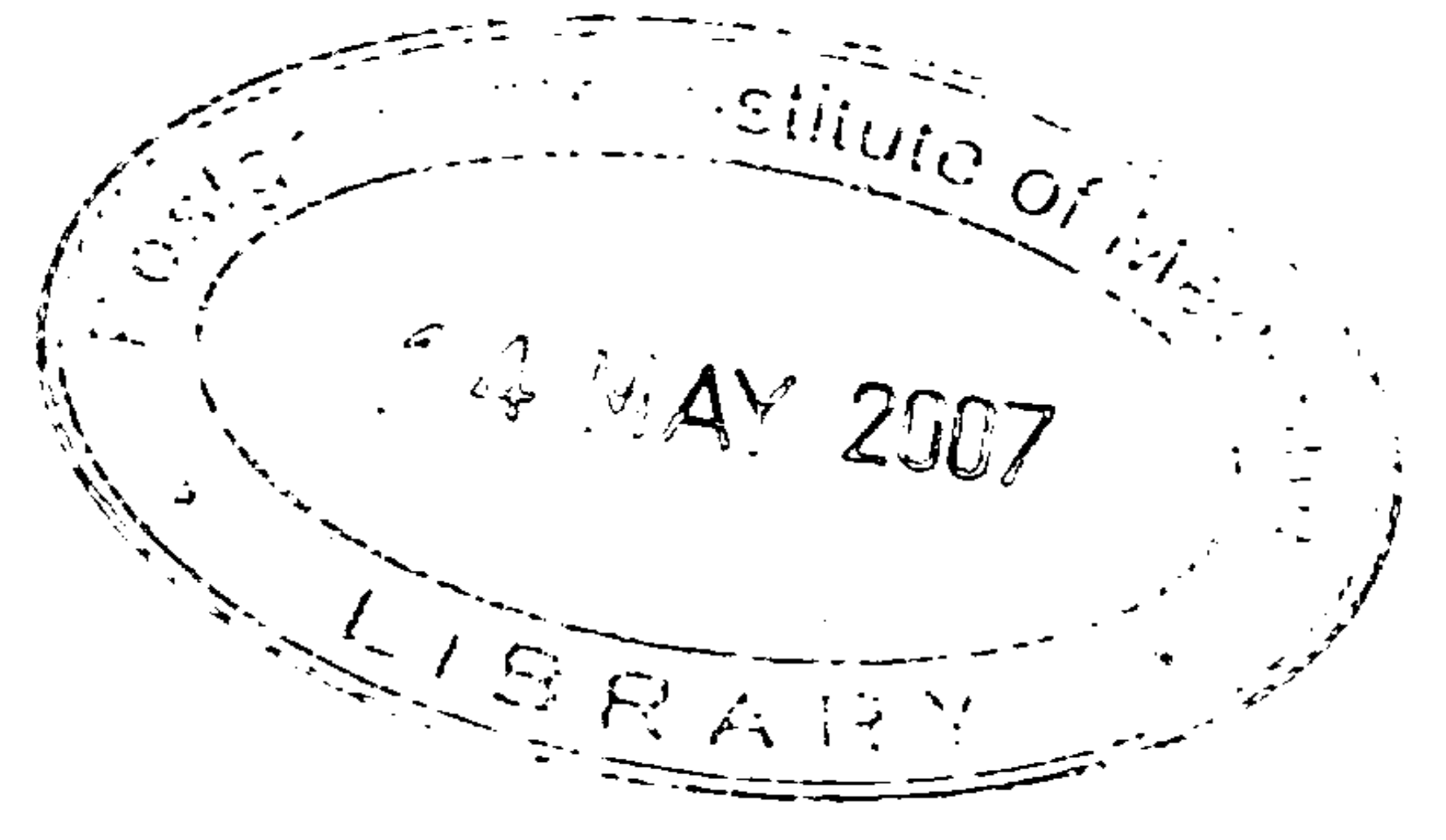


1) 18-4-03.



## SUMMARY

Viewed globally, the rational utilization of vaccines is the most cost-effective medical intervention to prevent death and disease occurring in childhood. As innovation of new vaccines will continue to occur, family physicians (FPs) will also be faced with an enormous challenge.

Mothers not only play an important role in childhood vaccination, but they have also become instrumental in gaining access to vaccination services for their children. Thus, educating mothers on childhood immunization has become particularly crucial in the family practice setting. Providing quality assured care, addressing maternal concerns, identifying and defeating barriers to vaccination are invariably vital issues for family physicians. Furthermore, planned health education on new vaccines is often warranted in primary care due to rapid and frequent reforms in immunization schedules. Besides, mothers are becoming more aware of the availability of new vaccines than ever before.

This study assessed the effectiveness of a specifically planned Health Education Intervention (HEI) on two Non – EPI (Expanded Programme of Immunization) vaccines (Hib and MMR) on mothers with children less than five years in a Sri Lankan family practice. To achieve the objectives of the study, two *Comparative* Groups were chosen from the family practice setting. Mothers' perception of responses related to haemophilus type b, problems related to mumps and MMR immunisation were assessed using the firmly established method of Health Belief Model (HBM).

Of the four components of HBM; (i) perceived susceptibility and (ii) perceived seriousness were assessed initially with regard to haemophilus type b and mumps problems. Furthermore, assessments of (iii) perceived barriers to vaccinations were carried out. Afterwards, assessment of (iv) perceived benefits of immunization with each vaccine was performed. Finally as the self - efficacy of the planned HEI, intention to vaccinate with Hib and MMR were assessed and compared. While a planned HEI was offered to the *Intervention* group, the existing form of health education was continued to the other *Comparative* Group. Planned HEI consisted of a specifically designed flip chart and an educational leaflet which was delivered through individual education.

Both groups were assessed on their pre and post Interventional HBM responses. Analysed results revealed mothers from the *Intervention* group showed a clear improvement in their knowledge with regard to haemophilus type b and mumps related issues compared to that of the *Comparative* group. Consequently, mothers from the *Intervention* Group showed a remarkable improvement on perception of perceived susceptibility and seriousness of Hib diseases and mumps.

The proven success in a planned Health Education Intervention (HEI) among mothers on two of non-EPI vaccines showed that HBM was a useful and effective tool to the family physician in affecting a behavioural change. However, the components of the Health Belief Model (HBM) that showed a statistical significance were the perceived susceptibility, perceived seriousness and perceived benefits ( $p < 0.05$ ). Moreover, implementation of a planned health education Intervention using a flip chart and leaflet on non - EPI vaccination was an effective method of improving perceptions in family practice. The mean score of HBM responses

showed an increase on two of non-EPI vaccines (Hib and MMR). Conversely, the increase in the intention to vaccinate their children was differently affected between Hib and MMR vaccines. Furthermore, analysed results also showed that mean score difference of assessment of perceived susceptibility and seriousness of Hib diseases and mumps was not affected by any of the background factors or socio-demographic factors considered in the study ( $p>0.05$ ).

Therefore, to achieve positive outcome in other areas related to immunization, the HBM can be strongly recommended in other at family practice situations to reduce the health care cost burden to a significantly low level with minimum effort, as this has shown greater perceived benefits in the two of non – EPI vaccines recommended in Sri Lanka.