and latent reserves to improve situation for the successful solution of problems in implementation of the national immunization program. Further expansion of the immunization program should be implemented taking into account existing of errors in provision of organizational aspects. The above data are in favor working with population by a systematic informing about the importance of vaccination in order to form an adequate idea of the maximum benefit with minimum risks in the prevention of infectious diseases representing a significant threat to the life and health of the child in the future. Well-defined, substantiated regulation of the indications for of individualization when vaccinating of children contingent of risk on AEFI (as excessive reactions and poor response to vaccination) is a measure of the optimization of the risks and benefits. The systematic improvement of quality indicators realization of AEFI, work with the population with the media are an effective measure of the of confrontation the formation of motion of anti vaccination

Conclusions

1. According the data of the social survey of parents were revealed insufficient knowledge their and insufficient work of with the media about the security measures during the vaccination, absence or shortage of which is directly related with the quality of rendering of specific preventive to children.

2. As a result of interviews with medical personnel on matters vaccine safety revealed insufficient knowledge about the «special groups» of children in the plan of vaccination, skills on measures of prevention of post-vaccination reactions and complications, and the knowledge of monitoring vaccine safety and PVC

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