

An Analysis of Parental Refusing to Child Immunization: A Study of Khyber Pakhtunkhwa, Pakistan



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Abstract: *The purpose of this study was to analyze the parental refusing to child immunization in Khyber Pakhtunkhwa province of Pakistan. Data were collected from district Peshawar province of Khyber Pakhtunkhwa. The data were collected from 370 respondents through close ended questionnaire by using purposive sampling technique. Furthermore, a Cronbach alpha test was carried out for checking the reliability of the tool which stood 0.72. The results show that routine immunization is very weak. Parents do not allow their children to be vaccinated for multiple reasons such as vaccination and immunization being unsafe and effective, violating religious beliefs, and worrying about the spread of HIV/other infectious diseases. Fear leads to infertility, which is harmful to our children. Not safe, worried about Western conspiracy, my doctor advised me not to vaccinate your child, and the decision making power is the father of the child, they refuse, they do not allow their child to be vaccinated. This will serve as a catalyst to dispel fears, misconceptions, myths and other fabricated stories in the minds of local residents.*

Keywords: Child Immunization, Parental Refusing, Diseases, Pakistan

Introduction

More than one and half million children have died or been disabled by polio in the past two centuries. There is no doubt about the seriousness and deadly impact of polio. For decades polio has rigorously affected public health (World Health Organization, 2014). Polio virus has been called one of the most threatening stories of its time, and the history of polio in humans can be traced back to the early 1600s, with evidence of polio being paralyzed limbs in paintings on pharaohs' tombs (Pearce, 2005). The harsh drama of polio has long disrupted daily life around the world. In the 18th century due to polio virus all the public gatherings were banned such as playgrounds, theaters and

swimming pools were closed (Barquet & Domingo 1997, Hochman 2009).

According to Centers for Disease Control and Prevention (2011), vaccines are widely considered to be the vital societal achievement in public health over the past century. Thus, infectious diseases such as childhood diseases were controlled or eradicated through effective campaigns for immunization. Two viruses i.e. smallpox and polio were eradicated (Plotkin & Plotkin, 2004). States in the United States that require children entering public schools to be immunized play a crucial role in infectious disease control because they are vaccinated against these diseases prior to entering public schools (Roush & Murphy, 2007).

Additionally, a medical research demonstrated about the safety of vaccines and their success stories (Miller, Verhoef & Cardwell, 2008). There are also parent issues, long-term and short-term health problems and preventable diseases caused by vaccinations. Many other specific issues are involved, including vaccine composition, duration and vaccine dosage.

However, majority of the parents recommend, allow and follow immunizations and vaccinations for their children. Nevertheless, many caregivers and parents have significant worries and have doubt about the vaccinations and are cautious about when to vaccinate their children. Consequently, these worries lead children to use delaying strategies or outright refuse to receive some or all types of vaccines (Robinson, 2013).

In many states, there is a role for the anti-vaccination movement and mainstream media surrounding parental decisions about childhood immunization policies. Influence of vaccine policies and instructions, evidence of vaccine safety and effectiveness based on scientific explanations, social groups, strong influence of the media, culture, and belief systems, and the significance of trust are all decision-making factors (Brown et al., 2012; Brunson, 2013).

According to Larson et al., (2011), the primary reason for the decline in vaccination rates is that vaccines have lost some of the public's trust. Brown et al., (2012), add to this the approaches and projects intended to shield public well-being from irresistible sicknesses, all because of the achievement and outcome of inoculation. The apparent risk and severity of these diseases have decreased as a result of the success of vaccines, and parents are less likely to suffer from life-threatening preventable diseases throughout their entire lives (Brown et al., 2012).

Public attention has since shifted from the importance of vaccines to their preservation. As the number of vaccines in the community

decreases vaccine demand decreases and the risk of infectious disease increases (Fine, 1993). The US, which the World Wellbeing Association (W.H.O.) calls the most exceptional in wellbeing sciences, is likewise confronting a quick change in the spread of the sickness. A few guardians don't inoculate their babies who can't be immunized as a result of their age, kids can't be immunized because they are impervious to treatment, and the old can't shield themselves from illness and are hence in danger of immunization and immunization (Halsey & Salmon, 2015). According to the National Emergency Response Center (2016), parent attitudes and beliefs regarding polio vaccination coverage are significantly influenced by the media. Nevertheless, refusal of childhood immunization remains high in parts of Khyber Pakhtunkhwa, Pakistan. The present study aimed to assess the parental refusal of childhood immunization.

Methodology

This study is a cross-sectional research design. The data were collected from district Peshawar province of Khyber Pakhtunkhwa, Pakistan. The participants of the study were the parents who refuse polio vaccination. In order to calculate the sample size for the population of 10,556 with 95% confidence level a sample of 370 respondents were selected for this study (Raosoft, 2020). Moreover, for interviewing each respondent a purposive technique was used by close ended questionnaire. A Cronbach alpha test was carried out for checking the reliability of the tool which stood 0.72.

Results

Age of the Parents

The age group of parents in this study was 18-29 years, 22.97% were 30-39 years, 18.64% were 40-49 years, 12.43% of the respondents were from the 50-59 age groups, but 5.40% of the respondents were from Age group 60 and above.

Table 01 Age of the Parents (n=370)

Age in years	F	%
18-29	80	21.62
30-39	85	22.97
40-49	69	18.64
50-59	46	12.43
60+	20	05.40

Attitude toward Childhood Immunization

When asked whether parents accept childhood immunization, 70.27% of the parents reported that they accept childhood immunization for

their children. Conversely, 29.72% of them stated that they did not accept childhood immunization. Parents have a positive attitude, but a low level of acceptance and rejection.

Table 2 Attitude toward Childhood Immunization

Do you accept that the immunization of your child?	F	%
Yes	260	70.27
No	110	29.72

Will you allow your child to be immunized?

When parents were asked about their acceptance

of vaccination, 70.27% of the participants stated that they accepted vaccination, however, the 29.72% answered that they opposed vaccination.

Table 03 Will you allow your child to be immunized?

Statement	F	%
Yes	260	70.27
No	110	29.72

Factors which are responsible for not immunization

Respondents stated that they did not allow their children to be vaccinated and classified their answers as follows: 21.08% said it was unsafe and ineffective, 23.78% said it was against religious beliefs, 6.75% Indicates that this is unsafe and ineffective. The participants reported

that due to this immunization, we are worried about the spread of infectious diseases like HIV, 24.59% of respondents stated that this fear can lead to infertility and is unsafe for children, 22.97% of participants reported that they have fear of the conspiracy of the Western, however, 10.37% of the said that my doctor advised me not to vaccinate my children.

Table 04 Factors which are responsible for not immunization

If No, Why – Reason(s)	F	%
It is not effective and safe	78	21.08
Immunization is against my religion	88	23.78
Fear of infections (HIV/other diseases)	25	6.75

Fear of causing sterility	54	14.59
Fear of conspiracy of the Western	85	22.97
Advised to not immunize	40	10.37
None	0	0

Who discouraged you to not immunized your children

When parents were asked who discouraged their children from getting vaccinated, 32.16% of the respondents said they were discouraged by

religious leaders, 35.13% said they were discouraged by friends, and 32.70% said they were discouraged by friends. Respondents said they were discouraged from doing so by their families.

Table 05 Who discouraged you to not immunized your children

Statement	F	%
Religious leaders	119	32.16
Friends/Peers	130	35.13
Family members	121	32.70
Not discouraged by someone	183	49.46

Discussion

The purpose of this study was to analyze parents who refuse childhood immunization in Khyber Pakhtunkhwa Province, Pakistan. According to the study, 22.97% of the respondents were between 30-39 years old. The coverage of immunization is very weak. 27.93% of the respondents have completed vaccination to their children, and 72.61% of the respondents have not completed routine vaccination, which is a huge proportion. Parents were asked about the reasons for not having their children vaccinated. Respondents described their views on refusing immunization and vaccination, and divided their responses into the following categories: 21.08% said it was unsafe and effective, and 23.78% said it was against my Religious beliefs, 6.75% of the respondents said that due to these immunizations we are worried about the spread of HIV/other infectious diseases, 24.59% of the respondents said that this fear can lead to infertility and are unsafe for our children, 22.97% Of the respondents said they had fears about Western conspiracy theories, 10.37% of the respondents said my doctor advised me not

to vaccinate my children. Musa (2015) utilized a social norm framework to understand parental decisions to refuse or accept vaccination. He noted that parent behavior and attitudes toward the polio vaccine are influenced by ideological leaders in the community, particularly in the rural areas of developing countries such as India, Nigeria and Pakistan, where the parental behavior is influenced by traditional health workers.

In this study, when parents were asked who dissuaded their children from vaccination, 32.16% of the respondents said they were dissuaded by religious leaders, 35.13% said they were dissuaded by friends, however, 32.70% the parents stated that he had been dissuaded by his family. These results are also consistent with other studies conducted in Nigeria, as significant resistance to the polio vaccine was first detected in the northern province of Nigeria when Muslim communities boycotted the vaccination campaign. Political and religious leaders in these communities encouraged boycotts. As a result of boycotts, noncompliance with polio vaccines has increased in Nigeria, resulting in an

increasing number of recorded polio cases (Odusanya, Alufohai, Meurice, & Ahonkhai, 2008).

Conclusion

This study concluded that routine immunization is very weak and parents do not vaccinate their children for a variety of reasons: unsafe and effective vaccination and immunization, violation of religious beliefs, fear of HIV/other infectious diseases Spread, fear leads to infertility, it is not safe for our children, fear of western conspiracy, my doctor advised me not to vaccinate your child, the decision-making power is the father of the child, they refuse, they do not allow their child to be vaccinated vaccination. This will serve as a catalyst to dispel fears, misconceptions, myths and other fabricated stories in the minds of local residents.

References

- Barquet, N., & Domingo, P. (1997). Smallpox: The triumph over the most terrible of the ministers of death. *Annals of Internal Medicine*, 127, 635-642.
- Brown, K. F., Long, S. J., Ramsay, M., Hudson, M. J., Green, J., Vincent, C. A. & Sevdalis, N. (2012). UK parents' decision-making about measles-mumps-rubella (MMR) vaccine 10 years after the MMR-autism controversy: A qualitative analysis. *Vaccine*, 30(10), 1855-1864.
- Brown, K. F., Long, S. J., Ramsay, M., Hudson, M. J., Green, J., Vincent, C. A., ... & Sevdalis, N. (2012). UK parents' decision-making about measles-mumps-rubella (MMR) vaccine 10 years after the MMR-autism controversy: A qualitative analysis. *Vaccine*, 30(10), 1855-1864.
- Brunson, E. K. (2013). How parents make decisions about their children's vaccinations. *Vaccine*, 31(46), 5466-5470. doi: 10.1016/j.vaccine.2013.08.104.
- Fine, P. (1993). Herd immunity: history, theory, practice. *Epidemiological Review*, 15(2), 265-302.
- Halsey, N.A. & Salmon, D.A. (2015). Measles at Disneyland, a problem for all ages. *Annals of Internal Medicine*, 162, 655-656.
- Hochman, G. (2009). Priority, Invisibility and Eradication. The History of Smallpox and the Brazilian Public Health Agenda. *Medical History*, 2009, 53: 229-252
- Larson, H. J., Cooper, L. Z., Eskola, J., Katz, S. L., & Ratzan, S. (2011). Addressing the vaccine confidence gap. *The Lancet*, 378(9790), 526-535.
- Miller, N. K., Verhoef, M., & Cardwell, K. (2008). Rural parents perspectives about information on child immunization. *Rural and Remote Health*, 8(2), 863. Retrieved from <http://www.rrh.rog.au>
- Musa, A. I. (2015). Polio Immunization Social Norms in Kano State, Nigeria: Implications for Designing Polio Immunization Information and Communication Programs for Routine Immunization Services. *Global Health Communication*, 1(1), 21-31.
- National Emergency Operation Center, W. H. O., United Nations Children's Fund. (2016, September 2016). End Polio Pakistan. Retrieved from <http://www.endpolio.com.pk/>
- Odusanya, O., Alufohai, E., Meurice, F., & Ahonkhai, V. (2008). Determinants of vaccination coverage in rural Nigeria. *BMC Public Health*, 8(381), 1-8. doi:10.1186/1471-2458-8-381.
- Pearce, J. (2005). Poliomyelitis (Heine-Medin disease). *J Neurol Neurosurg Psychiatry*, 76(1), 128. doi:10.1136/jnnp.2003.028548
- Plotkin, S.L & Plotkin S.A. (2004). A short history of vaccination. In: Plotkin SA, Orenstein WA, eds. *Vaccines*. 4th ed. Philadelphia, PA: Saunders, 1-15.
- Robinson, J. D. (2013). The architecture of provider-parent vaccine discussions at health supervision visits. *Pediatrics*, 132(6), 1037-1046.
- Roush, S.W. & Murphy, T.V. (2007). Historical

comparisons of morbidity and mortality for vaccine-preventable diseases in the United States. *Journal of the American Medical Association*, 298 (18), 2155-2163.

World Health Organization. (2014). Media Centre. Poliomyelitis. Accessed online at <http://www.who.int/mediacentre/factsheets/fs114/en/>