

PREGNANT WOMEN'S PERCEPTION OF VACCINATION IN THE MUNICIPALITY OF ANÁPOLIS, GOIÁS: A QUALITATIVE STUDY

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ABSTRACT

Objectives: to understand pregnant women's perceptions of immunization, analyzing their knowledge about vaccines, the therapeutic itinerary, and barriers to accessing vaccination sites, taking socioeconomic variables into account. **Methods:** qualitative research conducted in the municipality of Anápolis, Goiás. Ten pregnant women were interviewed using a semi-structured script. The interviews were audio-recorded, transcribed in full, and submitted to content analysis. **Results:** most pregnant women demonstrated insufficient knowledge about vaccines and the importance of prenatal care. Most of the interviewees were against the COVID-19 vaccine, highlighting the great influence of the media and the lack of dissemination of complete information about vaccines by health professionals. **Conclusion:** there is a need for the transmission of complete information about the benefits of immunizers to the population, especially by health professionals.

Keywords: Pregnancy; Vaccination; Prenatal Care.

INTRODUCTION

Brazil is one of the countries with the most comprehensive vaccination programs in the world, with most vaccines provided by the Unified Health System (SUS). More than 300 million doses are made available annually, used both in the prevention and treatment of numerous diseases (MACHADO *et al.*, 2020). However, despite its free availability and proven effectiveness and importance, vaccination coverage has fallen in recent years. For example, the immunization rate for the complete polio vaccination schedule in the country was 84.19% in 2019 and 41.32% in 2022, which demonstrates an increase in vaccine hesitancy among the population (FERREIRA; RODRIGUES, 2023).

Among the numerous consequences of low public adherence to vaccination, the increase in preventable diseases, some of which had already been eradicated in Brazil, the serious complications that vaccine-preventable diseases can cause, and the increase in public spending stand out (MACHADO *et al.*, 2020). Thus, it should be emphasized that the entire population suffers from low vaccination coverage, especially pregnant women, who, due to physiological changes during pregnancy, become more susceptible to infections. However, it is noted that the vaccination rate among pregnant

women has fallen, the main reasons being mistrust of the benefits of immunization, insufficient knowledge about immunizers, and a lack of vaccine recommendations by health professionals (SIQUEIRA *et al.*, 2020).

In addition, the COVID-19 pandemic has contributed to the increase in popular skepticism that has always existed around vaccines. Added to this is the mass dissemination of fake news, with intense dissemination of information without scientific basis, causing panic, insecurity, and mistrust among the population (FERREIRA; RODRIGUES, 2023).

Therefore, this study aims to understand pregnant women's perceptions of vaccination, analyzing aspects such as knowledge about vaccines, the treatment pathway (DEMÉTRIO; SANTANA; PEREIRA-SANTOS, 2019), and barriers to health care accessibility, taking socioeconomic variables into account.

MATERIALS AND METHODS

This is a qualitative study (SILVA; CASTRO-SILVA; MOURA, 2018), whose objective is to understand the perceptions and experiences of pregnant women living in the municipality of Anápolis, Goiás, in relation to vaccination. Initially, a bibliographic survey was conducted on studies focused on the importance of vaccination during pregnancy. Next, to produce primary data, in-depth interviews (RUSSO; SILVA, 2019) were conducted with pregnant women living in the municipality of Anápolis, Goiás, at a public health facility, based on a semi-structured script produced by the researcher.

The interviews were conducted after approval by the Research Ethics Committee (approval number: 6.970.224) and clarification through the FICF, with the researcher guided by Resolution 510/2016 of the National Health Council, which discusses research involving human beings conducted by the Social and Human Sciences. The number of interviewees was determined by the principle of saturation, i.e., when the answers began to repeat themselves, and the selection was made using the snowball methodology (FLICK, 2009; VINUTO, 2014). Thus, 10 women were interviewed, constituting a convenience sample. The interviews were audio-recorded, transcribed in full, and submitted to content interpretation based on the theoretical framework of the research,

grounded mainly in Health Anthropology and studies on the right to health of pregnant women.

RESULTS

Sociodemographic profile

Ten pregnant women participated in the study, aged between 21 and 40 years and with a gestational age ranging from 17 to 36 weeks. Four of them identified themselves as white, three as “parda”, two as black, and one as Asian. In terms of education, four claimed to have completed higher education, five had completed high school, and one had not completed elementary school. Half of them were married or in a stable relationship; the rest are single or divorced. Six had paid work. Family income ranged from 1 to 7 minimum wages.

Knowledge about vaccines

Most pregnant women demonstrated a basic understanding of what vaccines are, but this was limited to the prevention of diseases and complications at the individual level.

Vaccines are to prevent the spread of disease and cause death (Pregnant woman 1, on what vaccines are).

Vaccine is what I tell my daughter, an injection we take to get well (Pregnant woman 3, on what vaccines are).

Vaccines are important medicines that, if we don't take them, we can get sick (Pregnant woman 5, on what vaccines are).

It is noteworthy that three pregnant women were unable to explain what immunizations are and six were unable to justify their importance. The others gave answers similar to those they used to define what vaccines are, indicating difficulty in differentiating "what they are" from "why" vaccines are important.

[...] I think [vaccines] are important for us when they are well studied and thoroughly tested. For my baby, I think they are very important because they prevent him from catching various diseases (Pregnant woman 1, on the importance of vaccines).

It was identified that vaccine acceptance among the majority is linked to the belief that vaccines are only important when they undergo long periods of study and testing. In addition, four of the pregnant women reported never having received explanations from health professionals about the importance of

vaccines and, of these, none were able to justify the relevance of vaccines and two were unable to define what immunizers are. Of the others, only two said they had received explanations, while the other four reported that professionals only emphasized the importance without giving any explanations.

The doctor who is monitoring my pregnancy talks [about vaccines], but he doesn't explain anything, he just says that I have to take them (Pregnant woman 7, on influences on vaccination).

Most of the interviewees indicated that health professionals are their main source of influence. However, only three said they did not consider information read on the internet, and most said that their family, especially their mother, has a strong influence on vaccination.

[...] I take into account my well-being and that of my baby. Sometimes the internet influences me, but I always listen to the doctor (Pregnant woman 6, on influences on vaccination).

The doctor influences me, I don't look at the internet much, and I also listen to my mother (Pregnant woman 8, on influences on vaccination).

Position on vaccination policies

Regarding the acceptance of vaccination, it was observed that most pregnant women were against the COVID-19 vaccine, and all pregnant women who were unable to explain what vaccines are were in this group.

I have already had two doses of the COVID-19 [vaccine], but I would never take another dose while pregnant because it has been studied very little (Pregnant woman 4, on the COVID-19 vaccine).

I already took one dose. I wouldn't take another dose whether I was pregnant or not, because I think it hasn't been studied enough and I'm very afraid, because there are many cases of embolism (Pregnant woman 1, about the COVID-19 vaccine).

[...] people are saying not to get vaccinated [against COVID-19], because there have been many cases of heart attacks and children dying after getting vaccinated (Pregnant woman 2, about the COVID-19 vaccine).

Among the main reasons for this reluctance are mistrust regarding the safety and efficacy of this vaccine and fear of adverse events. It is important to note the significant influence that scientifically unfounded information has on the interviewees.

Considering the sociodemographic variables of age and level of education, it was observed that the only three participants who did not show

hesitation towards this vaccine were the youngest. In contrast, all pregnant women with complete higher education were totally against the COVID-19 vaccine, and of these, the majority reported that the media has a major impact on their decisions.

Regarding the vaccines listed in the National Pregnant Women Vaccination Schedule, only one of the interviewees did not present an updated vaccination card according to her respective gestational age.

Therapeutic itinerary for pregnant women

Regarding the therapeutic itinerary, although three of the pregnant women reported that there is no health center or hospital near their place of residence, all interviewees stated that there is nothing preventing them from going at least once a month to a health facility and, thus, all pregnant women were up to date with their prenatal consultations. It was also found that four pregnant women did not know what prenatal care was, including the woman with the longest gestational age among all participants. The others demonstrated a limited understanding of prenatal care and its importance.

It is monitoring the baby and me to see if there are any future complications (Pregnant woman 6, on prenatal care).

Prenatal care is monitoring the baby and is important to know how he is doing and to prevent diseases (Pregnant woman 9, on prenatal care and its importance).

When analyzing the socioeconomic variable of income, it is possible to observe that some of the pregnant women with higher purchasing power chose to monitor their pregnancy through the SUS rather than the private network, and when asked about the quality of the consultations, most praised the medical care provided.

Furthermore, based on the episodic narrative of a typical day of prenatal care, it is noted that most pregnant women expressed dissatisfaction with the first-come, first-served system, since they have to wait all morning for their appointment. Thus, in addition to being tiring, it represents a major challenge for most of them, since many of them work, already have children, and have no support network.

CONCLUSION

Therefore, it is clear that the pregnant women participating in this study have limited knowledge about vaccines and prenatal care. The dissemination of pseudoscientific information through the media and other means of communication, combined with insufficient information about the benefits of vaccines by health professionals, contributed significantly to the vaccine hesitancy observed, especially in relation to the COVID-19 vaccine. Thus, there is a clear need for the dissemination of accurate and complete information about immunizers, especially by health professionals.

ACKNOWLEDGMENTS

Finally, we would like to thank UniEVANGÉLICA for its financial support and continuous encouragement of scientific production, which is fundamental for the advancement of knowledge in the field of health.

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