

Poliomyelitis Vaccination Health Education Intervention among Mothers attending an Urban Primary Care Facility in Accra, Ghana.

A Short Report on a Health Education Intervention on Polio Vaccination.

Background

The government of Ghana launched a polio immunization campaign targeting children under five years old in each of Ghana's 16 regions. The first round of the campaign was from September 1–4, 2022, and the second round was from October 6–9, 2022. During the campaign, mothers with children under five years attending an urban primary care facility in Accra were educated on polio vaccination. This is a short report on this education intervention. Health education intervention among mothers with children under 5 years could improve childhood immunization uptake in primary care settings in Ghana. This may improve the poor coverage rates.

Introduction

The highly contagious disease known as poliomyelitis is brought on by the poliovirus, which can cause paralysis or even death.¹ The government of Ghana launched a polio immunization campaign targeting children under five years old in each of Ghana's 16 regions.² The first round of the campaign was from September 1–4, 2022, and the second round was from October 6–9, 2022. The polio immunization campaign was declared following the confirmation of two instances of acute flaccid paralysis (AFP) caused by the vaccine-derived poliovirus type 2 (cVDPV2) in the nation.² An education intervention was carried out for mothers with children under five years attending an urban primary care facility in Accra during the Polio vaccination campaign.

Since 2000, mass polio vaccination programs have been conducted in Ghana, and in 2015, the Regional Polio Certification Committee proclaimed Ghana polio-free.³ Major polio outbreaks occurred in Ghana in 2003 and 2008, and the causes were found to be gaps in vaccine coverage.³ Findings from a systematic review showed that the most common excuses given by parents for their children's under-immunization were a lack of knowledge of the value of immunizations and trouble accessing providers.¹ Among the factors found to influence under-five childhood immunisation uptake among parents in Africa is maternal knowledge.⁴ The primary care workforce is critical in raising disease awareness and educating the communities that use their facilities for health care.⁵



Health education intervention

Description of Intervention

There were two rounds of the education intervention which both commenced before the polio immunization campaign scheduled by the government of Ghana. The first round commenced on August 30, 2022, and the second round on October 4, 2022. At the outpatient department, postnatal clinic, and child welfare clinic of the facility, health education on Poliomyelitis was given to all mothers during clinic visits using Information, Education and Communication (IE&C) materials like posters and flip charts to show clients what the disease looks like. Emphasis on prevention was made highlighting the importance of vaccination as prevention which was ongoing as part of the National Immunization Days (NIDs) in order to get their understanding and participation. Prior to this, the primary care providers which consisted of clinicians, nurses/midwives, and public health/community health nurses were given a refresher training on the disease (Poliomyelitis) as well as details on Polio vaccination procedures to help them encourage mothers and vaccinate all children under 5 years to increase coverage.

Discussion

After the World Health Assembly pledged to eradicate polio worldwide in 1988, concerted and intentional efforts were launched in Africa to accomplish this goal.⁶ Public health efforts include utilizing creative approaches to overcome difficulties like conflict and vaccine refusal.⁶

Despite improvements in vaccination coverage worldwide, many children do not obtain and benefit from all the recommended vaccinations.⁷ In low-income

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Polio Training the workforce

nations, vaccination uptake is assumed to be influenced by some significant factors, including maternal education.⁸ The goal of health education is to give the audience a correct and thorough understanding of the illness, enhance people's capacity for self-protection, and make it possible for them to obtain efficient care in social situations.⁹ The goals of the health education intervention in this short report were to increase knowledge of the benefits of polio vaccine and urge parents to have their children immunized. Such education intervention could take a variety of forms including:

1. The primary care facility could produce and disseminate brochures, posters, and other instructional materials that provide information on polio, the benefits of vaccination, and the risks of not getting vaccinated.
2. The usefulness of the polio vaccine and how to address common concerns and misconceptions might be taught by healthcare practitioners.
3. Community outreach: Community outreach may be carried out to increase awareness of the importance of the polio vaccine. This could entail working with neighbourhood schools and community organizations to hold educational sessions, distribute information, and provide vaccination services.
4. Mechanisms might be put in place to follow up with parents who skip appointments and remind them of upcoming vaccine sessions.

Children's vaccination rates are a vital health indicator since they show the calibre of the public health services offered.¹⁰ Informing and educating prospective parents and mothers about childhood vaccinations, vaccination locations, and immunization schedules can be accomplished through communication strategies and education.⁷ This information can also be supplemented by posting leaflets and posters in clinics.⁷ This was the kind of educational intervention that was undertaken in the primary care facility. To spread accurate information and promote optimum vaccination uptake, intensive community engagement and effective health communication are required.⁸

Lessons Learnt

Health education intervention among mothers with children under 5 years could improve childhood immunization uptake in primary care settings in Ghana. This may improve poor coverage rates. The success of the health education intervention will depend on the efficiency and reminder mechanisms, as well as the standard and target audience of the educational materials. It is possible to increase vaccination rates and protect children from this fatal disease by raising awareness of the need for the polio vaccine and dispelling widespread misconceptions.

Conclusion

Education interventions to increase maternal knowledge on polio in primary care settings can be achieved through capacity building and refresher training of primary care providers. Furthermore, increasing the number of poliomyelitis immunizations at a primary care facility is feasible through education interventions.

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